"TIKTOK MADE ME THINK I HAVE ADHD"

What Clinicians Should Know About Their Ethical Obligations in Client Self-Diagnosis

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AGENDA

- Defining the issue

- Research support for harms and benefits

- Ethics of self-diagnosis

- Clinical frameworks

- Ethics of social media use in clinical practice

DISCLOSURES

- No conflict of interest regarding commercial support or relationships to disclose
- All funds from this CE presentation support UCEBT's Pro Bono and Sliding Scale service program
- Limitations

HERE'S WHAT THEY SEE

SOCIAL MEDIA BEHAVIORS

- TikTok is a short-form, video-sharing app that allows users to create and share (at minimum)15-second videos, on any topic
  - Videos are now up to 10 minutes
  - Videos include selections of sound and song snippets, and filters
  - Tags allow for easily searchable content
  - The algorithm: Viewing and liking specific content leads to increased exposure to that content in the future
  - Individuals' "For You" pages are customized based on liked and shared content
- Fall 2020 69% U.S. Adolescents used TikTok at least once a month; 95% have "ever" used it
- 32% of TikTok users are ages 25-34; 43% is 18-34
- TikTok users spend an average of 52 minutes per day on the app (as of mid 2022)
- 2019 survey 68% of users view others content and 55% of users upload their own on TikTok monthly

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CLINICIAN PERSPECTIVE

- Increased rates of individuals presenting with diagnoses that may or may not fit
- A client base with increased education and vocabulary regarding psychiatric terms
- Concerns regarding the validity of our testing instruments due to bias or potential "secondary gain"
- Concerns about over-diagnosing
- Clients that have increased participation in their care

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BUT WHAT DOES THE RESEARCH SHOW?

AN EXAMPLE : TWO VIEWPOINTS

- Paper 1: "Stop That! It's Not Tourettes But a New Sociogenic Illness"
  - Contrasts the presenting symptoms with existing evidence-based presentations
  - Timeline directly follows the popularity of social media creator with tic-like behaviors
  - Cautions against attention-seeking behaviors, secondary gain, and utilization of healthcare resources
- Response Paper 2: "A call for caution: 'stop that' sentiments threaten tic research, healthcare and advocacy"
  - Critiques of the research methodology
  - Concerns about invalidating patients
  - Missing cases that are not "by the book"

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MASS SOCIOGENIC ILLNESS

- "Rapid spread of illness signs and symptoms affecting members of a cohesive group, originating from a nervous system disturbance involving excitation, loss or alteration of function, whereby physical complaints that are exhibited unconsciously have no corresponding organic aetiology"
- Traits:
  - Rapid onset and recovery
  - Similarities in a group
  - Impairs daily functioning in some way
  - Unknown physiological cause
  - Presence of high anxiety
- Origins
  - Documented as early as the middle ages
  - "mass hysterias"

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MASS SOCIAL MEDIA INDUCED ILLNESS

- Not limited to a particular location- faster and wider spread
- Associated with fear
  - "Eco Anxiety"
  - COVID-19
- Social Media Associated Abnormal Illness Behavior- captures involuntary and voluntary symptoms
- Most research using a MSMI model indicates that behavior is unconscious
- Article headlines and stories communicate the rhetoric that individuals are making it up intentionally, but there is not enough evidence to support people are intentionally presenting this way

BEYOND CONVERSION: FAKING IT

- Fictitious Disorders or "Munchausens by Internet"
  - Driven by a need for connection and to be "seen"
  - Online interactions create a faster (felt) intimacy than face-to-face interactions
- Social Media Associated Abnormal Illness Behavior- captures involuntary and voluntary symptoms
- Secondary gain
  - Increasing views and followers
  - Selling merch and services

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RESPONSE PAPER: HOLDING UP THE SIDE OF EMPATHY AND EMPIRICISM

- Limited evidence to support causality

- Sex and gender bias against female or female presenting patients

- Underdiagnosis of neurodevelopmental conditions, including autism and ADHD, in female/AFAB individuals

- Disregards variability of onset and symptom course

- Harm-focused rhetoric increases stigma

- Gate-keeping

- Discussion only focusing on harms of social media disregards benefits of technology, including social connection, increased accessibility, and increased avenues for disability advocacy

- Distinguishing Tics from Functional Movement Disorder may not be practical in clinical treatment

