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The Power of a Click: Impact of Social Media Usage on Family Therapists

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ABSTRACT

Few research studies have focused on what role social media has on mental health providers, specifically, family therapists. Social media's impact needs to be addressed because it is increasingly affecting not only families and other clients but also family therapists, themselves. This study explored the potential impact of social media on marriage and family therapists. In this study, a survey, titled *The Couple and Family Therapist Social Media Questionnaire* was also developed and utilized. This survey was used to gather data about social media use by 232 family therapists. This survey explored four primary domains including 1) family therapists' personal and professional use of social media, 2) family therapists' comfort with technology, 3) family therapists' risk taking as associated to social media use, and 4) implications for possible ethical violations regarding family therapists' personal factors and social media use. Results from this survey as well as, related topics will be described in this manuscript.

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Social media has become the most used medium for communication in world and an essential tool for survival for many people (Auxier & Anderson, 2021; Drouin et al., 2020; Osis & Pelling, 2015). Social media includes browsing, creating, writing, or sharing content via social networking sites or applications such as Facebook, Twitter, LinkedIn, Google +, or TikTok. Social media is often associated with usage in personal engagements (Benson, 2019; Drouin et al., 2020; Gilbert et al., 2021). However, even in the career world, social media is constantly impacting professionals. Specifically, in the professional world of mental health, social media is entering into therapy and impacting both clients and their therapists. Family therapists, specifically, are predictably often impacted by social media in a variety of ways.

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Potential benefits of family therapists' social media use

Social media has provided levels of convenience and beneficence in various therapy settings (Méndez-Diaz et al., 2021; Merchant, 2020). For example, researchers have found that family therapists and other mental health professionals have begun learning various mediums of communication on social media, in part, to better connect to clients of whom they may not as easily relate to or of whom they may not have in-person physical access (Méndez-Diaz et al., 2021). In addition to client connection, social media may also be a platform that family therapists can consult and more immediately learn about salient clinical topics to increase their cultural humility, competence, and overall clinical effectiveness (Hogue et al., 2021). Regarding the few recent studies on this topic, Hogue et al. (2021) found that usage of social media and related technology to train both family and individual therapists in evidence-based interventions was successful. Similarly, in a study by Parker-Barnes et al. (2022) various counseling students and family therapy students were able to come together via social media to more immediately advocate for under-represented clients and their families across the globe. Hertlein et al. (2014) also referenced an advantage of social media as related to family therapists. These authors shared that family therapists' usage of technology and social media may provide for added proximity for client recruitment, easier scheduling, or for more easily attaining meeting times (i.e. through telehealth). Thus, though few studies have begun to find some supporting evidence of how social media impacts individual or family therapy, still less is known about how social media directly impacts family therapists.

Potential dangers of family therapists' social media use

In comparison to positive associations, other recent researchers support the notion that there are potential dangers associated with family therapists' or their clients' social media use (Doss & Hatch, 2022). For instance, the dangers of social media in intimate personal and professional relationships (i.e. like family therapy) often include easier access to increased surveillance, increased jealousy, decreased trust, and decreased overall relational satisfaction (Doss & Hatch, 2022; Hynes & Kingzette, 2022). Social media may also serve as a way for family therapists to increase any existent diffuse boundaries or enmeshment with their clients, if they, the therapists, themselves are unwell (Méndez-Diaz et al., 2021). Particularly, boundary management by family therapists, who are unwell, may be blurred due to the ease of access for increased immediate social connection by online clients (Hertlein et al., 2014). Other potential dangers or ethical issues related to family therapists' social media usage may include increased ambiguity during crises, potential threatened confidentiality online, and client or family therapist online triggers to "friend"

search one another on varying social media platforms (Méndez-Diaz et al., 2021; Murphy & Hecker, 2020).

