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How online communication and social media networking are used in alcohol use treatment

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Pepperdine University

Graduate School of Education and Psychology

HOW ONLINE COMMUNICATION AND SOCIAL MEDIA NETWORKING ARE USED IN

ALCOHOL USE TREATMENT

A dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Education in Organizational Leadership

by

Susan Finley

June, 2014

Mark Allen, Ph.D. – Dissertation Chairperson

This dissertation, written by

Susan Finley

under the guidance of a Faculty Committee and approved by its members, has been submitted to

and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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PROFESSIONAL JOURNAL PUBLICATIONS

Servant Leadership: A Literature Review. *Review of Management Innovation & Creativity Journal 5* (4)

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PROFESSIONAL CERTIFICATIONS

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National Certification in Counseling (NCC) NBCC   2012

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ABSTRACT

Understanding cultural shifts towards the increasing trend of seeking treatment offered through

online communication and utilization of social networking sites has changed the way mental

health professionals approach alcohol use treatment. This study illuminates the ways in which

mental health professionals are currently exploring methods of counseling through online

communication and social networking sites to improve their practice and reach more clients, thus

helping increasing numbers of people while earning a greater profit. Through the research,

numerous benefits and drawbacks of social networking and online communication used in

mental health treatment are identified, particularly when working in alcohol use treatment. When

communicating with clients online, there are a multitude of observations derived from

researchers, particularly surrounding the quality of the therapeutic experience affecting

practitioner and client alike. Utilizing a grounded theory approach in the research process

allowed for the ability to arrive at a theoretical construct based upon the use of open and axial

coding. The findings derived from the research argue that social networking and online

communication are excellent tools utilized for the mass dissemination of information. Examples

include: increased opportunities for networking between professionals, and an opportunity to

advertise on a larger scale to increase overall exposure, awareness, and outreach to clients. The

use of careful observation around the findings based on interviewing 15 therapists matching

common criteria indicate that social networking and online communication are not the preferred,

nor appear to be the most effective means of treatment by mental health professionals when

working with those who struggle with alcohol use. The study informs the profession that there

remains ample room for further research, particularly in regard to establishing legal as well as

ethical guidelines to ensure proper use of technology by professionals practicing in the field of

alcohol use treatment. The findings derived from the study support the importance of educating

counsels practicing alcohol use treatment in an age where technology is continually changing and methods of communication online are evolving. In addition to those professionals who are currently practicing in the field, graduate students in preparation to become mental health professionals working in alcohol use treatment will benefit from being introduced to research findings to ensure effective treatment outcomes.

Chapter 1: The Problem

Introduction

The Internet is an invaluable tool used both in the workplace, as well as in people's personal lives. Information technology is representative of powerful forces at work in today's society; it provides people access to information that was previously inaccessible (Alleman, 2002; Brown & Duguid, 2000; Hall & Tidwell, 2003). People use the Internet to work, shop, communicate with others, and even receive medical and mental health counseling and advice in the comfort of their homes. "The Internet provides a wide variety of electronic communication tools which can be utilized both by those seeking to join together for mutual support and by professional practitioners alike" (Hall & Tidwell, 2003, p. 161).

Websites have emerged allowing access to a range of online mental health services. By using these sites as an extension of their existing practices, counselors can become involved in online clinics and other sites such as PsychologyToday.com, HelpHorizons.com, MyCounselingNet.com, and Find-a-therapist.com (Young, 2005). "These [sites] offer the ability to select a therapist according to various criteria, access to self-help information, and access to direct delivery of online mental health services" (Young, 2005, p. 173). In addition, clients can locate facilities and mental health professionals on sites that provide directories, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), to find the nearest facilities, as well as contact information and available services offered by mental health professionals.

Prevention, outreach, maintenance, and aftercare of those seeking treatment via the Internet is imperative to study and the research would be a positive contribution to the goal of developing effective programs and treatment offered online (Copeland & Martin, 2004; Hall &

Tidwell, 2003). Each day provides a new opportunity for alternative treatment options. This study will shed light on the use of social networking sites and online communication by mental health professionals to reach their clients on a mass level.

This study will explore the benefits and drawbacks of social networking and online communication when working in alcohol use treatment for both practitioner and client, as well as identify areas for improvement. Due to the recent nature of this phenomenon, more research is needed to further study the effects of technology on the fields of counseling psychology and problematic alcohol use.

The use of technology is revolutionizing the way individuals help one another. Mental health professionals are currently exploring ways to offer counseling through online communication and social networking sites to improve their practice and reach more clients on a global level, thus helping more people while earning a greater profit.

Background of Problem

The quality of and interest in Internet services for treatment of health related topics such as alcohol use has received increasing attention in recent years and remains a major public health concern (Kay-Lambkin et al., 2011; Litt & Stock, 2011; Toll et al., 2003; Tossman, Jonas, Tensil, Lang, & Struber, 2011; Young, 2005). "Substance use disorder is one of the most common mental health problems in the Western world with a significant contribution to the global burden of disease and a high level of unmet treatment need" (Copeland & Martin, 2004, p. 109). Substance use disorders (excluding nicotine use) in the general population are approximately 9% (Chou et al., 2004). Alcoholic beverages remain the most widely abused substance by American men and women today. In terms of the sheer number of people affected, alcohol is presently the most devastating drug in the fabric of mainstream society; no one is

immune to its destruction (Fields, 2010; Lessa & Scanlon, 2006). "It has been estimated that business and industry lose more than $136 billion each year for alcohol-related reasons: time lost at work because of absenteeism, illness, and/or personal problems, and reduced productivity, and health care costs" (Fields, 2010, p. 5). Problems that stem from alcohol use include: spousal abuse, traffic fatalities, murders, manslaughter charges, drowning, child abuse, rapes, assaults, and suicides. The statistical facts remain deadly; in people aged 21 and older in the United States in 2010, alcohol played a factor in homicide deaths (36%), male suicide (12%), and female suicide (8%; Fields, 2010).

Purpose of the Study

The purpose of this study is to identify the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet. By utilizing the Internet, therapists are able to provide simultaneous (synchronous), as well as time-delayed (asynchronous) communication via e-mail (regular or encrypted), real-time chat, secure web-based messaging, video conferencing, and voice-over-IP (VOIP or Internet phone). For example, email can be used to remind clients of important aspects discussed in therapy (Young, 2005).

In order to improve outreach to clients, mental health professionals have begun to use social networking sites to address the issue of alcohol use more and more in recent years (Litt & Stock, 2011). This study examined the types of Internet-based techniques used by mental health professionals to provide information and help to those suffering from and affected by alcohol use. The goal of this research is twofold: to provide a guide for future and current mental health professionals in the fields of online treatment and alcohol use, and to provide suggestions for further research.

Research Question

This study will explore the following research question: "What are the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet?"

Significance of the Study

This study is both timely and relevant to today's world due to the need to treat the deadly presence of alcohol use in the United States, as well as to understand today's cultural shift towards utilizing online counseling and treatment offered through social networking sites. With individuals using online communication and social networking sites to address their needs in nearly all aspects of life, the cultural phenomenon of utilizing technology to seek treatment has become prevalent in the everyday lives of the majority of Americans. It is simply a matter of time before more technological changes are enacted therefore, it is beneficial to embrace the technology revolution.

Very few empirically based programs in the United States offer alcohol treatment programs online and through social networking platforms (Copeland & Martin, 2004; Hall & Tidwell, 2003; Kay-Lambkin et al., 2011; Toll et al., 2003; Young, 2005). Though not a new issue, studying and treating this disease has taken on a new façade with the use of technology. In addition, there is limited research on how young people use social networking as a tool to help with mental health conditions such as alcohol use (Gowen, Deschaine, Gruttadara, & Markey, 2012; Stallard, Velleman, & Richardson, 2010).

Limitations and Assumptions

This study is limited to interviewing mental health professionals residing in Southern California only, specifically in Los Angeles County within a five mile radius of North

Hollywood and who advertise their services in alcohol abuse therapy on the *Psychology Today* website.

Observer bias by the researcher presents another limitation; this is a possibility anytime data are gathered by an observer. In addition, the study is limited to participants' self-reported perceptions of their experience with online communication and social media networks to address alcohol use. Some mental health professionals may be reluctant to share their social networking and online outreach strategies due to the competitive nature of recruiting clients.

Finally, different programs and treatment options appeal to different individuals. Therapeutic techniques should not be utilized in a standard form; therefore, utilizing different techniques is an essential part of the therapy process in order to be successful in treating the client (Jung, 2010). The use of online counseling and social networking websites to address alcohol use may not be appealing or effective for all mental health professionals.

Future research studies will benefit from studying the use of social networking sites and online communication for the treatment of alcohol use throughout the entire United States, as well as worldwide. Individual results will be taken from volunteer participants.

Given the recent trend of utilizing the Internet for therapeutic outreach, long-term treatment management in the online counseling field may benefit from being studied in a longitudinal capacity to determine effectiveness, and as a means to improve technique.

Definitions of Key Terms

Alcohol Use: The American Psychiatric Association's (2013) diagnostic criteria for alcohol use, as presented in the *Diagnostic and Statistical Manual of Mental Disorders* (5th edition) are as follows:

A problematic pattern of alcohol use leading to clinically significant impairment or

distress, as manifested by at least two of the following, occurring within a 12-month period:

- Alcohol is often taken in larger amounts or over a longer period than was intended.

- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

- Craving, or a strong desire or urge to use alcohol.

- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.

- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.

- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.

- Recurrent alcohol use in situations in which it is physically hazardous.

- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

Client: "A person using the services of a social services agency" ("Client," 2009, para. 1). The terms *client* and *patient* are used interchangeably throughout this dissertation.

Computer assisted therapy: In computer-assisted therapy, also referred to in this dissertation as *automated therapy*, the patient interacts with a software application to receive therapy. Unlike online therapy, which involves a patient and a therapist communicating via an electronic medium, in automated therapy the patient interacts directly with a software

application, thereby precluding the establishment of a traditional therapeutic alliance (Lieberman, 2006).

Mental health professionals: The following types of Mental Health Professionals as defined by National Alliance on Mental Illness (NAMI, n.d.) will be collectively referred to throughout the dissertation as mental health professionals:

- Licensed professional counselor and marriage and family therapist: Licensed Professional Counselors and Marriage and Family Therapists have a master's degree in psychology, counseling, or a similar discipline, and typically have two years of post-graduate experience. They may provide services that include diagnosis and counseling (individual, family/group, or both). They have a license issued in their state and may be certified by the National Academy of Certified Clinical Mental Health Counselors.

- Psychiatric/Mental health nurse: Psychiatric/mental health nurses may have various degrees ranging from associates to bachelor's (B.S.N.) to master's (M.S.N. or A.P.R.N) to doctoral (D.N.Sc., Ph.D.). Depending on their level of education and licensing, they provide a broad range of psychiatric and medical services, including the assessment and treatment of psychiatric illnesses, case management, and psychotherapy. In some states, some psychiatric nurses may prescribe and monitor medication.

- Psychiatrist: A psychiatrist is a physician with a doctor of medicine (M.D.) degree or osteopathic (D.O.) degree, with at least four more years of specialized study and training in psychiatry. Psychiatrists are licensed as physicians to practice medicine by individual states. *Board certified* psychiatrists have passed the national examination

administered by the American Board of Psychiatry and Neurology. Psychiatrists provide medical and psychiatric evaluations, treat psychiatric disorders, provide psychotherapy, and prescribe and monitor medications.

- Psychologist: Obtained a doctoral degree (Ph.D., Psy.D., or Ed.D.) in clinical, educational, counseling, or research psychology. Most states license psychologists to practice psychology. Psychologists can provide psychological testing, evaluations, treat emotional and behavioral problems and mental disorders, and provide psychotherapy.

- Social worker: Social workers have either a bachelor's degree (B.A., B.S., or B.S.W.), a master's degree (M.A., M.S., M.S.W., or M.S.S.W), or doctoral degree (D.S.W. or Ph.D.). In most states, social workers take an examination to be licensed to practice social work (L.C.S.W. or L.I.C.S.W.), and the type of license depends on their level of education and practice experience. Social workers provide various services including assessment and treatment of psychiatric illnesses, case management, hospital discharge planning, and psychotherapy.

Online communication: The use of professional mental health counseling via email, real-time chat, secure web-based messaging, and video conferencing, and VOIP (Young, 2005).

Online counseling: Also referred to throughout the dissertation as *online therapy*, *e-therapy*, *Internet therapy*, and *cybertherapy*, online counseling is the provision of professional mental health counseling services via the Internet. Services are typically offered via email, real-time chat, and video conferencing (Mallen & Vogel, 2005).

Online social networking or social media: Online social networking sites allow individuals to construct a public or semipublic profile that enables them to share, view, and list

the connections made by others within the system (Myers, Endres, Ruddy, & Zelikovsky, 2012). Social media includes forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content such as videos ("Social Media," 2013). The following examples of online social networks are included in this dissertation:

- *Blog*: A discussion or informational site published on the Internet and consisting of discrete entries (posts) typically displayed in reverse chronological order (the most recent post appears first). Blog can also be used as a verb, meaning to maintain or add content to a blog (Blood, 2000).

- *Facebook*: A social tool that connects people (Facebook, n.d.).

- *LinkedIn*: A global professional network with 200 million members in over 200 countries and territories. LinkedIn is publicly owned and has a diversified business model with revenues coming from member subscriptions, advertising sales, and talent solutions (Linkedin, n.d.).

- *Myspace*: Myspace LLC is a leading social entertainment destination powered by the fans who utilize it. Aimed at the Gen Y audience, Myspace drives social interaction by providing a highly personalized experience around entertainment and connecting people to the music, celebrities, TV, movies, and games that they love. These entertainment experiences are available through multiple platforms, including online, mobile devices, and offline events (Myspace, n.d.).

- *Tumblr*: Allows the sharing of text, photos, quotes, links, music, and videos from your browser, phone, desktop, email or wherever you happen to be. Everything is customizable, from colors to HTML themes (Tumblr, n.d.).

- ***Twitter***: Twitter is a real-time information network that connects a user to the latest stories, ideas, opinions, and news about what they find interesting. Allows one to search accounts they find most compelling and follow the conversations (Twitter, n.d.).

    Tweets: At the heart of Twitter are small bursts of information called Tweets. Each Tweet is 140 characters long, allowing the user to see photos, videos and conversations directly in Tweets to get the whole story at a glance, and all in one place (Twitter, n.d.).

- ***Wiki***: Visitors can edit live throughout the database of pages. The comments from visitors are what make up a wiki. The ability to generally edit a page in real time, search the wiki's content, and view updates since your last visit are all features. In a moderated wiki, wiki owners review comments before addition to the main body of a topic. Additional features can include calendar sharing, live AV conferencing, RSS feeds and more (Wiki, n.d.).

- ***YouTube***: Allows billions of people to discover, watch, and share originally-created videos. YouTube provides a forum for people to connect, inform, and inspire others across the globe and acts as a distribution platform for original content creators and advertisers large and small (Youtube, n.d.).

Outline of the Study

This qualitative, grounded theory study focuses on mental health professionals' experience treating those suffering from alcohol use, from their own perspective, using a modality about which little is known in the general population (social networking, online

communication, and therapy). This comprehensive understanding of the phenomenon studied will generate valuable findings in the field.

Summary

Chapter 1 provided a review of the study at hand. It defined the purpose of the study, identified both the problem and significance of the research, and posed the research question, "What are the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet?" Key terms were defined in order to provide clarification as well as act as a guide for the remainder of the study.

Chapter 2 will provide a review of pertinent literature on the topic of today's cultural shift towards utilizing social networking and online communication to assist in online counseling and treatment. It will provide a background for the important variables in the study.

Chapter 3 is the methodology section, which details the type of research, sample used, instrumentation, data collection procedures, analysis, and limitations of the study at hand. It expands upon the purpose and goals of the study and demonstrates the use of qualitative research, more specifically, grounded theory. Chapter 4 will summarize the findings, consisting of themes and patterns generated from the data. Finally, Chapter 5 will describe what the findings mean and what conclusions can be drawn. It will offer a detailed presentation of the findings compared with those of other researchers in in the literature. Practical implications for professional practice as well as recommendations will also be included.

Chapter 2: Literature Review

This chapter will first discuss the impact of alcohol use in the professional and private lives of those affected. A summary of the history and background of the Internet in helping clients learn about alcohol use and health related matters will also be presented. Then the chapter will move to online communication including online counseling, automated therapy, and the use of social networking sites in client communication and outreach, including limitations and criticisms of these methods. A discussion of *branding* techniques used by mental health professionals to reach clients via the Internet will be presented, as well as ethical, legal, and privacy issues when working with clients online. The use of social networking education in psychology graduate training programs will be addressed. Lastly, guidelines enacted by the National Board for Certified Counselors (NBCC) will be presented as an example of proposed ground rules of professionalism when counseling online.

Alcohol use represents a serious public health issue affecting millions of people's lives every day. It is predicted that by 2020 alcohol will have played a role in over 30,962,000 lives. Alcohol use in the United States is far from being considered a new dilemma; however, it continues to be a major public health concern today (Kay-Lambkin et al., 2011).

Over one-quarter of the world's population has Internet access, 78 and 75-80% of Internet users have searched for health information online (Kay-Lambkin et al., 2011; Meyers, 2008). Individuals also use the Internet to search for and receive help from therapists online (Kay-Lambkin et al., 2011; Myers et al., 2012). "Due to the high number of Internet users in developed countries, and due to their considerable interest in health related topics, the World Wide Web offers new promising ways of addressing individuals affected by addiction-related problems" (Tossman et al., 2011, p. 673).

The popularity and use of the Internet to gain information and provide treatment is increasing, especially among those with alcohol related problems. Health is becoming one of the most searched for topics today (Kay-Lambkin et al., 2011). "The computer, the medium over which it is being delivered, is by far the best tool there is for gathering, organizing, analyzing, and disseminating data" (Alleman, 2002, p. 207).

The use of social networking sites designed for persons abusing alcohol to offer specific tools to decrease social isolation and help persons to live more independent lives continues to evolve. Many individuals struggling with alcohol use are seeking resources on the Internet using social networking sites to overcome social isolation. Therefore, practitioners may benefit from awareness of the different sites available and encouraging their safe and responsible use (Gowen et al., 2012). As the world becomes increasingly connected via the Internet, many mental health professionals have followed suit (Kolmes & Taube, 2012). The mental health profession is seeing a change in the way people seek professional counseling for their alcohol use (Alleman, 2002; Kay-Lambkin et al., 2011; Young, 2005).

