



## SOCIAL NETWORKING GUIDELINES

The Social Networking Guidelines were created by the Association of Child Life Professionals' (ACLP's) Web and Online Networking Advisory Committee (WONAC) in collaboration with the Ethics Committee of the Child Life Certification Commission (CLCC). These guidelines were established to provide guidance to Certified Child Life Specialists (CCLSs) in establishing and maintaining professional therapeutic relationships with children\* and families specifically within social media interactions. In order to maintain professional, therapeutic boundaries, all child life professionals and students must be mindful of the use of social media. Each must respect the privacy of children and families as well as maintain national, local, and organizational privacy regulations.

Technology has become one of the primary means by which communication occurs. Social media has provided the means for patients and families to network, and sometimes share personal stories of grief and triumph. By its very nature, social media eliminates an individual's ability to completely control the flow of communication in the connections made with others. Changes in the nature of communication have brought changes to the application of ethics for CCLSs and subsequently for the Child Life Certification Commission. **The following guidelines seek to clarify the issues raised by child life professionals.**

The CCLS credential signifies a level of professionalism to employers, children and families, and colleagues. CCLSs are required to agree to abide by the [Child Life Code of Ethics](#) when paying to maintain the credential. The [Child Life Code of Ethics](#) holds CCLSs to standards of professional practice in all settings.

While the lines continue to blur between personal and professional uses of social media, one must determine how best to proceed. CCLSs are responsible for following employers', CLCC policies, and the [Child Life Code of Ethics](#). If a CCLS is expected by an employer to interact with patients through social media, the individual must determine how to proceed without violating the [Child Life Code of Ethics](#). In response, the CLCC has established an additional declaration that has been added to the "Statements of Understanding." This states, "I understand that when faced with an ethical decision of two conflicting institutional policies regarding social media, I will adhere to the policy that maintains the higher standard." The higher standard requires CCLSs to comply with the guidelines which set stricter boundaries on social media.

It is the role of the CLCC Ethics Committee to review ethical complaints from ACLP members and others including patients and family members, staff, employers or members of the public. If a complaint is received, the individual is notified, and the Ethics Committee begins an investigation. The sanctions listed in the [CLCC Policies Manual](#) may be applied if it is found that a violation occurred. A violation of an ethical nature does not automatically result in the loss of certification. The sanctions are designed to fit the nature of the violation. This is the case with any violation of the [Child Life Code of Ethics](#).

Based on Principles 4 and 10 of the [Child Life Code of Ethics](#), child life professionals shall:

- Not connect with ("friend") patients or family members on social media sites outside of a professional capacity.
- Not discuss children and/or their family members on their personal social media sites.
- Not post photographs of children and/or their families on personal social media sites, nor should they post photographs on organization-based sites without signed consent.
- Refrain from contact with patients and families through social media sites unless designated by the employer as a job responsibility and completed during paid work hours.

- Not post on a patient's or their family's care pages/group sites (CaringBridge, CarePages, Facebook community pages) nor should he or she seek/view information about children and/or their families on social media sites.
- Follow organizational policies when recording patients and families via photography or videography for organization's use.
- Not take photographs or videos of patients and families for personal use.

Child life professionals establish unique relationships with patients and families over time as they empower, educate, and process many difficult experiences with a variety of outcomes. As identified in the [ACLP Values Statement](#), [child life competencies](#), and [Child Life Code of Ethics](#), child life professionals should engage in self-reflection to monitor their own boundaries with patients and families, in order to maintain a healthy therapeutic role. Child life professionals must maintain such boundaries in regards to social media in order to continue providing the best patient- and family-centered care to all patients, even if long-term patients are discharged or following the death of a patient.

Above all, child life professionals should look to the [Child Life Code of Ethics](#) and Social Networking Guidelines prior to posting or sharing information via social media. If you have questions regarding these guidelines or if you have concerns about postings, please contact the CLCC for guidance.

Case 1: A child life specialist working in Hematology/Oncology (recently certified, 1 year prior) begins working with a family with multiple young children, the patient is having difficulty coping with the disease, and her caregivers also need a great deal of support. The child life specialist provides hours of education to patient and siblings, opportunities for play and emotional expression, and provides supportive listening to parents in tandem with the social worker. After a few weeks, the patient begins to cope better with the hospital environment and the child life specialist arranges a small birthday celebration with the family. Mom takes a photo and wants to tag the child life specialist in a photo on Facebook, so she asks to be friends. The child life specialist declines the friend request noting the [Child Life Code of Ethics](#) and shares this with the mother next time they are admitted.

Case 2: A child life specialist is highlighted by their hospital during Child Life Month. Her photo and quotes about her work are featured and she shares this link on her Facebook page. A friend's friend is being treated at the same hospital and messages the child life specialist to refer the child. The child life specialist redirects the friend to email her professional email address so that she can refer the child to the appropriate child life specialist. Additionally, the child life specialist considers utilizing a professional social media account in order to keep her work and personal life separate. She connects with other child life specialists and shares child life specific content on this page. This allows her to maintain her own personal boundaries while still being able to share important articles with her community in a safe, therapeutic way.

Case 3: A child life student has been spending time with a patient and family during their hours at the hospital. She has an irregular schedule and wants to stay informed with the patient's progress during her time away. The family has mentioned that they maintain a patient care page for their child. The child life student tells her supervisor that she is considering following the family's care page during her time away. Her supervisor shares the Social Networking Guidelines and points her to the following questions for self-reflection:

- Am I seeking this information for professional or personal reasons?
- Do I want or need this opportunity to interact more than the patient or family does?
- Can I get the information I'm seeking during my work hours?