

Ethical Dilemmas in Psychologists Accessing Internet Data: Is It justified?

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Many psychologists search the Internet for both personal and professional information. Although various guidelines have been proposed for psychologists regarding therapeutic services provided over the Internet, few address the ethics and efficacy of gathering information about clients, students, or employees on the web. As quickly as guidelines are written, new technologies create new challenges. With the advent of social networking sites and numerous free and paid data search engines, unique dilemmas have arisen. The ready access of voluminous personal information raises perplexing questions for clinician psychologists, instructors, supervisors, and employers. An overarching consideration addressed in this article is whether in the course of one's professional activities it is ethically appropriate to conduct *intentional* Internet searches for information about patients, students, or employees. We discuss ethical dilemmas such as right to privacy, trust, confidentiality, informed consent, boundary violations, and best interest of the client, student, or employee. Next we provide a list of some extant electronic sources of information and offer case examples. The article concludes with recommendations that we hope will generate further dialogue and research on these perplexing issues and provide guidance on balancing situationally appropriate flexibility with the need for adopting wise parameters of professional behavior in regard to social networking activities and Internet "investigations."

Keywords: ethics, Internet, professional practice, patient privacy, boundaries, trust

Ethics codes cannot do our questioning, thinking, feeling, and responding for us. Such codes can never be a substitute for the active process by which the individual therapist or counselor struggles with the sometimes bewildering, always unique constel-

lation of questions, responsibilities, contexts, and competing demands of helping another person. Ethics must be practical. Clinicians confront an almost unimaginable diversity of situations, each with its own shifting questions, demands, and responsibilities. Every clinician is unique in important ways. Every client is unique in important ways. Ethics that are out of touch with the practical realities of clinical work, with the diversity and constantly changing nature of the therapeutic venture, are useless. (Pope & Vasquez, 1998, xiii–xiv)

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Current Internet Practices by Psychologists

We agree with Pope and Vasquez and use their statement as a starting point. What they have posited is equally applicable to professor/student, supervisor/supervisee, psychologist/client¹, or employer/employee relationships in the broad field of psychology. Below we address all four as these constitute our target audience. First we consider a number of issues pertinent to telehealth and Internet searches as well as selected ethical principles that arise in these areas of practice. The next section lists various sources of electronically available information and some relevant case examples. We conclude with recommendations we hope might stimulate continued dialogue on this topic and perhaps be included in future guidelines.

Telehealth

Many psychologists wonder how far they should go ethically and professionally in using the Internet to post and obtain information. In the past decade, professional associations such as the American Psychological Association have developed guidelines

for those who are considering offering professional services using electronic media. The delivery of such services is referred to as "telehealth" (APA, 2003), or "telepsychology" (Ohio Psychological Association, 2010). APA recently published a Social Media Policy Guide (APA, 2010) that states that the Internet is not a secure space, that it should be used judiciously, and that social media can only be considered to reflect APA policy if it has been officially sanctioned and designated by the APA and carries its logo. Yet, a superficial examination by those who contemplate offering such services reveals the enormous ethical complexity entailed in matters such as ensuring confidentiality; performing an adequate assessment; dealing with the absence of visible, nonverbal communication; dealing with the lack of in-person contact; delivering competent service; and practicing across state lines without a license in the state where a patient or client resides. Such dilemmas may leave clinicians wondering how appropriate it is to treat clients using the medium of telehealth. In her article on risk management when practicing telehealth, Maheu (2001) provides eight guidelines to include on informed consent disclosure forms for clients in order to be practicing in accord with standard ethical guidelines. Ragusea and VandeCreek (2003) discuss the numerous situations that can be encountered when psychologists use the Internet and indicate that there is no consensus on how to deliver services ethically. They even question if that is in fact possible. As a result of these hazy issues, many have chosen to avoid practicing over the Internet, but such a decision does not end the ethical dilemmas posed by other kinds of Internet usage.