There are several reasons why the Internet may be an ideal venue for helping individuals with alcohol problems. The need to find alternative cost-effective access to receive help is apparent (Kay-Lambkin et al., 2011). The Internet provides the user with the attributes of mass communication along with interpersonal communication, such as rapid feedback, allowing for an effective means of implementing behavioral health and substance use interventions on a larger scale (Copeland & Martin, 2004). Internet-based treatments for those suffering with alcohol problems are particularly attractive to people who cannot access traditional services—whether due to geographic location, finances, or attitudinal barriers. The 24-hour availability, along with the anonymity and privacy provided, are frequent reasons for alcohol users to seek help online

(Kay-Lambkin et al., 2011). Additionally, "the most common obstacle to the treatment of individuals with drinking problems is that most do not seek treatment" (Lieberman & Huang, 2008, p. 1). Due to perceived stigma and need for anonymity, many people with alcohol dependence or a history of alcohol use never enter formal treatment programs; therefore online counseling could be appealing to these individuals due to the non-threatening and easily accessible nature (Lieberman & Huang, 2008; Young, 2005).

Changing Times

Times are changing and with that come technology advances. According to Microsoft's Gordon Bell and Jim Gray (as cited in Brown & Duguid, 2000), "By 2047…all information about physical objects, including humans, buildings, processes and organizations will be online. This is both desirable and inevitable" (p. 11).

Mental health professionals are faced with the dilemma of how to keep up with the competition while approaching the unknown influences of technology. The reality is that seeking help over the Internet is not only occurring, but it also will likely increase in prevalence regardless of the potential drawbacks (Baker & Ray, 2011). The Internet has long been invaluable in the workplace and in the home; therefore, it is not surprising that it has emerged as an invaluable tool in the world of counseling as well. "People meet and fall in love on the Internet. Why would a therapeutic relationship not also be possible" (Alleman, 2002, p. 201)?

Like so many other parts of society, mental health professionals stand to benefit from addressing the changes being driven by the Internet. "Change is seldom entirely good or entirely bad, but it always comes and it hardly ever makes things feel more comfortable" (Alleman, 2002, p. 208).

History of the Internet

By reviewing the history of the World Wide Web, researchers are more equipped to see the development of and patterns regarding successful outreach and ability to connect billions of people. In addition, the Internet is helping people who are separated in the real world maintain their relationships (Brown & Duguid, 2000). Websites provide clients with documents and helpful materials they may access on their own, and in their own time (Brown & Duguid, 2000; Meyers, 2008).

America Online (AOL), the leader in the concept of social interaction online, introduced the concept of chat rooms in the early 1990s (De Abreu, 2011). Users on AOL interacted in ways that brought about changes in how social networks are used to share information and offer solutions to life's problems. In 1993, Ivan Goldberg, M.D., began his website *Depression Central,* which served as an online depression support group offering free mental health advice about medication. In 1995, John Grohol, Psy.D., developed a weekly public chat in addition to his free mental health site, psychcentral.com (Young, 2005). During the mid 1990s, free mental health advice became more widely available on the Internet. People could post questions or concerns on the website, and therapists would answer their questions online. Leonard Holmes, Ph.D., was one of the earliest to use this technique, offering Shareware Psychological Consultation and answering questions on a pay if it helps basis (Young, 2005). Dr. Holmes reported that people began emailing him asking for help as soon as his website advertising his practice went up. The late 1990s marked a time when mental health professionals used online therapy in addition to their existing practices.

In 2002, Friendster, one of the first social network sites, was used to display personal information of users primarily seeking some kind of relationship. After Friendster came

MySpace, and then Facebook, which launched in 2004. Today, almost a half billion people worldwide use Facebook (Litt & Stock, 2011). The use of these social sites has forever changed the way people learn and create new ideas. YouTube, for example, has become one of the most popular sites to post and view videos. It has allowed people to share information and promote ideas on a whole new level.

The Internet as a Source of Information

According to Bill Gates (as cited in Brown & Duguid, 2000), "Every year, better methods are being devised to quantify information and distill it into quadrillions of atomistic packets of data" (p. 11). The Internet has been a source of free help since the early 1990s. The number of technological users has continued to grow, as has the boom of technological innovations that addresses the needed issues connected with communicating with others on a multitude of levels.

"On an average weekday the *New York Times* contains more information than any contemporary of Shakespeare's would have acquired in a lifetime" (Brown & Duguid, 2000, p. 11). If this is the impact of print media, imagine how much information is distributed across the Internet.

Facebook, Flickr, YouTube, and Twitter offer just a few examples of how information is passed from one person to another via the Internet. The ability to read and write is an absolute necessity; however, this mode of communication is no longer sufficient for mental health professionals who want to reach as many clients as possible; a variety of media must be utilized to have a successful business. However, "a blog, wiki or YouTube is a tool, like a pencil, that can be used well or poorly, with purpose or ineffectively" (De Abreu, 2011, p. x).

As a result of innovative technological advances, various approaches have been used to increase access to treatment (Lieberman & Huang, 2008). The Internet provides a popular source

for information on health issues including alcohol use (e.g., information or advice on conditions, symptoms, diseases, and treatment).

Prior to the Internet, mental health professionals' credentials, years of experience, therapeutic approach, education background, and previous employment were not readily accessible to the client. Today, clients can do their own research and background check before ever seeing a therapist in person (Young, 2005). "Validating someone's current professional status by clicking on a hyperlink seems at least as easy as and probably more informative than surreptitiously squinting at a printed diploma on someone's office wall" (Alleman, 2002, p. 203). However, many individuals still fear the potential for people to misrepresent themselves as therapists online (Kay-Lambkin et al., 2011).

Participants in a study on the assessment of function and clinical utility of alcohol and other drug websites by Kay-Lambkin et al. (2011)

said that websites would be good for online screening, provision of brief advice (including links to appropriate support services) for people with mild to moderate problems, and for online contact with another person (a therapist or sponsor) to whom the site user is accountable for change and program completion. (p. 7)

Providing information online is multidimensional, including social, psychological, and environmental factors—all of which require multiple levels of intervention (Bonar et al., 2011). In their book, *The Social Life of Information*, Brown and Duguid (2000) state that "Envisioned change will not happen or will not be fruitful until people look beyond the simplicities of information and individuals to the complexities of learning, knowledge, judgment, communities, organizations, and institutions" (p. 213).

Learning Over the Internet

The changing nature of learning and education due to online communication and social networking sites has created a shift from consuming to producing, authority to transparency, expert to facilitator. It also has shifted access to information to access to people, earning to learning to be, passive to active, presentation to participation, publication to conversation, and supply-push to demand pull (De Abreu, 2011).

Online groups are an example of an active learning environment. When participating in a discussion forum, users are learning to experience the world in a new way. They also have the opportunity to join social groups even though they may never see, or even hear any of the people face to face. Users gain resources for future learning, as well as problem solving skills in related domains. By learning actively, individuals are experiencing the world in new ways. Social networking is perhaps one of the most recently developed ways that individuals learn as a community (Brown & Duguid, 2000).

In terms of online therapy and social networking in general, different people read text differently, just as they *read* the real world (Gee, 2007). Learning can become complicated, as "Different characters/identities lead to different ways of looking at, feeling about, and interacting with the (virtual) world" (Gee, 2007, p. 7).

> Those of us who have visited an online chatroom (America Online, 2001) or written a love letter know that being limited to text does not mean being deprived of expressiveness. Beyond the mere words we choose in chatrooms, colors, ALL CAPS, smiley ;) faces, rrrrepeated llletters, fonts, sizes, typefaces, difrunt spellin, ??????? punctuation !!!!!, spacing between l e t t e r s, between words, and between Lines

can be used to help convey the speaker's feelings, personality, and message

content…Furthermore, cumbersome English spelling can be dramatically simplified

without much loss of meaning. This can work to the benefit of those who are less fluent

in traditional written English. Cld it b u r c-ing a globl, ritten languij b-ing formd?

(Alleman, 2002, p. 200)

Social Networking Sites

A social network is a social structure made up of a set of individuals or organizations and

the dyadic ties between these players. A social networking service provides a platform for

building social networks or social relations among people. The World Wide Web provides users

around the globe the opportunity to post, discuss, and comment on information relevant to them

through social networking sites (Roberts, 2010), which provide a platform for building social

network or social relations among people. Online social networking sites allow individuals to

construct a public or semipublic profile that enables them to share, view, and list the connections

made by others within the system (Myers et al., 2012). The popularity of social networking sites

such as Facebook, MySpace, Twitter, LinkedIn, and Classmates.com more than quadrupled from

2005 to 2009 (Deepa, Chopade, & Ranjith, 2012). Social networks have been studied in such

fields as social psychology, sociology, statistics, and graph theory. In fact, social network

analysis is now one of the major paradigms in contemporary sociology.

Risks of social networking identified in the literature include exposure to inappropriate

unsolicited content, sexual predation, cyber-bullying, and social isolation. Benefits of social

networking include increased contact with friends and family, as well as the opportunity to make

new and meaningful relationships online (Gowen et al., 2012).

Social networking represents a powerful source of online communication in society. In the past 10 years alone, interaction between users online has grown to a deeply personal level.

> Today's media are not simply about the television or the movies we watch, but the social networking site we visit and use to interact with others. Facebook, Twitter, Second Life, or other online communities, the media are not stagnant or a stand alone, but in fact interactive. (De Abreu, 2011, p. xiii)

These sites allow videos to be embedded within other social networking sites, thus gathering a larger audience (De Abreu, 2011).

Online social networking sites are constantly accessible, meaning they supersede time and space. "Communications technology, for example, has not so much replaced the need for person-to-person encounters as less coercive" (Brown & Duguid, 2000, p. xix). Communicating through social networking sites often serves to maintain or enhance relationships, despite the concern that social networking decreases the level of intimacy in existing relationships. In fact, "recent research suggests the opposite—that social networking, including participation in chat room and blogging, may improve social connectedness, decrease isolation, and enhance subjective well-being through the practice of mutual feedback and self-disclosure" (Gowen et al., 2012, p. 246). Additionally, individuals with mental health problems, including alcohol use, are more likely to use social networking to strengthen their existing relationships, help others with common problems, and create supportive communities online (Gowen et al., 2012).

However, Litt and Stock (2011) argue that social networking has been shown to hinder the lives of those who are addicts and alcoholics, i.e., through Facebook posts and photos that tend to glamorize drinking and substance abuse. However, support and help can be provided by rich social networks and online therapy. Direct and indirect contributions of these sites have

inspired users to make a difference in their own lives and the lives of others, revolutionizing the way individuals help one another. Giving a human voice to a digital medium has created a new kind of counseling.

Mental health professionals may benefit from providing innovative ways to educate online users using both formal and informal social networking tools to influence appropriate drinking attitudes and behaviors. "Mental health professionals need to be aware of young people's online help-seeking behavior in order to correct inaccuracies and maximize uptake of computerized therapy" (Stallard et al., 2010, p. 80). In addition, "Practitioners should also ask clients about their use of social networking, specifically focusing on how clients go online to reach out to others; safe and responsible online behaviors should be encouraged" (Gowen et al., 2012, p. 249).

Online Counseling

The Internet may be an effective way to offer brief interventions and self-change materials for people with moderate to mild alcohol problems (Kay-Lambkin et al., 2011; Toll et al., 2003). Studies have shown that "single session interventions delivered via the Internet are well suited to reduce alcohol consumption at least in the short-term" (Tossman et al., 2011, p. 674).

Online counseling is the use of professional mental health counseling via email, real-time chat, secure web-based messaging, and video conferencing (Young, 2005). "Methods of providing online counseling may vary in terms of frequency, mode of communication, cost schedules, and method of payment dependent upon the counselor preferences and the client's needs" (Young, 2005, p. 173). Online counseling can be used in conjunction with traditional psychotherapy, or as a complete substitute for office visits. Online counseling may be the only

means of delivering therapy to clients for some mental health practitioners (Young, 2005). This virtual form of counseling is becoming more and more pervasive (Kolmes & Taube, 2012).

Past research has indicated that persons suffering from alcohol and other substance use disorders receive a wide range of benefits from receiving treatment both in-person and through online methods (Copeland & Martin, 2004). These benefits include increased job productivity, enhanced mental health, and overall improvements in family dynamics. Online counseling outcomes for computer-delivered interventions have the potential to be effective as well.

Online therapy has additional benefits, including a greater ease and accessibility, as well as less intimidation for clients. Clients may be more likely to be forthcoming, thus allowing the counselor to provide better treatment (Young, 2005). For example, via the disinhibition effect, people may feel more comfortable saying things online they would not normally say in person, and some clients might create a mental image of a therapist they believe can help them (Alleman, 2002). In addition, the way people talk over the Internet can be recorded, transcribed, and digitized.

Online counseling may also be useful for disabled and rurally located people that traditionally under-utilize clinical services. Virtual meetings are used more often now than in the past. Skype, a computer software that allows a person to make phone calls via the Internet and allows for webcasts and webinars that involve interactive discussion, is an example of how cyberspace is utilized to help users interact online.

There are many reasons clients seek online counseling over in-office treatment, such as: anonymity, convenience, access to credentials, cost, referral, privacy, security, fear of being caught, and access to services (Jung, 2010; Young, 2005). "Communications technology, for example, has not so much replaced the need for person-to-person encounters as rendered

geography less coercive…these technologies thus offer tremendous freedoms" (Brown & Duguid, 2000, p. xix). The Internet also offers access to resources in a safe and secure environment (Kay-Lambkin et al., 2011).

The need for alternative forms of therapy and treatment has introduced itself as a means of receiving cheaper (Copeland & Martin, 2004), more convenient (such as being offered nights and weekends) counseling for medical and psychological problems. In addition, the client may avoid having to report to insurance, and therefore may experience less chance of battling a stigma by remaining anonymous. This is especially attractive to those who suffer from seemingly embarrassing problems (Young, 2005). "Reportedly, online sessions had cost effective rates of less than 20%-50% of a regular in-office visit" (Young, 2005, p. 175).

Therapists may use only the Internet for counseling clients, whereas others may use it in conjunction with in-person therapy (Young, 2005). Professional mental health counseling via email, real-time chat, and video conferencing can be used in conjunction with traditional psychotherapy, or as a complete replacement for office visits. Virtual forms of counseling are becoming more and more pervasive. Brief therapy options such as interventions and self-help materials can be offered easily online. Single-session appointments and interventions have shown to assist in reducing alcohol consumption—at least in the short term, thus offering a promising new method for treating substance abuse (Tossman et al., 2011).

While treatment options are widely advertised online for those seeking help, very few actually offer online services (Toll et al., 2003). A therapeutic relationship between counselor and client need not be face-to face to be meaningful and effective. "The kind of words people use and the way they put them together in print can say a lot about how they feel even when they cannot hear or see the person with whom they are communicating" (Alleman, 2002, p. 200).

Being limited to text only does not necessarily deprive clients and therapists of expressiveness (Alleman, 2002).

The literature suggests that online resources confer certain advantages (Young, 2005). Past research has shown that computer-delivered interventions can be effective (Copeland & Martin, 2004). It is possible to speculate how treatment delivered in the absence of the face-to-face milieu could be beneficial. In online counseling, both therapist and client may feel more focused when they are given more time to reflect before responding, and are less distracted by nonverbal cues. Non-verbal *noise* or communication can both add to, and detract from, two-way verbal communication (Alleman, 2002).

> But as you talk, listeners see what you say in a much larger context. Your appearance, your age, your accent, your background, and the setting all contribute to what they understand…we are remarkably good at picking up cues that underwrite or undermine what a speaker says. (Brown & Duguid, 2000, p. 2)

Another finding indicates that "Appearance, posture, tone, inflection, pace, and eye contact either can give the therapist useful, additional information or can mislead, distract, overload, confuse or intimidate" (Alleman, 2002, p. 201).

Criticism of Online Counseling

Some see online counseling as positive, but its critics are concerned with its quality and the ethical issues it presents. A common concern among clients is the fear that chat logs or actual transcripts of their sessions would be recorded, and thus run the risk of becoming available to others without their consent (Kay-Lambkin et al., 2011). It can be presumed that no form of client communication is 100% guaranteed to be private (Martin, 2010).

Other concerns include the perceived *one size fits all,* impersonal nature of online treatment, and whether ongoing maintenance and support will be available. In addition, particularly for alcohol related issues, critics believe less commitment to treatment and fewer opportunities to meet with a therapist will make the client's alcohol related issues easier to ignore and increase dropout rates (Kay-Lambkin et al., 2011). However, as sessions continue, many clients demonstrate a sense of ease and comfort expressing their feelings to the therapist (Young, 2005). In spite of its potential drawbacks, the reality is that online counseling is occurring and will likely increase in prevalence in the future (Baker & Ray, 2011).

Computer Assisted Therapy

Mental health professionals have shown increased interest in using the Internet and computer technology to deliver psychological interventions for problems such as alcohol use. "Unlike online therapy, which involves a patient and a therapist communicating via an electronic medium, automated therapy is delivered by having the patient interact directly with a software application, thereby, precluding the establishment of a traditional therapeutic alliance" (Lieberman, 2006, p. 603). The counselor may then use the data from these interactions to help the client further.

There are many ways in which computers and the Internet provide help for alcohol use including pre-programmed, interactive software packages available via the Internet. Therapy can also be delivered via the Internet with a live therapist (Copeland & Martin, 2004).

> Technology assistance in the form of computer-assisted assessment, computer-assisted information systems, and telephone counseling has been available and widely used for some time, but as more users go online, the delivery of technology assisted online counseling continues to grow as well. (Young, 2005, p. 172)

Eliza: I'm sorry to hear that you are depressed.

It's true, I am unhappy.

Eliza: Do you think coming here will help you not to be unhappy?

I need some help, that much seems certain.

Eliza: What would it mean to you if you got some help?

Perhaps I could learn to get along with my mother.

Eliza: Tell me more about your family. (Brown & Duguid, 2000, p. 35)

In this exchange, the *therapist*, Eliza, was a legendary computer program written in 1966 by Joseph Weizenbaum of MIT. "According to folklore, Eliza software persuaded many people to pour out their soul in the belief that a person, not a software program, was responding" (Brown & Duguid, 2000, p. 35). Higher levels of personal information are offered up sooner on a computer than face-to-face (Alleman, 2002; Young, 2005). Inhibitions become lessened, and a heightened level of disclosure of sensitive information occurs when one is online as an anonymous user (Copeland & Martin, 2004).

The absence of direct human participation, automated therapy (computer-assisted therapy whereby the patient interacts with a software application) has been developed and tested for a number of health concerns, including alcohol use (Lieberman, 2006). It has been hypothesized that the personification of a computer-assisted program that stimulates a therapeutic relationship may lead to greater levels of engagement for patients seeking help. In addition, Kay-Lambkin et al. (2011) suggest that the "tone" of language used is important, "with information and advice needing to display a harm reduction approach and non-judgmental attitude if it were to have a substantial impact" (p. 8).

Bots, or computer assisted therapists may not be easily distinguished from good or bad, rather, many would argue they can give a good imitation of human deceit (Brown & Duguid, 2000). Although it lacks a human to human relationship, computer-assisted therapy has been successful in creating emotional reactions to an inanimate object. Research has demonstrated that when humans are deprived of face-to-face nonverbal cues, they create and substitute new ones (Alleman, 2002). Diaries, for example, are an example of attachment to a transitional object (particularly for female adolescents), during their normal part of development (Lieberman, 2006).

