

Education and Training on Social Networking Websites for Mental Health Providers

by Margaret B. Noreuil

B.S. in Clinical/Counseling Psychology, January 2008, Edgewood College
M.A. in Ed. & H.D. Clinical Mental Health Counseling, May 2011, The George
Washington University

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Sam L Steen
Associate Professor of Counseling

The Graduate School of Education and Human Development of The George Washington University certifies that Margaret Brittany Noreuil has passed the Final Examination for the degree of Doctor of Philosophy as of March 4, 2019. This is the final and approved form of the dissertation.

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Margaret B. Noreuil

Dissertation Research Committee:

Sam L. Steen, Associate Professor of Counseling, Dissertation Director

Diana L. Burley, Professor of Human and Organizational Learning, Committee Member

Sara Cho Kim, Assistant Professor of Counseling, Committee Member

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Dedication

The author wishes to dedicate this dissertation to her mother, Margaret Noreuil. She role-modeled a woman who values herself and pushes herself to dedicate her life towards helping others through being a nurse and an educator. She provided much-needed support throughout the dissertation process and guidance to keep going despite occasional setbacks.

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Abstract of Dissertation

Education and Training on Social Networking Websites for Mental Health Providers

Social networking websites can have a positive and negative, psychological impact on individuals who use them, especially if these individuals have previously experienced depressive symptoms. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) informs the curriculum in master's and doctoral level counseling graduate programs, yet the extent to which social networking websites and their psychological impacts is explored in these programs is unknown.

This is an exploratory, mixed methods study that explores the extent to which CACREP graduate programs address this topic and prepare mental health professionals to address this topic in their practice as well as exploring the extent to which, and how, mental health professionals are seeing social networking sites impact their clients. Thirty-two participants completed an online survey that consisted of open-ended and closed-ended questions. The data collected was analyzed through frequency distributions and by developing themes using in vivo coding. These themes were then used with the frequency distribution results to inform the findings in this study.

Conclusions were drawn from this study that CACREP programs are not formally addressing social networking websites psychological impacts on clients in their curriculum and mental health professionals shared that clients are being psychologically impacted by social networking websites. Mental health professionals are experiencing a need for education and/or training in this area in order to address this area with clients. Lastly, from this study there are several recommendations for additions to the CACREP

curriculum in relation to social networking websites psychological impacts as well as suggestions for interventions to address these issues.

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Glossary of Terms

Term 1: Social Networking Websites- Social networking websites are websites that allow users to create a profile to define their visual presence, connect with others users to create association lists or groups, and provide feedback or comments on others' profile pages or association pages (Fullwood, Galbraith, Morris, & Orchard, 2014). Some examples of social networking websites would be Facebook, Tumblr, Instagram, and MySpace.

Term 2: Treatment Settings- Treatment settings can be broadly defined as an inpatient facility where clients live on the premises or an outpatient facility where clients reside elsewhere but spend time each day or week at the treatment facility (Substance Abuse and Mental Health Services Administration, 2013).

Term 3: Major Depressive Disorder- The criteria for Major Depressive Disorder include that the individual must experience at least five of the following nine symptoms for a minimum period of two weeks, at least one of which must be “depressed mood” or “loss of interest or pleasure in activities.” The nine symptoms are: (a) depressed mood most of the day for everyday, (b) loss of interest or pleasure in activities most of the day for everyday, (c) significant weight loss or weight gain, (d) insomnia or hypersomnia almost everyday, (e) psychomotor agitation or retardation almost everyday, (f) fatigue or loss of energy almost everyday, (g) feelings of worthlessness or excessive or inappropriate guilt almost everyday, (h) diminished ability to think or concentrate or make decisions almost everyday, and (i) recurrent thoughts of death or suicide (DSM-V, 2016).

Term 4: Cyberbullying- There are several definitions for cyberbullying; most are variations for traditional bullying. Cyberbullying is commonly defined as a hostile, intentional act or behavior that is carried out by a group or an individual, using electronic forms of contact, such as social networking websites, repeatedly and over time against a victim who cannot easily defend him or herself (Moreno, 2014).

Term 5: Sexting- Sexting refers to the act of sending a sexually suggestive nude or nearly nude photo or video of oneself to someone else (Bauermebsites, Gordon-Messer, Grodzinski, & Zimmerman, 2013).

Term 6: Cognitive Behavioral Therapy (CBT)- CBT is a treatment framework that explores the relationships between a person's thoughts, feelings, and behaviors. A therapist when practicing CBT will actively work with the client to uncover unhealthy patterns of thought and how they may be causing self-destructive behaviors and beliefs (NAMI, 2016).

Term 7: Dialectical Behavioral Therapy (DBT)- DBT is a treatment framework that emphasizes validation, or accepting uncomfortable thoughts, feelings, and behaviors instead of struggling with them. When an individual can come to terms with the troubling thoughts, emotions or behaviors that they struggle with, change no longer appears impossible, and they can work with their therapist to create a gradual plan for recovery (NAMI, 2016)

Term 8: Depressive Rumination- depressive rumination is defined as “behaviors and thoughts that focus one's attention on one's depressive symptoms and on the implications of those symptoms” (Derakshan, Koster, Lissnyder, & Raedt, 2011). An example would be if someone was on a social networking website and saw pictures of their friends out, having fun and then they started feeling more depressed, wishing that they were out with their friends and having fun.

Term 9: Psychomotor Agitation- psychomotor agitation is a mood disorder symptom involving unintentional motor activity, manifested as fidgeting, pacing, and hand-wringing (Leventhal & Zimmerman, 2010). An example of this is when an individual taps their foot repeatedly when they are feeling anxious.

Chapter 1: Introduction

Overview/Background

This chapter provides an introduction to the research questions exploring the extent to which social networking websites psychological impacts are acknowledged and explored throughout clinical practice and whether or not Council of Accreditation of Counseling and Related Educational Programs (CACREP) graduates over the past ten years have had any education and/or training on social networking websites psychological impacts throughout their CACREP curriculum. In this chapter, the lack of information on social networking websites within counseling graduate programs that are accredited by CACREP and the impact of this deficit in clinical settings is introduced. First, the history of social networking websites is discussed. There is a brief overview of some of the advantages and disadvantages of using these websites, including their psychological impact on depressive symptoms among users as well as discussing the importance of the social ecological model and how it provides the theoretical framework for this study. Next, the social ecological model is described and explored in terms of its impact through various levels of treatment including the individual, interpersonal, organizational, community, and policy level. Following this, Major Depressive Disorder (MDD) including the criteria for MDD in the fifth edition of the *Diagnostic Statistical Manual (DSM-V)* is briefly defined and discussed in relation to the psychological impacts from social networking websites.

The Council of Accreditation of Counseling and Related Educational Programs standards as well as CACREP accredited academic programs is further explored through the methods section in regards to social networking websites and their psychological

impacts, specifically focusing on individuals who have a diagnosis of Major Depressive Disorder. The methods used in this present study include a pilot study that was conducted throughout the development process of the current survey used as well as in vivo coding to develop themes based on the survey results. This section concludes by going more in-depth on what the implications are of the current survey and the results that were found using the survey.

Statement of the Problem

Social networking is fairly new, but widespread, especially among the young adult population (Moreno, 2010), as well as adolescents where more than 70% of adolescents use social networking websites, most commonly Facebook (Jelenchick, L., Eickhoff, J., Moreno, M., & Jelenchick, L., 2013). In the adult population, 86% of adults in the United States are social networking website users (Pew Research Center, 2017). Given it's relatively recent introduction, the impact of social networking use has not been incorporated in accredited counselor education programs and is not currently part of CACREP standards. The courses within CACREP curriculum and CACREP standards do not discuss client implications around social networking use, nor do they implement education about how social networking websites should be incorporated and addressed in treatment settings, such as group or individual therapy treatment settings. There is little research to indicate whether social networking websites are being discussed in CACREP and how this topic is addressed, if at all.

There is growing research, specifically by Dr. Megan Moreno (2011) and Dr. M.J. Newman (2015), that the use of social networking websites does have an impact on young adult users. One of the more consistent findings indicates that social networking

websites can negatively impact depressive symptoms among young adults. Major Depressive Disorder (MDD) is the most common mental health diagnosis among young adults (Rice et al., 2014).

Young adults' use of social networking websites and the effect of this use on depressive symptoms is a large concern (Moreno, 2011) that has not been formally addressed in accredited counselor education programs for use in group or individual therapy treatment settings with clients who have a diagnosis of MDD. The use of social networking websites among this population is not mentioned within CACREP standards (CACREP, 2016), and there is not any current research found to indicate whether and/or how it is being addressed within these settings.

Purpose of the Study and Research Questions

In the present study, the disconnect between existing research that indicates that social networking websites are a large part of individuals lives that can negatively impact depressive symptoms and the lack of formal training, experience, and education available within CACREP to address this concern within a treatment setting, specifically with patients who have MDD, is explored. To bridge this gap, mental health clinicians, who graduated from counseling programs within the last ten years, were surveyed to determine the extent to which social networking websites were or were not addressed in their CACREP curriculum, and further, these clinicians were asked to provide qualitative feedback on the extent to which social networking websites are explored in practice.

The research questions that this study explores include the extent to which mental health clinicians are seeing social networking websites as a.) positively and/or negatively impacting their clients b.) if they have had or would like any training and/or education on

how to approach social networking website impacts on clients in treatment settings, and c.) how mental health clinicians who have tried to approach social networking websites as an intervention in treatment with clients have done so.

History of the Internet and Social Networking Websites

In 1990, the introduction of the world wide web and the rapid development of commercial content and business applications made the internet more broadly accessible and accelerated its use by the public (Mowery & Simcoe, 2002). After the web-browser Netscape was offered to computer users in the mid-1990s, there was a dramatic increase in internet-related entrepreneurial activity.

Some could argue that the most impactful, entrepreneurial activity since the introduction of Netscape was the development of social networking websites. The social networking website, sixdegrees.com, was made available to the public in 1997 and allowed users to create profiles, list their friends, and search for mutual friends among their current list of friends on the website (Boyd & Ellison, 2007). Over time, social networking websites like Facebook and MySpace have added features, and currently they allow users to create a profile to define their visual presence, connect with other users and create association lists or groups, and provide feedback or comments on others' profile pages or association pages (Fullwood, Galbraith, Morris, & Orchard, 2014). A majority of the activities that are conducted on social networking websites include (a) constructing a public profile, (b) developing a list of other users with whom one shares a connection, and (c) being able to view, edit, and post materials either to specific people or to the general public (Boyd & Ellison, 2007).

One of the earliest popular social networking websites was MySpace. When MySpace was launched in 2004, internet users signed up on the website in numbers that had not previously been seen on any internet website (Boyd & Ellison, 2007). Between 2005 and 2009, the use of social networking websites had grown by more than 400%, and at least 22% of people using the internet were using it to conduct various activities on social networking websites (Ganea, Mosimann, Muri, & Nef, 2013). Pew Internet and American Life Project conducted research on the demographics of social networking website users and found that more than 70% of young adults use social networking websites (Lenhart, Purcell, Smith, & Zickuhr, 2010). Arguably the most popular social networking website, Facebook.com, reached over 1 billion users in October of 2012, most of whom were adolescents and young adults (Ganea, Mosimann, Muri, & Nef, 2013). Of the total users of social networking websites, 86% of adults in the United States, are social networking website users (Pew Research Center, 2017).

Impacts of Social Networking Websites on Psychological Well-Being

Researchers have identified both advantages and disadvantages to using social networking websites. Advantages of having a social networking website profile or belonging to a social networking website include easily being able to interact with others and gather feedback from peers who are consistently available, fostering the development of identity and intimate relationships (Calvert, Pempek, & Yermolayeva, 2009), finding friends with whom one has lost communication, and providing a space where users can more easily self-disclose difficult information and build or join a community of other users with whom they share similarities (Csepeli & Nagyfi, 2014).

Social networking websites make it easier for users to interact with their peers and gain feedback on a consistent basis. That ease of communication is due to the large variety of tools that can be utilized on the website, including private messaging, posting on profile walls, and instant messaging. These websites help users find friends they may have lost touch with, assist them in organizing events with their friends and/or community, and allow them to formulate an online identity (Csepeli & Nagfi, 2014, Bian et al., 2016).

One of the most important advantages of social networking websites is that they allow users to reach out for help in a less personal way than direct interaction, resulting in users feeling they can disclose more online. Csepeli and Nagyfi (2014) found that users report it is easier to reach out online than in-person, because the possibility of rejection is easier to come to terms with and they may not feel as comfortable telling someone in-person about their problems. They also found that people have started to develop their own groups or communities on social networking websites where they can create a space of acceptance and understanding.

While researchers have found there are psychological advantages to being a user of social networking websites, they have also identified some significant psychological disadvantages. Some of the major disadvantages that have been noted are the possibility of being cyberbullied, the development of relationships where there is less empathy, contending with users who lie about their identity on their profile, and the risk that individuals on social networking websites may start to build a dependency on these websites (Csepeli & Nagyfi, 2014). One important disadvantage of using social networking websites is the negative impact that “creeping” on social networking websites

can have on depressive symptoms (Moreno et al., 2011). “Creeping” is defined as when a user is on a social networking website and is looking through other people’s profiles without talking to them (Moreno et al., 2011). As social networking websites have become more popular among young adults, researchers have started to examine the effects that being on a social networking website can have on young adults who struggle with depression (Moreno et al., 2011, Moreno et al., 2016).

User’s of social networking websites tend to feel more uninhibited because of the reduction in authority and the greater invisibility, which increases negative behaviors, such as aggression and overt swearing (Fullwood, Galbraith, Morris, & Orchard, 2014). For example, a young adult who is upset with a friend may feel comfortable writing something negative on this friend’s profile page that they would never say to this friend in-person. The reduction in authority and greater invisibility also makes it easier for users to feel they can self-disclose, which opens the user up to criticism and negative comments, sometimes reaching the level of cyberbullying. In 2013, the Ontario Student Drug Use and Health survey was distributed to over 5,000 students from the age of 11 to 20 and looked at how this demographic is impacted by cyberbullying. The researchers found that almost one in five students had experienced at least one incident of cyberbullying. For years, bullying has been linked to depression in adolescents and young adults (Hamilton & Sampasa-Kanyinga, 2015).

A number of recent studies have examined the effects of social networking websites on depression in young adults. Newman (2015) conducted a study looking at the effects of Instagram on its users and found that users place a large emphasis on the number of “likes” their photographs obtain and connect this with a sense of belonging.

The more “likes” users receive, the more they feel a sense of belonging; conversely, if they get few “likes” on their photographs, it can negatively impact how they feel about their connection to other users and their sense of belonging, leading them to feel isolated and unwanted (Newman, 2015).

Another study looked at the link between depressive symptoms and users’ activities on the social networking website Facebook (Moreno et al., 2011). The researchers found that about 25% of college students in their study displayed comments or photographs on Facebook that met the clinical criteria for depression (Moreno et al., 2011). A conclusion was drawn from this study that there is a relationship between posting more recently or consistently and being at a higher risk for posting material that is linked to depression. In addition, they found that Facebook users were more likely to post material that can be linked to depression if another user has responded to it (Moreno et al., 2011). For example, a user is more likely to post that they are feeling hopeless if another user has responded to this post previously with concern. This current study focuses on incorporating education on the psychological impacts of social networking websites like Facebook due to their high use and impact on individual’s mental health. There is evidence that social networking websites, such as Facebook and Tumblr, can have an impact on depression (Moreno et al., 2011, Moreno et al., 2016).

In addition to Facebook being linked to having impact depressive symptoms, Dr. Moreno and colleagues also found similar results on the social networking website Tumblr (Moreno et al., 2016). Dr. Moreno and colleagues (2016) found that individuals are expressing comments on Tumblr that are related to depressive symptoms, such as, “WHY DO I ALWAYS FEEL LIKE IM NOT GOOD ENOUGH FOR ANYONE?” and

“Each day, she dies a little more inside,” (Moreno et al., 2016). If mental health clinicians were provided with adequate education on social networking websites and their psychological impacts, social networking websites could possibly be used as an intervention in mental health treatment. Dr. Moreno and colleagues concluded their study, finding that 64.3% of the control group and 60% of the intervention group did not feel comfortable finding online resources for mental health independently (Moreno et al., 2016).

A majority of participants from the study were not comfortable finding mental health resources without the additional assistance from a mental health professional, providing evidence on the importance of mental health professionals connecting with clients by using social networking websites as a resource. It’s clear that individuals use social networking websites for various reasons related to their mental health, but currently there has not been any formal instruction within CACREP programs curriculum. The social ecological model is used as the theoretical framework in this research because it explores how individuals are prepared on an institutional level to ethically address mental health impacts on social networking websites.

Social Ecological Model

The social ecological model is an appropriate theoretical framework for this research because it incorporates the various levels that individuals can be impacted by within themselves and society. The social ecological model has five different levels that start at the innermost level of the individual. Each level after the individual level encompasses the previous levels going from individual, interpersonal, organizational, community, and lastly, the policy level at the outermost level of the social ecological

model (Brown, 2015). This model is important because it addresses how changing one level of the model, like the academic institutional level, impacts individuals through the other levels of the model. An example of this would be if a CACREP graduate, mental health professional, were trained on the psychological impacts of social networking websites, then they could provide psychoeducation to their client on this topic who can then implement healthy coping skills on the individual and interpersonal level.