Obtaining Personal Information in Cyberspace

Authors such as Zur, Williams, Levahot, and Knapp (2009) have explored the kinds of problems that may arise when clients obtain electronic information about their therapists. A psychologist who has posted information on *Facebook* or *MySpace* about private events, social relationships, or family photos may elicit questions and/or transference responses that would not have arisen from clients who did not acquire this information. The psychologist's personal life is irrelevant to the client's treatment and may, in fact, pique the client's interest in the therapist, shifting it from the reasons for seeking treatment and compromising the therapist's stance of neutrality and objectivity. It can change the very essence of the therapeutic relationship. Zur, Williams, and Levahot caution the psychologist to think carefully before placing personal information on Internet sites that may be visited by clients, students, or supervisees. Behnke (2008) discussed a case in which a client had an erotic transference to his therapist. Then, while performing an Internet search, the client discovered some highly personal information and moderately revealing photos of her and arrived at the conclusion that therapy with her would no longer be viable (Behnke, 2007b). Excursions into social networking sites blur the boundaries in the therapeutic relationship and play havoc with the long held therapeutic principle that the therapist's personal life is not germane to the therapeutic dialogue unless he or she chooses to disclose some facts he or she considers relevant to the therapy because this will contribute to its progress.

In another context, the *San Francisco Chronicle* (Egelko, 2009) reported that a federal judge was admonished for posting sexually explicit material on a private web site, stating that his conduct "created a public controversy that can reasonably be seen as

having resulted in embarrassment to the institution of the federal judiciary." Similarly, providing such personal information can cast the psychologist and the field of psychology in a negative light. Behnke (Martin, 2010, p.32) has recently reiterated, "In today's age of email, Facebook, Twitter and other social media, psychologists have to be more aware of the ethical pitfalls they can fall into by using these types of communications."

Theoretical orientation can be a major factor in determining the level of disclosure of the therapist's own personal information, as well as whether the decision to seek client information on the Internet is concordant with the theoretical foundations of the psychologist's practice. For example, in psychodynamic therapies, patients and therapists often develop a strong transference as part of the relationship. Information that is known or sought about one another from outside sources may be thought to contaminate the therapy; what is important is that which is conveyed in the therapy between patient and clinician. In treatment with psychologists of humanistic orientations, disclosures of personal information may be more acceptable, but even here the level of disclosure may also be affected by the client's status and the objectives of therapy. The transference phenomenon of psychodynamic therapy or the unconditional acceptance basic to client-centered treatment may be irrelevant in brief behavioral treatment of a specific phobia. In each of these instances, the clinician must consider that the client's *perception* of the relationship may become a more casual or even social one that may violate the boundaries or context of therapy as a sanctuary for exploring personal issues. However, therapists of diverse orientations communicate online through e-mail and may view web diaries as useful. Thus we find divergent viewpoints depending upon the psychologist's foundational beliefs which undergird practice.

Seeking Consultations on the Internet

Behnke (2007a) discussed consultations sought by psychologists on listservs. He indicated that consultation is a dynamic process and that ethics are a developmental process. Therefore, any single reply to an issue raised is open to being misunderstood or applied inappropriately unless a detailed dialogue ensues. While such a request may seem innocuous, it poses the risk of violating client confidentiality unless identifying information is well camouflaged, and it increases the possibility of inadequate and simplistic solutions being offered. Furthermore, unless the person seeking consultation knows the psychologist who is responding, he or she has no assurance about the efficacy, accuracy, validity, and soundness of the information provided.

Below, we address some of the ethical considerations involved in the seeking of information by therapists, supervisors, trainers, and employers without the knowledge or consent of clients, trainees, and employees. We explore some of the ethical and relational issues that follow from engagement in such activities, discuss some types of information currently available on the Internet, and proffer several examples. We conclude by offering recommendations we hope will be useful to those seeking more explicit guidance.