"Encouraging the personification of a computer program may increase a user's level of commitment to the behavioral intervention" (Lieberman, 2006, p. 604). In a study of the effects of a personified guide on adherence to an online program for alcohol users, Lieberman (2006) found that subjects were more willing to complete a survey administered by a program that included a digital photograph of a woman's face designed to symbolize a human therapist than those who received an email containing text only. The photograph of the woman's face (in addition to a multimedia program accompanied by instructions) was presented to half the patients, and the other half of the patients received instructions in HTML formatting only (minus the photo and multimedia program). The findings suggest that the use of multimedia designed to symbolize a human therapist may be more helpful and yield greater levels of participant adherence than HTML alone (Lieberman, 2006).

Limitations of Automated Therapy

However effective computer programs are at helping to identify people as one of a certain type under the guise of a human therapist (known as a bot), computers are simply unable to replicate humans at being able to identify persons as individuals, thus allowing a human therapist

the unique ability to provide a highly situated form of communication with his/her client online (Brown & Duguid, 2000). By utilizing both forms of therapy, a complementary relationship ensues, "where people are clumsy, bots are often adept. But equally, where people are adept, bots are often clumsy" (Brown & Duguid, 2000, p. xii). The emotional component that bots lack allow people to appreciate what a human accomplishes in performing a task and interacting with others.

Some situations in therapy call for a highly experiential approach that may need to be targeted to the individual client's needs, and additional input from a facilitator or counselor is needed (Stallard et al., 2010). Real-time, non-verbal cues cannot be adapted by a computer assisted therapy, and there are some problems that would be better faced in-person, i.e., crisis situations such as suicidality (Alleman, 2002). "Indeed, some highly experiential approaches may depend so heavily on use of realtime nonverbal cues, they simply could not be adapted for delivery in any mode other than face-to-face" (Alleman, 2002, p. 200).

Some are skeptical about using computerized therapy (Stallard et al., 2010). Alcoholics tend to demonstrate resistance when put under pressure by therapists or others to change their drinking behavior. Despite this, patients themselves have reported an increase in desire for sobriety when treated using a motivational interviewing approach that identifies key concerns about alcohol use. Using objective information, rather than arguments that appear to be based on value judgments, has shown to be less likely to elicit resistance. Utilizing an automated program is beneficial due to the convenience and ease of applying modifications, as well as the delivery of a consistent protocol. Therefore, it is crucial to collect and record a knowledge base that is composed of effective program attributes that can be used continuously and consistently (Lieberman, 2006).

Limitations of computer-assisted therapy include the time and amount of money needed for ongoing maintenance and development beyond the initial set-up due to the changing nature of technology and information (Kay-Lambkin et al., 2011). "It is costly to set up and maintain an active website that includes interactive components, collects screening data, provides interpretation of screening results, and interactive treatment programs delivered and supported online" (Kay-Lambkin et al., 2011, p. 9).

Reliability of Social Networking and Online Communication

The rapid growth of the Internet and the increasing amount of time people with alcohol problems spend online to find information has raised concerns about the reliability and quality of the content offered and the relationships made online (Gowen et al., 2012; Khazaal et al., 2010). Despite criticisms that social networking weakens existing relationships, recent research suggests that social networking can help maintain or enhance relationships made online, and that participation in online communication may improve social connectedness and improve subjective social well-being (Gowen et al., 2012). Previous research suggests that websites that focus on mental health issues help to reduce the stigma and increase knowledge associated with mental health problems in young adults (Burns, Durkin, & Nicholas, 2009).

Some sites require high levels of reading ability, whereas others lack accurate information. Due to the number of concerns regarding reliability, several initiatives have been enacted to establish general criteria for a website to be deemed of high quality. The initiatives include quality of content, design and aesthetics of the site, as well as readability, dating of information, authority of source, ease of use, accessibility and disclosure of authors and sponsors" (Khazaal et al., 2010). The Health on the Net foundation (HON), a voluntary Internet

accreditation network has issued a similar code of conduct for medical sites. If a health website fulfills HON's criteria, they can receive the HON label at no cost upon request.

Based on the overall search results in a study done by Khazaal et al. (2010), the quality of the sites that provided information on alcohol use turned out to be poor. The source of the sites (e.g. university, commercial, etc.) had no effect on the content quality, and all searches were performed by a user with limited medical or Internet knowledge. This study brought to light the poor quality of alcohol use related websites, demonstrating that a need to assess the available information provided online.

The use of "Branding"

The Internet opens up a whole new realm for networking opportunities. With the constant changing environment of technology, the pressure for mental health professionals to innovate has grown. Thus, it is necessary to turn old ideas into new means of delivering services to clients. Staying on top of the emerging trends will help professionals position themselves to compete with others in the virtual world. The Internet reaches a tremendous amount of potential clients, therefore mental health professionals need to consider how to best make use of this powerful technology to reach even larger amounts of people while still keeping an effective, individual approach (Myers et al., 2012; Walters, Miller, & Chiauzzi, 2005).

Online social networking gives professionals the opportunity to share information, advocate for a cause, and engage in additional networking and advertising opportunities (Myers et al., 2012). Despite the myriad possibilities, little research has been conducted on how to present and develop information and treatment options via the Internet in order to capitalize on the benefits of using this medium (Kay-Lambkin et al., 2011). In their study, Kay-Lambkin et al. (2011) found that users looking for help with their alcohol use make a judgment of a website in 2

minutes or less. Therefore, it is imperative that mental health professionals understand the power of marketing their services on the Internet to its fullest advantage.

Many therapists are not using social networking to advertise their businesses, which may be due to a lack of understanding of how to use it. However, therapists who do utilize social networking to advertise their practice online find that greater numbers of people begin to contact them for help. "You don't have to be a tech or design expert to get a website up and running. Depending on your skill level, the amount of time you can invest, and your budget, there are many options" (Meyers, 2008, p. 1).

Counselors find themselves having to create new structures and financial strategies to keep up with the competition, spreading their reputation as a therapist who can provide top-quality services. It pays to know in advance how one's services make one stand out in a crowd. "If you don't sound confident in your services, you won't inspire the confidence in others that is essential to successful networking" (Estrin, 2008, p. 100).

Another technique is to provide something of value. When one is able to provide assistance, one accomplishes two goals: "First, you have shown yourself to be a connection worth keeping, and second, you've given a great opportunity to follow up with your new contact, reinforcing the professional link" (Estrin, 2008, pp. 100-101).

Colleagues providing referrals is also an option; it's all about forwarding clients to the right person. Networks such as LinkedIn are an example of this type of networking approach. It may take many networking efforts to generate an actual business relationship (Estrin, 2008). One's professional network is one way to establish credibility and reputation over time. By listing one's site on directories and aggregator sites, such as locator services and business listings, there is a greater chance that traffic to the site will increase (Meyers, 2008).

In order to advertise counseling services online, it is essential to possess a broad knowledge of social networking techniques. Some people are natural born networkers, and others need an extra bit of guidance. Providing articles and links to books the counselor has written and links to videos and blogs can all demonstrate to potential clients what makes one's practice unique (Meyers, 2008). Other ideas for promotion and dissemination of websites related to alcohol use include providing a portal or hub site that could be promoted and advertised, utilizing other sites and sponsored links to advertise one's services, as well as the use of interactive sites such as Facebook and Twitter. Helpful text messages sent to a client's mobile phone are another option (Kay-Lambkin et al., 2011). Branded digital audio players, such as iPods, give professionals the opportunity to create podcasts to disseminate more information. Conventional websites without additional links but that are updated frequently, giving the user a reason to return, are also effective (Meyers, 2008).

Branding is a technique that is valuable to the profession as a whole. "The art of branding requires creating something contagious that infects people with enthusiasm, making it easy for them to try it, asking them for help in spreading the word, and building a community around it" (Kawasaki, 2004, p. 167). When developing a social networking strategy plan, it is very important to have one's own personal brand in mind. "When your brand is clearly defined and strongly maintained, the result is an impression as distinctive and uniquely personal as a fingerprint" (McNally & Speak, 2003, p.30).

Another way to stand out is to "make it personal" and individualize. "Recognition is most appreciated and effective when it is individualized, specific, and deserved" (Clifton & Rath, 2007, p. 62). "If you want people to understand that you value their contributions and that they are important, the recognition and praise you provide must have meaning that is specific to each

individual" (Clifton & Rath, 2007, p. 65). By building trust or rapport, the user is more likely to seek help by going to the site. Brand equity refers to cumulative levels of credibility, trust, and value in the customer's mind (McNally & Speak, 2003). An important factor in maintaining users' trust is maintaining the website is including updating information on existing sites and changing screening tools accordingly as new policies and research in the field emerge. Providing evidence based practices in a website "can also assist site users to quickly and accurately determine the trustworthiness of any given website" (Kay-Lambkin et al., 2011, p. 9).

Kawasaki (2004) states, "Organizations that feature their customers in marketing materials exude humanness" (p. 179). In his research on personal branding, Weiss (1998) stresses, "Use technological assistance to increase your personalization, not decrease it. Just as your materials shouldn't look like everyone else's, neither should your technological presence" (p. 191). Internet marketing and building the brand is contingent upon the ability to attract and entice people to want to know more about the therapist. "The Internet can be as boring as any other medium. It's up to you to attract and entice people to want to know more about you" (Weiss, 1998, p. 188).

Search engine optimization (SEO) can find websites in many different ways. For example, the counselor can link his/her site to other sites. "Once your Web site is up, make sure people can find it" (Meyers, 2008, p. 2). Metadata, or *tags* are embedded on the page but invisible to the casual reader. Search engines will overlook the site if there are no metadata or tags, making it less likely for the page to show up in searches. Google, for example, has tools that can help determine which terms or phrases are searched most often (Meyers, 2008).

When interviewing participants between the ages of 18-24 with mental health conditions including alcohol use, Gowen et al. (2012) found that these young adults desired the following

topics to be included on a social networking site that offers information and resources to help them: strategies to overcome social isolation, peer support and services, how to support a friend or family member, information on diagnoses and treatment, advocacy, and connection to community activities. These same participants desired a site tailored to meet their needs as young adults with emotional struggles and mental illnesses.

Establishing Credibility of Sites

When interviewing young people ages 16-25 on their use of websites to obtain information on alcohol, Kay-Lambkin et al. (2011) found that clear website affiliations were not as important to younger generations as for older participants. Having the knowledge about who maintained and created the website was also not as important to this age group. However, a few participants felt most comfortable going to well-known federal and state-sponsored websites, e.g., .org or .gov, for sensitive information, because they felt these sites could be trusted more easily (Kay-Lambkin et al., 2011).

The websites that were valued most were those that were tailored and relevant to the specific audience visiting those sites. "This included the layout and pitching of website content and linkage to geographically-relevant information and resources to the user's city or rural location" (Kay-Lambkin et al., 2011, p. 5). Participants preferred that only relevant links be provided to other sites, thus keeping the objective of the website contained. Some additional characteristics that young people valued were greater interactive options, opportunities to complete self-assessments online, quizzes, and question and answer sections that also contained animations (Kay-Lambkin et al., 2011).

The level of appeal, engagement, interest, and accessibility of the home page was of particular importance to users' impression of the website. Minimizing *pop-up* advertisements

was also important, as was the ability to have clear, *clean*, uncluttered layout and a logical flow

of information and layout of the site (Kay-Lambkin, 2011). "Websites needed to be 'eye-

catching' within the first few seconds, with engaging use of color, graphics or images and

interactive options" (Kay-Lambkin et al., 2011, p. 5). Participants reported that the use of real-

life stories on the websites was effective because they personalized the experience. They also

preferred a title that minimized jargon and used catchy names that would be easily found and

recognizable. The ranking of the site on the search engine list was also considered important

(Kay-Lambkin et al., 2011).

When participants in Kay-Lambkin's et al. (2011) study were asked about some of the

gaps in existing online resources for alcohol related problems, participants identified the

following:

> Websites related to prevention; websites related to comorbidity; explanations as to why
>
> alcohol and other drug use can be harmful; practical advice and suggestions; a "hub" site
>
> or an alcohol and other drug portal through which other websites can be accessed easily;
>
> graphics of illicit drugs and consequences of use; online forums; the ability to access
>
> immediate help; websites containing simple information and that used images; and
>
> assistance for no-English speaking persons. (p. 5)

An important observation was that young people wanted information and practical tips on

how to stop drinking or bingeing, and not on just advice on how to avoid alcohol use altogether

(Kay-Lambkin et al., 2011). In addition, information for both the family and friends of users was

lacking. The findings of Kay-Lambkin et al.'s (2011) study suggest that online treatment has the

potential to be an effective initial step in the therapeutic process, rather than being used for more

severe problems. Kay-Lambkin et al. found that the key factors clients desired from helpful

websites include "minimizing use of text-based pages, presenting few key messages on each page, making good use of color, representing information graphically, and having clear, logical site navigation" (pp. 7-8).

Seeking and Finding Clients Online

Seeking and finding clients online is an issue therapists face today. "The increased visibility of and access to friend networks and public Internet postings have created new possibilities for accidental and intentional virtual contacts between psychotherapists and clients" (Kolmes & Taube, 2012, p. 3). In their study on how the use of the Internet for personal and professional purposes may increase the risk for mental health professionals to have incidental contact with their clients online, Kolmes and Taube (2012) made recommendations regarding how mental health professionals can address such issues in the clinical relationship, including the pros and cons of client Internet searches. They point to a high likelihood of overlap between a clinician and client's social group due to the increased proximity created by online social networks. Some respondents in the study "reported feeling burdened by what they found and a sense of pressure in the psychotherapeutic relationship" (p. 20). Although it does not violate a client's confidentiality, searching for a client online might make some critics uncomfortable with this kind of practice, considering it invasive and overall undesirable (Kolmes & Taube, 2012).

However, some clinicians may find that this method of *research* enhances their professional services. The boundary-crossing issue is believed to be less worrisome to mental health professionals who believe in the positive aspects of performing searches online. Kolmes and Taube (2012) note that performing searches "might assist clinicians and provide a more realistic view of client behavior outside of the psychotherapy session" (p. 18). Additionally, searching for information about clients on the Internet may be helpful when addressing a crisis or

emergency. No courts have ruled on the ethical implications of this issue regarding standards of care, but "it seems likely that in the not-too-distant future the standard or care may begin to include using the Internet to search for, or attempt to contact, clients" (Kolmes & Taube, 2012, p. 23). Kolmes and Taube remind the reader that even in emergencies, mental health professionals who research information about clients online must keep in mind that such information may be "inaccurate, unreliable, or provide an insufficient basis from which to draw conclusions about risk and safety" (p. 23).

The final question regarding seeking and finding clients on the Internet is as follows: "when does beneficence (doing good) outweigh client autonomy?" (Kolmes & Taube, 2012, p. 24). Kolmes and Taube (2012) argue that unless there is an emergency (threat to self and or others), or the client is in need of special assistance (incompetent, etc.), the overall consensus is that client autonomy takes ethical precedence over all other issues. One way to address this before it may become an issue in therapy is if the mental health professional discusses the subject of possible intentional and accidental contacts online with the client (American Psychological Association, 2002). Mental health professionals can set in place a clear Internet and social media policy. The main goal of therapy is to create trust and provide a sense of ease and comfort so that the client may self-disclose information about himself/herself in a safe environment; no matter what form of therapy the mental health professional is providing, this goal at hand must be kept in mind (Kolmes & Taube, 2012).

Ethical Considerations

Given the rapid changes in technology, ethical challenges related to Internet counseling are always present. Some see online counseling as positive while its critics are concerned with the quality and ethical issues. "Developments have occurred so rapidly that it is important to

communicate a common understanding of these new forms of counseling practice" (Young, 2005, p. 173). Mental health professionals will benefit from addressing ethical pitfalls. "In today's age of email, Facebook, Twitter and other social media, psychologists have to be more aware than ever of the ethical pitfalls they can fall into by using these types of communication" (Martin, 2010, p. 32). Online social networking also poses risks including threats to personal privacy, problems with credibility of information, as well as ethical and legal concerns related to the field of psychology (Kay-Lambkin, 2011; Myers et al., 2012; Young, 2005). Thus far, the 21st century has been "a period of clinical innovation and intervention" (Lessa & Scanlon, 2006, p. xiii). The prevalence of mental illnesses and the use of technology to treat them have continued to grow, therefore the need for standards of practice and specialized counseling training has also grown. When considering ethical implications, mental health professionals are exploring the process from a developmental perspective. New issues emerge, and with those issues the field of counseling evolves. Once potential harm to the client is identified, the many benefits that technology offers will also become clear (Martin, 2010).

The approach to treatment offered online is controversial due to its unregulated nature and ethical issues including clinical responsibility, adequacy of client/risk assessment in the absence of face-to-face cues, therapist licensing, and effectiveness of treatment (Copeland & Martin, 2004). "With online counseling still in its infancy, Internet clinicians should cooperate to begin research on a coordinated footing" (Alleman, 2002, p. 207). Some see utilizing social networking sites to reach those in pain as positive, while its critics are concerned with the quality and ethical issues. "If online counseling is seen as desirable because of a lower price or more convenient access, it would still need to be perceived safe and legal and be expected to work" (Alleman, 2002, p. 204).

Another concern is the need to evaluate online treatment sites to ensure that they work in their intended way (Kay-Lambkin, 2011). However, there is no known ability to police cyberspace (Alleman, 2002). Online resources that offer brief intervention strategies and materials providing educational information are becoming more popular; however, the quality of the information provided is currently not regulated. Legislators and health care professionals are considering ways to regulate health care or advice via the Internet (Hall & Tidwell, 2003; Toll et al., 2003). However, proposed guidelines may not extend completely to all countries or cultures (Khazaal et al., 2010).

Duty to warn requires the counselor to discern whether a client poses imminent danger to himself/herself or an identifiable person (Myers et al., 2012). A mental health professional may want to ask himself/herself what to do if a client expresses a desire to harm himself/herself desires on a social networking site. Is the therapist liable for failing to prevent harm if a client does hurt himself/herself? This is a clinical dilemma that requires much thought, but lacks any real legal responsibilities (Kolmes, 2009). There is no standard rule (Myers et al., 2012); therefore, "You will have to use your best judgment as to how you want to interact in a public and regularly archived space" (Kolmes, 2009, p. 4).

"Social media is touching nearly every aspect of addiction treatment facilities' operations, from marketing to the interaction between clinicians and clients" (Enos, 2011, p. 4). However, "at a time when anyone can be a media creator, how can we tell what is a trusted source of reliable information?" (De Abreu, 2011, p. ix). There is a need for standards of practice and specialized counseling training in this new digital age.

Counselors who do use social media may want to enact policies on online social networking sites to mirror their policies on non-electronic communication (Enos, 2011). Some

professionals believe there should be strict ground rules and informal suggestions regarding client-counselor relationships in the cyber world. Still, there is a lot of power in the use of social media—both good and bad. "There are still unanswered legal, ethical, and public policy questions, but in a free market, there are always some entrepreneurs willing to take the initial risks" (Alleman, 2002, p. 205).

