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## Psychotherapy Clients' Online Behavior and Opinions Regarding Internet Searches Conducted by Therapists

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PSYCHOTHERAPY CLIENTS' ONLINE BEHAVIOR AND OPINIONS  
REGARDING INTERNET SEARCHES CONDUCTED BY THERAPISTS

by

Emily Brooke Gale

A DISSERTATION

Presented to the Faculty of  
The Graduate College at the University of Nebraska  
In Partial Fulfillment of Requirements  
For the Degree of Doctor of Philosophy

Major: Psychology

Under the Supervision of Professor David DiLillo

Lincoln, Nebraska

July, 2012

PSYCHOTHERAPY CLIENTS' ONLINE BEHAVIOR AND OPINIONS  
REGARDING INTERNET SEARCHES CONDUCTED BY THERAPISTS

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University of Nebraska, 2012

Adviser: David DiLillo

The Internet has become possibly the most popular medium to find information and communicate in our society. For the field of psychology, the Internet offers a new way to collect data and communicate with both study participants and, for practicing psychologists, possibly clients. Little is known, however, about the implications of interacting with clients online. The existing empirical studies in this area (DiLillo & Gale, 2011; Lehavot, Barnett, & Powers, 2010; Taylor et al., 2010) have focused on psychology graduate students' actions online. These studies highlight the importance and paucity of research regarding the online behaviors of psychotherapy clients and interactions initiated by clients with therapists online. The purpose of this dissertation, therefore, is to address this gap in the literature by surveying clients regarding their online behaviors, any interaction clients have with therapists online, and how clients feel about contact with their therapists online. In order to address this gap, clients who are currently receiving psychotherapy services at a campus counseling center were surveyed regarding their online behaviors, opinions about searching, and opinions regarding therapists' searches for client information. Overall Internet use was found to be very high among the sample, with most reporting using the Internet on a daily basis. Additionally, few reported any online contact with their therapist, and clients indicated that it would be

mostly unacceptable for therapists to search for clients online. This study has several important implications for therapy including contribute to a growing literature addressing the role of the Internet in clinical practice in an increasingly electronic world.

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Psychotherapy Clients' Online Behavior and Opinions Regarding Internet Searches  
Conducted by Therapists

The rise of the Internet has drastically changed the means by which people obtain information and communicate. The Internet, originally designed for communication between sites during a nuclear attack (Howe, 1998), has become a widely used resource for information ranging from current world news to communication between family and friends. Originally, the Internet was an amalgamation of several networks, which were combined in 1969 and launched as a publically accessible tool in 1991 (Howe, 1998). In 1992, the first e-mail connection was opened (Howe, 1998). Since this time, e-mail and the Internet have become more popular and readily accessible by the general public. According to the Pew Internet and American Life Project data reported in December 2009, 74% of adults in the U.S. use the Internet. Of various age brackets, 93% of those 18 to 29 use the Internet, 81% of those 30 to 49, 70% of those 50-64, and 38% of those 65 and over. As of December 2008, 91% of those who report using the Internet do so to send or read e-mail and 89% to use a search engine to find information (Pew Internet and American life Project, 2008).

The Internet is no longer solely used for e-mail. In fact, the variety of information available online has exploded. Users can watch television shows, movies, current news broadcasts, chat live with others, and participate in various social media websites. In 2009, the most popular e-mail websites in the U.S. included Yahoo (106 million users), Windows Live Hotmail (47 million users), Gmail (37 million users) and AOL (36.4 million users) ([www.email-marketing-reports.com](http://www.email-marketing-reports.com), retrieved June 12<sup>th</sup>, 2010). Social networking websites, websites used for socializing with others, represent a large and ever

evolving niche of the Internet. These websites are used for conversing with others, posting information such as interests and activities, or posting photographs. Adult usage of these websites quadrupled between 2005 and 2008 (Pew Internet and American life Project, 2008). Facebook, the overall most popular social networking website, designed by Harvard students as a throwback to “face books” given to new students entering college, was started in February 2004 (Facebook.com, retrieved June 12<sup>th</sup>, 2009). By December 2004, it had grown to 1 million users and, as of June 2010, to over 400 million (Facebook.com, retrieved June 12<sup>th</sup>, 2010). Facebook reports that nearly two thirds of its users are out of college, with the fastest growing demographic being those 35 years and older. In addition, worldwide, more than 500 billion minutes are spent on Facebook each month (Facebook.com, retrieved June 12<sup>th</sup>, 2010). Further, 100 million users are now able to access their Facebook account easily through their cell phones and those users are 50% more active on the website than non-cell phone users (Facebook.com, retrieved June 12<sup>th</sup>, 2010). More recently, a new social networking and communication website has risen to popularity with by asking a routine question: “What are you doing?” Twitter burst on to the social media scene in March of 2006, providing a “real time short messaging service over multiple networks and devices” (Twitter.com, Retrieved June 12<sup>th</sup>, 2009). As of January 2010, Twitter was the fastest growing social networking website (1,100% growth in one year; Wilhelm, 2010) and is the most popular website for working adults. It is estimated to have 75,000,000 visitors over the last year with nearly 50 million “tweets” sent daily (Wilhelm, 2010).

With the rise in the popularity of the Internet, a large increase has been noted in the impact of online communication between professionals and those they are serving.



While the positive aspects of this type of communication are likely underscored (i.e. convenience, more accessibility for clients, low cost), the negative aspects provide an additional area for additional exploration empirically, ethically, and legally. For example, Missouri has begun legal action which would prohibit social networking relationships between teachers and students due to reported problems with inappropriate relationships developing ([www.cnn.com](http://www.cnn.com), retrieved July 10, 2012). In addition, other professions have begun to note the impact of clients and professionals online presence and the impact of this presence on professional ethics. Notably, in the area of Law, many writings have begun to address the impacts of social networking websites on the ethics of the legal profession (Bennett, 2009; Nelson, Simek, & Foltin, 2009).

In addition to lawyers and educators, psychologists are included among the individuals who use the Internet regularly. Professionally, the Internet provides a new medium to conduct psychological research and provide clinical services. Indeed, online research has become a common way to collect data, contact previously inaccessible, difficult to reach, or special populations, while simultaneously contacting a large number of participants for relatively small costs (Buchanan & Smith, 1999). These ease of Internet data collection and storage saves time, financial resources, and the need for multiple methods of data entry. While a detailed discussion of issues related to online research is beyond the scope of this paper, the Internet does offer benefits for data collection while simultaneously creating new methodological challenges for researchers (for reviews, see Hewson, Laurent & Vogel, 1996; Nosek, Banaji, & Greenwald, 2002; Szabo & Frenkl, 1996).

As noted, the Internet also allows for certain clinical services to be provided online. Of particular importance, this means of service provision allows for clients in rural areas to gain access to therapists previously unavailable (Ragusea & VandeCreek, 2003). Additionally, clients who are older, physically disabled or have diagnoses such as social phobia may find online services more beneficial than traditional therapy settings (Ragusea & VandeCreek, 2003). The Internet has become a convenient medium for conducting group services, including group therapy, (Haug, Sedway, & Kordy, 2008), self-monitoring (Buchanan & Smith, 1999), and gaining information about cognitive-behavioral treatments (Tate & Zabinski, 2004). In fact, behavioral health services on convenient mediums such as using smartphones are becoming more common (Luxton, McCann, Bush, Mishkind, & Reger, 2011). Further, consumers are using the Internet as a form of “self-therapy” through the use of “blogs.” Psychological testing online, while offering convenience, has presented several unforeseen challenges including test reliability, validity, administration, item security, and test-taker confidentiality (for complete review see Naglieri, Drasgow, Schmit, Handler, Prifitera, Margolis, & Velasquez, 2004).

The above referenced issues have one thing in common: they are initiated and controlled by psychologists and are intended for therapeutic or professional purposes. In each of these examples, the psychologist initiates the online professional contact and has substantial control over when the contact will occur, how it will occur, the medium in which it happens, and the duration of the contact. In other online searching, however, the therapist does not have control over the information that is viewed. Taylor, McMinn, Bufford and Chang (2010) call this “the demise of intentionality,” meaning that the

psychologist no longer makes decisions about whether to disclose certain information to a client. While some therapists' disclosures help establish rapport, too much disclosure can shift the focus of therapy away from the client (Taylor et al., 2010). The Internet, however, makes full intentionality of therapist disclosures nearly impossible due to the prevalence of search engines and social networking websites. With the availability of searches that can lead to information such as property values, even therapists who do not take part in social media still have an online presence. Thus, even those who did not have intentions of disclosing information to clients may not have control over this process due to Internet searches.

The Internet offers a new forum for making information available to the public, which traditionally would have been disclosed verbally or in printed materials. Zur (2009) calls an intentional Internet posting by a clinician online *deliberate* self-disclosure, defined as occurring when "clinicians intentionally share personal information with their clients about themselves, which include information about their marital status, parenthood, age, spiritual orientation, personal history, sexual orientation, or vacation destination" (p. 23). This may occur online due to personal information placed on professional websites or limited security settings on Facebook pages, which allow clients to easily search for and view such information. It should be noted that, unbeknownst to therapists, other individuals, including friends, colleagues, or family members can post information, pictures, or other communications, which mention the therapist. This type of posting would likely be viewed as an *unintentional* self-disclosure according to Zur (2009), as the therapist did not intend to communicate this personal information to clients, but because of the Internet, it was communicated online. Zur asserts that

increasing numbers of clinicians are posting professional and/or personal information online and that clients, as consumers making decisions about their health care, have a sense of entitlement to search for that information (Zur, 2009). As a consequence, Zur (2009) describes the Internet as “blurring the line between what is personal and professional” (p. 23). This seeking of information by clients could potentially range from the clinician’s professional website (i.e., a website on a business card or advertisement) to hiring a firm to seek bank account or other information about the client (Zur, 2009).

Viewing online postings as a form of self-disclosure may help clinicians make more informed decisions about what information they choose to place online and the impact on their professional role. While clinicians are clearly entitled to maintain privacy in their personal life, apart from the professional role, it could be argued that clinicians’ professional roles transcend the physical boundaries of the therapy room and carry over into personal arenas. The role of a clinician often becomes something more than a “normal” professional role and is bound by regulations that do not end at the doorway of the office. Behnke (2008) states there is no clear consensus on how much or what type of information online is acceptable. To illustrate this issue, he likens posting information online to posting information on a coffee shop bulletin board (Behnke, 2008). Once online, the information is public information. With the deterioration of both real and perceived privacy online, information can be found relatively quickly and easily by others, including clients.