Family therapist personal characteristic of sensation seeking and social media usage

In addition to being unwell, other factors may influence social media's impact on family therapists (Méndez-Diaz et al., 2021). Another potentially influential intrapersonal characteristic is a family therapist's level of risk-taking or sensation seeking, as associated to social media usage. Zuckerman (1979) defines sensation seeking as "the need for varied, novel, and complex sensations and experiences and the willingness to take physical and social risks for the sake of such experiences . . ." (p. 10). People who engage in this sensation seeking are thus termed sensation seekers. Sensation seekers are also operationally defined as people who seek sensory pleasure and excitement. These types of people may go after complexity and intense situations and may alternatively ignore risks in order to obtain the exhilarating experience that they long for. Past researchers have found that people who met criteria to be identified as sensation seekers (i.e. who, in past studies, were not identified as family therapists) also had positive relationships with looking others up on Facebook (Ghosh et al., 2019; Sheldon, 2012). Similar to Sheldon's (2012) study of the general public and Ghosh et al.'s (2019) study on other participants, it is wondered if family therapists, who identify as sensation seekers, may too, also inadvertently be less worried about ethical boundaries in their professional work (Méndez, 2017).

Despite the few research studies that focus on either the potential benefits or dangers of social media in clinical work, still little is specifically known about how social media impacts family therapists. The described study examines how social media usage impacts family therapists' personal and professional lives. Particularly, this study included 1) exploring if family therapists are using social media in their personal and professional lives, 2) exploring how comfortable family therapists are when using social media, and 3) exploring possible predictors, such as risk taking and other associations as related to family therapists' ethical usage of social media.

Study overview

The primary research questions that drove this mixed-methods study include:

(1) Are family therapists using social media personally and/or professionally?
(2) Are family therapists comfortable using technology?
(3) How do family therapists' personal level of risk-taking associate with their level of social media usage?

Congruent to this study's research questions, this study's hypotheses included that 1) family therapists who use social media personally will be more likely to use social media professionally, 2) family therapists who are more comfortable with technology will be more likely to use social media personally and professionally, and (3) family therapists who have higher levels of risk-taking (i.e. or sensation seeking) will be more likely to use social media in less ethical ways.

Methodology

This IRB approved study used a mixed method, cross-sectional, and descriptive survey design. Survey research is a method of collecting data about a group of people and asking questions about a phenomenon for the purposes of generalizing to a larger and more representative group of the sample studied (Nelson & Allred, 2005). Although descriptive research does not infer causation, descriptive survey research can help identify relationships between behaviors, individuals, or events, thereby understanding the relationship factors and the phenomena of interests (Barnard et al., 1999).

Participants

This study recruited family therapists who had a master's degree in couples and family therapy or a related field. Participants also had to have been clinically active for at least 3 years in order to have adequate experience and opportunity for social media to potentially be present in their practice. This study aimed to gather information from any therapist, regardless of whether they use social media personally or professionally. This broad sampling aided in gathering data from multiple perspectives. In order to determine the appropriate sample size for this study, a power analysis was conducted. Using a confidence interval of 90%, a proportion population of .50 and a margin of error as ±.05, the appropriate sample size was concluded to be 270 participants. There was also no particular geographic setting for this study. All forms and surveys were completed via an internet link.

Recruitment

Recruitment took place through several different outlets. Potential participants for this study were recruited in one of three ways including 1) a recruitment flyer which was posted on family therapy-related Facebook and Twitter pages, along with instructions on how to participate; 2) an e-mail, which was sent to the directors of marriage and family therapy masters and doctoral programs (i.e. which were either accredited through the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or the Council for

Accreditation of Counseling and Related Educational Program (CACREP)) to be sent to their alumni; and 3) through newsletter administration from agreement of the general secretary of the International Family Therapy Association (IFTA). The description box in all contacts included a brief explanation of the study and directions for participating in the study.

Measures

Participants completed a 10-item demographic questionnaire, which included age, education level, therapeutic orientation, and years of clinical experience, as well as *the Couple and Family Therapy Social Media Questionnaire* (CFTSMQ), and *the Brief Sensation Seeking Scale* (BSSS). These assessments are described below.

The Couple and Family Therapy Social Media Questionnaire

The Couple and Family Therapy Social Media Questionnaire (CFTSMQ) was created specifically for this study. The CFTSMQ was created based on existing psychometrically established self-reports. Some of the modeling scales that guided the creation of the CFTSMQ were those that were psychometrically established by individual counselors for similar reasons. Item analysis to increase validity was also done during a pilot sample. The CFTSMQ instrument consists of 19 items that describe social media's impact on society. Specifically, the CFTSMQ focuses on four major domains existent in other scales and is related to the aims of this research. These include 1) personal and professional use of social media usage, 2) social media and clinical practice, 3) ethics and social media, and 4) future concerns and recommendations.