The survey used within this research study addresses clinical mental health professional's experiences and reflective thoughts within their education and training, as well as their practice around what they experience or address with their clients and social networking websites. Findings from this survey inform possible impacts on all five levels of the social ecological model. The survey used impacts various levels within the social ecological model as it explores what mental health providers are experiencing in regards to the psychological impacts of these websites on their clients, the education and training on social networking websites psychological impacts in CACREP, communities that are developed on social networking websites as well as individuals engaging in relationships on these websites. Lastly, the survey's findings can assist in informing healthcare policies around laws and regulations for social networking websites, as currently being explored within the crisis between Facebook and Burma/Myanmar, where Facebook was used in this country to spread "fake news" that caused riots and protests in other countries who believed what they were seeing. At a later time, evidence was provided showing that actors were staging these violent scenes; therefore, Burma/Myanmar is exploring the use of Facebook within their country due to these riots and protests that happened as well as this situation impacting relations with the United States where Facebook is based.

Major Depressive Disorder

The World Health Organization (WHO) (2016) reported that depression is among one of the most disabling clinical diagnoses in the world. An estimated 16.2 million adults in the United States had at least one major depressive episode throughout their lifetime.. This number represented 6.7% of all U.S. adults (NIMH, 2016). Major Depressive Disorder is the most common mental illness diagnosed in the United States (American Psychological Association, 2016). It typically has an onset during adolescence and young adult years, causing negative impacts on health and social outcomes.

The criteria for Major Depressive Disorder include that an individual must experience at least five of the following nine symptoms for a minimum period of two weeks, at least one of which must be “depressed mood” or “loss of interest or pleasure in activities.” The nine symptoms are: (a) depressed mood most of the day for everyday, (b) loss of interest or pleasure in activities most of the day for everyday, (c) significant weight loss or weight gain, (d) insomnia or hypersomnia almost everyday, (e) psychomotor agitation or retardation almost everyday, (f) fatigue or loss of energy almost everyday, (g) feelings of worthlessness or excessive or inappropriate guilt almost everyday, (h) diminished ability to think or concentrate or make decisions almost everyday, and (i) recurrent thoughts of death or suicide (DSM-V, 2016).

In addition to experiencing at least five of these symptoms, an individual must experience significant distress or impairment in social, occupational, or other important areas of functioning, and the episode cannot be attributed to a substance or medical condition (DSM-V, 2016). Clinicians may add several specifiers to the diagnosis of MDD, including, whether the depression is mild, moderate, or severe, and whether it is a

single or recurrent episode of depression. The clinician can also note several other identifiers, such as whether psychotic features are present with the depression or whether the depression is in partial or full remission (DSM-V, 2016).

The prevalence of adults with a major depressive episode was highest among individuals aged 18-25 (10.9%) (NIMH, 2016). Psychotherapy has been recognized as a beneficial treatment model for young adults who have been diagnosed with and are struggling with MDD (Thimm & Antonsen, 2014). Young adults who meet the criteria for MDD are typically reluctant to seek out treatment because of the stigma that a diagnosis of MDD carries and the distrust many have of healthcare professionals (Rice et al., 2014). Psychotherapy is helpful in regard to this reluctance because clients are able to connect and normalize their diagnosis and learn how other people who have MDD have been able to handle the stigma of the diagnosis (Bar, Eliakim, & Hod, 2014).

Council for Accreditation of Counseling and Related Educational Programs

In order for awareness and knowledge about the impact of social networking websites to increase among counselors and therapists, information and education about these websites must be incorporated into counselor education training programs. The Council of Accreditation of Counseling and Related Educational Programs (CACREP) holds academic preparation programs to a set of professionally approved standards to ensure that graduating students are able to become licensed in their field and have the tools and knowledge they need to provide help to the populations with whom they will work with.

CACREP's core values include "advancing the counseling profession through quality and excellence in counselor education, ensuring fair, consistent and ethical

decision-making processes, serving as a responsible leader in protecting the public, promoting practices that reflect openness to growth, change and collaboration, and creating and strengthening standards that reflect the needs of society, respecting the diversity of instructional approaches and strategies, and encouraging program improvement and best practices” (About CACREP, 2018).

There are many different counselor education programs in the United States that you can get a masters degree or a doctorate degree from, but not all of these programs are CACREP-accredited. CACREP has programs that they have accredited with their title for the purpose of developing a set of standards for these educational programs that their students will come out having been held to. CACREP programs pride themselves in preparing their students not just for their future practice, but to also take the state licensing exam (CACREP, 2016).

Counselor trainees in these accredited programs take courses that are based on the CACREP standards that have helped to develop the program curriculum. The programs help students identity their professional identity, including finding their areas of interest, and the program assists students in learning about the steps after education that they need to take to become licensed and to be able to set up their practice.

CACREP is highly recognized by National and State licensing boards and by employers for having graduated clinicians that are competent in their field of interest and have graduated with all the state requirements being met so getting their license is stream-lined (CACREP, 2016)

The 2016 CACREP standards are organized into six sections, which include (a) the learning environment, (b) professional counseling identity, which includes the eight

core curriculum areas that are required and further discussed in the next paragraph, (c) professional practice, (d) evaluation in the program, (e) entry-level specialty areas, like addiction counseling and school counseling, and (f) doctoral standards for counselor education and supervision (CACREP, 2016). The incorporation of social networking websites and their psychological impacts into CACREP curriculum assists in following the standards for CACREP by addressing the standard of (c) professional practice.

In order to achieve the standards developed, there are eight core curriculum courses in CACREP programs which include (a) professional counseling orientation and ethical practice, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) counseling and helping relationships, (f) group counseling and group work, (g) assessment and testing, and (h) research and program evaluation (CACREP, 2016). This research focuses on the CACREP standards and core curriculum further in chapter five as a plan is developed to integrate the topic of social networking websites and their psychological impacts into CACREP educational programs.

Summary of Research Methods

In the present study, mixed-methods is the method that was used. First, a survey was developed by combining components from two existing surveys which included the Survey of Internet Mental Health Issues (SIMHI) and the United States Census Bureau survey for the demographic information. Next, a pilot study was conducted in order to get reliability and validity measures for the new survey, making sure that it was measuring what it was suppose to be measuring and that the survey was accurate in how it was testing in different areas.

Once the pilot study was completed, the survey was emailed out to participants with a link to take the survey through *surveymonkey.com*. The survey included 31-items where there were open-ended questions that allowed participants to elaborate on their responses and closed-ended questions. There are 15-items that are closed-ended questions, 8-items that are open-ended questions, and 8-items that if answered yes, are followed by an open-ended question for further explanation.

This survey was sent out to mental health professionals through various listservs within counseling graduate programs, mental health organizations and associations, and through networking within mental health treatment settings in the Washington, DC, Virginia, and Maryland area. The survey is broken up into several different domains that include participant demographic information, graduate counselor education about internet and social networking website use among adults, client demographic and background information, addressing internet and social networking website use in therapy sessions with young adult clients, professional needs of mental health providers, and the various influences of the internet and social networking websites on mental health.

The goal of this research is to understand the extent to which therapists are seeing social networking websites impacting their clients and whether or not they think there should be more training put in place on this topic, including incorporating social networking websites as a topic in the CACREP standards and within the curriculum of CACREP programs. There were several findings that developed from this research as well as some limitations that are acknowledged. including CACREP programs are not addressing social networking websites and the psychological impacts in their curriculum, mental health professionals are finding that clients are being negatively impacted by

social networking websites and are experiencing a need for education and/or training in this area in order to address it with clients, and there are several recommendations for additions to the CACREP curriculum in relation to social networking websites and the psychological impacts.

Findings and Limitations

Several conclusions were drawn after reviewing and analyzing the results of the surveys. These results showed that CACREP programs are not formally addressing social networking websites and the psychological impacts in their curriculum, mental health professionals are finding that clients are being negatively impacted by social networking websites and are experiencing a need for education and/or training in this area in order to address it with clients, and there are several recommendations for additions to the CACREP curriculum in relation to social networking websites and the psychological impacts.

There are several limitations that need to be addressed and considered when disclosing the results of this research and drawing conclusions. The results were collected from several different academic institutions on the east coast, which could provide limitations for what we might find if exploring programs in different geographical locations. Another limitation revolves are the sample size of the research study.

Qualitative analysis typically requires a smaller sample size than quantitative analyses. Saturation occurs when adding more participants to the study does not result in additional perspectives or information. There are no specific rules when determining an appropriate sample size in qualitative research, but it is important to gain enough of a sample size where you can see patterns developing. This was experienced throughout the

responses in this survey as there was not a lot of variation in how participants responded to the qualitative and quantitative questions.

Another possible limitation is that cronbach's alpha was not computed in the survey that was used due to it's exploratory nature and that item's on a scale were not typically used.

Definitions of Key Terms

Social Networking Websites- Social networking websites are websites that allow users to create a profile to define their visual presence, connect with others users to create association lists or groups, and provide feedback or comments on others' profile pages or association pages (Fullwood, Galbraith, Morris, & Orchard, 2014). Some examples of social networking websites would be Facebook, Tumblr, and MySpace.

Treatment Settings- Treatment settings can be broadly defined as an inpatient facility where clients live on the premises or an outpatient facility where clients reside elsewhere but spend time each day or week at the treatment facility (Substance Abuse and Mental Health Services Administration, 2013).

Major Depressive Disorder- The criteria for Major Depressive Disorder include that the individual must experience at least five of the following nine symptoms for a minimum period of two weeks, at least one of which must be "depressed mood" or "loss of interest or pleasure in activities." The nine symptoms are: (a) depressed mood most of the day for everyday, (b) loss of interest or pleasure in activities most of the day for everyday, (c)

significant weight loss or weight gain, (d) insomnia or hypersomnia almost everyday, (e) psychomotor agitation or retardation almost everyday, (f) fatigue or loss of energy almost everyday, (g) feelings of worthlessness or excessive or inappropriate guilt almost everyday, (h) diminished ability to think or concentrate or make decisions almost everyday, and (i) recurrent thoughts of death or suicide (DSM-V, 2016).

Cyberbullying- There are several definitions for cyberbullying; most are variations for traditional bullying. Cyberbullying is commonly defined as “an aggressive, intentional act or behavior that is carried out by a group or an individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself” (Moreno, 2014).

Sexting- Sexting refers to the act of sending a sexually suggestive nude or nearly nude photo or video of oneself to someone else (Bauermewebsiter, Gordon-Messer, Grodzinski, & Zimmerman, 2013).

Cognitive Behavioral Therapy (CBT)- CBT is a treatment framework that explores the relationships between a person's thoughts, feelings, and behaviors. A therapist when practicing CBT will actively work with the client to uncover unhealthy patterns of thought and how they may be causing self-destructive behaviors and beliefs (NAMI, 2016).

Dialectical Behavioral Therapy (DBT)- DBT is a treatment framework that emphasizes validation, or accepting uncomfortable thoughts, feelings, and behaviors instead of struggling with them. When an individual can come to terms with the troubling thoughts, emotions or behaviors that they struggle with, change no longer appears impossible, and they can work with their therapist to create a gradual plan for recovery (NAMI, 2016)

Depressive Rumination- depressive rumination is defined as “behaviors and thoughts that focus one's attention on one's depressive symptoms and on the implications of those symptoms” (Derakshan, Koster, Lissnyder, & Raedt, 2011). An example would be if someone was on a social networking website and saw pictures of their friends out, having fun and then they started feeling more depressed, wishing that they had the energy and motivation to go out with their friends and have fun.

Psychomotor Agitation- psychomotor agitation is a mood disorder symptom involving unintentional motor activity, manifested as fidgeting, pacing, and hand-wringing (Leventhal & Zimmerman, 2010). An example of this is when an individual taps their foot repeatedly when they're nervous.

Chapter 2: Literature Review

This chapter will review the research literature relevant to the new phenomenon of discussing social networking website usage and psychological impacts and incorporating education on this topic into CACREP programs. Since addressing social networking websites and their effect on mental health is a fairly new phenomenon, limited research has been published on this topic. Consequently, this review looks at research from a number of areas, including the development of the internet and social networking websites, the use of these websites by young adults, the relationship between social networking website use and depression among young adults, and an overview of young adults, depression, and treatment settings. The review concludes with a discussion of counselor education and program accreditation, and implications to be considered when discussing the use of social networking websites in therapy settings, as well as an overview on the methods that are used in this study.

Search Methods and Terms Used

In constructing this literature review, several scholarly databases were used in conjunction with some key terms. The research articles chosen for this literature review have been published within the past ten years, with a few currently relevant exceptions, to make sure that the research is still relevant. There are several exceptions within the literature review that were published over ten years ago that were kept because they were from the original source where the information is still applicable and used in present research.

The search terms used to create this literature review included social networking websites, social ecological model, cognitive behavioral therapy, dialectical behavioral

therapy, accredited counseling programs, and CACREP. I also chose only to include CBT and DBT frameworks because these have been proven effective in psychotherapy treatment settings, specifically when addressing major depressive disorder..

Development of the Internet and Social Networking Websites

Between 1960 and 1985, United States federal defense-related Research and Development programs funded collaborations among researchers, scientists, and engineers to work with US computer hardware and software industries to assist in the development of the internet (Mowery & Simcoe, 2002). In the 1960s, the Department of Defense wanted to develop an infrastructure that would enable research from several facilities to be accessed from many different facilities. At that time, use of the internet was mainly focused on research efforts.

It was not until 1972 that the first major non-research application, electronic mail, was developed for the Advanced Research Projects Agency Network (ARPANET) (Mowery & Simcoe, 2002). Although not the intent and not anticipated, e-mail became widely popular, and its use grew quickly. By the late 1970s, there was a growing demand for commercial networking services by local corporations, and personal computers became increasingly available to the public (Mowery & Simcoe, 2002).

In the 1990s, commercial content and business applications were developed across the internet, and the world wide web was introduced. It was also at this time that the internet moved from public management to private management, although it continued to use the public telecommunications infrastructure. In 1995, Netscape was publicly offered to computer users, which greatly increased the growth of internet-related entrepreneurial activity (Mowery & Simcoe, 2002). As entrepreneurial activity grew, the

number of new websites grew as well, leading to the development of social networking websites.

When the first social networking website, *sixdegrees.com*, was launched it allowed users to create profiles to help identify who they are or who they want to be seen as, list their friends that they have whether they are friends only online or friends in-person, and search affiliated friends through their current friends to make even further connection through this networking process (Boyd & Ellison, 2007).

A few years later, in 2001, Ryze was launched, which was created to help professionals connect in their community with the goal of being able to make connections for possible new jobs or new opportunities. This was quickly followed by the launch of LinkedIn, another professional network that is still currently used. Soon after, the applications Friendster, MySpace, and Facebook were developed, which helped shape business, cultural, and social online environments for users (Boyd & Ellison, 2007).

Adolescents and young adults began to sign up for MySpace in large numbers in 2004—a new phenomenon that had not occurred previously with other social networking websites (Boyd & Ellison, 2007). The company was purchased in 2005 for 580 million dollars, showing the popularity and importance of social networking websites at that time. In 2004, Facebook was developed, geared specifically towards college students and young adults. In 2005, it expanded to include high school students and professional networks, and eventually it grew to include all population demographics (Boyd & Ellison, 2007).

The use of social networking websites started to gain more media attention and quadrupled within the time span of 2005 to 2009 with about 22% of people spending time

online on these websites. The social networking website Facebook was one of the fastest growing social networking websites as it reached one billion users, typically college students and young adults or adolescents, as of October 2012 (Ganea, Mosimann, Muri, & Nef, 2013). A Hollywood movie was even scripted and produced for major theatres on the story of how Facebook developed (The Social Network, 2010).

In their study on social networking website use, Fullwood, Galbraith, Morris, and Orchard (2014) noted that a majority of participants claimed to use more than one website, with some using as many as six websites. It's typical that younger adults and adolescents used multiple social networking websites while older adults tended to only use one social networking website.

Fullwood et al. (2014) found that about a third of their participants claimed to only use one social networking website, while they found that about half of the participants indicated that they use two social networking websites. These percentages started to reduce after it was found that about a fifth of the participants use three websites. Participants that use between three and six social networking websites were about twenty percent of the participant population. With statistics showing such high use of social networking, it is important to know how social networking websites affect the populations who use them.

Social networking websites are particularly popular among young adults. According to the Pew Internet and American Life Project, more than 70% of youth and young adults use social networking websites (Lenhart, Purcell, Smith, & Zickuhr, 2010). Studies of college students have found even higher rates. A study by Moreno in 2010 found that up to 97% of United States college students reported having a social

networking website profile (Moreno, 2010). Similarly, a large survey of college students from several universities in the Midwest found that 91% of respondents use Facebook (Sisson & Wiley, 2006). Other studies have reported data suggesting between 94% and 98% of students maintain a Facebook profile, with most of these students reporting that they use Facebook on a daily basis (Moreno, Grant, Kacvinsky, Egan, & Fleming, 2012).

Social networking websites are characterized by several specific features. They allow individuals to create a profile within a web-based system to define their visual presence, members can add connections with other members to create a list of associations, and users are able to navigate through such associations to access a wider network (Fullwood, Galbraith, Morris, & Orchard, 2014). The definition of social networking used in this study refers to participating in online activities on websites such as Facebook, Instagram, Snapchat, Twitter, and Tumblr. These activities include (a) constructing a public profile, (b) developing a list of other users with whom one shares a connection, and (c) being able to view, edit, and post materials either to specific people or to the general public (Boyd & Ellison, 2007). Social networking websites are most likely to be used for communication purposes and picture sharing (Ganea et al., 2013).

Although new websites are consistently being produced, the above-mentioned websites are currently the most commonly used websites. While the different websites share characteristics, there are differences in the features they offer and how they are used.

Facebook is a social networking website through which users can create a profile of their own and link up with other users as “friends.” The user’s profile typically contains a main picture of them, albums full of other pictures they have posted that people can view, a “wall” on which other users can write comments and comment on

pictures or other people's comments, and a section showing how many friends they have and who the friends are.