As members of the general public, clients are likely to use the Internet frequently—perhaps daily—and are therefore likely to be well versed in how to obtain information online. They are aware that with a few keystrokes, Internet searches can

yield a great amount of personal information including both innocuous data, such as professional affiliations, but also more inherently personal and potentially private information. For example, information such as marital status, religious views, and political affiliations, names of family members and photos or postings by other people, are now accessible via search engines and websites such as Facebook and MySpace. This information, previously unavailable through other means, is now easily accessible to Internet savvy individuals. Despite the accessibility of personal information online, there has been little to no examination of the implications of practicing psychologists and clients searching for and finding personal information about each other.

### *Current Literature*

Currently, there have been few empirical studies examining issues such as whether therapists are conducting online searches to find personal information about clients and whether direct therapist-client contact is being made through these searches. The existing studies have examined the online actions of therapists rather than clients, and to date, there are only four empirical studies in this area. First, in a study using information from medical students, Thompson et al. (2008) conducted an evaluation of Facebook profiles maintained by current medical students and residents at the University of Florida at Gainesville in order to determine the frequency of Facebook use and content of student's pages. The researchers found that 44.5% of the sample maintained a Facebook page with those pages varying in the use of privacy settings and personal information presented. Additionally, the researchers conducted a qualitative analysis of the publically available Facebook accounts in the sample, in order to assess the level of unprofessional material presented by medical students online, such as pictures indicating

drunkenness, overt sexuality, or foul language. The authors assessed ten randomly chosen pages from the profiles that were “public” and found that that most posted pictures that “could be interpreted negatively” (Thompson et al., 2008). These posts included pictures of the students with alcohol, groups the student belonged to on Facebook (i.e. “PIMP, aka Party of Important Male Physicians”), foul language, and overtly sexual pictures. The authors conclude that medical students and residents are frequently using Facebook, leading to disclosure of information that is not usually available in a normal doctor-patient relationship. Notably, the authors highlight the importance of educating early professionals about the career consequences of information posted online, and the impact of posting information that can be easily accessed by patients, fellow students, or supervisors.

Second, DiLillo and Gale (2011) collected data from a national sample of 854 graduate student trainees in clinical psychology. The main purpose of this study was to assess how many graduate students used the Internet (search engines and social networking websites) to obtain information about psychotherapy clients online. In assessing baseline use of the Internet and social networking sites, the researchers found that the majority of students were active users of the Internet (87.6% used search engines daily) and 71.8% maintained a social networking website. Of graduate students currently seeing psychotherapy clients, 97.8% reported searching for at least one client using search engines in the past year while 94.4 % reported searching on social networking websites. Further, the majority of these clients (82.1% of clients searched on search engines and 82.5% of clients searched on social networking websites) were unaware of the therapist’s attempts to search for them online. DiLillo and Gale (2011) suggested that

student therapists may reflexively use the Internet as a source of information about their clients perhaps giving little consideration to the ethical implications or appropriateness of these activities. Further, it seems that graduate students are not likely considering the ethical and professional implications of these searches. The authors emphasize the importance of graduate training in this area and highlighted the following areas for further research: surveying clients regarding their online searches for their therapists, online interactions between clients and therapists (i.e. adding a client as a “friend” on a social networking website) and the implications of graduate students posting information online.

Third, a study by Taylor, McMinn, Bufford, and Chang (2010) examined graduate students’ and psychologists’ use of social networking websites, including any direct contact between therapists and clients that had occurred on these sites, and their opinions regarding APA regulations of online behaviors. With a sample of 695 (632 graduate students, 63 licensed psychologists), the researchers found that the large majority of participants (77%) had a social networking profile page and were active on that page. The researchers found that participants were likely to reject or ignore a client’s attempt to contact them on a social networking website. No consensus was found regarding whether the APA should impose regulations for online behavior. Additionally, qualitative data revealed that many therapists have taken steps to edit the information available on their social networking pages. The authors highlight the importance of studying client behaviors online and any attempts to contact therapists online.

Finally, Lehavot et al. (2010) surveyed 302 psychology graduate students regarding their use of the Internet, incidents of online contact with clients, and the use of the internet by

psychotherapists to gain information about their clients. The majority of the sample (81%) used the Internet and, more specifically, social networking websites, on a regular basis. Most who reported having a page on a social networking website also reported frequent visits to these sites as well as posting of personal information such as personal photos. Additionally, students were surveyed regarding any online contact with clients, with 7% of the sample reporting that they had been contacted online by a client. Finally, 27% of student therapists reported seeking information about a client online. These findings are different from those of DiLillo and Gale (2011), who found much higher rates. The difference is likely a result of the manner in which the researchers posed the question to participants. Lehavott and colleagues (2010) inquired in a narrower question regarding clients who are *currently* in therapy with the therapist. DiLillo and Gale (2011) inquired much more broadly about therapists searching for clients either currently in therapy or a previous client (a client from the past year). The Lehavot (2010) study also had a much smaller sample recruited through specific email listserves, which may have reached a smaller subset of individuals that were perhaps less representative of the majority of graduate students. Similar to the studies detailed above, Levahot et al. highlight the importance of continued graduate training in dealing with the Internet and psychotherapy and consulting the APA Ethics Code for guidance when considering online contact. Further, the authors also suggest future research should focus on the activities of clients online.

In sum, the conclusions of these studies offer initial data showing that students are interacting with clients online, but with varying degrees of intensity and frequency. The data suggest that therapists are searching for clients, but rarely engage in interactions with



them online. The results suggest the need for additional graduate training in the area of Internet searches for client information and client contact online, as many students appear to be engaging in this behavior with seemingly little guidance. The authors also highlight the importance of adhering to the APA Ethics Code and Principles, although the APA Ethics Code and Principles does not directly address issues related to the Internet, likely due to the constant innovation and change in the technology available (Taylor, McMinn, Bufford, & Chang, 2010). Finally, the existing empirical studies in this area have focused on psychology graduate students' actions online. All the studies reviewed above highlight the importance and paucity of research regarding the online behaviors of psychotherapy clients and interactions initiated by clients with therapists online. What is lacking, however, is an empirical investigation of the client's perspective of these issues. The purpose of this dissertation, therefore, is to address this gap in the literature by surveying *clients* regarding their online behaviors, any online interaction clients have had with their therapists, how clients feel about contact with their therapist online, and, if applicable, how Internet contact has impacted the therapeutic relationship.

#### *Gaps in Current Literature about Therapist/Client Interactions Online*

As noted, the overarching purpose of this study is to examine the online behaviors and opinions of clients currently receiving psychological services. Currently, there are data showing that student therapists are indeed active online, maintain an online presence, and may have contact with clients online. Considering the prevalence and accessibility of the Internet, it is likely that clients too are frequent users of the Internet. There are no data, however, which directly address this possibility. Thus, one major purpose of this study will be to examine the online presence of clients currently receiving mental health

services. Currently, it is unknown how often clients are using the Internet, whether they are maintaining social networking websites, how active they are on those websites, or how these behaviors differ based on demographic data.

Beyond simply using the Internet, as informed consumers, clients may conduct a simple Google search to seek more information about their symptoms, diagnosis, and efficacious or best practice treatments for their concerns. They may also conduct searches for treatment providers in the area in which they live. This may include those who are geographically close or more specific website such as those for a local college counseling center. There is no current data, however, which examine the frequency in which clients have used the Internet to find information about the Counseling and Psychological Services (CAPS), the student mental health center on the University of Nebraska-Lincoln campus. This study surveys clients at this center to provide initial data on these questions. Similarly, in addition to using the Internet to seek information about providers or nearby office locations, it is likely that clients are using the Internet to learn more about their symptoms or presenting problems. As such, these presenting problems or diagnoses may offer a basis for examining several other variables in the study including comfort with certain people searching for them online or contacting people online. For example, those with significant anxiety symptoms may feel more comfortable with online contact in an attempt to avoid the negative affect and increased symptomatology experienced with face-to-face interactions.

Up to this point, the single study to examine client-therapist contact suggests that 7% of clients may be contacting therapists online using social networking websites or email (Lehavot et al., 2010). Thus, more data are needed to confirm how often these

searches are occurring, to elucidate why clients may be completing online searches for therapists, and find out if client factors, such as presenting problem, may impact online searching behaviors. A major goal of this study will be to gather data to answer these questions. While emerging data suggests a range of frequency in the searching behaviors of student therapists (DiLillo & Gale, 2011; Lehavott et al, 2010; Taylor et al., 2010) there is currently no data elucidating the frequency with which clients are using search engines or social networking websites to seek information, professional or personal, about a therapist. Further, if clients are completing such searches, it is unknown *why* they are doing so. When beginning treatment, a client may accept the professional role of the clinician, such that they recognize the potential power differential between the professional and the person seeking their care. After some time has passed, these boundaries may begin to dissolve, leading clients to view the professional as more of an equal, someone who is accessible to him or her on a personal level. The Internet makes seeking a more personal glimpse of a therapist easy and relatively undetectable. Rather than seeking out a therapist's professional information in an overt manner, a client may make a more secretive attempt to gain knowledge of the therapist. The motivations for these searches could range from simple curiosity about what the therapist's life is like outside of therapy, to romantic interest, or through motivations influenced by a client's psychopathology. Other client and therapeutic characteristics may influence a client's searching behaviors including length of time in treatment, presenting problem, and other information such as demographic characteristics. For example, a client who has been in treatment with the same therapist for some time may be more prone to learning more about the therapist than what is presented in a therapy session. In addition, for clients

who are being seen for presenting concerns related to maintaining good boundaries, searching online may be another form of breaking boundaries with the therapist. Further, it is unknown what clients' opinions are regarding the acceptability of such searching behaviors. Previous research suggests that therapists may have a conflict between their actions and opinions regarding online searches (DiLillo & Gale, 2011). The current research attempts to obtain clients' opinions regarding how acceptable they find it to search for information about a therapist online.

In addition to examining the frequency of searching behaviors on the part of the client, the final portion of this study will assess clients' opinions regarding a therapist searching for the client online. It has been established that therapists are indeed searching for clients online (DiLillo & Gale, 2011; Lehavott et al, 2010; Taylor et al., 2010), but it is currently unknown how clients perceive these searches, if they were to know a therapist completed such a search. It will be important to determine if clients perceive a difference between Google search and a more personal search conducted on a social networking website. In order to fully examine this question, the uniqueness of the therapeutic relationship must first be established. The therapeutic relationship is one of emotional intimacy and minimal reciprocity in disclosure by the therapist to clients. Other relationships in the client's life may share some of these characteristics (i.e., emotional intimacy) but rarely encompass all of the aspects of a therapeutic alliance. As such, the client may view the behaviors of the therapist as different when compared to other relationships in the client's life. For example, if a therapist were to look at the client's social networking profile, the client would likely interpret this behavior differently than if a friend or professor conducted the same search. It is unknown,

however, what clients' interpretations are of therapist's searching behavior in comparisons to other relationships in the client's life. By establishing that there is a qualitative difference between these relationships, it may allow for further examination of the unique challenges presented by the Internet in the practice of psychotherapy.