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VULNERABILITIES

- The COVID-19 pandemic and barriers to mental health services contribute to people turning to other sources for support
- Social media may be the first exposure to learning about mental health topics
- Traits of those turning to social media for mental health information include:
  - Youth
  - Ethnic minority status
  - Low income/lack of health insurance
  - Fears of stigma
  - Lack of trust in healthcare providers
  - Invalidation of their experience

THE PENDULUM SWINGS

- Users address claims that they are "faking" 64% of posters in March 2021 included such disclaimers, including presenting doctors' notes
- Any action other than acceptance is labeled as "cyberbullying"
- Providers questioning diagnoses are called "invalidating" or "gaslighting"

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ETHICS FOR SELF DIAGNOSIS

APA GENERAL PRINCIPLES

- A- Beneficence and Nonmaleficence
- B- Fidelity and Responsibility
- C- Integrity
- D- Justice
- E- Respect for People's Rights and Dignity

NASW ETHICAL PRINCIPLES

- Service
- Social Justice
- Dignity and Worth of the Person
- Importance of Human Relationships
- Integrity
- Competence

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AMFT CORE VALUES

1. Acceptance, appreciation, and inclusion of a diverse membership.

2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.

3. Responsiveness and excellence in service to members.

4. Diversity, equity and excellence in clinical practice, research, education and administration.

5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.

6. Innovation and the advancement of knowledge of systemic and relational therapies.

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THE HIPPOCRATIC OATH

- Do No Harm
- But what is harmful in this context?
- Harm can come from:
  - Biases in diagnoses
  - Invalidation of client
  - Giving inaccurate diagnoses
  - Misinformation
  - Not keeping up with up research
  - Is it more harmful to overdiagnose or underdiagnose?

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TRUST IS KEY

- "Psychologists establish relationships of trust with those with whom they work"
- "Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities."
- "The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code."
- "CMHCs are aware of their influential position with respect to their clients. CMHCs do not exploit the trust of their clients, nor do they foster client dependency"

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ACCURACY IS IMPORTANT

- "Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology."

- "Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated."

- "Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products."

PATIENTS ARE AGENTS IN THEIR CARE

- "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and **self-determination**."

- "Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible **self-determination**. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession."

- "Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions."

- "A primary ethical principle of all CMHCs is to ensure client autonomy and **self-determination**. Therefore, barring cases of imminent harm to self or others, any therapeutic approach that impedes an individual's right to make informed choices is not in accordance with the AMHCA Code of Ethics"

WHAT CONFLICTS CAN ARISE?

CONFLICTS

- There is no clear-cut ethical priority over others
  - APA emphasizes that there can be no violation of human rights under any circumstances
  - NASW emphasizes utilizing consultation when there are ethical conflicts
  - AMHCA encourages using ethical decision making models
  - AMFT encourages following the highest standard and choosing the course of action that allows the fullest compliance with the code

ETHICAL DECISION MAKING

- **Rights-** upholds human dignity and individual choice
- **Justice-** upholds equality
- **Utilitarian-** upholds doing the greatest good and the least harm
- **Common Good-** upholds the contribution to community
- **Virtue-** upholds values
- **Care Ethics-** upholds relationships

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STEPS

1. Identify the conflict

2. Get the facts

3. Evaluate the options by asking the following questions:

- Which option best respects the rights of all who have a stake? (The Rights Lens)

- Which option treats people fairly, giving them each what they are due? (The Justice Lens)

- Which option will produce the most good and do the least harm for as many stakeholders as possible? (The Utilitarian Lens)

- Which option best serves the community as a whole, not just some members? (The Common Good Lens)

- Which option leads me to act as the sort of person I want to be? (The Virtue Lens)

- Which option appropriately takes into account the relationships, concerns, and feelings of all stakeholders? (The Care Ethics Lens)

4. Choose an option and test it

5. Reflect on the outcome

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CLINICAL FRAMEWORKS

Slide: Utah Center for Evidence Based Treatment

…IT IS ESSENTIAL TO BUILD RAPPORT, NOT ONLY TO UNDERSTAND BUT TO ENABLE RECOVERY

From the article, "The Tic in Tik Tok"

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FIRST THINGS FIRST...

