

Seeking and Finding Our Clients on the Internet: Boundary Considerations in Cyberspace

Keely Kolmes

Independent Practice, San Francisco, California

Daniel O. Taube

Alliant International University

As psychologists and clients increasingly use the Internet for personal and professional activities, they run the risk of having more incidental contacts online. This survey examined the experiences of 227 mental health professionals of various disciplines and training levels about both accidental and intentional experiences of encountering client information on the Internet. One hundred and nine participants (48%) intentionally sought information about current clients in noncrisis situations, and 63 participants (28%) accidentally discovered client information on the Internet. This paper explores how clinicians responded to these encounters and clinicians' beliefs about how they influenced treatment. Recommendations are made for how mental health professionals may begin to address such issues in the clinical relationship.

Keywords: Internet, ethics, boundaries, social media, psychotherapy

Our world is becoming increasingly networked via the Internet, and mental health practitioners are beginning to rely more heavily on the Internet for personal and professional activities. Concomitantly, reports of encounters between clients and psychotherapists and resulting treatment complexities have begun to emerge (Hsiung, 2009). The increased visibility of and access to friend networks and public Internet postings have created new possibilities for accidental and intentional virtual contacts between psychotherapists and clients. It should be noted that Internet searches for forensic evaluations have become a common practice as evaluators rely on a wide range of external sources. This paper, however, focuses upon Internet searches by psychotherapists in nonforensic roles.

Zur and Donner (2009) have explored the availability of online information about psychotherapists and they have framed the access to such information as an issue of psychotherapist transparency and disclosure. They outlined the difference between deliberate versus nondeliberate, verbal versus nonverbal, and avoidable versus unavoidable psychotherapist disclosures. Zur and Donner noted that the motivations of clients who seek information

on psychotherapists may range from harmless curiosity to criminal stalking. They recommended that psychotherapists using the Internet remain aware that all of their online postings, blogs, chats, and other interactions may be viewed by clients and will be forever archived online. Zur and Donner encouraged psychotherapists to regularly search online for information about themselves to maintain familiarity with information clients may discover about them, and they made recommendations about how psychotherapists should attempt to monitor and address concerns about their own privacy.

Ethics commentators increasingly have turned their focus to the problems and promises of mental health professionals searching for information about applicants, clients, and others on the Internet. Behnke (2007) noted that some clinical training directors and graduate program faculty have started to use the Internet to search for information about trainees and applicants. He raised the question of how this third party information should be handled and noted the risks related to clinicians shifting from clinical to investigatory roles. In a related vein, Barnett (2009) focused on the potential for psychotherapists to secretly access client information online. He defined such behavior as a boundary issue and suggested that these pursuits may violate an implied contract between clients and psychotherapists, and it may affect the public's trust in mental health professionals, unless this activity is clearly addressed in the informed consent process.

More recent commentators have sought to explore the clinical implications of accessing client data on the Internet and to develop best practices. Clinton, Silverman, and Brendel (2010) offered case examples of client-targeted Googling and provided a six-point pragmatic framework to help clinicians analyze whether a search is ethically sound and minimize risks to clinical care. They noted the potential for finding false information and complications that may arise around documenting, in the clinical record, details unearthed in such searches. Kaslow, Patterson, and Gottlieb (2011) discussed ethics issues such as the right to privacy, trust, confidentiality, informed consent, and boundary violations in the context of clinical

This article was published Online First September 23, 2013.

KEELY KOLMES, PsyD, is an alumnus of California School of Professional Psychology at Alliant International University. She is in Independent Practice in San Francisco, CA. She is the former Digital Director of APA Division 42. Her areas of interest include ethical issues, online culture, and working competently with sexual minority clients.

DANIEL O. TAUBE, JD, PhD, is an alumnus of the joint Hahnemann/Villanova University Program in Clinical Psychology and Law. He is a licensed psychologist, a full professor at California School of Professional Psychology, Alliant International University, San Francisco, and past PsyD Program Director. His areas of interest include ethical and legal issues in professional practice (especially related to privacy), child protection, addictions and disability.

CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to Keely Kolmes, 220 Montgomery Street, Suite 400, San Francisco, CA 94104. E-mail: drkkolmes@gmail.com

cians searching for client information on the Internet. They also provided case examples and recommendations for how to manage these issues. They drew a line between pursuing one's curiosity and conducting investigative searches.

Hughs (2009), on the other hand, asserted that it is not necessarily unethical to search for client information online. She argued that if information was sought to promote clinical care, rather than to satisfy a psychotherapist's curiosity, it could further a legitimate clinical interest. For example, if a client refused or was unable to provide historical information, an online search might be a reasonable way to obtain supplemental data. Hughs did not address whether consent was necessary prior to an online search.