The Brief Sensation Seeking Scale

The Brief Sensation Seeking Scale (BSSS) was adapted by Hoyle et al. (2000), to measure sensation seeking. The BSSS consists of eight items and measures a person's level of sensation seeking as specifically defined by risk-taking behaviors. As similarly referenced earlier, sensation seeking is a biosocial dimension of personality characterized by "the need for varied, novel, and complex sensations and experiences and the willingness to take physical and social risks for the sake of such experiences" (Zuckerman, 1979a, p. 10). Sample questions from the BSSS included 1) I would like to explore strange places, 2) I get restless when I spend too much time at home, and 3) I prefer friends who are excitingly unpredictable. Unlike the CFTSMQ, this scale was already psychometrically established by other authors previous to this study. The BSSS was initially used to determine if individual-based therapists with a high need for sensation seeking were more likely to use social media in

clinical practice, regardless of the risks. Using Cronbach's alpha analysis, the reliability of the BSSS was performed yielding an alpha of .74. This indicated internal consistency and overall reliability of the BSSS measure.

Quantitative results

The analyses include descriptive statistics, zero-order correlations among the study's variables, and three proposed hypotheses in question. These hypotheses determined if 1) family therapists who use social media personally will be more likely to use social media professionally, 2) family therapists who are more comfortable with technology will be more likely to use social media personally and professionally, and (3) family therapists who have higher levels of risk-taking or sensation seeking will be more likely to use social media, particularly in less ethical ways. All statistical tests were two-tailed and performed to an alpha value set to .05.

In addition to the hypothesis testing, patterns among social media use, age, gender, and therapeutic orientation were analyzed. Spearman correlations (two tailed) were used for all the analyses, except sensation seeking. For sensation seeking and social media use in therapy, point biserial correlations were conducted.

Descriptive statistics

The biographical characteristics of the sample included participants who ranged from 24 to 79 years old (M = 44.32 SD = 13.67), with the largest proportion of participants between 24 and 35 years of age (34.9%). Most of the participants were female (78.4%), White (84.9%), married (72%), and had completed a minimum of Master's degree (50.4%). The highest proportion of the sample (40.9%) reported an eclectic or a combination of therapeutic approaches to their clinical work.

Hypothesis 1 results: family therapist's social media use in personal and professional roles

The descriptive statistics pertaining to professional and personal social media use included different patterns of social media use for personal and professional life, with participants reporting frequently (42.7%) or often (28.9%) using social media for personal life, but rarely (29.7%) or sometimes (28.9%) using such in their professional capacity. This pattern suggests that participants are generally more inclined to engage in personal, as opposed to professional, social media use.

To test hypothesis 1, a Spearman correlation was also performed. There was an association between *frequency of social media use in personal life* and

frequency of social media use in professional life, r (232) = .30, $p < .001$, which was medium in effect size. Therefore, the more frequently a family therapist uses social media in her/his/their personal life, the more frequently she/her/they uses it in her/his/their professional life.

Hypothesis 2 results: family therapist's comfort with social media use

In response to hypothesis 2, the correlation between *comfort with technology use in personal life* and *recommended social media for therapeutic purposes* was tested. This relationship was found to be statistically significant and small-medium in effect size, r (232) = .21, p = .002, with family therapists who were more comfortable using technology associated with social media sites in her/his/their personal life being more inclined to recommend social media for therapy. Also, *comfort with social media use in professional life* was also associated with *recommended social media for therapeutic purposes,* r (232) = .18, p = .006, with the effect size being small-medium. Thus, family therapists who were more comfortable using social media sites in her/his/their professional life were also statistically more inclined to recommend social media use for or in therapy. Collectively, these results suggest that therapists with higher levels of comfort with social media use in their personal lives and professional lives were more likely to use social media in therapeutic sessions, as compared to family therapists with lower levels of comfort.

Hypothesis 3 results: risk taking and social media use

Similar to hypothesis 2, a series of Spearman correlations were performed for hypothesis 3 to determine the relationship between attitudes toward risk-taking, general social media use, and social media use in therapy. Attitudes toward risk-taking were not significantly correlated with *frequency of use of social media in personal life,* r (232) = .09, p = .187, or *frequency of use of social media in professional life,* r (232) = .02, p = .734. Therefore, family therapists with higher affinities for taking risks were no more or less likely to use social media in their personal or professional lives as compared to therapists who have a lower affinity for risk taking.

