Focus on Technology

The Facebook Dilemma: To Accept or Not to Accept?

Responding to Clients' "Friend Requests" on Psychotherapists' Social Networking Sites

By Ofer Zur and Azzia Zur

Modern digital and Internet technologies have not only proliferated across the globe, but also have raised many complex clinical, ethical, and legal issues for mental health care providers, as well as for clients, patients, and other consumers of mental health services. Barnett (2010) has appropriately titled his recent article on the topic, "Psychology's Brave New World: Psychotherapy in the Digital Age." The exploration of the intersection of digital technology and psychotherapy is in its infancy. This paper is one more step in the preliminary exploration of these new, exciting, and complex territories. It is an invitation to contemplate and wonder about these matters, rather than prematurely proposing rigid rules and restrictions. More specifically, the main goal of this paper is to explore the complexities of online social networking, such as Facebook, LinkedIn, and Twitter, as they relate to psychotherapy and other mental health services.

Online Social Media Sites and Psychotherapy

Social networking is one of the most common forms of communication in the 21st century. With over 500 million users of Facebook in 2010 (Facebook, 2010), inevitably, increasing numbers of psychotherapists also have profiles on Facebook, LinkedIn, or accounts on Twitter or other social networking sites. As is the case for many professionals, some psychotherapists' profiles are personal, while others are strictly professional. For those who have personal information on their profiles, some include detailed personal information while others give the bare minimum. Some psychotherapists use privacy settings to protect their personal information, while others do not. Those who do not use the privacy settings do not because they either do not know about these options, do not know how, or do not understand what other people can see or not see on their profiles. Increasing numbers of psychotherapists post a profile on Facebook as part of their practices with the primary purpose of professional networking and marketing efforts (Bavonese, 2010). The majority of modern-day consumers search for services they need, including mental health services, online. Prior to calling or interviewing their potential psychotherapists,

consumers are likely to search for the therapist's Facebook profile or page, or other social networking profiles (Zur, 2009).

In spite of the immense popularity and the proliferation of social networking sites, many mental health professionals have been slow to cultivate a full, interactive online presence. This also occurs in the face of obvious professional and economic benefits. Along the same lines, clinicians, graduate school instructors, and ethicists all struggle to understand the implications and effects of online social networking on psychotherapy and other mental health services. Most mental health professionals are at a loss as to how to adapt their practices to the modern, digital reality. More specifically, many - if not most - psychotherapists and counselors cringe at the idea and dread the moment when a client presents a Facebook Friend Request. They wonder whether it is ethical to accept such a request, and they are concerned with the clinical and relational ramifications of ignoring it. Clinicians who consider posting a profile on social networking must be educated and knowledgeable about the technical, cultural, professional, clinical, ethical, and legal complexities involved (Barnet, 2010; Grohol, 2010; Keller, et. al. 2010; Kolmes, 2009, 2010a; Younggren, 2010; Younggren & Harris, 2010; Zur, 2008, 2009). Whether using their own staff or using consultants and experts, they must attend to professional issues, such as professional presentations and marketing, and ethical issues, such as confidentiality and potential multiple relationships. They must consider posting a Facebook page in addition to a Facebook profile and understand the differences between the various social networking options.

Questions for Psychotherapists to Consider Before Responding to Clients' Friend Requests

Once a psychotherapist has posted a social networking profile or page they are likely, sooner or later, to face a Friend Request. Following are some areas of concern or questions that psychotherapists have to attend to face a Friend Request from a client:

- What is on the Facebook profile? A profile that is strictly professional should be considered differently than a highly personal profile with family pictures, vacation videos, notes from a lover, photographs from a party, etc.

- Does the Psychotherapist Have a Facebook Page or Only a Facebook Profile? Having a Facebook Page can reduce many potential problems for psychotherapists in regard to self-disclosure and other areas. Whether the clinician is an author, a presenter, a group leader, runs a center, etc., the Page can cover all of these areas in addition to the clinical practice. Unlike a personal profile, the Facebook Page is for professional interactions and, for the most part, is respected as such.

