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COMMENTARY

Navigating Your Social Media Presence: Opportunities and Challenges

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Social media use is on the rise. With a 10-fold increase in use over the last decade, it is estimated that over 69% of adults now use social media on a regular basis. Social media has been identified as a key resource for health professionals, including psychologists, to learn new knowledge, interact with others, keep up-to-date on the latest research, and get tips on how to integrate evidence-based information into their clinical practice. The objectives of this article are to (a) summarize professional opportunities in the area of social media and outline the various ways that pediatric psychologists can use social media in their research, practice, and advocacy; and (b) provide practical suggestions for pediatric psychologists on creating, sharing and interacting over social media. Recommendations for participating in activities such as live tweeting, video streaming, and social media evaluation are discussed. Common barriers, potential pitfalls, and ethical issues associated with use of social media by pediatric psychologists are also addressed.

Implications for Impact Statement

This article offers an overview of social media applications for pediatric psychologists engaged in research and clinical practice. Suggestions for using social media, including ethical and practical considerations, are also reviewed.

Keywords: social media, internet, ethics, pediatric psychology, eHealth

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Social media use is growing at an exponential rate. A recent Pew Research Centre survey found that over two thirds of online adults use social networking sites—a 10-fold increase over the last decade (Greenwood, Perrin, & Duggan, 2016). The widespread adoption of social media among the lay and health communities represents a substantial opportunity for pediatric psychologists, one that can be leveraged across the scope of practice. The objectives of this article are to (a) present an overview of opportunities in the area of social media use by pediatric psychologists, including applications in research, practice, and advocacy; and (b) to provide guidance and suggestions for using social media as a pediatric psychologist.

Social Media

Social media are broadly defined as dynamic online tools that facilitate the gathering, communication, and collaboration among individuals and communities. As summarized in Table 1, there are different types of social media platforms that each offer unique features. Common uses of social media include social networking (e.g., Facebook, Twitter), professional networking (e.g., LinkedIn, ResearchGate), media sharing (e.g., YouTube, Instagram), and blogging (e.g., WordPress). Social media, particularly social networking, are well-established means of communication; in 2016 Twitter and Facebook reported over 313 million and 1.86 billion active users per month, respec-

Table 1
Social Media Platform Cheat Sheet

Network	Description	Users	Applications
Twitter	280-character messages	313 million active users per month ²	<ul style="list-style-type: none"> – Sharing short messages, new publications, photos, and resources – Interacting with colleagues and influencers – Having live, interactive conversations – Disseminating events or presentations in real-time
Facebook	Peer-to-peer social networking	1.86 billion active users per month ⁴	<ul style="list-style-type: none"> – Creating pages for causes or organizations – Sharing information and campaigns with patients and families – Recruiting for research studies
LinkedIn	Professional networking	467 million total users ⁵	<ul style="list-style-type: none"> – Job searches, talent recruitment – Networking with colleagues – Building credibility
ResearchGate	Professional networking for researchers	14 million members ³	<ul style="list-style-type: none"> – Sharing publications – Connecting with researchers with similar interests – Asking research questions
YouTube	Video sharing	1.33 billion total users ⁷	<ul style="list-style-type: none"> – Posting and watching educational videos
Instagram	Image sharing	600 million total users ¹	<ul style="list-style-type: none"> – Posting educational images and/or short videos – Interaction with public and influencers
WordPress	Diary-type commentaries	76.9 million new posts per month ⁶	<ul style="list-style-type: none"> – Writing and sharing hot topics – Disseminating research findings to lay audiences

¹ “600 Million and Counting,” 2016. ² “About Twitter,” 2016. ³ “About us,” 2017. ⁴ “Company Info,” 2016. ⁵ LinkedIn Corporate Communications Team, 2016. ⁶ “Stats,” 2017. ⁷ “YouTube Company Statistics,” 2016.

tively (“About Twitter,” 2016; “Company Info,” 2016). Whereas traditional forms of science dissemination primarily follow a hierarchical one-way communication approach, social media are based on the principle that content is generated by users, for users (Wilcox, 2012). This availability permits natural flow of information across networks and disciplines, promotes accessibility of knowledge, and allows for two-way engagement. Social media are commonly referred to as “the great equalizer”; it levels the playing field and overcomes historic barriers of knowledge transfer by providing opportunities for individuals to engage with others, irrespective of their status (e.g., patient vs. professional), career stage (junior vs. senior), or geographic location (Coyne, 2013).