Ethical Principles and Legal Requirements

The issue of seeking information without permission of the "other" in professional relationships raises a plethora of ethical

concerns. In this section, we focus on what we consider to be the most salient.

Privacy and Confidentiality

All psychologists have an overarching ethical obligation to uphold the basic principles of respect for autonomy, non-malfeasance, beneficence, and justice, and avoid harm (Beauchamp & Childress, 2009). They are expected to “benefit those with whom they work (APA, 2002, Principle A, Section 8.03–8.06). A fundamental precept of such professional relationships is confidentiality. There is general consensus that we cannot be effective unless clients, students, and supervisees are assured that their privacy and identity will be protected. But what happens when information comes to us indirectly from other sources? For example, what if a psychologist attends a public gathering and sees a client highly inebriated, even though the client has consistently denied any alcohol relapse? Such circumstances rose long before the advent of the information superhighway, and clinicians dealt with them in accord with their own theoretical and philosophical orientation. In such instances, the therapist obtained this knowledge by happenstance, and the client could have no reasonable expectation of privacy.

A similar situation arises when a supervisor inadvertently finds troubling information about a supervisee on a social networking site or on a blog. When posting on publicly accessible sites, a supervisee should make no assumption of privacy. Yet, even though many are familiar with the phrase, “nothing on the Internet is confidential,” the practical reality is that many people willingly post personal information based on a mistaken assumption of privacy.

By contrast, we believe a professor or supervisor who deliberately searches for information risks breeching the student’s expectation of privacy in relation to the university or internship site if their brochure does not explicitly state that they reserve the right to conduct such searches. The consequences for a professional relationship when a trainee expects a zone of privacy, yet the trainer presumes that what is posted is “fair game” can result in a serious erosion of trust that may damage professional relationships. The trainee can challenge the supervisor’s role as a detective or accept the behavior and later emulate it, or they can jointly explore their differing assumptions and try to find a resolution acceptable to both so they can work together. Certainly, the age of the respective individuals involved may influence their views about the validity of such Internet searches as much as the Code of Ethics does (APA, 2002).

Informed Consent (APA, 2002, 3.10)

The principle of informed consent can be derived from the concept of respect for autonomy (Beauchamp & Childress, 2009). Psychologists, supervisors, instructors, etc. have an affirmative obligation to inform their clients about the rules that will apply to their respective relationship at the outset, preferably in written contractual form. State statutes generally require that mandated reporting be included in informed consent, although there are times that critical action must be taken even if informed consent has not been provided. These include the need to adhere to mandated reporting statutes on child or elder abuse; or to release a patient

from a psychiatric inpatient unit and inform a community facility of the person’s prior history of child molestation; or future intent regarding dangerous behaviors, such as homicidal intent (see *Tarasoff v. Regents of University of California*, 1976). In some psychiatric ER and inpatient units, information may be needed quickly about a patient at the time of admission and may be acquired by using a search engine if the patient is unable to give permission and/or there is grave concern about the safety of staff and other patients. Information obtained in this way may be deemed essential for patient management, and these factors trump concern over informed consent.²

Otherwise, clients and students should have a reasonable expectation that they will be the ones providing information, and that what is conveyed is within their control and kept private. Nonetheless, in the era of readily accessible Internet data, what if a psychologist decides to seek information about a client over the Internet? Does s/he have an affirmative obligation to inform the client and seek permission first? One must consider how a new client may feel when reading that his/her new therapist reserves the right to electronically investigate him or her.

According to Kohlberg’s theory of socio-moral development, which we believe is germane to the entire discussion which undergirds this article (Kohlberg, 1973), it appears that individuals functioning at the highest level of moral development (Stage 6, Universal Ethical Principles), would possess the attributes of universality, consistency, and logical comprehensiveness. These characterize the guiding principles of one’s conscience and how one distinguishes right from wrong (Rosen, 1980, pp. 81–87; APA, 2002, Principle E). Therefore, seeking such undisclosed information would not be permissible in the world view of any psychologist who purports to practice ethically and at a high level of moral development.