- Does the Psychotherapist Use Privacy Controls to Control Access? Psychotherapists can segment the list of "friends" into Limited Profile, Personal, Family, Business, and Client contacts, to name a few. In this way psychotherapists can post things that pertain only to one group and control the postings that each group can view. As was accurately noted repeatedly in the general media, Kolmes (2009, 2010a), Younggren and Harris (2010), and many others, privacy settings do not always provide the privacy they purport to protect. When one adds a client to a list, such as Limited Profile, accepting a friend request from a client does NOT have to mean they get unfettered access to the clinician's or clinic's profile.

- What Can a Client View on the Psychotherapist's Profile? It is important to be clear about what clients may be privy to on one's social networking site. Therefore, it is essential for clinicians to understand how privacy controls work and how to add friends to lists before they consider accepting a Friend Request from a client. Psychotherapists can decide what friends on various lists can see. Obviously, using the privacy control is extremely important if psychotherapists have sensitive information on their profile. These controls also help psychotherapists determine how their clients can communicate with them on the site (write on your wall, message, etc.). The control also enable psychotherapists to use the Facebook page as a passive web site, where viewers cannot post comments. If one is unsure of what a client can see once they were added to a given list, one can use Facebook's privacy test of typing the friend's name and finding out what your profile looks like from their point of view:

- What is the Context of Psychotherapy? The context of treatment includes a set of factors that can help determine what is appropriate or inappropriate, clinically beneficial or not, ethical or not. The context includes client factors (i.e., diagnosis, age, culture, relationship to technology), setting (i.e., private practice, clinic, hospital, prison), therapeutic relationships (i.e., trust, distance, warmth, power differential), therapeutic approach (i.e., CBT, humanistic, feminist, eclectic, psychodynamic); and finally, psychotherapist factors (i.e., training, age, relationship to technology, comfort with self-disclosure).

- Who is the Client? Is the client a high-functioning fellow professional or a very disturbed person? Does this client need clear limits or can he or she benefit from a more flexible approach?

- Why Did the Client Post the Request? Younger clients, or what are sometimes called "digital natives," often have very different attitudes towards Internet disclosure than many (mostly) older psychotherapists. They often fall into the "reluctant adopter" category within the "digital immigrant" group. Younger clients may post Friend Requests routinely, without a second thought, as they are friends on social networking sites with almost everyone they know . . . and often people they don't know in person (Zur & Zur, 2010).

- What is the Meaning of the Request? Is the request a routine action by a "Digital Native"? Is the request another manifestation of the client's tendency to push boundaries or to be intrusive? Is making the link between psychotherapist and client public a way to de-pathologize the therapeutic work? Is the client seeking more meaningful and deeper connection with the psychotherapist?

- What is the Nature of the Therapeutic Relationship? Intensive or psychodynamic psychotherapy may merit different responses to a friend request than family therapy, short-term behavioral therapy, group therapy, or individual intermittent-long-term therapy, where a psychotherapist sees the client once or twice a year over a period of several decades.

- Where is Psychotherapy Taking Place? Does the psychotherapy take place in a private office, home office, community mental health, or prison setting? Each setting may have a different bearing on the question. A friend's request from intermittent long-term psychotherapy with a colleague will be viewed differently than such a request from a highly paranoid new client.

- What is the Community Location of Psychotherapy? Does the psychotherapy take place in a small and isolated rural community where everyone already knows everyone else's business anyway, or is it in a more anonymous metropolitan-urban setting?

- What Does Being a Friend with this Client Mean for the Psychotherapist? Psychotherapists must explore their own feelings, wishes, and counter-transference reactions to the client, his or her Friend Request, and to technology.

- What is the Potential Effect on Other Potential Clients? Current, past, or potential clients may be or may become your online friends or your clients' friends. People often get to know each other online, including through the profiles of other friends. The level of interaction you allow your clients to have on your site will affect the possibility of their getting to know your other friends. If you are going to make your friend list public (the default option on most sites), you must consider the collateral effect of your connections.

- What are the Ramifications of Accepting a Friend Request From a Client for Confidentiality, Privacy, HIPAA Compliance, and Record Keeping? Obviously, this is one of the most important considerations in determining whether to accept a friend request or not. This question is explored in the section below on "Confidentiality and Social Networking."

- Does Accepting a Friend Request Automatically Constitute Dual or Multiple Relationships? As the section below on dual relationships explains, accepting clients' Friend Requests may or may not constitute dual relationships. If the acceptance is likely to create dual relationships, then psychotherapists must evaluate whether such dual relationships are ethical or clinically advised.