### *Current Study*

The purpose of this study is to address the previously outlined gaps in the literature focusing on therapist actions online, namely the online behaviors and opinions of clients searching for therapists online. In order to do so, a sample of college student clients seeking psychological services at a campus health center will be surveyed regarding their opinions about their therapist using the Internet to seek information about them. A college sample was chosen for several reasons. First, this specific clinic (UNL's Counseling and Psychological Services; CAPS) serves a large number of clients, allowing for an ample sample size. CAPS consists of a culturally diverse staff of psychologists and counselors who serve the mental health needs of University of Nebraska-Lincoln students. According to the clinic's website, the professionals at CAPS help students to examine their thoughts, feelings, and behaviors in an objective way and to help students deal with situations in a more effective manner ([health.unl.edu/caps/](http://health.unl.edu/caps/), Retrieved September 14, 2010). Second, this population tends to be highly involved online (Pew Internet and American Life Project, 2008), and likely well versed in finding information online. Further, they are likely to have access to the Internet using various sites on campus. Finally, a major advantage in using this population is the potential to generalize the findings of this study to other counseling center clinics. With a significant

number of college counseling centers in the U.S., the results from this study are likely to contribute to the larger body of literature on treating university clients.

*Specific Aims and Corresponding Hypotheses*

**Aim 1. Examine the use of the Internet by psychotherapy clients.**

- A. Psychotherapy clients are likely using the Internet on a regular basis. Based on the previous findings of the Pew Internet and American Life Project (2002), it is expected that the frequency of search engine use among this sample will be very high, with upwards of 60% of the sample reporting using search engines on a daily basis. Differences among demographic variables such as age, gender, ethnicity, and years in undergraduate education will also be examined.
- B. Search engine use is high, with Facebook reporting over 901 million monthly users ([www.facebook.com](http://www.facebook.com), retrieved May 5, 2012). Considering the popularity of social networking websites, it is expected that the number of participants in the current sample who maintain a social networking profile page will be very high, over 80% of the sample.
  - a. *Hypothesis:* As previously stated, the Internet is being used at very high rate among the general population. College students 25 years and younger are also avid users of the Internet, with most logging on daily (Pew Internet and American Life Project, 2002). Thus, it is hypothesized that age will be negatively associated with search engine and social networking website use, such that younger people will use search engines and social networking websites more often.

- C. Examine the proportion of clients who used the Internet to seek counseling services at CAPS.
  - a. *Hypothesis:* Those participants who report more frequent use of search engines in general will be more likely to report using the CAPS website.
  
- E. Examine the difference in search engine and social networking website use by presenting problem.
  - a. *Hypothesis:* Searching behaviors and attitudes will also be examined as a function of presenting problems. As previously mentioned, it may be possible that those with diagnoses of anxiety may feel more comfortable interacting with others online, avoiding anxiety provoking face-to-face contact. In this study, it is hypothesized that those with presenting problems including anxiety will report using search engines and social networking websites more than those without anxiety concerns.

**Aim 2. Examine client attempts to search for therapists online.**

- A. Determine the frequency with which clients' search for therapist information via social networking websites and search engines.
  - a. *Hypothesis:* For clients who have attempted to find information about a therapist online, the most common attempts will be through Google searches followed by social networking searches.
  
- B. For those who have conducted a search for a therapist, the reasons for conducting such a search will be examined. Although this is largely an

exploratory aim, it is expected that “curiosity about the therapist’s personal life” will be given as the most common reason for searching.

- C. The demographic variables of age, race/ethnicity, and year in school will also be examined in relation to the frequency of searching behaviors using both search engines and social networking websites. Although these analyses will be largely exploratory, it is expected that age will be positively relate to searching behaviors on both search engines and social networking websites. As previously stated, young people are using the Internet at high levels and this are likely to be well versed in searching behaviors.
  - a. *Hypothesis:* Higher activity level online, including using search engines and social networking websites on a daily basis, will positively predict whether a client has sought out contact with a therapist online.
- D. In order to fully examine client searching behaviors, length of time in therapy will also be examined.
  - a. *Hypothesis:* Length of time in therapy will be positively related to the likelihood of clients seeking contact with therapists online.

**Aim 3. Examine client opinions regarding online contact with a therapist.**

- A. Examine client opinions regarding the acceptability of a therapist searching for a client online using search engines and social networking websites.
  - a. *Hypothesis:* Clients will rate a therapist searching for a client online using a search engine as more acceptable than a therapist searching for a client using a social networking website.



- B. Compare different relationships (i.e., good friend, professor they are taking a class with, CAPS therapist) and comfort level with those people searching for information about the client both on search engines and social networking websites. To further explore this point, the client's comfort with the general public viewing their Facebook or other social networking page will be examined.
- a. *Hypothesis*: Clients will rate a good friend as the person they are most comfortable searching for them followed by acquaintance, the CAPS therapist, and a professor they are currently taking a class with.

## Method

*Participants*

Participants were 152 clients recruited from the University of Nebraska-Lincoln Counseling and Psychological Services (CAPS). Participants were 19 years of age or older (the age of majority in Nebraska) and gave informed consent to participate in the study. Participants were also required to be in their third session (or longer) with their current therapist or counselor. Please see Table 1 below for a summary of the sample. Overall, the sample consisted of more females than males, with a mean age of 23.19 years. The majority of the sample (87.3%) reported being white. In addition, approximately 40% of the sample reported being graduate students.

Table 1

*Summary of Sample Descriptive Statistics*

Variable	Univariate Statistic
Age	23.19 (4.62)
Gender	
Male	37 (24.5%)
Female	112 (74.2%)
Race/Ethnicity	
American Indian/Alaska Native	2 (1.3%)
Asian	3 (2.0%)
African American	6 (4.0%)
White	131 (87.3%)
Other	8 (5.3%)
Hispanic or Latino	
Yes	9 (6.1%)
No	139 (93.9%)
Years of Secondary Education	$M = 2.86$ $SD = 1.66$

## Graduate Students

Yes	61 (40.4%)
No	90 (59.6%)

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*Measures*

*IRB Approved Version of Client survey (see Appendix A).* At the time of data collection, no measures existed that would allow for the examination of the variables proposed in this study. Thus, a measure was developed to address the previously stated research aims. The initial version of this measure was constructed during a semester long, graduate level course in questionnaire design (Psychology 947 - Questionnaire Design). The survey was designed to be brief, in order to maximize participation rates. With a total of 30 items, the main purpose of the measure was to assess the clients' overall use of the Internet, their opinions regarding professionals seeking information about them online, and whether they had sought information about their therapist using the Internet. Initially, six demographic questions detailed information including: the participant's age, race/ethnicity, gender, and how many years of undergraduate or graduate education were completed. The next two items detailed the clients' primary presenting problem for seeking treatment at CAPS. Participants were given the following options: depression, general anxiety, panic, phobias, low mood, adjusting to college life, stress, family issues, difficulty making friends, relationship problems, sexual problems, alcohol or drug issues, eating issues, weight concerns, grief, and academic concerns. Additionally, if the clients' problem was not listed in these responses, an open ended response was available to explain their primary reason for seeking treatment. Participants were then asked how

many sessions they have completed at CAPS. Finally, they were asked to rate the severity of the primary presenting problem on a scale from 1 = *very mild* to 5 = *very severe*.

The next portion of the survey (four items) assessed the participant's online activity. First, participants were asked whether they had a profile page on a social networking website such as Facebook or MySpace, how often they visit a social networking website for any purpose (Likert-type response ranging from 1 = *never* to 5 = *daily*), and how they would rate the level of privacy on their social networking profile, if they have one, with response ranging from 1 = *completely private* to 6 = *no privacy settings*. Finally, participants were asked how comfortable they would feel with the general public viewing their social networking profile, with response ranging from 1 = *completely uncomfortable* to 5 = *completely comfortable*.

The next series of five questions inquired about the participant's use of search engines such as Google or Yahoo, including how often they use search engines for any purpose and how often the participant uses search engines to search for information about a person, with Likert-type response ranging from 1 = *never* to 5 = *daily*. Participants were then asked whether they had ever used Google or another search engine to search for information about their current CAPS therapist. Those who answered "yes" to this question were then asked what their reason was for conducting this search. The response options for this item include the following: "I was just curious"; "It related to something brought up in session"; "I wanted to know what my therapist's life is like outside of CAPS"; and "other, please explain".

In the next section, participants responded to four questions about their searching behaviors online for their CAPS therapist. Specifically, participants were asked whether

or not they have looked to see if their CAPS therapist has a personal profile page on Facebook or another social networking website and whether or not they had sent a “friend request” or another attempt to contact their therapist through a social networking website. If the participant answered affirmatively, a more detailed question regarding the contact followed, specifically, what prompted the client to contact the therapist in this manner (open-ended response). Participants were then asked whether they had ever texted their therapist. The following item asked if the client had ever read a blog or other Internet posting written by their therapist. If the client answered affirmatively, they were then asked to describe this instance.

The next section of the questionnaire (five items) assessed participants’ feelings about the acceptability of various online behaviors between themselves and their CAPS therapist. First, clients were asked how acceptable it is for the client to search for their therapist using Google or another search engine (response options: 1 = *completely unacceptable* to 5 = *completely acceptable*). Second, participants were asked how acceptable it is to search for their therapist’s personal social networking profile on websites such as Facebook or MySpace. Next, participants reported whether they had ever asked their therapist to view their own social networking profile. Similarly, in the next section, participants were surveyed about their level of comfort with various people searching for them online or viewing their social networking profiles. For example, the first question asked “Please indicate your level of comfort with the following people searching for you online using Google or another search engine”. The relationships included: an acquaintance you just met, a good friend, a professor you are currently taking a class with, your physician, and your CAPS therapist. The Likert-type responses

ranged from 1 = *completely uncomfortable* to 5 = *completely comfortable*. The second question asked “Please indicate how comfortable you would be with the following people viewing your profile on Facebook or another social networking website”.

The final three items of the questionnaire assessed participants’ opinions about the acceptability of their therapists searching for them online using Google or another search engine, without the participant’s permission. The Likert-type responses ranged from 1 = *completely unacceptable* to 5 = *completely acceptable*. Second, participants were asked to rate how acceptable they find it for their therapist to search for the participant’s profile on Facebook or another social networking website, without the participant’s permission. The responses for this question ranged from 1 = *completely unacceptable* to 5 = *completely acceptable*. Finally, participants were given the opportunity to offer any additional comments or opinions about this topic or survey in an open-ended question.