Thus, there are ethical and practical controversies emerging regarding contacts on the Internet outside of the consultation room. Professional licensing boards, as well as ethics committees, have begun to address the issue of telemental health practice, however, they have not yet addressed the issues of psychotherapist–client interactions on the Internet. Theoretically, there are ethical hazards related to multiple relationships (American Psychological Association [APA], 2010), but such contacts may have the potential to benefit clients and treatment. As yet, the empirical data about these risks and benefits are sparse. Lal and Asay (cited in Martin, 2010) found that 22% of the 193 clinical psychology graduate students they surveyed had Googled their clients to find information. Lehavot, Barnett, and Powers (2010) surveyed 302 graduate psychology students to assess, among other things, the degree to which they sought online information about clients. The authors reported that some 27% of their participants engaged in this activity. They acknowledged that searching for client information has the potential for both positive and negative influences on the clinical relationship. More recently, DiLillo and Gale (2011), surveyed 854 doctoral students in psychology and found that despite the belief that it was usually unacceptable to use search engines or social networking sites to find client information, 98% had still reported doing so at least once in the past year. Jent et al. (2011) found that among 109 behavioral health and medical providers and trainees, 18% of those in training had conducted Internet searches on clients, though no faculty endorsed doing so.

The Current Research

A survey was conducted extending Lehavot et al.'s (2010) and DiLillo and Gale's (2011) studies to include a wider range of professionals (psychologists, marriage and family psychotherapists, clinical social workers, and psychiatrists) at a variety of training levels (e.g., clinicians in training, recent graduates, and experienced clinicians). This research explored issues faced by practicing psychotherapists who have had intentional and accidental encounters with their clients on the Internet.

Method

Purpose and Design

An online survey was developed to explore the experiences of psychotherapists in regard to accidental and intentional Internet-based contacts with clients. Psychotherapists were sought who had used the Internet for personal or professional purposes, or both.

Participants

Sample size and recruitment. Of 265 mental health professionals or professionals in training who began the survey, 227 (86%) completed it. Participants were recruited through online announcements, and other clinicians shared our recruitment on their blogs, e-mails, and Twitter. Recruitment was focused on professional mental health organizations. The announcement was also sent to several graduate and internship programs in the San Francisco Bay Area in which it was posted to student and faculty electronic e-mail lists. Professional electronic mailing lists were contacted, including APA Division 29, Division of Psychotherapy, and APA Division 42, Psychologists in Independent Practice; however, due to APA policies discouraging research recruitment via electronic mailing lists, very few honored our request. All state associations for psychologists, social workers, and marriage and family psychotherapists were contacted. Some posted the announcement; some indicated that such research requests violated their policies, and others did not respond. It is assumed that clinicians who were most likely to respond were those who found this research timely and relevant.

Participant demographics. Participant ages ranged from 23 to 80 years, with a mean of 40.55 (standard deviation [*SD*] = 12.73). Most were women (74%). Some 78% of participants were heterosexual, 8% lesbian, 8% bisexual, 8% gay, and 1% self-identified as queer. A majority were Euro-Caucasian (90%); 3% were African American, 3% Latino, 3% multiracial, 2% Native American, 2% Asian American/Pacific Islander, and 4% self-identified as other. Most participants did not have a disability (90%). Participant income ranged from \$0 to over \$200,000 annually, with a mean of \$56,000 (*SD* = \$37,489); the mode was between \$0 and \$10,000 per year. Most participants lived in large or small cities (77%), with a smaller proportion living in suburban or rural areas (23%). Ninety-three percent resided in the United States.

All participants had provided psychotherapy. A majority (64%) were licensed. Most were psychologists (59%). The remaining participants were professional counselors (16%), clinical social workers (12%), marriage and family psychotherapists (10%), and psychiatrists (2%). Of the 36% of survey participants who were in training, 68% were seeking a doctoral degree in psychology; the remainder was seeking masters-level degrees. Our sample was primarily cognitive-behavioral therapy (CBT; 24%), psychodynamic (24%), eclectic (17%) or integrative (14%). A small proportion of survey participants (8%) had provided online or e-psychotherapy services, though most of those (79%) had done so for 10 or fewer clients.

Procedures. Our Internet and e-mail announcements informed potential participants that the study focused upon experiences of psychotherapists and psychotherapists in training who had made use of the Internet in their personal capacity, professional capacity, or both. All of our recruitment modes provided a link to a SurveyMonkey site where potential participants were brought to an informed consent page that provided detailed information about the nature of the survey. The study was anonymous in nature. Study procedures were conducted in compliance with Alliant International University's Institutional Review Board approval.

Measures. The survey instrument consisted of 107 items.¹ It included multiresponse, Likert, and open-ended items. Participants responded to survey questions in regard to their use of the Internet, and whether and under what circumstances they had intentionally or accidentally encountered client information online. Where appropriate, qualitative descriptions of respondent experiences were requested. Questions also focused on any perceived effects of these online encounters on treatment.

Results

Accidental Encounters

Sixty-three participants (28%) reported accidentally discovering current client information online. Of those, the largest proportion (70%) reported finding such information on Facebook. The next most frequent encounters were on Google (19%), LinkedIn (14%), shared e-mail lists (11%), blogs (8%), and Twitter (6%). A small percentage found client information on dating sites (3%). Twenty-three percent discovered information online about clients following termination of the therapeutic relationship. Again, the majority (62%) found this information on Facebook, followed by Google (30%), LinkedIn (17%), and shared e-mail lists (8%).