The Use of Facebook in Clients' and Therapists' Personal Lives

Many, if not all, clients are on Facebook. "Facebook is a social space which can quickly overlap into our professional lives making it harder to distinguish between personal and professional activities" (Kolmes, 2009, p. 1). It is advised that if a counselor is unfamiliar with social networking, he/she should accept the impact it has on the lifestyle and culture of those clients who are being treated (Enos, 2011). Everything posted online will stay online in some format, forever.

It is possible to set up a basic Facebook page that includes a statement that the counselor does not accept clients as friends. It is also possible to disable the ability for non-friends of the counselor to message him/her.

> The privacy settings I most frequently recommend to therapists are removing yourself from searches, making your friend list private, selecting "only me," on the ability to view tagged photos and videos (and regularly removing tags), and making sure that your contact information is not visible to people you do not want to see it. (Kolmes, 2009, p. 3)

Creating friend groups is another way to protect therapists' privacy in social media forums; "If you do this, you can restrict certain parts of your profile so that certain groups (e.g., 'Work

Contacts,' 'People I met Once,' etc.) cannot view them" (Kolmes, 2009, p. 3). Counselors can also enter email addresses into the Block List on the Privacy Settings page.

Maintaining Privacy on Social Networking Sites

Psychologists and other mental health professionals have special ethical issues to consider when utilizing social networking in their private lives. Some professional roles carry over into one's personal life. Psychologists have a unique expectation to remain in a professional capacity. Therefore, mental health professionals should familiarize themselves with the privacy settings on all social media in order to remain as private as they desire (Martin, 2010). Zur and Donner (2009) recommend that mental health professionals remain aware that their online activity may be viewed by clients and will remain online forever; therefore it is recommended that all mental health professionals do routine searches on themselves to see what their clients may see.

Overall, online social networking sites appear to be a relatively presence in today's society. The field of psychology may benefit from the many positive implication of these sites. However, the field should familiarize itself with the potential issues related to usage of these sites and work toward clear guidelines on its integration into the field. (Myers et al., 2012, p. 36)

Having a Facebook Business Page

"One advantage of having a Facebook business page is that you can make this strictly business-related and use it to make announcements related to your practice" (Kolmes, 2009, p. 3). Using this one way endorsement allows users to *like* the counselor's page without having to endorse a particular relationship with them. Clients can like a counselor's page as opposed to being *friends* with them.

Psychology Graduate Training in the Era of Social Networking

Social networks can be studied in the health sciences, and represent a major paradigm in contemporary sociology. "Students who want to develop actual online counseling skills will need incremental training beyond that of most existing counselor education programs" (Alleman, 2002, p. 206).

Social networking can have implications regarding the ethical practice of psychology (Myers et al., 2012). The need exists for professionals involved in counseling and education to gain a new perspective on the implications of social networking and its use for both professional and personal communication. One question a mental health professional may want to ask himself/herself when posting on social media is, "how will this affect the work I am doing" (Martin, 2010)? "At the very least, debates and seminars discussing the theory, methods, ethics, and practice of online counseling should be considered wherever conference agendas are being planned" (Alleman, 2002, p. 205).

The goal of training programs that work with graduate students in the psychology field is to better inform the students, as well as their instructors, on appropriate approaches to using social networking sites. Suggestions for training include formal inclusion of social media into ethics courses, professional development seminars, or informal discussions in clinical supervision (Myers et al., 2012).

"Potential ethical and legal problems related to the use of online social networking sites by trainees and trainers include, but are not limited to, clients' rights, multiple relationships, duty to warn, and confidentiality" (Myers et al., 2012, p. 31). One thing remains apparent; the ethical, legal, and regulatory infrastructure must all be considered when developing a guide to treating clients in a professional manner in a technologically driven society (Martin, 2010).

Confidentiality, Online Communication, and Social Networking

Technology is raising old questions in a new way. The American Psychological

Association (2002) states that maintaining confidentiality is necessary to protect client

information through any type of medium, but has yet to establish policies or standards regarding

participation in online social networking sites. While it doesn't use specific terms such as

Facebook, Twitter, etc., the American Psychological Association's ethics code applies to all

levels of electronic communication including social media (Martin, 2010). The American

Psychological Association's code of ethics calls on psychologists to question how each bit of

communication with their client fits in with the treatment relationship. With confidentiality at the

forefront, there is a lot to consider when deciphering which communications might be included

in a client's record, e.g. email, text, instant messages, etc., as well as determining what issues are

appropriate to treat with what manner is necessary when treating a client online (Martin, 2010).

Taking a look into confidentiality, therefore, is of paramount importance (Kay-Lambkin et al.,

2011).

Professional licensing boards and committees committed to ethical therapeutic practices

have not yet addressed the issue of therapist-client interactions on the Internet (Kolmes, 2009).

When a mental health professional has access to client information through a social networking

site without the client's permission, the issue of setting therapeutic boundaries arises (Barnett,

2009; Kolmes & Taube, 2012). Unless the activity of seeking information about a client is

clearly addressed in the informed consent, Barnett (2009) believes that this is a violation of the

public's trust in mental health professionals. In addition, "There is a risk of confidentiality

violation if a trainee posts information about a client on these sites" (Myers et al., 2012, p. 33).

In their study of 854 doctoral students in psychology, DiLillo and Gale (2011) found that despite their belief that searching for client information online is generally unacceptable, 98% of respondents reported doing so at least once in the last year. In a study done by Kolmes and Taube (2012), of 227 mental health professionals, nearly 50% of participants reported intentionally seeking out client information online in a non-crisis situation without the client's awareness, with 90% reporting that they believed such an act had no significant impact on the therapist-client relationship. The main reason reported by the participants for seeking out information was to obtain general information related to treatment, or to verify details of information shared during therapy. Google (76%) was the main search engine utilized by participants to seek information on clients, followed by Facebook (35%), and blogs (9%). When asked whether the information encountered online was discussed with their clients, 48% said they had discussed what they had found with their clients.

In the research done by Kolmes and Taube (2012), three main themes emerged: (a) such discoveries of client information found over the Internet were treatment enhancing, (b) participants experienced a change in their beliefs about searching for client information, and (c) participants engaged in self-reflection about the their own Internet presence. Regardless of intentional or unintentional relationships online, encounters via the Internet need to be addressed, and perhaps guidelines enacted.

Forming Relationships Online

No exchanges between counselors and clients on a social networking site can guarantee confidentiality and or are Health Insurance Portability and Accountability Act (HIPPA) compliant (Kolmes, 2009; Martin, 2010). In a study by Young (2005) on client attitudes towards online counseling, it was determined that, initially, "e-clients were worried that an actual record

of online counseling chat logs could be kept and that a spouse or an employer could potentially see the private thoughts that they shared with the online counselor" (p. 175). However, over time their comfort level grew, and so did their willingness to present their problems (Young, 2005).

Before entering a mutual Facebook relationship, counselors may want to discuss the choice to interact online with their client in an in-session appointment first in order to recognize the impact such a relationship could have on them.

> When a client learns personal information about a therapist, whether it is deliberate, such as revealing personal information for therapeutic purposes, or accidental, such as running into the therapist in public arena, the client and therapist are able to process the situation within the therapeutic environment. (Myers et al., 2012)

Disabling wall posts on a counselor's professional Facebook page can reduce legal risks incurred as a result of people interacting with their page. Also, counselors may want to avoid providing clinical advice on Facebook. Clients can follow the activity of their counselor's page privately by subscribing to SMS or RSS updates, allowing them to see new postings without having to create a public link to the page they are following (Kolmes, 2009).

The American Psychological Association (2002) ethics code states that mental health professionals should avoid multiple relationships that could impair their effectiveness or cause harm. Ethics and boundaries come into play when clients want to *friend* their counselors on Facebook, or vice versa (Enos, 2011; Kolmes, 2009). Clients may also research their counselor's online social media sites, such as blogs, and want to leave comments on them. Mental health counselors will want to be knowledgeable about the various privacy settings (Myers et al., 2012).

> Unless you utilize very strict settings on your profile, those who become your "friends" can post and view messages posted to your Wall, they can even view your photo albums

and read the comments on these albums, and they can see and interact with your other

"friends." (Kolmes, 2009, p. 1)

It may be useful to read one's own profile to decipher whether any of the information

therein would be inappropriate to disclose to one's clients (Kolmes, 2009). In addition,

counselors can view clients' online profiles to see how their clients are doing. By viewing a

client's posts, pictures, *likes*, etc., a counselor can get an idea of whether the client is staying

sober or not (Enos, 2011; Kolmes, 2009).

Access to information alone may quickly change one's perception of the clinical

relationship. While it may not impact your objectivity as a clinician, it may subtly

influence how you regard your patient in a multitude of ways and it may also have an

impact on how your patient views you and your relationship. (Kolmes, 2009, p. 2)

"Remember that professional relationships come with legal and ethical responsibilities

which do not cease to exist just because you are on a social networking site" (Kolmes, 2009, p.

1). While the issues may not be different, the context in which they are presented is (Myers et al.,

2012).

If a client is in the counselor's email contacts, there is a chance that either individual may

show up in the other's *Find Friend* searches. "It can be all too easy for either of you to accidently

invite all your mail contacts with a careless click of the mouse. So be aware that friend requests

in either direction may have been accidental" (Kolmes, 2009, p. 4).

Using online social networking sites for one's professional and personal uses may

become easily blended. Counselors who are seeking to utilize social networking sites to help

build their business may benefit from investing in a professional consultant regarding technical,

clinical, or ethical issues related to one's practice (Kolmes, 2009).

"In April, 2010, Facebook launched Instant Personalization and forced users to make their 'likes,' and 'pages,' public. Following a number of criticisms, Facebook brought back some of the older privacy settings" (Kolmes, 2009, p. 4).

Obligated to Protect?

Mental health professionals have the dilemma surrounding an obligation to protect. This dilemma also carries over as an international standpoint.

> Local licensing boards may still feel obligated to protect only those Internet users who live within their jurisdiction, but the practical ability to police cyberspace through enforcement of local laws may turn out to be limited and such parochial isolation should be questioned. (Alleman, 2002, p. 207)

Several major mental health organizations such as American Counseling Association (ACA), American Mental Health Counselors Association (AMHCA), National Board for Certified Counselors (NBCC), and the American Psychological Association (APA) have issues guidelines for online counseling. Some are more specific than others.

The National Board for Certified Counselors

The National Board for Certified Counselors (NBCC) is a "not-for-profit organization dedicated to the identification of counselors who have voluntarily met national standards based on research in the profession. NBCC's mission also includes the promotion of quality assurance and professionalism in counseling practice" (NBCC, 2012, p. 1). NBCC recognized the potential impact of computers and technology on the counseling profession decades ago, leading to the creation of *Standards for the Ethical Practice of WebCounseling* in 1997. This was the first of such standards in the mental health profession, paving the way for other mental health counseling associations. The NBCC Board of Directors regularly reviews standards of practice

by keeping up with recent research in the field. As a direct result, NBCC has adopted revised policies such as *The Practice of Internet Counseling*. A number of counselors provide a combination of face-to-face and distance services; therefore, the standards described in NBCC policy of Internet counseling supplement the directives identified in NBCC's *Code of Ethics*.

More recently, NBCC's *Policy Regarding the Provision of Distance Professional Services* replaced earlier standards and policies, and identifies specific actions National Certified Counselors (NCCs) must take when providing distance services. Rather than focusing solely on Internet counseling, the newer policy expands the terminology to include other types of professional services that are starting to be used more in distance formats. Newer terminology includes the phrase *distance professional services*, which involves the use of electronic or other means (e.g., telephones or computers) to provide services such as counseling, supervision, consultation, or education (NBCC, 2012).

Summary

The world of one-way media such as television, radio, newspapers, books, movies, and websites has been left behind.

> We are now in a two-way world in which anyone with a computer or smart phone can search for and find content from all over the world, and more importantly, can be a media creator and not only reach, but also interact with, a worldwide audience. (De Abreu, 2011, p.vii)

This change in interaction with one another has altered how, where, when, and what individuals communicate. Today's participatory culture directs how people collaborate, create, solve problems, and build knowledge (De Abreu, 2011).

There is limited scientific evaluation regarding the use of social networking and online communication for advocacy in alcohol treatment. The benefits and areas for further exploration indicate that more has yet to be revealed. This mode of delivery for counseling and educational purposes holds promise for the future (Copeland & Martin, 2004).

Chapter 3: Methodology

This qualitative, grounded theory study focuses on mental health professionals' experience, from their own perspective, on a subject about which little is known: how do mental health professionals working in alcohol use treatment use social media and online communication to aid in the recovery of those seeking help via the Internet. Since the topic of social networking and online communication to assist in alcohol use recovery is fairly new, existing theories may not be applicable to the study at hand. Qualitative research is useful when the variables to be examined are not already defined. Qualitative strategy usually emphasizes words rather than data, and tries to ask fairly general, rather than specific, research questions. In addition, it is more concerned with the generation of theory than with the testing of theories (Bryman, 2008).

The reason this study uses a qualitative approach as opposed to a quantitative one is that quantitative methodology does not fit the problem, given that it may overlook the uniqueness of each individual. Because the problem/issue needs to be explored fully, qualitative research is appropriate given that it provides the means to obtain a detailed understanding of the issue.

The study takes on a social constructivist worldview, "assumptions that individuals seek understanding of the world in which they live and work" (Creswell, 2009, p. 8). Social research methods are tied to different visions of how social reality should be studied. Searching different viewpoints and demonstrating how research connects to the wider social scientific enterprise is appropriate in this research.

Research Question

This study explores the following research question: "What are the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet?"

Description of Research Design: Qualitative Research

The qualitative approach enhances understanding of the best predictors of outcomes, as well as identifying factors that influence outcome. The use of qualitative research is beneficial with a new topic that has not been addressed fully with the group of people being studied. Creswell (2007, 2009) defines qualitative research as

> a means for exploring and undertaking the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participant's setting, data analysis in the inductively building from particulars to general themes, and the researcher making interpretations of the meaning of data. The final written report has a flexible structure. (p. 4)

Research questions start off broad, and they may change several times during data collection and analysis (May, 1986).

There are various suggested criteria for qualitative research. Yardley (2000) has proposed the following four criteria:

1. Sensitivity to context: not just to social, but theoretical and political as well

2. Commitment and rigour: having the necessary skills, data collection and analysis; as well as highly engaged in the subject matter

3. Transparency and coherence: clearly specified research methods, argument, and reflexive stance

4. Impact and importance: having an impact on significance for theory, the community involved with the research, and practitioners. (p. 53)

The research follows an inductive style focusing on individual meaning, as well as the essence of human experiences described by the participants, and the importance of studying this complex situation. The inductive logic of research in a qualitative study can be shown as the following sequence (Creswell, 2009):

1. Researcher gathers information (e.g., 30 minute interviews).

2. Researcher asks four open-ended questions of participants.

3. Researcher analyzes data for themes or categories.

4. Researcher looks for broad patterns, generalizations, or theories from themes or categories.

5. Researcher poses generalizations or theories from past experiences and literature.

In this inductive approach, theory becomes the end point, which is generated from collecting interview data of the views of participants in the field. It is a process of building from the data to a generalized model or theory.

Grounded Theory

Grounded theory involves arriving at a theoretical construct based upon open and axial coding. It was originally developed in 1967 by Barney Glaser and Anselm Strauss, who believed that this type of research was fitting for studies based in fields such as sociology, nursing, education, and psychology, and "especially in the actions, interactions, and social processes of

people" (Creswell, 2007, p. 63). Therefore, this type of research method is appropriate for this study.

According to Creswell (2007), grounded theory traditionally involves studying multiple individuals surrounding a central phenomenon or category. "The researcher needs to recognize that the primary outcome of this study is a theory with specific components: a central phenomenon, causal conditions, strategies, conditions and context, and consequences" (p. 68). In other words, grounded theory moves beyond description to generate or discover a theory. All participants involved have experienced the process the researcher is studying. Therefore, research is not obtained from "off the shelf," but rather, a theory is developed and generated or "grounded" in data from participants (p. 63).

Population and Sample

The researcher located a site, as well as the individuals to be studied. In grounded theory data collection activities, multiple individuals who have responded to an action or participated in a process about a central phenomenon are identified to study. Purposeful sampling was utilized, allowing the researcher to identify the group of people that can best inform her about the research problem. Identifying the participants posed some challenges, such as deciphering between professional therapists (licensed) and non-professional therapists (without a license). Sites such as *Psychology Today* list only licensed professionals in their online directory. Therefore, *Psychology Today* was the search engine used for this study.

Psychology Today Therapy Directory

The therapy directory on *Psychology Today* lists clinical professionals, psychiatrists, and treatment centers that provide mental health services in the U.S. and internationally. The directory works by displaying local providers utilizing a search. The goal of *Psychology Today's*

Therapy Directory site is to constantly improve the service for potential clients, so they can be shown the alternatives open to them in their time of need as simply as possible.

The integrity of *Psychology Today*'s Therapy Directory relies upon its professional membership. Professionals pay a fixed monthly fee to participate; everyone pays the same fee. Accurate information is provided while still allowing professionals to control their own content and display.

This small sampling of the U.S. population (California based therapists near North Hollywood) was utilized in the hopes of representing the larger population of mental health professionals throughout the entire United States. When performing a query of therapists using the Therapy Directory on the website *Therapists.PsychologyToday.com,* there is an option to enter a zip code, city, or state in either the United States or Canada to begin the search. The results of this research were limited to therapists who (a) work in Los Angeles County within a 5-mile radius of North Hollywood, CA, 91601; and (b) work with alcohol abuse issues. The population was limited to therapists who have their practice within a five mile radius of North Hollywood, CA, because this is close to where the researcher lives, and therefore will allow in-person interviews to take place.

To refine the therapist search further, there were other available options such as selecting the therapist's sexuality, gender, age, alternative languages, religious and treatment orientation, video enabled, and type of insurance accepted (if any). This section was left blank, therefore including all options in the search. There are over 60 subtypes or *issues* to narrow down the search as well. Again, alcohol abuse was the only selected issue.

The researcher's initial search resulted in over 150 therapists/potential participants. The participants in this study were 15 mental health professionals (male and female) who work in

treatment for alcohol use in North Hollywood, CA and utilize online communication and social networking techniques to reach their clients. According to Creswell (2007), "The point is to gather enough information to fully develop (or saturate) the model" (p. 67). To saturate the model means that there is no longer new information found in developing the categories.

Nonprobability sampling (purposive and expert) was used. Samples are used on the basis of wanting to interview people who are relevant to the research questions. Online communication can take place from anywhere in the country; therapist and client need not reside in the same State to form a therapeutic relationship, therefore, for the purposes of this study, the small sampling of California based therapists was used to represent the entire United States.

Prospective participants were selected from a search of *Psychology Today's* Therapy Directory to create a sample of professionals that fit the criteria for the study. Criteria for inclusion in the sample include mental health professionals who have obtained a Master's Degree or higher from an accredited university, and are licensed or certified to provide alcohol and substance use counseling in California.

