

THE BULLETIN BOARD

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TEMPTED TO BE TOO HELPFUL: STEPPING BEYOND THE THERAPIST ROLE

By Susan Hurt, Ph.D., and Marc Davis, M.A.

One relatively common challenge the North Carolina Psychology Board sees across complaints is the psychologist's foray into activities that go beyond the role of their client's therapist. The vast majority of the time, it appears obvious that the psychologist was requested to do something the client views as eminently helpful and which appears to the psychologist to be simple enough, especially with the client's fully informed consent around any issues of confidentiality. Let's take a look at the continuum of these types of requests and see if we can develop a framework for identifying the challenges, drawing the line in a place that is more protective of one's clients, and developing useful ways of refraining from going beyond truly therapeutic activities.

Let's start with our intuitive level of comfort or discomfort with these relatively common client requests:

- Provide my recent records in support of my disability application.
- Communicate with my psychiatrist regarding my recent experience of side effects after my medication change.

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- Call my child's direct service social worker and let her know how much better I have been doing since beginning therapy.
- Write a letter I can take to the cruise ship company about my dog accompanying me on my cruise (for emotional support).
- Let my employer know I have a valid reason for so many sick days.
- Tell my employer I need to be separated from annoying coworkers.
- Take a call from my lawyer about my upcoming child custody hearing with my ex (she may need to hear that I am capable of good parenting).
- Write a letter or report to my lawyer explaining how my mental health issues affected my judgment when I got into that argument.
- Write a letter in support of reassigning my child's speech therapist at school (you've heard how unhappy I am with the current one).

If responding to some of these scenarios makes you more uncomfortable than others, what is the difference between them? Try these questions to distinguish between them:

- Was the activity anticipated in the client's treatment plan?
- When we began therapy, did I anticipate needing informed consent for these types of disclosures about our relationship and work together?
- Does the activity serve the general purpose of the treatment plan?

Under this framework, most practitioners would be comfortable with the first two scenarios (records request and communicating with a psychiatrist). Both of these scenarios require the psychologist to disclose information that had probably arisen in the normal course of providing psychological services according to the treatment plan. The purpose of the disclosure in both reflects a normal progression from the treatment plan; the disability benefit is based formally and directly on medical and mental health records, while communication with another current mental health professional supports coordination of care.

After the first two scenarios, more care is required in deciding whether the foray into these client requests is a good idea. Some questions the psychologist may want to address include:

- How does the information we discuss in therapy contribute to the overall treatment plan? For instance, if the treatment plan involved enhancing parenting skills, was this clearly outlined in the initial referral and informed consent? Additionally, if there is a sudden request for progress reports after the treatment plan has been established, it may be necessary for the therapist to investigate further.

From the Board's perspective, one of the greatest risks in reaching outside the therapy room and touching other systems is going beyond the realm of knowledge the psychologist could possibly have based solely on the therapeutic relationship.

- How does the requested activity support clinical progress? Our clients come to us with many kinds of issues. Sometimes they express dissatisfaction with other people and systems. For example, they may complain about their spouse, boss, or neighbor. Is the solution ever to reach out to the other person and ask them to stop on behalf of our distressed client? No, of course not. So, what makes us willing to do that when the client perceives a specific opening to reach out and change their environment?
- Do I have the knowledge, based on standards of practice for my profession, to provide the requested information? From the Board's perspective, one of the greatest risks in reaching outside the therapy room and touching other systems is going beyond the realm of knowledge the psychologist could possibly have based solely on the therapeutic relationship. Other psychologists are out there, providing assessments of parenting, the appropriateness of service animals, and workplace accommodations. These practitioners have specialized training, and, in almost all cases, their training includes the use of collateral, systemic information that goes far beyond the type of individual self-report that occurs for therapy.
- Is your desire to comply with these types of client

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requests based more on your own need to “help” them rather than what is feasible given the nature of the therapeutic relationship? For those who work in the mental health field, the desire to help others is a common reason for pursuing their career. However, psychologists must be careful that their own desire to help doesn’t supersede what is competent and responsible clinical practice.

- How will my participation in the requested activity affect my fidelity to the treatment plan (and my client’s image of our respective roles) moving forward? Possible detrimental effects on the existing therapeutic relationship should hold a place as equally as important as failing in standards of practice outside the therapeutic relationship. The client may be a layperson and may not necessarily know the appropriate boundaries of the therapeutic relationship. What does it say to a client when they bring a complaint or problem into therapy and the psychologist says, oh, I can help fix that, out there in the real world where it is happening? What is the message

about the therapeutic relationship? How will the psychologist and client resume the work of therapy after the foray?

