

Full Length Research Paper

Predicament of networking and social media for counselling prevention and management of youth restiveness

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Issues discussed in this paper include: youth restiveness, provision of guidance and counselling services via social media as a new era for therapeutic communication, salient counselling ethical and professional code of practice in relation to use of social media for counselling. The paper also views youth restiveness as a dysfunctional, emotional behaviour mainly due to individual temperamental disposition to events or situations which can be prevented or managed through counselling intervention using social media and networking. However, there are inherent challenges in using social media and networking for counselling. The major challenge is that, social media has ability to blur the boundaries between private and public information hereby eroding clients' trust, acceptance and confidentiality of the counselling process; posing serious legal and ethical problem for counsellors if not professionally handled. The paper therefore recommends eclectic counselling intervention strategy as an appropriate technique to be utilised for this purpose

Keywords: Social, media, networking. Counselling, ethical, professional code, youth mentoring and restiveness

INTRODUCTION

The purpose of this write up is to create awareness among counsellors how counselling at a distance can be utilised to prevent and manage youth restiveness. Also discussed in the paper, are the benefits and challenges associated with using social media and networking to achieve the above stated objective. The 21st Century has ushered in technological advances that have changed the way people communicate with one another and social

media is one of the fastest growing means of communication especially among youth. Bratt (2010) asserts that, one of the most noteworthy of these changes in communication is the birth of social networking websites and their rising popularity around the world. He further observes that social network sites allow members to post personal information, share pictures, and connect with other users with similar interests, all

with an often-perceived sense of anonymity. In this vein, Ellison, Steinfeld, and Lampe (2006) describe online social networks as spaces for individuals to present themselves, express their social networks.

Despite the phenomenal growth and rising popularity of social media and networking, their abilities to blur the boundaries between private and public information cannot be underestimated. Posting personal information, sharing pictures, and connecting with other users with similar interests, with often-perceived sense of anonymity via social and networking pose serious challenge to the protection of the client's disclosed confidential information during counselling process. Although using social media and networking for counselling and mentoring at a distance, can make or mar counselling process if not professionally managed, counselling remains a vital and viable tool for preventing/managing youth restiveness. To shed more light on the topic, the paper in its subsequent sections, discusses issues pertaining to: youth restiveness, definition of social media, and networking as a new era for therapeutic communication, salient counselling ethical and professional code of practice guiding the use of social media and networking. The immediate section of this paper would therefore be addressing the issue of youth restiveness.

Youth Restiveness

Issues of youth restiveness are pertinent to this write up and will be discussed briefly in order to clarify any misconception that might arise from its meaning. The question that would be answered in the paper is who is a youth? The United Nations General Assembly and World Bank defines the youth as people between ages 15 to 24 years (UN Habitat, 2012). In Nigeria, the concept of youth as encapsulated in the National Youth Service Scheme (NYSC), are people within the age limit of 30 years; thus, facilitating their participation in the scheme. The writers of this paper will rely on definition encapsulated in the National Youth Service Corp Scheme, as the operational definition of youth. According to UN Habitat (2012), there are currently 1.2 billion youth in the world, the largest number of youth ever to have existed and majority of these youth live in developing countries.

Likely Causes of Youth Restiveness

Although youth restiveness is a universal phenomenon, for the purpose of illustration, the writer would use Nigeria context of youth restiveness as framework, not as case study. Also in this paper, youth restiveness is looked at as emotional and dysfunctional behaviours precipitated by individual temperamental disposition to events or situations around him or her. In other words, youth

restiveness is a function of one's emotional and temperamental reactions to events or situations, due to wrong cognitive perception, appraisal and interpretation of such events with resultant state of nervousness, restlessness, uneasiness; stubbornness, obstinacy and uncontrollable behaviour.

