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Philadelphia College of Osteopathic Medicine

Department of Psychology

THERAPIST KNOWLEDGE, ATTITUDES TOWARD, AND EXPERIENCES WITH
SOCIAL MEDIA USE IN TREATING ADOLESCENT FEMALES

By Kristin Hess

Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Psychology

June 2017

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
DEPARTMENT OF PSYCHOLOGY

Dissertation Approval

This is to certify that the thesis presented to us by _____
on the _____ day of _____, 20____, in partial fulfillment of the
requirements for the degree of Doctor of Psychology, has been examined and is
acceptable in both scholarship and literary quality.

Committee Members' Signatures:

_____, Chairperson

_____, Chair, Department of Psychology

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Abstract

Recent research on social media use suggest that over 90% of adolescents aged 13 to 17 years use the Internet and 73% spend time on social networking sites (Cingel, Lauricella, Wartella, & Conway, 2013). This makes it increasingly important for therapists to be aware of the current social media applications, as well as the risks and benefits that may accompany use. Although there is much literature on the possible benefits and risks to social media use, there is minimal research on how therapists use this information to treat an adolescent population effectively. The present study utilized a cross-sectional web-survey design to gain insight into current knowledge and attitudes of therapists regarding social media use in adolescent girls. The survey was completed by psychology clinicians and psychology practicum students (n = 98), and assessed therapist attitudes, knowledge, and experiences with social media. The survey addressed personal use of social media as well as use for adolescent clients. Results found that over 75% of participants reported they access social media profiles at least one time per day. A large majority of participants (96.8%) reported they have encountered clients with problems associated with social networking and 88.9% believed there is a need for interventions targeting social media addiction in adolescent girls. Results found that personal experiences with social media applications significantly predicted therapists' overall attitude about social media for adolescents. Results also found that therapists' social media use frequency significantly predicted therapists' comfort in targeting social media topics in therapy. Results suggest therapists' personal experiences may impact their use of interventions in therapy. Future research should look for other variables that impact therapists' ability to discuss social media topics effectively in therapy and use social media interventions.

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Chapter 1: Introduction

Statement of the Problem

In recent years, one of the most common daily activities for adolescents has become using social media websites (O'Keefe, Clarke-Pearson, & Council on Communications and Media, 2011). Recent research findings on social media use suggest that over 90% of adolescents aged 13 to 17 years use the Internet and 73% of those teenagers spend time on social networking sites (Cingel, Lauricella, Wartella, & Conway, 2013). Another study found similar prevalence rates and also found that 24% of teens report that they are online "almost constantly" (Lenhart, 2015). This same study reported that 71% of teens use more than one social media website (Lenhart, 2015). Much literature has been devoted to the implications of the vast amount of time spent on the Internet by young adults and adolescents. Some of this literature has discovered that the amount of time spent on social media is correlated positively with increased Internet risks, such as cyber-bullying, Internet addiction, and sexual solicitation (Leung, 2014). Other research, however, indicates that social media use may have positive effects on adolescents, such as increased social supports and decreased loneliness (Burke, Marlow, & Lento, 2010).

The impact of social media and Internet use on adolescent mental health is also an area that researchers have begun to investigate recently. Current studies show that Internet use could have both negative and positive effects on depression, social-anxiety and, even self-harm practices (Lam, Peng, Mai, & Jing, 2009; Yoo, Cho, & Cha, 2014). It has been recommended that clinicians be made aware of the comorbidities between mental health disorders and Internet addiction in adolescents (Lam et al., 2009). In the

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), Internet gaming disorder was recognized as a condition warranting more clinical research in order to be considered for inclusion as a formal diagnosis (American Psychiatric Association [APA], 2013). The APA (2013) stated that the compulsive use of the Internet by those playing online games may lead to clinically significant impairment or stress. Social media, like Internet gaming, has been found to be a significant predictor of Internet addiction (van Rooij, Schoenmakers, van de Eijnden, & van de Mheen, 2010). Although Internet gaming has been a predominantly male phenomenon, females are spending the same amount of time online. With the most substantial amount of time being spent using social communication (Gross, 2004).

Studies show that established psychologists are seldom visiting social networking websites for personal use and may find it difficult to provide supervision in this area (Taylor, McMinn, Bufford, & Chang, 2010). Conversely, 86% of psychologists-in-training and psychologists under the age of 30 report using social media for personal use and may require education on ethics related to use (Tunick, Mednick, & Conroy, 2011). Social media is creating new ways to interact with clients, provide psychoeducation, and monitor progress (Kolmes, 2012). Understanding the way clients engage in social networking may provide a cultural bridge between therapists and clients (Kolmes, 2012). This bridge may allow clinicians to better treat their clients who may exhibit negative effects from using social media websites.

Chapter 2: Literature Review

Adolescent Internet and Social Media Use

Over recent years, millions of users have subscribed to social networking sites and many of these subscribers access these websites daily (Boyd & Ellison, 2007). Social networking sites or social media websites are defined as web-based services that allow individuals to create public or semi-public profiles, list other users in which they share connections, and interact with those users and others within the site (Boyd & Ellison, 2007). They allow users to interact with people globally and connect with other users who have similar interests and beliefs, and engage in similar activities (Rani & Kumari, 2013). Adolescents are involved heavily with these social networking sites, and studies show that up to 59% of those aged 8 to 17 years check their Facebook profile pages more than twice daily (Cingel et al., 2013). This is compared to only 20% of users over the age of 18 (Cingel et al., 2013). With today's technology, adolescents do not need to access a computer to go online. Instead, they are able to access the Internet through their cellular telephones, gaming consoles, and handheld gaming devices (Rani & Kumari, 2013). This allows more access to social media websites, even when the adolescent is not near a computer.

There is a vast amount of social media applications used by teenagers. The Pew Research center polled over a thousand teenagers and found the most popular social media applications were Facebook, Instagram, and Snapchat, followed by Twitter, Google+, Vine, and Tumblr (Lenhart, 2015). Facebook remains the most popular social media website used by teenagers, with up to 71% reporting use of this site (Lenhart, 2015). Facebook is a website and social media application that allows users to create

profiles, upload photos or video, send messages, and keep in touch with other users.

Users may let their followers know what they are doing, feeling, and thinking. Instagram permits users take, edit (i.e., add filters and make their photos look more artistic), and share photos and 15-second videos, either publicly or with a private network of followers. In addition, it allows users and followers to comment on other users' photos . Snapchat is a messaging application that allows users to put a time limit on how long pictures and videos can be viewed before they disappear. Teenagers often use this application to send funny or embarrassing photos or videos to friends without the risk of the pictures becoming accessible to the public. Unfortunately, this can also encourage teenagers to send explicit photos over the seemingly low risk application. Twitter allows users to post 140 character messages called "tweets" and follow the activities of other users.

Teenagers use this application to share what they are doing or feeling and keep up with news and celebrities. Vine lets users post and watch 6 second looping video clips. It is most often used to share funny video clips of friends or family members. Google+ allows Google users to connect much like Facebook. It allows users to post photos and videos, and provides a space for easy communication between users. It also allows "hangouts" where up to 10 users can chat simultaneously. Finally, Tumblr is considered a cross between Twitter and a blogging webpage. It allows users to post texts, photos, videos, and auto-clips to be shared with followers, family, and friends. These applications are all free to users.

Demographic differences. Social media network use extends across many demographic groups, including individuals of varying races, ethnicities, and ages. These users may vary in time spent online and frequently accessed websites. In a study that

examined the demographic predictors of social media use, no differences were found for time spent on Facebook between White and African American adolescents (Cingel et al., 2013). Other studies, however, show different patterns based on race. For example, a 2008 study found that although White adolescents spent more time on Facebook, Hispanic American adolescents were significantly more likely to use other social networking sites, such as MySpace (Hargittai, 2008). A more recent study found that White, Hispanic, and African American adolescents frequent Facebook equally, but Hispanic adolescents were more likely to frequent Google+ and both Hispanic and African American adolescents were more likely to download text messaging applications to their phones (Lenhart, 2015). This study found that reports of being on social media websites “almost constantly” are more common for Hispanic and African American adolescents than Caucasian adolescents (Lenhart, 2015). Unfortunately, patterns change daily and not enough research has addressed social media use by race to understand the patterns of different ethnicities and cultures.

Gender, however, has been found to be a significant predictor across ages. Research has shown that females are more likely than males to use social networking sites (Lenhart, 2015). This is consistent with research that found that women are more likely than men to value communication online (Hargittai, 2008). The same results have been demonstrated for adolescents. Eighty-six percent of teenage females aged 15 to 17 years reported that they maintain an online profile, as compared to 69% of teenage males in the same age group (Cingel et al, 2013). Demographic studies also show a significant difference in age of adolescents. It is estimated that 80% of older adolescents aged 14 to 17 years use social media, whereas only 50% of online users aged 12 to 13 years

maintain a social network profile (Cingel et al., 2013). Research also shows differences in social media use by economic status (Lenhart, 2015). Snapchat has taken popularity among higher income adolescents, whereas Facebook continues to be the most frequently visited social media website for adolescents from lower income families (Lenhart, 2015). These patterns may be important in understanding the motivations and utility in social media websites for different demographic groups. Finally, studies show that adolescent perception of the utility of technology predicts time spent on social media (Cingel et al., 2013). Adolescents who perceive current technology as convenient for communication purposes are more likely to update their status, post on a friend's wall, or send other messages through social media websites (Cingel et al., 2013). Different demographic groups may find utility in different aspects of social media use, which may help researchers and clinicians to better understand patterns of use.