Intentional Searches

One hundred and nine (48%) of our participants reported intentionally seeking information about current clients in a noncrisis situation without the client's awareness. Fewer (8%) reported intentionally seeking information about a client in a crisis. In noncrisis situations, most (76%) sought this information on Google; another significant portion (40%) searched on Facebook. Of those who searched for client information in a noncrisis situation, 81%² were seeking general information related to treatment or verification of details shared in psychotherapy. Others searched to see if a client was a part of the clinician's extended social network (23%), or for misplaced contact information (19%). Thirty-eight percent said they were searching for other information, such as previous client arrest records, blog updates during a client's hospitalization, media work done by the client, photographs, interests, and information about clients' relationships.

Among the 8% of participants who searched for client information in a crisis, all such searches were related to client safety or whereabouts. Of those participants, about half (53%) said they found information that was useful in resolving the crisis. Such information included incarceration status, an address at which a client might be found to check on his or her welfare, and suicidal intent expressed online.

Fifty-four (24%) of our participants had intentionally sought information on the Internet about a terminated client. Most searched Google (76%), Facebook (35%), or a blog (9%). Fifteen percent used other sites. A range of different responses was offered to the question about what information these clinicians were seeking regarding these terminated clients. Responses included: hospitalization status, criminal history, the client's location or living situation, verification that the client was still alive, general well-being, relationship status, addresses for outstanding bills, and searching for client professional achievements. Most frequently,

respondents were interested in the general well-being of these terminated clients.

Participants who had both intentionally and accidentally encountered client information without the client's awareness were asked whether they discussed in treatment what they had found; eight clinicians (48%) said they had. Fourteen percent of these participants had also returned at a later date to look for updates to Internet-based information.

Participants who searched for or encountered information about current clients (52%) were asked about how accessing this information affected them and treatment. For most (56%), discovering client information had no influence at all on treatment; 40% reported a positive influence on treatment and 4% indicated that it had a negative influence. When asked about whether discovering client information had an effect on clinicians' abilities to maintain their objectivity, 72% reported that it had no effect on their objectivity, 16% believed that it had a positive effect on objectivity, and 13% believed that it had a negative effect. Participants were asked whether discovering client data on the Internet had an influence on their comfort level with their client; 66% believed it had no influence on their comfort level, 18% found it significantly increased their comfort, and 16% found that it significantly decreased their comfort with their client. Eighty percent stated they were not concerned that they might reveal information that the client had not shared; the remaining respondents were concerned that this could occur. As to whether they felt burdened with information they would have preferred to obtain directly, 78% were not, and 22% were.

Ninety percent of participants believed that discovering client information had no significant effect on their ability to maintain their primary role as a provider of services, 9% believed there was a positive effect on this ability, and 2% believed there was a negative effect. Seventy-four percent of participants thought that discovering client information on the Internet had no effect at all on their relationship with their client; 18% thought it improved their relationship with their client, and 8% thought it harmed their relationship. When asked whether it influenced the timing of any interventions, most (48%) reported no influence, 41% reported some influence, and 11% reported a substantial influence. In terms of an effect on boundaries, 22% did not consider it a boundary crossing at all, 61% considered it a slight to small boundary crossing, and 17% considered it a more significant crossing.

Three general themes emerged from participants' responses about the effects of discovering client information online. These included believing such discoveries were treatment enhancing, experiencing a change in beliefs about searching for client information (e.g., seeking client consent first), and a theme of self-reflection about the psychotherapist's own Internet presence.

Most of our sample (73%) did not seek consultation on how to handle the information they found. Of those who did, the main themes involved ethical concerns (e.g., boundaries), inconsistency of information, and whether and how to integrate this information into treatment (including whether to disclose the search and its results to clients).

¹ Copies are available from Keely Kolmes.

² These numbers add up to more than 100% because they refer to multiple experiences, and participants searched for more than one purpose.

When asked whether seeking this information influenced their beliefs about searching for client data online, 48% reported that it did not, 28% were unsure, and 14% reported that it had changed their beliefs. Open-ended responses suggested a similar range of experiences. Some believed obtaining this information improved treatment; a minority believed it had a negative affect on their work and that they would not conduct such searches again.

Though respondents did not differ as to the frequency of intentional searches for client information on the Internet on any demographic characteristics, including age, education, profession, or other variables, a Kruskal-Wallis test revealed overall differences in engaging in intentional searches on the basis of psychotherapist theoretical orientation, $\chi^2(1, N = 227) = 4.51, p = .034$. Four post hoc analyses were conducted (employing a Bonferroni correction, $p = .0125$) to determine which orientations accounted for these differences. Respondents with a CBT approach were significantly less likely to intentionally search for client information on the Internet than were psychodynamic respondents, $\chi^2(1, N = 110) = 6.56, p = .010$, or integrative respondents, $\chi^2(1, N = 89) = 7.57, p = .006$. No other differences in intentional searches by theoretical orientation were found.