Calvert, Pempek, and Yermolayeva (2009) undertook a study with 92 undergraduate students to explore their social networking activities. The students completed a diary entry each day for a week, in which they noted the amount of time they spent on the social networking website, Facebook, and the activities they undertook. According to the results of the study, the students typically used Facebook for about 30 minutes a day, and their activity was incorporated into their daily routine. They mainly used Facebook for social interaction with friends they had previously been friends with outside of Facebook.

When these students used their profiles to express their identity, they used aspects such as religion, political ideology, work, and media preferences. A majority of students indicated that they posted photos on Facebook and that posting photos helped to express who they are to other Facebook users “a whole lot” (24.18%) or “quite a bit” (38.46%) (Newman, 2015). It is estimated that 850 million photos are added every month to Facebook, making it a key feature of the website—particularly with college students and other young adults (Newman, 2015).

Instagram, a website developed after Facebook, specifically focuses on the aspect of uploading and sharing pictures. Instagram is a social networking website through which users can post images and videos for other users to view and critique or comment. Instagram was launched in 2010 as a mobile-only photo-sharing application that used words followed by hashtags to label images and connect the images through hashtags that other users posted (Newman, 2015). This application opened up the ability

for young adults to take everyday photos of their lives and to record their lives by publishing these pictures on Instagram.

By 2012, Instagram had over 130 millions followers and was bought by the company that owns Facebook, bringing even more followers to the application. There are currently, in 2015, over 400 million users of Instagram. Although many young adults have Facebook profiles, most will use Instagram daily for social connections and artistic self-expression (Newman, 2015). Researchers have studied the psychological and social motives for Instagram use by adults and have concluded that the “five primary motives are social interaction, archiving, self-expression, escapism, and peeking” (Newman, 2015).

There is a deep desire for individuals to use Instagram as a way to connect and identify with others, especially as an attribute of impending adulthood (Newman, 2015). One way that individuals try to connect and identify over Instagram is by showing similar interests or modeling their life after another’s life that is portrayed on the social networking website; working within identification building experiences, this ultimately impacts self-esteem (Newman, 2015). Self-esteem and identity formation on Instagram includes mediation of relationships with friends, romantic partners, and broader groups of peers.

Through developing self-esteem and an identity on Instagram, users will post many photographs of either their personal experiences or photographs that they connected with. These photographs can receive “likes” from other users and the number of people that “like” the photograph is posted next to the photograph. Newman (2015) states that Instagram users need a healthy emotional framework to deal with the self-

esteem issues likely to arise when they do not feel they belong to the ‘in-group’ because their image did not receive a sufficient number of ‘likes’.

Like Instagram, the social networking website Snapchat mainly uses photographs to connect with others. Snapchat is a social media application through which users can send pictures to each other, sometimes with text or animations over-laying the picture (Sarver Coombs & Collister, 2016). Once the picture is opened by the receiver, it stays open for a certain amount of time and then disappears (Khalid, Muscanell, & Utz, 2015). Snapchat is unique from other social networking websites and social media applications because the picture that is sent will automatically delete, typically within seconds of being opened. This can give the sender of the picture more privacy.

If a user wants to keep the image they received, they can take a screenshot of it with their phone. Senders are informed when an image they sent has been captured by a screenshot (Khalid et. al., 2015). Snapchat has been growing in popularity among 18-34 year olds, and it is currently the third most popular application after Facebook and Instagram (Khalid et. al. 2015). One of the concerns with adolescents’ and young adults’ use of Snapchat is that it is often used to send more intimate and personal images, including sexting, because the images dissolve within seconds of being opened (Khalid et. al., 2015). Snapchat is used less frequently than Facebook, and users tend to use Snapchat within a smaller network of other users. (Khalid et al., 2015).

Unlike Instagram and Snapchat, which use photographs for communication, Twitter is a social networking website through which users can send and receive text messages, known as “tweets.” Over 288 million people worldwide use Twitter, sending

over 500 million tweets daily, making it the eighth most popular website (Bian, He, Hernandez, Newman, & Wang, 2016).

Since Twitter is a short-text format, people often tweet their immediate thoughts or comments. While tweeting immediate thoughts or comments can be fast and efficient, it can also cause problems when people post before fully thinking through what they are posting. In addition to posting on their profile page, Twitter users can “follow” and be “followed” by other Twitter users so that users receive notifications when specific, “followed” Twitter users post something on their profile (Bian et al., 2016).

Twitter is a social networking website that is closely linked to Tumblr because they offer similar features. Tumblr is a social media platform that debuted in 2007 and was purchased for 1.65 billion dollars in 2013 by Yahoo (Fink & Miller, 2013). Tumblr is a place through which users can blog, “reblog” something someone else already blogged, or “like” something that someone blogged (Hart, 2015). A Tumblr page typically consists of a long chain of short entries that include recordings, links, text, and images the user has posted or re-posted on their page. In a recent study of Tumblr use among young adults, one user referred to Tumblr as a “one of the new ‘cool’ online spaces in which [they can] stake identities and connect with peers in ways that are meaningful” to themselves and each other (Hart, 2015).

The Advantages and Disadvantages of Social Networking Websites

A number of psychological advantages and psychological disadvantages have been found to be linked to the use of social networking websites (Moreno et al., 2011). Social networking websites make it easy for individuals to interact with others and to gather feedback from peers who are consistently available. Ease of communication is

facilitated by the large variety of tools social networking websites provide, and connecting on social networking websites can foster the development of identity and of intimate relationships, whether friendships or romantic relationships (Calvert, Pempek, & Yermolayeva, 2009).

Social networking websites enable people to keep in touch with their friends more regularly, to organize events, to find “lost” friends from previous years and reconnect, and they can help individuals form their identity (Csepeli & Nagyfi, 2014, Bian et al., 2016). Self-disclosure on social networking websites can serve the dual purposes of identity development, where external feedback from peers may help the individual to clarify his or her sense of self, and intimacy development, where the relationship with the disclosure partner on social networking websites is strengthened (Calvert, Pempek, & Yermolayeva, 2009).

One advantage to social networking websites is that people may feel like they can share more or disclose more about themselves if the action is online. For example, studies have found that Facebook users may use their profile as a way to reach out when they are feeling sad or when they need help with something (Moreno et al., 2010, Moreno et al., 2016). An example is when an individual shares their depressive feelings on a social networking website such as posting to their profile page that they do not want to live anymore. Some users report that it is easier to reach out online as opposed to in-person, because the possibility of rejection is easier to come to terms with and they may not feel comfortable telling someone in-person about their problems. In addition to being able to share and disclose more, people can start to develop their own Facebook groups and their

own communities, giving them a space of understanding and acceptance (Csepeli & Nagyfi, 2014).

Although these are some strong advantages to using social networking websites, there are equally strong disadvantages. Some of the disadvantages of using social networking websites are that relationships on websites such as Facebook typically involve less genuine empathy than in-person relationships, and many of the “friendships” developed on Facebook are with people users have never met (Csepeli & Nagyfi, 2014). These “friendships” between Facebook users are often characterized as weak relationships, showing low values on measures that represent major dimensions of interpersonal relationships, such as the amount of time spent engaging, emotional intensity, intimacy, and reciprocal services (Csepeli & Nagyfi, 2014).

Other disadvantages that have been noted in the literature are that other users may not be who they state they are on their profile page, as some people create fake profiles and start relationships with other users who think that they are engaging with the person shown on the fake profile. A few other disadvantages are that some people will start to isolate more or only have social interactions online, possibly becoming addicted to this specific way of socializing, and some people spend their time on social networking websites “creeping,” which means that they use their time to look at other people’s profiles—a practice that has been shown to lead to an increase in depressive feelings (Csepeli & Nagyfi, 2014).

Clinically Depressed Individuals and Social Networking Websites

Given the awareness about the growing use of social networking websites and the potential advantages and disadvantages of using these websites, researchers have begun

to focus on the effects of social networking website usage, with an emphasis on the relationship between depressive symptoms in young adults and their use of social networking websites.

The online disinhibition effect shows that the specific features of an online environment, such as reduced authority and invisibility, allows users to feel more uninhibited. This could result in higher levels of self-disclosure or more negative behaviors, such as increased aggression or overt swearing (Fullwood, Galbraith, Morris, & Orchard, 2014). In addition to negative behaviors, self-disclosure could lead to cyberbullying or negative impacts on an individual's self-esteem depending on the responses they receive.

Cyberbullying has been recognized as a significant concern given its broad impact on large numbers of youth and young adults. In 2013, the Ontario Student Drug Use and Health survey was distributed to over 5,000 students, aged 11 to 20. Researchers found that almost one in five students reported being cyberbullied on a social networking website (Hamilton & Sampasa-Kanyinga, 2015). Cyberbullying is heavily linked with depressive symptoms in young adults (Khalid et. al., 2015).

A number of studies have been conducted in recent years that address different social networking websites and their potential links to depression among young adults. Newman (2015) conducted a study in 2015 that examined young adults' interactions on Instagram. The study found that young adults are motivated to use Instagram to share experiences and create connections that solidify identification-building experiences and impact their self-esteem. There were three forms of praxis that Newman found could positively impact a young adult's identity development and self-esteem. These include

understanding Instagram's utility, understanding the social comparison features, and genuine belongingness (Newman, 2015). Newman encourages the understanding for young adults that the number of "likes" you have on images that you post doesn't necessarily correlate to belonging.

There typically comes a time when an individual on a social networking website feels rejected because someone didn't "like" the image they posted or something someone wrote on their profile page or uploaded on their "wall" was negative. Newman (2015) believes that social networking website users need a healthy emotional framework to deal with the self-esteem issues likely to arise when they do not feel they belong to the 'in-group' because their image did not receive a sufficient number of 'likes.' An even greater blow to one's self-esteem occurs when one person 'follows' someone but the other user does not 'follow' him or her back or follows and then quickly 'unfollows' to intentionally inflict pain or embarrassment both on and offline. A healthy emotional framework would help the individual become more resilient to the negative aspects these social networking websites bring so that they can realize they are valuable; despite what someone may have done online to try to lower their self-esteem.

Moreno et al. (2011) were specifically interested in what young adult college students were posting on their Facebook pages in relation to depressive symptoms. They found that about a fourth of college students in their study displayed comments on Facebook that met the criteria for depression, with about 2-3 percent meeting the criteria for MDD based on their profile pages, and that young adults were more comfortable disclosing information on their social networking website than they were in-person.

Moreno et al. (2011) found that students who displayed more recent activity on their Facebook account were also more likely to display a reference to depression. The second finding was that references to depression were more likely posted on Facebook profiles when another Facebook user posted a response. This suggested that encouragement from other users for disclosing their depressive symptoms may increase their likelihood to continue to disclose this information on their Facebook profile page because of the reinforcement (Moreno et al., 2011).

Findings from another recent study suggest that the social context of online activity among youth is important in understanding its association with depressive symptoms (Davila, 2012). In this study by Davila, depressive symptoms were associated with the quality, not the quantity, of social networking interactions. There was some evidence that depressive rumination moderated associations, and both depressive rumination and co-rumination were associated with aspects of social networking website usage and quality (Davila, 2012). Positive feedback was related to positive self-esteem and negative feedback to negative self-esteem. Adolescents use social networking websites as a way to gauge peer opinions about themselves, which influences identity formation (Calvert, Pempek, & Yermolayeva, 2009). Young people who reported less positive and more negative interactions during social networking activities reported greater depressive symptoms over time (Davila, 2012).

There is some literature that suggests frequent internet and social networking website use in younger users is associated with an increase in social isolation and depression as well as declining time spent with family and friends and attending social events (Kraut, Patterson, Lundmark, Kiesler, Mukophdyay, & Scherlis, 1998; McKenna,

Green, & Gleason, 2002). The more time an individual spends on social networking websites, the less time they are spending with their friends and family in-person. This pattern increases their isolation, a factor that is linked with depression (Kraut et al., 1998).

When using social networking websites, time is taken up where there is physical inactivity and limited face-to-face social interactions, causing the users to spend more time alone (Kraut et al., 1998). Kraut et al. (1998) found that increased use of the internet was associated with statistically significant declines in social involvement measured by communication within the family and the size of local social networks, as well as increases in loneliness and depression. This information can be confusing to some as users are often “friending” people on social networking websites.

Kraut et al. (1998) found that most of the new relationships that are formed online are considered weak, meaning that there’s not any physical support because of proximity. These relationships are less likely to be able to help out with tangible favors like small loans or babysitting. Friends that are solely online are not involved in the same day-to-day environment that in-person friendships are so it is less likely that online friends are understanding the context of conversations which makes more in-depth discussions difficult, rendering support (Kraut et al., 1998).

In addition to the issue of how much time is spent on social networking websites, there are additional factors to consider, such as what activity the individual is doing on the social networking website. In a study of college students’ use of Facebook, Calvert, Pempek, and Yermolayeva (2009) found that many of the undergraduate student participants spent much of their time reading and/or viewing information without directly

interacting with anyone in any way—known as “online lurking.” In response to a survey question asking how much time was spent observing others’ information without posting during the previous week, 44.57% of respondents reported “quite a bit,” 19.57% reported “a whole lot,” 25% reported “some,” and 10.87% said “not much.” By comparison, when asked how much time on Facebook was spent posting information during the previous week, 19.57% answered “quite a bit,” 8.70% “a whole lot,” 51.09% “some,” and 20.65% “not much.”

Three activities were performed frequently by a majority of participants: 69.57% reported looking at or reading others' profiles often (5–7 days) during the week, 58.70% often looked at photographs, and 54.35% often read their news feed about what their friends were doing on Facebook (Calvert, Pempek, & Yermolayeva, 2009). One student's reaction underscores the general sentiments about observing peers on Facebook, “Facebook is extremely voyeuristic—there’s something great, and at the same time, creepy, about knowing when someone you haven't talked to in 5 years broke up with their boyfriend who you never even met” (Calvert, Pempek, & Yermolayeva, 2009).

Most studies on the predisposition of depression among young adult participants using social networking websites so far have focused on aspects of the activities rather than aspects of the individual. Individual differences in how one processes and responds to negative experiences may shed light on the underlying relationship between depressive symptoms and social networking usage and experiences (Davila, 2012). Individuals scoring higher on depressive rumination showed the strongest relationship between negative social networking interactions and depressive symptoms. People prone to depressive rumination were more likely to fixate on problems they were having and on

their depressive feelings (Davila, 2012). Young people who are prone to greater depressive rumination may be more likely to experience depressive symptoms in the context of negative social networking interactions. These findings lend support to focusing on such rumination behaviors as potential targets of intervention to reduce risk for depression (Davila, 2012).

Social Ecological Model

A systems approach makes sense when working with individuals who are impacted in their mental health treatment by various communities and systems. The social ecological model takes into account that individuals live-in and are exposed to multiple environments and situations that impact their behavior and beliefs (Brown, 2015). The social ecological model “assumes that human beings are a product of their individual thoughts, interpersonal relationships, organizational entities, and the community structures, systems and policies to which they are exposed” (Brown, 2015). There are five levels within the social ecological model starting with the innermost level of the individual and going out from there is the interpersonal level, organization level, community level, and policy level.

At the core or center of the ecological model is the first level, the individual level. At the individual level, a person’s behavior is impacted by their own genetics, beliefs, attitudes, and/or personality traits (CDC, 2016). The interpersonal level encompasses the individual level and involves the influence of health care providers, community health workers, and patient navigators. The next level is the organizational level which looks at healthcare systems and professional organizations or associations such as the American Counseling Association (ACA) or American Psychological Association (APA). The level

the encompasses the organizational level is the community level. At the community level, media and community support groups influence the behavior and/or beliefs of the individual and lastly, the policy level is the outermost level in the social ecological model which focuses on federal, state, and local agencies and their policies that promote positive, healthy behavior (CDC, 2016).

This present study focuses on all levels within the social ecological model including the individual, interpersonal, organization, community, and policy level. Within the individual level, this study looks at how the individual is impacted by their use of social networking websites including whether or not the impact has been beneficial or disadvantageous to the individual depending on their interactions on social networking websites. This is explored through previously published research and the subjective opinions of mental health clinicians providing treatment to possible social networking website users. Encompassing the individual level is the next level, the interpersonal level.

At the interpersonal level, this research looks at mental health care provider's experiences with their clients around social networking website use and the impact these websites have on their clients. This research also explores how mental health care providers address the impact of social networking websites on their clients and if this is something that they have addressed in their practice. The organizational level is addressed within this research by incorporating CACREP into the discussion as well as their set of standards. It's important to explore whether or not there is education and awareness on the impact of social networking websites on mental health clients. It is encouraged through this research that CACREP graduate counseling programs address

the impact of social networking websites on clients and discuss the best treatment approaches around this field of interest.

This research addresses the community level by looking at psychotherapy as part of the treatment model for social networking websites. The community level is one of the most important levels within this research study because it looks at how peers connect and support each other through common interests and experiences on social networking websites. Media also plays an important role at the community level and is discussed throughout the literature review, but is not a topic further explored in this current research study.

Lastly, this research looks at the policy level within the social ecological model by incorporating clinical and program policies to raise the awareness, education, and training of the impact of social networking websites on mental health clients. There is already research showing the beneficial and detrimental impacts that social networking websites have on clients psychological well-being, but this research has yet to be incorporated into policies on the federal and state level. The social ecological model has been primarily used within healthcare research because it looks at the various levels where healthcare is addressed for an individual.

On a state and federal policy level, this would look like providing education on the psychological impacts of social networking websites in public school systems with a focus on cyberbullying. On a federal level, this would also look like the regulation of what behaviors are allowed to be posted on social networking websites. An example of this would be if Instagram, a popular social networking website, no longer allowed their

users to post pictures of their self-harm marks on their body. This behavior being posted could be triggering for those who see it.

The social ecological model is appropriate for this study because social networking websites impact every level of the model in terms of individual, interpersonal, organizational, community, and policy level. This research looks at each of these levels through the exploration of what mental health care providers experience in their practice as well as what accredited counseling graduate programs offer in terms of awareness and support in this field of interest.