- Individuals who self-diagnose may be correct
  - Agreement in clinician and client ratings on similar measures (except psychosis)
  - Information search methodology may affect accuracy
- Paper examining internet searches effects on diagnostic accuracy
  - Symptom-focused vs. hypothesis testing
  - Females tended to be more accurate than males
  - Younger age led to an inaccurate diagnosis compared to older age
  - Accessing information on the internet improved diagnostic accuracy
  - Diagnostic accuracy improved by quality of information accessed

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WE'RE HUMAN TOO

- Professionals who diagnose may be incorrect
- Self-diagnosis can enhance the practitioner/client relationship
- Review paper on patient attitudes towards using the internet for health information found:
  - People tended to trust professionals more than the internet
  - The goals of seeking information online were to engage in a collaborative treatment approach, not to "prove the doctor wrong"
  - Limitations- average participant was white, female, middle aged

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THERAPEUTIC ASSESSMENT

- "At the heart of this movement is the notion of assessment as an intervention, with potential to not only clarify diagnosis and guide treatment planning, but also provide appreciable therapeutic benefit."

- Components of TA- from therapeuticassessment.com

  - Clinicians support clients in stating, in their own words, the questions they're hoping will be answered by the assessment

  - Clinicians conduct standardized measures, and invites client observations and reflections regarding testing process

  - Feedback sessions- Assessors talk about what test scores are believed to mean--based on normative data and research--and clients are asked if these hypotheses "fit" their own experience and understanding.

  - By the end of the summary/discussion sessions, assessors and clients ideally will have constructed joint "answers" to the clients' assessment questions, and end by discussing next steps clients can take to move beyond their persistent problems.

  - Finally, clients are invited to comment on or correct the written summary and to give feedback to the assessor about their experience of the assessment.

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MOTIVATIONAL INTERVIEWING

- Collaboration (vs. confrontation)

- Evocation (vs. imposing ideas)

- Autonomy (vs. authority)

- Principles:

- Express Empathy- see the world through their eyes; help them feel heard and understood. Clients are more likely to share experiences and trust providers

- Support Self-Efficacy- MI is strengths-based.

- Roll with Resistance- resistance comes when there is a disagreement about the view of the "problem" and "solution" and the client experiences infringement of their autonomy. Clinicians should work to de-escalate.

- Develop Discrepancy- help the client highlight how their current circumstances differs from their values and future goals in order to build motivation for change

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INTERPERSONAL EFFECTIVENESS

- Validation does not equal agreement

- Validation de-escalates conflict and supports shared understanding

- 1. Pay Attention: Look interested in the other person instead of bored (no multitasking).

- 2. Reflect Back: Say back what you heard the other person say or do, to be sure you understand exactly what the person is saying.

- 3. "Read Minds": Be sensitive to what is not being said by the other person. Pay attention to facial expressions, body language, what is happening, and what you know about the person already. Show you understand in words or by your actions.

- 4. Understand: Look for how what the other person is feeling, thinking, or doing makes sense, based on the person's past experiences, present situation, and/or current state of mind or physical condition

- 5. Acknowledge the Valid: Look for how the person's feelings, thinking, or actions are valid responses because they fit current facts, or are understandable because they are a logical response to current facts.

- 6. Show Equality: Be yourself! Don't "one-up" or "one-down" the other person.

- Treat the other as an equal, not as fragile or incompetent.

IT'S ALL ABOUT THE RELATIONSHIP

"Healing comes first by disconnecting, then connecting anew: disconnecting (in part) from social media, and disconnection of attention and belonging from illness representation. Connection necessarily follows unpredicated on illness behavior: between adolescent and treater, adolescent and parent, and the adolescent with themselves. Health emerges when adolescents are supported for who they are as whole human beings, not diagnoses"

Giedinghagen, 2022

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MENTAL HEALTH CONTENT ON SOCIAL MEDIA

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QUALITY OF MENTAL HEALTH INFORMATION

- Study examined content of top ADHD videos on TikTok
- Categorized into 3 categories: misleading, useful, personal experience
  - 57% misleading
  - 27% personal experience
  - 21% useful
- Professionals had useful content; nonprofessionals had the majority of misleading content
- Call to action- professionals can use social media to promote evidence-based information and combat misinformation online

SOCIAL MEDIA CAN HELP DISSEMINATE RESEARCH

- Study examined the effects of social media sharing on article impact:

- Every 10 Twitter shares yielded a 4.4% increase in article downloads and 5.2% increase in citations.

- Articles with at least one Facebook post had 23.3% more downloads than those without.

- Articles with at least one news story had 56.9% more downloads and 39.3% more citations than those without.

- Descriptive analysis indicated the most shared, downloaded, and cited articles focused largely on treatments or interventions.