### *Procedure*

Data collection began in January, 2011 and proceeded throughout the spring and fall semesters. Participants were recruited during the check-out process of their third or later appointment at CAPS. A minimum of three appointments was selected to allow enough time to establish a therapeutic alliance and for the therapist and client to have at least begun to formulate a collaborative treatment plan (Horvath & Luborsky 1993; Safran & Muran 2000). At the time of check-out, the CAPS reception staff read a short script, which briefly summarized the goals of the study and the time commitment involved (see Appendix B). After the reception staff person read the script, potential participants indicated a “yes” or “no” answer on a contact sheet. If they indicated “yes,”

they were asked to provide an e-mail address for the researcher to contact them with the survey link. Responses on the contact sheet allowed calculation of the response rate (number who completed the survey/number of clients approached). The response rate was 48.2% (153/317). The researcher was responsible for contacting the interested participants via e-mail and answering any follow up questions. The email sent by the researcher contained a link to the survey. An initial screen containing all informed consent information was presented. Participants provided informed consent by reading a description of the study and other consent material (see Appendix A) and clicking on a button taking them to the actual study questionnaire. The survey was administered via a secure website, Qualtrics, from which data were later downloaded. As an incentive for completing the study, participants could choose to be entered into a drawing for one of three \$100 credits to the UNL bookstore. Finally, follow up emails were sent approximately one week after the initial survey email is sent, to remind the participants to complete the survey.

Due to a procedural error by the researcher, a preliminary version of the survey — different from the one approved by the IRB and supervisory committee — was completed by 102 participants. This version included less refined questions and included items that ultimately were not included in the final version of the survey. When this error was discovered, data collection was immediately stopped. The researcher reported the incident to the IRB, which documented the error (see Appendix C for the IRB Problem Report and Appendix D for a copy of the IRB response). After consultation with the IRB, the correct and IRB approved version of the survey was uploaded and data collection continued. The IRB gave the researcher permission to use the previously collected data

for items that were also on the approved/final version of the questionnaire, and to contact those who had previously completed the survey to ask participants to complete the correct version. These contact attempts were minimally successful. However, per IRB approval, the items from the incorrect version that were identical or nearly identical to the correct version were included in the present data analyses.

In order to rule out the possibility that the same participant had completed both versions of the questionnaire—and thus were represented twice in the dataset—the researcher examined the names and email addresses that were provided for the purposes of the raffle, which were contained in a separate file from the survey responses. The majority of the participated completed the correct version of the survey. In cases where the same participant completed both versions of the questionnaire ( $n = 31$ ); however, the IRB approved version was maintained in the data set. In the very few instances where this was not possible, the researcher examined age, gender, year in school, and other demographic variables in order to identify remaining duplicates. In all cases where duplicate responses were provided, the IRB approved version of the participant's responses was retained in the final data set used for analyses.



## Results

### *Data Cleaning*

All data were examined for completeness and examined for any random responding. This was done using spot checks of randomly chosen survey responses. If the responses were clearly deemed to be random (e.g., if the participant chose the first response on every item), those data would be excluded. Additionally, all variables were examined for extreme skew or distributions. No variables were found to be abnormally skewed. Additionally, there appeared to be no random reporting by any participant.

### *Descriptive Analyses and Correlations*

Prior to testing specific hypotheses, descriptive analyses were conducted to examine sample characteristics and response frequencies (see Table 1 for a summary of sample characteristics). Participants were surveyed regarding their primary concern for seeking treatment at this time. Table 2 details the frequency of each reported concern. In addition, the participants reported an average of 3.52 ( $SD = 5.43$ ) therapy sessions.

Table 2

### *Summary of Reported Primary Treatment Concerns*

Concern	Univariate Statistic Frequency (Percentage)
Depression	71 (47.0%)
General Anxiety	25 (16.6%)
Panic	1 (.7%)
Phobia(s)	1 (.7%)

Adjusting to College Life	6 (4.0%)
Stress	10 (6.6%)
Family Issues	9 (6.0%)
Relationship Problems	9 (6.0%)
Sexual Problems	1 (.7%)
Alcohol or Drug Problems	2 (1.3%)
Eating Issues	2 (1.3%)
Grief	2 (1.3%)
Academic Concerns	2 (1.3%)
Other	10 (6.6%)

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The most commonly reported concern was depression followed by general anxiety, relationship problems, family issues, adjusting to college life, stress, alcohol/drug problems, eating issues, grief, academic problems, sexual problems, and panic. In addition, seven participants reported their concern was “other” which included concerns such as ADHD; rape; breathing problems the doctor believed were depression or anxiety; anger; sleep issues; required med check for ADHD. On average, participants rated the severity of their concerns as 3.46 ( $SD = .86$ ) on a scale ranging from 1 = *very mild* to 5 = *very severe*. When asked for a secondary concern, participants reported depression ( $n = 16$ ; 21.9%) and general anxiety ( $n = 15$ ; 20.5%) as the most common problems followed by: stress ( $n = 9$ ; 12.3%); relationship problems ( $n = 6$ ; 8.2%); family issues ( $n = 3$ ; 4.1%); academic problems ( $n = 3$ ; 4.1%); social anxiety ( $n = 2$ ; 2.7%);

panic ( $n = 2$ ; 2.7%); low mood ( $n = 2$ , 2.7%); adjusting to college life ( $n = 2$ ; 2.7%); difficulty making friends ( $n = 2$ ; 2.7%); eating issues ( $n = 2$ ; 2.7%); and sexual problems ( $n = 1$ ; 1.4%). In addition to the response options above, three participants described their concern as “other” which included the following responses: performance anxiety and grad school stress; self-harm; and bipolar disorder. Participants rated the severity of their concerns as an average 3.19 ( $SD = .82$ ).

Table 3

*Summary of Univariate Demographic Statistics*

Variable	Univariate Statistic Mean (Standard Deviation)
Age	23.19 (4.62)
Years of Undergraduate Education	3.38 (1.46)
Number of Therapy Sessions	5.43 (3.52)
Frequency of using a search engine for any purpose	5.71 (.84)
Frequency of using a social networking website for any purpose	3.56 (2.15)
Comfort with general public viewing social networking page	2.49 (1.29)
Frequency of using a social networking website to find information about another person	1.59 (1.06)
Acceptability of therapist searching on search engines	3.06 (1.29)

Acceptability of therapist searching on

social networking websites

2.23 (1.18)

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*Note.* Responses for frequency variables ranged from “*daily*” to “*never*.” Responses to variables examining client comfort ranged from “*completely uncomfortable*” to “*completely comfortable*.” Finally, responses for acceptability variables ranged from “*completely unacceptable*” to “*completely acceptable*.”





9. Acceptability of  
searching on social  
networking websites

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Note. Correlations are for the combined sample. \* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

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**Aim 1. Clients' use of search engines and social networking websites.**

A. It was expected that the frequency of search engine use among this sample would be very high. Differences or relationships between demographic variables were also examined.

- a. This aim was examined using a single variable frequency analysis of client responses to question 15 ("How often do you use search engines such as Google or Yahoo for any reason?"). The overwhelming majority of participants ( $n = 57$ , 82.6%) used search engines on a daily basis, followed by 2-3 times per week ( $n = 2$ , 12.2%). Only one participant reported using search engines once per week ( $n = 1$ , 1.4%). In addition, 1 participant reported using search engines once per month (1.4%) and one participant reported using search engines less than one time per month (1.4%).
- b. In order to examine demographic variables, bivariate correlations were conducted using age and years in undergraduate education compared to how often the respondent uses search engines. No significant relationship was found between age and how often the participant reported using a search engine,  $r(49) = -.26$ ,  $p = .86$ , nor between years of undergraduate education and frequency of search engine use,  $r(69) = .12$ ,  $p = .32$ . To examine differences based on gender and ethnicity, one-way ANOVA's were conducted using the gender and ethnicity categories as the IV's and the frequency of search engine use. No significant differences were found between gender and frequency of search engine use,  $F(2,$



70) = .43,  $p = .65$ . No differences found between any race/ethnicity category and frequency of search engine use,  $F(4, 70) = 2.35, p = .07$ .

**b.** *Hypothesis:* It was expected that age would be negatively related to more search engine use. In order to examine this hypothesis, a bivariate correlation was conducted using age and frequency of search engine usage (question 15). No significant relationship was found between age and frequency of search engine use,  $r(49) = -.026, p = .86$ .

**B.** Similarly, it was also expected that the number of participants who maintain a social networking profile page will be very high.

**a.** This was examined using a frequency analysis of client responses to question 11 (“Do you have a personal profile on a social networking website such as Facebook or MySpace”) and question 12 (“How often do you visit a social networking website for any purpose?”). The majority of the sample reported having a personal profile on a social networking website ( $n = 64, 86.5\%$ ) while six participants denied having a personal profile (8.1%). When asked how often participants are using social networking websites for any purpose, the results were as follows: 47 participants (63.5%) reported using social networking websites on a daily basis. Nine participants reported using the website two to three times per week (12.2%), two reported using the website once per week (2.7%), and four participants reported using the websites 2-3 times per month (5.4%). Finally, two participants reported using social networking websites once per month (2.7%), while seven participants reported using the websites less than once per month (9.5%).

- b.** Demographic variables were also examined in relationship to social networking website use. No significant relationship was found between age social networking website,  $r(51) = -.16, p = .28$ . No significant relationship was found between years of undergraduate education and frequency of social networking website use,  $r(71) = -.17, p = .15$ . In order to examine differences based on gender and ethnicity, one-way ANOVA's were conducted using the gender and ethnicity categories as the IV's and the use of social networking website at the DV. No significant differences were found between gender and frequency of social networking website use,  $F(2, 68) = .551, p = .58$ . No mean differences were found between any race/ethnicity category and frequency of social networking website use,  $F(4, 70) = 1.20, p = .32$ .
- c.** *Hypothesis:* Age would be negatively related to more social networking website use and search engine use. In order to examine this hypothesis, a bivariate correlation was conducted using age and frequency of social networking usage (question 12). No significant relationship was found between age and frequency of social networking website use,  $r(49) = -.16, p = .28$ . An additional bivariate correlation was conducted using age and frequency of search engine usage (question 15). No significant relationship was found between age and frequency of search engine use,  $r(49) = -.026, p = .86$ .
- C.** Examine how many students used the Internet to seek counseling services at CAPS. In order to elucidate this aim, a frequency analysis was conducted on question 17 ("Have you ever visited the UNL CAPS website for any purpose?"). A large portion

of the sample reported that they had used the CAPS website ( $n= 54, 73.0\%$ ) while 17 reported that they had not used the website (23.0%).