In-Person Contacts Outside of the Consultation Room

A large proportion of respondents (90%) had encountered their clients face-to-face, outside of the office. Thirty-seven of these participants responded to a question regarding differences between online and in person interactions. A majority of this subgroup (63%) saw the interactions as distinctly different. Twenty-one respondents provided qualitative elaboration comparing these experiences. A majority of this subgroup (90%) saw the main distinctions being that online contacts were often anonymous and brief, and live contacts carried more complexity. For example, one participant commented that “in person is something immediate, experienced by both and is brought up and talked about in the next session. The client I looked up on Facebook, I never said anything to. . . .”

Discussion

The response to the research recruitment indicates that online encounters are occurring between clinicians and clients and that such encounters need to be addressed in some fashion. These encounters occurred on both personal and professional sites, with a large number happening on sites that many clinicians use to connect with friends and family. Some of these encounters happened with the use of search engines. Nearly half of those who intentionally sought information were seeking information related to treatment, although nearly a quarter reported having intentionally searched for information about a client who had already ended treatment.

Very few of the participants provided telemental health services. This means that one need not be providing online psychotherapy for the Internet to influence treatment. Online encounters are an issue for many clinicians—including those who only practice face-to-face psychotherapy.

Limitations

It should be noted that despite wide distribution of our research query, we had a relatively small response to our survey. As per

APA Policy, we were unable to access the APA membership via electronic mailing lists for the purposes of recruitment, and were unable to reach a good portion of the population we wished to study. It should also be acknowledged that the sample was obtained via recruitment that relied very heavily on those who are active on social media sites, and as such, this sample may not be representative of psychotherapists overall. These clinicians already had an active presence on the Internet and this probably increased the likelihood that they had experienced contact with their clients on various sites. This limits the generalizability of our findings. The measure we used has not been previously employed and its validity remains untested.

However, given that more digital natives are entering the field and more clinicians are being encouraged to engage in online marketing, we anticipate that these issues will continue to become more relevant. In fact, though the percentage of clinicians who reported looking for data on their clients is higher in our study than in some prior studies (Jent et al., 2011; Lehavot et al., 2010; Martin, 2010), it is not quite as high as recent research done exclusively on graduate students (DiLillo & Gale, 2011). Students appear more likely to seek client information online. We believe our mixed sample of both trainees and licensed clinicians accounts for midrange numbers.

Accidental Online Contacts

Almost a third of the sample reported accidental discovery of client-related information on the Internet; that is, discovering social proximity occurred with some regularity. A number of the respondents viewed these unintentional virtual world encounters as more benign than those that occurred in their actual physical lives. In part, this seems due to the fact that in the real world it is significantly more common for both parties—the psychotherapist and the client—to be aware of the encounter. Perhaps the absence of this mutual awareness in online contacts reduces the intensity and any pressure to address the encounter.

The relative frequency of accidental encounters raises an issue that does not occur for in vivo encounters: online, one's first impulse (and in some respects, the whole basis for the ease of information access on the Internet), is to follow (i.e., “click on”) links to obtain further information. Thus, there is a moment during which the psychotherapist can exercise what is essentially counterintuitive restraint on the Internet; that is, not clicking on a link if one sees one's client's Tweet Retweeted by a mutual contact, or not clicking through to the profile when a client's post appears on a friend's Facebook Wall. This is less likely to be possible for in vivo encounters, but it poses new challenges to most professionals who use the Internet.

Some clinicians reported accidental discovery of information on Google. These clinicians reported looking for something else and finding a client in the results. For example, a psychotherapist might be searching for an attorney and her client's website comes up as one of the top results in the search. Shared e-mail lists also accounted for accidental discoveries; this suggests that clinicians should be mindful that even seemingly “closed” groups such as professional electronic mailing lists or private and personal lists may be another online area they share with clients. It would be wise for clinicians to consider this possibility when posting personally or professionally revealing information in any online fo-

rum. It would also be wise for clinicians to assume that any online activity could be inadvertently forwarded or shared with a client or someone who may know their client. Clinicians should also remain aware that contact could occur even in what would be presumed to be private spheres for psychotherapists, particularly given that clients often seek psychotherapist's information online (Kolmes & Taube, 2012). Clinicians should also recognize that the implications of accidental discovery of a client's professional information could be quite different than the implications of stumbling upon a client's personal information.

Intentional Information Seeking

The responses to questions about intentional searching for information revealed that clinicians have a wide range of beliefs about such practices. Though many of these searches were conducted without the client's awareness or consent, in noncrisis situations, participants reported primarily positive experiences. A much smaller number described negative experiences.

The likelihood of online social proximity reinforces the reason for some clinicians to intentionally search to determine if there might be overlap of the clinician's social group with a particular client's. Nearly a quarter of participants wanted to assess their social proximity to their clients, which indicates that clinicians are using the ease and availability of online searches to investigate clients in ways they presumably would not do if it entailed asking colleagues and friends about one's clients. Engaging in this online practice might help prevent or address small world issues and may be motivated by protective impulses toward the client, the psychotherapist, or both. It also does not violate the confidentiality of clients, unlike asking friends or colleagues about them. However, clients might consider this practice invasive and undesirable.