Salient post hoc quantitative findings

In addition to the main research questions from this study, additional post hoc analyses were run from scale variables. Important post hoc findings are described below.

Table 1. Logistic regression predicting posted about a client.

	DV: Posted about a client (No = 0, Yes = 1)				
Predictors	*B*	*p*-value	*SE B*	e^B	95% *CI* for e^B
Age	−.05*	.001	.02	.95	[.92, .98]
Highest level of education					
Masters (reference)					
Post masters	−.03	.945	.49	.97	[.37, 2.55]
Doctorate	−.40	.375	.45	.67	[.28, 1.62]
Model χ^2 (*df*)	18.37** (3)				
Nagelkerke R^2	.12				

Note. * $p < .05$, ** $p < .001$.

Theme of not feeling prepared

Considering additional findings, the largest proportion of respondents (64.3%) felt that *the American Association for Marriage and Family Therapy*, or participants' other academic affiliations had not prepared them for the challenges that social media has presented in therapy. Most participants felt unprepared to handle social media's presence in our lives. This finding suggests that though social media has become a part of therapy, more needs to be done to educate family therapists explicitly of how to best use social media.

Theme of age and posting about a client on social media

A post hoc binary logistic regression was performed to determine whether age and highest level of education were significant predictors of whether or not a family therapist has posted about a client on Facebook or other social media (see, Table 1). The model was statistically significant, χ^2 (3) = 18.37, $p < .001$, with the predictors accounting for approximately 12% of the variability in whether or not a family therapist has posted about a client (Nagelkerke $R^2 = .12$). Examining the relative strength of each of the predictors, age was the single significant predictor of whether or not a family therapist has posted about a client, and specifically that the odds of posting about a client are lower the older therapists (AOR = .95). Therefore, in other words, much of the variability in whether or not family therapists had posted about a client is due to age, with highest level of education not adding significantly to the predictability of *posted about a client*.

Theme of age and looking up a client on social media

Another salient finding from this study includes looking at the variable *look up clients* that was done in a post hoc test. To the researcher's surprise, there were statistically significant associations between *look up clients on social media* and other variables. For example, *age* and *look up clients on social media* was

statistically significant and found to be described by r (232) = −.15, p = .026 (small in effect size). These findings indicate that older therapists are less inclined to look up clients on social media. The *look up clients* variable associations have strong associations to teaching about boundaries online for family therapist-in-training.

Theme of age and accepting a client on social media

Another statistically significant post hoc finding included *age* and *accept friend requests from clients,* r (232) = .15, p = .027 (small in effect size). This finding indicates that younger family therapists are more inclined to accept friend requests from clients. As mentioned regarding teaching family therapy students about looking up clients on social media, this additional post hoc finding about accepting friend requests from clients is also of meaningful importance.

Supplemental qualitative findings

The last section of results provides a content analysis of the responses to the last question on the CFTSMQ measure. Though this study was driven through a primarily quantitative inquiry, this study is fundamentally considered a mixed-methods approach. Regarding qualitative discoveries, the CFTSMQ narrative question catalyzed notable findings. The last question on the CFTSMQ asks "Can you briefly describe one time when social media presented a challenge for you in therapy? If you want, you may also describe a time when it was most helpful." The responses were labeled by theme, depending on the content of the text. Approximately 22.3% (n = 52) did not answer the question, leaving 77.7% (n = 181) available for labeling and later coding.

Coding process and theme development

In this study, 181 family therapists' responses to the narrative question on the CFTSMQ were coded by one researcher. Open coding was done in three rounds to insure theme development. After first round, open-coding, 22 themes were found. In the second round, themes were then collapsed into categories. In the third round, the top four categories were used as representations of family therapists' personal experience with social media in therapy. Trustworthiness was also honored as this researcher reread responses multiple times to accurately check the copied themes found. The results indicated that majority of family therapists felt that social media has had an impact on their clinical work (66.8%). Within the 66.8%, another large amount of family therapists also felt that social media has created issues with inappropriate boundaries between the family therapist, themselves, and the client (58%).

Table 2. Issues with boundaries.