- d. *Hypothesis*: Those participants who are more active on search engines would report using the CAPS website more often. In order to examine this hypothesis, a One-Way ANOVA was conducted using whether or not a client has used the CAPS website for any purpose as the IV and frequency of search engine use as the DV. A significant mean difference was found between those who reported using the CAPS website ( $M = 5.81, SD = .44$ ) and those who did not report using the website ( $M = 5.33, SD = 1.59$ ) on how often they used search engines, with those reporting using the website searching more often,  $F(1, 68) = 4.01, p = .049$ .

D. Examine the difference in search engine and social networking website use by presenting problem.

- a. In order to analyze this hypothesis, a one-way ANOVA was conducted using presenting problem categories as the IV and search engine website usage as the DV. No significant mean differences were found between presenting problems and the frequency of search engine usage ( $F(13, 68) = 1.01, p = .46$ ). The analysis was then repeated using social networking website usage as the DV. No significant mean differences were found between presenting problems and frequency of social networking usage,  $F(13, 70) = .65, p = .80$ .

a. *Hypothesis*: Those with presenting problems including anxiety would report using search engines and social networking websites more than those without anxiety concerns. This hypothesis was examined using a one-way ANOVA with

presenting problem as the IV and frequency of search engine use as the DV.

No significant mean differences were found between primary presenting problem and search engine use,  $F(13, 68) = 1.01, p = .46$ , nor were mean differences found between primary presenting problem and social networking website use,  $F(13, 70) = .65, p = .80$ .

**Aim 2. Clients' attempts to search for therapists online.**

A. Examine the frequency of clients' searching for therapist information via social networking websites and search engines.

- a. A frequency analysis was conducted using the results from question 18 ("Have you ever used Google or another search engine to look up your CAPS therapist's name?"), 19 ("Have you ever looked to see if your CAPS therapist has a personal profile on Facebook or another social networking website?") and question 20 ("Have you ever sent a friend request or tried to contact your therapist in another way through Facebook or another social networking site?"). The large majority of participants ( $n = 65, 87.8\%$ ) denied using a search engine to look up their therapist's name, while 5 (6.8%) reported that they had used a search engine to look up their therapist's name. Similarly, nearly all participants ( $n = 68, 91.9\%$ ) denied looking to see if their therapist had a personal profile on a social networking website, while two (2.7%) participants reported looking. Finally, all of the participants who answered the question "Have you ever sent a friend request or tried to contact your therapist in another way through Facebook or another social networking site?" denied doing so ( $n = 70, 100\%$ ).

- b. *Hypothesis*: It was predicted that the most common attempts to contact a therapist would be Google searches followed by social networking searches. A data selection technique was used to choose only the participants who answered affirmatively to questions 18, 19, or 20. Using the selected responses, a Pearson's Chi-Square Test of Independence was then used to test the pattern of relationship between the two variables, frequency of Google searching and frequency of social networking website searches (question 19).
  - i. A lack of a sufficient cell numbers made it impossible to compute a chi-square analysis.
- B. Those who endorsed searching also endorsed that they searched because they were "just curious" ( $n = 5$ , 6.8%). This analysis involved a qualitative analysis of the open-ended responses given by participants. No written responses were provided by respondents.
  - b. It was hypothesized that motivation for searching may include the client's presenting problem. In order to analyze this aim, a one-way ANOVA was conducted using presenting problem as the IV and frequency of searching behavior on search engines as the DV. The procedure was then repeated to examine the differences in presenting problem for searching a social networking website. See Table 5 below for a summary of means and standard deviations in these analyses.

Table 5  
*Summary of Means and Standard Deviations by Presenting Problem (N = 71)*

Presenting Problem	Univariate Statistic Mean (Standard Deviation)	
	Search Engines	Social Networking Websites
Depression	1.48 (.75)	3.17 (2.11)
General Anxiety	2.33 (1.66)	3.17 (2.2)
Panic	1.00 (0)	6.00 (0)
Phobias	1.0 (0)	3.00 (0)
Adjusting to College Life	3.33 (1.53)	3.67 (2.25)
Stress	1.67 (1.16)	3.22 (2.22)
Family Issues	1.0 (0)	4.56 (1.67)
Relationship Issues	1.56 (1.01)	4.89 (2.21)
Sexual Problems	1.0 (0)	6.0 (1.00)
Alcohol/Drug Problems	1.0 (0)	5.50 (.70)
Eating Issues	1.0 (0)	6.0 (0)
Grief	3.50 (.71)	4.50 (2.12)
Academic Concerns	1.0 (0)	4.50 (2.12)
Other	1.14 (.38)	3.90 (2.23)

*Note.* Response items ranged from 1= “never” to 5= “daily”.

c. The results of the one-way ANOVA showed no significant mean differences between presenting problems and the frequency of search engine searching behaviors,  $F(13, 68) = 1.01, p = .46$ . No significant mean differences were found between presenting problems and frequency of social networking usage,  $F(13, 70) = .65, p = .80$ .

A. In order to analyze these data, a Pearson's Chi-Square Test of Independence was used to test the pattern of relationship between two qualitative variables (presenting problem and question 19, whether or not a client has looked for a therapist on a social networking website). No significant pattern of results was found between presenting problem and whether or not a client had looked for a therapist on a social networking website,  $\chi^2(13) = 5.95, p = .95$ .

C. Demographic variables were also examined in relation to the frequency of clients' searching behaviors.

a. To make these comparisons, bivariate correlations were conducted using age and years in undergraduate education compared to how often a client has searched for a therapist using search engines and on social networking websites. No significant relationship was found between age and searching for the counselor or therapist on either search engines or social networking websites,  $r(45) = -.14, p = .36$ ;  $r(45) = .18, p = .23$ . A significant relationship was found between years of undergraduate education and searching for a therapist on a search engine,  $r(70) = .33, p = .01$ , such that as years in education increased, so did the likelihood of searching for a therapist using a search engine. A significant relationship was

found between years of undergraduate education and searching for one's therapist on social networking websites,  $r(70) = .24, p = .04$ , such that as years of education increased, so did the likelihood of searching for a counselor or therapist on social networking websites.

- b. To examine mean differences in searching behaviors based on gender and ethnicity, one-way ANOVA's was conducted using the gender as the IV and the frequency variables previously described as the DV's.
  - i. No significant mean differences were found between gender and searching for a counselor or therapist online or on a social networking website,  $F(2, 69) = .30, p = .74$ ;  $F(2, 69) = .37, p = .69$ . No significant mean differences were found for any race categories and searching for a counselor or therapist on search engines or social networking websites,  $F(4, 69) = .26, p = .90$ ;  $F(4, 69) = .09, p = .98$ .
- c. *Hypothesis*: Higher activity levels online would predict whether or not a client has sought out contact with a therapist online. In order to examine this hypothesis, a bivariate correlation was conducted between use of search engines for any reason and whether or not a client has sought out a therapist on Google. The same procedure was conducted with the variable describing whether or not a client has sought out a therapist on social networking websites.
  - i. No significant relationships were found between search engine use and whether or not a client had searched for their counselor or therapist on a search engine or social networking website,  $r(68) = -.08, p = .49$ ;  $r(70) = -.06, p = .63$ .



- D. In order to fully examine client searching behaviors, length of time in therapy was examined. Univariate mean analyses were first conducted in order to determine the average length of time in therapy.
- a. The average length of time in therapy was found to be 5.43 sessions ( $SD = 3.52$ , range 3-15).
  - b. *Hypothesis:* Length of time in therapy would be positively related to whether a client has sought out contact with a therapist online. This was examined using a logistic regression between length of time in therapy and frequency of searching behaviors both using search engines and social networking websites.
    - i. No significant relationship was found between length of time in treatment and searching for a counselor or therapist online using search engines or on social networking websites,  $r(45) = .08, p = .61$ ;  $r(45) = -.01, p = .95$ .

**Aim 3. Clients' opinions regarding online contact.**

- A. Clients' opinions regarding a therapist searching for a client online was examined using a frequency analysis for participant's responses to questions 28 and 29.
- a. When asked to rate the acceptability of their current counselor or therapist searching for them online using a search engine, 19 (25.7%) participants found it completely unacceptable, followed by: 14 (18.9%) stating it was somewhat unacceptable, 18 (24.3%) indicating it was neither unacceptable or acceptable, nine (12.2%) indicating it would be somewhat acceptable, and eight (10.8%) indicating it would be completely acceptable. When a similar question assessed the acceptability of searching on social networking websites, a large minority of participants ( $n = 23, 31.1%$ ) indicated it would be completely unacceptable,

while 15 (20.3%) found it somewhat unacceptable. The remaining responses were as follows: 18 (24.3%) found it neither unacceptable nor acceptable, six (8.1%) found it somewhat acceptable, and six (8.1%) found it completely acceptable.

B. *Hypothesis*: It was predicted that clients would rate a therapist searching for a client online using a search engine as more acceptable than a social networking website. In order to examine this hypothesis, a Chi Square analysis was conducted to examine the difference in acceptability ratings based on search engines or social networking websites. A significant pattern of relationship was found between acceptability ratings of a therapist searching for a client on a search engine and acceptability ratings of a therapist searching for a client on social networking websites,  $\chi^2(16) = 138.18, p < .001$ . The pattern of responses revealed that a significantly larger proportion of people found it “completely unacceptable” to search on social networking websites, compared to the proportion who indicated it was “neither acceptable or unacceptable” to use search engines. Thus, a larger proportion of people found it unacceptable for a therapist to search for a client on social networking websites when compared to search engines.

C. Examine client comfort with the general public viewing their Facebook page.

- a. To examine clients’ comfort with the general public viewing their Facebook page, a frequency analysis will be conducted on question 14. It was found that 16 (21.6%) participants reported they would be “completely uncomfortable” with the public viewing their Facebook page while 26 (35.1%) reported they would be “somewhat uncomfortable” with the public viewing their page. In

addition, 11 (14.9%) participants reported being “neither uncomfortable nor comfortable” while seven (9.5%) reported being “somewhat comfortable” with the public viewing their page. Finally, eight (10.8%) participants reported they were “completely comfortable” with the public viewing their page.

- D. This aim sought to compare different relationships (i.e. good friend, professor they are taking a class with, CAPS therapist) and the corresponding comfort level with those people searching for information about the client both on search engines and social networking websites. Initially, a frequency analysis will be conducted to examine the general patterns of responses to questions 26 and 27. Please see Tables 6 and 7 for a detailed breakdown of these responses.