In sum, although undisclosed searches may not be illegal or deemed to be unethical, they do not constitute sound practice in light of upholding trust within the context of a professional relationship. Such an action may well disrupt the relationship before it even begins and destroy the possibility of establishing the kind of safe and valued connection that clients, students, and supervisees need and have the right to expect with a professional with whom they are working.

Best Interest of Clients

Practice should be evidence-based (APA, 2006). A therapist’s continually updated knowledge base should assist in the determination of whether a particular treatment regimen is appropriate for a specific client under the given circumstances. When the intervention approach selected is the “best” choice for the person(s), problems, and situation, there is a reasonable expectation that we can help clients resolve their concerns and achieve their objectives. Wise decisions about client–therapist match are predicated on the premise that information is provided directly by clients or obtained with their explicit consent. This formulation leads us to question how one would handle information that has been acquired surreptitiously because to acquire it, the therapist had to switch roles and become an investigator.

The dilemma about knowledge obtained without a client having revealed it or being privy to someone else’s disclosure also exists

in other contexts such as in couple and family therapy, when one partner reveals a critical secret unbeknown to the other. Considering this as somewhat analogous, it can shed light on the issue at hand, that is, being privy to information a client does not know one has. In such a situation, *unless* the psychologist has drawn up an agreement at the outset with all members of the client unit as to how such disclosures will be handled, the *revelation of a secret becomes problematic for all involved*. The Internet provides psychologists with myriad opportunities to obtain information without a client's knowledge. Will information obtained in this way increase treatment effectiveness? If one believes that it will, how does the value provided by such an activity weigh against violations of evidence-based practice and treatment protocols, the client's reasonable expectation of privacy, and the integrity of the process? We do not think this is ethically, morally and/or professionally justifiable behavior. *The ends do not justify the means.*

When a psychologist suspects a client is being less than honest and acts on those suspicions by seeking additional information on the Internet, another form of dishonest behavior is perpetrated, except it is on the part of the psychologist. It augurs poorly for the building of a strong therapeutic alliance, in which trust and modeling are essential ingredients. We posit that when a psychologist does not believe what a person is telling him or her, it is essential that he or she select a propitious time, sooner rather than later, to explore this with the client or student, unless the person is incoherent or there is another compelling contraindication to doing so. A more professional approach is to make a comment such as: "It seems I'm missing information necessary to grasp what is going on. I hope you will either explain the situation differently so I can understand better or begin to trust me enough to disclose additional sensitive thoughts, feelings, or deeds."

Standard of Care

Psychotherapists are required to follow a standard of care that is "the level of proficiency and care against which a therapist's conduct will be measured" (Stromberg et al., p. 441). This requires conforming to what a majority of their peers would do in a similar situation. But, it is sometimes difficult to ascertain the current prevailing standard when no clear guidelines exist, as is true regarding certain Internet practices. Generally it is prudent to refrain from an action that has no clear benefit and which may be placing the therapist or supervisor on a slippery slope.

Electronic Sources of Information

There are three major categories of information currently available on the Internet. Category 1 includes professional web sites, blogs, business networking sites such as LinkedIn, newspapers, and other publicly accessible and sponsored sites containing information that individuals personally post for others. Category 2 is information that can be retrieved through search engines including Google and Yahoo! Such resources make it relatively easy to obtain both contemporary and historical information about an individual. The information may have been posted by the person or made available to such sites by newspapers, publishers, or professional organizations. Through such searches, other types of information in the public domain may also be found, such as arrests and

other court records, marriage certificates, and divorce decrees. Category 3 includes services such as People Search that provide basic personal data with the *option of paying for more detailed data*. This category includes social networking sites requiring registration, such as MySpace and Facebook, which contain information intended for friends and acquaintances. It is also possible to obtain genealogical information [such as what might appear in a genogram (Kaslow, 1995)] through websites such as Ancestry.com, Familysearch.org, and Genealogy.com. These sites offer small amounts of information for free and then encourage payment for subscriptions.