The data gathered from this study describes some of the experiences of mental health care providers as well as their thoughts on (a) understanding needs from the perspective of the participants, (b) identifying the existing programs needs and (c) to develop new, additional educational programming that would have a positive impact on the health and well-being of community residents (Smith, 2015).

Major Depressive Disorder

Given the potential implications of social networking website use on depressive symptoms, it is important to consider current knowledge about depression and its treatment among individuals in the United States. There has been extensive research done on the prevalence of Major Depressive Disorder within the world, and more specifically the United States.

The World Health Organization (WHO) (2016) has claimed that depression is among one of the most disabling clinical diagnoses in the world. Major Depressive Disorder is the most common mental illness diagnosed in the United States (American Psychological Association, 2016). Depression often has an onset during the adolescent

and young adult years and is associated with negative health and social outcomes (Moreno et al., 2011). In order to be diagnosed with Major Depression Disorder (MDD), one must meet certain criteria within the Diagnostic Statistical Manual (DSM-V).

To be diagnosed with MDD, an individual must experience at least five nine symptoms for a minimum period of two weeks, at least one of which must be “depressed mood” or “loss of interest or pleasure in activities,” (DSM-V, 2016). An individual must also experience significant distress or impairment in social, occupational, or other important areas of functioning, and the episode cannot be attributed to a substance or medical condition (DSM-V, 2016). Clinicians may add several specifiers to the diagnosis of MDD, including, for example, whether the depression is mild, moderate, or severe, and whether it is a single or recurrent episode of depression. The clinician can also note several other identifiers, such as whether psychotic features are present with the depression or whether the depression is in partial or full remission (DSM-V, 2016).

A person can have depressive symptoms without meeting the criteria for a mood disorder based on a number of factors, such as the amount of time they have been experiencing these symptoms and whether or not the symptoms are clearly causing an impairment in social, occupational, or other areas of functioning. Using substances or having a medical condition can cause similar physiological effects, and a person in these situations may not meet the criteria for a mood disorder (American Psychiatric Association, 2014).

Young adults, specifically university students, have received relatively little attention in studies of depression, even though there has been evidence of a steady rise in the number of depressed university students (Adams, Glazebrook, Ibrahim, & Kelly,

2012). Studies have reported a wide range of rates of depression among university students, from 10% to 84%, depending on what method of assessment was used, the geographical location, and demographic factors such as socioeconomic status (Adams et al., 2012).

Young adulthood is a critical time period to study depression symptoms because of the increase in onset during this time period, most likely associated with the tasks, transitions, and social role changes that are occurring (Mason, Randall, Redmond, Schainker, Spoth, & Trudeau, 2016). Depression onset during young adult years is especially important to treat because this early onset has been linked to longer first episodes, higher rates of recurrence, higher overall rates of comorbid disorders, and longer hospitalizations (Fletcher, 2009). Depression has been shown to come from several different factors around genetics and social and cultural components including family history, cognitive style, hormonal and neurotransmitter interactions, cumulative adversity such as exposure to violence including any mistreatment during childhood, and environmental stress (Fletcher, 2009).

Young adults are going through several transitions that make them more susceptible to the onset of depression. Some of the major changes that young adults go through around the age of 22 is entering the work force, forming adult friendships and romantic relationships, and re-evaluating changes in family-of-origin relationships. Research has shown that poor young adult interpersonal functioning, especially within romantic relationships, can contribute to depression symptoms (Mason et al., 2016).

Preventive interventions have shown to have an impact on a wide range of relationship skills involving family, friends, and romantic partners. Preventive

interventions can be used to enhance interpersonal skills by improving executive functioning which includes problem solving skills, planning, inhibitory control, and emotional regulation (Mason et al., 2016).

If preventive interventions have not been successful and a young adult has been clinically diagnosed with MDD, several treatment options are available, including individual therapy, group therapy, couples therapy, and/or family therapy. Each type of therapy offers different theories and techniques that can be used, including dialectical behavioral therapy and cognitive behavioral therapy (Ijaz, S., Davies, P., Williams, C., Kessler, D., Lewis, G., Wiles, N., & Ijaz, S., 2018). The type of therapy and the theories or techniques that are used depend on the client and what works best for them.

Counselor Education and Accreditation of Programs and Standards

In 1981, the Association for Counselor Education and Supervision (ACES) approached the ACA, (known as the APGA at that time), and they worked together to develop an association that focused on cooperative accreditation efforts, which was named the Council of Accreditation of Counseling and related Educational Programs, or CACREP (CACREP, 2016). Although counseling professionals have been discussing national standards since the 1940s, CACREP was not developed until 1981, and it is the gold standard bearer for counselor education programs (Bobby, 2013). CACREP accredits masters degree programs, as well doctoral level programs.

Counselors and therapists must go through, at a minimum, a masters-level degree program in the field of counseling and mental health in order to become qualified as a therapist or a mental health counselor. The academic programs involve in-class activities and lectures and an experiential component as well. Completing a specific set of courses

is a requirement for graduation from a CACREP-accredited counseling mental health program.

CACREP holds educational programs to a set of professionally approved standards, making sure that graduating students are able to become licensed and have the knowledge they need to be a successful counselor. CACREP's core values include "advancing the counseling profession through quality and excellence in counselor education, ensuring fair, consistent and ethical decision-making processes, serving as a responsible leader in protecting the public, promoting practices that reflect openness to growth, change and collaboration, and creating and strengthening standards that reflect the needs of society, respecting the diversity of instructional approaches and strategies, and encouraging program improvement and best practices" (CACREP, 2016).

CACREP accredited programs provide students with "recognition that the program has been evaluated and meets or exceeds national standards, knowledge that the graduate has met prerequisites for credentialing and is ready for entry into professional practice, and understanding that the focus of the program will be on professional counseling, not psychology, education or other helping professions" (CACREP, 2016).

CACREP encourages academic counseling programs to gain accreditation through the organization by offering the following incentives: "stimulating self-evaluation, development and self-directed improvement, provision of ongoing consultation, provision of a system for accountability, enhancement of the program's reputation, provision of peer recognition, and provision of a cost-effective review mechanism by trained volunteers who donate their time and expertise" (CACREP, 2016).

In developing the most recent edition of CACREP standards in 2016, the CACREP Board and the CACREP Standards Revision Committee focused on maintaining procedures dedicated to the highest quality of output while also remaining open to its constituents (Hagedorn, Culbreth, & Cashwell, 2012).

CACREP standards are revised every seven years, but there are multiple requests for the inclusion of new standards every year (CACREP, 2016). Since there are multiple requests every year, the board determined that a policy should be developed indicating that standards revision would occur on a regular and systematic basis. A policy was created in 1986 that stated that the consideration to adopt new standards would only be given to recommendations that were deemed to make clearer existing standards statements or, by delaying implementation would negatively affect the preparation of counselors (Bobby, 2013).

When areas of interest have been introduced and worked into the CACREP standards in the past, they have been introduced within a certain set of events. The CACREP holds to two important statements relevant to the development of revised standards and these are to remember that “more is not better” and that standards revision is not an additive process as well as to engage in an evaluation of the utility of some of the program areas (Bobby, 2013). Using addiction counseling as an example, the first step for its inclusion in the standards was the consistent call from counseling research literature for CACREP to establish a section on addiction counseling within their set of standards. The second step was that unaccredited programs for addiction counseling were being developed alongside accredited programs, which caused concerns that individuals would attend these programs if they were interested in addictions counseling instead of

getting their needs met through a CACREP program. In addition to this concern, masters-level programs were being developed that were specifically focused around addiction counseling, being able to develop a whole curriculum around this specialty, showing its importance in the field of counseling. CACREP took this information and started to incorporate peer-reviewed research into their curriculum. Addiction counseling continued to grow as a field of interest as it was introduced into several organizations' sets of standards.

The third step was that several organizations, including the International Association of Addiction and Offender Counselors (IAAOC) and the Addictions Standards Committee (SAC), were developing a list of standards related to addiction counseling. Considering these three steps, CACREP started to revise their own set of standards, as they do every seven years, and took into account the changes that were happening in the field of addiction counseling and how they could incorporate this into their own set of standards (Hagedorn, Culbreth, & Cashwell, 2012). Once CACREP had written addiction counseling standards into their revised 2009 edition, CACREP asked for feedback from counselors and other professionals via solicitations through the internet and in-person responses at conferences (Hagedorn et. al., 2012).

The final set of events that led to the incorporation of addiction counseling in the 2009 CACREP standards was finding where it fit within the counselor education program curriculum. It was decided that addictions would be grouped under the "human growth and development" standard so that students would be required to take specific courses that devoted time to the impacts of addictions and addictive behaviors, prevention, intervention, and treatment methods (Hagedorn et. al., 2012).

In considering how to best prepare future counselors for their work in the field, Counselor Educators should be aware of the beliefs and trends emerging among counselors themselves as well as within the population they serve. The CACREP board's philosophy of this is clearly stated in the 1994 standards (CACREP, 1994):

The counseling profession has undergone numerous changes over the years, often in response to demands created by the evolution of social and economic policies. Since this process of change is continual, it is essential that counselor education programs prepare students to work effectively in a changing world and a changing profession. Because the counseling specialties of today may not necessarily be appropriate in the future, it is important that programs explicitly prepare their students to be professional counselors first and counseling specialists second (p.54)

The 2016 CACREP standards are organized into six sections, which include (a) the learning environment, (b) professional counseling identity, (c) professional practice, (d) evaluation in the program, (e) entry-level specialty areas, and (f) doctoral standards for counselor education and supervision (CACREP, 2016).

As discussed above, social networking websites have become a large part of the culture among adolescents and young adults; yet the use of these websites is minimally addressed under the CACREP standards in program curriculum. It is minimally addressed when it is stated that it is unethical for mental health professionals to “befriend” or connect with clients through social networking websites (CACREP, 2016).

Similarly, CACREP's discussion of technology within their standards does not address this aspect of social networking website use among young adults. Technology is addressed in most CACREP programs in terms of whether or not it is permissible for counselors to be “friends” or touch base with their clients through technology. There is an ethical guideline that discourages counselors from having dual relationships with clients,

which is taken into consideration in regard to this issue. However, the use of social networking websites has progressed so rapidly that this has not yet been sufficiently incorporated into counseling program curriculum. Curriculum does not address how social networking websites may affect the mental health of clients or how to address this with clients.

Considerations for Addressing Social Networking Website Use in Clinically Depressed Therapy Settings

A large percentage of young adults use social networking websites on a daily basis and are emotionally affected by their interactions on social networking websites (Moreno et al. 2011). Consideration of social networking website use would permit counselors to address new topics with young adult clients, and might also affect how they address common issues in new ways..

An example of this would be if an individual was repeatedly bringing up the issue of having conflicts with friends or acquaintances on social networking websites, inciting a contribution to their depressive symptoms. As opposed to focusing on the impact of the mode of communication, on the conflicts and the feelings, the focus is typically on what the conflicts are about and what their relationship is like with the specified individuals. Addressing the mode of communication itself addresses these issues in a different manner. As Davila (2012) found in a study she conducted, the social context of online activity among youth is important in understanding its association with depressive symptoms.

As the review of the literature has indicated, there are significant gaps between what is known about social networking websites and its impact on clinically depressed

young adults and the current ability of accredited academic counselor education programs to address it in their curricula and prepare future counselors to address it in their treatment settings. These gaps have provided the incentive for this study, which addresses how counselors who graduated from CACREP accredited counseling programs are addressing social networking websites in their practice and how social networking websites were addressed in CACREP courses, if they were addressed. This study has implications for how social networking websites should be addressed and how they should be addressed in CACREP program curriculum and in therapy practices.

Pilot Study

A pilot study was conducted with the survey that was created for this research study. The pilot study looked at the face and content validity of the survey to get appropriate measures and the inter-rater reliability as well as the internal consistency reliability. An expert panel of mental health professionals who had graduated from CACREP programs and survey participants assisted in the process of gathering evidence supporting that the survey was reliable and valid.

Assessing face validity, the first draft was revised based upon the feedback from two experts in the field of social networking websites and their psychological impacts as well as four graduated mental health professionals and researchers from CACREP programs who have experience with social networking websites in their client work. Their feedback consisted of restructuring the survey into specific sections including Graduate Counselor Education About Internet and Social Networking Site Use, Client Demographics and Background, Addressing Internet and Social Networking Site Use in

Therapy Sessions with Clients, Professional Needs, and lastly The Influence of the Internet and Social Networking Websites.

For content validity, six mental health professionals from CACREP programs provided feedback on the survey using the Content Validity Index (Polit, Beck, & Owen, 2007). Once the CVI was computed, all items that had an item CVI of at least .83 were kept within the survey, providing evidence of good content validity. Before providing content validity indexes, this group of mental health professionals collaborated together to come to an agreement about the relevance of the items listed. If the group were not in agreement, then an item was changed until an agreement was made. An example of this included the wording of certain statements, such as changing the social networking website options in several questions to include Snapchat and to have a category for “other”.

Reliability was examined using the inter-rater reliability and internal consistency scores. Joint probability of agreement was used to gain a coefficient for inter-rater reliability. An expert panel was used to determine whether or not the Likert scale in the survey was a reliable measure. The expert panel concluded that the Likert scale was a reliable measure as the inter-rater reliability coefficient for the quantitative questions was at 1.0.

In relation to the internal consistency reliability, one limitation to the survey is that a cronbach’s alpha coefficient could not be developed as there are not any composites or scales in the survey, but simple items providing perceptive information.

Once the survey was found to be reliable and valid, the proposal was sent to the dissertation committee who approved the use of the survey. Once approved, the survey

went through The George Washington University's Institutional Review Board (IRB) so that the survey could be sent out to a larger sample size.

Summary

This literature review illustrated that social networking websites can have a negative impact on the psychological well-being of therapy clients while also showing the disconnect between having this information and not formally addressing it within the curriculum of CACREP accredited counseling graduate programs. Although this information is not formally addressed in the curriculum, the survey explores whether or not it's informally addressed in CACREP programs and how as well as whether or not mental health professionals are seeing this topic as a concern with their clients social networking website use.

A large number of people began signing up for MySpace in 2004, although it was not one of the first social networking websites that became available. MySpace gave users the opportunity to make a profile about themselves and to connect with other users, some users that they know and some that they have never formally met. In 2004, Facebook was developed for young adults mainly, but it expanded to include high school students and professional networks, and eventually it grew to include all population demographics (Boyd & Ellison, 2007). With how many people started to use social networking websites, it's important to look at the psychological impact of these websites.

Researchers found that cyberbullying has been recognized as a significant concern given its broad impact on large numbers of youth and young adults and that that almost one in five students reported being cyberbullied on a social networking website

(Hamilton & Sampasa-Kanyinga, 2015). Cyberbullying is heavily linked with low self-esteem and depressive symptoms in young adults (Khalid et. al., 2015).

Depressive symptoms have also been linked to how many people post that they “like” another users pictures or if the individual has other users “following” their profile versus “not following” their profile. Both of these are examples of what can lead to lower self-esteem of the user. Moreno et al. (2011) found that about a fourth of college students in their study displayed comments on Facebook that met the criteria for depression, with about 2-3 percent meeting the criteria for MDD based on their profile pages.

Young adulthood is an important time period to study depression symptoms because of the increase in onset during this time period, most likely associated with the tasks, transitions, and social role changes that are occurring (Mason, Randall, Redmond, Schainker, Spoth, & Trudeau, 2016). The onset of depression during the young adult years is especially important to treat because this early onset has been linked to longer first episodes, higher rates of recurrence, higher overall rates of comorbid disorders, and longer hospitalizations (Fletcher, 2009).

Young adults who meet the criteria for MDD are often fairly reluctant to seek out treatment for several reasons, including a distrust of health professionals and the stigma of having MDD (Rice et al., 2014). There are, however, several treatment models that have been shown to be effective in treating depression among young adults who are willing to seek out professional help. One of the types of treatments for depression includes group or individual psychotherapy in addition to possible medications. In order to provide these services to clients, individuals must be a masters-level graduate of a program related to counseling.

Counseling graduate programs can become accredited which means that they follow the most recent edition of CACREP standards. In developing the most recent edition of CACREP standards in 2016, the CACREP Board and the CACREP Standards Revision Committee focused on maintaining procedures dedicated to the highest quality of output while also remaining open to its constituents (Hagedorn, Culbreth, & Cashwell, 2012). The 2016 CACREP standards do not include any formal acknowledgement of handling the impacts of social networking websites on client's psychological well-being.

A large percentage of young adults use social networking websites on a daily basis and are emotionally affected by their interactions on social networking websites (Moreno et al. 2011). As such, this is likely a topic that a large percentage of group members can connect with in group therapy, often used as a treatment model for Major Depression Disorder and focused on as a model of treatments within CACREP graduate counseling programs.

This literature review provided the rationale for this study, the theoretical framework supporting it, and the background information needed to understand how this problem developed over time and within our culture. In the following chapter, I will provide an overview of the current study's methodology, sampling population, and data analysis procedures.

Chapter 3: Methods

In this chapter, the problem being addressed revolves around bridging the gap between the importance of social networking websites psychological impacts on clients and the lack of education on this topic within CACREP counseling graduate programs. This involves gathering information on the extent to which mental health professionals are experiencing concerns revolving around social networking websites in their clinical practice. Following a brief description of the problem, the research questions are addressed including how psychotherapists have been experiencing and/or addressing the psychological impacts of social networking websites during their practice and how psychotherapists that have graduated from CACREP programs feel about their training or preparation in addressing social networking websites in their practice. The pilot study is further explained and the measures of reliability and validity are taken into account.