Table 6

*Summary of Clients' Comfort Ratings of Online Searching using Search Engines by Various Relationships acceptability (N = 74)*

Relationship	Completely uncomfortable N (Percentage)	Somewhat uncomfortable N (Percentage)	Neither uncomfortable or comfortable N (Percentage)	Somewhat comfortable N (Percentage)	Completely comfortable N (Percentage)
Acquaintance you just met	9 (13.2%)	14 (20.6%)	21 (30.9%)	14 (20.6%)	10 (14.7%)
Good friend	2 (2.9%)	2 (2.9%)	2 (2.9%)	12 (17.6%)	50 (73.5%)
Professor currently taking a class with	16 (23.5%)	24 (35.3%)	10 (14.7%)	8 (11.8%)	10 (14.7%)
CAPS therapist or counselor	15 (22.1%)	20 (29.4%)	13 (19.1%)	12 (17.6%)	8 (11.8%)
Physician	18 (26.5%)	21 (30.9%)	13 (19.1%)	9 (13.2%)	7 (10.3%)

Table 7

*Summary of Clients' Comfort Ratings of Online Searching Using Social Networking Websites by Various Relationships Acceptability (N = 74)*

Relationship	Completely uncomfortable <i>N</i> (Percentage)	Somewhat uncomfortable <i>N</i> (Percentage)	Neither uncomfortable or comfortable <i>N</i> (Percentage)	Somewhat comfortable <i>N</i> (Percentage)	Completely comfortable <i>N</i> (Percentage)
Aquaintance you just met	9 (13.2%)	9 (13.2%)	14 (20.6%)	23 (33.8%)	13 (19.1%)
Good friend	2 (2.9%)	0 (0%)	2 (2.9%)	6 (8.1%)	58 (85.3%)
Professor currently taking a class with	18 (26.5%)	25 (36.8%)	7 (10.3%)	5 (7.4%)	13 (19.1%)
CAPS therapist or counselor	15 (22.1%)	21 (30.9%)	13 (19.1%)	7 (10.3%)	12 (16.2%)
Physician	19 (27.9%)	25 (36.8%)	10 (14.7%)	5 (7.4%)	9 (13.2%)





b. *Hypothesis*: It was hypothesized that clients will rate a “good friend” as the person they are most comfortable with searching for them on a search engine and a social networking website. This rating was hypothesized to be followed by an acquaintance, the CAPS therapist, and a professor they are currently taking a class with. It was predicted that there will be significant mean differences between all of the different relationships. This hypothesis was examined using a repeated measures ANOVA. For search engines, a significant mean difference between the means was found,  $F(4, 268) = 70.58$ ,  $p < .001$ ,  $MSE = .71$ . Follow-up pairwise procedures indicated that a good friend was the relationship the participants indicated the most comfort with followed by an acquaintance, and their CAPS counselor or therapist. No significant mean difference was found between a professor they are currently taking a class with and their physician. This statistical procedure was then repeated for social networking websites. Significant mean differences were found between the means for social networking websites,  $F(4, 268) = 83.97$ ,  $p < .001$ ,  $MSE = .74$ . Participants indicated the most comfort with a good friend followed by an acquaintance, their CAPS therapist, a professor they are taking a class with, and their physician.



## Discussion

The Internet has become possibly the most popular medium to find information and communicate in modern society. For the field of psychology, the Internet offers a new way to conduct research and communicate with study participants and, for practicing psychologists, clients. Little is known, however, about the implications of interacting with clients online. The existing empirical studies in this area (DiLillo & Gale, 2011; Lehavott et al., 2010; Taylor et al., 2010) have focused primarily on psychology graduate students' actions online, detailing graduate trainees' use of the Internet to seek information about their client. These studies have documented various frequencies of searching behaviors of graduate trainees and the trainees' attitudes towards these searches. All of the authors highlighted the need to survey clients regarding their frequency of online behaviors, as well as their attitudes towards therapist searches. The main purpose of this study was to examine the online behaviors and opinions of clients who are currently engaged in therapy. Clients were surveyed regarding their own searching behaviors for information about their therapists. This study addressed this gap in the literature by documenting clients' online behaviors, their attitudes towards their own searches for information about their therapist, and searches by their therapist for information about them.

This study may be the first to assess clients' usage of the Internet during the psychotherapeutic relationship. The sample consisted primarily of women in their third year of undergraduate education seeking treatment for depression. The average length of time in treatment was slightly over five sessions. Overall, it was found that Internet use was very high, as the majority of the sample (82.6%) reported using search engines on a daily basis. The majority of the sample (86.5%) reported having a personal profile on a social networking website

such as Facebook and 63.5% reported using social networking websites on a daily basis. In addition to using the Internet for personal reasons, a large number of the sample (73.0%) reported using the CAPS website. Additionally, those who had used the CAPS website for any purpose were also found to use search engines more often.

In addition to descriptive findings regarding Internet usage, clients were surveyed regarding their use of the Internet to find information about their CAPS therapist. The overwhelming majority denied searching for information about their therapist on both search engines and social networking websites. The few who had engaged in this behavior stated they did so because they were “just curious.” All of the respondents denied sending their therapist a friend request on a social networking website. Further examination of these findings found that those who had more years in undergraduate education were also more likely to search for information about their therapist on both search engine and social networking websites. Finally, clients were surveyed regarding their opinions of their therapist searching for them online. A large number of the respondents indicated that a therapist searching for their client online was “unacceptable” or “somewhat unacceptable.” Clients were asked to compare the acceptability of a therapist searching with other relationships such as a good friend, an acquaintance, a professor they are currently taking a class with, and their physician. Trends indicated that a good friend was the most acceptable relationship in searching, followed by an acquaintance, and then the CAPS therapist. The CAPS therapist was ranked as more acceptable than a professor or a physician.

The findings presented here detailing the daily use of the Internet are consistent with those of the Pew Internet and American Life Project data reported in December 2009 that showed 74% of adults in the U.S. use the Internet and 89% use the a search engine to find

information on a daily basis (Pew Internet and American Life Project, 2008). Additionally, when stratified by age, 93% of those 18 to 29 use the Internet. This finding was confirmed by this study, where the average age was 23.9 years and use of the internet was reported to be on daily basis. In addition, the data presented here are consistent with findings that a very large number of adults use social networking websites and that the use of these websites continues to grow at a rapid pace (Pew Internet and American Life Project, 2008; Facebook.com, retrieved April 17, 2012). The finding that those who used the CAPS website also use search engines more often suggests that the Internet is not only a source of communication, entertainment, or social networking, but is also used for seeking information about mental health services. It is possible that those who are well versed in using search engines to seek information about mental health services online rather than using more traditional methods such as asking a physician. Further, there were no significant findings between any of the demographic variables measured in this study including age, gender, and race/ethnicity and the levels of use of search engines and social networking websites. This suggests that overall usage was very high, thus differences are difficult to discern or nonexistent. Taken together, these findings document the fact that, like the general population, the Internet is a daily part of life for those seeking mental health treatment.

Contrary to expectations, the majority of the sample denied using a search engine or social networking website to find personal information about their therapist. This is contrast to recent findings suggesting that therapists are searching for clients in high numbers using search engines and social networking websites (e.g. DiLillo & Gale, 2011; Lehavot et al., 2010). This finding implies therapists are searching for clients much more often than clients are searching for therapists. This discrepancy may reflect a notion on the part of clients that therapist are indeed “inaccessible,” even after a therapeutic relationship has been built, and as such, information

should not be sought out about them outside of session. A second possibility is that clients are respecting the boundaries of the therapeutic relationship in not seeking information about their therapists online. Third, may reflect recognition of the unidirectional nature of the therapeutic relationship, such that the client is the only person who is sharing information. It may be that clients are simply not interested in learning about their therapist's life outside of the professional relationship. Finally, is a possibility that clients are underreporting their online searching behaviors because of concerns that it may not be appropriate, leading to an underestimate of actual searching behaviors. Overall, it appears there is a large discrepancy between the actions of therapists and clients online. While there appears to be discrepant information regarding the actions of therapists versus the actions of clients, a consistent finding of this study is even if clients are searching in small numbers (6.8% for search engines, 2.7% for social networking websites), there is no evidence in this study to suggest that clients are engaging in any sort of reciprocal contact such as friend requesting their therapist or texting their therapist. DiLillo and Gale (2011) confirmed this finding in that all the participants denied any reciprocal contact with clients online. This suggests that clients are respecting the boundaries of the therapeutic relationship.

While one primary goal of this study was to find the frequency of such searching behaviors, another major goal was to examine clients' attitudes towards therapist searching for them online. While more than 50% of participants indicated that their therapist searching for them using search engines was "neither unacceptable nor acceptable," a large number (30%) indicated that it would be "completely unacceptable" for a therapist to search for them using social networking websites. This indicates that social networking websites may have a perceived level of intimacy that is lacking in the perception of search engines. The notion that searching for

clients online is “completely unacceptable” is also held by therapists, despite their contradictory actions online (DiLillo & Gale, 2011). This discrepancy between the online behaviors of therapists and the opinions to the contrary by both graduate student trainees and clients may support the need for additional training for trainees in this area (DiLillo & Gale, 2011; Lehavot et al., 2010; Taylor et al., 2010).

Finally, a major finding of this study indicates significant differences in acceptability of Internet searching based on type of relationship. Results showed that a good friend and an acquaintance were the people the sample indicated was most comfortable with searching for them online, followed by their CAPS therapist, followed by a professor they are taking a class with and their physician. Differences in various relationships demonstrates the interpersonal intimacy that is developed between a therapist and a client, but also that clients do not view the therapist as an equal to a friend, or even an acquaintance. The finding that an acquaintance is rated by clients as a person they are more comfortable than other types of relationships may indicate that clients do not expect that their therapist would be searching with them online. A therapist searching for a client online runs counter to the expected nature of the therapeutic relationship. Clients implicitly believe that they control both the actual information and the means by which therapists obtain the information. This assertion may be confirmed by the finding that most clients rated a therapist searching for them online as “unacceptable.” This finding is consistent with therapist reports that searching for a client online is indeed unacceptable to the therapist (DiLillo & Gale, 2011).

### *Clinical Implications*

Clinically, the findings presented here contribute to a growing literature addressing the role of the Internet in clinical practice. Therapists who are working with clients, college samples

in particular, should be aware of the prevalence of both search engine and social networking use by their clients. Therapists should also be mindful that the presence of a website for a clinical practice (such as the CAPS website in this study) may increase the likelihood of a client searching online for information about their therapist. Finally, therapists should be aware of the intimacy and boundaries perceived by clients are aware of, and respectful towards, the differences in boundaries that may differ between different relationships, including the therapeutic relationship. This is confirmed by the major finding that clients are not searching for therapists online nor do they find this behavior acceptable. Therapists should be encouraged that clients are not searching for therapist information online. As previously mentioned, the plethora of information available online would make this type of searching very easy. Clients appear to be respecting the boundaries of the therapeutic relationship and are not searching for their therapist online. It is important for therapists to behave in a manner consistent with the APA Ethical Principle E, stating that “Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination.” This principle is particularly applicable to information available online, as this information is an extension of client’s privacy. Clients determine what type and how the therapist gains their personal information, whether it is shared during a session or online.