With the proliferation of social networking sites, the boundary between personal and professional space has become blurred. Graduate students in professional training programs need to realize that information they post publicly may be seen by current or potential employers, supervisors, and/or clients. For example, a practicum student may find herself subscribed to the same social networking site as one of her clients, who may obtain information about her personal life which would not otherwise be available (Chamberlin, 2007). Such information could prove very detrimental to the therapeutic relationship in that the psychologist acquires too much of a personal persona. This can obscure her professional role, which is the core reason for the relationship.

The issue of "friending" those with whom we have a professional relationship has also become a concern for psychologists. Social networking sites such as MySpace and Facebook allow members to request others members to be "friends." As with self disclosure, the guiding principle is that we are *never obliged to do so*.

Perhaps a connection on a professional networking site (such as LinkedIn) would be acceptable with a former student or supervisee. But accepting a friend request from a current or former client or student is apt to create the impression that one has a social relationship with them, and this may inadvertently lead to a breach in confidentiality. It might also interfere with the likelihood that a former client would return if he or she needed treatment in the future. For example, if one is listed on client A's site as a friend and that person knows his or her client B, who is also on their site, they may infer that B is also a client, which would constitute a violation of the confidentiality principle (APA, 2002, 8.03–8.06).

If one does choose to participate in such networking sites and post comments and/or information, it is best to list only name and professional affiliation, without including additional identifying information. A safe approach to risk management is to accept no requests from anyone with whom we have had a professional relationship, other than colleagues. Indicating such a policy in our initial contract agreement and/or informed consent form as well as explaining it to clients who may feel offended by a refusal of such a request can clarify one's position and convey the professionalism of their practice.

Clearly the blurring of the boundaries can be bidirectional. Just as interns may not see a problem with actively participating in social networking, they may also see no problem in using the Internet to garner information about their clients. The core question revolves around: Is it appropriate for them to do so simply because they can? Some examples illustrative of where such behaviors can lead now follow.

Case Examples

The Therapist as Detective

Dr. Jacinto Gomez, who had recently finished his training, was treating a new patient, Clara. The history she gave had many gaps, and because he suspected that she was withholding relevant information, he decided to do an Internet search rather than ask her additional questions. Clara told him that she was excited about getting a job as a staff member in a child care center after many years of having been unable to obtain such a position. What Dr. Gomez discovered in his search was that Clara had been convicted of child abuse on two occasions twenty years earlier and had been placed on probation for five years.

Why did Dr. Gomez not first ask Clara about the gaps in her history? We do not know if she would have disclosed the information, but at least he would have made a direct, therapeutically sound, and appropriate effort to acquire it from her. It is very tempting for those who grew up with computers and the Internet to access information on the web. They do this not only because it is easy, but for some it is more comfortable than confronting patients when thorny issues such as this one arise. We believe it is not a prudent or ethically defensible course of action.

As a result of his Internet search, Dr. Gomez found himself in a precarious position. First, depending on the state in which he lives (for example, California), he may be obligated to report that Clara, who has a criminal history of child abuse, now has access to children. Second, one could argue that even if Dr. Gomez had stated in his informed consent documents that as a psychologist he has a role as a mandated reporter in abuse cases, and that he reserves the right to perform independent searches on clients, he might still find himself in a shaky position with regard to his client's trust. One could justifiably argue that now that he is in possession of this information he has little choice but to follow the law, but such requirements seldom take into account the long term damage that may result to the therapist-patient relationship, compounding the difficulties already associated with his (unauthorized) search.