- How Might the Psychotherapist's Response to a Friend Request Affect Treatment and the Therapeutic Relationship? As with most other types of boundary crossings and multple relationships, psychotherapists must consider the potential benefits of accepting or not accepting clients' friend requests, as well as the potential risks. Psychotherapists should think through whether accepting clients as online friends is reasonably likely to cause harm, exploitation, loss of objectivity, or loss of therapeutic effectiveness.

Confidentiality and Social Networking

One of the most important and relevant issues evoked by the use of online social networking in conjunction with mental health services is that of privacy and confidentiality of communication between psychotherapists and clients. Following are some general facts and ideas regarding confidentiality and social networking:

- Issues of confidentiality are not likely to be relevant when psychotherapists use a 'passive' website, or what is called "business card" type website, describing their practice and expertise. This does not include a blog with comments enabled or any other form of audience participation. The reason that this kind of 'passive' website does not pose any concern with confidentiality is because they do not allow for viewers' feedback, comments, or responses. They are strictly a one-way communication.

- Unlike a passive website, Facebook, Twitter and LinkedIn are interactive-indeed, they are social networking sites. These active, interactive forums require much more care and attention regarding the confidentiality and privacy of the psychotherapist-client communication.

- Younggren and Harris (2010) appropriately raised an important concern regarding confidentiality issues and social networking sites. They state:

The maintenance of confidentiality is the first risk management issue raised by this type of communication. Most state laws require that psychologists maintain confidentiality. That is, they must be sure that the information that is shared with them by clients, including that person's identity, remains confidential unless the client authorizes the release of that information. This requirement could easily be violated through the use of a website designed for social networking. (p. 11)

- Some psychotherapists have elected to use a Facebook Page rather than a profile. Generally, Pages are used for businesses, celebrities, bands, or public figures. A Facebook page, unlike a profile is composed generally of one-way relationships with those who "Like" the Page or the business. The use of pages for marketing and promotion purposes is likely to grow in the next few years.

- When creating a Facebook Page, practitioners are likely to keep the information on the Page strictly professional and employ privacy settings for the profile, which may include more personal information.

- A Facebook Page still presents several dilemmas. Kolmes (2010b) explains:

The biggest problem with having a Page is that you will still have to decide how you feel about who Likes your practice. Will you want your family members listed on that Page for others to see? Will you accept current or former clients as people who endorse your Page? Having or allowing your clients to be connected to your public professional profile brings up issues of confidentiality. ("Pages vs. Profiles" section, 1st para)

- Even on a professionally-oriented Facebook Page, clients-fans can Like the page and therefore join the page and post on the wall. Then, a client may post a therapy or lineally related note, which could be not only awkward for clinicians and other fans but also, in fact, troublesome in regard to confidentiality, privacy, and HIPAA compliance.

- If a psychotherapist starts a Facebook profile or Page, it is suggested that one weigh the pros of interaction and exchange of ideas with the possible con of fans misusing their access to post confidential communication that can be viewed by others. How one may decide what access fans will have will largely depend on the factors described in this article.

- Additional complexities of clients posting on psychotherapists profiles and pages is the issue of record keeping (Younggren & Harris, 2010). All psychotherapists' communication with clients on social networking sites regarding scheduling, clinical or other matters are not only confidential but also may be considered part of the clients' clinical records. As such, they may have to be documented in some form in the client's file. The complexities of these issues have been discussed in more detail by the first author (Zur, 2010) and are available online at http://www.zurinstitute.com/digital_records.html.

- Generally, public communication between psychotherapists and clients on online social networking, such as wall posts and status update comments, can be accessed by "friends" and potentially many others, such as those in a shared network. On some social networking sites, such as Facebook, the access of friends and people of shared networks to one's wall and other information can be controlled through privacy settings. Similarly, psychotherapists can create a private lock in their Twitter accounts, and people will have to request to follow them, after which psychotherapists may grant or deny access.

- When it comes to privacy, psychotherapists and administrators must know the distinction between public (wall posts, responses to status updates) and private (private message) communication. However, even private communication – as we know from past, widely reported, Facebook privacy breaches – is not foolproof. Security – online and offline – never is.

- Legally speaking, Dr. Younggren (2010) clarifies that communications between psychotherapists and clients through electronic means, like Twitter and Facebook, are "arguably not confidential." He also argues that these types of communication are likely to be completely discoverable and in no way protected by privilege.