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SOCIAL MEDIA FROM A CULTURAL LENS

- Understanding the role that social media and technology play in clients' lives is a matter of <u>cultural competence and ethical practice.</u>

- As with other areas of cultural competence, clinicians should do a self-inventory to determine what opinions and biases might be influencing their views on social media

- Resource: Common Sense Media: https://www.commonsensemedia.org/articles/parents-ultimate-guide-to-tiktok

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STRATEGIES FOR ENGAGEMENT

- Grab people's attention: Start the videos with "Bet you never heard of this" or "Ever wonder why…?"
- Don't compare yourself to others:
  - Avoid modeling yourself and your content after others
  - Focus on your purpose and the goals you want to achieve.
- Prepare for negative, hateful comments
- Find support:
  - Consult with other mental health professionals on potential social media content
  - These colleagues can also serve as a source of support if counselors receive hurtful comments or their posts are taken out of context.
- Use the app full features- study compared characteristics of educational videos and found that more engagement was had for videos that were
  - Short
  - Used sounds and filters
  - Used humor

From Lindsey Phillips, editor of
Counseling Today

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ETHICS FOR SOCIAL MEDIA USE

APA GUIDELINES
for the Optimal Use of Social Media in Professional Psychological Practice

APA COMMITTEE ON PROFESSIONAL PRACTICE AND STANDARDS

APPROVED BY APA COUNCIL OF REPRESENTATIVES
OCTOBER 2021

CONFIDENTIALITY

- Guideline 2.1: Psychologists are mindful of the public nature of social media and that their privacy and confidentiality often are not protected nor expected on social media.

- Guideline 2.2: Psychologists are mindful of ethical and legal obligations to maintain client privacy and confidentiality at all times

MULTIPLE RELATIONSHIPS

- Guideline 2.4: Psychologists consider the need to avoid contact with their current or past clients on social media, recognizing that it may blur boundaries of the professional relationship.
- Guideline 2.5: Psychologists are aware of the benefits of establishing a policy regarding their participation in social media and discussing this policy and their use of social media as part of the informed consent process with clients.

MISUSE OF INFORMATION

- Guideline 2.6: Psychologists are aware that social media provide many opportunities for investigating important research questions but are mindful of the need to guard against the misuse of research involving social media

- Guideline 2.7: Psychologists strive to maintain accurate and truthful statements on social media about their own practice, colleagues, the profession of psychology, and other issues and give special attention to the scientific support and empirical basis for statements made and the limitations of available evidence regarding particular topics.

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OUR GUIDELINES

- Focuses on core tenants
  - Protect client privacy and confidentiality
  - Be mindful of multiple relationships
  - Information is accurate and based on research
  - Social media communication is not a clinical relationship
- Clinicians discuss the role of social media and electronic communication as a part of informed consent
- Allows flexibility for individual clinicians' boundaries

For training in establishing a social media policy see Person Centered Tech's training: *Protecting Clinical Boundaries and Your Practice on Social Media, an Ethical Approach*, by Dr. Keely Kolmes

Social Media and Internet Guidelines

Utah Center for Evidence Based Treatment

Updated October 27, 2022

These guidelines reflect how UCEBT conducts the organization's social media accounts and email. UCE clinicians also uphold ethical guidelines in interacting with social media and the internet overall, per A standards https://www.apa.org/about/policy/guidelines-optimal-use-social-media.pdf . However, UCEBT clinicians' individual boundaries may vary, and it is recommended that interaction over social media and internet be discussed with clients as part of informed consent.

UCEBT is mindful of ethical and legal obligations to protect client privacy and confidentiality at all times.

UCEBT encourages you to be cautious about your privacy and confidentiality when it comes to followi liking, re-posting, commenting, reviewing, and engaging on social media platforms or other websites with UCEBT.

Content that UCEBT uses in social media or related outreach activities is intended to be based on facts not opinions. Should fictitious case studies be used to explain a concept, there will be no client identifiers that could compromise the confidentiality of the client.

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WHY BOTHER?

VALUES

- "Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists"

- "Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people."

- "CMHCs recognize they have a moral, legal, and ethical responsibility to the community and to the general public"

- "Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects"

- Guideline 1.1: Psychologists are aware that social media can be highly useful for improving public access to information about behavioral health, psychological services, and the integration of behavioral health within primary, secondary, and tertiary health care.

- Guideline 1.2: Psychologists are mindful of social media's growing importance as a tool for communicating and engaging with interested groups of clients, students, peers, and other stakeholders around particular health issues, thereby adding value to health services, research, and education.

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