Social Media Use by Health Care Professionals

The use of social media by health care professionals is also growing rapidly. In fact, over 140 health care uses have been identified for Twitter alone (Baumann, 2009) and include sharing information, networking with other professionals, debating clinical practice issues, and educating and interacting with patients and caregivers (Househ, 2013; Moorhead et al., 2013; Tunnecliff et al., 2015). Health care professionals generally rate social media favorably as a clinical tool in their delivery of health care services. For example, McGowan et al. (2012) found that when physicians were surveyed about their attitudes toward social media, the majority found it to be a beneficial, engaging, and convenient source for high-quality information, and a way to care for their patients more effectively. Furthermore, 60% of respondents felt that by using social media they were able to provide better quality care to their patients (McGowan et al., 2012). Specific to pediatric psychology, Tunick, Mednick, and Conroy (2011) surveyed 246 child and pediatric psychologists and trainees to determine their social media practices and found that approximately 65% of respondents used social media, with Facebook being the most common. However, the extent to which psychologists use social media in a professional versus personal capacity is unclear.

Social Media Applications in Pediatric Psychology

Professional Networking

One of the greatest functionalities of social media is the opportunity to expand one’s professional network (Grindrod, Forgione, Tsuyuki, Gavura, & Giustini, 2014). LinkedIn is regarded as the premiere social media platform for professional networking, with over 4.4 million health care professionals registered as of 2013 (Dunlap, 2014). LinkedIn provides a convenient way to compile professional contacts and makes it easy to obtain a brief synopsis of an individual’s training and area of work. LinkedIn has evolved beyond its original purpose (i.e., employment opportunities), to allow users to connect with peers in their fields and provide recommendations of individuals with whom they have worked or collaborated, and is increasingly used as a measure of professional credibility. For instance, patients or colleagues seeking a clinician with expertise in a specific area of pediatric psychology may cross-check LinkedIn profiles to confirm an individual’s scope of practice. Maintaining an active LinkedIn account as a pediatric psychologist may attract unique professional opportunities such as consulting and freelancing roles, media interviews, and keynote or public speaking invitations. In the online supplementary materials, we provide instructions for getting started on LinkedIn.

ResearchGate is another social media platform used for professional networking, primarily by pediatric psychologists engaged in research. The platform allows users to share publications and connect with scientists across fields with similar interests, and features messaging boards where users can ask questions to be answered by those with expertise in the area. Common questions posted include queries related to research methods, technical issues, measure recommendations, and statistics. When using ResearchGate, users are reminded to be cognizant of publishers’ copyright policies prior to uploading any published work (Jamali, 2017).

Staying up to Date on Evidence-Based Care

Evidence-based practice, defined as the integration of the best available research evidence

with clinical expertise in the context of patient characteristics, is a fundamental pillar in the practice of pediatric psychology (APA Presidential Task Force on Evidence-Based Practice, 2006). Unfortunately, new research findings are grossly underused and underimplemented in everyday practice. It is estimated that 86% of research evidence fails to be adopted into clinical practice (Scott et al., 2013), and if it is, it is implemented with a 17-year delay (Morris, Wooding, & Grant, 2011). This is due in part to the volume of scientific literature that is generated. It is estimated that over 2.5 million new papers are published each year (Jinha, 2010), making it impossible for clinicians to keep up to date on all of the latest research. With an increasing number of journals and researchers online, social media has made the sharing of new research findings more rapid, convenient, and cost-effective. In a 2015 study, Maloney et al. examined the utility of social media to translate research findings into clinical practice. Over 300 clinicians in a variety of disciplines were provided with evidence-based practice points over social media. An overwhelming majority (70%) of clinicians indicated that the education they received over social media changed the way they practiced, or intended to practice. Clinicians also reported that the information shared over social media increased their use of research in clinical practice (Maloney et al., 2015). Sharing new research evidence on social media not only benefits clinicians, but patients and their parents too. Despite parents' prolific use of social media, websites, blogs, and online forums for child health information (Duggan, Lenhart, Lampe, & Ellison, 2015), they do not view them as trustworthy sources of information (Rhodes, 2016). This presents an opportunity for pediatric psychologists to post and share reliable high-quality health information in a place those who can use it are already looking. Access to evidence-based information over social media may be particularly beneficial for clinicians or patients in rural settings who face additional barriers to accessing the latest in evidence-based care.

