



# SOCIAL MEDIA, YOUR WAY

Three RCCs discuss their approaches to social media

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It is hard to imagine not having a social media presence if you're in business. While some people enjoy social media as a business tool, not everyone does — and not everyone manages it in the same way. Some sensible guidelines for clinical counsellors exist, mainly around client confidentiality, but how much or how little you participate in social media is up to you.

## **FOLLOW THE CODE**

Jennifer Hollinshead, RCC and founder of Vancouver-based Peak Resilience, says their practice does its best to use social media to provide helpful information that aligns with the Code of Ethics and supports their client communities.

“The way we use social media is very much just like an extension of our practice, and we're not posting very much, and it's not necessarily a big part of our business,” she says, listing Instagram, Facebook, and YouTube, as well as monthly newsletters, as the ways

they communicate online. “Our social media policy is relatively sparse compared to a practice moderating online mental health chat spaces, for example.”

“Everyone needs to have their own social media policy about what they do and don't do,” says Hollinshead, noting that they are very careful not to ask clients for reviews, and they don't accept friend requests.

“If someone posts a review, it wasn't requested by us and we had no control over it, then that's fine, and if it's a positive review, great,” she says.

Hollinshead says their social media policy includes not “following” or “liking” posts when they are client related when at all possible.

“It's important to think through what is sustainable over time and ensure your policy reflects what is sustainable for you,” she says.

If people identify themselves as clients in their comments, Hollinshead says there is little they can do about it.

## SOCIAL TIPS

◆ Be very careful engaging with other pages. “We try our best to filter their content and not just ‘like’ or ‘comment’ because they talk about mental health,” says Grimm. “We do our best to ensure their values align with ours, too.”

◆ Be prepared to direct people to your website or to resources as needed. “We are clear about not being able to have therapeutic conversations using direct messaging,” says Grimm. “It’s just not an appropriate platform for that. We have free resources on our webpage that we direct people to if they reach out.”

◆ Think carefully about your content. “I worry, at times, that what I am saying might trigger someone,” says Grimm. “How can I share my message of self-compassion and kindness and that our emotional health is important while offering information that isn’t just so generic it is empty? Generic can be helpful because it’s accessible, safe, and allows me to connect with the most people. I try to ground myself in values that fit my practice and from that foundation, then create content.”

“Clients get to make those decisions, and some people just want to tell everyone,” she says.

If people become argumentative about a post, they wouldn’t hesitate to shut down comments. That said, social media is not something they have too much of a problem with.

“As long as we are operating within our Standards of Practice and basing our decisions and conduct on an ongoing review of the Code of Ethics,

I think we are generally safe,” says Hollinshead. “It’s if we were to stray from those key documents — that’s when our behaviours could become problematic.”

## MINDFUL MEDIA

Alice Curitz, RCC, is founder and clinical director of Our Landing Place, a collaborative clinic that posts on Facebook and Instagram and also has a rarely used LinkedIn account. She isn’t a fan of social media and doesn’t have personal accounts, but she does see the usefulness of social media for business: “You do have to be very mindful about how you use it.”

Curitz encourages developing a written social media policy, especially if someone else is looking after your accounts.

“Up until recently, it really was just me,” she says. “But now that I’ve very, very happily offloaded all of the social media to my clinic manager and program administrator, we are creating an actual written policy, because it’s really important to make sure we’re protecting our clients and protecting ourselves and being ethical, and also that we’re using social media in meaningful ways.”

The policy includes how to respond to comments.

“We don’t want to be policing people. We don’t want to be silencing people. It’s okay to have people disagree,” she says.

In fact, disagreement can be healthy.

“I think it’s actually really great if someone says, ‘I don’t agree with this advice,’ or ‘This has not been my experience of borderline personality disorder.’ That’s great. We want that engagement from people. We want people to have really healthy conversations about whatever it is that

comes up for them.”

But not all comments get a response.

“It’s okay to not always reply to people if they have a question or post a comment,” says Curitz. “I’m not expecting anybody on my team to be glued to our social media 24/7 and replying to everything.”

Problematic comments that “border into unsafe territory — hate speech or making others feel unsafe or attacking someone” — are addressed. First, the commenter’s account is checked to see if it is spam, promotional, or a bot or troll account — those comments are deleted and blocked. If someone else has responded to the comment, an explanation for why the comment was deleted may be posted. Curitz says, so far, nothing has been so controversial that offering support has been needed, but they are prepared for it.