"Only when I inform clients that it's not appropriate for us to be social media friends and that I don't accept clients on social media sites. Clients often will admit to looking you up which I am never offended by it. I will not look clients up however the way social media is set up it may suggest people to you automatically I am guessing if you have clients phone numbers stored in your phone so you may be exposed to client's page even if you are not interested in looking them up
My continual challenge comes knowing that my profile needs to be public due to the various professional connections that I have. However, when I want to post about fun times I need to be guarded or engage in limited freedom based on the perception that my FUN and SOCIAL times may have an alternative perception in general. Another challenge is clients who feel connected wanting to connect via social media as well and having to share the boundaries aspect of the business and it not be personable
When online dating you come across clients who may look at your profile and decide on whether that needs to be addressed and how to address it. I work with clients on their dating profiles frequently. This facilitates conversations that lead to very therapeutic discussions regarding identity, interests, boundaries, and communication.
"The most challenging thing about social media is creating boundaries with clients. I do not think that it is appropriate for clients to have access to me via social media but being that a lot of my clients are adolescents, many will ask. I sometimes struggle with turning them down without shutting them down."
"A client expressed that he found me on social media and I was friends with a few of his close friends."

Other codes found included that other issues posed by social media included decrease of therapists' privacy (51%) and increased conflict among clients (29%). Additionally, despite various issues that were coded, over a quarter of participants also shared that they ultimately felt that overall, social media has been a useful tool in therapy (31.6%). The below sections feature more detail into each of the qualitative findings discussed.

Theme of professional boundaries

Many respondents reported that social media's presence in therapy has had an impact on boundaries between therapist and client. Most of the responses detailed experiences of therapists dealing with clients finding personal information about their therapist (themselves) on the internet. Table 2 presents some of the responses made by family therapist participants, which highlights the impact of social media on boundaries between therapist and their client.

Professional privacy

Looking further into the issue of blurred boundaries, some respondents felt that their personal information or privacy has diminished since the surge in social media has occurred. Table 3 includes some examples from family therapist participants who shared feeling that social media has diminished their personal privacy.

Increasing conflict

Many respondents felt that social media's presence has increased conflict within their own relationships and/or their clients' relationships. Table 4 depicts some examples from family therapist participants who highlighted

Table 3. Social media challenges.

"A client who regularly tried to reach me off hours requested to friend me on Facebook, and found my Airbnb site also, and requested to stay for a weekend"
"I list on my LinkedIn account that I have been a swing dance instructor in the Philadelphia area; a borderline client then informed me she was considering to take swing dance lesson."
"Keeping my privacy settings secure seems to be a problem a client once asked me how I knew someone because we had mutual friends on Facebook and my privacy settings are the most private they can be. It made me feel very uneasy. I think about deleting social media. Also I stopped blogging when I became a therapist so I didn't have to censor myself for clients/ potential clients."
"Sometimes clients ask to be Friends just so they can show me something (wedding pictures, baby pictures, etc). It's hard for them to understand why I can't do that. When my phone contacts was connected to social media and clients could easily find my personal information or I could find theirs. I had to research how to disable."
"A client tracked my personal information and my wife's info on twitter."

Table 4. Social media and therapeutic conflict.

"I find that struggling couples use social media as a weapon, sometimes. After a breakup, social media is sometimes used to keep tabs on the ex-partner."
"It has been a challenge for some of my clients who act like 13-year olds when arguing about what somewhat "posted" or what their "status" is-I have never been on social media (beyond Skyping with family and standard e-mail use) and think it's a societal plague"
"Clients have emotional affairs with ex-partners via social media."
"I find people get "stuck" stalking others, and not being able to "let-go" of either ex's, infidelity, etc. It tends to not be helpful."
"Social media is often something people struggle to detach from, and so smart phone Facebook or twitter updates interrupt sessions. Many of my clients have conflicts with peers or family that start or are perpetuated by social media. Adolescents (and some young adults) sometimes communicate with romantic partners and friends primarily through social media, which leads to many misinterpretations, projections, and arguments."
"With adolescent patients, particularly female posting nude photos. It was come up multiple times where I have had to make CY47 reports."

Table 5. Social Media as a Helpful Tool for Clinical Work.