Positive aspects of seeking client online information. Most respondents believed that the practice of searching for online information about clients was benign or beneficial—at most a small boundary crossing. Some believed they were entitled to access this information, or that it was a method of enhancing their professional services. Few sought this information in a clinical emergency. A number of participants considered the practice as providing helpful information, increasing understanding of the client, bolstering the psychotherapist's ability to believe and support the client, and increasing the psychotherapist's sense of safety. For example, one participant wrote that it “was good to be able to verify information shared in psychotherapy that seemed suspect at first telling (e.g., accomplishments that seemed inconsistent with other aspects of the client's presentation).”

Most participants did not believe that discovery of client information had any influence on treatment; of those who did, many viewed it as a positive influence. As one respondent reported, “I admired the client's achievements. It made me more able to believe in the client and bolster him in his goals/values.” A majority thought that intentional searches without client consent or awareness had no effect on the clinician's objectivity.

The relative comfort with which most clinicians engaged in these activities was surprising, as was the confidence these professionals had in the benign nature of such searches. This may bode well for the usefulness and ease of integrating such information into treatment. As noted above, it might assist clinicians and provide a more realistic view of client behavior outside of the

psychotherapy session, assuming such information is accurate and not filtered through a client's modifying his or her personal presentation for a particular audience (Marwick & Boyd, 2011). However, the ability of clinicians to assess the benefit or benign nature of the impact of such searching may be limited without direct feedback from clients (recall, e.g., the common finding of differences in alliance ratings when scored by clients as opposed to psychotherapists; Fenton, Cecero, Nich, Frankforter, & Carroll, 2001; Hatcher, Barends, Hansell, & Gutfreund, 1995; Marziali, 1984). Further, it can be difficult to know when professional objectivity is lost, and the ability of professionals to evaluate their own objectivity has clear limitations (Grande, Frosch, Perkins, & Kahn, 2009; Morgan, Dana, Loewenstein, Zinberg, & Schulkin, 2006; Wazana, 2000). Unless pronounced, a clinician may not notice more subtle repercussions of seeking or finding information about clients on the Internet. Although most of the respondents did not seek consultation on these encounters, we suggest that more consultation might be useful when such situations arise.

Of course, an important professional skill is the capacity to hold opinions, reactions, and attitudes in check in the context of a therapeutic relationship. As one participant noted “We are secret keepers.” It may be that such skills reduced the likelihood of a search tainting treatment. Yet the withholding of an attitude, opinion, or diagnosis in the interest of promoting treatment may be qualitatively different than withholding active behavior that may be considered invasive or intrusive by the client.

Negative aspects of seeking client online information. A minority of respondents believed there is a difference between traditional therapeutically driven withholding of opinions or reactions, and actively searching for information about clients on the Internet. The act of finding or seeking online information about clients affected their views of the acceptability of engaging in such searches. They changed their beliefs or practices regarding online activity, including making themselves less accessible on certain sites, making a point of asking permission to view online client content, restricting the information they viewed, or deciding to completely refrain from searching for client information online.

Some participants believed that the act of intentionally accessing online information about clients was a violation of trust and they reported experiencing shame and discomfort in the aftermath of seeking such information. Further, some reported feeling burdened by what they found and a sense of pressure in the psychotherapeutic relationship. Among this minority of respondents, a number judged that they had crossed a boundary. Those who sought consultation following an online search had specific concerns. They reported feeling embarrassed, ashamed, guilt over crossing a boundary and “spying” on clients, and discomfort about withholding information in the course of sessions following their searches.

This finding is interesting when one considers how many believed Internet searches had a neutral or positive effect on the clinical relationship. These findings contradict the concern, confusion, and dissonance for some clinicians who sought input on how to manage what occurred or what was discovered. This may be due to the range of materials that can be found online—from trivial to highly disconcerting. It may also relate to the absence of standards regarding searching for clients online without their awareness in nonemergent situations and changing views about client privacy and access to information. Indeed, a number of

respondents who considered intentional searching of client information to be benign or beneficial noted that the information was in the public realm—thus, presumably, not invading client privacy.

Balancing the opposing views. The questions persist: how does a psychotherapist determine when a search is going to be benign or beneficial? Is it ethically permissible to conduct an online search out of mere curiosity, as opposed to when it is clinically driven? Even when clinically driven, is it ethical to engage in such searches without consent? Given the large number of participants in this study who viewed the practice of intentional searching to be positive or, at least, benign, is there really a need for consent? Do protocols really need to be established to assist clinicians in determining whether to intentionally seek information about clients? Do the concerns about negative responses, though reported by a minority of respondents, outweigh the potential benefits?

On one hand, few who reported negative aspects to searching for clients actually reported untoward outcomes for clients. Among these participants, there were no reports of treatment being undermined, ending precipitously, or that the information the clinician searched for was so damaging as to cause substantial relational disruptions. Though direct responses from clients would need to be studied, this preliminary exploration suggests that even when psychotherapists believed the practice of intentionally searching for information about one's clients on the Internet was a breach of trust or crossed a boundary, none reported direct harm to clients. Perhaps, then, the majority's sense of this practice should hold sway: that is, given the potential to enhance treatment and provide clarifying or confirmatory information, intentionally seeking information should not be subject to any significant restrictions.