Next, the participants that were included in this study consisted of professional mental health providers who graduated from CACREP accredited programs. Next I describe the survey that was developed through the combination of several different previously used and well-regarded surveys as well as the pilot study that was conducted in order to get reliability and validity scores for the survey.

After describing the survey, I discuss the procedure that was used for this research study. The procedure includes the process of sampling for participants, the data collection through *surveymonkey.com*, and the data analysis.

Lastly, I finish this methodological section by stating some of the limitations I came across while conducting this research. These limitations include ethical

considerations within this research study such as the risk to human participants and how this was minimized throughout the research methods.

The Problem

Despite there being substantial evidence that social networking websites can have a negative psychological impacts on its users, social networking websites are not formally addressed in the curriculum of CACREP counseling graduate programs. This research was developed in order to explore several different areas including client social networking website use, psychological impacts of social networking websites on clients, and education and training for mental health providers on the impacts of social networking websites on clients and how to address it within therapy.

Based on the results of the information that is gathered, this research study has the potential to provide evidence supporting the importance of formal education on social networking websites' psychological impacts on mental health clients and how to address this in therapeutic settings.

Research Questions and Design

The purpose of this survey was to determine the extent to which mental health professionals are experiencing and/or addressing the psychological impacts of social networking websites during therapy as well as how psychotherapists that graduated from CACREP programs were feeling about their training or preparation in addressing social networking websites in their practice. The goal was to understand if and how mental health professionals are seeing social networking websites impacting their clients and their perceptions regarding whether or not there should be more training put in place on

this topic, including incorporating social networking websites as a topic in the CACREP standards and within the curriculum of CACREP programs.

The first research question, “How are graduates of CACREP programs prepared to handle the psychological impacts of social networking websites on their clients?” was followed by two sub-questions including “How were social networking websites addressed within CACREP program’s?” and “What specific material would you be interested in learning more about in relation to social networking websites and your client’s mental health?” While the second research question, “Are counselors seeing positives, negatives, or both in regard to their client’s use of social networking websites?”, was also followed-up by two sub-questions including “What are the psychological benefits or consequences to using social networking websites?” and “Are CACREP graduates addressing social networking website use in their counseling practices with clients and if so, how?”

These research questions were addressed in the survey through quantitative and qualitative methods. It’s important to include qualitative methods in this research because part of the goal in this study was to gather subjective information from clinicians on social networking websites and clients’ use of them in therapy settings in order to understand the impact in real-world educational and treatment settings.

The first part of the survey addressed the participant’s demographic information as well as addressing their education and years of experience working within a mental health field, and providing direct services to clients. Some examples of questions from this section included asking the participant their gender, age, and race. This section helped to understand the level of education of the participants and how long they have

been practicing which assists with the research question of whether or not they received training on social networking websites during their masters or doctoral degree. It was also taken into account and important to consider how long they have been practicing as it would make more sense for someone who has been practicing longer to have come across social networking websites as a client problem versus someone who hasn't been practicing as long.

The second part of the survey looked at the relationship between the internet and social networking website use among young adult clients and how this was explored in graduate counseling programs including areas where the participants could openly answer quantitative questions and go more in-depth in their responses through follow-up qualitative questions about their exposure or lack of exposure within an educational setting in this field of study. Some examples of the survey questions that addressed the research question of whether or not mental health professionals received specific training on the impacts of social networking websites and how to address this with clients included "Did you receive specific education in your graduate counselor education program concerning young adults and problematic and/or beneficial Internet and Social Networking Website experiences?" and "If yes, please describe type and topic".

Another example of a survey question in this section that explored the research question of whether or not the mental health professional has received any training or education on social networking websites outside of their educational program is "Have you come across or read anything in the professional literature about young adults and problematic and/or beneficial Internet and Social Networking Website experiences? If yes, please describe type and topic" and "Does any other mental health professional

organization you are part of have any rules or guidelines about the assessment and/or treatment of young adults regarding Internet and Social Networking Website experiences? If yes, please describe type and topic”.

The third part of the survey addressed mental health client’s demographics and background information which was important to understand what kind of clients the participants of this study are typically working with so that the results can be generalized to a specific population and the error wasn’t made where the results are mistakenly generalized to the whole population of mental health clients. These survey questions included asking for their typical clients age and race/ethnicity as well as what’s the primary problem they are in treatment for.

The fourth section of this survey looked at the professional needs that mental health providers are experiencing including whether or not they would like to receive more formal training and education on the psychological impacts of social networking websites on their clients and how to address this within a treatment setting. The research question of whether or not mental health professionals think that social networking websites are something that should be learned about in graduate programs or whether or not there should be trainings on this topic was explored in this section through questions such as “Do you ever ask clients about Internet and Social Networking Website use and/or behavior as part of an intervention? If so, please describe how you address it, and what your experience has been,” and “Please describe experiences of how you have addressed the use of the Internet and Social Networking Websites in therapy sessions with young adult clients and any interventions or treatments you have used associated with social networking website use and impact.”

In the fourth section, these questions were followed up by asking participants to select out of a matrix, what their interest level is in certain professional needs such as training on problematic Internet experiences, focusing on issues for professionals or signs and symptoms of problematic Internet and Social Networking Website experiences among young adults. This helped the researcher gather information on the research question of what mental health professionals believe regarding whether or not there's a need around education on the psychological impacts of social networking websites and interventions on this topic.

Lastly, the final section of the survey addressed the influence of the internet and social networking websites to better understand how mental health professionals are seeing social networking websites within their practice with clients, addressing the research question of how relevant education and training on this topic would be for clients. This section included questions on specific social networking websites and how familiar mental health professionals are on these websites as well as asking participants how they feel social networking websites have impacted certain areas of their clients lives including adolescent development and family life.

The last section included questions looking at the awareness of social networking websites among mental health providers and what specific websites mental health providers are aware of as well as how, if relevant, mental health providers see social networking websites impacting their own clients psychological well-being. This section also looked at the different areas in which mental health professionals may have seen social networking websites impacting their clients such as their family life, their relationships, or their development.

The last question on this survey was general and gave participants the opportunity to provide any additional information that was not addressed within the survey that they feel like sharing or that they would like to be further addressed.

Overview of Methods

This survey was developed using a combination of domains from two other reliable surveys that have been used by previous researchers. The Survey of Internet Mental Health Issues (SIMHI) (CACRC, 2016) was partially used because it explores many different aspects of social networking websites and education for mental health professionals on the psychological impacts of clients using social networking websites. SIMHI (CACRC, 2016) included several different areas of interest in regards to the research questions in this study including education on social networking website use with clients and/or trainings regarding this topic. The SIMHI also had domains on addressing social networking website use with clients within the therapeutic practice and the influence of social networking website use on individuals as well as professional needs of mental health providers in regards to this topic.

There were parts of the survey that also came from the United States Census Bureau and their American Community Survey that contributed to the demographic domains in the survey used for this research including Race/Ethnicity, Gender, Age, and Educational Level (United States Census Bureau, 2016). This survey, as well as SIMHI helped to develop the survey used in this study.

The survey developed was distributed to participants through *surveymonkey.com*. This survey was specifically aimed towards gathering information from participants who had graduated CACREP programs in the last ten years. It had originally been explored to

include participants who graduated up to seven years ago, but the number of years was changed to ten as it appeared difficult to get the sample size desired. Ten years was also chosen as social networking websites have gained an increase in momentum from the previous fifteen years and it takes several years for educational curriculums to typically catch up on these trends as well as educate on evidence-based research related to this topic.

The survey included 31-items where there were open-ended questions, closed-ended questions, and several questions that were closed-ended, but followed by an opportunity for further explanation of the response. There were 15-items that were closed-ended questions, 8-items that were open-ended questions, and 8-items that if answered yes, were followed by an open-ended question for further explanation.

There were six different domains that the survey covered including participant demographic information, graduate counselor education about internet and social networking website use among adults, client demographic and background information, addressing internet and social networking website use in therapy sessions with young adult clients, professional needs of mental health providers, and the various influences of the internet and social networking websites on mental health.

Demographics

There were 27 females and 5 males that responded to the survey, making this a fairly representative sample. Of the counselor occupation, 73.3% are Female, making them the more common gender in the occupation (US Census Bureau, 2018).

In this survey, approximately 78% of the participants reported being between the age of 20 years old and 40 years old, while about 22% reported being over the age of 40

years old. Approximately 66% of the respondents identified as European-American, while 13% identified as African-American. The next highest percentage was Multiracial (9.38%) followed by the remaining 9.38% broken-up between Hispanic/Latino (6.25%) and Asian/Pacific Islander (3.13%). According to the US Census Bureau (2018), the most common race/ethnicity for Counselors is White with 70.2% of Counselors reported as being White/Caucasian, while representing 19.7% of Counselors, Black or African American is the second most common race or ethnicity in this occupation. For comparison of demographic information, please see the table in Appendix D.

There was a variety in the amount of years that participants have been providing direct services to clients from less than one year to more than twenty years of this experience. A majority of the participants have been providing direct services to clients for between 6 years to 10 years (37.50%) and 11 years to 15 years (31.25%).

The Pilot Study

A pilot study was conducted once the survey was put together in order to get reliability and validity scores for each subscale. An expert panel was constructed in order to determine, on multiple drafts of the survey, the face and content validity. This expert panel included six individuals who are in the process of or who have already finished their doctoral or medical degrees. Each of these individuals have experience on the topic of the psychological impacts of social networking websites and they have either been teaching on this topic at the college and/or university level and/or they have conducted research on this topic. One significant purpose of the expert panel was to assist in controlling for research bias⁷. The expert panel was charged with the task of eliminating research bias in the phrasing of questions on the survey and making sure that the

positives of social networking websites were taken into consideration throughout the survey and the results.

For face validity, the first draft was revised based upon the feedback from the expert panel that had previously been used throughout the pilot study. This expert panel was involved through email in an individual and a group format to collaborate together and come to a consensus for the responses provided and the changes made.

Face and Content Validity

Expert opinion on multiple drafts of the survey was used to determine face and content validity. For content validity, six mental health professionals from CACREP programs provided feedback on the survey using the Content Validity Index (Polit, Beck, & Owen, 2007). The Content Validity Index (CVI) is computed on a 4-point scale where 1= not relevant, 2= somewhat relevant, 3= quite relevant, and 4= highly relevant. When there are six experts doing the ratings, the items must have an Item CVI of at least .83, reflecting only one disagreement (Polit, Beck, & Owen, 2007). Once the CVI was computed, all items that had an item CVI of at least .83 were kept within the survey, providing evidence of good content validity.

Before providing content validity indexes, this group of mental health professionals collaborated together to come to an agreement about the relevance of the items listed. If the group were not in agreement, then an item was changed until an agreement was made. An example of this included the wording of certain statements, such as changing the social networking website options in several questions to include Snapchat and to have a category for “other”.

After having the expert panel help develop the face and content validity, the survey was sent out to ten mental health professionals through *surveymonkey.com*. The participants were from Washington, DC, Maryland, and Virginia with six being Caucasian, three being African-American, and one being Hispanic. Informed consent was collected and the surveys were completed by the ten participants. Upon completion, the frequency distributions of the results showed great variability within the responses as well as zero questions left blank or unanswered unless for appropriate reasons such as the question was non-applicable, follow-up question due to the previous question.

Inter-rater Reliability and Internal Consistency Reliability

Reliability was looked at through inter-rater reliability and internal consistency reliability. Joint probability of agreement was used to gain a coefficient for inter-rater reliability. Joint probability of agreement looks at the percentage of time the raters agree that the scale being used to gather the survey results is measuring the items correctly (Gwet, K.L. 2014). The closer the rating is to 1 from 0, the more agreement there is among the raters.

An expert panel was used to determine whether or not the Likert scale in the survey was a reliable measure. The expert panel concluded that the Likert scale was a reliable measure as the inter-rater reliability coefficient for the quantitative questions was at 1.0. In relation to the internal consistency reliability, one limitation to the survey is that a cronbach's alpha coefficient could not be developed as there are not any composites or scales in the survey, but simple items providing perceptive information.

Procedure

Upon IRB approval, the survey was sent out through listserv's of graduate programs in various geographical locations within the United States including Washington, DC, Virginia, and Maryland. These areas were chosen because of the networking connections the researcher has in these areas, making it easier to gather enough participants to satisfy the sample size for the survey. The sample size was determined through *surveymonkey.com* and based on previous research studies. The sample size proved difficult to determine based on the lack of public information including the numbers of graduates from these programs. Upon multiple requests to organizations and institutions for these numbers, there was a lack of response.

The participants were gathered through the listservs of graduate counseling program departments in the Maryland, DC, and Virginia area. Multiple emails were sent asking for requests to participate in the survey and a majority of the universities or colleges stated that they do not solicit research participation from alumni of their programs. There were several programs that were willing to participate and multiple emails were sent out through the listserv over the period of eight months to receive survey responses. Unfortunately, the survey had to be closed at the end of eight months in order to analyze the results according to a dissertation timeline. The inclusion criteria for participants were that they must have graduated from a CACREP program within the last ten years and they must be a mental health professional.

The exclusion criteria in this study was anyone who graduated from a counseling graduate program over ten years ago or they do not currently practice in a mental health setting or teach within an accredited counseling department. This excludes possible participants that would not have relevant information for this study as social networking

websites are a fairly new field in psychology and graduates previous to the past ten years may skew the current results for graduate program information and curriculum.

Methods of Data Collection

Upon approval from the Institutional Review Board (IRB) at The George Washington University, participants were recruited to take the survey through an email. A list of possible participants was developed using various counseling graduate school program listservs. The survey was distributed using *SurveyMonkey.com* and an email was sent out with a link, directing participants to the website where they can complete informed consent and the survey.

The email not only included a link to the survey, which redirected the participants to *surveyMonkey.com*, but it also informed participants about the purpose of the research study and that the results will be used within a dissertation research paper. Participants were given seven months to complete the survey if they wished to do so. Once this time period closed, the results were gathered and analyzed to draw conclusions and further discuss the implications that these results have on future research within this field of interest.

Data Analysis

Data analysis consisted of descriptive and exploratory analyses. Frequency distributions were reported for all demographic and survey variables as appropriate. The results were gathered from *surveyMonkey.com* and in vivo coding through Saldana's (2015) coding methods was used to develop themes and organize data collected in order to apply these themes to the research questions explored. Dominant and emerging themes were identified within the responses of the survey for both the closed and open-ended

questions including looking at how participants felt about their training and/or education on social networking websites, how they feel social networking websites have or have not impacted their field of expertise, what their experiences have been like if they have handled social networking website concerns in a mental health setting, and what positives and negatives they have witnessed coming from their client's social networking website use. Not only were themes picked out from the survey questions, but the researcher also looked at descriptive frequency distributions for the results as well.

Qualitative data analysis (QDA) is the process of turning written data into findings. Content analysis was used to code responses to open ended questions, including addressing internet and social networking use in therapy. The appropriateness of the coding categories was checked by a group of researchers who had experience in the field of social networking websites, CACREP programs, and counseling.

Descriptive frequency distributions were computed and looked at the frequency of individual values and/or ranges of values for each item within the survey used. These frequency distributions were then compared to the themes that had been developed using in vivo coding. The frequency distributions were used in conjunction with the themes identified to assist in providing findings to the research questions in this study.

Johnny Saldaña's qualitative research methods book, *The Coding Manual for Qualitative Researchers, third edition*, informed the assessment of the qualitative responses. The first step in this qualitative process was to organize all of the data. Basic quantitative frequencies were calculated and taken into consideration when viewing the qualitative responses that followed, often building upon the previous question. The quantitative results were recorded in an excel and word document, stored on the

researches flash drive in a secure location and printed to review alongside the corresponding open-ended responses.

In the second step, the researcher reviewed this data multiple times and utilized memos to note any thoughts that emerged throughout this process. Once this information was reviewed multiple times, the researcher used in vivo coding to code the qualitative content (Saladana, 2015). The text analysis function was also utilized and taken into consideration on *SurveyMonkey* to explore the open-ended responses through “cloud view” and “list view”.

Responses to several open-ended questions throughout the survey had similar codes that were used frequently. In step three, the first cycle of coding uses in vivo coding so that the participants own language served as the codes for the responses. Through in vivo coding is a form of qualitative data analysis that places emphasis on the words the participants used. “This form of coding is especially helpful with participants from a particular culture or micro-culture to help highlight how those participants use specific words or phrases in their interactions that might not otherwise be understood when using other forms of coding.” (Manning, 2017). An example of this would be when a participant uses the term “intervention”. In the context of mental health professionals, this refers to an intervention that’s used for a mental health concerns, such as using mindfulness to address anxiety. The use of this word would have a different meaning if it was a politician talking about having an “intervention” with another country where in this context, it would be considered to be an intervention by sending the military into another country to control political affairs.

Each response, unit of data, was assigned its own unique, singular or plural

code(s) with two codes at the most. This is primarily due to the short length of the excerpts since these qualitative responses were typically built upon a previous quantitative response. This was both organic and deliberate because there are mostly repetitive patterns of action and consistencies in human affairs and deliberate because one of the coder's primary goals is to find these repetitive patterns and consistencies as documented in the data (Saldaña, 2015).

Step four of this process was to create a stable set of coded items and compare these codes to the quantitative information that had been previously calculated. At this stage in the process richer and more accurate categories came together, creating patterns of evidence and building up more in-depth links to the research questions and sub-questions.

In step five, the researcher took into account second cycle coding where themes/concepts emerged from the review of the qualitative codes and categories. A theme is an outcome of coding, categorization, and analytic reflection that ultimately results in the conclusion of a theory (Saldaña, 2015). For the second cycle of coding, the researcher used focused coding. Focused coding uses the goals of identifying recurrent patterns and developing themes within the context of the codes found. This helped lead the researcher in the direction of re-thinking and re-orienting CACREP curriculum through "best practices" within the culture of social networking websites and their psychological impact in current therapy.