Motivations for social networking use. Although it is easy to see that adolescents spend significant time on social media sites, the questions remain, what are these adolescents spending all their time doing and why? Research shows a number of factors motivate adolescents to use the Internet and social media websites. These motivations include socialization and conversation with others, entertainment, escape and diversion, and information exchange (Cingel et al., 2013). Social sharing theory is one way to conceptualize why social media use has become so popular. Social sharing is defined as communication that includes trading emotional experiences with others (Choi & Toma, 2014). Research shows that individuals share such experiences with important people in their lives up to 90% of the time, and this rate is found cross-culturally. This suggests that social sharing may fill a fundamental human need and social media sites serve as

conduits to fill it (Choi & Toma, 2014). A study by Choi and Toma (2014) found that social sharing through social media networks has the same emotional effects on the user as in a face-to-face interaction. This same study showed that 70% of participants chose to share events and special moments through a social media outlet (Choi & Toma, 2014).

Another theory of why adolescents engage in social media use is connected to social identity theory. Social identity theory assumes that a part of an individual's self-concept is formed by belonging to social groups (Trepte, 2006). According to this theory, adolescents who manage social profiles by providing status updates, posting photos, and engaging in other social media-related activities are regulating their identity, lifestyle, and social interactions (Livingstone, 2008). Adolescents are free to express themselves in a social media profile that is more visible to their peers than their parents, which gives them a safe place to construct and experiment with how they present themselves in a social context (Livingstone, 2008). This theory states that in doing so, adolescents are fulfilling their main psychosocial task of forming their individual and group identities (Livingstone, 2008). Although these theories are proposed for all adolescents, adolescent females may be particularly interested in social media for social identity and other social purposes.

Importance of Gender

As mentioned previously, gender is a significant predictor of adolescent social networking use (Lenhart, 2015). In contrast to males, females aged 13 to 17 not only spend more time on social networks, but also log into their profiles more frequently (Cingel et al., 2013). In fact, up to 25% of female adolescents log into their online profiles more than five times each day, which is twice the percentage of males who log

into their sites as frequently (Cingel et al., 2013). The difference in time spent on social networking sites may be because females use the Internet primarily for social functions, whereas males are interested primarily in entertainment factors (Barker, 2009).

Female adolescents are found to have different motivations and usage patterns than males on social networking sites (Stefanone, Lackaff, & Rosen, 2011). Social networking for females seems to be more goal-oriented than for males and may provide many social functions (Cingel et al., 2013). Constructive communication practices on Facebook are those that have intent to communicate with others. This includes posting on a friend's page, updating a status, or posting a picture (Cingel et al., 2013). Cingel et al. (2013) found that females are significantly more likely than males to engage in constructive communication practices. These practices allow females to work toward an increased sense of identity. One way this is accomplished is by creating an online persona, which creates the identity that adolescent females want to portray to those who visit their sites (Stefanone et al., 2011). Stefanone et al. (2011) found that women are significantly more likely than men to rate appearance as a contingency of self-worth. Perhaps related to this, females spend more time maintaining their profiles, have larger online social networks, and add more pictures than their male counterparts (Stefanone et al., 2011). Female adolescents are also more likely than males to use social networking sites to increase their social circles (Cingel et al., 2013). This could lead to a positive social benefit but could also lead to risky online behaviors. For example, as compared to male adolescents, females are more likely to talk to strangers on social networking sites to extend their social networks (Stefanone et al., 2011). The risks and benefits of female social media use are largely debated but important to outline.

Effects of Adolescent Female Internet and Social Media Use

The research on the risks and rewards associated with Internet use is mixed and, therefore, not yet fully determined (Shaw & Grant, 2002). Although there is research to show that social networking sites may provide social and mental health benefits, other research shows significant risks to users (Shaw & Grant, 2002). Unfortunately, with such mixed findings, one cannot say at this time that social networking sites or the Internet in general are largely harmful or beneficial for users. Many factors are theorized to determine whether the Internet has positive or negative effects. It has been suggested that the kind of feedback received from peers on social networking sites could play a role in determining self-esteem and well-being (Kuss & Griffiths, 2011). Another theory is that adolescents with poor quality social interactions in their real lives may benefit from online social interaction, whereas those with established good quality relationships may not benefit from or are harmed by spending time on social networking sites (Selfhout, Branje, Delsing, ter Bogt, & Meeus, 2009). The social networking users with whom adolescents communicate on social networking sites may also influence their well-being and mental health. Some researchers have shown that adolescents who spend time talking to strangers online decrease their face-to-face interactions and have poor quality of life outcomes, whereas those who spend time communicating with their existing friends are able to increase their social support and well-being (Valkenburg & Peter, 2007). Furthermore, the amount of time spent on social networking sites may also play a role in determining outcomes, as could different personality factors. These factors may be important for therapists working with this population to determine whether adolescents could be at risk or could gain benefits from social media use.

Social networking benefits. Social networking sites—as the name might imply—may have positive impacts on the social lives of some adolescents. A study examining the effects of social networking on high school students found that over the course of a 4 to 8-week study where participants were asked to use the Internet for social communication, social involvement increased, levels of loneliness and depression decreased, and participants' perceptions of their quantity of social support increased (Shaw & Grant, 2002). Another study found that social networking site use increased social capital and social bonds among users (Brandtzaeg, 2012). Social networking users in this study also reported increased face-to-face interactions over time while using the sites when compared to those who do not use social networking sites (Brandtzaeg, 2012). This suggests that social networking may help adolescents increase their social capital, which transfers into their face-to-face interactions with peers.

Social attachment theory also supports the use of social networking. A sense of belonging is a basic human need as outlined by Abraham Maslow in his well-known needs hierarchy pyramid (Ozad & Uygurer, 2014). Although the traditional way to form attachments is by face-to-face interactions with those in close social circles, social networking sites allow attachments to form despite distance or never having met in person (Ozad & Uygurer, 2014). Research has found that females are better than males at forming attachments through social media (Ozad & Uygurer, 2014). Therefore, social networking for girls results in significant attachments and satisfies a sense of belonging in their offline worlds (Ozad & Uygurer, 2014). This suggests that social networking may be positive for females and when used appropriately, could fulfill a basic human need that leads the way for higher objectives on Maslow's hierarchy.

Social networking risks. Although there is evidence that social networking may have some benefits, such as increasing social networks for adolescents, research also shows that there are many risks associated with using these online profiles. For example, studies have shown that using the Internet significantly diminishes communication in participant households (Shaw & Grant, 2002). Similarly, some studies have found that face-to-face social interaction has decreased dramatically as social networking has expanded (Das & Sahoo, 2011). Childhood and adolescence is a time to develop social competence. In particular, children need to be able to acquire the skills necessary to make and keep close personal relationships (Pea et al., 2012). These relationships also allow children to develop intimacy with those outside of their immediate family. Studies show that social support from friends, parents, and teachers is correlated positively with social skills, academic performance, and leadership and correlated negatively with conduct problems, aggression, hyperactivity, anxiety, and depression (Pea et al., 2012).

Many aspects of social media use are related to significant negative socio-emotional outcomes. The first is multitasking. Media multitasking is defined as consuming multiple media at one time. Examples of different forms of media that can be consumed together include but are not limited to social media websites, texting, watching television. One study found that online communication is correlated positively with media multitasking, whereas face-to-face communication is correlated negatively with media multitasking. Additionally, media multitasking is related negatively to perceived social success and amount of sleep (Pea et al., 2012). Similarly, another study found that Facebook use is correlated positively with task switching in students and is correlated negatively with positive study habits and grade point average (Rosen, Carrier, &

Cheever, 2013). This study suggests that extensive communication through media is associated with negative and potentially unhealthy social experiences and could even impact academic performance.

Cyberbullying is another risk for adolescents who use social networking sites. Cyberbullying is defined as an aggressive, intentional act carried out over electronic contact, which occurs repeatedly over time by a group or individual (Vollink, Bolman, Dehue, & Jacobs, 2013). Kessel Schneider et al. (2012) polled 20,000 United States high school students and asked how many times in the past year someone had used the Internet to bully, tease, or threaten them. Results showed that 15.8% of these high school students reported being victims of cyberbullying in the past year. This study also found that 59.7% of those who reported being a victim of cyberbullying also reported school bullying in the past 12 months, which may indicate that cyberbullying is connected to or carried over from school bullying (Kessel Schneider et al., 2012). Adolescent girls are victims of cyberbullying at a rate that is significantly higher than that of adolescent boys; girls report rates of 18.3% versus 13.2% for boys (Kessel Schneider et al., 2013). Thus, although social networking site use could play a significant role in quality of life for adolescents overall, it disparately impacts adolescent girls.