Research

Recruitment of participants for studies is often a challenge for researchers (Patel, Doku, & Tennakoon, 2003), particularly in the area of

pediatric psychology (Stevens, Lord, Proctor, Nagy, & O'Riordan, 2010), where studies often have lower than expected recruitment, small sample sizes, and consequently, limited generalizability (Akard et al., 2013). Social media offers new ways to recruit participants for research by allowing for direct communication with the general public and, more specifically, populations that may be difficult to reach. Akard, Wray, and Gilmer (2015) conducted a study using Facebook advertisements to recruit parents of children with cancer and found that it was a suitable and cost-effective technique. In fact, parents reported that this was their preferred mode of recruitment (Akard et al., 2015).

Social media has also shown to improve research dissemination. Studies have found that when published articles are shared over social media, they are significantly more likely to be viewed and downloaded. Allen, Stanton, Di Pietro, and Moseley (2013) selected 16 peer-reviewed articles published in *PLoS ONE* and wrote blog posts on the articles, shared over Facebook, Twitter, LinkedIn and Researchblogging.org. The authors found that the articles were viewed and downloaded significantly more times in the week following the social media sharing, compared to the week before they were shared (Allen et al., 2013). However, others have found conflicting results in this area, and more work is needed to determine the impact of social media exposure on article downloads and other academic metrics (Eysenbach, 2011; Peoples, Midway, Sackett, Lynch, & Cooney, 2016; Shuai, Pepe, & Bollen, 2012).

Finally, there is growing attention to the value of public engagement and social media used by faculty in the context of research funding and academic promotion and tenure. In light of increasingly competitive funding climates, some researchers have turned to social media, more specifically, crowdfunding, as a means to raise funds for research from the general public (Vachelard, Gambarra-Soares, Augustini, Riul, & Maracaja-Coutinho, 2016). Platforms such as Experiment.com and Labfundr.ca have emerged as crowdfunding websites specific to funding scientific research. With respect to academic promotion and tenure, in 2016 the American Sociological Association recommended that professors' social media presence should contribute to decisions regarding promotion and tenure (McCall et al., 2016), and the Mayo

Clinic recently officially amended their criteria for academic advancement to include social media and digital activities (Cabrera, 2016). It is likely that in the coming years, additional institutions will consider faculties' social media presence for academic promotion purposes.

Patient Education and Advocacy

Pediatric psychologists can use social media as a tool to provide education and advocate on behalf of their patients and their families. Adolescents report that social media is an easy way to access health information anonymously (O'Keeffe, Clarke-Pearson, & the Council on Communications & Media, 2011), and a 2014 analysis of Google searches found that "health" was the number one topic searched by new parents (Rost, Johnsmeyer, & Mooney, 2014). Social media is already used by child health professionals for education and advocacy through clinician-moderated discussion forums, YouTube education videos, Facebook education pages, and Twitter chats (organized real-time conversations on Twitter using a predetermined hashtag; more information below; Hamm et al., 2014). In addition to sharing information, social media can also be used by pediatric psychologists as a way to elicit information from patients and families (e.g., topics of interest for education sessions, research priorities, etc.). Finally, social media campaigns have been used to raise awareness for a variety of conditions including pain (#ItDoesntHavetoHurt) and gastrointestinal disorders (#ShitHappens), public health policy (#Access4Kids, #KeepKidsCovered), and education on the profession. On March 8, 2017 psychologists participated in APA Division 38's #ThisIsHealthPsych campaign to promote research and clinical practice in the field.