On the other hand, akin to this discussion, is the way people think about a situation, their knowledge, expectations and feelings influence their behaviours. According to Igbo and Ikpa, (2013), youth restiveness involves the combination of actions, conducts and behaviour which constitutes unwholesome, socially unacceptable behaviours exhibited by youths in the society). Chika and Onyene (2010) observe that, to be restive is to be unable to stay still, or unwilling to be controlled especially because one is bored or not satisfied with certain decisions, changed or existing laws considered to be unfavourable. According to Habitat, (2012), majority of youth live in developing countries where they face daunting challenges of living in poor economic, social and environmental conditions, with limited access to education, training and employment, Youth are filled with energy and when this energy is positively channelled or guarded, they are highly productive, and hence they are likely to contribute to the overall development of the society (Igbo & Ikpa, 2013).

From the cognitive theoretical perspective, the way individuals feel or behave is largely determined by their appraisal of event. In this paper, *temperamental* disposition is operational defines as a behavioural trait or tendency to behave and think in a particular categorized pattern, inclination, or habit in a person or thing. It also applies broadly to the sum of physical, emotional, and intellectual components that affect or determine a person's actions and reactions and distinguishes from person from others (Psychology Dictionary 2014). According to Bandura (1963) it is not people's experiences or situations that make them angry, depressed or anxious but the way they process the information and think about those experiences. Similarly Rational Emotive therapy views man to be responsible for his or her own emotions and actions, and that man's irrational thinking is responsible for his harmful emotions and dysfunctional behaviours (Akume, 2011), The. In sum total, the Rational Emotive Therapy is basically based on the relationship between thinking, feeling and action as expressed by an individual with self- control procedures. (Ukwueze, 2013)

Though the writer used Cognitive Therapy and Rational Emotive therapy to illustrate cognitive perception, appraisal and interpretation of events which might result in to restiveness, eclectic theoretical counselling approach to restiveness is the best option.

Counselling is a helping profession that is concerned with assisting individuals to understand themselves better, taking responsibilities of their lives, develop their

own points of view and make their own rational decisions, while mentoring is act of providing guidance and support for another (usually younger or less skilled) person. Counselling is the most appropriate means of helping youth interpret their actions and inactions of others logically so as to prevent misconceptions and conflict among them (Ukwueze, 2013). Using social media and networking, counsellors can establish, maintain and promote sincere rapport, therapeutic relationship, and support to wider spectrum of youth wherever they may be since youth are the greatest consumers of social media. In other words unhealthy lifestyles of cultism, gang formation, drug and alcohol and restiveness could be attributed to venting out frustrations resulting from irrational thinking, wrong labelling and attributions and dysfunctional appraisals of events could be replaced by healthy ones through effective eclectic counselling approach (Ukwueze, 2013).

Counsellors are expected to provide guidance and support services aimed at helping individuals become more self-reliant and more able to manage their own personal, educational, and vocational development (Bailey's (1987, 33). Specifically, it is incumbent on the part of the counsellors to provide the following guidance services to their clients via any appropriate and available media including social media and networking:

These guidance services involve;

- i. giving clear, accurate, unbiased, and relevant information to the individual in a form and at a pace that is most useful to him or her;
- ii. making suggestions to the individual based on the helper's own knowledge or expertise;
- iii. offering the individual a relationship based on trust and acceptance within which he or she can explore issues relevant to development and can carry through decisions;
- iv. creating or structuring a learning experience so that, the individual can practice and gain new knowledge, skills, or perceptions;
- v. gathering and giving information about the individual or about specific aspects of the individual (abilities, performance, aptitudes, values, interests, and so on);
- vi. taking action on behalf of a client with the agreement of the individual respectively.

With the development of information and communication, all these guidance services mentioned above can be provided through computer and internet networks using various websites. Youth re-orientation and induction to a meaningful and fulfilling life style can be achieved through the provision of guidance services using social media and networking services. Most often, youth restiveness manifest as a life style which must be changed if the victims are re-oriented positively (Igbo & Ikpa, 2013). In the subsequent section, the paper

discusses what social media and networking are and explores the possibility of taking counselling services to the door steps of every youth through social media and networking.

What Are Social Media and Networking?