“We don’t have to engage with people when they make us feel unsafe — we can just block and delete. If somebody else has been harmed, we can address that. If we feel harmed, we can get support elsewhere,” she says. “We sometimes forget in this age of everything being online that we can walk away. You don’t actually have to prolong the interaction if you don’t feel safe or if you don’t have the capacity for it.”

As for reviews, Curitz reinforces that counsellors cannot reply, even to the nice ones.

“If someone leaves a positive review on your Google or Facebook profile, it is really, really lovely, but you can’t respond to it and say, ‘thanks’ because you’re acknowledging that that person is a client,” she says. “The same thing is true — and I think this is where it becomes a lot scarier for people — if somebody leaves a very negative review, particularly if that information is false

or out of context. We're a queer-centred therapy collective. We are going to get people who just dislike what we do and who we are and are going to do stuff simply because of that, even if we've absolutely not had any interactions with them before."

But you still can't reply.

"We can neither confirm nor deny who our clients are, and it can potentially be harmful to business," says Curitz. "If negative reviews on Google or Facebook deter a few people, I think that's a real shame, but there's not a lot we can do about it. We just have to keep our heads down and keep going in the direction we're going, because we are going to run into this at some point quite likely."

That said, she suspects people are catching on to how unreliable the reviews can be, especially with all the bots, and are not taking them as seriously as before.

"We carry a lot of difficult emotions. We hear a lot of very difficult stories. We genuinely care for our clients, and when they come to us struggling, it can be really hard. We're very good at having boundaries around that — hopefully, we're trained in that, we work on that — but I'm already emotionally done by the end of the day. I have a business to run, I have a family, I have friends, I have a personal life. I have a stack of books I actually want to read. I don't want to invest my time in giving more attention to something that is incorrect."

Ultimately, each counsellor has to decide how they want to use social media.

"Social media can be a really great

tool and some people use it a lot. They're on it multiple times a day. They have a social media strategy. It's one way they bring awareness to what they're offering, and that's really great," says Curitz.

"And then there are a lot of us who have social media, but do we have a formal strategy? Do we need one? I don't know."

### **SOCIAL BUSINESS PLAN**

Kelsey Grimm, RCC, is clinical director at Healing Spaces Center, which has its own social media team. Finding the right team was a learning curve.

#### **AIM FOR BALANCE**

Social media shouldn't only be a marketing tool. "People are very aware of when they're constantly being sold something," says Curitz. "Use it if you want to share information, and of course, let folks know about groups you're running or workshops. That's fine. But make sure there's some balance."

"I feel very fortunate that the team we now have truly co-creates content with me and has a strong passion for mental health and balance," she says.

For Grimm, social media is her contribution to healing her little corner of the world.

"I try to imagine spreading fairy dust around and supporting others to move towards their own version of healing and balance," she says. "Of course, it is a part of my business plan, but bigger than that, I truly do want to contribute to the healing in our world. There are so many wounded out there amongst us that deserve some fairy dust! I think these are the tenets that guide my behaviour, my business, and my social media presence."

While the majority by far of

Grimm's social media interactions are positive, she has learned through experience how to manage negative situations. For example, negative comments on videos, which she takes in stride.

"The trolling world is wild," she says. "We don't encourage or engage with trollers. I believe it is those who carry wounds that wound others, and so in my own way, I just send that person a little fairy dust through the ether and hope they don't cause others harm."

Grimm has had people reaching out over social media for "something a little different from counselling support." Her response is to disengage and direct them to the website.

A hard situation is when people in distress reach out.

"I can see they are in distress but

social media is not an appropriate or ethical place for therapy or even a therapeutic conversation," she says. "Resourcing and directing clients to our webpage and crisis lines have been helpful."

But the negatives aside, social media has its rewards — the good comments and messages.

"Seeing that deeper connection others have with our content is truly wonderful," says Grimm. "It means a lot to me because I do spend a lot of thought and time in co-creating content with our team and hashing out ideas, let alone filming. Sometimes you feel like you are pouring so much energy and intention into a vacuum, so knowing it lands for someone truly fills my cup and helps me keep going." ■