There is significant research demonstrating that cyberbullying has a significant impact on adolescent well-being for victims as well as perpetrators (Vollink et al., 2013). Those who are involved in cyberbullying report higher levels of loneliness, hopelessness, anxiety, depression, and embarrassment, lower levels of self-esteem, and significantly more interpersonal, behavioral, and physical problems (Vollink et al., 2013). Cyberbullying poses a serious risk to victims, as many victims can be impacted so

detrimentally that they consider, attempt, or commit suicide (Vollink et al., 2013).

Clearly, cyberbullying is a serious problem that must be addressed and understood to combat potentially fatal consequences.

Relationship to mental health disorders. Research on social networking sites has looked at correlations between use and several mental health symptoms and diagnoses. The results of these studies are mixed and, therefore, whether social networking can result in symptoms related to mental health disorders is unknown. For instance, research on depression related to social media use is inconclusive. Some studies show positive relationships, but others find no relationships or even negative correlations (Rosen, Whaling, Rab, Carrier, & Cheever, 2013).

Social networking may have positive impacts on mental health. Some studies show that symptoms of depression and dysthymia are correlated negatively with the quantity of friends on Facebook (Rosen, Whaling, et al., 2013). It is possible that having more friends on virtual sites prohibits adolescents from feeling lonely. Conversely, studies have shown that depression may be spread through electronic communication. Emotional contagion theory explains that negative emotions can be spread through different types of media, including movies, music, and electronic communication. Studies have found that those who are engaging in conversations through the Internet with others who are exhibiting negative affect also exchange more negative words, type slower, and use fewer words (Hancock, Gee, Ciaccio, & Lin, 2008). Emotional contagion theory could predict symptoms of depression spreading through social media sites.

Personality disorders related to social media use are also a current topic of discussion and research. Narcissistic personality is characterized by an inflated sense of

self-importance, superficial relationships and fantasies of unlimited power (Carpenter, 2012). Some argue that in the past 20 years, narcissistic personality disorder has become an epidemic that is increasing rapidly (Rosen, Whaling, et al., 2013). Some studies found that younger generations, namely those born in the 1980s or 1990s, show strong urges to report their activities and believe that their social media audiences care about them, both of which would be considered symptoms in the diagnostic criteria for the disorder (Rosen, Whaling, et al., 2013). Other studies suggest that social media may not only be especially attractive to those who are narcissistic, but may promote narcissism by encouraging self-promotion via posting status updates and photos (Carpenter, 2012). Rosen, Whaling, et al. (2013) found that more general Facebook use, more Facebook use for impression management, and more Facebook friends predicted significantly more symptoms of narcissistic and histrionic personality disorders.

Social networking addiction. The term *social networking addiction* has been proposed to describe the problems related to excessive use of social networking sites (Hormes, Kearns, & Timko, 2014). The popularity of social networking sites and the amount of time individuals spend on these sites have increased dramatically (Chen & Kim, 2013). Unfortunately, research has not yet caught up to these trends, and the research on identifying and describing social networking addiction is lacking (Chen & Kim, 2013). Internet addiction, however, has been investigated thoroughly in recent years, and Internet gaming addiction has been recognized by the *DSM-5* as a condition warranting more clinical research (APA, 2013). A recent study, which examined social network use in college students, found evidence that involvement in specific online activities such as social networking sites and gaming may be more addictive than the use

of the Internet itself (Hormes et al., 2014). The same study proposed diagnostic criteria for social networking addiction that included symptoms of withdrawal, craving, and tolerance. Results indicated that individuals meeting criteria for this proposed diagnosis showed similar incidence rates of substance use disorder and eating disorders (Hormes et al., 2014). Additionally, participants who exhibited symptoms of social networking addiction demonstrated significantly more problems with emotion regulation, poor impulse control, and limited coping skills to manage emotional stress (Hormes et al., 2014).

Current research looking specifically at adolescents examines general Internet addiction predominantly and has not covered a possible social media addiction adequately. Internet addiction has shown that adolescents aged 12 to 18 now rate using the Internet as a leisure activity that is even more preferred than watching television (van den Eijnden, Spijkerman, Vermulst, van Rooij, & Engels, 2009). Internet addiction could be a significant risk for these adolescents due to lack of boundary-setting skills and the continuing cognitive development associated with adolescence (Kuss et al., 2013). For adolescents, the frontal lobe of the brain is not developed fully, which could lead to an increased vulnerability for addictive behaviors (Kuss et al., 2013).

The Internet is popular for many reasons, including that it is easily accessible, affordable, and anonymous (van den Eijnden et al., 2009). Most attractive, however, is that the Internet can produce intense emotional rewards, especially for adolescents who use it mostly for social networking and other social functions. These social functions provide feelings of a social connection and acceptance among peers and are the most addictive components of the Internet for adolescents (van den Eijnden et al., 2009).

Symptoms of Internet addiction include preoccupation with the Internet, inability to control Internet use, concealing use from others, and social isolation. Internet addiction is also correlated with familial, academic, and social functioning (Young, 2007). Those who are addicted to the Internet continue to use it despite the consequences and often feel out of control (Young, 2007). These findings may be of interest to therapists who may need to intervene in adolescent Internet addiction and, specifically, social network use.

Although the symptoms of Internet addiction are more widely researched, social networking addiction symptoms may manifest differently. For instance, adolescent girls may show more withdrawal from face-to-face social communication and may develop a preoccupation with creating or maintaining their online identities. This may be an important future area of research in order to identify possible symptoms of social networking addiction in adolescents. In addition, therapists should examine their own use of the Internet and social network sites specifically, in order to determine the risks of use and common ethical dilemmas.

Therapist Social Media Use

In addition to adolescent use, social networking sites have become popular for adults. It is estimated that 72% of those aged over 18 years maintain a social networking profile and 52% of adults maintain multiple online social networking pages (Lenhart, Purcell, Smith, & Zickuhr, 2010). Therefore, it would be expected that many therapists have profiles for personal use. Although some studies found that established psychologists are less likely to engage in social networking than the general population, other studies found many psychologists are taking part in social media site use. For instance, a recent study surveyed child psychologists and psychologists-in-training and

found that 65% of participants participate in social networking sites (Tunick et al., 2011). This study found that compared to nonusers, social networking participants were younger, more likely to be current students, and spent less time in activities related to supervision and teaching (Tunick et al., 2011). A similar study surveyed doctoral students enrolled in psychology programs and found that 86% of participants under the age of 30 held a personal profile on a social networking site (Taylor et al., 2010). These studies suggest that psychologists-in-training and younger psychologists may be more likely to engage in social networking behaviors, and this may be taking time away from activities related to professional growth. These developing clinicians may need supervision related to social media use that is difficult to find among more established psychologists.

American Psychological Association ethics guidelines do not address social media specifically due to the fact that they were written before this phenomenon took flight (Martin, 2010). Nevertheless, the ethics code addresses electronic communication and psychologists' professional activities (Martin, 2010). These guides can be used to help psychologists decide how to conduct themselves on social media, but could be considered confusing or ambiguous without addressing current issues clearly. Two dilemmas for psychologists may arise when using social networking that have the potential to blur lines between professional and personal domains between clients and clinicians. The first is that clients may discover a psychologist's online profile and attempt to gain access to view personal information (Tunick et al., 2011). One study showed that up to 25% of child psychologists or psychologists-in-training who participate in social networking have had clients request to be "virtual friends" and gain access to their personal pages

(Tunick et al., 2011). Of these, a small percentage accepted and the majority rejected clients' requests (Tunick et al., 2011). Accessing a therapist's profile page could lead to unwanted self-disclosure that may change the nature of the therapeutic relationship. Up to half of child psychologists and doctoral students who maintain social profiles report that there is information on their personal pages that they would not want clients to view (Tunick et al., 2011). The second dilemma that may arise from using social networking occurs in the context of the online behaviors of clients and whether psychologists choose to access clients' personal pages without their consent (Tunick et al., 2011). Therapists who view clients' personal pages may gain access to information that their clients have not disclosed and may be confused about what follow-up actions need to be taken (Tunick et al., 2011). It is important for therapists to think carefully about these situations if they maintain a personal social media account, gain proper supervision on the topic, and prepare for what to do should an ethical dilemma arise.

Social Media Use in Therapy

The American Psychological Association requires that culture be incorporated into treatment in order to meet the guidelines for evidence based practice (American Psychological Association Presidential Task Force on Evidence Based Practice, 2006). It has been argued that adolescence represents a culture with its own set of values, norms, and challenges (Nelson & Nelson, 2010). For this reason, adolescent culture must be integrated into therapy to meet best practice requirements. Many characteristics associated with adolescent culture correlate with social media websites. A common feature of adolescent culture is the value that the use of technology brings to the daily lives of adolescents (Nelson & Nelson, 2010). Another feature is centrality of peer

relationships (Nelson & Nelson, 2010). Thereby, addressing adolescent online behavior and peer relationship issues in treatment with adolescents is an important consideration in order to meet requirements for evidence based practice. Unfortunately, whether therapists ask about social media in session or talk about common issues related to social networking use is largely unknown.

