**Ella Mobley post to week 3 discussion 1**

Case number 2

Here, we see the role of a counseling psychologist with a specialty in handling self-harm and traumatic behavior.  A counseling psychologist with a decision to make, Dr. Washington is keenly aware of the impact of trauma, and the factors that may be triggers that have the potential to lead to self-inflicted injury.  As he is one who knows situations that require the use of therapeutic services, he now must delicately balance this situation in such a way that does not put his professional integrity in question.

Social media allows everyone to peek into everybody’s business. for all the world to see.  There are both pros and cons to engaging in social media outlets and research studies confirm that this situation could be a positive one, or it could turn out to be problematic and very awkward,  giving rise as well to increased cyberbullying.” (Asay & Lal, 2014, p. 1) Friend requests are a part of everyone’s online experience.  Once an online relationship has begun, who knows for certain, how it will progress, or what that outcome will be?

Dr. Washington is within his rights to not accept the friend request and should have left it at that, making it a clean-cut response.  The patient would know not to expect anything further from Dr. Washington.  Pursuant to Standard 3 of the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct, where Section 3.04 addresses “Avoiding Harm”.  For whatever the reason, Dr. Washington has decided not to accept this gentleman’s friend request but is on the fence about how to go about relaying this to the friend’s request.  Section 3.04 clearly states that psychologists “take reasonable steps to avoid harming their clients/patients with whom they work, and to minimize harm where it is foreseeable and unavoidable.”  ([www.apa.org (Links to an external site.)](http://www.apa.org/).)  The inference here is that every precaution should be taken at all cost to resist any way causing an affront to the client.

I would suggest that Dr. Washington rule on the side of caution, and not send the private message to the client.  The rationale for this is that given the mental and psychological history of this client, he would not want to risk of angering his client.  Instead, of (Dr. W) would do well to maintain a solely business/professional relationship basis with this client to avoid the risk of the client feeling as though Dr. Washington has somehow “slighted” or “disrespected” him, as seems to be the buzz word today.  Dr. Washington could post a general message on whichever outlet he uses, posting his services, keeping his information within the parameters of a strictly business and professional basis to reflect positive business to ensure that he may provide all of his clients with the highest quality of care he can provide the best quality care to those he most values – his patients.

References:

American Psychological Association. (2010). Standard 3: Human relations (Links to an external site.). Retrieved from http://www.apa.org/ethics/code/index.aspx?item=6

Asay, P. A., & Lal, A. (2014). Who’s Googled whom? Trainees’ Internet and online social networking experiences, behaviors, and attitudes with clients and supervisors. Training and Education in Professional Psychology, 8(2), 105–111. https://doi-org.proxy-library.ashford.edu/10.1037/tep0000035

[Reply](https://ashford.instructure.com/courses/84559/discussion_topics/2352387)