- It is important to note that the Facebook website makes the following disclosure:

Although we allow you to set privacy options that limit access to your information, please be aware that no security measures are perfect or impenetrable. We cannot control the actions of other users with whom you share your information. We cannot guarantee that only authorized persons will view your information. We cannot ensure that information you share on Facebook will not become publicly available. We are not responsible for third party circumvention of any privacy settings or security measures on Facebook.

- Similarly to Facebook, Twitter's privacy policy states, "You should be careful about all information that will be made public by Twitter, not just your Tweets."

Clients must be informed about the concerns and issues surrounding privacy and confidentiality in regard to communication via Facebook, Twitter, and other social networking sites. This is similar to the disclosures that psychotherapists must have in regard to e-mails.

In summary, before setting up your social networking profiles on Facebook, Twitter and the like, become informed about the confidentiality and other relevant issues, seek consultation, and when necessary, provide clients with informed consent. Above all, proceed with caution into these new and largely unexplored digital frontiers and keep yourself updated on developments in the field.

Social Networking & Dual Relationships

Dual relationships or multiple relationships in psychotherapy refer to any situation where multiple roles exist between a therapist and a client. The question of whether accepting a Friend Request on a social networking site constitutes dual or multiple relationships, or not, has been raised by several ethicists and professionals. The general answer to this question is that sometimes accepting a Friend Request on a social networking site from a client constitutes a dual relationship or multiple relationship, and other times it does not. Whether or not accepting the request constitutes a dual relationship depends on what kind of information clients are privy to and the nature of the therapist-client online interaction. Following are descriptions of both possibilities:

Scenario #1: Multiple Relationships

In many cases a client making a Friend Request on Facebook is asking the psychotherapist to engage in a secondary social or professional relationship in addition to the therapeutic one. If the Friend Request is accepted and allows the client to be privy to personal information on the profile and to post comments of a personal nature, this constitutes a social multiple relationship. Similarly, if the psychotherapist accepts the Friend Request and allows the client to post comments of a collegial or business nature, this also constitutes a professional or business dual relationship. Obviously, the next question is whether a psychotherapist should or should not engage in a Facebook-type social dual relationship with a particular client. It is important to reiterate, what psychotherapists should know by now, that dual relationships are NOT unethical, per se. According to almost all major professional organizations codes of ethics acknowledging multiple relationships is neither always unethical nor always avoidable. They assert that multiple relationships should be avoided if they could reasonably be expected to impair the psychotherapist's effectiveness or cause harm. Whether dual relationships are clinically advised or are ethical or not is primarily determined by the context of psychotherapy.

Scenario #2: Non-Multiple Relationships

If the psychotherapist accepts a Friend Request to post on a profile, which is strictly professional or if the clinician allows, through the use of privacy controls, clients to view only professional information and postings on the profile, this would likely not constitute a dual relationship. As long as the psychotherapist has not established a secondary relationship, such as a social, collegial or professional relationship with the client, the sheer capacity of the client to 'follow' the profile or Page online does not constitute a multiple relationship because a secondary relationship was not established. The client, in this case, has only one role, that of the client/patient and is neither colleague, nor business partner, nor a friend of the psychotherapist. In this case a client can only view professional information on the psychotherapist's profile that probably can also be viewed on the clinician's passive website or other professional websites and online directories. Psychotherapists who choose to segment lists of friends into categories must use privacy controls correctly and effectively and be sure to know how they work. This is especially important if there is sensitive (personal-intimate) information somewhere on the profile. Unless psychotherapists are tech-savvy, it is recommended that they consult with a nearby expert – a son, daughter or other digital native– for help in navigating privacy controls.

Digital Natives and Digital Immigrants – Digital Divide & Ethical Divide

One of the biggest factors that determine psychotherapists', ethicists' and other professionals' attitudes and clients' expectations are their relation to technology. In most general terms the younger generations, generation X and those who were born after them, grew up with technology and view it as an integral part of life, having been referred to as "digital natives." Baby boomers and older are considered "digital immigrants" as they were introduced to technology later on in life and 'migrated' (or not) into the digital land as a young adult or later (Zur & Zur, 2010). It is important to realize that not all digital immigrants and not all digital natives are created equal. While most digital natives are tech savvy by the default of their being born into and around technology, others do not have a knack for technology and computers, nor an inclination. Similarly, Digital Immigrants fall into three major groups: "Avoiders," "Reluctant Adopters" and "Enthusiastic Adopters."