The word media means a medium of cultivation, conveyance or expression. Media is also a plural form of medium and a medium is a particular form or system of communication (Babylon English Dictionary, 2014). Social media on one hand, is the social interaction among people in which they create, share or exchange information and ideas in virtual communities and networks. Social networking on the other hand, is the use of web-based technology that allows the exchange of user-generated content; in other words, meaning that ordinary people can create, share, and comment on information on a variety of platforms. Social networking provides means for users to interact over the internet. (Haenlein, 2010). Social network service is usually an individual- centred service whereas online community services are group-centred, Kaplan and Haenlein (2010) point out that, social networking depend on mobile and web-based technologies to create highly interactive platforms through which individuals and communities share, co-create, discuss, and modify user-generated content.

Whereas, social media sites take many different forms and they incorporate new information and communication tools such as magazines, Internet forums, weblogs, social blogs, micro blogging, wikis, social network, podcasts, photographs or pictures, video, rating and social bookmarking; technologies include blogging, picture-sharing, logs, wall-posting, music-sharing, crowdsourcing and voice over IP, to name a few to name a few (Haenlein & Kaplan, 2010). In a nutshell, the paper attempts to explore perceived problems and challenges of using social networking for prevention/management of youth restiveness as a whole for counselling regardless of their different forms

Over the years social media has taken over the internet. It has advanced and grown so much over the past few years that the majority of businesses and organizations have a Facebook page, a Twitter account, a blog and/or a LinkedIn (Haenlein & Kaplan, 2010). According to Haenlein and Kaplan, (2010), many companies even implement these tools into their websites so that visitors can get more connected to the company and join in on the conversations.

Social Media and networking as New Era for Client Communication

Vahlberg, (2010) observes that, there are about 33 million teenagers between ages 13 to 19 in the United

States who use social media as means of communication. Citing survey reports of Kaiser who surveyed 8- to 18-year-olds, while Pew's data covers ages 12 to 17 and other various studies with different age cohorts, Vahlberg, (2010) drew some common trends. Among these are:

- a) Social networking also has soared in importance. Along with mobile use, it has become indispensable and ubiquitous in most teens' lives in the last few years, more so for older teens than younger ones,
- b) Youth split their enormous media time among many activities such as social networking, viewing video, exchanging Instant Messages, viewing graphics and photos, listening to music, watching TV, playing games, looking up things, even catching up on the news – often simultaneously. Likewise, they divide their media usage among many platforms: cell phones, MP3 players, gaming devices, televisions, computers and printed materials. They use different devices for different purposes in different places

Dilemma of Using Social Media and Networking for Counselling and Mentoring in Nigeria

With the emergence of Information and Communication in education including on line counselling, especially within educational institutions' learning management systems in developing countries such as Nigeria, it becomes imperative to create necessary awareness of professional ethical challenges associated with it. The launching of Global System for Mobile communications (GSM) in 2001, Nigerians now enjoy services like mobile Television, POS (Electronic payment) affordable internet services, cheaper international calls, internet banking and mobile banking. Millions of Nigerians now can access the internet via their GSM phones or a GSM enabled device. Many Nigerians are on the Facebook, Yahoo, Gmail, Twitter, and Google with millions of them visiting these sites everyday especially the youth. Counsellors who wish to use social media and networking are now faced with the challenge of establishing effective boundaries between private and public information. Social media has created new salient issues that need to be critically examined with regards to their benefits and challenges for its use as a viable tool for counselling. However, social media has opened many different doors for counsellors; opportunities that may not have been available had social media not taken off (Haenlein & Kaplan, 2010).

With all of the rapid changes that have taken place in social media in the 21st Century, Kaplan (2010) posits that the helping profession as a whole is still trying to answer questions on how to implement these tools into everyday activities and communications. According to

him, the American Counselling Association which focuses on the advancement of the counselling profession, its current code of ethics does not reflect the advances in social media and networking. He says, the code was last revised in 2005, which is before social media started affecting most professions. Kaplan (2010) also express optimism, that, a new and revised code of ethics will be out in 2014 which will include various types of social media entries in it.