### *Limitations*

It is important to consider the results of this study in light of the study’s limitations. First, some of those who are receiving or are in need of mental health services may not have access to the Internet or have the skills necessary to use it appropriately. While this may not be the case in the current sample, this is a large procedural issue in this area of research. Second, the sample consisted solely of college students, which may make the results difficult to generalize to the

larger population of mental health patients, especially those who may have more severe symptoms than the mild to moderate symptoms reported in this sample. In addition, this study did not address the use of the Internet by those under the age of 18. Further, the majority of the sample indicated their race/ethnicity as white, which limits generalization to other racial or ethnic groups. Further, the sample was recruited from a large, Midwestern institution. It is possible that academic institutions in more urban or other geographic settings may yield trainees and clients with different attitudes regarding the Internet and searching behaviors. The procedural error outlined previously undoubtedly reduced the overall sample size. Specifically, many who had completed the incorrect version of the questionnaire did not complete the newer version of the questionnaire when re-contacted to participate. Another factor in the relatively small sample size was that not all patients were approached by the staff, and of those who were, not all elected to participate. Thus, there is a possible self-selection bias, which may have impacted the results. At times, low recruitment was attributed to the reliance on the CAPS clerical staff to solicit possible participants. Finally, due to the constant evolution of the Internet, this sample, the frequency of searching behaviors reported, and the attitudes reported by clients is likely a “snap shot” of the Internet at the time of data collection. The Internet is constantly evolving, including new applications and features. For example, LinkedIn and Pinterest were not highly popular websites at the time of data collection but are now considered two of the top social networking websites. As such, it is likely that attitudes and searching behaviors will also continue to change in frequency and intensity.

#### *Future Research Directions*

Additional research is needed to shed further light on the complicated searching behaviors by clients and therapists online. Studies should examine whether bidirectional

communication is occurring between the therapist and client online. While this study offered no data to suggest that this is happening with any regularity, technology continues to evolve in ways that may facilitate more reciprocal communication. For example, it is possible that following a therapist on Twitter could provide the client information regarding the therapist's personal life or personal views on various issues. This type of contact would raise a range of concerns including multiple relationships and boundary violations. Second, additional research is necessary to confirm the low prevalence of searching behaviors reported in this study. It is possible that other samples of therapy clients may yield a different pattern of results. For example, though no evidence was found in this study, there may be type of diagnoses that may predispose clients to increased searching behaviors, such as social anxiety or borderline personality disorder. Samples that are more diverse in terms of age, race/ethnicity, years of education, and gender may provide additional information in this area. Third, the findings in this study indicating clients' disapproval of therapist online searches again emphasizes the need for additional therapist training in this area in order to navigate the ethical and professional issues related to this issue. As highlighted by previous authors, the issues associated with the role of Internet in clinical practice are likely to become more pervasive as technology continues to evolve (DiLillo & Gale, 2011; Taylor et al., 2010).



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## Appendix A. Client Survey

### Client Internet Survey

Thank you for your interest in this survey. The purpose of this research is to examine the use of the Internet by current psychotherapy clients to search for information about their therapists. You will be asked to provide general demographic information as well as information about your Internet usage and the services you are receiving at CAPS (reasons you came to CAPS, number of session you've had). You must be at least 18 years old and a current UNL student to complete this survey. The questionnaire will take 5 to 10 minutes to complete.

You are free to decide not to participate in this study. You can also withdraw at anytime without harming your relationship with the investigators, CAPS, the UNL Psychology Department, or the University of Nebraska-Lincoln.

While there are no direct benefits of this study, the implications are potentially far reaching, in that it will provide initial data aimed at shedding light on an important and emerging issue with clear therapeutic and ethical relevance for practicing psychologists. In addition, the data are kept strictly confidential, collected anonymously, and will not be shared with anyone, including CAPS staff. The researchers do not foresee any risks for the participants who complete this study.

Your name will never be attached to your data. Once you have completed the survey, you can choose to enter a drawing for a chance to win one of three \$100 gift cards to the UNL Book Store. Your odds of winning will depend on how many students participate; however, we anticipate approximately 200 people will participate, making your odds of winning about 1 in 100.

You may contact the study investigators Emily Gale ([emilybgale@hotmail.com](mailto:emilybgale@hotmail.com)) or David DiLillo ([ddilillo@unl.edu](mailto:ddilillo@unl.edu)) at anytime with any questions. Sometimes study participants have questions or concerns about their rights. In this case, you should call the University of Nebraska-Lincoln Institutional Review Board at (402) 472-8127. Please print this page for your records.

To begin this survey, please click the button below to get started.

[BUTTON TO START SURVEY]

1. What is your age in years?

2. Are you Hispanic or Latino?

- Yes
- No

3. How do you identify your Race/Ethnicity? (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Please specify

4. How do you identify your Gender?

- Male
- Female
- Transgender

5. How many years of undergraduate education have you completed?

- 1
- 2
- 3
- 4
- 5
- 6 and beyond

6. Are you currently a graduate student?

If yes

1- How many years have you been in your graduate program?

2- What is your expected degree?

7. What was the primary concern that brought you to therapy/counseling most recently at Counseling and Psychological Services (CAPS)?

- Depression
- General anxiety
- Social anxiety
- Panic
- Phobia(s)
- Low mood
- Adjusting to college life
- Stress
- Family issues
- Difficulty making friends
- Relationship problems
- Sexual problems
- Alcohol or drug problems
- Eating issues
- Weight concerns
- Grief
- Academic concerns
- Other – please explain

--Options for secondary concerns inserted—What was the secondary concern that brought you to therapy/counseling most recently at CAPS?

8. For the concern raised in question #7, how severe would you rate your concern?

<input type="radio"/>	Very Mild
<input type="radio"/>	Mild
<input type="radio"/>	Moderate
<input type="radio"/>	Severe
<input type="radio"/>	Very Severe

9. For the secondary concern, how severe would you rate this concern?

<input type="radio"/>	Very Severe
<input type="radio"/>	Severe
<input type="radio"/>	Moderate
<input type="radio"/>	Mild
<input type="radio"/>	Very mild

10. How many therapy sessions have you had with you most recent counselor or therapist at CAPS?

- Text Box

11. Do you have a personal profile on a social networking website such as Facebook or MySpace?

<input type="radio"/>	Yes
<input type="radio"/>	No

12. How often do you visit a social networking website for any purpose (e.g. to view other people's updates, update or change your profile, send messages)?

<input type="radio"/>	Never
<input type="radio"/>	Once per month
<input type="radio"/>	Several times per month
<input type="radio"/>	Once per week
<input type="radio"/>	Several times per week
<input type="radio"/>	Daily

13. If you have a Facebook page, how would you rate the privacy settings of your Facebook profile?

<input type="radio"/>	Completely public
<input type="radio"/>	Somewhat public
<input type="radio"/>	Somewhat private/somewhat public
<input type="radio"/>	Somewhat private
<input type="radio"/>	Completely private
<input type="radio"/>	Don't Know

14. How comfortable would you feel with the general public viewing your Facebook page?

<input type="radio"/>	Completely uncomfortable
<input type="radio"/>	Somewhat uncomfortable
<input type="radio"/>	Neither uncomfortable nor comfortable
<input type="radio"/>	Somewhat comfortable
<input type="radio"/>	Completely comfortable

15. How often do you use search engines such as Google or Yahoo for any purpose?

<input type="radio"/>	Never
<input type="radio"/>	Once per month
<input type="radio"/>	Several times per month
<input type="radio"/>	Once per week
<input type="radio"/>	Several times per week
<input type="radio"/>	Daily

16. How often do you use Google to search for information about a person (for example, to look up someone you recently met socially)?

<input type="radio"/>	Never
<input type="radio"/>	Once per month
<input type="radio"/>	Several times per month
<input type="radio"/>	Once per week
<input type="radio"/>	Several times per week
<input type="radio"/>	Daily

17. Have you ever visited the UNL CAPS website for any purpose?

<input type="radio"/>	Yes
<input type="radio"/>	No

If so, for what purpose? [Text box]

18. Have you ever used Google or another search engine to look up your current CAPS counselor or therapist's name? This could include searching for any purpose, including to learn about his/her outside interests, see photos, and find out about your current counselor or therapist's relationship status, political views, home address, personal email, or any other personal information?

<input type="radio"/>	Yes
<input type="radio"/>	No

-If yes, what did you look for?

-If yes, what was your reason for conducting this search? (Check all that apply)

- I was just curious
- It related to something brought up in session
- I wanted to know what my counselor or therapist's life is like outside of CAPS
- Other- please explain

19. Have you ever looked to see if your current CAPS counselor or therapist has a personal profile on Facebook or another social networking site?



<input type="radio"/>	Yes
<input type="radio"/>	No

20. Have you ever sent a friend request or tried to contact your current counselor or therapist through Facebook or another social networking site?

<input type="radio"/>	Yes
<input type="radio"/>	No

If yes, what prompted you to contact your counselor or therapist in this manner?  
[Text box]

21. Have you ever texted your current counselor or therapist?

- Yes
- No
- If so, for what purpose?

22. Have you ever read a blog or other Internet posting written by your current counselor or therapist?

<input type="radio"/>	Yes
<input type="radio"/>	No

If so, please describe (e.g., what was the nature of the blog and what did you read?).

23. How acceptable do you think it is for *you* to search for your current counselor or therapist using Google or another search engine?

<input type="radio"/>	Completely unacceptable
<input type="radio"/>	Somewhat unacceptable
<input type="radio"/>	Neither unacceptable nor acceptable
<input type="radio"/>	Somewhat acceptable
<input type="radio"/>	Completely acceptable

24. How acceptable do you think it is for *you* to search for your current counselor or therapist's personal social networking profile on websites such as Facebook or MySpace?

<input type="radio"/>	Completely unacceptable
<input type="radio"/>	Somewhat unacceptable
<input type="radio"/>	Neither unacceptable nor acceptable
<input type="radio"/>	Somewhat acceptable
<input type="radio"/>	Completely acceptable

25. Have you ever asked your current counselor or therapist to view your Facebook or other social networking webpage?

<input type="radio"/>	Yes
<input type="radio"/>	No

If so, please explain your answer-open ended

26. Please indicate your level of comfort with the following people *searching for you online* using Google or another search engine:

--responses will be presented in a random order for each participant---

	Completely uncomfortable	Somewhat uncomfortable	Neither uncomfortable nor comfortable	Somewhat comfortable	Completely comfortable
Acquaintance you just met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professor you are currently taking a class with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current CAPS counselor or therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Please indicate how comfortable you would be with the following people viewing your profile on Facebook or another social networking site.