Step six of this process was the final step, assembling the themes. The clear, comprehensive themes were used to create a final narrative. Rich and conclusive data is offered in support of these findings.

The following format presents the themes under the research question they relate to with a brief note after some of the themes describing the context if needed. Overall, there are 18 themes that emerged from the thirty-two participants. Please see the table in Appendix C in regards to the qualitative and quantitative breakdown of the results based on each survey question used and how it relates to each research question explored.

Limitations

There were several limitations that need to be acknowledged when disclosing the results of this research and the answers to the research questions explored. The results were collected from several different academic institutions on the east coast, which could provide limitations for what might be found if exploring programs in different geographical locations. Another limitation revolved around the sample size of this research study.

Qualitative analysis typically requires a smaller sample size than quantitative analyses. Saturation occurs when adding more participants to the study does not result in additional perspectives or information. There are no specific rules when determining an appropriate sample size in qualitative research, but it is important to gain enough of a sample size where you can see patterns developing. This was experienced throughout the responses in this survey as there was not a lot of variation in how participants responded to the qualitative and quantitative questions.

Another possible limitation is that cronbach's alpha was not computed in the survey that was used due to it's exploratory nature and that items on a scale were not typically used.

Human Participants and Ethical Precautions

This was a non-experimental research study in which there were not any manipulated variables. The research study was not changing anything in the participants lives and covered a topic that had low-risk of negative psychological impacts. The lead researchers contact information was in the email that was sent out with the survey link and there was the opportunity for participants to follow-up with any questions or concerns with the lead researcher. The participants were informed in the directions as to what the survey is exploring and participants were asked to voluntarily consent to participating in the survey.

Chapter 4: Results

This chapter will describe the study's results, which include a brief overview of the research questions as well as an analysis of the qualitative and quantitative results collected for each research question, while incorporating the sub-questions. The purpose of this research study was to explore to what extent mental health counselors with degrees from CACREP programs have had any training/education on counseling clients while incorporating the psychological impact of social networking websites in their graduate program and if they think it was or would be beneficial to have education and/or training on this topic.

This study was mixed methods and there were quantitative and qualitative components. A survey was created and distributed amongst several CACREP programs alumni within several different states. The survey explored various fields within the context of these two research questions. These research questions also incorporated several sub-questions each that are explored throughout these fields. The various fields within the survey are based around demographics, graduate counselor education about internet and social networking website use, client demographics and background, addressing internet and social networking website use in therapy sessions with clients, professional needs, and the influence of the internet and social networking websites. An example of this survey is provided in Appendix A.

Overview of Results

Research Question 1: How are graduates of CACREP programs prepared to handle the psychological impacts of social networking websites on their clients?

Sub-question 1: How were social networking websites addressed within CACREP

program's?

Sub-question 2: What specific material would you be interested in learning more about in relation to social networking websites and your client's mental health?

Research Question 2: Are counselors seeing positives, negatives, or both in regard to their client's use of social networking websites?

Sub-question 1: What are the psychological benefits or consequences to using social networking websites?

Sub-question 2: Are CACREP graduates addressing social networking website use in their counseling practices with clients and if so, how?

Results for Research Question One. Are counselors feeling prepared on social networking websites in regards to the psychological impacts on clients and how to address these concerns?

Theme 1: "Wish I Knew How", participants disclosing that they do not know how to address social networking website concerns with clients, but that they wish they did know how to address it.

Theme one stated that the participant wishes they knew how to address social networking websites and their psychological impact on clients when working with them. This statement shows the disconnect between what's needed in the fieldwork of counseling and what's taught in the graduate school programs that are accredited through CACREP. A majority of participants shared the same sentiment as 90.63% of participants stated that they did not receive education or training on social networking websites in

regards to their psychological impacts on clients and that they wish they had. Some of the comments in relation to this were:

I think graduate counselor education should address this both in lecture and in clinical practice as we see it more and more in practice today.

This is such a huge issue today and there's not much in the literature, or in counseling programs that I know of, in terms of how to assess it, and address it with clients.

In a request on the survey to "Please mark each of the following items as to how interested you would be in having this information," approximately 80% of participants stated for each topic listed that they would either be "Extremely Interested or Very Interested" in having education and/or training on the topic. Table 4.1 in Appendix B shows the areas and amount of interest per area listed.

Theme 2: "Not Enough", participants explaining that they have not had enough preparation around social networking websites psychological impacts.

Theme 2 was "Not Enough", in the context of participants not feeling like they had enough information on social networking websites psychological impacts. Several of the participants related to this theme through their open-ended responses. A majority of participants stated that they had "none" in regards to education and/or training on social networking websites in their graduate school programs, while several other participants stated:

Should be part of school counseling curriculum and courses and counseling youth as well as cultural competency as this is where society has moved to.

And

Lacking information and training in an important area.

Not only did participants mention that they had not had enough education and/or training on this topic, but several participants stated that importance of the area and that this is part of cultural competency since society has moved more towards this platform.

Theme 3: “No Interventions”, participants reporting that they do not feel prepared in interventions on social networking websites psychological impacts on clients.

Theme 3 was “No Interventions” coming from a comments participants made about not feeling like they have had enough preparation on interventions around social networking websites.

Some, but not enough. The topic revolved around the positive and negative impacts of social media but not much of anything about our responsibility in addressing it or interventions.

This is such a huge issue today and there’s not much in the literature, or in counseling programs that I know of, in terms of how to assess it, and address it with clients.

Scarcity in research on this topic but it is critically needed so we can better address clients needs!

Results for Sub-Question One. Have CACREP programs been addressing the psychological impact of social networking websites in their programs and how are they doing this if so?

Theme 1: “Not Enough”, participants explaining that they have not had enough preparation on interventions around social networking websites psychological impacts.

Theme 1 was “Not Enough”, in the context of participants not feeling like they

had enough information on social networking websites psychological impacts. This theme was used several times throughout this study as it relates to multiple research questions and sub-questions. Several participants stated

Should be part of school counseling curriculum and courses and counseling youth as well as cultural competency as this is where society has moved to.

And

Lacking information and training in an important area.

Not only did participants mention that they had not had enough education and/or training on this topic, but several participants stated that importance of the area and that this is part of cultural competency since society has moved more towards this platform.

Theme 2: “No Education or Training”, participants explaining that they have not had any education or training on the psychological impacts of social networking websites on clients.

Theme 2 is similar to theme one in which it’s connected to the exploration that there was not any education and/or training that participants had up to this point on what the psychological impacts are of social networking websites and how to address these impacts and risks in therapy. Participants shared this belief as they stated

Should be part of school counseling curriculum and courses and counseling youth as well as cultural competency as this is where society has moved to.

Topic- impact of Facebook on making others feel their lives aren’t as fun or exciting as those they see on Facebook. This was mainly lecture with some discussion.

While two other participants addressed this topic based on how it was covered in

their graduate program. One shared that their graduate school program curriculum did not address this, and it was informally addressed as part of class discussions.

I don't think they really do formally, it's more part of class discussions.

While the other participant addressed the same topic about how it was covered through impacts, but unfortunately did not cover how to address it in session with clients.

Some, but not enough. The topic revolved around the positive and negative impacts of social media but not much of anything about our responsibility in addressing it or interventions.

In questions 18, there is a list of potential areas in which social networking websites could be addressed in CACREP programs. Participants were asked to respond to the topics based on how interested they were on having education and/or training in this area. About 80% of participants stated for each topic listed that they would either be "Extremely Interested or Very Interested" in having education and/or training on the topic.

Theme 3: "No Interventions", participants reporting that they do not feel prepared in interventions on social networking websites psychological impacts on clients.

Theme 3 was "No Interventions" coming from a comment a participant made about not feeling like they have had enough preparation on interventions around social networking websites and other participants relaying the same confidence in that they do not feel prepared in interventions with clients around social networking websites.

Participants stated in relation to this topic

...not much of anything about our responsibility in addressing it or interventions.

This is such a huge issue today and there's not much in the literature, or in counseling programs that I know of, in terms of how to assess it, and address it with clients.

As well as one participant also mentioning that we do not have enough research on the topic of interventions in this area.

“Scarcity in research on this topic but it is critically needed so we can better address clients needs!”

Results for Sub-Question Two. Should social networking websites be addressed in CACREP curriculum and if so, what areas should be addressed?

Theme 1: “Should Be”, participants disclosing that they believe that CACREP programs should be addressing social networking websites.

Theme 1 was “Should Be” in the context of participants expressing that they believe CACREP programs should be addressing the topic of social networking websites and their psychological impacts on clients as well as how to follow best-practices and be culturally competent as we address this topic as mental health professionals. Several participants stated in relation to this topic

Some, but not enough. The topic revolved around the positive and negative impacts of social media but not much of anything about our responsibility in addressing it or interventions.

Should be part of school counseling curriculum and courses and counseling youth as well as cultural competency as this is where society has moved to.

Not enough, if any, preparation was provided during bulk of coursework for masters degree to address impact of social media on young adults. Creates extreme disadvantage/disconnect for guidance on exploring potential impact.

In question 18, there was a list of potential areas in which social networking websites could be addressed in CACREP programs. Participants were asked to respond to

the topics based on how interested they were on having education and/or training in this area. About 80% of participants stated for each topic listed that they would either be “Extremely Interested or Very Interested” in having education and/or training on the topic.

Theme 2: “Wish I Knew How”, participants disclosing that they do not know how to address social networking website concerns with clients, but that they wish they did know how to address it.

Theme 2 stated that the participant wishes they knew how to address social networking websites and their psychological impact on clients when working with them. This statement shows the disconnect between what’s needed in the fieldwork of counseling and what’s taught in the graduate school programs that are accredited through CACREP. A majority of participants shared the same sentiment as 90.63% of participants stated that they did not receive education or training on social networking websites in regards to their psychological impacts on clients. Some of the comments in relation to this were

I think graduate counselor education should address this both in lecture and in clinical practice as we see it more and more in practice today.

This is such a huge issue today and there’s not much in the literature, or in counseling programs that I know of, in terms of how to assess it, and address it with clients.

In a request on the survey to “Please mark each of the following items as to how interested you would be in having this information,” about 80% of participants stated for each topic listed that they would either be “Extremely Interested or Very Interested” in having education and/or training on the topic.

Theme 3: “More Relevant Today”, participants reporting that they find social networking websites as a more relevant topic to address currently.

Theme 3 was addressing the importance of practicing within best practices by making sure that mental health professionals are culturally competent. Social networking website use is quickly growing among all populations around the world. Many of the participants stated how they feel that this topic is more relevant to working with clients today.

Not much, there seems to be a gap in the literature on this topic although I’m starting to see more in the past year. The topic has mostly been about the negative impact of social media on clients.

I think that it’s really an area that hasn’t been explored yet and needs to be.

Should be part of school counseling curriculum and courses and counseling youth as well as cultural competency as this is where society has moved to.

As stated above, several of these participants also shared the common belief that this area still needs to be researched and explored since it’s becoming more relevant topic and this will continue as social networking website use continues to grow among a variety of populations.

Research Question Two. Are counselor’s addressing the impacts of social networking websites in therapy and if so, how are they intervening on these impacts?

Theme 1: “I Should”, participants reporting that they feel as though they should be addressing social networking websites and their impacts with clients.

Theme 1 was where participants were stating how they felt around having more education on social networking website use and how to address it in counseling as well as believing that they should be addressing this in their therapy sessions with clients. One

participant stated that having education and/or training on this topic. . .

Provides best practices.

While others reflected upon whether or not they address social networking website impacts on their clients during their sessions.

Not yet, but I think I could have looking back on it.

Not yet but I should!

Not really but I should more.

Theme 2: “Wish I Knew How”, participants disclosing that they do not know how to address social networking website concerns with clients, but that they wish they did know how to address it.

Theme 2 stated that the participant wishes they knew how to address social networking websites and their psychological impact on clients when working with them. This statement shows the disconnect between what’s needed in the fieldwork of counseling and what’s taught in the graduate school programs that are accredited through CACREP. A majority of participants shared the same sentiment as 90.63% of participants stated that they did not receive education or training on social networking websites in regards to their psychological impacts on clients. Some of the comments in relation to this were

I think graduate counselor education should address this both in lecture and in clinical practice as we see it more and more in practice today.

This is such a huge issue today and there’s not much in the literature, or in counseling programs that I know of, in terms of how to assess it, and address it with clients.

In a request on the survey to “Please mark each of the following items as to how interested you would be in having this information,” about 80% of participants stated for each topic listed that they would either be “Extremely Interested or Very Interested” in having education and/or training on the topic.

Theme 3: “Interventions”, participants disclosing that they would try interventions related to their client’s social networking website use.

While a previous theme focused around “No Interventions” in relation to not having any education and/or training on interventions around addressing social networking websites in a therapeutic context, this theme of “Interventions” shows how participants are attempting interventions around this topic in their therapy sessions.

Explore impact of utilizing social media on recovery: triggering, lowering self/esteem, or connecting with social sober support. Create plans for limiting/eliminating use if negatively impacting.

Facilitate group discussions surrounding use of social media and impact on desire to use substances and/or alter associated feelings.

Tried to get them to not look at it so much but that’s very difficult.

I have had to address it with a group of friends that were upsetting each other.

With their being the gap between most participants feeling like they have not had any education and/or training on addressing social networking websites and their interventions with clients and several participants stating that they are having interventions on this topic, it’s concerning in terms of “best practices”.

Results for Sub-Question One. What benefits are counselors seeing for social networking website use when working with clients?

Theme 1: “Support”, participants reporting that they see clients using social

networking websites for support.

Theme 1 was “Support”, focused around participants seeing the benefit that some clients are having when they are using social networking websites. Participants focus this around clients being able to find support for the experience of their mental health concerns.

Able to communicate when having social anxiety.

Learn from others with similar mental health issues.

Connection to sober support forums.

Participants were seeing that their clients were able to benefit from using social networking websites when they were using them in the context of looking for support as opposed to the other uses social networking websites have.

Theme 2: “Community”, participants reporting that they see clients using social networking websites for community.

In connection with theme one being “Support”, theme two was “Community”, where participants have seen their clients often receiving support. A community provides more than just support, as evidenced by participants also pointing out that it can combat loneliness by forming connections with others as well as being able to share their feelings to others who may have experienced similar feelings.

I have seen some benefits, mostly clients connecting with others struggling with mental health issues...helping them feel like they aren't alone in dealing with mental health issues.

I like that some of my clients use them for support and to connect.

Positive benefits mainly include the ability to connect with peers who may be experiencing similar emotions.

Other participants shared that they felt like social networking websites can also form communities around similar interests or hobbies, as well as providing a good forum to easier practice boundaries which is often a common goal in therapy sessions.

Benefits in connections to other groups who might have similar interests. A good place to practice boundaries.

Accessing groups of like minded people for connections.

People have said that they have found community.

Theme 3: “Expression”/” Identity”, participants reporting that they see clients using social networking websites to express themselves or develop an identity.

Theme 3 was “Expression/Identity” as participants shared a benefit they see from their client’s social networking website use being that clients may use social networking websites as a way for them to help figure out their identity through trying out different ways of expressing themselves online. Some examples are as follows:

I like how some people use it to express themselves.

I like how they can use this to help form their identity.

An important topic that is attached to this theme of expression and identity is that clients use social networking websites as a way to try out parts of their identity that isn’t accepted to the people physically around their environment. Often times, clients will disclose that they are “Gay” or “Bisexual” on their social networking website platform

before telling people in-person.

Results for Sub-Question Two. What consequences are counselors seeing for social networking website use when working with clients?

Theme 1: “Comparing”, participants reporting that they see clients comparing themselves on social networking websites.

“Comparing” is theme one and it is represented in the context of participants seeing their clients often comparing themselves to others that they see on social networking websites. Below are several comments on how participants addressed this in their responses.

Need to present facade through social media as if life is happy and joyful.

Creating loneliness and unrealistic expectations of what life should be like.

I don't work with people under the age of 18. I will say that the college students I work with often feel less than when comparing their lives to others they see on social networking websites.

It depends how they use it, but I notice that if they are comparing themselves a lot, then it's depressing.

As evidenced throughout the responses of participants, clients are feeling bad about themselves when they are comparing themselves on social networking websites to others because they are feeling like their life is not as great. This is an important psychological impact on depression within people who use social networking websites.

Participants expressed that they had concerns about their clients feeling lonelier after using social networking websites and it making their depressive symptoms worse because they are already isolating and feeling as though they are missing out.

An example is a client who had severe depression and was isolated in his life, used Facebook to compare himself to his peers, and would further depress himself as he is not “living up to par” with their posted activities. Another example is a client who expressed herself on Facebook during times of distress, only to regret it afterwards.

Negative impact regarding clients feeling like they aren’t as “good” as the people they see on social media. Clients feeling like everyone else is having a good time while they are depressed and immobilized due to their illness.

Theme 2: “Drama”, participants reporting that they see clients involved in “drama” on social networking websites

Theme 2 was “drama” in relation to participants reporting that their clients use of social networking websites can be negative in terms of it creating conflicts and other forms of drama. Participants relayed this throughout their responses.

Conflicts and misunderstandings.

Can make communicating difficult.

I don’t like how drama gets produced on them and it can impact self-esteem.

One participant even stated that they have “had” to address this issue with a group of friends, utilizing an intervention which has concerns in terms of best practices because of the gap in education and/or training.

I have had to address it with a group of friends that were upsetting each other.

Theme 3: “SNS Addiction”, participants reporting that they see clients becoming addicted to social networking websites

Theme 3 was in relation to participants being concerned that their clients are “addicted” to being on social networking websites, often when not, having the feeling

that they are missing out on something. Several participants also stated that they have been concerned about the amount of time they are noticing their clients spending on social networking websites or hearing about this in the research literature.