"Helpful in session to review a client's dating profile to gain insight on how they perceive themselves."
"Social media has proved very helpful with my teen and young adult clients, because they tend to express themselves often and articulately on social media. When they share their posts with me, it is relationship building and often deepens the discussion or initiates another one!"
"It is helpful when trying to build support groups for clients who live in small-town community."
"Several clients who had difficulty socially able to connect with various groups on social media, leading to face to face relationships-not romantic."
"Most families, teens, and young adults bring up social media in session as it may impact something that they are engaged in. Therefore, it drives conversation as well as we may view side by side to develop intervention, strategy and support around a related concern."

the connection between social media use and interpersonal conflict. These experiences demonstrate how social media is impacting relationships and how those issues or challenges are then being brought into the therapy room.

Useful tool in therapy

While many respondents discussed the challenges associated with social media's presence in therapy, over a quarter of participants also discussed how social media has been a helpful tool to them and in their work. Table 5 highlights those responses that included examples of how social media has

been a helpful tool, specifically, in family therapists' clinical practice. These examples demonstrate some therapists' openness to using social media in therapy with their clients and how this has made a positive impact on their work.

Discussion

Through both quantitative findings and supplemental narrative findings in this research, we can infer that social media has impacted family therapists. This study and related others should be considered as family counselors continue to uphold the *American Association for Marriage and Family Therapy's (AAMFT) Code of Ethics*, particularly, Standard VI: 6.6 Training and Use of Current Technology (American Association for Marriage and Family Therapy, 2015). In the AAMFT Code, family therapists are expected to be best trained and competent in any technology forms utilized, including social media. As a result of the increase in usage of social media, there are also new challenges associated with this new technology form.

In looking at possible predictors of social media use in therapy, this study concludes that many family therapists have still not yet integrated social media comfortably in their professional lives. It also appears from this study that various boundaries between client and therapist are being blurred and sometimes violated through various social media outlets. In other words, social media may be making clear boundaries between therapist and client more difficult to obtain. A supporting example from this study includes that depending on factors, such as age, family therapists may be engaging in potentially risky behaviors with clients on social media. It is generally known that posting about a client on social media is one of the clearest representations of poor ethical boundaries. However, from this study's implications, despite a general assumption of ethics, posting about clients and other risky online behaviors from some family therapists is still happening. Although the effect sizes of these results are small to medium, the mere fact that these behaviors are occurring at all raises numerous concerns. The occurrence of these actions causes enhanced concerns for privacy as well.

Limitations

This study highlights the presence and impact of social media usage on family therapists. As in any research, there are some limitations that should be highlighted prior to putting the results into context. First, as stated in the analytical plan, the required sample size for statistical significance is 270. This sample size was based off of a power analysis conducted using a 90% confidence interval with a proportion population of .50 and a margin of error as ± .05. Though the total number of responses reached 370, only 232

responses were available for data analysis. This decrease in sample size was due to a number of reasons including incomplete responses, respondents not consenting, and respondents not meeting the inclusion criteria. Another potential limitation of this study includes the broad nature of participants. The results may have varied differently when separating participants from licensed family therapists versus non-licensed family therapists.

The survey measures also present another limitation for this research. The CFTSMQ is a tool that was designed and created for this specific research. This measure has never before been used in a full-scale study, and its psychometric properties on all types of family therapists are still being constructed. Furthermore, statistical analyses on the full validity of the created measure were not performed. Thus, this study's results are merely descriptive. A following study with these same instruments, a larger sample size, and data that identified licensed versus non-licensed family therapists may add value, increased validity, and generalizability to this study's descriptive results.

Future recommendations

Considering its findings, this research implies numerous future recommendations for academia and clinical practice.

Recommendations for academic programs

When considering academic development of family therapists, it is imperative that educational practices centered on social media become more readily available for family therapy students before they practice postgraduation. Additionally, though the AAMFT Code of Ethics discusses technology best practice and implies e-professionalism be followed by family therapists, this study has shown that some family therapists are acting in ways that do not adhere to ethical standards. To enhance ethical usage before real clinical practice, academic programs and various professional organizations should create courses, curriculum, and clear-cut guidelines centered primarily on social media behaviors for family therapy students before their practicum experiences. Programs that incorporate preliminary emphasis on online boundaries will also help as maintaining appropriate boundaries, anywhere, in the professional family therapy realm is essential. Universities should also create policies and procedures for social media use within academia. Additionally, formal curriculum to introduce social media ethics in family therapy and policies will allow students and faculty to have clearer guidelines and policies related to social media use.