New technology has opened up the opportunity for advancement in mental health interventions and may be another way that therapists can incorporate media into therapy. Mobile applications are now available for symptom assessment, psychoeducation, treatment progress, and much more (Luxton, McCann, Bush, Mishkind, & Reger, 2011). Therapists are able to reach clients via text, video-chat, and audio recordings to deliver anything from a check-in to psychotherapy (Kolmes, 2012). Although these applications are available, the degree to which therapists are making use of them is unknown. Adolescent clients who are more familiar with different forms of communication and technology may be the best candidates for use of these new therapy mediums and might enhance consistency and adherence.

Current Interventions

Interventions aimed specifically at problems related to social networking in adolescent girls are not yet developed; however, interventions targeting Internet addictions or other mental health problems in adolescent girls may provide a model for the future.

Family targets. Targeting family relationships, and communications are some of the possible avenues for intervention for adolescent girls battling an Internet addiction. Parent-child relationships and other family characteristics have been found to correlate

with Internet addiction. Research shows that a good parent-child relationship decreases the risk of Internet addiction among adolescents. Similarly, parent-adolescent conflict and low family satisfaction are correlated positively with levels of adolescent Internet addiction (van den Eijnden et al., 2009). Studies of other kinds of addictions have led researchers to examine parental communication with adolescent Internet addiction. Study results indicated that good quality parental communication about Internet practices could decrease an adolescent's risk for compulsive Internet use (van den Eijnden et al., 2009). It is reasonable to believe that the same results could be found for female adolescent social media use. Parent communication may be important to decrease risks and negative effects associated with social media use.

Cognitive behavior therapy. Empirical research on cognitive behavior therapy (CBT) for treating social media or Internet addictions for adolescents are severely lacking (King, Delfabbro, Griffiths, & Gradisar, 2012). The only random control trial to date investigating the treatment of adolescent Internet addiction showed that group-based CBT decreased Internet use and anxiety, results that were maintained in a 6-month follow-up study (King et al., 2012). This group-based CBT approach included parent training and psychoeducation, and was held in a school-based setting (King et al., 2012).

Interventions for adolescent girls. Psychotherapy needs for adolescent girls are unique compared to interventions that target older or male populations. One modality of therapy that has been found to be effective for adolescent girls is strength-based therapy, which focuses on the empowerment of characteristics such as gender, culture, race, and body image, and helps adolescent girls find their individual strengths (Johnson, 2003). This type of therapy may include teaching adolescent girls social problem-solving skills,

assertiveness, coping skills, negotiation, and self-empowerment (Johnson, 2003). It has been found to decrease the risk of depression, substance abuse, academic failure, and other problematic behaviors (Johnson, 2003). For adolescent females who struggle with mental health problems, this type of therapy may help empower their strengths and help them navigate the barriers of adolescence (Johnson, 2003). It is possible that this type of therapy could be useful in treating adolescent females with problems associated with social media use and consists of possible interventions for therapists who see these clients in the future.

Finally, current research has found that an important component of female adolescent well-being is intimacy with friends and romantic partners (Williams, Connolley, & Segal, 2001). This study found that female adolescents who struggle with establishing healthy intimate relationships with peers and romantic partners may be at higher risk for depression due to drawing negative conclusions, such as "I am unlovable" (Williams et al., 2001). In this case, social media could be used as a positive intervention to increase social benefits and decrease feelings of loneliness. It is possible that females who struggle in this area may have more opportunity to connect to others through a social media outlet. Overall, although interventions for problems associated with social media addiction are not available currently, preexisting models may help therapists working with this population to treat associated issues.

Conclusion

Adolescent social media use, particularly in females, has many implications for psychological treatment. Although the benefits and risks of female adolescent social media use are debated in the research, correlations between social factors, psychological

well-being, and mental health disorders are found in current literature. Therapists who are working with this population should be aware of these correlations and may need to bring the topic of social media into the therapy session to assess for related problems. It is largely unknown what therapists believe about social media use in their adolescent female clients. Similarly, it is unknown how comfortable therapists are in using social media or bringing it up in session. Understanding therapists' attitudes toward an overwhelmingly popular pastime for adolescent clients may lead to better case conceptualizations and better therapeutic relationships with clients. It may also highlight the need for a diagnosis or new interventions for a social media addiction.

Purpose of the Study

Although there is much literature on the possible benefits and risks to social media use, there is little if any research to date on how therapists use this information to treat an adolescent population effectively. How often therapists encounter clients who report problems related to social media use is also unclear. The purpose of the present study was to fill a gap in the research by surveying therapists' opinions and knowledge of the possible impact of social media use for adolescent girls. It also sought to determine the percentage of therapists who encounter problems associated with social media use in adolescent girls, to clarify whether therapists perceive use as a problem. This study intended to provide an understanding of how therapists' knowledge about, attitudes of, and experiences with social media can predict how they address related issues with adolescent female clients. Finally, it sought to provide information about whether therapists use specific interventions to address problems related to social media use, and whether they believe a specific intervention for social media problems is warranted.

Chapter 3: Research Question & Hypotheses

The purpose of the present study was to fill a gap in the research by surveying therapists' opinions and knowledge of general social media use and their attitudes about social media use for adolescent girls. Based on a review of the current literature several hypotheses were proposed:

1. Therapists' overall attitudes about adolescent social media use would be correlated positively with their ratings of experiences of issues their clients have brought up in sessions and their ratings of their attitudes toward personal social media use. This is based on research from social psychology explaining that attitudes are formed by direct personal experiences (Aronson, 2011).
2. (a.) Therapists' overall attitudes about adolescent social media use would be correlated positively with their knowledge of the benefits of adolescent female social networking use. (b.) Therapists' overall attitudes about adolescent social media use would be correlated negatively with their knowledge of the risks of adolescent female social networking use. This is based on research that shows knowledge, either unfavorable or favorable, leads to an attitude heuristic (Aronson, 2011). If a therapist is aware of many benefits of social networking for adolescent girls, he or she is likely to form a favorable impression of social media applications for female clients. Conversely, if a therapist is more aware of the risks associated with social networking for adolescent girls, he or she is likely to form an unfavorable attitude about use for this population.
3. Therapists' use of interventions to target social media problems specifically

would be correlated positively with their knowledge about social media applications and their comfort with targeting social media use in therapy. This is based on the theory that perceived self-efficacy is related to behavior (Aronson, 2011).

4. Therapists' comfort with targeting social media topics in therapy would be correlated positively with their knowledge of social media applications, the ethics surrounding the topic, the risks and benefits of social media use for female adolescent clients, and their personal use of and experiences with social media applications. This hypothesis is based on the theory that knowledge and perceived self-efficacy increases confidence in targeting these topics with clients (Aronson, 2011).
5. Therapists' ratings of experiences of issues their adolescent female clients have brought up in session, personal experiences with social media applications, and overall knowledge of social media applications would predict their overall attitudes of social media use in these clients. This is also based on social psychology research that states that attitudes are derived from personal experiences and self-efficacy, which is theorized to be predicted in part by knowledge (Aronson, 2011).
6. Therapists' overall knowledge about social media applications and their comfort with targeting social media issues in therapy would predict therapists' use of therapy interventions that target social media problems specifically. This is based on the theory that perceived self-efficacy predicts use of interventions (Aronson, 2011).

7. Therapists' use of social media applications and their knowledge of social media applications, ethics surrounding the topic, and the current risks and benefits of social media use for female adolescent clients would predict therapist comfort with targeting social media topics in therapy. This hypothesis is based on the theory that knowledge and perceived self-efficacy predicts confidence in targeting these topics with clients (Aronson, 2011).
8. Therapists' frequency of social media use would predict their overall attitudes of social media use for adolescent girls and use of social media interventions in session with their clients. This hypothesis is based on the principle that behavior and attitudes are correlated. Social psychology teaches that when humans are unsure of their attitudes, they look to their behaviors to determine what they think about a particular topic, which, in turn, determines their behaviors (Aronson, 2011).

Chapter 4: Method

Participants

Participants in this study included 98 psychology practitioners who worked directly with adolescent girls within the past 12 months. Participants included therapists, behavior specialists, practicum students, and interns. For the purposes of this study a therapist was defined as a professional holding a master's or doctoral degree in psychology who currently sees clients in an outpatient, residential, or inpatient setting. A psychology practicum student was defined as any student enrolled in a psychology doctoral program who currently works with clients in a practicum position. A psychology intern was defined as any student enrolled in a psychology doctoral program who currently works with clients in a predoctoral psychology internship position.

Inclusion criteria. In order to have been included in this study, participants must have worked with adolescent girls aged 13 to 17 within 12 months of their participation, and must hold a minimum of a master's degree or had been working as a practicum student for a master's degree in psychology.

Exclusion criteria. People who have not worked with adolescent girls within 12 months of their participation, have not earned a minimum of a master's degree in psychology, or were not a practicum student working toward his or her master's degree were excluded from participation.