Especially in this age of telehealth, integrated care, information superhighway, text messaging for appointment changes, and bumps into people via social media, it has become more and more difficult to conceptualize the walls of the room that intensify and place boundaries around the therapy experience. Yet, those boundaries remain absolutely necessary, both for the quality of the experience for the client, and to protect the client from the psychologist dipping into low standards of practice and other types of professional harm.

When a request for involvement that appears to go beyond the role as your client’s therapist arises, perhaps the psychologist should practice the art of the reframe, productively shifting from, “No, that is not my job,” to “Let’s talk about the plans we made for our work together and how I can best help you solve problems like these in the long term.” A return to the treatment plan is always a good protector against drifting away from the role of therapist. ■



DEPARTMENT OF REVENUE PRIVILEGE LICENSE REQUIREMENT REPEALED

Effective July 1, 2024, the requirement for professionals, including psychologists, to obtain a statewide license from the NC Department of Revenue (NCDOR) for practicing their profession in North Carolina will be repealed. This means that professionals, including psychologists, will no longer be required to obtain a new privilege license or renew an existing one. The last period for the privilege license will end on June 30, 2024. If you have any questions about the privilege license, please contact NCDOR at (877) 252-3052 and not the NCPB office.

It is important for psychologists to understand that the requirement for a privilege license from the NCDOR is different and separate from the requirement to obtain a license from the NCPB in order to practice psychology in the state. The obligation to have a license from the NCPB to practice psychology in North Carolina is still in effect and is not affected by the repeal of the NCDOR privilege license requirement. ■

BE SOCIAL MEDIA SAVVY

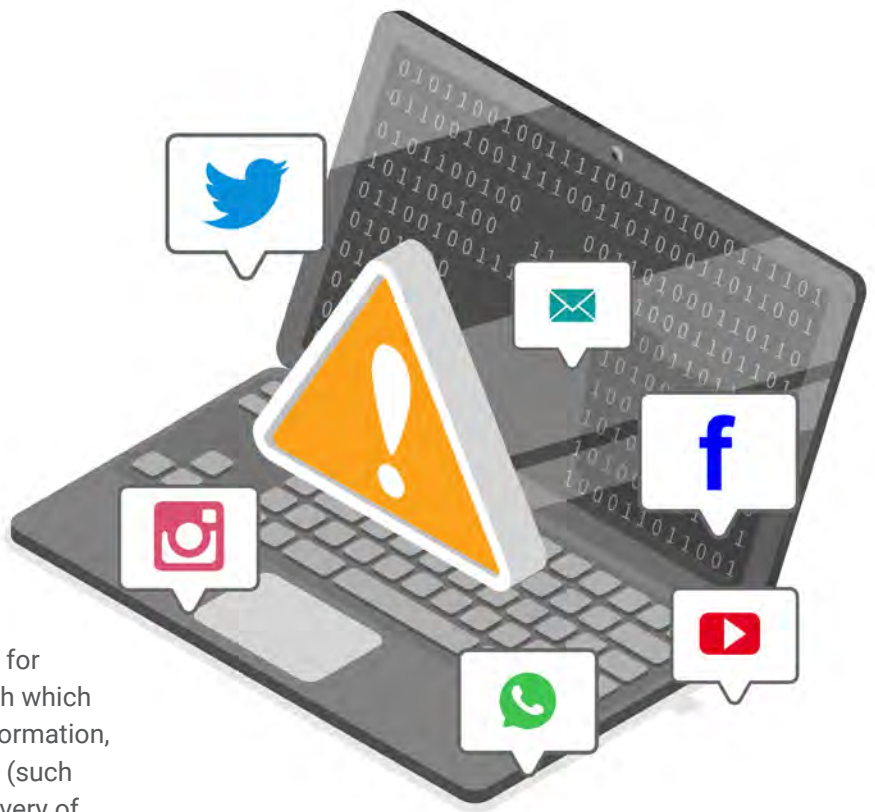
Psychologists Need to Be Aware of the Risks of Using Social Media

By Helen Brantley, Ph.D.

Social media poses many challenges for psychologists. The Merriam-Webster dictionary defines social media as “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)”. Telepsychology refers to the delivery of psychological services, such as assessment and therapy through telephone, videoconferencing, as well as social media. This article will focus on the use of social media.

