

Good Practice in Action 040  
**Commonly Asked Questions**  
**Resource**

**Social media (audio  
and video) and  
the counselling  
professions**

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British Association for  
**Counselling & Psychotherapy**

## Social media (audio and video) and the counselling professions

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# Context

This document is one of a suite of resources prepared by BACP to enable members to engage with the revised BACP *Ethical Framework for the Counselling Professions 2015* with respect to online practice.

Any references to specific content in the *Ethical Framework for the Counselling Professions* are identified by the section title (Commitment, Ethics or Good practice) and point number, for example 'putting clients first' Commitment, Point 1; Good practice, Points 7-12.

# Using commonly asked questions resources

Commonly asked questions resources support good practice by offering general information and guidance on principles and policy applicable at the time of publication. These resources should be used in conjunction with the *Ethical Framework for the Counselling Professions*. They are not intended to be sufficient for resolving specific issues or dilemmas arising from work with clients, which are often complex. In such situations, we recommend consulting a suitably qualified lawyer or practitioner.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. Please be alert for changes that may affect your practice, as organisations and agencies may change their practice and policies. All references in this document were up to date at the time of writing but there may be changes to the law, government departments, websites and web addresses that affect you, so it is important for you to keep informed of these.

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# 1 BACP's *Ethical Framework for the Counselling Professions 2015*

## 1.1 *What's new in the Ethical Framework?*

BACP's *Ethical Framework for the Counselling Professions* enables practitioners to make ethical decisions within their work. It specifically focuses on the ethical aspects of therapeutically-based roles, including counselling, psychotherapy, coaching and pastoral care. With the last framework update being some years ago, many practice elements, such as online counselling and privacy guidelines, have been updated in response to changes in society.

The *Ethical Framework* was created with the input of regulatory bodies, professionals and clients to create a comprehensive guide for practitioners. The complete *Ethical Framework for the Counselling Professions* can be found here: [www.bacp.co.uk/admin/structure/files/pdf/14237\\_ethical-framework-jun15-final.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/14237_ethical-framework-jun15-final.pdf)

## 1.2 *When does it come into effect?*

The *Ethical Framework for the Counselling Professions* has been approved by the BACP Board to take effect from July 1st, 2016.

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### **1.3** *Why is the new Ethical Framework applicable to online practice?*

Since the last update of the *Ethical Framework* a lot has changed in the practice of counselling and associated roles. This is particularly true with the emergence of online networking and social media. Counselling and other services have shifted to embrace social media and online tools. However, clear ethical guidelines for such practice remain ill-defined. While the ethical challenges of working online are similar to those of face to face, providing online services is complicated by distinctive technical, ethical and legal challenges. The *Ethical Framework for the Counselling Professions* has been written with these challenges in mind using input from various stakeholders, including regulatory bodies, BACP members and clients.

### **1.4** *Am I required to offer my services via social media?*

**No.** This is not a requirement. As clients may benefit from its use, the questions in section 2 can be used as a guide if you choose to use social media in your practice. Online work can be a comfort to those who are anxious about face-to-face sessions or cannot travel long distances for sessions (Bond and Mitchels, 2015). Before committing to online sessions, however, do consider your clientele, their need to be connected to you, the benefits of such accessibility, and the ethical considerations involved with social media use.

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## 2 Professional Practice and Social Media

### 2.1 *How can social media be used in the counselling professions?*

There are a number of ways to incorporate social media into our work. One application of social media within medical professions is peer-to-peer collaboration (Grajales III et al, 2014); social media can be used to connect with other professionals. These collaborations can be used to 'keep up to date with current knowledge and skills', as expected within the *Ethical Framework for the Counselling Professions* (Good Practice Point 14). In addition, client care can also be discussed with other colleagues using social media to provide the client with the best care possible (Grajales III et al, 2014).

### 2.2 *Is it appropriate to use social media to discuss clients with other colleagues?*

**It could be** – if the collaboration is in the best interest of the client. Remember that the client's objectives are your first priority (Commitment 1). Discretion is needed if using social media to discuss clients. When doing so, ensure that the commitment to show respect for clients (Commitment 3), that includes a commitment to protect client confidentiality and privacy (Commitment 3b), is adhered to, and that such collaboration is within the confidentiality agreements discussed with the client and any applicable institution (Good Practice Points 32 and 40).