A Supervisor's Tangled Web

Dr. Yang Chin supervised the work of Rashaan, a pre-doctoral intern in a community agency. At the outset of their relationship, Dr. Chin discussed Rashaan's professional interests and experience, responsibilities, obligations, agency guidelines, and they established a written internship contract. As Dr. Chin was perusing the state Psychology Board's credential verification web site, she was surprised to see that Rashaan had had two previous registrations as a psychological assistant cancelled. There was no explanation provided, and Rashaan had not mentioned this to her.³

We believe that Rashaan should have disclosed this information at the outset of the supervision. Given that he did not, what was Dr. Chin's responsibility? Dr. Chin, or anyone in a similar supervisory role, has vicarious liability for a supervisee's client care (Slovenko, 1980). This liability makes it imperative for a contracting agency to verify credentials of all potential supervisees (and staff) and to inform them that this will be done in accordance with agency policy. If this had been the procedure followed, Dr. Chin clearly would have had the right to confront Rashaan to determine

the reasons for these cancellations and for the omission of this data to the agency.

Dr. Chin's case differs from the example of Dr. Gomez in that it includes an additional consideration. Dr. Chin has a fiduciary obligation to the clients of her agency and should do whatever she can on their behalf. However, she also has a fiduciary obligation to her supervisee. Sometimes a conflict of interest can exist between these distinct obligations. The example does not tell us whether there was an inherent conflict in this case, but it behooves those in charge to make such a determination and, if so, to take appropriate action since *client care is the agency's primary obligation* and takes precedence in the event of such a conflict.

A Supervisor Discovers Troubling Identities

Dr. Grey interviewed Orlando for a staff position as a child therapist at a community mental health center. Orlando was experienced, licensed, and had excellent recommendations. As part of his regular hiring practice, Grey searched Orlando on the Internet without first disclosing that he routinely did so. While searching, he found a site advertising Orlando as a stripper in a local men's club. (If Orlando used his real name, which strippers rarely do, then his judgment may have been severely impaired).

As a professional psychologist in an administrative role, Grey should disclose his hiring procedures in the initial interview with a prospective applicant. Orlando's outside employment might not be a disqualifying factor in and of itself, in all agencies, but once Dr. Grey became concerned, he needed to address them with the applicant if hiring him was being contemplated. The accuracy of the information also needed to be checked with him. If Dr. Grey wanted to then move ahead, he would need to discuss his possible hiring with other staff members as well as the agency advisory board in order to explore their concerns and reactions. Asking Orlando to remove his picture from the web site might be an acceptable solution. But that might not suffice if the center were in a religiously conservative community. Would having someone on staff who has chosen to be a "stripper" in his personal life be consonant with the mission of the agency? It is critical to be mindful of the fact that professional ethical behavior is also judged by the consumers of our services, and it is affected and influenced by the norms and values of the local community in which we practice or teach.

It is a common practice in some employment settings to search for information such as credit ratings, arrest records, court proceedings, and tax records, and applicants should not be surprised by prospective employers doing so. However, potential employees should be informed that this will occur. One could argue that such searches are the prospective employer's responsibility if the applicant is to have a fiduciary obligation to clients.

Stephen Behnke (2008, p. 74) has stated:

... there is likely far less agreement about how actively faculty should search for information about trainees and training applicants on the Internet or how information that comes to a faculty's attention by way of third parties should be handled. Many private sector companies conduct Internet searches before making job offers. There does not appear to be a similar consensus in psychology... acting upon information that a trainee or applicant has not provided to a program may be inconsistent with a respect for that individual's privacy and autonomy; information on the Inter-

net is notoriously unreliable; and there is a “slippery slope” to seeking and relying on such information that risks turning psychologists into private investigators.

There may be long term relational implications of doing periodic searches after people are admitted to a graduate program or hired. The fact that such searches are conducted can foster an atmosphere of mistrust within an agency, especially when someone has something they want to hide. How free will the staff feel to share professional and personal problems with each other and their supervisors? Since an atmosphere of trust and mutual respect is necessary for effective mental health practice, Internet searches may be detrimental to staff cohesiveness and trust and may negatively affect the quality of care that is offered.