On the other hand, in the absence of clearer evidence that clients are unharmed, it is difficult to affirm such a stance. An analogy may elucidate this situation. For example, most clinicians would balk at the thought of conducting an intake with a client and then following the client out of the office, on foot, to confirm whether she returned to the address of the home or office she referenced in session. Most clinicians would find it preposterous to then imagine following the client in further daily activities to verify other details she has shared in psychotherapy.

We suggest that most professionals would find such scenarios unjustifiably intrusive into a client's life—even given that the information they might obtain is in the public realm. No competent clinician would engage in such behavior. If they did, it would raise a number of questions, including concerns about the competence of the psychotherapist and whether she was stalking her client. The crucial differences between this analogy and the intentional searching for client information on the Internet are the ease, convenience, invisibility, and inexpensive nature of obtaining information via the latter route. But this ease and convenience does not actually change the nature of the activity; when clinicians use the Internet to gather such information, they are doing essentially what this imagined clinician did—just without the enormous time, expense, visibility, and effort that would be required.

A second aspect of this analogy emerges when one considers what might occur if the client becomes aware—after the fact—that the psychotherapist has followed and investigated her. We believe that the physical act of following, observing, and obtaining information would, as Kaslow et al. (2011) argued, very likely be considered by many clients as highly intrusive and a violation of

trust. Thus, the question to be asked is: If searching for clients on the Internet is so beneficial, and there are no anticipated negative consequences, why did so few of the participants inform clients about these searches? Though the client's perspective on these searches must await further research, we suspect this hesitance to inform is primarily due to concerns that unconsented searches would be seen, like the analog described above, as unjustifiably invasive and a breach of trust.

Crisis Situations

One likely more acceptable basis for intentionally searching for information about clients on the Internet would be an attempt to address a crisis or emergency. It is notable that only a small portion of clinicians in this sample sought information related to client safety or whereabouts. Still, of those who did search for such information, half believed the information they found was useful. This activity and its frequently helpful outcomes leads us to wonder whether online searches may become a standard of care in the future regarding clients' danger to self or others. It appears that no courts have decided this issue as yet. Nonetheless, if a professional has reasonable notice that a client is a danger to others and cannot reach the client directly via other means (e.g., phone), given the frequency of intentional searches by professionals for less urgent purposes, it seems that the future standard of care may begin to include using the Internet to search for, or contact, clients. Indeed, Bennett et al. (2006), discuss redundant protections (e.g., rechecking one's assessment or using additional resources to ensure accuracy) to manage elevated risks with clients. Using the Internet as a backup source of information in crisis situations could be considered such a redundant protection that might reduce harm to clients.

Even in emergencies, clinicians who engage in online searches should remain aware that the information they find may be inaccurate, unreliable, or provide an insufficient basis from which to draw conclusions about risk or safety (a factor that must be taken into account in the development any of emerging standards of care). Any findings that are used for clinical intervention should be verified, if possible, with clients. The possibility that false information (Clinton et al., 2010) could find its way into treatment via searches during clinical crises bolsters the argument for describing the possible use of such methods of investigation in informed consent procedures.

Client Consent and Respect for Autonomy

The question remains, in a principal-based ethical approach (APA, 2010; Beauchamp & Childress, 2009), when does beneficence (doing good) outweigh client autonomy? Unless a client is incompetent, or there is an emergency situation (e.g., child maltreatment or danger to self), the assumption is that client autonomy takes ethical precedence. From a principle-based approach, even assuming the benefit of searching for client information online without their consent, it would not be sufficient to override client choice. There are other considerations as well. There is, the possibility that clinicians can be mistaken about the benign nature of noncrisis-related intentional searches. There are concerns about the potential negative reactions many clients would have to the analogous scenario of physically following and searching for informa-

tion about them. There is also the chance of discovery after the fact via documentation, and the possibility of inaccurate information on the Internet. All of these concerns support Barnett's (2009) and Kaslow et al.'s (2011) call for engaging in explicit informed consent to this practice. Even in the event of accidental contacts, at least some adverse consequences can be prevented by addressing the possibility for such contacts at the outset of treatment. Ethics commentators have encouraged these discussions in regard to small world concerns (Koocher & Keith-Spiegel, 2008; Schank & Skovholt, 2005). Given the very personal and unanticipated nature of online activity and disclosures on the part of clients, conversations that anticipate and help manage intentional and accidental encounters are likely to support trust and increase the confidence clients have in the competence of the psychotherapist. Further, informing clients of possible intentional and accidental online contacts supports client autonomy (APA, 2010; Principle E). Clients can agree or object to the practice of intentional online searches in nonemergent situations, and can have a say in the manner in which the psychotherapist addresses accidental online encounters. They may also decide to decline treatment with psychotherapists who intentionally search for information about them—whether in crisis or noncrisis situations.

Nonetheless, with respect to accidental encounters, it appears that clinicians in this sample had mixed feelings and experiences regarding discussing versus not discussing the unintentional discovery of online information. At least for accidental encounters, there should probably be more leeway regarding the clinician's decision to disclose the encounter or withhold it. It is an event that requires sensitivity and a thoughtful approach. Incidental, minimally important information that is found in the course of an unrelated search would not, on its face, require discussion.