Participant demographics. Descriptive statistics of participant demographics are provided in Table 1. A total of 112 participants were recruited. Of these participants, 14 were removed for not meeting the inclusion criteria. The average age of the participants was 32.5 years ($SD = 7.4$). Participants varied in professional setting and

experience with the population. A large majority of the participants were Caucasian and female. Regional demographics were not gathered; however, a large proportion of participants are expected to have come from the Philadelphia region, as the survey was distributed largely to surrounding mental health organizations.

Table 1

Participant Demographics

Characteristic	N	%
Sex		
Female	84	85.7
Male	14	14.3
Race		
Caucasian	80	81.6
African American	7	7.1
Hispanic	6	6.1
Indian/Asian Pacific	3	3.1
Other	2	2
Reported Profession/Title		
Doctoral Student of Psychology	27	27.6
LPC	21	21.4
Therapist	18	18.4
Counselor	13	13.3
Psychologist	10	10.2
Other	9	9.2

Reported Work Setting		
Outpatient	39	40.2
Residential	24	24.7
Inpatient	14	14.4
School	12	12.4
Other	8	8.2
Reported Length of Time Working with Adolescent Females		
< 1 year	9	9.4
1 year	12	12.5
2-5 years	43	44.8
5-10 years	18	18.8
≥ 10 years	14	14.6
Reported Percentage of Adolescent Female Clientele in Past 12 Months		
< 25% (a few)	29	30.2
25-50% (a sizeable proportion)	28	29.2
50-75% (a majority)	31	32.3
75-100% (mostly)	8	8.3

Recruitment

An e-mail was sent to clinicians across the country detailing the purpose of the study with a request to participate. The survey was e-mailed to therapists, psychology practicum students, and psychology interns. Initially, clinicians were recruited through a national behavioral health organization; however, after a few months when it seemed this population had been exhausted, clinicians were recruited more broadly through local psychiatric hospitals and universities, and online through social media websites to allow for a wider range of participants.

Measures

A survey of therapists' attitudes and knowledge regarding female adolescent social media use was created for use in this study. Sections of this survey included demographic information; therapists' personal social networking use experiences; client social network use experiences that have been brought up in session; knowledge of social media applications, risks, benefits, and ethics on the topic; and attitudes regarding female adolescent social networking use. This 41-item survey measured responses using Likert scales and multiple-choice options. Demographic information and some of the items from the survey were constructed based on recent Pew research study that surveyed United States adolescents about their social media habits. Unfortunately, as no survey has been generated to date that targets this specific subject matter, the researcher constructed the majority of the survey.

Therapists' attitudes toward social media use for adolescent girls and their attitudes toward personal social media use were measured by asking participants to rate their overall attitudes on a scale of 1 to 6. Similarly, therapists' experiences with

discussing social media issues with clients in sessions were measured by asking participants to rate discussions they have had with their clients about problems related to social media use on a scale of 1 of 6. These three questions were rated from 1, representing a very negative response, to 6, representing a very positive response. Their responses were averaged into one score. In addition, therapists' personal experiences with social media were measured by asking participants with which social networking sites they have had experiences. This was converted to a score of 1, representing "yes," and 0, representing "no." These ratings were added to create a total score. Therapists' social media use was measured by asking how frequently they access social media applications on a scale of 1 (less often than one time per week) to 6 (almost constantly).

Therapists' knowledge of the risks and benefits of social media use for adolescents was measured by a score derived from being able to correctly choose benefits or risks of social media use (as identified by the current literature) from a list of 15 options. Therapists' knowledge of American Psychological Association ethics was derived from overall knowledge of the topic on a scale of 1 (very unfamiliar) to 6 (very knowledgeable). Therapist's knowledge of social media applications was measured by their overall knowledge of popular social media applications on a scale of 1 (very unfamiliar) to 6 (very knowledgeable). Therapists' use of interventions to specifically target issues related to social media in session was measured by asking if they use interventions for specific problems and how often on a scale of 1 (never) to 5 (always). For each problem, the therapist was given a point if he or she endorsed using an intervention; points were then totaled. Finally, therapists' comfort levels in regard to conversing with clients about problems related to social media use and discussing risks

and benefits with clients were each rated on scales from 1 (very uncomfortable) to 6 (very comfortable).

Research Design

This study utilized a cross-sectional web-survey design. This method was chosen because it allowed the researcher to gain insight into current knowledge and attitudes of therapists regarding social media use in adolescent girls. This survey method was also chosen because it allowed the researcher to reach a larger sample of participants, thereby increasing the statistical power.

Procedure

Survey Monkey was used to administer this survey. An e-mail with an invitation to participate in the survey was sent initially to therapists through clinical directors at one national behavioral health organization. When this population was exhausted, therapists were recruited through local graduate programs, local psychiatric hospitals, and Facebook. The e-mail provided the purpose of the study and inclusion criteria. The e-mail also provided information about any benefits or risks of choosing to participate in the study. Participants were informed in the e-mail that their participation was completely voluntary and they could choose to decline or to stop the survey at any time with no penalty. Participants were also informed that taking part in the study would allow them to enter their e-mail for a chance to win an e-gift card. The e-mail contained a link that directed participants to the survey. Additionally, the same information provided in the e-mail was posted on Facebook with the link to the survey in order to recruit a wider range of clinicians. Data collected from the survey were then transferred to SPSS. It was analyzed and stored electronically.

At the conclusion of the survey, participants had the option to copy and paste a link into their browsers that took them to a new survey. This new survey asked participants if they would like to provide their e-mail addresses to enter to win a 100 dollar e-gift card. This survey was not linked to any information entered in the previous survey to ensure that all survey answers remained anonymous. After all data were collected, a random number generator was used to choose a winner. The winner was contacted with the code to his or her e-card and all others were notified that they did not win and were thanked for their participation.

Chapter 5: Results

Analytic Plan

In order to determine an adequate sample size to have good statistical power, a priori analyses were conducted using G*Power. It was determined that in order to reach .80 power with an alpha set at .05, approximately 100 participants would be needed for the study sample. Demographic variables were analyzed with frequency distributions in order to describe the sample. Two statistical analyses were then run to test the research hypotheses. SPSS statistics software was used to run all statistical analyses. To test hypotheses 1 through 4, bivariate correlations were conducted with Pearson r . This test determines the degree to which variables are related to each other and share common variance. In order to test hypotheses 5 through 8, bivariate correlations were first conducted in order to determine significant relationships between variables. Based on the results of the correlations and meeting the required assumptions, regressions were used to determine whether variables with significant relationships significantly predicted the outcome. Hypotheses 5 and 7 were tested using a simple regression. Hypothesis 6 was tested with a multiple regression. The preliminary bivariate correlation determined that hypothesis 8 had no significant relationships between variables, so no regression was necessary.

Regression analyses have assumptions that need to be met before a conclusion could be drawn about the population. First, a multiple regression analysis assumes no perfect multicollinearity between variables (Field, 2009). To test for multicollinearity SPSS was used to find the variance inflation factor (VIF), which indicates whether a predictor has a strong linear relationship with another predictor (Field, 2009). If the VIF

is substantially greater than 1, that predictor will be removed from the regression analysis. Another assumption of a multiple regression is homoscedasticity of residuals (Field, 2009). Residuals were examined and plotted in SPSS to test for evidence that the level of error within the model was acceptable. The Durbin-Watson test was conducted to test the assumption of independent errors. Finally, outliers were tested by using a scatterplot. If extreme outliers were found to be affecting the mean of the sample, they were removed and highlighted in the discussion section.

Preliminary Analyses

Participant social network use. Descriptive statistics of participant social network use are provided in Table 2. A majority of participants reported they had a social network profile. Of these, more than 60% stated they accessed their profiles several times per day, with over 85% stating that they access their profiles at least once per day. Over one third of participants reported that clients had attempted to gain access to their personal pages; however, only 2% reported they knowingly allowed access to a client. Conversely, almost 20% of participants admitted to accessing a client's profile without his or her consent or knowledge, and 12.5% reported to accessing a client's page with the client's consent and knowledge.

Table 2

Participant Social Network Use

Question	<i>N</i>	%
Do you have a social network profile?		
Yes	85	96.6
No	3	3.4
How often do you access your social network profile?		
Almost constantly	4	4.2
Several times per day	53	55.8
About once per day	24	25.3
Several times per week	7	7.4
One time per week	3	3.2
Less often	4	4.2
To your knowledge, have you ever had a client access or attempt to access your personal page?		
Yes	33	37.5
No	55	62.5
Have you ever knowingly allowed a client to access your personal social networking page?		
Yes	2	37.5
No	86	62.5
Have you ever accessed a client's social network profile?		
Yes, with consent and knowledge	11	12.5
Yes, without consent and knowledge	17	19.3
No	60	68.2

Social network use/discussion in therapy. Descriptive statistics of participant answers to questions about social network discussions in therapy sessions and therapeutic implications are shown in Table 3. A large majority of participants (96.8%) reported that they have encountered clients with problems associated with social network use. A large majority reported that there is a need for interventions targeting a social media addiction in the adolescent girl population; however, only 17.5% believed that a diagnosis of social media addiction is warranted, whereas 55% were unsure and 27.5 believed that a diagnosis not needed. Only 16.7% of participants stated they have used a social network medium as a tool in therapy.