It is important to underscore Behnke's (2008) point on the unreliable, unverified nature of some of the data that appears on Internet sites. In contrast, when data is obtained directly from the client, student, or employee, the psychologist can accept it at face value or explore the information or seeming gaps in what has been presented with the individual to verify accuracy and completeness. And, there is much to be learned from any evasiveness or omissions and what they represent.

Recommendations

The Internet has provided users with countless advantages that can make their lives easier. It is only a tool and one that can be used in beneficial or detrimental ways in terms of professional relationships. We have illustrated in several examples how the Internet can be put to good use in various professional situations, and we have discussed some potentially adverse implications of doing so. Until the current Code of Conduct is amended to include more detailed and contemporaneous standards, we hope to stimulate further dialogue that will lead to the generating of new guidelines on the specific topics discussed herein. In this section, we bring this information together and attempt to provide guidance to readers.

1. The Ethical Principles of Psychologists and Code of Conduct (APA, 2002) states that psychologists who use the telephone or the Internet must abide by the same ethical guidelines as in-person therapists. Unfortunately, the Code of Conduct does not specifically address the behavior of psychologists, trainers, teachers, or employers when they wish to obtain information via the Internet. But, the fact that there are no explicit standards in this arena does not mean we are free to violate basic ethical principles of confidentiality, informed consent, privacy, trust in relationships, and best interest of our clients. These dicta apply in all of our professional roles, and psychologists are urged to avoid questionable behaviors solely because they are not explicitly prohibited.

2. Policies regarding Internet searches of clients, trainees, students, and employees should be made clear at the outset through written contracts, informed consent forms, agency policies, and verbal statements and/or documents. Such disclosures should be as explicit as possible regarding how information obtained from outside sources may be used (Martin, 2010).

3. Although Internet searches may be legal and later deemed ethical, one should treat others as they wish to be treated. The trust others place in the psychologist should always be a paramount consideration. The use of current evidence based treatments is predicated on information provided by clients, just as psychody-

namic, psychoanalytic, humanistic, existential and other approaches have been traditionally. Therapists violate the fundamental assumptions of these procedures when they use the Internet to search for information on clients. The fact that an action may not be prohibited does not support such behavior, nor is the argument that the ends justify the means acceptable. Exceptions may include forensic activities such as child custody and fitness for duty evaluations.

4. Providing or obtaining information from outside sources without informed consent should only be undertaken when it is deemed absolutely essential. One example might be if a therapist or teacher has been threatened or is being stalked by a client or student, and they want to know if said person has a prior record of such behavior before reporting it to the police. We think the dangers inherent in such a situation are sufficient to trump the lack of informed consent.

5. One should always be alert for teachable moments. For example, therapists can model integrity and respect by having clear disclosure policies in their informed consent documents and verbally clarify whether they will search for outside information. Clinicians should be similarly direct when they have discovered information inadvertently. We recommend that a similar policy apply to supervisors, employers, and, in some circumstances, instructors. Having such an open disclosure policy establishes a pathway toward building trust, models integrity, and teaches the culture of our professions (Handlesman, Gottlieb, & Knapp, 2005). This is a critical component of psychotherapy and vital because of the public trust required of our professional roles.

6. There is a widespread realization that “nothing on the Internet is confidential.” We believe it is prudent to function based on this assumption. In the broadest terms, information is available in three ways: (1) Through publicly accessible web sites. We think that viewing this information is legitimate and in some cases unavoidable as part of one's daily routine, similar to reading a newspaper; (2) From more personal and password protected sites where access is restricted. It is less likely that one will stumble across such information, making such clinician-initiated discoveries more ethically problematic; and (3) From sites that perform specialized searches through data retrieval programs. These may be public or private and fee-based. We recommend these sites should be avoided by professional psychologists, except in urgent and critical situations.