--responses will be presented in a random order for each participant---

	Completely uncomfortable	Somewhat uncomfortable	Neither uncomfortable nor comfortable	Somewhat comfortable	Completely comfortable
Acquaintance you just met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professor you are currently taking a class with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current CAPS counselor or therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How acceptable *in general* would it be for your current counselor or therapist to search for you online using Google or another search engine ***without your permission?***

<input type="radio"/>	Completely unacceptable
<input type="radio"/>	Somewhat unacceptable
<input type="radio"/>	Neither unacceptable nor acceptable
<input type="radio"/>	Somewhat acceptable
<input type="radio"/>	Completely acceptable

29. How acceptable *in general* do you think it is for *your current counselor or therapist* to search for your profile on Facebook or other social networking sites ***without your permission?***

<input type="radio"/>	Completely unacceptable
<input type="radio"/>	Somewhat unacceptable
<input type="radio"/>	Neither unacceptable nor acceptable
<input type="radio"/>	Somewhat acceptable
<input type="radio"/>	Completely acceptable

30. Please indicate how acceptable you find the following reasons a therapist or counselor may search for you on a search engine.

Responses will be presented in a random order for each participant---

	Completely uncomfortable	Somewhat uncomfortable	Neither uncomfortable nor comfortable	Somewhat comfortable	Completely comfortable
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Want to see what life is like outside of therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check on a risk concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor /therapist feels that the information is public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirming something you said in therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Please indicate how acceptable you find the following reasons a therapist or counselor may search for you on a social networking website.

Responses will be presented in a random order for each participant---

	Completely uncomfortable	Somewhat uncomfortable	Neither uncomfortable nor comfortable	Somewhat comfortable	Completely comfortable
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Want to see what life is like outside of therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check on a risk concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor /therapist feels that the information is public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirming something you said in therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. How acceptable is it for your counselor/therapist to utilize personal information found from a search engine search in therapy?

<input type="radio"/>	Completely unacceptable
<input type="radio"/>	Somewhat unacceptable
<input type="radio"/>	Neither unacceptable nor acceptable
<input type="radio"/>	Somewhat acceptable
<input type="radio"/>	Completely acceptable

33. How acceptable is it for your counselor/therapist to utilize information found through a social networking website search into therapy?

<input type="radio"/>	Completely unacceptable
<input type="radio"/>	Somewhat unacceptable
<input type="radio"/>	Neither unacceptable nor acceptable
<input type="radio"/>	Somewhat acceptable
<input type="radio"/>	Completely acceptable

34. How acceptable is it for you to introduce information about your counselor/therapist found through a search engine search into therapy?

<input type="radio"/>	Completely unacceptable
<input type="radio"/>	Somewhat unacceptable
<input type="radio"/>	Neither unacceptable nor acceptable
<input type="radio"/>	Somewhat acceptable
<input type="radio"/>	Completely acceptable

35. How acceptable is it for you to introduce information about your counselor/therapist found through a search on a social networking website into therapy?

<input type="radio"/>	Completely unacceptable
<input type="radio"/>	Somewhat unacceptable
<input type="radio"/>	Neither unacceptable nor acceptable
<input type="radio"/>	Somewhat acceptable
<input type="radio"/>	Completely acceptable

36. Do you have any additional comments or opinions regarding this topic or survey?

Thank you for your time and participation!


**SUBMIT**

## Appendix B. Script for CAPS Front Desk Worker

Please read verbatim:

The Psychology Department and CAPS are doing a survey about Internet use by our clients. Participation in this research study is completely voluntary. Your decisions to either participate, not to participate or to withdraw at any time will not impact any services you receive from CAPS or harm your relationship with us in any way. Also, we will not be aware of the identity of any participant or what your answers may be. Here's a form to provide your email address if you're interested in receiving the survey link. It takes 5-10 minutes and we're hoping to get as many people as possible participate. Saying "yes" doesn't commit you to anything; once you get the email you can decide whether to complete the survey.

## Appendix C. IRB Problem Report

 <p><a href="mailto:irb@unl.edu">irb@unl.edu</a></p>	<p>University of Nebraska-Lincoln          Institutional Review Board (IRB)          312 N. 14<sup>th</sup> St., 209 Alex West          Lincoln, NE 68588-0408</p> <p>(402) 472-6965          Fax (402) 472-6048</p>	<p>FOR OFFICE USE ONLY</p> <p>IRB# _____</p> <p>Date Approved: _____</p> <p>Date Received: _____</p> <p>Code #: _____</p>
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**Problem Report**

The following problems must be reported to the IRB within 48 hours using this form:

- Any harm experienced by a participant, which in the opinion of the principal investigator are both unexpected and related to the research procedures.
  - Harm is “unexpected” when its specificity and severity are not accurately reflected in the consent document.
  - Harm is “related to the research procedures” if in the opinion of the principal investigator, it is more likely than not to be caused by the research procedures or if it is more likely that not that the event affects the rights and welfare of current participants.
- Information that indicates a change to the risks or potential benefits of the research. For Example:
  - An interim analysis or safety monitoring report indicates that the frequency or magnitude of harms or benefits might be different from those initially presented to the IRB.
  - A paper is published from another study that shows that the risks or potential benefits of your research might be different from those initially presented to the IRB.
- A breach of confidentiality.
- Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a research participant.
- Incarceration of a participant in a protocol not approved to enroll prisoners.
- An event that required prompt reporting to the sponsor.
- Sponsor imposed suspension for risk.
- Complaint of a participant.
- Protocol deviation.

Investigator should complete, sign, and date this form. Submit it to the IRB Office at UNL. Upon receipt, the IRB Chair should review the report and take appropriate action to include immediately giving a copy of the report to the Director of Research Compliance Services.

**Section I: To be completed by the UNL Principal Investigator:**

Principal Investigator:	Emily B. Gale, M.A.	Secondary Investigator:	David DiLillo, Ph.D.
Department:	Psychology	Department:	Psychology
Contact Phone:	402-890-1097	Contact Phone:	402-472-3297
Contact Address:	238 Burnett Hall	Contact Address:	238 Burnett Hall
City/State/Zip:	Lincoln, NE, 68588	City/State/Zip:	Lincoln, NE, 68588
E-Mail Address:	<a href="mailto:emilybgale@hotmail.com">emilybgale@hotmail.com</a>	E-Mail Address:	ddilillo@unl.edu

Project Title:	Client's Opinions Regarding Their Therapist's Use of the Internet: Role in Therapy, Privacy, and Ethical Implications		
IRB#:	10051	Subject's ID (if available):	
Date of Problem/Breach:	January 2011	Date First Known to You:	April 25, 2011

**1. Describe in detail the nature of the problem.**

A previous version of the study survey was inadvertently uploaded. This version of the survey was then used to collect data from participants. Once the error was found, data collection immediately stopped. The principle investigator immediately contacted the her advisor, the secondary investigator, and the IRB.

**2. Describe impact on participant(s):**

There is no known impact on participants (no heightened risk).

**3. Describe corrective action taken: (Check all that apply and explain fully with attachment).**

<input type="checkbox"/>	<b>Stop enrollment of new participants</b>
<input type="checkbox"/>	<b>Halt the study</b>
<input type="checkbox"/>	<b>Change data management/coding procedures</b>
<input type="checkbox"/>	<b>Form Committee to review procedures</b>
<input type="checkbox"/>	<b>Change confidentiality and privacy protection procedures</b>



	<b>Staff education and training</b>
<b>X</b>	<b>Other- Please specify</b>

**Explanation (attach sheet if necessary):**  
As noted, an incorrect (earlier) version of the questionnaire used for data collection was inadvertently uploaded onto the website. The correct version of the questionnaire has been located and will be used for future data collection. Similar naming of the two files may have led to the wrong version being used. The principal investigator will take care to more clearly name and date questionnaire files and to save them in separate folders to avoid any similar errors in the future. As requested by the IRB, the data that requests the name of the participant's therapist (item 7) has been removed and destroyed.

Printed Name of Principal Investigator:	<b>Emily B. Gale, M.A.</b>		
Signature of Principal Investigator		Date:	

**Section II: To be completed by the UNL IRB Chair:**

**Problem Appears to:**

	Be unanticipated		Be anticipated
	Involve risks to participants or others		Involve No risks to participants or others
	Involve non-compliance		Not involve non-compliance
<p>(a) If problem is (1) unanticipated and (2) involves risk to participants or others, submit to the convened IRB for review as an unanticipated problem involving risks to participants or others.</p> <p>(b) If problem involves non-compliance, handle under Non-compliance policy.</p> <p>If neither(a) nor (b), no further action is needed</p>			

**If yes** to any of the above, please have the investigator make appropriate changes and have them submitted to the IRB for review.

1. Was this non-compliance or breach of confidentiality caused by serious or continuing non compliance?

Yes      No

If yes, then a letter must be sent by the HRPP Director informing regulatory agencies and institutional officials.

2. If applicable, actions taken by the convened IRB.

	<b>IRB Chair</b>	<b>Director, Research Compliance Services</b>
<b>Printed Name</b>		
<b>Signature</b>		
<b>Date</b>		
<b>Remarks</b>		

Appendix D. IRB Noncompliance Response.



Human Research Protection Program  
Institutional Review Board

Research Compliance Services  
312 N. 14<sup>th</sup> St., Rm. #209  
Lincoln, NE 68588-0408

April 29, 2011

Ms. Emily Gale  
Department of Psychology

David DiLillo, Ph.D.  
216 Burnett Hall  
Lincoln, NE 68588-0308

Dear Ms. Gale and Dr. DiLillo,

Thank you for contacting Research Compliance Services after you had discovered that there was an error in the administration of the survey instrument for IRB project #10051 titled, "Client's Opinions Regarding Their Therapist's Use of the Internet: Role in Therapy, Privacy, and Ethical Implications." Based upon the review of all material within the project and what was supplied to our office we have determined that the error did not result in a heightened risk to research participants in accordance with 45 CFR 46.

However, the following items will be required to be completed as the research continues:

- 1) Please remove and destroy all data that requests the name of the participant's therapist, specifically question number 7 of the non-approved version of the survey.
- 2) Please complete the Office of Research Responsibility's Problem Report. A copy of this document is available on the Office of Research Responsibility's website.
- 3) Please begin to use the IRB approved version of the survey as additional participants complete the research.

Please respond with confirmation of the above-listed items within the Problem Report that will be submitted back to Research Compliance Services. If you have any questions regarding these actions, please contact me at 402-472-8196.

Cordially,

Rachel Wenzl  
Research Compliance Services Specialist  
Human Research Protection Program

Cc: Dan Hoyt, Ph.D., Interim IRB Executive Administrator  
Sara Conrad, Research Compliance Services Manager