Psychologists use social media for advertising, communicating psychological information, advocating for social justice, and soliciting colleagues’ comments (White & Hanley, 2023b). As a result of their use of social media, psychologists may also become “mental health influencers” where their opinions and ideas may influence many people. Ethical issues of competency, integrity, confidentiality, and risk assessment are particularly relevant to those who disseminate ideas, information, and research through social media (White & Hanley, 2023b). The issues of integrity and accuracy are particularly relevant because information that might be useful to one person might be harmful to another. Increased use of mental health sites resulted in increased depression, victimization by bullying, and disclosure of personal health information (PHI) in the research reported by Naslund et al (2020).

A systematic review of research found that using websites for advertising for clients often elicits a loss of trust in the therapist (White & Hanley, 2023a). A power imbalance occurs if patients participate in websites without informed consent. The use of websites might also cause harm to the therapist’s reputation, particularly using any self-disclosure. With society’s normalization of social media use, blurred boundaries may develop between the therapist and patient relationship and the initiation of a friendship. Psychologists tend to share more personal information and the relationship seems more like a friendship rather than a professional



APA guidelines were written to aid the therapist-psychologist in navigating social media, and ASPPB guidelines seek to aid regulatory boards, like the NCPB, in investigating complaints that were brought to them as well as being relevant to the individual therapist.

relationship. Psychologists are also more likely to participate in boundary crossing by patient-targeted Googling (Wu & Sonne, 2021) than by advertising, providing online psychoeducation, or accepting “friend” requests from clients.

Guidelines for the use of social media by psychologists have been issued by two different organizations, the American Psychological Association (APA, 2021) and the Association of State and Provincial Psychology Boards (ASPPB, 2020). For both organizations, social media refers to websites that allow comments and participation in online discussions. APA guidelines were written to aid the therapist-psychologist in navigating social media, and ASPPB guidelines seek to aid regulatory boards, like the NCPB, in investigating complaints that were brought to them as well as being relevant to the individual therapist.

APA’s guidelines note that the benefits of the use of social media include public access to health information,

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one of the top uses of social media. Such information may reach underserved populations as well as those living in remote areas. Social media may also be useful for communicating with interested groups of clients, students, and peers around particular health issues, and developing research, and policy.

Issues in using social media, as explained in the APA guidelines, were more numerous than benefits. The guidelines discuss seven areas:

1. Psychologists consider that the public nature of social media does not allow for the protection of their own confidentiality.
2. Psychologists strive to be mindful of ethical and legal responsibilities to maintain patient privacy (APA, 2017).
3. If using social media to find information about clients, students, and colleagues, psychologists take into consideration the risks of obtaining such information on those they work with professionally as well as obtaining information on clients without informed consent.
4. The guidelines suggest avoiding contact with past or current clients because of blurring the boundaries of the relationship.
5. Providing social media policy information on the use of social media to all employees of an organization and all clients in the form of informed consent is recommended.
6. If doing research with social media, psychologists take care against the misuse of such research.
7. In providing education through social media, psychologists strive to maintain accurate statements about their practice, colleagues, and the profession, including scientific support for such statements.

The guidelines (2021) also consider education, training, and professional development issues in using social media. The first caution is to stay current regarding the benefits and limitations of using social media as technology evolves. The second concern is to be aware of the need to train students in the ethical use of social media. Finally, psychologists consider the need for continuing education for themselves and colleagues regarding the use of technology and social media.

To understand each of the APA guidelines, one should carefully consider and understand both the rationale and application of each of these concerns. Please use

the [APA guidelines](#) to understand more completely and with greater nuance about each guideline.

The [ASPPB guidelines](#) provide information about what is expected in the use of social media by practitioners as well as by regulatory boards. Psychologists are reminded that tele-services and/or social media may not be accessible to all. ASPPB covers nine topics in its guidelines: confidentiality, informed consent, risk management, multiple relationships, competence, professional conduct, security of information, personal use of social media, and regulatory body use of social media.

ASPPB recommends that psychologists using social networking sites engage in all available privacy settings to reduce confidentiality risk. Psychologists are encouraged to respect client privacy and consider

Psychologists are urged to include the use of social media in their client informed consent forms that include the benefits and risks of using social media to communicate.

the appropriateness of searching for client information without informed consent. The need for social media policies regarding how social media will be used in their work is stressed.

Psychologists are urged to include the use of social media in their client informed consent forms that include the benefits and risks of using social media to communicate. Included under risk management is the need for social media policies which state in what jurisdictions psychologists are licensed, use of secure networks, and encryption when sending PHI over social media. ASPPB encourages psychologists to guard against multiple relationships, in part, by ensuring their personal and professional social media presences are separate.