Moreover, the easy access to publicly posted private information raises several professional and ethical concerns for helping professionals. While the use of online social networks offers advantages to counsellors, including tools for maintaining relationships with people living great distances away, precautionary measures must be taken. According to Bratt, (2010), unfortunately, the ethical implications of using online social networks has received little attention in the professional counselling literature, while other disciplines, including nursing, medicine, pharmacy, and education, have discussed this topic to a greater extent (e.g., Cain, 2008; Cain, Scott, & Akers, 2009; Guseh, Brendel, & Brendel, 2009; McBride & Cohen, 2009; Witt, 2009), their use can also raise serious issues around boundaries and ethical personal conduct (Boyd, 2007). Counselling codes of ethics revealed that issues surrounding online social networking are not addressed in the American Counselling Association *Code of Ethics* (2005), the British Association for Counselling and Psychotherapy *Ethical Framework for Good Practice in Counselling and Psychotherapy* (2010), the Australian Counselling Association *Code of Conduct* (2008), or in the Canadian Counselling and Psychotherapy Association's *Code of Ethics* (2007) or *Standards of Practice for Counsellors* (2008) (Kaplan, 2010).

Many counselling practitioners might be motivated to use social media and networking for counselling, without being aware of deleterious consequences of breaching the ethical code of counselling profession and also blurring the boundaries between personal and professional lives if not properly handled. Though Kaplan (2010) succinctly observes that, it is absolutely ethical for counsellors to use social media if inherent ethical issues are properly and adequately addressed.

Despite the revolution of communication through social media, counselling practitioners should understand that it is their primary obligation to protect their clients' confidentiality and must also protect confidential information stored in any medium. Meanwhile, the paper highlighted briefly salient issues of social media interactions and counselling ethical and professional code of practice in networking. Issues so discussed include: Identify the risks of sharing client information on the internet in unencrypted and non-therapeutic environments; self-disclosure and personal and professional boundaries; confidentiality of private

information; multiple relationship; testimonials; informed consent; minimizing intrusions on privacy; initiating professional relationships and documenting and maintaining records

Self-Disclosure, Personal and Professional Boundaries

One of the salient challenges of using social media and networking for counselling and mentoring is how to handle unintentional self-disclosure and keeping to personal and professional boundaries while using social media. Self-disclosure is defined as the revelation of personal, rather than professional information by a therapist to a client (Zur, Williams, Lehavot, & Knapp, 2010). Counsellors are advised to maintain a level of control over personal disclosures made by way of direct interpersonal interactions (Corey, Corey, & Callanan, 2011). Because online social networks are essentially forums for broadcasting personal information, the use of these sites increases the likelihood of counsellors engaging in unintentional disclosures. A common and simple way for clients to accomplish this is by joining social networks, such as Facebook (www.facebook.com), MySpace (www.myspace.com), or Twitter (www.twitter.com).

To effectively address the potential harm due to unintentional self-disclosures, counsellors and other helping professionals must be aware that, all their online postings may be viewed by their clients, and those postings may stay online, in some form, forever (Hoser & Nitschke, 2010; Zur et al., 2009). Taylor, McMinn, Bufford, & Chang, (2010) suggest that, peer consultation, documentation of online activity, and intentionality may be the best methods that counsellors have to protect themselves and their clients from the harm that may result from online self-disclosures.

Issue of Confidentiality: Another important factor to be consideration is the issue of confidentiality of the client's disclosed information while using social media and networking for counselling and mentoring at a distance. Within the counselling realm, confidentiality is defined as a fundamental ethical responsibility to take every reasonable precaution to respect and safeguard a client's disclosed information (CCPA, 2008). Counsellors must understand that it is their primary obligation to protect client confidential information stored in any medium (Bratt, 2010). While the importance for helping professionals to maintain confidentiality throughout their conventional everyday interpersonal interactions, (Corey et al., 2011), only recently has confidentiality become an issue with regard to online conduct (McBride & Cohen, 2009; Witt, 2009). Some authors suggest that the perceived sense of anonymity when using online social

networks can result in a blurring of the boundaries between acceptable and risky personal and professional behaviour (McBride & Cohen, 2009), could have negative consequences for that client. Easy access to publicly posted private information poses eminent threat to confidentiality of the client's disclosed information.