Interviews were used to obtain an in-depth understanding from a sample of professionals and clients in the field. In qualitative interviews, the researcher conducts interviews with participants. "These interviews involve unstructured and generally open-ended questions that are few in number and intended to elicit views and opinions from the participants" (Creswell, 2009, p. 181). The interviews took place and were recorded in person whenever possible. When it was not possible to meet in person, interviews were conducted via FreeConferenceCall.com because it records conversations for free. Afterwards, the researcher transcribed all interview recordings word for word.

Validity and Reliability

      This section addresses issues of validity and reliability. Validity is the degree to which one's instrument truly measures what it purports to measure; it is concerned with the integrity of the conclusions generated from the research. Creswell (2007) considers measuring validity to mean attempting to assess the accuracy of the findings, and that all research is a representation by the author.

      Reliability is the degree to which one's instrument consistently measures something from one time to another. In order to move toward saturation, the strategy of discriminant sampling was utilized. This involves gathering additional information from individuals similar to the people being interviewed for the study in order to determine if the theory holds true for these additional individuals (Creswell, 2007).

      A group of individuals consisting of three mental health professionals to whom the researcher has direct access to were asked to review the interview questions. These professionals were asked to provide feedback on the questions to ensure that the questions were clearly stated and understood and were applicable to the counseling profession, as well as relevant to today's use of online communication and social networking strategies by mental health professionals. These three individuals utilize social networking and online communication in their private practices to reach clients and potential clients in their treatment methods. In addition, all three individuals are nationally certified and/or hold a state license to practice mental health counseling. Two women reside in New York City the third resides in San Diego, California.

      After consulting with the group of professionals on the interview questions, a pilot interview was conducted with one possible participant. The pilot interview was a mini version of a full-scale study, specifically, the pre-testing of the interview schedule. The professional chosen

for the interview met all the criteria for the study, and therefore was appropriate to interview. This individual, a former colleague, was interviewed in the exact fashion by which the participants of the study were interviewed to ensure that the interview questions were clearly understood by the mental health counselor, were applicable to his practice, and were relevant to today's use of online communication and social networking strategies by mental health professionals.

The pilot interview was targeted to last approximately 30 minutes (the same time frame as projected for subsequent participant interviews). The results of the pilot test were used to determine if it was a sufficient amount of time to gather the necessary amount of information needed for the study. Online communication used for outreach to the participants was utilized in the pilot study in order to ensure that he understood the study, and determined whether changes needed to be made before being used in the study. Obtaining feedback on the interviewing process from the pilot interview was used to assist in ensuring validity and reliability.

Participant Outreach

In following with the theme of the dissertation, initial outreach to mental health professionals took place over the Internet by means of messages sent directly through the *Psychology Today* website utilizing the *email me* option, which was available for each of the 142 therapists chosen to contact who identified as practicing within a 5-mile radius of North Hollywood, CA.

Interview Protocol

Following participant outreach, once it was established that the mental health professionals used online communication and/or social networking sites in treating alcohol use in their clients, it was determined that they pre-qualified for the study and a possible interview

would take place. Interviews were used to obtain an in-depth understanding from a sample of professionals and clients in the field. A semi-structured, 30-minute interview protocol was utilized allowing the interviewer to address more specific issues while being flexible in her questions. This included having an interview guide composed of a list of four specific questions, followed by follow-up and questions for purposes of clarification.

With a semi-structured interview, "The researcher can change direction in the course of his or her investigation much more easily than in quantitative research, which tends to have a built-in momentum once the data collection is under way" (Bryman, 2008, p. 389).

Keeping structure to a minimum is supposed to enhance the opportunity of genuinely revealing the perspectives of the people you are studying. Also, in the process, aspects of people's social world that are particularly important to them, but that might not even have crossed the mind of a researcher unacquainted with it, are more likely to be forthcoming. (p. 389)

The 15 interviews involved four open-ended questions that were intended to elicit views and opinions from the participants. Following each question, the researcher asked participants to explain their response in more detail or to elaborate; therefore, a space was provided between the questions.

The questions represented a narrowing of the central question of the research study, "What are the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet?" The four guiding interview questions are as follows:

1. What is your experience in utilizing online communication and social networking in your role as mental health professional?

2. What has been the impact of utilizing online communication and social networking in your role as mental health professional on your profession?

3. What are the larger ramifications of utilizing online communication and social networking in your role as mental health professional?

4. What resources or guidelines, if any, do you follow when utilizing online communication and social networking in your role as mental health professional?

A thank you statement, or follow up email, was sent to verify quotes and thank the participant. This approach, known as "writ large" (Creswell, 2007, p. 133), involves taking the data (quotes) back to the participants so that they can verify the account to be accurate.

The goal of this research was to rely on participants' views of online communication and social networking to assist in therapeutic procedures and outreach. The researcher "bracketed" (Creswell, 2007, p. 133), or set aside, her own experiences in order to understand the experiences of the participants in the study. In qualitative research, the researcher plays the role of the primary data collection instrument and must therefore identify her personal values, assumptions and biases at the outset of the study. The investigator's contribution to the research setting proved to be useful and positive rather than detrimental given that the correct steps were taken. "For one-on-one interviewing, the researcher needs individuals who are not hesitant to speak and share ideas, and needs to determine a setting in which this is possible" (Creswell, 2007, p. 133). To build rapport with the participants, the recorded interview was approached with openness. This approach enacted a more articulate, less reserved response from the interviewee, thus yielding richer data.

Data Analysis

Data analysis includes an explanation of how the data are analyzed as well rationale for

selecting the appropriate analysis method. In qualitative research, data analysis includes

preparing and organizing all data. The analysis was performed using the software program

HyperRESEARCH to guide and document the coding process.

Data included all written transcripts. Following the recorded conversation, a transcription

of each interview was created, yielding a verbatim hard copy of the conversation. The audio files

of recorded interviews obtained through FreeConferenceCall.com were uploaded in the

HyperTranscribe program. "The tape needs to be transcribed to indicate the trivial, but often

crucial, pauses and overlaps" (Creswell, 2007, p. 209). The use of HyperTranscribe allowed the

researcher to pause, rewind, and fast-forward audio files with ease.

Data analysis reflected the questions the researcher wanted to answer. In addition to the

overall research question proposed, other areas of interest were identified throughout the

interviewing process, thus leading to developing a plan for data analysis to address the

emergence of newer inquiries. As the interview process took place, more information was

revealed in relation to what eventually was analyzed further by the researcher. Consideration was

given to the needs of the audience who will further use the data obtained by the researcher: in

other words, the interviewer determined what was relevant so that other professionals in the field

could benefit from the interviews.

The data analysis included the use of coding, followed by memoing. The researcher

performed the coding with the help of a software program known as HyperRESEARCH, a tool

that allowed the researcher to organize, upload, and make notes, or memos, to all transcriptions.

By utilizing the coding process detailed subsequently, the researcher was able to draw from her

knowledge of the field, as well as overall impressions of the interviews to decipher common

relationships, patterns, themes, etc. Once these themes, relationships, and patterns were drawn out, an overall theory was identified.

Coding process. Coding helped to represent the data in a visual way, thus identifying propositions that interrelate the causes of the central phenomenon. When the central phenomenon was identified, the researcher was able to return to the database to collect additional information.

With the grounded theory approach, the researcher began by performing open coding, or coding data for its major categories. Following open coding is axial coding, or the process by which a core phenomenon emerges and is identified. Once the phenomenon was identified, the researcher created categories, including: (a) causal conditions, (b) strategies, (c) contextual interviewing strategies, and (d) the consequences. Once the categories were created, selective coding took place, during which proposals (or hypotheses) were developed that described interrelationships of categories within the model (Creswell, 2007).

A cross-platform qualitative analysis software program called HyperRESEARCH was utilized in the storing of data and coding process. The following description comes from the HyperRESEARCH website:

> HyperRESEARCH™ enables you to code and retrieve, build theories, and conduct
> analyses of your data. With its advanced multimedia capabilities, HyperRESEARCH
> allows you to work with text (including "rich text" and Unicode text), graphics, audio,
> and video sources — making it an invaluable research analysis tool. HyperRESEARCH
> is a solid code-and-retrieve data analysis program, with additional theory building
> features provided by the Theory Builder. HyperRESEARCH has been in use by
> researchers in the social sciences and other fields since it was first introduced in 1991.

The latest version incorporates features and interface design decisions inspired by years

of feedback from our customers and reviewers. HyperRESEARCH is fully cross-

platform. You can exchange your study files and sources with other HyperRESEARCH

users on your team, whether they use Mac OS X or Windows. (Researchware, Inc., n.d.,

paras. 1-4)

Coding was done by marking the segments of data with symbols, descriptive words, or

category names that resonate with the researcher. After assigning a code or category name to

signify each particular segment, the researcher continued the process until all of the data had

been segmented and the initial coding was completed. A master list was kept (i.e., a list of all the

codes that were developed and used in the research study) in order to keep track of all codes

used. Then, the codes from the master list were reapplied to new segments of data each time an

appropriate segment was encountered.

A colleague from the doctoral program at Pepperdine University reviewed the coding

procedure independently to provide inter-rater reliability. This colleague is familiar with both

social networking practices and the general field of counseling. In order to ensure that she was

aware of the procedures and steps necessary to accurately code the data, the researcher provided

detailed instructions. The colleague was given a random portion of one of the written transcripts

from an anonymous participant, and then coded it on her own. While reading over the transcript,

she was able to point out any obvious mistakes that had been overlooked on the part of the

researcher. The researcher coded the same portion of the interview, and afterwards, both the

researcher and colleague reviewed notes and were able to cross check analysis to ensure

accuracy and provide qualitative reliability.

Memoing. The end result of this systematic procedure was the creation of a substantive-level theory, which emerged with the help of the process of *memoing,* or written ideas about the evolving theory throughout the process of open, axial, and selective coding (Strauss & Corbin, 1990). Written memos in the margins of field notes helped to identify an overall general sense of the theory. Memos consist of short phrases, ideas, and key concepts that stand out to the researcher (Creswell, 2007).

After reading the transcribed data carefully, line by line, and dividing the data into meaningful analytical units (i.e., segmenting the data), meaningful segments were located in order to code them. In order to identify the meaningful segments, the researcher used her experience in mental health counseling and addiction counseling, paired with a marketing/advertising background, to identify segments that were deemed relevant to the research. The use of the HyperRESEARCH program allowed for the researcher to type memo notes directly into the margin of the document.

Storing Data

Data is stored on a password protected Mac computer, and backup copies of computer files that contain all information were developed by utilizing an external hard drive. Once the coding process took place utilizing the HyperRESEARCH online software program, data was protected by setting up a password to gain access to all information that was stored online (e.g., audio files, transcriptions, etc.). Data is kept for 6 months and then be erased so that it does not fall into the hands of other individuals who may misappropriate it

Limitations

The query was limited to professionals listed on the *Psychology Today* website, who (a) work in Los Angeles County, within a 5-mile radius of North Hollywood, CA, 91601; and (b) identify as working in the field of alcohol abuse.

Observer bias was a potential limitation of this study, and is a possibility any time data are obtained from an observer. Creswell (2007) encourages the investigator to set aside (as much as possible), his/her own theoretical ideas or notions so that the theory can emerge (both analytic and substantive). However, Creswell also states that in qualitative research, the writing is a reflection of the researcher's own interpretation based on culture, social role, gender, personal politics, and class; therefore, researchers would benefit from being open about this interpretation. Given the researcher's educational background is in mental health counseling, this was especially challenging, but not impossible. The researcher strove to set aside personal views and experiences as a result of being educated in the field of mental health while conducting this study. In addition to obtaining a Master of Science degree that includes 60 credit hours of coursework, the researcher is a national certified counselor (NCC), and holds a distance credentialed counselor certification (DCC), both issued by the National Board of Certified Counselors (NBCC).

The study was limited to professionals' self-reported perceptions of their own experiences using online communication and social media networks to address alcohol use in clients with whom they are in communication. Individual results were taken from volunteer participants. However, due to the rich, thick description of each interview, readers of this study may make their own decisions regarding transferability.

Finally, another limitation is that different programs and treatment options appeal to different individuals. Therapeutic techniques should not be utilized in a standard format; therefore, utilizing different techniques is an essential part of the therapy process in order to be successful in treating the client (Jung, 2010). Online communication and use of social networking websites may not be appealing or effective for all professionals.

Human Subject Considerations

As with any study, there are ethical issues to consider when working with human subjects. Researchers must protect their research participants; develop trust with them; promote the integrity of research; guard against misconduct and impropriety that might reflect on their organizations or institutions; and cope with new, challenging problems (Israel & Hay, 2006).

"Ethics focus on what is right or wrong (or something in between) and on what is good and virtuous or responsible…Ethical analysis and decision making involves making judgments that are based on accurate facts, common experience, and coherent and convincing reasons" (Amdur & Bankert, 2006, p. 4). Alcohol use records by clients are typically obtained under conditions that protect anonymity. In order to protect the anonymity of participants, names were dissociated from responses during the coding and recording process; aliases or pseudonyms were used for individuals and places. The names of all participants were masked for the purposes of protecting anonymity (Creswell, 2007). Anonymity was ensured by assigning a number to identify each participant, starting with the number 0001.

Protecting human research participants certificate. The human research participants certificate was obtained by successfully completing the National Institutes of Health (NIH) web based training course on April 10, 2011 (certification number 629211). NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of

that knowledge to enhance health, lengthen life, and reduce the burdens of illness and disability. This certification is a requirement when submitting research to the Institutional Review Board.

Institutional Review Board. "The mission of an institutional review board (IRB) is to protect the rights and welfare of human research participants" (Amdur & Bankert, 2006, p. 26). Researchers have a responsibility to protect their participants, as well as uphold the integrity of fellow scholars, all the while handling new and often challenging problems. The research plans proposed (including all supporting documents) were reviewed in full and approved by the IRB committee at Pepperdine University. The application for approval of research project included: a brief summary of the proposed research project, estimated dates of the project, detailed information about the subjects (how they are recruited, the setting, whether they receive compensation, etc.), interventions and procedures to which subjects may be exposed, potential benefits to the subjects and society as a whole, method of informed consent and confidentiality, and how data will be secured. This research study was submitted to the IRB for exempt review. The category defined was 45 CFR 46.101(b) (2):

> 2). Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: information obtained is recorded in such a manner that subjects can be identified, directly or through identifiers linked to the subjects and any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability or reputation.

Informed consent. The advantage of such forms is that they give respondents the opportunity to be fully informed of the nature of the research and the implications of their

participation at the outset. Further, the researcher has a signed record consent if any concerns are subsequently raised by participants or others (Bryman, 2008, p. 123).

Because this research presented no more than minimal risk of harm to subjects) for example, possible fatigue and loss of time) and involved no procedures for which written consent is normally required outside of the research context, an application for waiver or alteration of informed consent procedures was submitted to the IRB. The research was submitted as 45 CF 46.117 (C) (2). Therefore the researcher described to the participant that he/she was welcome to request a copy of the form to document participation in the study. For the purposes of this research, the means by which the consent was obtained was through verbal consent, i.e. "do you have any questions about what participation in this research study involves? Would you like to participate in this research study?"

Summary

Chapter 3 described the methodology utilized in this research. It expanded upon the purpose and goals of the study and demonstrates the use of qualitative research, more specifically, grounded theory. The chapter included the research design, population and sample of participants, how the participants were chosen, data analysis, and instrumentation for analysis using HyperRESEARCH, data collection procedures including interview protocol, interview questions, and limitations of the research. Validity and reliability were discussed, including the coding process and use of memoing, followed by method of data security. Ethical considerations including the use of IRB standards and informed consent were discussed in order to address the protection of human research participants.

Chapter 4: Results

The study reported here addresses the main research question in detail: What are the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet? Chapter 4 is organized in terms of the four guiding interview questions, which are then broken up into categories derived from the coding and memoing process. Finally, a theme is identified for each question as a result of the coding process. The grounded theory approach allows a researcher to arrive at a theoretical construct, which will be discussed in Chapter 5. Demographic information of the participants and summary of the chapter are also included.

The use of the grounded theory approach was appropriate for this study because it offers an explanation for the process involved when evaluating many individuals who share a common experience. The grounded theory method allows for identifying similarities and differences between participants' experiences. Therefore, Chapter 4 is compiled of responses from participants obtained from the interviewing process.

The four guiding interview questions are as follows:

1. What is your experience in utilizing online communication and social networking in your role as mental health professional?

2. What has been the impact of utilizing online communication and social networking in your role as mental health professional on your profession?

3. What are the larger ramifications of utilizing online communication and social networking in your role as mental health professional?

4. What resources or guidelines, if any, do you follow when utilizing online

    communication and social networking in your role as mental health professional?

Demographic Information

The therapists contacted were 142 individuals over a period of 4 months (October 2013-

February 2014) utilizing Psychology Today's Therapy Directory website through the "email me"

option. The query was set to include two factors: therapists who (1) work in Los Angeles County

within a five-mile radius of North Hollywood, CA, 91601, and (2) work with alcohol abuse

issues. Of the 142 contacted, 17 therapists responded to my initial outreach. Of those 17, 15 of

them agreed to, and followed through with the interview. Participants are identified throughout

the study by assigning them an anonymous code, or pseudo name, beginning with the number

0001. There were a total of 12 women and 3 men who participated in the study. Level of

experience ranged from directly out of graduate school, to over 30 years of counseling

experience.

Table 1

Theories and Categories

Interview Question	Theme	Categories
Question 1: What is your experience in utilizing online communication and social networking in your role as mental health professional?	Human connection remains in the forefront of therapists when working with patients who are involved with alcohol use.	1. Professional Networking 2. Dangers of Social Media 3. Face-to-face Counseling 4. Benefits of Advertising
Question 2: What has been the impact of utilizing online communication and social networking in your role as mental health professional on your profession?	Establishing a sense of personalization remains the common denominator of all aspects of navigating the profession.	1. Advertising/Branding 2. Convenience 3. Staying Connected 4. Quality of Treatment
Question 3: What are the larger ramifications of utilizing online communication and social networking in your role as mental health professional?	Online communication and social networking remains an experimental field composed of trial and error.	1. Personal Safety/Overexposure 2. Self-Diagnosis 3. Confidentiality 4. Ambiguous Guidelines 5. Human Connection
Question 4: What resources or guidelines, if any, do you follow when utilizing online communication and social networking in your role as mental health professional?	The mental health profession is in the midst of an evolutionary, unsettled territory needing clarification and agreement.	1. Confusion 2. Credibility 3. Legalities 4. Confidentiality

Interview Question 1

The first interview question is: What is your experience in utilizing online communication and social networking in your role as mental health professional?

The theme: An establishment of a human connection remains in the forefront of therapists when working with patients who are involved with alcohol use.

The 4 categories that emerged from participant responses to this question were: professional networking, dangers of social media, face-to-face counseling, and benefits of advertising.