Competence includes knowledge of ethical and legal requirements for social media use, maintaining current knowledge, and knowing the risks of technology to the security of PHI. Professional conduct is encouraged for psychologists by being aware of language use, professional boundaries and culture, and accurate presentation of themselves and materials.

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Documentation of all work including email and texts is required if a patient is involved.

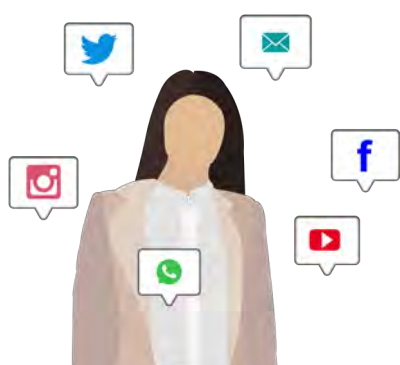
Psychologists are urged to maintain the security of information by how they create, store, access, transfer, and dispose of records related to social media. In this guideline, the separate maintenance and boundaries of personal and professional practice are emphasized. Psychologists in their personal use of social media are cautioned about postings on public comment sites and being aware of privacy settings on all social media

platforms they use. The guideline regarding regulatory body use of social media encourages clear policies about social media in workplaces and urges all employees to be trained in social media policies that are used by the Board if the Board has developed such policies.

More detailed information is available in the [ASPPB guidelines](#). Examples of informed consent and social media policy are available.

One vignette provided by ASPPB describes the posting of pictures by someone else of an inebriated psychologist on a Facebook page. The picture could reflect poorly on the profession, harm the psychologist's patients' trust, and injure the psychologist's reputation with colleagues. While not illegal or unethical, such behavior is unprofessional, even if the posting is done by a non-psychologist.

Other professions have similar guidelines, but the above brief descriptions of the two most relevant guidelines for psychologists are advisable for all practitioners to read and comprehend. While guidelines are not standards and, therefore, not enforceable by the Board, they do outline good practice for all psychologists. ■



Examples of informed consent and social media policy are available in the [ASPPB guidelines](#).

References

- American Psychological Association (2017). Ethical principles of psychologists and code of conduct. <https://www.apa.org/ethics/code/ethics-code-2017.pdf>
- American Psychological Association (2021). Guidelines for the Optimal Use of Social Media in Professional Psychological Practice. <https://www.apa.org/about/policy/guidelines-optimal-use-social-media.pdf>
- Association of State and Provincial Psychology Boards, Social Media Task Force (2020). Guidelines for the use of social media by psychologists in practice and by psychology regulatory boards. https://cdn.ymaws.com/www.asppb.net/resource/resmgr/guidelines/final_oct_9-2020_guidelines_.pdf
- Naslund, J.A., Bondre, A., Torous, J. & Aschbrenner, K.A. (2020) Social media and mental health: Benefits, risks, and opportunities for research and practice. *Journal of Technology in Behavioral Science*, 5, 245-257. <https://link.springer.com/article/10.1007/s41347-020-00134-x.pdf>
- White, E., & Hanley, T. (2023a). Current ethical dilemmas experienced by therapists who use social media: A systematic review. *Counselling & Psychotherapy Research*. Advance online publication. <https://doi.org/10.1002/capr.12678>
- White, E., & Hanley, T. (2023b). Therapist + social media = mental health influencer? Considering the research focusing upon key ethical issues around the use of social media by therapists. *Counselling & Psychotherapy Research*, 23(1), 1–5. <https://doi.org/10.1002/capr.12577>
- Wu, K. S., & Sonne, J. L. (2021). Therapist boundary crossings in the digital age: Psychologists' practice frequencies and perceptions of ethicality. *Professional Psychology: Research and Practice*, 52(5), 419–428. <https://doi.org/10.1037/pro0000406>

CATCHING UP WITH THE EXECUTIVE DIRECTOR

Dan Collins has been the executive director of the North Carolina Psychology Board for more than a decade now. Before joining the NCPB, he worked as a corporate and regulatory attorney for several organizations, including the American Public Communications Council, Lowe's Companies, Inc., King Pharmaceuticals, Inc., Troutman Sanders, LLP, and GoodLife TV Network, Inc. Dan started his career as an accountant and auditor, working for both a public accounting firm and a venture capital company. People may be surprised to learn that before becoming an attorney, Dan served as the White House Deputy Director of Research and Special Projects for the Clinton Administration.