It is also important to ensure that such consultations are truly anonymous or legally authorised. An anonymous consultation requires that any personal data are omitted from case consultations to protect client privacy (Commitment 3). 'Personal data' are defined as data that relate to a living individual who can be identified from the actual data or when combined with other data held by the data controller – the person with responsibility for making decisions about the data (Bond and Mitchels, 2015: 59). This includes the possibility of someone combining information given in the consultation with information likely to come into their possession in the future. It is so difficult to be fully confident about anonymising any consultation that it is better to have the client's authorisation and consent in advance, whenever practicable (Good Practice Point 25). Regardless of whether the consultation is anonymous, authorised by client consent and/or agency policy, your collaborators should be explicitly committed to maintaining confidentiality.

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The *Ethical Framework for the Counselling Professions* commits members to: 'take responsibility for considering how best to act in such situations and [will] be ready to explain why we decided to respond in the way we did.' (Good Practice Point 78) so you will need to ensure that you are aware of the limitations of the social media site hosts, including any privacy statements and terms and agreements as some hosts retain data for their own purposes.

For more information about working online see Good Practice in Action 047 Working Online which can be found at: [www.bacp.co.uk/ethics/newGPG.php](http://www.bacp.co.uk/ethics/newGPG.php)

## 2.3 Do I need to take additional steps to protect personal client data?

If you are a practitioner who stores personal client data on computers, laptops, mobile phones and tablets, you are required to register with the Information Commissioner's Office (ICO) as a Data Controller – <https://ico.org.uk/for-organisations> (Bond and Mitchels, 2015: 58-59). This is especially important if you use social media to communicate with or about clients. There is also a minimum expectation that electronic data be secured with a password and that they can only be accessed by trained staff contracted to maintain client confidentiality (Bond and Mitchels, 2015: 66). See also *Good Practice in Action 014: Breaching Confidentiality* at: [www.bacp.co.uk/ethics/newGPG.php](http://www.bacp.co.uk/ethics/newGPG.php)

## 2.4 Can my clients find information about me online?

**Yes.** It is not unusual for clients to look for information about their practitioners before or during therapy. To guarantee that our private and professional lives are separated by boundaries in our relationships with clients (*Ethical Framework for the Counselling Professions*, Good Practice Point 33) and that we maintain a healthy work-life balance (Good Practice Point 75), it is considered good practice to set clear ground rules about engaging with our clients via social media from the start. In addition, use privacy settings on social media websites to only display information we are comfortable being viewed by clients. For maximum privacy, we could try using a different identity for our personal and professional social network profiles. Again, we need to consider the privacy and confidentiality limitations of the social media hosting organisation.



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## *2.5 How can social media be used in research?*

We value research that informs our practice and view supporting research as integral to our professional ethics (Good Practice, Point 68). Social media can be helpful to research in a number of ways:

- **Participant recruitment and data collection:** Social media can be used to reach various population pools for participant recruitment (Giota and Kleftras, 2014).
- **Confidentiality:** Data collection online affords participant anonymity and easy access.
- **Research collaborations:** Professional networks, like LinkedIn, can connect researchers across diverse fields or geographical locations to make data pooling and mining possible (Giota and Kleftras, 2014).
- **Research Dissemination:** Once research is completed, it is possible – via tools like webinars and blogs – to share research results with colleagues in a timely manner (Giota and Kleftras, 2014).

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# 3 Client Care and Social Media

## 3.1 *How can social media be used in client care?*

There are different ways of using social media tools in client care:

- **Synchronous services:** Video conferencing services that allow practitioner and client to carry on synchronous live sessions, but again it is important to ensure we know what the limitations on confidentiality are that these services provide.
- **Asynchronous services:** Email and messaging services that are not instantaneous but provide an alternate means of communication between practitioner and client.
- **Self-help resources:** Practitioners can upload content that allows clients to 'self-help' using questionnaires or online resources. Social media can also be used to help clients obtain information during crisis situations.