Table 3

Social Network Use/Discussion in Therapy

Question	N	%
Have you encountered patients with problems associated with social network use?		
Always	0	0
Often	36	38.3
Sometimes	41	43.6
Seldom	14	14.9
Never	3	3.2
Have you ever used social network mediums as a tool in therapy?		
Yes	14	16.7
No	70	83.4

Do you believe there is a need for a specific diagnosis of social media addiction?		
Yes	14	17.5
No	22	27.5
Unsure	44	55
Is there a need for interventions targeting a social media addiction in adolescent girls?		
Yes	72	88.9
No	0	0
Unsure	9	11.1

Hypothesis 1

It was hypothesized that therapists who have a more positive overall attitude about social media use for adolescent girls would rate their experiences with issues their clients have brought up in sessions as more positive and also have more positive attitudes toward personal social media use. Pearson r correlation analyses showed that overall attitude about female adolescent social media use was related significantly to overall attitude toward personal social media use ($r = .53, p < .01, n = 89$). Overall attitude about female adolescent social media use was not found to be related to ratings of experiences of issues clients have brought up in session, ($r = -.06, p = .60, n = 80$).

Hypothesis 2

Hypothesis 2a stated that therapists who have a more positive overall attitude about adolescent social media use for adolescent girls would also have more knowledge of the benefits of adolescent female social networking use. Conversely, hypothesis 2b

stated that therapists who have a more negative overall attitude about adolescent social media use would have more knowledge of the risks of adolescent social media use. As this set of hypotheses examined the relationship between variables, bivariate correlations were conducted. Pearson r correlation analyses showed a significant positive relationship between overall attitude toward social media use and knowledge of the benefits of adolescent female social networking use ($r = .25, p < .02, n = 79$). Results did not show a significant relationship between overall attitude about social media use and knowledge of the risks of adolescent social media use ($r = -.11, p < .32, n = 83$).

Hypothesis 3

It was hypothesized that therapist knowledge of social media applications and comfort with targeting social media use in therapy would be related positively to their use of therapy interventions to target social media problems specifically. Results showed a positive relationship between knowledge of social media applications and use of therapy interventions to target social media problems specifically ($r = .23, p = .04, n = 81$). Similarly, results showed a positive relationship between therapist comfort and use of therapy interventions to target social media problems specifically ($r = .24, p = .03, n = 81$).

Hypothesis 4

The fourth hypothesis stated that therapists who are more comfortable with targeting social media topics in therapy would have more knowledge about social media applications, the ethics surrounding the topic, and the risks and benefits of social media use for female adolescent clients. It also stated that therapists who are more comfortable with targeting social media topics in therapy would use social media applications more

often and have more experience with social media applications. Results found that frequency of social media use was the only variable that had a significant relationship with therapists' comfort ($r = .26, p = .02, n = 85$). Therapists' overall knowledge ($r = .21, p = .06, n = 80$) as well as their knowledge of ethical practices related to social media use ($r = .02, p = .89, n = 79$), knowledge of current risks ($r = .12, p = .29, n = 80$), knowledge of current benefits ($r = -.12, p = .31, n = 76$), and experience with social media applications ($r = -.06, p = .61, n = 84$) did not have statistically significant relationships with comfort targeting social media topics in therapy. Results of correlations for hypotheses 1 through 4 can be found in Table 4.

Hypothesis 5

It was hypothesized that therapists' ratings of experiences of issues their adolescent female clients have brought up in sessions, personal experiences with social media applications, and overall knowledge of social media applications would predict their overall attitudes of social media use in clients. Preliminary bivariate correlations were conducted to test relationships between variables. Personal experiences with social media applications was the only variable found to have a significant relationship with overall attitude of social media use in adolescent girls ($r = .29, p < .01, n = 87$). Ratings of experiences of issues adolescent female clients have brought up in sessions ($r = -.01, p = .92, n = 80$), and overall knowledge of social media applications ($r = .11, p = .35, n = 83$) did not have clinically significant relationships with overall attitude of social media use for adolescent girls. As such, a simple linear regression, found in Table 5, was calculated to test whether personal experiences with social media applications predict therapists' overall attitudes of social media use in adolescent girls.

Table 4

Correlations between Exploratory Variable

	1	2	3	4	5	6	7	8	9	10	11	12
1. Attitude Adolescent SM Use	1.00											
2. Rated Discussions	-.01	1.00										
3. Attitude Personal SM Use	.53**	-.06	1.00									
4. Current Risks	-.11	.08	-.22*	1.00								
5. Current Benefits	.25*	.06	.22*	.18	1.00							
6. Use of Interventions	.02	.55**	.04	.12	.06	1.00						
7. Knowledge of SM Applications	.11	.12	.21	-.07	.00	.23*	1.00					
8. Therapist Comfort	-.06	.16	.00	.12	-.12	.24*	.21	1.00				
9. Knowledge of Ethics Related to SM Use	.11	.14	.17	-.02	.18	.15	.07	.02	1.00			
10. Experience with SM Applications	.29**	.02	.11	-.05	.04	.20	.37**	-.06	.00	1.00		
11. Frequency of SM Use	.08	.03	.35**	.06	.00	-.11	.21	.26*	-.08	-.10	1.00	
12. Use of SM in Therapy	.28**	.22	.13	.16	.20	.24*	.07	.31**	.26*	.01	.04	1.00

 $p < .05$ * $p < .01$ **

Table 5

Linear Regression Analysis for Variable Predicting Therapists' Overall Attitudes of Social Media use in Adolescents

	b	SE B	β	P
Constant	2.72	.22		.00
Personal Experiences with Social Media Applications	.18	.07	.29	< .01**

$p < .01$ **

A significant regression equation indicated that the predictor accounted for 8% of the variance ($F(1,85) = 7.57, p = <.01, R^2 = .08$). It was found that that personal experiences with social media applications significantly predicted therapists' overall attitudes of social media use in adolescent girls ($b = .18, p = <.01$). The Durbin-Watson test was conducted to test the assumption of independent errors and was calculated at 1.73, suggesting that multicollinearity is not biasing the model.

Hypothesis 6

It was hypothesized that therapists' overall knowledge of social media applications and their comfort with targeting social media issues in therapy would predict their use of therapy interventions that target social media problems specifically.

Preliminary bivariate correlations were conducted to test relationships between variables.

A significant relationship was found between overall knowledge of social media applications and use of therapy interventions that target social media problems specifically ($r = .23, p = .04, n = 81$). Similarly, a significant relationship was found between therapists' comfort targeting social media issues in therapy and use of therapy

interventions that target social media problems specifically ($r = .24, p = .03, n = 81$).

Therefore, a multiple linear regression was performed to determine whether therapists' use of therapy interventions that target social media problems specifically is predicted by their overall knowledge of social media applications and comfort targeting social media issues in therapy. Table 6 shows the results of the regression indicated the two predictors accounted for 10% of the variance ($F(2,75) = 4.20, p = .02, R^2 = .10$); however, although the model was found to be significant, overall knowledge of social media applications was not found to be a significant predictor of use of therapy interventions that target social media problems specifically ($b = 1.16, p = .08$). Similarly, therapists' comfort targeting social media issues in therapy was not found to be a significant predictor of use of therapy interventions that target social media problems in therapy specifically ($b = 1.20, p = .07$). The Durbin-Watson test was conducted to test the assumption of independent errors and was calculated at 1.55. The VIF was calculated at 1.05 and the assumption of multicollinearity was upheld. A post-hoc analysis revealed limited power because of the modest sample size in the study, which may have affected the results of this hypothesis ($f_2 = .11, \text{power} = .73$).

Table 6

Regression Analysis for Variables Predicting Use of Therapy Interventions that Target Social Media Problems Specifically

	B	SE B	β	p
Constant	-5.13	4.14		.22
Overall Knowledge of Social Media Applications	1.16	.66	.20	.08
Therapist Comfort	1.20	.64	.21	.07

Hypothesis 7

It was hypothesized that therapists' overall knowledge of social media applications, ethics surrounding the topic, and risks and benefits of social media use for female adolescent clients, as well as their own use of social media applications would predict therapist comfort with targeting social media topics in therapy. Preliminary bivariate correlations showed a significant relationship between frequency of social media use and therapist comfort with targeting social media topics in therapy ($r = .26, p = .02, n = 85$); however, no significant relationships were found between therapist comfort targeting social media topics in therapy and overall knowledge of social media applications ($r = .21, p = .06, n = 80$), knowledge of ethics surrounding the topic ($r = .02, p = .89, n = 79$), knowledge of current risks ($r = .12, p = .29, n = 80$), or knowledge of current benefits ($r = -.12, p = .31, n = 76$). A simple linear regression was performed to determine whether frequency of social media use predicts therapists' comfort targeting

social media topics in therapy. As shown in Table 7, a significant regression equation indicated that the predictor accounted for 7% of the variance ($F(1,83) = 5.76, p = .02, R^2 = .07$). It was found that that frequency of social media application use significantly predicted therapists' comfort targeting social media topics in therapy ($b = .20, p = .02$). The Durbin-Watson test was conducted to test the assumption of independent errors and was calculated at 1.92, indicating that multicollinearity is not biasing the model.