We believe it is important to comment on the extent to which one should go to avoid obtaining information on the Internet. We think there is a middle ground between pursuing one's genuine curiosity fostered by the Internet and deliberately conducting *investigatory* searches on the other. If information is public and/or obtained inadvertently, there seems to be nothing unethical or improper about using it. When such information is seen and read, we recommend mentioning it to the client, student, or supervisee in a timely and respectful manner and trying to use it in a therapeutically or educationally beneficial manner. For example, suppose that a therapist has visited a public site and learns that a client, with whom s/he has been working on self esteem, has recently won a marathon. The therapist can say they saw the wonderful news and relate it to the client's self image.

We would make a similar recommendation when information obtained inadvertently reflects negatively on a client or supervisee, but in such a case one might proceed differently. An

example would be viewing public drunkenness on a social networking site. If the information has been widely distributed, some clients might expect the issue to be raised. What would a client think if a therapist failed to do so if they know the therapist uses the same social network? Conversely, what if the information were not widely available? In such a situation, one must consider timing and appropriateness and handle any disclosure with great sensitivity. But, one might first try to elicit the information by querying if anything very significant had occurred since their last session.

7. Information available on the Internet may not be accurate. For example, one of us (MCG) Googled himself and found an article listed that he had allegedly written with a co-author with whom he had never worked. One may discover a great deal of information on the Internet, but it behooves us to not automatically assume that it is true. For example, back to the case of Troubling Identities. What if Orlando was not, in fact, a male stripper? What if someone were playing a practical joke on him: had taken a photograph of his face and morphed it onto someone else's body? His supervisor would have no way of knowing this without asking. Therefore, we recommend a healthy skepticism when one obtains information electronically, as well as from newsprint media.

Acquiring information through extensive, fee-based services (except as noted above in critical situations), crosses a boundary of privacy that we advise should be avoided. It is an intrusive and deceptive practice. Unless a client is deemed incoherent, or is otherwise unable to communicate rationally, he or she should remain in control of what information is revealed and when, with the psychologist having the right and obligation to query the client or student for more information.

Conclusions

Careful and deliberate judgment is needed in all circumstances involving seeking outside information. Psychologists find themselves in potential conflicts when they know facts which their clients have not disclosed to them. When a psychologist turns investigator, one's professional integrity and motivation may be called into question, and suspicion and discomfort about intrusions into one's personal life may seriously erode the therapeutic, supervisory, or employment relationship. There are no systems of therapy, ethics codes, or laws which explicitly define the therapist's ability to use information not provided directly by clients, leaving clinicians without firm guidelines for deciding whether and how to use potentially critical information. One should not act out of curiosity about a client any more than one is ethically permitted to pursue a sexual attraction. When in doubt, we believe that the best course of action is always to consider how one would wish to be treated in a similar situation. Would we not want our interests to be paramount? Even though mistakes may occur, working from this perspective minimizes risks for all concerned. Following ethical and legal guidelines is a key consideration, and the maxim to seek a consultation with a senior, well-respected colleague with expertise in professional and ethical matters when in doubt can always be useful and frequently enlightening, and is a good risk management strategy. In the end, we believe that it is wise to remember that when professional psychologists are called upon to explain a questionable behav-

ior, they are more likely to be held to *existing* standards rather than to arbitrary justifications that may not have resulted in the client's best interests.

Endnotes

1. The terms patient and client are used interchangeably as different psychologists designate whom they see using the term they prefer.
2. This information was provided by colleagues known to author Florence Kaslow who work as psychologists in three different Psychiatric ERs or in in-patient units. None wanted their identities or their institutions divulged. The almost identical statements they made seemed to add to the veracity of the points being considered.
3. Many states allow post-doctoral licensure applicants to obtain supervised hours while registered as a psychological assistant to a licensed psychologist, rather than in a formal post-doctoral fellowship or other training program. If Rashaan's registration was cancelled due to a disciplinary reason, Dr. Chin should have been informed by Rashaan earlier and/or by someone from the graduate program which he was attending.

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