Applying these categories to psychotherapists and counselors generally means that the majority of them fall into the "Digital Immigrants" group. From our extensive experience in dealing with psychotherapists in ethics and private practice seminars, we report that most of them fall into the "Avoider" or "Reluctant Adopter" categories. Obviously, the majority of newly licensed psychotherapists are younger and, by definition, are considered "Digital Natives." Some of the tensions that psychotherapists experience with colleagues and clients is primarily due to differences in attitudes towards modern Internet technologies and knowledge and capacities in regard to the digital landscape. The younger and the older generations generally significantly differ in their attitudes towards privacy and self-disclosure. From Facebook to YouTube many younger people expose highly personal and intimate aspects of their lives for the world to see, which makes most Digital Immigrants cringe (Zur & Zur, 2010). Young clients may not think twice about sending an e-mail or text with intimate details or posting a Friend Request to their psychotherapist's Facebook page. It is very important that psychotherapists, especially the Reluctant Immigrant ones, do not arrive at ethical conclusions that are based on technical ignorance or basic intimidation of the latest technologies.

Additional Considerations

Following are a few additional considerations on the issue of social networking:

- Psychotherapists do not need to have a social networking profile. Most digital natives understand that members of the older generation do not necessarily enjoy time online quite as much as they do. Nonetheless, it's important for digital immigrants to understand the world that many of our clients, especially young ones, live in.

- Clients may be Facebook friends with your spouse, colleagues, and friends with or without the knowledge or awareness of you, your colleagues, spouse, or friends. As Zur's (2008) article on the Google Factor explains, therapists must come to terms with the inevitability of online transparency and learn what they can control (i.e., what is posted by them on your social networking profiles and their own websites) and what they cannot control (i.e., what other sites or profiles post about them).

- Some psychotherapists may choose to add a statement to their Office Policies stating that they do not engage in social networking with clients. However, such a statement is not going to protect against the need for discussion with the client should the client send a request, nor will it eliminate the potential feeling of rejection by clients.

- If psychotherapists choose to interact with clients on Facebook or other social networking sites, they may want to define the parameters of such involvement in their Office Policies.

- Some people propose that psychotherapists have two profiles, a professional one and a personal one. This is similar to having a professional Page and a personal profile. A professional profile can be managed via privacy settings much like a Page.

Whether psychotherapists choose to have a Facebook profile with client interaction, a page, or neither, it is important that they are informed about their options and make choices that are ethical, legally sound and are consistent with their level of comfort with digital mediums and the location and nature of their practices. There is no one way to go about this, and many psychotherapists are learning as they go. What is important is to be conscious, be informed, learn about privacy online, take necessary precautions, and seek consultation when needed.

Informed Consent Relating To Social Networking

There is no clear standard of care in regard to online social networking for psychotherapists and as a result, many ethicists emphasize the importance of informed consent. Here is an example of a "Social Media Policies" section, that psychotherapist may include as part of the Informed Consent or Office Policies given to clients prior to the first session:

SOCIAL NETWORKING AND INTERNET SEARCHES: At times I may conduct a web search on clients before the beginning of treatment or during treatment. If you have concerns or questions regarding this practice, please discuss it with me. I do not accept Friend Requests from current or former clients on my psychotherapy related profiles on social networking sites due to the fact that these sites can compromise confidentiality and privacy. For the same reason, I request that clients do not communicate with me via any interactive or social networking websites.

For an extensive, stand-alone sample of a Social Media Policy, go to Kolmes (2010c) at http://www.drkkolmes.com/docs/socmed.pdf

Summary

Digital technologies, including Google and social networking sites, present numerous professional opportunities and ethical challenges. The ethical implications of social networking with clients, like many other cutting-edge Internet issues, are neither clear nor established. Psychotherapists are invited to proceed thoughtfully and cautiously as they navigate through the uncharted digital landscape.

References

Barnett, J. E. (2010). Psychology's brave New World: Psychotherapy in the Digital Age. *The Independent Practitioner, 30/3,* 149-152

Bavonese, J. (2010). Facebook and your practice: Developing your social-networking savvy. *Psychotherapy Networker, 34/1,* 69-70.