Professional networking. Participant 0001 states, "I do a lot of networking within the treatment community… I have a big meeting next week with somebody who found me through…I'm not sure exactly, but it's either through my website…she said she fell upon my website, and it was through, I think, my counseling Facebook page." Participant 0001 goes on to state, "people get information about what I do that I never would have had any opportunity to have any interaction with because they're not in my immediate circle."

Participant 0003 states, "I'm a member of a number of Facebook groups for therapists. I'm actually in the process of starting two more… I also used LinkedIn." Participant 0010 also utilizes the Internet for networking purposes, "I use LinkedIn, you know, for professionals and that kind of stuff. And that's been effective too. But Psychology Today has been pretty good." Participant 0012 also has a webpage and a Facebook page through which they "joined some groups to find out about leads and referrals for private practice. Those groups that I've joined have been [for] mental health professionals, addiction professionals…I think I'm on four of them."

Dangers of social media. Participant 0010 describes the dangers of social media on alcohol abuse, "One of the things that you have to be really careful about, which is probably why there are so many issues regarding addiction, whether they be sexual or substance abuse, there is a lot more glamorization, I think, of partying and substances that you see on Facebook and Twitter and that kind of stuff. You know, so many people live their life online today, and that's another problem."

Participant 0010 states their view of using social networking in the mental health profession, "I'm very familiar with both social networking and quite honestly, sometimes it can enhance addictions, period."

With regard to the use of Facebook, Participant 0010 has a personal Facebook page, but not a professional one, "With Facebook, I try to be very careful." Similarly, Participant 0014 does not utilize a professional Facebook page, "that's more for my personal ways." Participant 0015 states, "I personally have one [Facebook page] that I make very private so my clients can't find it."

Face-to-face counseling. Participant 0002 states, "I believe in face-to-face communication. For drug and alcohol treatment, I think that is critical. It is critical to look someone in the eye to see if they're telling you the truth." Participant 0002 follows up with, "They'll do anything to get you to believe that they're not using, so they can get out of where they are, so that they can go use." Participant 0002 also states, "Unless people who have drug and alcohol problems are right in front of you, you are not going to have success. It is not an online therapy, it just isn't…At least for my sampling." Participant 0002 states, "First of, I think online communication doesn't really work and I find that I have only used it if someone has called me and I feel that they have used, or that they've been drinking, or whatever."

Participant 0004 utilizes email and Skype with clients. However, she describes her preference for having the person be present during therapy due to the use of voice therapy, where she moves a person into the voices where she can "hear it be a child or a teenager or someone." Participant 0008 also utilizes Skype sessions on occasion, but prefers traditional face-to-face, "But I don't do anything like, I don't send encouraging messages or anything like that. Like, I try to keep my practice pretty…I'm slightly on the more conservative side, so I keep my practice pretty contained."

When referring to online communication and social media, Participant 0005 prefers in person one-on-one as well, "I've been in practice for 36 years and I'm not really attracted to it at this point." Participant 0011 "very, very, very rarely" uses online communication and social media. Participant 0011 is a Depth Psychologist, meaning, "I deal with the unconscious, with dream work. So for me, the work is all about the person in the room and communication."

Regarding patients who contact Participant 0011 by email or text between appointments, "I'll give them a response to let them know that I'm there, but it's always to urge them to get back in the office for face-to-face." Participant 0013 states, "It's getting to a point which I'm not sure how I even feel about it…people are emailing me for appointments, texting me for appointments, sending things to my website, and things of that sort instead of calling." When clients are interested in making an appointment, Participant 0013 notes, "they want to make an appointment without even talking to me, but I end up calling them." Participant 0015 states, "I find that a lot of people find it less intimidating to go on the website and email rather than calling in."

In reference to the use of distance counseling, Participant 0009 states, "We're in Los Angeles, we're in the entertainment hub. As people are on tour or making a movie…I can be of

support to them." Participant 0008 states, "If they're out of town, I'll continue to see them on Skype, for a brief time." Similarly, Participant 0009 describes their use of Skype, "I use online certainly with patients who are out of town, or who are incapacitated."

Benefits of advertising. Participant 0006 uses online communication and social media for advertising often, "I use it quite a lot because generally that's how they find me, from an online website." Participant 0006 also mentions two additional websites they advertise on in addition to Psychology Today, including GoodTherapy.org, and Therapist.com. "I signed up [for Psychology Today] and I was able to write a synopsis, a very short synopsis about me. And also to put my picture, so the consumers, they can see my picture and read a little bit about my philosophy…Because of that exposure, I began to look into opening my own practice. And because I was getting a lot of calls, I was becoming less and less dependent on these big psychiatric groups."

Participant 0008 also finds it beneficial to advertise on Psychology Today, "that's where a large percentage of people find my practice." Participant 0010 states, "I don't have a website yet, but I will. But I do believe that marketing and social networking is very important for any of us in this field…definitely Psychology Today, I've gotten a lot of referrals." Participant 0010 also states, "The only kind of advertising or marketing that I will use are really sites that are well known and I think are well-received in the community."

Not all participants have had a positive experience while advertising with Psychology Today. Participant 0014 states, "Overall, my experience has been not particularly a lot of payback shall I say, meaning in the year I've been on Psychology Today, I've had literally thousands of hits. This is not uncommon…however, from that listing I've had only three

clients."

Participant 0013 has a Facebook fan page, "I probably don't use it as much as I should, but when I do make comments and things of that sort, there's people that…I think they find me through my quotes and things of that sort on my page." Participant 0010 states, "Most people, what I find, they definitely want to read about you and check you out online first before calling or anything like that." Participant 0014 states, "People look a lot. It takes courage to make the call, so there is a lot of looking." Participant 0006 sums it up well, "Bottom line, it gave me great exposure to prospect clients."

Interview Question 2

The second interview question is: What has been the impact of utilizing online communication and social networking in your role as mental health professional on your profession?

Theme: Establishing a sense of personalization remains the common denominator of all aspects of navigating the profession.

The four categories that emerged from participant responses to this question were: advertising/branding, convenience, staying connected, and quality of treatment.

Advertising/branding. Advertising online offers one the ability to portray and express oneself and their practice in a unique, personalized manner. Participant 0001 shares her experience with effectively conveying her personality by describing how she posts images and pairs them with inspirational quotes to reach people, "One of the things that has tied my personality into my networking via social media has been I create…I have something that I want to portray. I want to send a message of hope." She continues with, "I guess I just really try things that have touched me personally, and that I think would touch other people. I think it brings a

little bit more personal flair to my traditional rack cards or my business cards or my website. It kind of adds a little bit more spice."

Many participants believe that creating a "brand" of some sort is an essential factor for advertising. Participant 0008 states, "I sort of feel like, people need to create more of a brand for themselves…and want to portray themselves in a certain niche or portray themselves in a certain way, or kind of sell products." Although Participant 0012 doesn't think that advertising online is negative, she believes that it is not for everyone, "I think some people are really savvy at it and it really helps a lot for some people's practice, when you have that kind of time…to devote to marketing."

With advertising online, information is widely disseminated and more easily accessible on a larger scale than traditional paper ads and printed literature. Participant 0003 addresses the accessibility to information factor by stating, "People doing research and looking into treatment facilities or things like that, can find a lot of information and check out a few different places instead of waiting for paper brochures in the mail or just checking the Yellow Pages or asking around."

The use of the Internet to research therapists as opposed to going through listings with their insurance company is more common today. Participant 0008 supports this trend, "I think they just tend to do more investigation on the Internet these days. It's sort of like Internet dating for a therapist." Participant 0003 also supports this finding, "It's certainly more able to be found as a therapist, which I think is good." Participant 0008 states, "I feel like probably more people find therapists through websites than they do from personal referrals." Clients are free to do research and investigate therapists ahead of time. Participant 0010 supports the use of online advertising, and describes the benefits of clients looking up their therapist online prior to calling

for a consultation, "People really want to, they check you out. I think it's quite effective."

Participant 0015 addresses the ease of researching therapists, and whether the abundance of information available to potential clients online is a good thing, "Well, it definitely gets more information out there for the clients, but then there's also a downside to it, like when you go on WebMD and diagnose yourself." She goes on to explain the ease with which information is available to potential clients and how that could deter them from seeking the appropriate treatment they need to get help because they self-diagnose, "All this information is at your fingertips. You can find whatever you need. But then you can, also, find whatever you need and maybe you don't seek out professional help for it, because you're like, 'Oh. I have these symptoms on this thing.'"

On the other hand, while clients are afforded more freedom in their research of therapists, therapists are forced to address the issue of lack of privacy in their personal lives online. As far as connecting to one's patient over social networking, Participant 0011 states, "None of my patients are on LinkedIn or any of the social networks. I mean, they are, but I'm not connected to them." When I asked Participant 0011 if any of her patients ever tried to connect with her via social networking, she replied, "Yes they do, and I always deny it. I always deny it, because it's a different relationship. It's not a social relationship." Participant 0015 also shows concern with the information available to clients online, "…it can get to the point where they can just put your name into Google and find out everything about you, which is interesting."

Legally speaking, Participant 0014 describes that there are real stipulations put forth for marriage and family therapists by the Board of Behavioral Sciences (BBS) regarding advertising online, "One of the stipulations is about advertising and you can't have a testimonial. There is a law of what you can and can't do."

Convenience. Participant 0006 describes the convenience of utilizing online communication and social media networking on the profession, "For myself, it really makes communication very convenient." Participant 0007 uses email and texting to his advantage, "Because I'm using text, a lot of my cancelations and rescheduling is [done through] text. It makes it more convenient."

There are also pros for the client regarding the convenience of communication online. For example, shy, reluctant clients are guaranteed anonymity, thus protecting them from experiencing embarrassment and shame. Participant 0007 supports this idea, "There may be shy or more people who are reluctant, they use email instead because it gives them a chance to approach me." Participant 0013 also believes that communicating online is a good start, "If anything, it evokes a response, and is sort of a wakeup call for people. There are a lot of people that obviously are depressed or have habits that there's a lot of shame involved. So they can respond and read them and contact me and so forth."

Despite the aforementioned benefits, some clients may use the Internet to hide their addiction from their therapist. In her response to question 2, Participant 0002 addresses the way she approaches a client who may be hiding their addiction, "I'm not the kind of gentler therapist. I call it like I see it. When I work with people and I see enough indication that they have an alcohol or drug problem, I let them know and I let them know what kind of assistance type they need. Participant 0005 shares this sentiment that some clients may hide behind the computer thinking, "'Gee, I'm not going to come in and face myself or be in relation to another human being.' So that's just problematic for me. I'm an old humanist psychotherapist."

Staying connected. Participant 0009 states, "It's all about being and staying connected, showing up and not." However, the Internet may serve as a barrier to communication and

personal connection. This lack of human connection is apparent to some. Participant 0005 states, "I think it might parallel the impact on society. I don't know. I believe it's just another way that we're putting something in between the human connectedness." Participant 0013 describes it as "like a false sense of connection."

Participant 0009 states, "We're impacted because we are able to I think impact our clients, stay connected with them, offer them support in a way that without Internet or social media, that we may not have been able to other than maybe vis-à-vis telephone."

Traditional face-to-face counseling is still preferred by most therapists. Participant 0002 states, "I'm really face-to-face. I utilize material that's available to me online, but I can't say that it totally drives how I work. I'm sort of an intuitive person. I enjoy the conversation that I have with people. I think that I am much more effective in person." Participant 0010 concurs with the notion that face-to-face is ideal when performing therapeutic intervention, "I don't usually get into any kind of therapeutic intervention via email; I do that face-to-face because I find that it can be problematic. I think a lot of times email and text messaging and all that kind of stuff is always, often, misconstrued and misunderstood, particularly in our profession."

People who feel a real connection with their therapist will generally stay in therapy longer. Participant 0001 describes how she pairs her personality with her advertising. "People will stay with me because of my personality. They really do. If they don't feel safe and they don't feel a connection, they're not going to stay. I'm able to kind of get that out there in my own way, which helps draw people to me that would be a good match for me in the long run." Participant 0007 likes online communication and social networking and finds it beneficial to his practice, "It's making me more connected to the prospects. A lot of people they come to my practice. They say they like what I wrote in my synopsis. Or they say they 'I like your picture

because you look like a very warm person.'" Participant 0015 is careful about putting personal information online, including a picture of herself, "I'm a little hesitant to put a picture up there." She recognizes that it works better when attracting and connecting with potential clients to have a photo, however, she wants to make sure she puts the "right" photo up, "For me, I just haven't found one that I like enough to put on there, and that seems professional enough, because all my pictures are more like social. So unless I get a professional one taken..." In addition to having a photo, Participant 0015 has concerns about why a person picks one therapist over another, and is hopeful that they will choose her for the right reasons, "I feel like maybe you'll pick me because of my credentials, not the way I look." She continues to state that choosing a therapist based on their physical appearance is also just part of the process, "That is a huge part of therapy though. You pick someone you feel comfortable with, and you have to feel comfortable with who they are and what they look like is included in that."

Participant 0008 states, "It's easier for you to be able to assess what you think you might want in a therapist by reading their online profile. Rather than I think the old school way of doing it which would be to get a recommendation from someone, because otherwise I mean how would you really know without a website what that person is. What their experience is."

Many individuals who suffer from alcohol use experience a sense of loneliness, therefore, any connection made, whether in person or online, may allow the client to feel less alone. Participant 0009 addresses this, "so many people who have struggled with alcohol and drug abuse have felt very alone." Participant 0013 concurs, "I do a lot with drug and alcohol and the thing that I can say that I think [it] is good for, that is that they're isolating in their mind, they're not isolating because at least they're talking to people even if it's online. They're doing some type of communication."

In regards to the shift from in person communication to online, Participant 0004 states, "Some [therapists] have been successful and some have not. It's there all the time now. The impact is quite phenomenal actually." Participant 0005 describes her outlook on the future implications of online communication and social networking on the profession, "I think it's going to be quite a while until we really, really recognize what all of this is doing." Participant 0009 states, "I mean I'm 65 years old and I think I'm one of the younger dinosaurs, but I think we kid ourselves if we don't think this is where it's going."

Quality of treatment. As far as the impact of utilizing online communication and social networking on the profession, Participant 0014 believes it is limited. She states, "I think it makes it more accessible to the casual viewer, but I don't really know that it does much for the profession, that's my opinion." Participant 0014 goes on to say, "I'm not sure that it improves the quality of anyone's treatment. It's such a combination, you've got to have the right therapist."

Another issue that came up regarding quality of therapy is whether all therapists are honest with their level of experience when advertising their practice. For example, Participant 0014 describes how graduate trainees who have just started graduate school and therefore have not earned the title of "MFT," have used email addresses such as "amymft" when communicating with and advertising to potential clients online. She goes on to state that, "Technically, that's fraud according to the way the rules are." On Psychology Today, therapists have the opportunity to check all the boxes that apply when describing their area of experience. Participant 0014 is concerned with this because, "They're doing a catch-all, but the degree to which they really are catching is enormously erroneous. They really don't know about alcoholism and drug addiction." She goes on to explain that MFT students get one, maybe two

classes at most in the areas of alcoholism and addiction. This poses the concern as whether they are adequately trained to check that box.

As with any therapeutic relationship, boundaries must be set, and confidentiality concerns are always present. As Participant 0010 states, "There is a confidentiality issue there, yeah, absolutely." In terms of how she communicates with her patients online, Participant 0010 states, "I always have a disclaimer on all my emails that is strictly confidential, and this is intended for the recipient of the email. Any unauthorized use of this email is punishable." She goes on to expand on this, "A patient can send me anything they want, I have a private file for all that stuff that is on my own personal computer that has a code to it and everything. It's not easy for anybody to break in there."

Interview Question 3

The third interview question is: What are the larger ramifications of utilizing online communication and social networking in your role as mental health professional?

Theme: Online communication and social networking remains an experimental field composed of trial and error.

Categories: Personal Safety/Overexposure, Self-Diagnosis, Confidentiality, Ambiguous Guidelines, Human Connection

Personal safety/overexposure. Issues of personal safety and overexposure are addressed in the best interest of the client and therapist alike. Participant 0001 describes the danger of overexposure to people who may be inappropriate and therefore, less exposure is better for one's personal safety. For example, "I get a little nervous about putting too much out there because then they know too much about me. They can try to figure out where I live… There's always a chance of people becoming, having cyber stalkers." Participant 0015 has concerns about the

information therapists post online, "I think a lot of are just out there putting up whatever they feel like, and we don't know if it works or not." With Facebook, Participant 0010 believes that having a Facebook page is not appropriate and says she would never have one, "In terms of stalkers and ex-patients and people who may be quite disturbed or have severe character disorders or anything, they could wind up stalking you and using stuff and it's not easy. So you've got to be careful with that stuff, especially in this profession."

Another issue with privacy includes the ease of accessibility clients have to their therapists, especially with Smart phones that have Internet access. Participant 0007 has concerns that his clients, especially borderline clients, may rely too heavily on this accessibility, and therefore send an "S.O.S." expecting to receive an immediate response. "Voicemail refers people to go to [911], but the text or email doesn't have that function." For this reason, Participant 0007 believes in setting boundaries with clients regarding ease of accessibility." Participant 0012 is concerned with the decisions therapists are making when it comes to their personal and professional safety when using online communication and social networking, "I know a lot of people who work really hard to help, and may not make really good, sound decisions when it comes to that kind of thing." Along with the effort spent to become a better therapist, comes the amount of time spent using technology to reach clients. Participant 0014 believes that the payoff may be erroneous, "There is an investment of time that a therapist utilizes that may or may not actually payoff."

Facebook for example, could be an issue when considering privacy. Participant 0003 describes their experience with this, "Every once in a while I'll make a joke or say something on my personal Facebook account, and it's kind of like, 'if I make this joke, is that going to be too much, or is somebody going to take that the wrong way, or is that going to make things look

bad?'" In addition to Facebook, while Skyping with a client, there is always a potential threat that someone could walk into the room, thus compromising privacy and confidentiality.

On the other side of the argument, without exposure, it wouldn't be possible for clients to find, and get help from therapists online. Participant 0014 states, "Really the dominant thing would be raising awareness." Participant 0005 describes the pluses for online communication, including the ability to touch more people who may feel alone in their struggles with alcohol use, "You can direct your patients to go to blogs...They can learn to identify and perhaps build a bit of ego strength." In an effort to lessen the stigma of alcoholism, Participant 0005 found that courage is one emotion that may develop from empowering clients to do their own research. Human vulnerability can be a scary thing, but is also necessary for recovery from alcohol use. In Participant 0005's opinion, "I don't know whether using these social media or using online stuff gets you to the point where you have the courage [to seek help]. I don't know."

Self-diagnosis. When choosing a therapist off a website, Participant 0008 states, "I'm not sure that patients know what the best thing is for themselves." She goes on to explain that though the patient may feel "empowered" when choosing their own therapist, "I'm not sure the general population really necessarily knows the more technical aspects of therapy." Participant 0015 agrees that the amount of information available online may lead to self-diagnosis, "it does increase people giving themselves an improper diagnosis."