I've read that it can become addictive

The adolescent unit focuses on internet experiences and potential process addictions associated with its use.

Conclusion

Overall, this study explored mental health professional's perceptions of their preparation on social networking websites and the importance of addressing this topic in CACREP programs through the curriculum. This study also took this topic a step further as it addressed how participants would like to see this addition to CACREP programs. The insights gathered throughout this collection of data will be addressed in the following chapter.

Thirty-two surveys were collected online, inclusive of demographic information and Saldaña (2013) provided guidance through the analysis of the qualitative responses that could be taken into consideration with the results of the quantitative analysis of the surveys collected. The themes derived from this information have previously been laid out and the findings and insights will be addressed in relation to the research questions addressed in this study.

Document collection as well as several other steps have been taken in order to attempt a strong validation of the results. Limitations in the sample size, as well as the possibility of research-bias within qualitative analysis will be addressed in the following

chapter. This research does contain additional methods for assuring validity as well as reliability in the study.

Chapter 5: Conclusions

Overview and Discussion

This chapter will start by discussing the problem that this research is focused on in regards to the disconnect between the increased use of social networking websites in society that has been proven to have psychological impacts and the lack of education and/or training in CACREP graduate programs around this cultural change among social networking website use. This disconnect is addressed through exploration and the development of solutions, while acknowledging research limitations. Participants related to the disconnect between what they witness in practice with their clients and what they have been educated or trained on to address within their sessions. Future recommendations have been developed addressing various topics revolving around social networking websites which will be further discussed towards the end of this chapter.

Social networking websites have quickly gained popularity among the culture within the United States with an increase of over 400% in use between 2005 and 2009 and a continued rise in use since 2009 (Ganea, Mosimann, Muri, & Nef, 2013) with approximately 97% of students in the United States reporting that they belong to at least one social networking website and have a profile on the website (Moreno, 2010). An important impact of this increased use in social networking websites has been the negative psychological impact it can have on users of these websites. Some of the negative psychological impacts revolve around being cyberbullied, the development of relationships where there is less empathy, contending with users who lie about their identity on their profile, and the risk that individuals on social networking websites may start to build a dependency on these websites (Csepeli & Nagyfi, 2014).

In addition to these negative psychological impacts, Dr. Moreno has done extensive research looking at the negative psychological impacts of social networking websites on depression and anxiety. Dr. Moreno and colleagues found that about 25% of college students in their study displayed comments or photographs on Facebook that met the clinical criteria for depression (Moreno et al., 2011). This study concluded with the finding that there is a relationship between posting more recently and/or consistently and being at a higher risk for posting material that is linked to depression.

Despite there being substantial evidence that social networking websites have the ability for negative psychological impacts on its users, social networking websites are not formally addressed in the curriculum of CACREP counseling graduate programs. This research was developed to explore several different areas including psychological impacts of social networking websites on clients and education and training for mental health providers on the impacts of social networking websites on their clients and how to address it within their practice.

Based on the results of the information that is gathered, this research study has the potential to provide evidence supporting the importance of formal education and training on social networking websites' psychological impacts on mental health clients.

Findings as related to research questions. The first research question of this study sought to identify the extent to which CACREP prepares their students upon graduation to be able to address the psychological impacts of social networking websites. When considering the extent to which CACREP graduates felt prepared to handle this topic, a majority (90.63%) reported that they did not receive education and/or training on social networking websites psychological impacts, but that they feel as though they

should have. Participants expanded upon this sediment in areas where they could provide additional feedback. Themes were then developed using in vivo coding, such as “not enough”, “no interventions”, and “wish I knew how” in regards to not having enough knowledge on this topic, not gaining any education or training on interventions around this topic, and wishing that they did know how to address it with clients. There was also a sub-question embedded within this first question exploring how this topic was addressed in CACREP, if it was.

In the sub-question of how CACREP has addressed social networking websites psychological impacts, some participants (9.37%) indicated that they had received information on this topic in their CACREP program, but all three participants that stated they had received education and/or training on this topic expanded upon this response by referring to the American Counseling Association guideline of not looking up your client on these websites or “friending” them on these websites. Although this feedback is important in regards to the mention of social networking websites, it does not mention CACREP addressing the psychological impacts of these websites.

The second sub-question expanded upon the first two questions by asking participants what specific material would they be interested in learning more about in relation to social networking websites psychological impacts. Participants were provided with a list of possible education and/or training areas on the psychological impacts of social networking websites and a majority of participants marked that they would be “extremely interested” or “very interested” in having education and/or training on all topics listed. Please see *Table 1* as it displays the frequency distributions of the Likert scale used for these questions.

In vivo coding was conducted and several themes were identified in regards to this topic. Themes acknowledged around this sub-question included “should be” in the context of participants expressing that they believe CACREP programs should be addressing the topic of social networking websites and their psychological impacts on clients as well as how to follow best-practices and be culturally competent as we address this topic as mental health professionals.

The second theme identified for research question one, sub-question two was “Wish I Knew How” where participants disclosed that they do not know how to address social networking website concerns with clients, but that they wish they did know how to address it. The third theme identified was “More Relevant Today” in the context of participants reporting that they are witnessing the psychological impacts of social networking websites in their clinical practice more frequently “today” than in the past.

The first research question and following two sub-questions revolved around education and/or training on the psychological impacts of social networking websites in CACREP; however, the second research question and sub-questions revolve around exploring the topic of psychological impacts from these websites in clinical practice and what mental health professionals are experiencing and possible interventions that have been attempted on this topic.

The second research question explores whether or not counselors are seeing positives, negatives, or both in regard to their client’s use of social networking websites. A similar theme of “Wish I Knew How” was identified through in vivo coding, where participants disclosed that they do not know how to address social networking websites psychological impacts in their clinical practice, although they are witnessing this

impacting their clients. Two other themes were identified including “I Should”, where participants were reporting that they feel as though they should be providing interventions to their clients in regards to this topic and the theme “Interventions” was the last one identified, related to participants stating that they would like interventions to use on clients since they are witnessing this in their practice.

It’s important to acknowledge in this second research question that participants are seeing the psychological impacts in their clinical practice as one participant stated “I think graduate counselor education should address this both in lecture and in clinical practice as we see it more and more in practice today” and another shared the same sentiment, sharing that their clients are “always on them, impacts family, friends, every aspect”. The first sub-question within this second research question explores what benefits are counselors seeing for social networking website use when working with clients.

There are several benefits that mental health professionals are seeing in regards to using social networking websites and it’s important to take this into consideration so that they can be discussed in clinical practice and studied further. There were three themes identified that related to this question including “Support”, “Community”, and “Expression/Identity”. Participants stated that they see their clients obtain support on these websites as well as developing a sense of community that they can belong to as one participant stated “Social media is great for networking or reconnecting with people”, while other participants acknowledged that they see their clients benefiting through using social networking websites to explore and develop their identity and using social networking websites as a place where they feel comfortable further expressing

themselves. Several participants stated that “I like how some people use it to express themselves” and “I like that some of my clients use them for support and to connect”. The second sub-question within the second research question explores what consequences are counselors seeing for social networking website use when working with their clients.

Three themes were identified through in vivo coding by exploring the questions revolving around the negative psychological impacts counselors are seeing from social networking websites. These themes included “comparing” in reference to counselor’s hearing their clients compare themselves to others on these websites, leading towards a negative impact on the client’s self-esteem. One participant stated that “I notice that if they are comparing themselves a lot, then it’s depressing”. The second theme identified was “drama” in reference to counselor’s hearing their clients discuss drama that they are engaged in on these websites and the third theme identified was “SNS Addiction” which was a fairly common concern among participants. One participant stated that “addictive use of technology and triggering effects of missing out/ not being enough when comparing self to others social media posts/ feeds”. These research questions and the themes identified all relate to the social ecological model that was previously mentioned.

In summary, there were three main findings acknowledged throughout this study including Mental Health Professionals are finding that clients are being negatively impacted by social networking websites and are experiencing a need for education and/or training in this area in order to address it with clients, CACREP programs are not formally addressing social networking websites psychological impacts in their curriculum, and there are several recommendations for additions to the CACREP

curriculum in relation to social networking websites and the psychological impacts.

Please see Appendix C in regards to how each survey question was taken into consideration depending upon the research question it was associated with.

Connections to theoretical framework. A mixed-methods, exploratory approach was applied to this study after judicious consideration of the social ecological model. The social ecological model looks at health care through multiple levels that impact an individual starting with the inner-most level of the individual and followed by the levels of interpersonal, organizational, community, and public policy levels.

The participants affirmed this theory that incorporates the multiple levels we are impacted through by discussing how they are witnessing the psychological impacts within their clinical practice with clients on the individual level. Followed by the acknowledgement that their client's psychological impacts depend upon on their clients are using social networking websites on the interpersonal level and how CACREP has not prepared their graduates to handle these implications of social networking websites on the organizational level.

The last two levels of the social ecological model look at community and public policy. Participants mentioned throughout the results that one benefit of social networking websites is the sense of community that can be developed; however, social networking website addiction is being witnessed throughout clinical practice, leading to possible needs on the national, state, and local levels to regulate the use of social networking websites. This type of addiction can be addressed in public education systems, potentially starting as young as elementary school, educating students on the

psychological impacts and the positive and negative ways that individuals use these websites.

Improvements for Future Study

Completion of the study and analysis of results led to recognition of improvements that might have served advantageous to the literature such as administration of an online survey for a mixed methods approach allowed for timely response rates as well as feedback from several different CACREP programs since distribution of the survey survey was readily accessible to CACREP graduates via email. However, use of personal interviews or focus groups for the open-ended responses might have been beneficial in providing additional, specific information with increased depth and responses that provided a wider variety of responses. An additional improvement for future study on this topic revolves around the sample size.

The sample size for this study was difficult to determine due to the lack of public information on the number of CACREP graduates within the last ten years from the institutions involved. A way to combat this concern could have been to include all states within the United States in order to gain a larger response rate as well as allowing additional time in order to allow more individuals to respond who had not initially responded. Seven months and several follow-ups led that researcher to obtain 32 participants, but having several years to gather these responses could have allowed for double or triple the amount of responses. Lastly, the inability to obtain a cronbach's alpha is an improvement to consider for further research.

As previously mentioned, cronbach's alpha was not run for the survey used within this study due to the questions being either open-ended or not being on a

consistent scale as well as the exploratory nature of the survey that was used. Ideally, a future study would use a survey where a cronbach's alpha could be run in addition to using in-depth interviews and focus groups to obtain the exploratory information.

Implications for CACREP Programs

Mental Health Professionals Education and Training Needs for Clinical Practice. Based on the results gathered using the survey in this study, a majority of mental health professionals are witnessing the psychological impacts of social networking websites in their practice. There has already been published evidence on the mass usage of social networking websites among the United States as more than 70% of adolescents use social networking websites, most commonly Facebook (Moreno et al., 2013) as well as 86% of adults in the United States are social networking website users (Pew Research Center, 2017). One of the most popular social networking website, Facebook.com, reached over 1 billion users in October of 2012, most of whom were adolescents and young adults (Ganea, Mosimann, Muri, & Nef, 2013). Due to this mass amount of use among several generational populations, it's important to study the psychological impacts of this use.

There are several important advantages to using social networking websites, including the ability to assist in the formation of an identity (Csepeli & Nagyfi, 2014). Often social networking website users feel more disinhibited online so they are more willing to take risks, such as trying parts of their identity out online to see how others respond. Based on these responses, users can then involve themselves in an online community where they can gather support and positive feedback on the formation of their identity. Several participants in this study discussed this advantage by stating that

“sometimes kids will connect with other kids experiencing similar problems and it sometimes helps” as well as “I like how they can use this (social networking websites) to help form their identity” and “express themselves”.

This is an important contribution of this study as it provides further evidence of how mental health therapists could encourage their clients to use social networking websites to express and experiment with their identity in a safe and disinhibited environment, where it may not be safe for them to do that in their physical environment. Through further exploration on this advantage, specific social networking websites could be identified as being advantageous for this purpose and shared with clients who are struggling with developing and expressing their identity.

Another advantage that has been previously acknowledged in research is when users of social networking websites can communicate and connect more easily with others. Participants in this study acknowledged that they were seeing this as a benefit to clients by stating “I like how they can connect with friends” and “I have seen some benefits, mostly clients connecting with others struggling with mental health issues...helping them feel like they aren’t alone in dealing with mental health issues”. Discussing or even disclosing that someone has mental health concerns comes with a negative stigma in our society, but there has been some identification through participant feedback that they are seeing their clients finding mental health support through specific forums on social networking websites.

If there were education and/or training on this topic throughout CACREP programs, specific interventions could be focused around using these forums as support groups for individuals struggling with their mental illness and the stigma associated with

it. This could help empower individuals with a mental health diagnosis as well as raise awareness of how prevalent it is because individuals would be able to talk about it and gather support in a safe environment.

While finding friends with whom one has lost communication, and providing a space where users can more easily self-disclose difficult information and build or join a community of other users with whom they share similarities (Csepeli & Nagyfi, 2014) is an advantage researchers are seeing for social networking websites, there are some important disadvantages that need to be acknowledged and addressed. One of these disadvantages revolves around how individuals spend their time on social networking websites and what individuals can be subjected to on these websites.

Disadvantages of social networking websites in regards to their psychological impacts encompass a wide variety of results in this study. Participants listed off disadvantages that they have witnessed in their practice, such as “bullying is a major problem in the age group that I mostly see and a lot of it is through social media” and “Negative impacts regarding clients feeling like they are not as “good” as the people they see on social media. Clients feeling like everyone else are having a good time while they are depressed and immobilized due to their illness”. These two comments acknowledge what previous research has found in terms of social networking websites negatively impacting users through cyber-bullying and how users compare themselves to others, often leading to an increase in depressive symptoms.

Dr. Moreno and colleagues (2011) found that about 25% of college students in their study displayed comments or photographs on Facebook that met the clinical criteria for depression. One participant provided an example of how they are witnessing this in

their sessions by stating “a client who had severe depression and was isolated in his life, used Facebook to compare himself to his peers, and would further depress himself as he is not “living up to par” with their posted activities. Another example is a client who expressed herself on Facebook during times of distress, only to regret it afterwards”.

It’s important to acknowledge the disadvantages of social networking websites in CACREP programs so that mental health providers can pass along this psychoeducation to their clients, informing them on how to handle when an individual tries to bully them on one of these websites as well as what activities can lead to an increase in depressive symptoms. One comparison to this would be how mental health professionals are trained and educated on how to handle substance use with clients. These professionals learn the warning signs and impacts so that they can recognize them and share with their client how they could be impacted, as well as looking at interventions on how to avoid these negative impacts. Although participants are seeing disadvantages in cyber-bullying and comparison leading to depressive symptoms, there are many other disadvantages that were mentioned throughout the results in this study.

Other disadvantages that participants were acknowledging included “I don’t like how drama gets produced on them and it can impact self-esteem” as well as “can make communicating difficult” leading to “conflicts and misunderstandings”. It’s important that social networking website users know how to communicate on this platform to avoid these kinds of disadvantages that could arise. Communication can be seen as a positive or a negative of these websites, showing the importance of user’s knowing how to communicate to increase positive interactions. This is another area where mental health professionals can pass along psychoeducation on these websites in

terms of how to communicate and how to recognize when they are engaging in negative communication as well as how to break this habit so that they are only engaging in positive communication.

The importance of acknowledging the advantages and the disadvantages of these websites that participants are witnessing within their practice plays a significant role in how CACREP can incorporate these findings into their accredited curriculum and can assist in the development of interventions to combat the disadvantages and promote the advantages. It's crucial that social networking websites are not see as a negative tool within our society, but a tool in which the user decides whether they will be impacted positively or negatively based upon their actions on these websites. Social networking websites can be used solely positively when users receive proper psycho-education on which behaviors that contribute to these websites being used positively and negatively.

The Council for Accreditation of Counseling and Related Educational Programs. Due to the shortage of literature in the field of education and/or training for graduates from CACREP programs on the psychological impacts of social networking websites, this study strives to bridge the gap between the literature that provides evidence on the mass amount of social networking website use and the psychological impacts with the lack of literature addressing this topic within CACREP. An important implication of this study includes the feedback that participants provided in the area of psychological impacts of social networking websites that should be addressed within CACREP (*Table 1*).

Participants were given the option to rate on a Likert scale, going from “already have” or “not interested” to “very interested” or “extremely interested”. A majority of

participants responded that they would be “very interested” or “extremely interested” in having education and/or training in the following areas, including training on problematic Internet experiences, focusing on issues for professionals, peer support groups to discuss concerns, treatment and resources to aid young adult client population, signs and symptoms of problematic Internet and Social Networking Website experiences among clients, guidelines to assess client tendencies toward computer dependence or addiction, and criteria for normal developmental stages of Internet use in children and adolescents.

Several of these areas could be incorporated into courses that are already offered through CACREP curriculum. An example of this would be to include in child and adolescent development courses, the criteria for normal developmental stages of Internet use in children and adolescents. Another example of this would be that CACREP could incorporate signs and symptoms of problematic Internet and Social Networking Website experiences among clients into the course on diagnosis and treatment. Not only is it important to have education and/or training on these specific areas, but it’s important to know how to address and intervene within these areas in clinical practice.

Several participants admitted to trying to intervene on social networking website usage with their clients, despite not having the proper education and/or training on this topic. These participants stated that “If it comes up in group therapy then I try and address it. Again, wish I knew how to address and intervene better on this topic” and one participant sharing the struggle of trying to intervene through their statement, “Tried to get them to not look at it so much but that’s very difficult”. Interventions are a critical part of clinical practice and there’s the risk that providing a non-evidence based

intervention could do more damage to a client as opposed to helping the client. CACREP could use the feedback based on this study to inform how they incorporate the psychological impact of social networking websites into their curriculum, including interventions that mental health professionals can use with clients.