Table 7

Linear Regression Analysis for Variable Predicting Therapists' Comfort Targeting Social Media Topics in Therapy

	b	SE B	β	p
Constant	4.38	.37		.00
Frequency of Social Media Use	.20	.08	.26	.02*

* $p < .05$.

Hypothesis 8

It was hypothesized that therapists' frequency of social media use would predict their overall attitudes toward social media use for adolescent girls and their use of social media as a tool in therapy. Frequency of social media use was not found to have a significant relationship with overall attitudes toward social media use for adolescent girls ($r = .08, p = .47, n = 88$), nor was it found to have a significant relationship with use of social media interventions in sessions with clients ($r = .04, p = .69, n = 84$). Therefore, no further analyses were performed.

Other Significant Correlations

Significant correlations can be found in Table 4. Notable findings that were not discussed within the scope the hypotheses were found between variables. Besides the variables that were discussed previously, therapists' overall attitude of social media use for adolescent girls was found to be related to use of social media as a tool in therapy ($r = .28, p = .01, n = 83$). Results showed other variables related to use of social media as a tool in therapy included use of therapy interventions that target social media issues specifically ($r = .24, p = .03, n = 81$), therapists' comfort targeting social media topics in therapy ($r = .31, p < .01, n = 80$), and therapists' knowledge of ethical practices as they relate to social media ($r = .26, p = .02, n = 82$). Finally, use of therapy interventions that target social media issues specifically was found to be related to ratings of experiences of issues clients have brought up in sessions ($r = .53, p < .01, n = 89$).

Chapter 6: Discussion

This study set out to explore therapists' current knowledge of, attitudes toward, and experiences with social media use for their adolescent female clients. The results of this study were expected to reveal how these variables predict how therapists address these issues with this population and whether they choose to use social media interventions in treatment. Results of this study were also expected to support the development of social media interventions and assessment tools in order to determine whether social media use is causing a significant problem for a specific client.

Implications of Results

This study was exploratory and results of the descriptive statistics provide information that can help therapists and future researchers understand patterns of social media use and ethical problems that may arise between therapists and clients. For instance, 37.5% of participants stated that they have had clients attempt to gain access to their personal social media profiles. This percentage is higher than what has been demonstrated in previous literature, which found that 25% of therapists reported clients had attempted to gain access to their personal social network pages (Tunick et al., 2011). Only 2.3% admitted to knowingly allowing a client access to their profiles, which suggests that therapists are generally aware of the potential for clients to see or at least attempt to see their personal information and know what to do and how to address the matter in therapy should it arise. Results also found that 31.8% of participants reported they have accessed clients' social media profiles. Of these, 60.7% stated they did so without the client's consent and knowledge. A research study found that up to 25% of graduate students in professional psychology training programs had "Googled" their

clients (Asay & Lal, 2014). Although social media pages are often public, these searches highlight an interesting ethical dilemma for therapists: By searching clients on the Internet, a therapist may gain access to information the client did not want him or her to know and now may have a different conceptualization of the client. Conversely, however, the therapist might discover valuable information that could potentially help the client remain safe. Although the American Psychological Association does not address social media directly, they urge therapists to examine their current overarching guidelines that may be related. One such topic in the Ethics Code is multiple relationships. The Ethics Code states that a psychologist should not be in a professional and non-professional role simultaneously with the same person (Knapp & VandeCreek, 2012). When a client is given access to a therapist's social media page, many argue the client is given access into the personal realm of the therapist's life, thereby entering into a multiple relationship (Bratt, 2010). Any information the client accesses on the therapist's social network page may be seen as a self-disclosure, which blurs the boundaries of the relationship further. Another issue that is discussed by in the Ethics Code is confidentiality. Communication through social networks increases the risk for confidentiality breaches (Bratt, 2010). The American Psychological Association also states that clients have a right for autonomy, which is violated when a therapist searches for information on the Internet without his or her client's consent and knowledge (Tunick et al., 2011). Finally, searching for a client's social media page may lead to legal and ethical liability if a therapist happens across information to which he or she would not otherwise be privy. This may lead to the need for mandated reporting, duty to warn, and other ethical and legal obligations (2011).

Ethics surrounding this topic is still unclear and needs to be addressed in order to protect both clients as well as clinicians. Graduate students in a study conducted by Asay and Lal (2014) reported they had concerns about making ethical decisions about online social networks. Results of the study found that half of participants reported discussing Internet issues in their graduate programs and one quarter stated they had discussed them at their training sites (Asay & Lal, 2014). In the current study, nearly half of participants reported that they believed they were very knowledgeable or moderately knowledgeable about ethical practices as they relate to social networking use, approximately 25% said they believed they were anywhere from somewhat unfamiliar to very unfamiliar about ethical practices, and approximately half stated they had received ethical training related to social media etiquette as a clinician. Of those who reported training, 69% stated they received training as part of an ethics course in their graduate work and approximately 25% stated their ethical training was part of an orientation course at their workplaces. Results of this study are similar to current literature and if the sample had consisted solely of graduate students, there may have been even higher percentages of participants who believed they were knowledgeable and who had received ethical training. Nevertheless, consistent with previous research, this study seems to support that ethical training has not completely caught up to the technology and possible ethical pitfalls of social media and there may soon be a time where American Psychological Association guidelines and/or laws need to address the issues surrounding this topic.

Results of the study showed that the vast majority of participants (96.8%) stated they have encountered clients with problems related to social media use. Although a majority of participants believed there was a need for interventions to address a social

media addiction in adolescent girls (88.9%), only a small percentage of participants believed a diagnosis of social media addiction was warranted (17.5%). The majority of participants stated that they were unsure whether a social media addiction is necessary (55%). One explanation for this is that more education and research is needed on the possibility of social media addiction or other social media related disorder. A recent study found that the amount of “likes” on Instagram pictures led to neurological changes in adolescents and, subsequently, led to behavioral changes (Sherman, Payton, Hernandez, Greenfield, & Dapretto, 2016). This study found that the adolescent was more likely to say he or she liked a photo and his or her neurological reward center responded more when a picture had more “likes,” even when it was portraying risky behaviors (Sherman et al., 2016). Another recent study showed significant correlations between frequency of social media use and diagnostic criteria for Internet addiction in adolescent girls (Muller et al., 2016). Loss of control and preoccupation with use were two of the variables that were correlated to frequency of use (Muller et al., 2016). Another important finding of this national study was that adolescents who met criteria for Internet addiction also showed higher levels of psychological distress (Muller et al., 2016). Although the present study showed mixed opinions regarding whether therapists believe a diagnosis of social media addiction is warranted, the overwhelming majority of participants in this study recognize the need for interventions aimed at this problem for adolescent females.

There is not much research to date on therapists' attitudes about social media use for their clients or how it may relate to their own personal use of social media, their discussions of social media in sessions, or how they use social media as a tool in session.

The first hypothesis found that overall attitude about female adolescent social media use was related significantly to overall attitude toward personal social media use. Similarly, hypothesis 5 found that personal experiences with social media applications significantly predicted therapists' overall attitudes of social media use in adolescent girls. These findings could suggest that personal experiences and personal attitudes toward social media use may have an impact on how therapists view the use of these applications for their clients or vice versa. Therapists who had more experiences with social media applications rated their attitudes of social media as more favorable for their adolescent female clients. Similarly, therapists who had more favorable attitudes toward personal social media use had more favorable attitudes toward social media use for their adolescent female clients. Therapists are trained to be aware of their personal biases that may impact how they counsel their clients. Opinions and attitudes around topics such as religion, sexuality, socioeconomic status, and politics are discussed at length in ethics courses as being potential areas for bias. The results of this study may suggest that therapists' personal attitudes about social media use may be another area about which they should be aware before discussing the topic with clients.

Although research has begun to recognize that it is important for therapists to have knowledge of social media and possible impacts for their clients, a review of the literature revealed no research that looked at how knowledge of the risks and benefits of social media use impacted therapists' attitudes or behaviors surrounding social media in therapy. Hypothesis 2a stated that therapists who have a more positive overall attitude about adolescent social media use for adolescent girls would also have more knowledge of the benefits of adolescent female social networking use. Conversely, hypothesis 2b

stated that therapists who have a more negative overall attitude about adolescent social media use would have more knowledge of the risks of adolescent social networking use. A significant relationship was found between overall attitude about adolescent social media use and knowledge of the current benefits associated with social media use for adolescent girls; however, a significant relationship was not shown between overall attitude about adolescent social media use and knowledge of the current risks associated with social media use for adolescent girls. An explanation for this finding may relate to the way risks and benefits were measured in this study, which may have served as a limitation. In general, many of the participants chose almost all of the options as risks, which may have overestimated the correct score for risks. Nevertheless, results of this hypothesis may suggest that attitudes can be influenced by knowledge of risks or benefits of social media use. Therapists who were more aware of some of the benefits seemed to have more positive attitudes toward social media use. Research about social media risks and benefits is still new and, in general, this study showed that therapists still do not seem to know all the risks and benefits of social media that could affect their clients. More accurate information about how social media could be impacting their clients' mental health is important for therapists so they can accurately conceptualize and treat clients' presenting problems.