With the wealth of information, people don't always know what's best for them. Participant 0015 refers to an apparent issue with "shopping around" for therapists, she states, "I think that you can kind of get to the point where you have just too many options, and so you can treat therapists like a dating site or something."

Confidentiality. Maintaining the client's confidentiality is always an essential factor

when entering into a therapeutic relationship. Participant 0010 believes that confidentiality is one of the biggest factors when using the Internet, "That's the biggest thing of all because people get hacked into, somebody can intercept…with IPhones today, you can get into Facebook and Twitter and all that kind of stuff so, you have to be really careful." Participant 0003 displayed concern for a possible breach of confidentiality if files or emails were hacked by an outsider. To account for this, she uses Hushmail, which she describes as "a secure email provider. You can only communicate if you had a Hushmail account. We have it set up so that if someone does our online intake and our assessment, it sends an email to our Hushmail account so that we at least know it's secure." She goes on to explain that much like any other confidential safeguard, there will always be a potential threat."

Ambiguous guidelines. Crossing state bounds or country boundaries could be an issue legally, Participant 0003 states, "I honestly to this day don't know that anybody knows all the answers." Participant 0011 also acknowledges that we don't have all the answers, "The society could be changing and it could be something that is really beneficial in the future." Participant 0012 has concerns that not everyone has standards set in place when it comes to communicating online, "There's a lot of safeguards we have in place to protect us and to protect the consumer and I know that not everybody is doing that. I just worry…I worry about them." For example, "All it takes is one unhappy client to make a complaint and that's your license, and it's a lot of work." Participant 0012 goes on to explain that a complaint filed may or may not be justified per se, "It could just be one borderline client, unfortunately."

Human connection. The majority of Participants agree that face-to-face contact is a preferable form of therapy over distance counseling. "I don't like the impersonal feeling that it has," explains Participant 0013. She goes on to explain that there are situations like long term

therapeutic relationships where you want to have some kind of closure and because of the ease of technology, some clients may terminate therapy without a proper send off. Participant 0014 concurs that face-to-face is more impactful, and perhaps the only effective way, "I don't really see there [online communication] as being a support of the profession or impacting the profession… It's about advertising, it's about call me, make me your phone call."

The findings that demonstrate those who suffer from alcoholism have an innate loneliness support the argument for creating a physical human connection. "Participant 0004 offers their view on this, "I think that not having close or face-to-face or in the room contact with the person, I personally think is traumatic, and is dramatically needed…if it's only by online, then there has to be an arrangement to engage in person." To offer an example of this, Participant 0004 describes an incident where they were able to teach a young man how to tie his shoes, "We did that together. Now you can't do that online. That broke him down. That made him cry from that place, knowing the loneliness of not being shown something." Participant 0011 believes that patients may use the Internet as a "defense mechanism so that they don't have to do face-to-face and deal with a lot of the complexes and the emotional pain that's going on. It's easier for them to avoid it by writing about it or, I mean it's like Facebook where everybody puts up their brave face." Participant 0013 has a similar view, "the [lack of] assertiveness and initiative, it's an easy way for them to continue to isolate." Participant 0015 supports this lack of initiative, "You do get people who go through as many [therapists] as they can, because they can't commit to one therapist, so it's a lot information and people don't really get to know you personally through a website."

On the other hand, Participant 0009 describes how online communication and social networking may help with this feeling of loneliness, "I think this extends to everyone and there

will be this universality of being able to reach out and touch someone or share your experience with someone so that people don't feel alone." Although she prefers face-to-face therapy, Participant 0002 describes her view of distance counseling and online communication, "I would use online communication with an Iraqi vet who has no transportation. To me, that's the proper use of that kind of communication." Participant 0010 gives a similar response to the benefits of distance counseling, "People who are in large cities or in metropolitan areas have a lot of support, but people who for instance if they're Vietnam vets or vets from the Gulf War or from Iraq or Afghanistan, they don't always have the accessibility."

Interview Question 4

The fourth interview question is: What resources or guidelines, if any, do you follow when utilizing online communication and social networking in your role as mental health professional?

Theme: The mental health profession is in the midst of an evolutionary, unsettled territory needing clarification and agreement.

Categories: Confusion, Credibility, Legalities, Confidentiality

Confusion. When asked to answer this question, Participant 0005 summed up what many of the other therapists conveyed, "It's like a gigantic wave coming over the entire field. We can't avoid this. We're going to have to put in all sorts of different kinds of safety measures in order to keep our patients safe." Participant 0009 is glad that there are guidelines in the works, "I think it's the ground floor, and like I said, I think there's a lot of need and room for it today."

Participant 0001 states that they do not follow any resources or guidelines, "because I never thought about it, to be honest." Participant 0007 states, "Really, with all honesty, I don't

know. I know I have to look into it, but I haven't." Participant 0002 expresses that though she does not know exactly what the ethical guidelines are, she uses caution, "but I'm weary of anything I use, and so I'm sure that it would fall into their [APA] ethical guidelines." When referring to an article she recently read on web-based therapy, Participant 0002 states, "It's very new to them, so they're not sure what the guidelines should be." Participant 0009 concurs, "I don't know what legal guidelines will come into play. I mean CAMFT (California Association of Marriage and Family Therapists) could probably give you that." She continues with, "It's a very gray area right now." Participant 0003 states, "It would be nice if BBS and APA and a few of those other places had more official guidelines, I don't know of any. It doesn't mean that they're not there, but I personally don't know any."

Credibility. Participant 0002 describes that when utilizing any resource, she makes sure that it's professional and that it comes from a reliable person or organization, "I believe in putting value on anything that I'm going to put out there." Participant 0003 is cautious when posting online as well, "I'm still going to be pretty careful about posting anything that I would think looks inappropriate." Participant 0015 agrees, "On my side, I'm definitely leading toward the more cautious side of things, and definitely treating everything appropriate." She continues, "Even my Psychology Today website has very limited information on it, because I tend to be very private."

Participant 0011 is concerned with misreading things written over the Internet, "When people read things, they can read all kinds of stuff into it and if you're sitting with them face-to-face, you [are able to] take that, and find out what they're…what's really going on." Participant 0013 worries that communicating online and through social networking makes it "too easy for

people to hide." In addition, Participant 0013 agrees that things can get misinterpreted, "And that would be probably one of the hardest things is that people could misunderstand what you say and you can't see their facial expression and their body language and things to that sort." With online communication and social networking "It's very limited as far as I'm concerned for me with my personality. I'm much more of an expressive person through talking than just writing online," explains Participant 0013.

Not all of the participants were unsure about resources and guidelines available to them. Participant 0014, for example, is familiar with the specific guidelines set forth by the BBS regarding advertising. She gives the example of the specific wording a therapist can put on their business cards, "I can't say 'psychotherapy' on my business cards. That is what I do, but I'm not a psychologist…I'm an MFT." Participant 0014 is also familiar with California Association of Marriage and Family Therapists, (CAMFT), "which mimic directly the BBS guidelines about advertising." As a member of CAMFT, Participant 0014 explains, "they carry all the legal and ethical information for the profession of MFT's." Participant 0015 leans on the side of caution when posting anything online, "Keeping it HIPPA compliant, and BBS compliant, all that stuff." She adds, "I like my privacy, so I don't tend to put a lot of personal information online."

Legalities. There is still confusion as to the legal guidelines associated with distance counseling that crosses state lines, especially given that Los Angeles is home of the entertainment industry, and therefore clients may travel to make movies, etc. Participant 0003 states, "I'm here, but they are on the road sometimes. If they are here, does that still count? I don't know how some of those things play out. But it would be nice to know them [the guidelines] a little bit more." Participant 0004 doesn't take any chances with out of state clients,

"First of all, it has to be within the state. Secondly, I have to have a firewall." Participant 0004 continues on to explain her understanding of distance counseling guidelines, "The only time out of state ethically and legally, is when a person is in transition. And until they find someone else or until I find someone else." Participant 0008 abides by California's rules on what they call "teletherapy," or therapy over the Internet, "Because all the states have different laws about it, I follow California laws.

If distance counseling is the only option, Participant 0004 prefers Skype, directly followed by phone counseling, over email and texting, "Because you can at least see expression and the tone of voice." Participant 0006 also prefers Skype, if there is no other option. An example would be when the client is temporarily out of the country.

Confidentiality. Communicating online brings with it issues that require explanation regarding confidentiality. Participant 0009 states, "With the HIPPA laws, there's a problem with confidentiality." Participant 0011 concurs, "There's confidentiality issues and HIPPA issues and all kinds of stuff you have to be careful with that these days." To address this issue, Participant 0005 includes in her paperwork a disclaimer about emails and confidentiality. Participant 0008 also is careful with her online communication: "I don't send any confidential information over the Internet. I keep sort of brief and ambiguous anytime I'm using any sort of messaging or the Internet." Participant 0009 talks to her clients first, "We do talk about the possibility of a breach in confidentiality due to the fact that we can't absolutely guarantee confidentiality over online or Skype or Internet." For this reason, Participant 0010 states, "I would never do a Facebook page for myself because of confidentiality issues there." Participant 0013 stresses that the guidelines should suggest that therapists be careful and create personal boundaries for themselves, "The

guidelines are personal boundaries I would say for me, and ethical things that are…we have certain rules through the different affiliations that I'm associated with."

When Participant 0003 receives an email from a client that goes into detail about a serious therapeutic issue, he will respond with, "Here's my phone number. If you'd like to call me, we can discuss this in more detail." Participant 0010 has a similar take on this, "In terms of myself, personally, with emails and everything, I never discuss any kind of intervention or anything like that via email. I only use email for changing appointments, for letting people know that I read what they sent me." Participant 0011 approaches the issue of emotional contact over networking, "I don't deal specifically with the trauma or the emotional stuff." She continues that she will assure the participant she is there for them, "I'll just say, 'I'm here, you can make it in. You can do it.'" Participant 0010 states, "I'm really quite careful about that because I never want the emails, it's a paper trail. I never want those emails to ever be used in any way against me…not every patient is going to love you, you know." She continues with, "If you start emailing people back and forth and discussing stuff, they can hold on to all of that, and god forbid, use it against you in some way. I'm not a paranoid person by nature, I'm just trying to be protective and be careful."

The precaution to follow any legal and ethical standards goes for therapeutic related texting as well. Participant 0006 does not do therapy through texting or email. She is careful not to be too informal with her texts, and uses them "only for necessary communication, like I'm running late or I need to change my appointment or something like that." Participant 0007 also has confusion about the standards. He states, "I don't really know exactly what the regulations are when it comes to texting and email." When he does utilize texting, Participant 0007 says, "I

use it for scheduling, rescheduling…if they want to talk about a crisis, I let them know to call me directly…so texting, I don't really text like about emotion, it's strictly for scheduling." Participant 0010 gives her take on texting, "Just keep it simple and anything important other than scheduling or rearranging stuff or whatever, I believe needs to be said in a session in the office, privately."

Participant 0012 stresses that she always keeps herself current on updates to the field, "The different blogs that I get and updates that I get from my insurance company and the companies that offer continuing education units are always sending out information every couple of weeks. I always read those." She continues with, "I consult with colleagues that I've worked with if I have any questions what-so-ever. I don't do anything that I think remotely might be questionable."

Summary

Participant 0010 sums it up well, "Whatever communications that you use, be it email or whatever, just be careful what you say." Participant 0012 has expressed interest in the research done as a whole, "It's good for us to really think about and for us to put our heads together as a field, in things that we're thinking about or we're not thinking about. I think it's great." Participant 0015 states, "Honestly, it is a work in progress…I think it's really interesting, and I think we do need more research at length about what works, and what doesn't, what we should do, and what we shouldn't do." It is her hope that research in the future will keep track of marketing purposes and the like.

Chapter 4 explored each of the four themes derived from the categories that emerged from the four guiding interview questions. Chapter 5 will review the findings, and discuss the main theory developed as a result of identifying the four main themes.

Chapter 5: Conclusions/Recommendations

This chapter presents an overall summary of the study at hand. It includes the background of the problem, purpose of the study, review of the research question, methodology, data collection procedures, data analysis techniques, as well as major findings related to the literature. Unanticipated outcomes of the study and surprising findings are also addressed. Chapter 5 draws upon conclusions from the data presented in Chapter 4, and also discusses the emergence of a two-part theory based upon the 4 themes found in the participants' experiences. It provides a discussion of the main implications for action, including recommendations for additional research, further confirmation of findings, and concluding remarks.

Summary of the Study

This study introduces and highlights the use of social networking sites and online communication by mental health professionals to reach their clients on a larger scale. Utilizing the Internet to provide access to resources not otherwise available, to provide help to people on a global level, and serve as dissemination of helpful information are just a few advantages as a result of technology used in mental health treatment to date. The research at hand, and the pertinent literature support the notion that online communication and social networking has become an extension of therapy for clients and therapists alike. This form of electronic communication is not likely to fade or dissipate with time therefore it is necessary to study its effectiveness in relation to alcohol use treatment. With that come questions regarding ease of use, effectiveness of therapy, and need for overall improvement.

Background of the Problem

Within the mental health industry alone, the quality and interest of reaching people who use alcohol through means of online communication and social networking sites is a topic that has intrigued professionals who work with and treat clients struggling with this issue. The concern to address alcohol use has, and continues to remain a major public health concern within the United States. Chapter 1 gave examples of the dangers of alcohol use, providing relevant research to support this claim. The need to address alcohol use and the urgency to keep up with utilizing technology to offer treatment are at the forefront of this study, and remain a challenge facing mental health professionals today. Chapter 1 also addressed the need to perform additional research on the effectiveness of utilizing online communication and social networking in alcohol use treatment, in order to evaluate and strengthen what is working, and pinpoint the areas that need improvement.

Purpose of the Study

The purpose of this study is to identify the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet. This study examined the types of techniques used via the Internet by mental health professionals to provide information and help to those suffering from and affected by alcohol use. The goal of this research is twofold in its significance: (a) To provide a guide for future and current mental health professionals in the fields of online treatment and alcohol use and, (b) to provide suggestions for further research. The overall aim of practicing mental health recovery is to help those who suffer to realize and achieve their true sense of self and potential. It is hoped that through the findings of this study,

some light will be shed on deciphering the proper use behind the cultural phenomenon that includes technology assistance in the treatment of alcohol use.

Research Question

The research question elicits personal responses from 15 trained mental health professionals on their experiences with utilizing social media and online communication in the treatment of alcohol use. The research question is as follows:

"What are the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet?"

Review of the Methodology

This study utilizes qualitative research methods based on Grounded Theory. The idea behind this approach is that through the use of coding, the researcher studies multiple individuals surrounding a central phenomenon thus arriving upon a theoretical construct. The grounded theory approach offers an explanation for the process involved when evaluating many individuals who share a common experience. All the participants interviewed are in the mental health profession, and all have experience with similar aspects of the research question at hand.

Data Collection Procedures

There were 142 therapists contacted over a period of 4 months through Psychology Today's Therapy Directory website using the "email me" option. The query was set to include two factors: therapists who (1) work in Los Angeles County within a five-mile radius of North Hollywood, CA, 91601, and (2) work with alcohol abuse issues. Of the 142 contacted, 17 therapists responded to my initial outreach. Of those 17, 15 of them agreed to, and followed

through with the interview. Participants are identified throughout the study by assigning them an anonymous code, or pseudo name, beginning with the number 0001. There were a total of 12 women and 3 men who participated in the study. Level of experience ranged from directly out of graduate school, to over 30 years of counseling experience.

Data Analysis Techniques

Data analysis includes preparing and organizing all data in order to assist the researcher to reflect on the questions proposed. After transcribing the 15 interviews, the use of coding and memoing was performed in order to decipher common relationships, patterns, themes, etc. HyperRESEARCH allowed for the convenient organization of the relevant data drawn out from each individual transcription. Keeping everything together in a neat fashion assisted with the coding and memoing process.

Major Findings

The major findings represent two main theories that were developed as a result of analyzing the 17 categories that emerged from performing the coding process. The overall observations from the unique categories identified in the interview questions led to the following four main themes:

Theme 1: An establishment of a human connection remains in the forefront of therapists when working with patients who are involved with alcohol use.

Theme 2: Establishing a sense of uniqueness and personalization remains the common denominator of all aspects of navigating the profession.

Theme 3: Online communication and social networking remains an experimental field composed of trial and error.

Theme 4: The mental health field is in the midst of an evolutionary, unsettled territory needing clarification and agreement

From the four themes a two-part grounded theory was developed. The theory is as follows:

1. Social networking and online communication are excellent tools utilized for the mass dissemination of information. Examples include: networking and advertising, as well as overall exposure, awareness, and outreach.

2. Social networking and online communication are not the preferred, nor appear to be the most effective means of treatment when working with those who suffer with alcohol use.

To expand upon the first part, online communication and social networking appears to be beneficial to the community at large because it is aiding in getting the word out about what therapy can offer, who the therapists are, and how people can find them. Helpful information available to those who suffer, as well as the people who care about them, is more readily accessible. In addition, online communication and social networking appears to be beneficial to the profession as a whole in terms of expanding business through the use of advertising, and building individual practices.

To expand upon the second half of the theory, it appears that due to the ambiguous resources and guidelines currently set in place, in addition to limited human connection, it is

unlikely that face-to-face counseling will ever be completely phased out or replaced by communication over the Internet when working with those who use alcohol. Because loneliness is one of the main factors observed in studying those who use alcohol, the importance of in person therapy is apparent as well. To date, this human connection cannot be replicated over the Internet.

Findings Related to the Literature

My findings support the current literature provided in the fields of alcohol use treatment/mental health counseling and online communication (Baker & Ray, 2011; Barnett, 2009; Gowen et al., 2012; Kay-Lambkin et al., 2011; Kolmes & Taube, 2012). The results of the study further reinforce the importance of human connection. Face-to-face appears to be the ideal method of communication between therapist and client. There are certain mental health related disorders that may benefit from these types of technological advances in the field, however, those who suffer from alcohol use are not the preferred population to work with online. As stated above, one probable explanation for this preferred in-person therapeutic relationship stems from the loneliness factor apparent in many individuals who suffer from alcohol use (Gonzalez & Skewes, 2013; Gowen et al., 2012; Sherry, Hewitt, Stewart, Mackinnon, Mushquash, Flett, & Sherry, 2012). As the first-hand accounts of the participants in the study and the literature demonstrate, a human connection is the most effective treatment option to date.

The Unanticipated Outcomes of the Study

Uncontrolled variables that may have influenced the results include possible researcher bias. It is imperative to recognize that the assumptions and biases of the researcher are inevitable

in qualitative research. To effectively acknowledge this bias, an additional coder was used to check the data analyses results of the main researcher at the onset of the coding process. This ensured credibility and offered more than one perspective that verified the codes and overall themes were grounded in data.

An additional uncontrolled variable would be the caliber of therapists who chose to respond to and participate in the research study. The participants may value the importance of the research at hand more than other therapists who declined or did not respond to outreach attempts, and are therefore more inclined to offer their time and knowledge of the subject on a voluntary basis.

