

A Facebook Primer for Child and Adolescent Psychiatrists



As with many patient boundary issues, it can often be difficult to determine where to draw the line between personal and professional — especially when it comes to new media, like Facebook.

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In this issue's Mentorship Matters, Tristan Gorrindo and Gabriel Robbins tell us about the vast potential of Facebook as this becomes another venue for AACAP activities, and they inform us about safe ways to use this medium for personal and professional use.

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Over the past few years, the social networking Web site Facebook has exploded in popularity. Even AACAP has a Facebook page. But as with many new technologies, increased interest has led to increased scrutiny and a lot of unanswered questions. Is Facebook a force for good or evil, and should you, as a doctor or future doctor, be on it?

Here we take a closer look at five burning questions our members are asking.

1) What is Facebook?

Nothing exposes a generation gap quite like new technology, and Facebook is no different. Half of the people reading this

article will be quite happy to skip to Question #2, but if you are one of the many people who are still looking for *The Face Book* on the shelves of your local library, read on! In a profession that works with children and teens, it is especially important to have the basics of Facebook down — because your patients do. Don't worry. We are here to help.

So, what is it? Facebook is a type of Web site known as a "social networking site." On this type of site, each person has their own Web page to display their personal information for others to see. On your Web page, you can share basic facts like your name and birthday, fun trivia like your favorite movies and quotes, photos, or just about anything else you can think of (sometimes people share too much — see below).

The power of Facebook, though, lies in the connections between the pages. Facebook is an online directory, and if you can find your friends in the directory, you can ask them to link your page to theirs (this is the story of how "friend" became a verb). Voila, you can now see their page and all that they have shared! Thus, Facebook is a virtual web, connecting millions of people, and their embarrassing photos, all over the world.

2) What is the AACAP Facebook Group?

Individuals are not the only ones who can get in on the Facebook fun. Now, groups like AACAP also have pages that link to other people. With the explosion in the Facebook site's popularity, groups like AACAP are using Facebook as a convenient way to reach out to members. In our case, we are connecting with medical students, residents, and others. Anyone can join the group, regardless of whether you have a budding interest in the field or you are a lifelong child and adolescent psychiatrist. Everyone can find something of interest!

The AACAP group page has a few special features that help our group members connect with each other. First, the AACAP page has a discussion board. All of the people in our group — 600 plus people and counting — can ask and answer questions about child and adolescent psychiatry. Questions can range from the professional (Residency: to do the fourth year or not?) to the personal (Does becoming a parent change your identity as a psychiatrist?).

The AACAP group page also has information about AACAP's opportunities, photos of our meetings, and links to other helpful resources. In addition, group members can see one another's name and location.

Being able to have easy access to information about other people who share your interest can be pretty cool — hence, Facebook's popularity. But it can also be concerning, particularly for a physician or future physician. AACAP monitors the group to discourage troublemakers from joining, but most of our members have the same reaction: "Facebook is great! But..."

3) Should I be on Facebook?

Your decision to join Facebook is a personal decision. Given the increasing popularity of Facebook among medical students and residents, many feel that Facebook is an indispensable part of their social lives. Asking them to give up Facebook is like asking them to give up a large number of friends. But for this same reason, Facebook can be a confusing

mess of personal and professional information. You can imagine how complicated it gets when you are using Facebook both to coordinate Friday night plans and to get advice about career planning. Use of Facebook, as a clinician, requires that you have some awareness of how to manage your Facebook profile in a manner that keeps your personal and professional information and relationships from mixing in inappropriate ways.

4) Won't patients be able to access all my personal information?

Facebook uses privacy settings to limit your personal information to certain groups of people. If you chose to not use the built-in privacy settings, then anybody can access your personal information, including demographic information, photographs, postings, and links to your friends. While this might be desirable for finding old friends from high school or meeting new people with common interests, it's not as helpful when patients start looking for your information.

The good news is that you can easily change the privacy settings to limit personal information to only approved friends. Generally speaking most clinicians should be using their privacy settings in order to limit the flow of personal information to patients who may be on Facebook (Gorrindo 2008).

The AACAP Facebook group is monitored daily by AACAP staff, and members

of the group must be confirmed by the AACAP staff before they can view the discussions and information, but a good rule of thumb is: "don't post anything you would not feel comfortable having a patient see, even if you think it's private."

5) What if a patient "friend requests" me? Should I accept?

The short answer is "no." When a patient sends you a "friend request," they are asking to be a part of a select group of people with access to all your personal information. When you click "accept," you are telling Facebook that this patient is a member of your personal friend group.

One way to think about this question is to examine boundaries you have already established with your patients. Most clinicians would agree that you would not bring your vacation photos to the office and share them with your patient; you would not ask a patient to join you and your friends for drinks downtown; and you would not invite a patient over to your house. When you "friend" a patient, you are allowing them to see personal photographs, browse your friends, and know more detailed knowledge about you than you would generally allow in a physician-patient relationship.

It is, however, important to discuss the "friend request" with your patient in a non-shaming manner. During the next appointment with this patient, it is reasonable to acknowledge the patient's

curiosity and desire to want to know more about you. However, as a clinician, it is important to remind the patient that they are best served when the relationship between the patient and physician exists only within the confines of the therapeutic space. Treatment works best when a patient and physician avoid a friendship-like connection outside of the room.

As with many patient boundary issues, it can often be difficult to determine where to draw the line between personal and professional — especially when it comes to new media, like Facebook. Should this scenario arise, you should discuss this boundary issue with a supervisor or colleague. ■

For more information about privacy settings, visit www.aacap.org/cs/facebook

References

Gorrindo T and Groves JE (2008). Web search for information about physicians. *JAMA* 300(2): 213-5

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