Multiple Relationships: In counselling, multiple relationships are defined as those in which a therapist is in a professional role with a person in addition to another role with that same individual, or with another person who is close to that individual (CCPA, 2008). Multiple relationships are generally discouraged, although no code of ethics states that nonsexual multiple relationships with clients are inherently unethical (Corey et al., 2011). Most professional codes of ethics warn against these types of relationships because of the potential for the impairment of counsellors' judgement, their ability to render effective services, or the potential to cause harm or exploitation to clients (Corey et al., 2011). Ultimately, counsellors are discouraged from engaging in multiple relationships with clients because it minimizes their potential to uphold the fundamental principles on which counselling ethics reside (Schulz, Sheppard, Lehr, & Shepard, 2006). Witt (2009) warns of the danger of self-disclosure when professionals are friends with their clients on social networks.

Another salient factor that deserves serious attention is the issue of personal vs. counsellors' behaviours on the Web. According to Nagel and Anthony (2009), counsellors should be aware of the implications of discussing clinical issues within their social networks in Tweets, status updates, and blog posts, and they should be aware that messages may be read by wide networks of non-professionals. In the same vein, counsellors should be aware that even masked data may provide enough detail to potentially identify a client. Counsellors should also be aware that messages posted on personal and professional networks may be archived and seen by other parties to whom they are not authorized to release confidential information, and they adjust their behaviour accordingly. Online case consultation that reflects client material, even with the record appropriately blinded, should occur in encrypted (or equivalent) environments only.

Nagel and Anthony, (2009) posit that counsellors should let clients know whether they utilize search engines as a standard means of collecting client information, whether this is done routinely as part of care, or whether there are particular circumstances (i.e., emergencies) in which they may obtain this information.

Counsellors should document such activity in clients' charts if this is an aspect of providing counselling service and/or assessment.

Interacting using email, SMS, @replies, and other on-site messaging systems is another important factor to be

considered: Nagel and Anthony,(2009) observe that counsellors should be aware that third-party services that offer direct messaging often provide limited security and privacy. Counsellors should remain vigilant that communicating on such systems with clients may expose confidential client data to third parties. Counsellors should inform clients at the beginning of counselling session about appropriate ways to contact them and let clients know that if they choose to send messages on these networks, these messages may be intercepted by others. (Nagel & Anthony, 2009) posit that counsellors should be aware that all messages exchanged with clients may become a part of the clinical and legal record, even issues such as change of contact information or scheduling appointments. All therapeutic communication should offer encryption security or the equivalent. Counsellors should define the record according to the laws of their jurisdiction and according to their defined professional scope of practice.

A consumer review site is another factor to be considered in using social media and networking for counselling and mentoring of youth. Counsellors should be aware that their practices may show up on various consumer review sites and that clients may perceive a listing as a request for a review. Counsellors should not ask clients to leave reviews. Counsellor must understand that they cannot respond to any reviews in any way confirming whether someone is or was a therapy client (Nagel & Anthony, 2009).

Other salient factors to be considered in using social media and networking for counselling and mentoring are Location-Based Services: Counsellors should be aware that placing their businesses as check-in points on Location-Based Services may allow clients with LBS-enabled devices to indicate when they are visiting their offices. Counsellors must understand that this may compromise client privacy and they make clients aware of this potential exposure (Nagel & Anthony, 2009). If counsellors are providing counselling services via text-based or video chat, they should be aware of additional ethical requirements related to these types of care (Nagel & Anthony, 2009).

Encryption: The informed consent process includes a formal acknowledgement from the client to the practitioner. Therefore, clear and precise information is accessible via the practitioner's website. This acknowledgement is received via encrypted channels.. An explanation about the use of encryption for therapeutic exchanges and lack of encryption if/when unencrypted methods (standard email, forum posts, mobile telephone, SMS texting, social networking) are used for issues such as appointment changes and cancellations.

In the vein, the practitioner's privacy policy should include

in the Informed Consent process and information about how email addresses, credit card information and client records are used, shared or stored. Applicable information regarding privacy and confidentiality that is required for patient consent in the geographic location of the practitioner should also be included in the Informed Consent process (Nagel & Anthony, 2009).

Dos and don'ts for counsellors while interacting with clients on line

As pointed out by Nagel & Anthony, (2009) counsellors should avoid the following activities while interacting with a client or clients on the networks.