However, accidentally or intentionally uncovering information that contradicts central aspects of a client's self-presentation would likely pose more of a challenge in terms of a clinician's decision to discuss this event, as opposed to allowing the client to initiate such revelations. Further, in such circumstances, clinicians would need to consider carefully the purpose for which they are discussing Internet discoveries with these clients. Is the motivation to be fully disclosing? Is it to enable psychotherapeutic work? Or is it to verify information? Is assuaging the clinician's discomfort enough of a reason to discuss an incidental contact with a client? Will such an admission violate the client's sense of trust or enhance it? These questions will require case-by-case consideration in the event of an accidental online encounter. In our view, however, the measure of the appropriateness of an intentional search is whether the possibility of such a search has been agreed upon at the outset, and whether the clinician has a legitimate clinical purpose for engaging in it. Such scenarios also reinforce the need for clinicians to have clear Internet and social media policies (Kolmes, 2010) that they share with clients at the outset of treatment in order to minimize the negative consequences of such discoveries at a later point in psychotherapy.

Analogous Offline Situations

It is worth noting that there are analogous situations in which clinicians obtain information about their clients from outside sources, without client consent. One such scenario is when someone in a client's life contacts a clinician to share concerns about the

client. Although there are no ethics codes or laws which explicitly define or restrict how a clinician uses this information, aside from not disclosing to the third party caller that the client is in treatment it is left to the clinician's judgment as to how to best respond to these scenarios. Most clinicians have a well-reasoned approach for managing information that comes through other sources, including how to address these intrusions with their clients. Clinicians need to begin developing their protocols for similar Internet intrusions into psychotherapy.

Differing Responses by Theoretical Orientation

The differences in intentional searches when comparing CBT respondents versus psychodynamic and integrative perspectives are puzzling. A review of the qualitative responses provided by each group did not yield any consistent themes, and these groups did not seem to differ on other demographic characteristics. Perhaps these findings are an artifact of the self-selected sample in this study. Or perhaps those of us trained in more traditional psychodynamic methods wait for information and transference manifestations to emerge (thus leaving us more curious about clients during treatment, and more likely to seek information), and those of us trained in CBT more actively solicit information in the course of treatment, thereby tamping down the press of curiosity. However, this hypothesis would not explain the differences found between CBT and integrative practitioners. Clarification of this issue must await further study.

Conclusions

Most of the participants who engaged in intentional searches of their clients on the Internet believed such activity was at worst benign, and it was often helpful. It might be assuming too much, however, to think that accidental or intentional contacts with clients on the Internet are largely neutral or positive in their impact on treatment. Though there certainly needs to be more research, a number of respondents in the present study described discomfort and negative reactions, and some reported changing their approach to Internet-based searches. More subtle consequences of these contacts may go undetected but still have fairly potent effects on the treatment relationship. For example, an off-hand comment by a psychotherapist about material found online about the client could impact the relationship in ways that the client perceives and the psychotherapist does not.

In addition, one of the goals of psychotherapy is to create conditions of comfort and trust that enable clients to self-disclose at a pace that is experienced as safe and comfortable. In fact, it may be a sign of appropriate boundaries for clients to take some time to disclose certain events and details about their lives. Clinicians who rush to seek more information through Internet searches before trust has been established in the psychotherapeutic relationship may be less focused upon creating conditions for trust to develop in the first place. By obtaining information outside of the psychotherapeutic relationship, they may also be less aware of the dynamics they are creating inside the consultation room.

These perceptions, and the difficulty in knowing whether there are negative outcomes lead us to affirm the central role of consent as a method of avoiding potential harm and supporting client autonomy (APA, 2010; Barnett, 2009; Clinton et al., 2010; Kaslow

et al., 2011). Such consent processes may prevent some of the untoward outcomes and allow psychotherapists to use the Internet in a manner consistent with its perceived benefits. Some clinicians are already implementing social media policies (Kolmes, 2010) to address issues pertaining to Internet searches and other contacts with their clients on social media. Clinicians should consider incorporating such policies into treatment in order to address these issues before they become problematic.

This and other studies (e.g., DiLillo & Gale, 2011; Jent et al., 2011; Lehavot et al., 2010) have just begun to explore the experiences and effects of psychotherapist online encounters with clients. Future research should focus on the client's experience of having a psychotherapist seek information about them. It is unknown whether clients have discussed with their psychotherapists these events, what the circumstances were, and how they felt it affected their treatment. Moreover, in vivo assessments of the manner in which such interactions affect treatment, though not simple to study, may yield useful information. Further, the differences found between search behavior of clinicians using different therapeutic models—CBT, psychodynamic, and integrative, in particular—should be explored more thoroughly. If future findings are consistent with findings from the current study, it would be useful to also assess whether there are differential effects for treatment alliances and relationships.