Dan says he's most thankful for **“the hard-working, dedicated, and collegial Board members and staff I've had the great fortune of working with over the past 10 years.”**

the Board's mission of protecting the citizens of North Carolina.”

Despite the successes, there have been challenges. Dan says the biggest challenge when he first joined the NCPB was learning the Board's operations and processes while also quickly understanding the laws and regulations governing the practice of psychology in North Carolina. “More recently, the biggest challenge has been the noticeable decline in civility and patience when interacting with some individuals

During his tenure as the executive director, Dan says he's been most proud of “how the Board members and staff modernized the NCPB's functions and operations to make processes more efficient and user-friendly for licensees and applicants while still focusing on



**Daniel P. Collins, JD,
Executive Director,
North Carolina
Psychology Board**

who contact the Board office,” he said. “Unfortunately, this seems to reflect a societal problem in general.”

Dan says he's most thankful for “the hard-working, dedicated, and collegial Board members and staff I've had the great fortune of working with over the past 10 years.”

One of the primary functions of Board staff is to interact with licensees, complainants, and members of the public. Staff strive to always do so in a professional, helpful, and patient manner. Dan suggests that licensees interacting with the NCPB should act in the same manner when interacting with Board staff. A collegial and cooperative interaction typically leads to a more satisfying outcome for everyone.

Dan earned a law degree from George Washington University Law School in Washington, DC, and a Bachelor of Science degree in accounting from UNC-Greensboro. Although Dan has lived off and on in North Carolina for more than 30 years, he remains loyal to his native Boston sports teams, including his beloved Boston Red Sox. However, as a resident of Boone, he has become an ardent fan of Appalachian State's athletic teams. ■

BOARD ACTION

The following is a summary of the action taken by the Board pursuant to G.S. §90-270.148 since the last edition of *The Bulletin Board*. A full copy of the action may be viewed by clicking on the action title.

Wheeler, Anne C.—**CONSENT ORDER** was approved and signed on November 9, 2023. For the 2022-2024 biennial renewal period, the Board sent licensees several reminder emails informing licensees that they were required to submit certificates of completion for the required continuing education to CE Broker prior to renewing their licenses. On November 29, 2022, Respondent submitted her online renewal form and attested to having submitted all of her continuing education documentation and certificates to CE Broker, even though she only submitted 20.5 hours of continuing education. On April 3, 2023, Daniel Collins, Board Executive Director, sent Respondent a certified letter, in which Respondent was provided a deadline of April 21, 2023, to submit all certificates and documentation of 24 hours of continuing education to CE Broker, to which Respondent did not comply. Following receipt of the Statement of Charges in this matter, on August 7, 2023, Respondent completed all of the required continuing education coursework.

Respondent admits that the conduct described above constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(5), & (a)(7) of the North Carolina Psychology Practice Act, and 21 NCAC 54 .2104 (a), (c), (e), & (j) of the North Carolina Psychology Board rules.

Respondent shall participate in and successfully complete a minimum of two to four hours of tutorials that address the continuing education requirements of licensees and proper and timely response to the Board; how Respondent's conduct resulted in this action taken by the Board; Respondent's plan of action to prevent the recurrence of the behavior which resulted in Board action; and general ethical conduct. For the 2024-2026 licensure renewal, no later than September 27, 2024, Respondent shall submit an affidavit to the Board attesting that she has completed all the required continuing education, including having submitted all documentation and certificates to CE Broker, before Respondent will be allowed to renew her license. If Respondent does not submit the affidavit and all documentation of the required continuing education to CE Broker by September 27, 2024, her license shall be immediately suspended by the Board. This consent order constitutes Remedial action by the Board. ■

REMINDERS

PROFESSIONAL CORPORATION/ PLLC RENEWAL REMINDER

If you haven't renewed your psychology professional corporation or PLLC registration for 2024 yet, it's important that you do so as soon as possible. Your renewal is currently overdue. To renew your registration, please click on the "Renew Online" button on the [NCPB's website](#). If you have any questions about renewing the registration of your professional corporation or PLLC, please contact Kayla Greene at kgreene@ncpsychologyboard.org.

Please note that renewing the registration of your professional corporation or PLLC is not the same as renewing your Board-issued license to practice psychology. Renewal of your psychology license will take place later in 2024. ■



MARK YOUR CALENDAR

Licensees must renew their psychology licenses by October 1, 2024, and complete all continuing education requirements. Additional information and reminders will be provided in the upcoming months. ■

Have a suggested article topic for
The Bulletin Board?

Email info@ncpsychologyboard.org using
Suggested Newsletter Topic in the subject
line of the email.