Social media have widened the range of possible ways of working with clients and offering support between sessions. The challenge is finding the ways that are most suitable for our specific clients and providing services that satisfy our professional standards. For more information see *Good Practice in Action 047: Working Online*.

## 3.2 *Can video conferencing be used as part of client care?*

**Yes** – with discretion. Use of such applications should be used only when the benefits outweigh the risk. Appropriate steps should be taken to ensure that client privacy and confidentiality is maintained (see Ethics Point 3 and Good Practice Point 25). We need to take time to understand what the application developer's stance is on information privacy and ensure it aligns with our own privacy agreement with our client. Remember that any information placed online cannot be fully removed and may be vulnerable if not appropriately secured.

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### **3.3 How safe is it to use social applications (Facebook, Twitter) for/with clients?**

Use of social media for client communication might not be appropriate for all clients. It is suggested that practitioners carry out a careful assessment, and if possible meet with clients in person, to determine the suitability of their situation for online sessions.

Clients with moderate to severe mental illness or those who are dealing with substance abuse issues are unlikely to be suitable candidates for online counselling or other services, as they may require direct observation or benefit from the practitioner's physical presence. In addition, we should remember that we will only have limited tools available to verify data or to make referrals, especially if our client is not in the same geographical region as we are and we are unaware of the resources available to them. In the event of a crisis or breakdown, we will likely be unable to provide our client with adequate care and attention working from a distance or have the local knowledge to make referrals. It is best practice to have considered carefully the levels of support we can offer effectively from a distance, we should be clear with clients from the outset about what we are offering, and have mutual understanding of what will or will not be offered in an emergency. Social media can be used to provide useful information to clients to help find the additional assistance they require. See also *Good Practice in Action 047: Working Online*.

If we do use social media tools for counselling or other services, we should have contingency plans for site and internet outages so that if our client needs us and our tools are unavailable, they have other means of reaching us. In addition, we should ensure we obtain informed consent with each of our clients.

### **3.4 What responsibilities do we have regarding client confidentiality when using social media?**

The use of online technology and social media requires the transmission of data online. This act in itself makes data vulnerable. Regardless of the tool chosen to transmit data, security and confidentiality of information online cannot be guaranteed. So, it is important to report and discuss such data vulnerabilities with clients choosing to work with us through social media tools. When transmitting personally sensitive therapeutic data it is best to use media that meet the security standards required for healthcare. In addition, we should ensure that any devices we utilise to access patient data are used in physically secure locations and are password protected – see *Good Practice in Action 047: Working Online*.

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### **3.5** *What legal or regulatory concerns exist with social media use?*

Social media crosses geographical boundaries so easily that they pass unnoticed. This can be deceptive. Significant boundaries may exist so far as the law is concerned. If we choose to work with clients who are based outside our own country, we need to be aware of the law both in our country and also the country in which our client lives. It is possible that we might not be legally permitted to counsel or offer other services to our client without meeting the requirements of that country's regulatory bodies. In addition, cross border services may also not be covered under insurance. Our professional liability insurance may not cover us for work overseas or in specific countries. It is also possible that if our work is being funded by our client's health insurance that they have restrictions on services being provided from outside their country. We will need to check with the relevant insurance companies about coverage before initiating services.

### **3.6** *Is it okay for me to Google my clients?*

**Possibly** – but usually only with their consent and consideration of how this fits with our understanding of the *Ethical Framework for the Counselling Professions* which asks that we 'build an appropriate relationship with clients by: 'respecting the boundaries between our work with clients and what lies outside that work' (Commitment 4c, see also Good Practice Point 21).

We should ask explicitly for our client's consent before searching online for information. This is particularly important if we are participating in online sessions with our client. We will need to consider, however, the impact that the search might have on our therapeutic work and our objective judgement of our clients and what they are presenting to us (Giota and Kleftaras, 2014). For example, if we Googled one of our clients and came across their Twitter feed, reading it might introduce a bias into our practitioner-client relationship and cloud our objectivity.

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Information Commissioner's Office: <https://ico.org.uk/>