Testimonials: Counsellors should not solicit testimonials from current clients or others who may be vulnerable to undue influence.

Uninformed Consent: When practitioners conduct therapy, counselling, or consultation services in person or via electronic means, they must obtain the informed consent of the individual or an individual using their services, in language that is easily understood. Informed consent includes information about the nature and course of treatment, fees, involvement of third parties, and limits of confidentiality. Clients must also be given sufficient opportunity to ask questions and receive answers about services.

Minimizing Intrusions on Privacy: Counsellors should not, discuss confidential information on listservs or status updates on their social networking profiles. Practitioners discuss confidential material only for appropriate scientific or professional purposes and only with persons who are clearly related to their work (e.g. formal clinical consultation that is documented and that takes place in private settings, not publicly archived settings). Details of disclosure in the case of research or consultation should be discussed during the informed consent process.

Initiating Professional Relationships: Practitioners are aware that confidential relationships do not take place in public and they should make efforts to minimize any intrusions on privacy including, but not limited to social networks, people contacting them in public forums (e.g. Facebook, Twitter, blog comments, etc.). They should make efforts to channel these conversations to a private forum without drawing attention to the fact that they are being contacted for professional services.

Documenting and Maintaining Records: Practitioners should create, maintain, and store records related to their professional work in order to facilitate counselling processes by them or other professionals and to ensure

compliance with legal requirements. Counselling practitioners may also share professional space on various professional social networks or listservs.

CONCLUSION

Despite the viability of using social media and networking for counselling purposes, possibility of social media and networking blurring the boundaries between private and public information is a stake reality. Counsellors must be cautious and use their best judgment when communicating through these channels. Nevertheless, counsellors should have sufficient understanding and be guided of their Ethics, Codes and can integrate how social media relate to professional conduct online.

RECOMMENDATIONS

It is advisable for counsellors who intend to use social media and networking for counselling and mentoring youth should:

- Provide a written social media policy and consent form that clients must sign
- Use privacy settings on social media accounts whenever possible
- Check with state licensing board to stay current on rules and regulations
- Have separate social media accounts for your professional and private life

Blogs, LinkedIn, webinars, skill pages and RSS feeds are a few examples of tools counsellors can use to get connected with one another. The counsellor should be wary of the main issue with these media remains, which is invasion of privacy or a break of confidentiality

REFERENCES

- Akume GT (2011). Communal conflicts and violence in Nigeria. Implications on education of the Nigerian child and counselling intervention. *The Nigerian Education Psychologist* 9 16-23
- Anthony K, Goss S (2009). *Guidelines for Online Counselling and Psychotherapy 3rd Edition including Guidelines for Online Supervision*. BACP Publishing, Rugby American
- Anthony K, Nagel DM (2009). *Online therapy: A practical guide*. Sage Publishing: London
- American Psychological Association.(2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060 – 1073
- Australian Counselling Association.(2008). *Code of conduct*. Grange, AU: Author Counselling Association.
- (2005). *ACA code of ethics*. Alexandria, VA: Author
- Bandura A (1963). The role of imitation in personality, *The Journal of Nursery Education*, 18(3).
- Boyd D (2007). Social network sites: Public, private, or what? *Knowledge Tree*, 13(1), 1–7. Retrieved from www.danah.org/papers/KnowledgeTree.pdf
- Bratt W (2010) *Ethical Considerations of Social Networking for Counsellors* Canadian Journal of Counselling and Psychotherapy ISSN 0826-3893 Vol. 44 No. 4 © 2010 Pages 335–345
- British Association for Counselling and Psychotherapy. (2010). *The ethical framework for good practice in counselling and psychotherapy*. Lutterworth, UK: Author
- Cain J (2008). Online social networking issues within academia and pharmacy education. *American Journal of Pharmaceutical Education*, 72(1), 1–7. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2254235/>
- Cain J, Scott DR, Akers P (2009). Pharmacy students' Facebook activity and opinions regarding accountability and e-professionalism. *American Journal of Pharmaceutical Education*, 73(6), 1–6. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19885073>
- Canadian Counselling and Psychotherapy Association.(2007). *Code of ethics*. Ottawa, ON: Author. Canadian Counselling and Psychotherapy Association. (2008). *Standards of practice for counsellors*. Ottawa, ON: Author.
- Chika PE, Onyene V (2010). Youth restiveness in the Niger Delta of Nigeria: Implication for education and leadership. *European of Science Science* 18,2, 286-296
- Corey G, Corey MS, Callanan P (2011). *Issues and ethics in the helping professions* (8th ed.). Belmont, CA: Brooks & Cole. Ethical Considerations of Social Networking for Counsellors 345
- Ellison N, Steinfeld C, Lampe C (2006, June). *Spatially bounded online social networks and social capital: The role of Facebook*. Paper presented at the annual conference of the International Communication Association, Dresden, Germany.
- Facebook (2010). *Company timeline*. Retrieved from <http://www.facebook.com/#!/press/info.php?timeline>
- Guseh JS, Brendel R, Brendel DH (2009). Medical professionalism in the age of online social networking. *Journal of Medical Ethics: Journal of the Institute of Medical Ethics* 35(9), 584–586. doi:200924402254013
- Haenlein M (2010). Social media and society: A blog about social media as a phenomenon of society, Classification of social media. Posted on 28/03/2012 <http://www.sciencedirect.com/science/article/pii/S0007681309001232>