Facebook (2010). Press Room. Retrieved on August 14, 2010 from http://www.facebook.com/press/info.php?statistics

Grohol, J. (2010). Google and Facebook, Therapists and clients. Online Publication. Retrieved on August 15, 2010 from http://psychcentral.com/blog/archives/2010/03/31/google-and-facebook-therapists-and-clients.

Keller, A., Moore, E., Hamilton, D. Terrell, D., and Hahn, L. (2010). Facebook: Implications for counselor education students, faculty and practitioners. Retrieved on March. 25, 2010 from http://www.counseling.org/handouts/2010/102.pdf

Kolmes, K. (2009). Managing Facebook as a mental health professional. Online Publication. Retrieved on Feb. 15, 2010 from http://drkkolmes.com/2009/06/08/managing-facebook-as-a-mental-health-professional/

Kolmes, K. (2010a). Developing my private practice social media policy. *The Independent Practitioner, 30/3,* 140-142.

Kolmes, K. (2010b). A psychotherapist's guide to Facebook and Twitter: Why clinicians should give a tweet! Retrieved on August. 15, 2010 from http://www.psychotherapy.net/article/Psychotherapists_Guide_Social_Media.

Kolmes. K. (2010c). Social Media Policy. Online publication. Retrieved on August 15, 2010 from http://drkkolmes.com/2010/02/01/updated-private-practice-social-media-policy.

Younggren, J. N. (2010). To tweet or not to tweet, That is the question. *The Clinical Psychologist, 63/2,* 18-19.

Younggren, J. N. and Harris, E. (2010). Risk management: Some additional thoughts on social networking. *National Psychologist,* May/June, 11.

Zur, O. (2008). The Google Factor: Psychotherapists' self-disclosure in the age of the Internet: Discover what your clients can find out about you with a click of the mouse. *The Independent Practitioner, 28/2,* 82-85.

Zur, O. (2009). Psychotherapist self-disclosure and transparency in the Internet age. *Professional Psychology: Research and Practice, 40,* 22-26.

Zur, O. (2010). Record-keeping of phone messages, email and texts in psychotherapy & counseling. Online Publication - Zur Institute. Retrieved on August 15, 2010 from http://www.zurinstitute.com/digital_records.html.

Zur, O. & Zur, A. (2010): On Digital Immigrants & Digital Natives: How the digital divide creates conflict between parents and children, teachers and students, and the older and younger generations. Online Publication. Retrieved on August 1, 2010 from http://www.zurinstitute.com/internetaddiction.html.

Ofer Zur, Ph.D. is Director of the Zur Institute, LLC, which offers over 100 online CE courses for psychologists. The Institute's website is www.zurinstitute.com and correspondence regarding this article may be addressed to Dr. Zur at droferzur@zurinstitute.com.

Azzia Zur, B.A. is Director of Social Media Marketing at the Zur Institute, LLC and runs the Zur Institute's Facebook page at http://www.facebook.com/ZurInstitute and Twitter account at http://twitter.com/zurinstitute. Her website is at www.azziazur.com.

On Having a Social Media Presence

- There is an emerging professional standard for therapists with an online presence to distribute a social media policy -- an office policy that relates your policies regarding use of and relationships in social media -- to clients. E.g. APAIT provides a copy of Keely Kolmes' sample social media policy to psychologists (without explicit recommendation of it) and the ACA Code of Ethics requires that Counselors who have an online presence distribute a social media policy.

- The ACA Code of Ethics states that Counselors should make efforts to keep separate personal and professional presences online. This is in alignment with Zur's discussion of the difference between a professional Facebook *page* and a personal Facebook *profile*. The code of ethics only specifies that these pages be kept separate, and does not get into the topic of keeping your Facebook profile private.

- The ACA Code also states that "personal virtual relationships" with clients should be avoided. This would very likely include "friending" on Facebook and similar sites. Other less direct social media relationships, such as a client following their therapist on Twitter, are less clear.

On Keeping Facebook Profiles Private

- Since this article was authored, some changes to the Facebook software have arisen that create additional privacy risks. Even with the strictest privacy settings, friends of friends may be able to see some of your posts, such as status updates and comments on the posts of your friends.
- It may be important to discuss social media issues with clients up front, or when you find reason to believe that a client may be part of your extended friend network, so as to avoid surprising self-disclosures or boundary crossings.