Results of the third hypothesis showed a positive relationship between knowledge of social media applications and use of therapy interventions to target social media problems specifically and between therapist comfort with targeting social media topics in therapy and use of therapy interventions to target social media problems specifically. This may suggest that increasing therapists' knowledge of social media applications or

their comfort with targeting social media topics could increase the likelihood that they would use interventions to target social media problems in therapy. Similarly, hypothesis 6 stated that therapists' overall knowledge of social media applications and their comfort with targeting social media issues in therapy would predict their use of therapy interventions that target social media problems specifically. Both variables were found to have significant relationships with use of therapy interventions that target social media problems specifically, and although neither was found to be a significant predictor of use of interventions, both approached significance. Another variable that was found to be related to therapists' use of therapy interventions that target social media problems specifically was ratings of experiences of issues clients have brought up in session. This may suggest that positive conversations with clients might lead to more conversations.

Perhaps related, the fourth hypothesis found that therapists' frequency of social media use had a significant relationship with their comfort targeting social media topics in therapy. Additionally, hypothesis 7 found that frequency of social media use significantly predicted therapists' comfort with targeting social media topics in therapy. This may suggest that therapists who spend more time on social media are more comfortable discussing problems related to social media use with their clients. Some explanations for this may be that they believe they are able to relate to their clients' online struggles or that they have the experience needed to discuss the applications with their clients comfortably. Many variables that were expected to be related to therapists' comfort with targeting social media topics in therapy, such as knowledge of applications, knowledge of ethics surrounding the topic, and knowledge of risks and benefits, were not significant in this study. This study showed that comfort was related to variables that

involved use of social media rather than variables related to knowledge. Future research should explore this relationship further to determine whether there are other variables that could be more likely to make therapists feel more comfortable bringing up these issues with their clients. Social media could be considered an issue that is related closely to teenage culture. Therefore, it is important to understand the variables that make therapists culturally competent when working with this population.

Another significant finding of the current study was related to therapists' use of social media as a tool in therapy. To date, literature has examined web-based services for mental health disorders as well as the positive impacts of social media for mental health disorders, but has yet to examine how to use social media in therapy as an effective tool. Because social media is such an integral part of adolescent culture, using applications in therapy may be a way to help the adolescent become more engaged in the therapeutic process. The 14 participants who reported using social media as a tool in therapy rated their experience using a 1 to 6 Likert scale with a mean of 5.1. In fact, no participant rated his or her experience lower than a 4 on this scale, which corresponded to "Slightly Positive." The most popular forms of social media used in therapy were "applications" and "Facebook." Participants reported using these tools in therapy for self-esteem building, psychoeducation, communication, social skills training, and behavioral experiments. The results of this study seem to indicate that using social media as a tool could be beneficial for adolescent girls, and a future direction for research may be to examine this more closely.

Once again, the research on social media use is still very new. Therapists, researchers, teachers, and parents are still learning how to use these applications, as well

as learning the impact they could have on children and adolescents. These findings suggest that as knowledge and comfort of the application grow, so does the likelihood that a therapist will choose to use a social media intervention should an issue arise with a client. As more research indicates that such interventions are warranted, this finding may suggest that more education and training should be provided to therapists in order to increase knowledge of social media applications and level of comfort addressing social media topics in therapy. Such education and training should lead to increased use of interventions and social media as a tool in therapy. As outlined previously, the current study found that roughly half of participants stated they had received some training on social media etiquette, and reported an ethics course to be the most common source of their training. Current literature on the topic suggests continuing education classes in ethics that address issues created by the growth of the Internet (Taylor et al., 2010). Ethics, however is not the only area in which it may be important to educate therapists, and assessment and diagnosis may be where both literature and education are lacking. Until the *DSM* recognizes a social media addiction as a disorder, this topic will most likely be ignored in graduate training classes. Nevertheless, the body of research regarding how social media affects the mental health of adolescents is growing, and the effects of social networking use and a basic knowledge of applications may soon be areas that need to be addressed in graduate classes and continuing education classes in order to produce clinicians who are competent in these areas.

Limitations

Despite important findings, a number of limitations should be considered. A major limitation of the study is that it is cross-sectional, only capturing therapists'

knowledge, attitudes, and experiences at one point in time. Trends in social media use continue to change, and the results of this study may not be as relevant in the near future. New social media applications lose and gain popularity quickly; therefore, the information on Facebook, SnapChat, and other social media sites and applications may not be relevant to adolescent females in coming years. Research has not been able to keep up with how quickly this topic changes and grows, but social media is extremely relevant to the adolescent culture and so effects and uses must be addressed despite this inherent limitation.

Another limitation of the study is the survey used to gather information. Due to the limited research available on the topic, surveys that have been validated in other studies were unavailable. Therefore, the survey used was being piloted specifically for this study and does not have prior reliability or validity. Cultural research was also limited for this study. Research shows that social media use is different across races and cultures. This study did not address this matter specifically, which may be important in fully understanding the effects of social media use on females who are of different races and cultures.

In the future, a better measure of knowledge of risks and benefits may be helpful to accurately assess how this could impact therapists' attitudes or even predict behaviors. Participants were asked to choose the risks or benefits and scored based on how many of the correct risks and correct benefits they were able to identify. They were not, however, penalized for identifying incorrect risks or incorrect benefits. In general, it seemed that many participants overestimated the risks while underestimating the benefits of social media use, which may have skewed results (see Appendix for a list of risks and benefits

associated with social media use). Another problem with the measure used for knowledge of risks and benefits was that it was based on the findings of current literature. As the literature is changing rapidly, what was thought to be a risk or benefit last year may no longer be a risk or benefit, or there may be more identified risks or benefits that participants did not get credit for identifying because the literature had not yet examined and labeled them as such at the time of this study's literature review. A more accurate way to measure therapist knowledge could improve future studies greatly. Another limitation of the survey was the wording of the question asking about social media as a tool in therapy. This was not a main focus of the study, but an interesting finding was that a significant portion of participants seem to be using social media and having positive results in doing so. Specifically, a limitation was that words such as "applications" and "therapy app tool" did not provide enough detail to define clearly what tools therapists were using and how they were using them.

Another limitation of the current study was statistical power. Preliminary statistical analyses found that in order to reach .80 power with an alpha set at .05, approximately 100 participants would be needed for the study sample. Although 112 participants were recruited, not every participant completed every question of the survey; therefore, the sample for each question was closer to 85 participants. Thus, in some analyses power may have been the reason for lack of significant findings, especially when findings approached significance.

Implications for Future Research

Current research examining social media and its clinical implications is limited and there are many directions in which to expand the literature. Future research could

help clinicians better understand the effects of social media use on adolescents and aid them in delivering appropriate treatment for these issues. Recently, research has looked at social media addictions, symptoms in adolescents, risks and benefits of social media use, and personality traits that put adolescents at risk. As the phenomenon of social media continues to grow and change rapidly, research will need to continue scrutinizing these areas while also expanding to different applications, addressing differences in cultures, and following the current generation of adolescents into adulthood to see how an adolescence spent on the Internet impacts adulthood.

This study looked at variables related to therapists' comfort targeting social media topics in therapy and was only able to find a few variables with significant relationships. This study also found significant variables related to use of therapy interventions to target problems related to social media specifically, such as knowledge of social media applications. Research could expand on the current study by finding other related variables to determine what if any variables are able to determine cultural competence in this area and what variables lead to therapists' use of interventions to treat problems related to social media, such as a social media addiction. Future research could expand on the current study by reaching a larger number of participants across a larger geographical region. Literature has determined that social media trends are different based on socioeconomic status, gender, and ethnicity. This study was unable to look at a diverse group of participants and it would be helpful to determine how different groups access social media and if the effects are different for various populations.

Future research could also target more specific problems related to social media and gather more detailed information surrounding areas such as cyberbullying,

depression, social anxiety, narcissism, and other diagnoses or problems. Learning more about therapists' knowledge of these specific topics may further aid in treatment targets and proper assessment of adolescents. Expanded knowledge on this topic could lead to more interventions for adolescent girls with problems related to social media. It could also help psychologists become better advocates for teens surrounding issues related to social media. Finally, an aim of future research should be to look at how empirically-based interventions can be used for the treatment of adolescent girls who have been affected negatively by social media use. It is possible that evidenced-based treatments such as cognitive behavioral therapy could be modified to specifically target the cognitions and behaviors that could lead to mental health problems in adolescent girls. This could decrease problems related to social media use with adolescent girls.

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Appendix

List of Social Media Risks and Benefits for Adolescent Girls**Social Media Risks as Found by Current Literature:**

- Cyberbullying
- Diminished communication within households
- Narcissism
- Internet addiction
- Diminished school performance
- Depression

Social Media Benefits as Found by Current Literature:

- Lowered Depression
- Decreased Loneliness
- Increased Social Skills
- Increased Social Involvement
- Increased Sense of Belonging
- Increased Social Bonds Between Users