- Haenlein M, Kaplan AM (2010). *An empirical analysis of attitudinal and behavioural reactions toward the abandonment of unprofitable customer relationships*, Journal of relationship marketing, 9 (4), 200 – 28
- Hoser B, Nitschke T (2010). *Questions on ethics for research in the virtually connected world*. Social Networks, 32(3), 180–186. doi:10.1016/j.socnet.2009.11.003
- Lehavot K, Barnett JE, Powers D (2010). Psychotherapy, professional relationships, and ethical considerations in the MySpace generation. *Professional Psychology, Research and Practice*, 41(2), 160–166. doi:10.1037/a0018709
- Igbo HJ, Ikpa I (2013). Causes, effects and ways of curbing youth restiveness in Nigeria: Implications for counselling. Journal of Education and Practice www.iiste.org ISSN 2222-1735 (Paper) ISSN 2222-288X (Online) Vol.4, No.6, 2013136
- Counsellor-Licence (2011-2014) Legal and ethical issues surrounding the use of social media for Counselling and Human Development., Kaplan and three other counselling...www.counselor-license.com/articles/**social-media**-counseling.htm/
- Kolmes K, Nagel DM, Anthony K (2010) A Psychotherapist's Guide to Facebook and Twitter: Why Clinicians Should Give a Tweet) *Online Therapy Institute, Inc.*
- McBride D, Cohen E (2009). Misuse of social networking may have ethical implications for nurses. *Oncology Nursing Society*, 24(7), 17. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19645160>
- Nagel DM, Anthony K (2009). Writing therapy using new technologies- the art of blogging. *Journal of poetry therapy*, 2009, 22(1).
- Psychology Dictionary (2014) World's most comprehensive online psychology Dictionary. <http://psychologydictionary.org>
- Rogers EMM (1986). *Communication technology : The New Media In Society. Volume of Series in Communication Technology and Society*. Published by Simon & Schuster, 1986. ISBN 0029271207 9780029271209 Southern California University
- Schulz WE, Sheppard GW, Lehr R, Shepard B (2006). *Counselling ethics: Issues and cases*. Ottawa, ON: Canadian Counselling Association.
- Taylor L, McMinn MR, Bufford RK, Chang KBT (2010). Psychologists' attitudes and ethical concerns regarding the use of social networking websites. *Professional Psychology: Research and Practice*, 41(2), 153–159. doi:10.1037/a0017996
- Ukwueze AC (2013). Impact of rational emotive behaviour therapy on students' irrational thoughts and feelings: A panacea for youth restiveness and terrorism in Nigeria . The Counsellor. Official publication of the Counselling Association of Nigeria. 32(1&2)
- Zur O, Williams MH, Lehavot K, Knapp S (2009). Psychotherapist self-disclosure and transparency in the Internet age. *Professional Psychology: Research and Practice*, 40(1), 22–30. doi:10.1037/a0014745