The use of Psychology Today and other therapist directory websites as a way to find a potential date, or simply choosing a therapist based on appearance was surprising to me. However, with the emerging culture of online dating, it makes sense that lines may be blurred.

Recommendations for Doing it Differently Next Time

Implications for further action include recommendations for doing the study differently in the future, recommendations for further research, and further confirmation of the findings. When utilizing the "email me" option on the Therapist Directory website, there was a lack of response from a large percentage of mental health professionals who were contacted. Perhaps if the therapists were contacted via phone, a better response rate would ensue. Reaching the therapist on the phone directly, and thus communicating with them one on one might have been more effective when recruiting participants.

The language used to elicit responses from participants needed to be less formal. Brief and to the point was the most effective means to elicit a response rate. Invariably, it is probable that the individuals who were outreached to had had limited time to read a lengthy description of the study, and therefore may have dismissed the email.

Recommendations for Further Research and Future Studies

There are always ways a study can be improved upon. The categories and themes that emerged from the responses of the participants studied may not be applicable to all mental health professionals' experiences. For example, cultural limitations and geographic location may be a factor. As Participant 0014 states, "Let's keep in mind now this area is flooded with mental health professionals. One cannot sneeze without infecting another LCSW, MFT." For this reason, the men and women interviewed for this study may not be representative of all mental health counselors. They may represent a specific niche of counselors practicing in a dominantly entertainment focused industry.

Future studies might contribute to the fields of mental health counseling/alcohol abuse treatment, and online communication. To begin, future studies will want to consider having a more representative sample of mental health professionals from various geographic areas and cultural backgrounds. In addition, given that only 1/5 of the participants are men, more perspectives from the male gender are desired in order to gain a better perspective and allow for a well-rounded study.

The mental health profession would benefit from continued research in the area of online communication and social networking to assist those who use alcohol. Because this form of

online communication within the mental health profession is still in its infancy, professionals will benefit from evaluating and then reevaluating what works and what doesn't. Utilizing the Internet and social networking sites to raise awareness of alcohol use and advertise treatment services provided help professionals and clients alike.

Despite the myriad of possible uses for treatment of alcohol use with online communication and social networking, there are still unanswered questions. One of them is whether this form of networking and treatment approach is effective in the long run. A longitudinal study that will follow clients and their therapists over a longer span of time may also be helpful when evaluating long-term results.

New questions arose from the findings as well. For example, where are the lines drawn when it comes to personal and professional communication between therapist and client? Will the mental health profession devise universal guidelines for therapists related to online communication and social networking sites? It has been noted that though there are current guidelines and resources created by professional organizations, the majority are not readily identified or utilized by the participants in this study. Some participants were not even aware that guidelines existed. Though indeed present, the current guidelines remain ambiguous; therefore there is room for improvement to standardizing and enacting appropriate change using the resources moving forward.

Improvements moving forward include first raising awareness of the existing guidelines to current professionals, and then educating future mental health counselors on the proper use of and availability to acquire these resources on their own. The application of adding required coursework into graduate school curriculum that deals with safe and effective online

communication and social networking practices is another suggestion. It would be beneficial to create a universal, agreed upon set of standards that address issues of online communication and social networking sites that can be utilized throughout the mental health community. As noted, guidelines are available to professionals who actively seek them out. However, the guidelines are not enforced, nor are they currently a requirement to follow. As the research indicates, there are many gray areas that emerge when technology is introduced, the therapeutic practice is no exception.

Implications for Professional Practice

Evaluating the level of power and influence online communication and social media has on human behavior, specifically when dealing with alcohol use is at the forefront of this study. Given the findings, when used in outreach to clients via marketing and advertising services, technology will enhance, rather than detract from the fields of mental health and alcohol use treatment. Online communication and social networking sites are effective tools to spread ideas, options, and alternatives when addressing alcohol use treatment.

The study at hand is valuable because it may have implications for mental health counselors currently practicing alcohol use treatment, and those in training to become mental health counselors. Educators in the field of alcohol use and online communication and social networking will also benefit from the current research because they will be better equipped to spread the findings gathered in a more accurate light. The knowledge gained will better prepare scholars and counselors alike when addressing and facing technological issues in therapy, such as issues of privacy, confidentiality, credibility, etc. By examining the current research, a more realistic perspective of the field of alcohol use and mental health counseling will emerge. This

newfound perspective that technology is ever changing the way we communicate will arm

counselors entering the profession with the necessary knowledge needed to have a better

understanding of the work environment they are about to embark on. As a result of properly

educating future professionals on the culture of online communication and social networking,

less misunderstanding and limitations to providing treatment will likely occur. Therefore, a

greater awareness of how to more effectively perform their job, and ultimately treat larger

numbers of people will ensue.

The study revealed the importance of gaining a better awareness of the nature of alcohol

use and the implications of utilizing online communication and social networking as a technique

to improve method of outreach, and offer further options for recovery. The findings suggest that

face-to-face therapy is the preferred, and most effective technique used with clients who struggle

with alcohol use. However, the research also suggests that future implications of technology will

continue to introduce innovative methods of communication and improved use of social

networking. Therefore, continual improvement of existing practices, paired with newer

techniques via the Internet is imperative to shed light on effective treatment for alcohol use.

Concluding Remarks

This dissertation has demonstrated the important considerations and current trends

necessary to address given the caliber of future impacts online communication and social

networking will have on the field of mental health and alcohol use. Current changes in the way

people learn and create new ideas via the Internet has allowed mental health professionals

offering counseling through online communication and social networking sites to improve their

practice and reach more clients on a global level, thus helping more people while earning a

greater profit. My research findings support the literature on online communication and counseling in relation to alcohol use (Baker & Ray, 2011; Barnett, 2009; Gowen et al., 2012; Kay-Lambkin et al., 2011; Kolmes & Taube, 2012). My findings also indicate that numerous benefits and drawbacks of social networking and online communication exist when working in alcohol use treatment for both practitioner and client. My assertion is that social networking and online communication are excellent tools utilized for the mass dissemination of information. Examples include: networking and advertising, as well as overall exposure, awareness, and outreach. In addition, it is my assertion that social networking and online communication are not the preferred, nor appear to be the most effective means of treatment when working with those who suffer with alcohol use.

In order to enact positive change, evaluating the level of power and influence online communication and social media has on human behavior, specifically when dealing with alcohol use, is of importance when educating mental health counselors currently practicing in the field, as well as those in graduate school on their way to becoming mental health counselors. It is my hope that this study and the observations obtained within will inform the mental health profession of the valuable findings emerging within the field of online communication, social networking, and alcohol use. Furthermore, there remains ample room for additional expansion of research as technology continues to improve.

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APPENDIX A

Interview Questions

Four open-ended questions will be asked of each participant. The questions represent a narrowing of the central question of the research study: "What are the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet?"

The four guiding interview questions are as follows:

1. What is your experience in utilizing online communication and social networking in your role as mental health professional?

2. What has been the impact of utilizing online communication and social networking in your role as mental health professional on your profession?

3. What are the larger ramifications of utilizing online communication and social networking in your role as mental health professional?

4. What resources or guidelines, if any, do you follow when utilizing online communication and social networking in your role as mental health professional?

APPENDIX B

Interview Protocol

The purpose of the research is to identify the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet.

The goal of this research is twofold: (a) to provide a guide for future and current mental health professionals in the fields of online treatment and alcohol use, and (b) to provide suggestions for further research.

Date: _____

Time of interview: _____

Place: _____

Interviewer_____

Interviewee: _____

    I.   Introduction (briefly describe the project)

        1. Thank participant and describe why they were chosen for the study

        2. Explain interview process, note taking, and confidentiality

        3. Inquire if participant has any questions before beginning

  II. Interview questions

    The four guiding interview questions are as follows:

        1. What is your experience in utilizing online communication and social networking in your role as mental health professional?

        2. What has been the impact of utilizing online communication and social networking in your role as mental health professional on your profession?

3. What are the larger ramifications of utilizing online communication and social networking in your role as mental health professional?

4. What resources or guidelines, if any, do you follow when utilizing online communication and social networking in your role as mental health professional?

III. Closing

1. Is there anything you would like to add that we have not already covered?

2. Assure participant of confidentiality

3. Thank participant

APPENDIX C

Initial Contact: Invitation Letter

Good afternoon,

Are you willing to participate in making a difference in the lives of men and women suffering from alcohol use?

My name is Susan Finley and I am a Doctoral Candidate in the dissertation phase of obtaining my Doctorate in Organizational Leadership at Pepperdine University. The title of my dissertation is:

HOW ONLINE COMMUNICATION AND SOCIAL MEDIA NETWORKING ARE USED IN ALCOHOL USE TREATMENT

You were chosen because you met the two criteria for this research, (a) You are a licensed therapist practicing within a five mile radius of North Hollywood, CA, and (b) You advertise alcohol abuse as one of your areas of experience on the therapist directory provided by the website *Psychology Today*.

The purpose of the research is to identify the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet.

The goal of this research is twofold: (a) to provide a guide for future and current mental health professionals in the fields of online treatment and alcohol use, and (b) to provide suggestions for further research.

If you would like to participate in this research, please contact me as soon as possible at the email address or phone number provided below. Thank you for your willingness to make a difference in the lives of men and women suffering from alcohol use.

APPENDIX D

Initiation Letter

Date:

Dear: _____

Thank you for your willingness to participate in this interview. Below you will find detailed information on the interview process, as well as the scope of the research. You were chosen because you met the two criteria for this research, (a) You are a licensed therapist practicing within a five mile radius of North Hollywood, CA, and (b) You advertise alcohol abuse as one of your areas of experience on the therapist directory provided by *Psychology Today*.

Background & Purpose

I am a Doctoral Candidate in the dissertation phase of obtaining my Doctorate in Organizational Leadership at Pepperdine University.

The title of my dissertation is:

HOW ONLINE COMMUNICATION AND SOCIAL MEDIA NETWORKING ARE

USED IN ALCOHOL USE TREATMENT

The goal of this research is twofold: (a) to provide a guide for future and current mental health professionals in the fields of online treatment and alcohol use, and (b) to provide suggestions for further research.
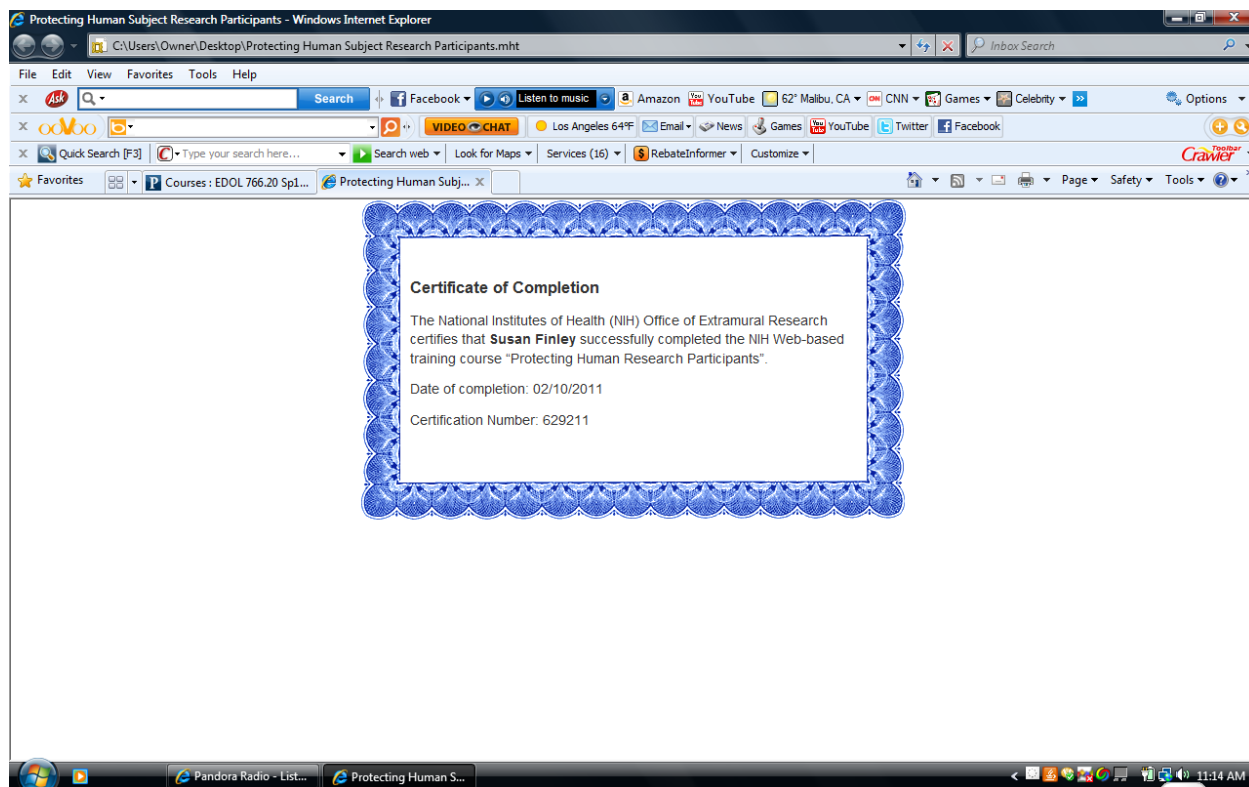
On the agreed upon date and time, please call into the conference line (number and access code listed below)

Conference Dial-in Number: (xxx) xxx- xxxx

Participant Access Code: xxxxxxx#

APPENDIX E

Certificate of Completion— Protecting Human Research Participants

APPENDIX F

Expert Panel Outreach

Please review, as a mental health professional, the following interview questions for my dissertation in the Doctor of Education program in Organizational Leadership at Pepperdine University, CA. Please provide feedback concerning the nature of the questions, i.e. ensure that they are clearly stated and understood, and are applicable to the counseling profession, as well as deemed relevant to today's use of online communication and social networking strategies by mental health professionals. The purpose of the research is to identify the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet. The goal of this research is twofold: (a) to provide a guide for future and current mental health professionals in the fields of online treatment and alcohol use, and (b) to provide suggestions for further research. Participants will be recruited off the therapy directory on *PsychologyToday's* website. Interview questions:

1. What is your experience in utilizing online communication and social networking in your role as mental health professional?

2. What has been the impact of utilizing online communication and social networking in your role as mental health professional on your profession?

3. What are the larger ramifications of utilizing online communication and social networking in your role as mental health professional?

4. What resources or guidelines, if any, do you follow when utilizing online communication and social networking in your role as mental health professional?

APPENDIX G

Verbal Consent Script

The purpose of this research is to identify how online communication and social media networking are used in alcohol use treatment. Findings will provide a guide for future and current mental health professionals in the fields of online treatment and alcohol use, and provide suggestions for further research. The expected duration of participation today is approximately 30 minutes. You will be asked to provide your personal experience in response to (4) separate interview questions. My Research involves no more than minimal risk to you as the participant, for example, possible fatigue and loss of time. You will be provided access to the results of my study, if requested, which will include suggestions to improve social media practices in your profession. This research will add to the field of mental health and social networking. Your name will be disassociated from your responses during the recording and coding process by using aliases and pseudonyms in place of your name and places. All data will be stored on a password protected MAC computer, and backup copies of computer files that contain all information will be developed by utilizing an external hard drive. Data will be kept for six months and then be erased. Finally, participation is voluntary; refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.at any time without penalty. If you have any questions concerning this research you may contact me, Susan Finley, or faculty supervisor, Dr. Mark Allen. If you have questions about your rights as a research participant, contact Dr. Thema Bryant-Davis, Chairperson of the Pepperdine University Graduate and Professional Schools IRB.

APPENDIX H

Permission to Use Psychology Today Therapy Directory

Good afternoon,

My name is Susan Finley and I am a Doctoral Candidate in the dissertation phase of obtaining my Doctorate in Organizational Leadership at Pepperdine University in Southern California. The title of my dissertation is:

HOW ONLINE COMMUNICATION AND SOCIAL MEDIA NETWORKING ARE USED IN ALCOHOL USE TREATMENT

I am writing to ask for the permission to use *Psychology Today's* online therapist directory to recruit participants to be interviewed based on meeting the two criteria for this research, (a) must be a licensed therapist practicing within a five mile radius of North Hollywood, CA, and (b) must advertise alcohol abuse as one of the areas of experience on the therapist directory provided by the website *Psychology Today*.

The purpose of the research is to identify the ways in which social media and online communication are used by mental health professionals working in alcohol use treatment to aid in the recovery of those seeking help via the Internet.

The goal of this research is twofold: (a) to provide a guide for future and current mental health professionals in the fields of online treatment and alcohol use, and (b) to provide suggestions for further research.

The four guiding interview questions are as follows:

1. What is your experience in utilizing online communication and social networking in your role as mental health professional?

2. What has been the impact of utilizing online communication and social

networking in your role as mental health professional on your profession?

3. What are the larger ramifications of utilizing online communication and social networking in your role as mental health professional?

4. What resources or guidelines, if any, do you follow when utilizing online communication and social networking in your role as mental health professional?

I am more than happy to provide the findings of this study to *Psychology Today*. Thank you for your willingness to make a difference in the lives of men and women suffering from alcohol use.

I look forward to hearing back from you at your earliest convenience!

Best,

Susan Finley, M.S., NCC, DCC

Doctoral Candidate

Organizational Leadership

Graduate School of Education & Psychology

Pepperdine University

APPENDIX I

Email Response from Psychology Today

From: Charles Frank <charles@psychologytoday.com>
Date: September 17, 2013, 12:41:16 PM PDT
To: "Finley, Susan (student)" <Susan.Finley@pepperdine.edu>
Subject: Fwd: Form submission from: Feedback
Hi Susan,

Thanks for the email.

You can contact people through he directory yes. Please stay below our spam filters by not emailing more than 10 people per day or not calling more than 10 people per day.

Regards,
Charles

APPENDIX J

GPS IRB Exemption Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

October 1, 2013

Protocol #: E0713D12 *Project Title:* How Online Communication and Social Media Networking are Used in Alcohol Use Treatment

Dear Ms. Finley:

Thank you for submitting your application, *How Online Communication and Social Media Networking are Used in Alcohol Use Treatment*, for exempt review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisor, Dr. Mark Allen, have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations (45 CFR 46 - http://www.nihtraining.com/ohsrsite/guidelines/45cfr46.html) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(2) states:

(b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

Category (2) of 45 CFR 46.101, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. In addition, your application to waive documentation of consent, as indicated in your **Application for Waiver or Alteration of Informed Consent Procedures** form has been **approved**.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

6100 Center Drive, Los Angeles, California 90045   310-568-5600

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at http://www.pepperdine.edu/irb/graduate/).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Veronica Jimenez, GPS IRB Manager at gpsirb@peppderdine.edu. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,

Thema Bryant-Davis, Ph.D. Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives Ms. Alexandra Roosa, Director Research and Sponsored Programs Dr. Mark Allen, Graduate School of Education and Psychology

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