Recommendations for clinical practice

Future recommendations for clinical practice include not only for standardized guidelines via academic family therapy programs and related professional organizations but also for family therapists, themselves. Awareness that family therapists should take personal initiative to educate themselves on how social media is present in their client's lives is crucial. Assessing how social media and online culture affect clients can be partially achieved via the creation of social media assessments, discussion of boundaries with social media use in therapy and therapists using social media as a potential resource. Increasing family therapists' cultural competence in online culture is also an encouraged clinical implication from this study.

Increased exposure on and knowledge about online culture will help family therapists to continue to perspective-take with clients who are affected primarily by social media. Cultural competence and comfortability for family counselors will also increase with increased knowledge about appropriate online presence and boundaries.

Another indirect factor to consider when exploring social media's impact on family therapists includes the therapist's own wellness as affected by social media. It is important that family counselors honor reviewing social media sites that are affirming, inclusive, and congruent to both their personal values and professional morals. Additionally, when considering the need for systemic wellness, family therapists should use social media platforms to reinforce their own well-being. Contributing to healthy online interactions, rather than unhealthy, toxic, or triggering online interactions, will also help unintentional modeling if clients do research on their therapists, without their knowing.

Recommendations for ethical implications

Attention for upcoming and current family therapists to review the AAMFT Code of Ethics (2012/2015) is encouraged as it outlines some of the role of internet in clinical practice. Particular attention to subprinciple 1.13 among others should be reviewed by therapists, and direct therapeutic usage of social media in their professional lives should not begin until they have gained education, training, and competency in this area.

As a part of subprinciple 1.13 regarding boundaries and confidentiality, this research supports the need for family therapists to understand how social media impacts boundaries and privacy concerns. Family therapists are unable to control if a client searches for their therapist via social media sites. However, family therapists can educate themselves on not only how they can adhere to appropriate standards but also how they can protect themselves by understanding how to utilize privacy settings on various social media sites. Also, as many of the participants stated in the narrative supplemental findings,

conversations about social media in therapy are not uncommon. Family therapists should welcome these conversations and help their clients to understand the importance of the therapist-client boundary and why social media policies are important. Other ethical considerations for family therapists include to set concrete boundaries to protect their professional time and work–life balance, especially when providing primarily online telehealth services.

Recommendations to consider social media as a resource

Although this research primarily highlights some of the challenges related to social media's impact on family therapists, another important finding is that social media can also be a helpful resource for therapists. Many of the respondents discussed feeling, when used appropriately, that they could be comfortable and even be provided conveniences with social media. They also elaborated in some of the supplemental narrative feedback that social media can assist in their treatment with a variety of clients (i.e. as there are online counselor consultation platforms, etc.). Moreover, there are millions of groups and resources that can assist not only therapists but also clients with a variety of challenges such as anxiety, post-traumatic stress disorder, trauma, insomnia, grief, and other presenting concerns. If family therapists learn how to maintain privacy and appropriate boundaries, social media may be beneficial to both, themselves, and their clients, by providing infinite amounts of resources at their fingertips.

Future research considerations

Other popular considerations related to family therapists and social media include the following considerations and questions (Méndez, 2017). These are as follows: Are family therapists talking about social media with their clients? How often and when do they use it with their clients? How does a family therapist know if they are acting in co-ordinance with the ethical codes enforced by the AAMFT? What do family therapists do if they have an issue related to social media in practice? Future studies that further explore the association of social media in relation to these questions are also encouraged. Future studies primarily focusing on some of the findings in this study's post hoc analyses are also encouraged. For example, studies which primarily focus on looking up clients or accepting clients as "friends" on social media sites are also hoped to be established in the family therapy research field.

Conclusion

This study catalyzes urgency for marriage and family therapists, as well as related mental health professionals, to gain awareness about the impact of

social media on themselves, their comfortability in and out of the professional arena, and in regard to other client-related factors. It is hoped that future family therapists utilize the most efficacious and ethical practices when asking clients about their social media and when on social media, themselves. Social media can be an innovative tool in the mental health field, if family therapists and related helpers mitigate the risks related to this tool's usage.

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