References

- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics>.
- Barnett, J. (2009, May). *Social networking sites, clients, and ethics: Dilemmas and recommendations*. Paper presented at the International Conference on Use of the Internet in Mental Health, Montreal, Canada.
- Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics* (6th ed.). New York, NY: Oxford University Press.
- Behnke, S. (2007). Ethics in the age of the Internet. *APA Monitor on Psychology*, 38, 74–75.
- Bennett, B., Bricklin, B., Harris, E., Knapp, S., VandeCreek, L., & Younggren, J. (2006). *Assessing and managing risk in psychological practice*. Washington, DC: APAIT.
- Clinton, B. K., Silverman, B. C., & Brendel, D. H. (2010). Patient-targeted Googling: The ethics of searching online for patient information. *Harvard Review of Psychiatry*, 18, 103–112. doi:10.3109/10673221003683861
- DiLillo, D., & Gale, E. B. (2011). To Google or not to Google: Graduate students' use of the Internet to access personal information about clients. *Training and Education in Professional Psychology*, 5, 160–166. doi:10.1037/a0024441
- Fenton, L. R., Cecero, J. J., Nich, C., Frankforter, T. L., & Carroll, K. M. (2001). Perspective is everything: The predictive validity of six working alliance instruments. *Journal of Psychotherapy Practice & Research*, 10, 262–268.
- Grande, D., Frosch, D. L., Perkins, A. W., & Kahn, B. E. (2009). Effect of exposure to small pharmaceutical promotional items on treatment preferences. *Archives of Internal Medicine*, 169, 887–893. doi:10.1001/archinternmed.2009.64
- Hatcher, R. L., Barends, A. W., Hansell, J., & Gutfreund, M. J. (1995). Patients' and therapists' shared and unique views of the therapeutic alliance: An investigation using confirmatory factor analysis in a nested design. *Journal of Consulting and Clinical Psychology*, 63, 636–643. doi:10.1037/0022-006X.63.4.636
- Hsiung, R. (2009, May). How to friend: Social networking Websites for beginners [PowerPoint slides]. Retrieved from American Psychiatric Association Annual Meeting, <http://mythreeshrinks.com/apa09/slides-hsiung.pdf>
- Hughs, L. (2009). Ethics Corner: Is it ethical to Google patients? *Psychiatric News*, 44, 9 & 11.
- Jent, J. F., Eaton, C. K., Merrick, M. T., Englebert, N. E., Dandes, S. K., Chapman, A. V., & Hershorin, E. R. (2011). The decision to access patient information from a social media site: What would you do? *Journal of Adolescent Health*, 49, 414–420. doi:10.1016/j.jadohealth.2011.02.004
- Kaslow, F. W., Patterson, T., & Gottlieb, M. (2011). Ethical dilemmas in psychologists accessing Internet data: Is it justified? *Professional Psychology: Research and Practice*, 42, 105–112. doi:10.1037/a0022002
- Kolmes, K. (2010). *Social media policy*. Accessed from <http://drkkolmes.com/for-clinicians/social-media-policy/>
- Kolmes, K., & Taube, D. O. (2012). *Clients are searching for psychotherapist personal information online*. Manuscript in preparation.
- Koocher, G., & Keith-Spiegel, P. (2008). *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed.). New York, NY: Oxford University Press.
- Lehavot, K., Barnett, J., & Powers, D. (2010). Psychotherapy, professional relationships, and ethical considerations in the MySpace generation. *Professional Psychology: Research and Practice*, 41, 160–166. doi:10.1037/a0018709
- Martin, S. (2010, August 13). More than one-fifth of grad students have Googled their clients. [Web log message]. Retrieved from http://apaconvention.typepad.com/2010_apa_convention_blog/2010/08/more-than-onefifth-of-grad-students-have-googled-their-clients.html#more
- Marwick, A., & Boyd, D. (2011). I Tweet honestly, I Tweet passionately: Twitter users, context collapse, and the imagined audience. *New Media & Society*, 13, 94–133. Retrieved from http://www.tiara.org/blog/wp-content/uploads/2010/07/marwick_boyd_twitter_nms.pdf. doi:10.1177/1461444810365313
- Marziali, E. (1984). Three viewpoints on the therapeutic alliance. Similarities, differences, and associations with psychotherapy outcome. *Journal of Nervous and Mental Disease*, 172, 417–423. doi:10.1097/00005053-198407000-00008
- Morgan, M. A., Dana, J., Loewenstein, G., Zinberg, S., & Schulkin, J. (2006). Interactions of doctors with the pharmaceutical industry. *Journal of Medical Ethics*, 32, 559–563. doi:10.1136/jme.2005.014480
- Schank, J. A., & Skovholt, T. M. (2006). *Ethical practice in small communities: Challenges and rewards for psychologists*. Washington, DC: American Psychological Association. doi:10.1037/11379-000
- Wazana, A. (2000). Physicians and the pharmaceutical industry: Is a gift ever just a gift? *Journal of the American Medical Association*, 283, 373–380. doi:10.1001/jama.283.3.373
- Zur, O., & Donner, M. B. (2009). The Google factor: Therapists' transparency in the era of Google and MySpace. *The California Psychologist*, 43, 23–24.

Received April 19, 2012

Revision received June 21, 2012

Accepted June 25, 2012 ■