An important implication of this research informs how CACREP programs could incorporate these findings into their curriculum. An example developed for this purpose looks at developing sections for curriculum. This section on the psychological impacts of social networking websites would start with generally defining what social networking websites are and exploring the history of these websites, including the importance of who is using them, how many people are using them, and how people are using these websites. A following section would connect and explore the research between the psychological impacts of social networking websites, specifically focusing on the larger amount of research that is provided looking at the impacts on individuals who have Major Depressive Disorder diagnosis. A large proportion of research that has been published on social networking websites and their psychological impacts specifically looks at Major Depressive Disorder and has found multiple behaviors on social networking websites that can lead to an increase in the symptoms of this disorder. Lastly, a section exploring interventions for social networking websites would prove helpful as many mental health professionals are stating that they do not know how to intervene on this topic. These interventions could include psycho-education where clients are educated on the positive and negative impacts of social networking websites.

Future Research Considerations

Intervention Exploration on Social Networking Websites. Participants provided feedback that one of the main topics they would like further information on is how to intervene in regards to the psychological impacts of social networking websites. There are multiple areas in which interventions could be explored including social networking website addiction, social networking website behaviors, and conflict resolution through social networking websites, particularly enticing to individuals who are conflict avoidant.

Social networking website addiction has been increasing as the popularity of social networking websites increases. Social networking website addiction is defined as a specific form of internet addiction characterized by six typical characteristics: (1) activities on SNSs dominate thinking and behavior (2) withdrawal symptoms (3) relapse (a tendency to revert to earlier patterns of SNS use after ineffective abstinence or control); (4) mood modification (activities on SNS modifies or improves mood) (5) tolerance; and (6) conflict (conflicts in relationships and other activities caused by intensive use of SNS). Unfortunately, literature is scarce on the prevalence of social networking website addiction and possible interventions for this addiction.

In regards to social networking website behaviors, there are behaviors that can contribute positively to an individuals psychological well-being and behaviors that can contribute negatively. Participants in this study have acknowledged some of the positives as re-connecting with friends, forming and expressing their identity, and using these websites for support. Several of the behaviors that contribute negatively to an individuals psychological well-being include “creeping”, comparing themselves to others, and being cyber-bullied. These findings have also been acknowledged in previously published

literature in this field. It's important for clinicians to not only be educated on these impacts, but also to be trained in interventions that revolve around combating these negative behaviors and promoting the positive behaviors.

The last area for exploration in regards to interventions include conflict resolution. The online disinhibition effect shows that the specific features of an online environment, such as reduced authority and invisibility, allows users to feel more uninhibited. This could result in higher levels of self-disclosure (Fullwood, Galbraith, Morris, & Orchard, 2014), leading to the ability of using social networking websites for conflict resolution, specifically within a conflict-avoidant population. Typical interventions around conflict resolution that we already use in therapy practices could be adapted to fit the different platform of social networking websites.

Conclusion

As the researcher in this study, there were countless personal and professional experiences in group and individual therapy sessions that informed my interest in the topic of social networking websites and their psychological impacts. From my first experience of hearing a client being cyber-bullied through inappropriate pictures that were passed around through social networking websites to witnessing countless adolescents show signs of distress linked to something they saw on a social networking website. Although I am a graduate from a CACREP program and have practiced for over ten years in the mental health field, I have yet to received specific education and/or training on social networking websites psychological impacts and possible interventions.

Throughout my research on this topic while developing this dissertation, several prominent researchers emerged in the field of psychological impacts with social

networking websites; however, it became apparent that CACREP was not reflective of the critical features reported in recently published literature. The main focus of this dissertation was to gather additional information on what mental health professionals are seeing in regards to psychological impacts of social networking websites and the extent to which CACREP graduates were feeling prepared to address this field of interest in their practice, including using interventions around the psychological impacts of social networking websites.

There are several things that I would do differently in regards to repeating this study in the future. One of these would be to try to gather a larger sample size by asking all universities and/or colleges in the United States to participate in this research study. I would also try to make a connection with CACREP to have their endorsement to conduct the research as they would greatly benefit from the results and could assist in encouraging programs to participate upon graduation.

In conclusion, current research and responses from participants in this study provided evidence that social networking websites are a large part of clients lives and that these professionals are witnessing the positive and negative psychological impacts that these websites can have on clients, while also experiencing a lack of education and/or training on how to address this topic and these concerns with their clients.

There is a wide array of research already published, bringing us to the conclusion that social networking websites are having serious negative psychological impacts on clients in a variety of areas, from depression to anxiety and addiction (Moreno et al., 2016). There is a significant research gap on how to address these negative impacts on social networking websites, making this a new field to be studied within graduate

programs and as well as an important topic that should be addressed within the curriculum of mental health programs.

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Appendices

Appendix A: Online Survey

Client's Internet Use and Addressing it in Counseling Programs

Thank you so much for responding to our study.

Definition of Social Networking Websites: A social networking site is an online platform that allows users to create a public profile and interact with other users on the website (techopedia, 2019)

Your Demographics

Please mark the box that best describes you at this point in time.

1. Are you male or female?

- Male
- Female
- Other

2. What age group are you in?

- 20 years old or younger
- 20 years old to 30 years old
- More than 30 to 40 years old
- More than 40 to 50 years old
- Over 50 years old

3. What is your race/ethnicity? (Mark all that apply.)

- European-American
- African-American
- Hispanic / Latino
- Asian / Pacific Islander
- Native American / Alaska Native
- Multiracial
- Other (*Specify*) _____

4. What is your highest earned degree?

- BA
- Master's degree
- PhD

5. How many years have you been providing direct services to clients?

- Less than 1 year
- 1 to 5 years

- More than 5 to 10 years
- More than 10 to 15 years
- More than 15 to 20 years
- More than 20 years

**Graduate Counselor Education About Internet and Social Networking
Website Use Among Young Adults**

6. Did you receive specific education in your graduate counselor education program concerning young adults and problematic and/or beneficial Internet and Social Networking Website experiences?

- Yes
- No

If yes, please describe type and topic

7. Have you come across or read anything in the professional literature about young adults and problematic and/or beneficial Internet and Social Networking Website experiences?

- Yes
- No

If yes, please describe type and topic

8. Does any other mental health professional organization you are part of have any rules or guidelines about the assessment and/or treatment of young adults regarding Internet and Social Networking Website experiences?

- Yes
- No

If yes, please describe type and topic and identify the professional organization(s)

9. Please provide any additional feedback you think is important to consider with regard to how graduate counselor education programs and trainings prepare counselors to address Internet and Social Networking Website use among young adult clients.

Client Demographics and Background

10. What is the approximate age of clients who participate in your group therapy sessions?

- 10-13 years old
- 14-18 years old
- 19-22 years old
- 23 years old or older

11. What is your client's race/ethnicity? (Mark all that apply.)

- European-American
- African-American
- Hispanic / Latino
- Asian / Pacific Islander
- Native American / Alaska Native
- Multiracial
- Other (*Specify*) _____

12. What is (are) the PRIMARY problem(s) your clients are in treatment for?

Addressing Internet and Social Networking Website Use in Therapy Sessions with Young Adult Clients

13. Do you ever ask clients about Internet and Social Networking Website use and/or behavior as part of an intervention? If so, please describe how you address it, and what your experience has been.

14. Please share any concerns you have about how using social networking websites is impacting your young adult clients. What negative impacts are you finding?

15. Please share benefits you have seen your young adult clients experience as a result of using social networking websites. What positive impacts are you finding?

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16. Please describe experiences of how you have addressed the use of the Internet and Social Networking Websites in group therapy sessions with young adult clients and any interventions or treatments you have used associated with social networking website use and impact.

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Professional Needs

17- 21. Please mark each of the following items as to how interested you would be in having this information.

	Already Have	Extremely Interested	Very Interested	Somewhat Interested	Not at All Interested
<u>Professional Development</u> Training on problematic Internet experiences, focusing on issues for professionals.	5	4	3	2	1
Peer support groups to discuss concerns, treatment and resources to aid young adult client population.	5	4	3	2	1

<u>Client Specific</u> Signs and symptoms of problematic Internet and Social Networking Website experiences among young adults.	5	4	3	2	1
Guidelines to assess client tendencies toward computer dependence or addiction.	5	4	3	2	1

Criteria for normal developmental stages of Internet use in children and adolescents	5	4	3	2	1
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22. Please feel free to use the space below to explain any of your answers or make specific comments.

The Influence of the Internet and Social Networking Websites

23. Do you use the Internet for any of the following professional purposes?

(Mark all that apply.)

- E-mail
- To create or maintain a web page about your job or practice
- Video conferencing
- To provide online therapy or counseling
- Professional listservs to consult colleagues
- Gathering research information about your field and/or profession
- To provide Internet support groups
- As a reference to give information to clients and families about specific issues
- Other (*Specify*)

24. How familiar are you with how the following Social Networking Websites work?

	Not at all Familiar	Somewhat Familiar	Familiar	Very Familiar	Extremely Familiar
Facebook	1	2	3	4	5
Instagram	1	2	3	4	5
Snapchat	1	2	3	4	5
Twitter	1	2	3	4	5
Tumblr	1	2	3	4	5
Other	1	2	3	4	5

25. Do you use any of the following Social Networking Websites? If so, how frequently?

	Never	Rarely	Sometimes	Often	Daily or Almost Daily
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Facebook	1	2	3	4	5
Instagram	1	2	3	4	5
Snapchat	1	2	3	4	5
Twitter	1	2	3	4	5
Tumblr	1	2	3	4	5
Other	1	2	3	4	5

How do you feel the Internet and Social Networking Websites have impacted the following areas?

26. In general, how do you feel the Internet and Social Networking Websites have impacted adolescent development?

- 1- Not at all
- 2- Rarely
- 3- Sometimes
- 4 – Often
- 5- A great deal

Please use this space to explain your response.

27. In general, how do you feel the Internet and Social Networking Websites have impacted family life?

- 1- Not at all
- 2- Rarely
- 3- Sometimes
- 4- Often
- 5- A great deal

Please use this space to explain your response.

28. In general, how do you feel the Internet and Social Networking Websites have impacted friendships and social relationships among young adults?

- 1- Not at all
- 2- Rarely
- 3- Sometimes
- 4- Often
- 5 – A great deal

Please use this space to explain your response.

29. In general, how do you feel the Internet and Social Networking Websites have impacted intimate relationships among young adults?

- 1- Not at all
- 2- Rarely
- 3- Sometimes
- 4- Often
- 5 – A great deal

Please use this space to explain your response.

30. In general, how do you feel the Internet and Social Networking Websites have impacted your particular field of expertise?

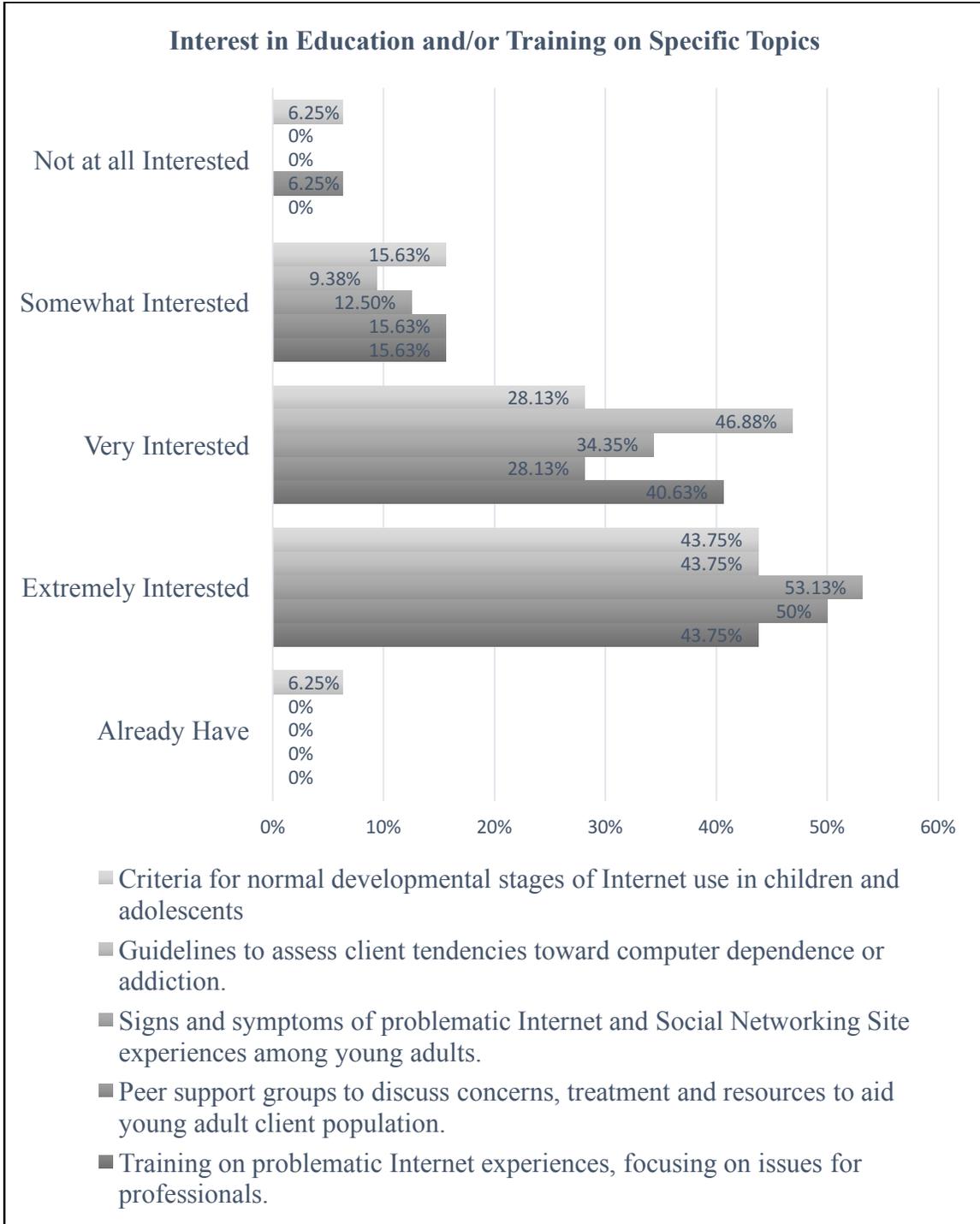
- 1- Not at all
- 2- Rarely
- 3- Sometimes
- 4- Often
- 5 – A great deal

Please use this space to explain your response.

31. Please provide any additional information that you would like that we may not have asked you among this topic.

Appendix B

Interest in Education and/or Training on Specific Topics



Appendix C

Quantitative and Qualitative Responses Per Research Question

Qualitative		
Research Questions	Survey Questions	Results
Research Question 1	6, 7, 8, 9, 22, 31	“Wish I Knew How”, “Not Enough”, “No Interventions”
Research Question 1.1	22, 31	“Not Enough”, “No Education or Training”, “No Interventions”
Research Question 1.2	31	“Should Be”, “Wish I Knew How”, “More Relevant Today”
Research Question 2	13, 31	“ I Should”, “Wish I Knew How”, “Interventions”
Research Question 2.1	13, 14, 15, 26, 27, 28, 29, 30, 31	“Support”, “Community”, “Expression/Identity”
Research Question 2.2	13, 16, 31	“Comparing”, “Drama”, “SNS Addiction”

Quantitative		
Research Questions	Survey Questions	Results
Research Question 1	8, 17-21,	8: Does any other mental health professional organization you are part of have any rules or guidelines about the assessment and/or treatment of clients regarding Internet and Social Networking Site experiences? Yes (15.63%) No (84.38%), 17-21: **Please see Appendix B
Research Question 1.1	6, 7, 17-21	6: Did you receive specific education in your graduate counselor education program concerning clients and problematic and/or beneficial Internet and Social Networking Site experiences? Yes (9.38%) No (90.63%), 7: Have you come across or read anything in the professional literature about clients and problematic and/or beneficial Internet and Social Networking Site experiences? Yes (59.38%) No (40.63%), 17-21: **Please see Appendix B
Research Question 1.2	17-21	**Please see Appendix B
Research Question 2	26, 27, 28, 29, 30	26: In general, how do you feel the Internet and Social Networking Sites have impacted adolescent development? Sometimes (12.50%), Often (43.75%), A Great Deal (43.75%) 27: In general, how do you feel the Internet and Social Networking Sites have impacted family life? Rarely (3.13%), Sometimes (15.63%), Often (46.88%), A Great Deal (34.38%)

		<p>28: In general, how do you feel the Internet and Social Networking Sites have impacted friendships and social relationships among clients? Sometimes (40.63%), Often (31.25%), A Great Deal (28.13%)</p> <p>29: In general, how do you feel the Internet and Social Networking Sites have impacted intimate relationships among clients? Rarely (3.33%), Sometimes (40.00%), Often (43.33%), A Great Deal (13.33%)</p> <p>30: In general, how do you feel the Internet and Social Networking Sites have impacted your particular field of expertise? Not At All (3.13%), Rarely (6.25%), Sometimes (46.88%), Often (28.13%), A Great Deal (15.63%)</p>
Research Question 2.1		
Research Question 2.2		

Appendix D

Demographic Information

Characteristic	Percentage
Age (in years)	
20-29	31.25%
30-39	46.88%
40-49	9.38%
50-59	12.50%
Gender	
Male	15.63%
Female	84.38%
Degree Earned	
MA	65.63%
PhD	34.38%
Ethnicity/Race	
European-American	65.63%
African-American	12.50%
Hispanic/Latino	12.50%
Asian/Pacific Islander	6.25%
Native American/Alaskan Native	0.00%
Multi-racial	9.38%