Barriers and Ethical Considerations

Despite the opportunities, psychologists may experience barriers to adoption of social media. First, many hesitate to create professional social media profiles for fear of technological challenges and time required to start and maintain online engagement. In the following section of this article we offer practical suggestions to help psychologists navigate social media. In addition, various institutions offer social media training opportunities for health care profes-

sionals (e.g., the "Social Media Basics for Healthcare" course offered by the Mayo Clinic).

Another barrier faced by psychologists is apprehension regarding the distinction between a personal and professional social media presence. The boundary between professional and private is a personal choice based on what individual psychologists feel comfortable sharing. However, most institutions have social media policies in place that faculty and staff are expected to follow, and psychologists should consult these policies prior to using social media in a professional capacity. Considerations related to privacy and confidentiality are crucial for psychologists when engaging in a professional social media presence. While the American Psychological Association (APA) and Canadian Psychological Association (CPA) do not specifically comment on issues pertaining to social media in their ethics codes, the APA has published editorials on ethical considerations for psychologists in practice (Lannin & Scott, 2014; Martin, 2010). Psychologists are reminded that the principles included in their code of ethics extends to their online presence, including their legal and ethical responsibilities. Unethical and generally unprofessional behavior on social media can have harmful consequences for clinicians and their patients (Langenfeld & Batra, 2017).

Practical Tips for Effective Social Media Use

The following section provides practical tips for psychologists wishing to get started with or enhance their social media presence. For additional tips for beginners (e.g., how to set up an account, "what is a hashtag?"), consult the digital content supplementary to this article.

The What, Where, and When of Sharing on Social Media

For psychologists interested in becoming involved in social media, knowing what to share and where and when to share it can feel overwhelming. You might find that at first your comfort level starts at sharing only professional psychotherapy blogs and articles on a single platform with which you are familiar. Over time, your comfort level may increase so that your contribution involves commenting and

sharing opinions about what you post across multiple social media platforms. In terms of selecting an appropriate social media platform to share content, Table 1 provides an overview of popular social media platforms and when you might choose to use a certain platform over another based on your goals and desired outcomes. There is no gold standard regarding the number of social media platforms you should maintain; it is a matter of personal preference and the audience you are aiming to reach. For instance, content geared toward patients and families is typically best-suited for sharing over Facebook. It is important to note, however, that Facebook's privacy settings may hide the complete picture of the number and types of users engaging with the content. While Facebook is often recommended as the platform on which to share information intended for patient audiences, many also use Twitter, so the information may be appropriate to be shared across both platforms. If you are interested in connecting with colleagues and other professionals, Twitter, LinkedIn, and ResearchGate should be your go-to platforms.

The Centre for Disease Control's Health Communicator's Social Media Toolkit recommends that three basic features of effective engagement on social media can be helpful to keep in mind: personalization, presentation, and participation (Centres for Disease Control and Prevention, 2011). *Personalization* refers to tailoring your content to your intended audience and doing so in a way that comes off as genuine and approachable. Social media is a more informal means of communication, so let your personality shine through and add in humor when appropriate. *Presentation* refers to the frequency and type of information shared. Ensure that the information you post is evidence-based and within your area of expertise. Also, post often. A regular social media presence helps to define you as a trusted health information source. Analyses of social media traffic patterns over time have yielded recommendations for the best days and times to post on various social media platforms. Guidelines suggest that Twitter traffic is generally highest between 1 and 3 p.m. Monday–Thursday, while traffic on Facebook tends to peak on Wednesday afternoons (SurePayroll, 2016). Posts with images are significantly more likely to be shared, so consider including a relevant image when posting. Fi-

nally, *participation* is perhaps one of the most important tips for effective social media use. Social media is a dialogue, not a monologue. Engage with content other users have posted, start conversations, or join existing chats to build your personal brand and make your priorities known. Targeting influencers (i.e., credible social media users with access to a large audience) by tagging them in your posts is a key way to amplify the reach of your messages. For example, APA (an influencer) frequently retweets messages sent from the Clinical Practice in Pediatric Psychology Twitter account to help broadcast the journal's messages to a wider audience. Table 2 offers a sample list of relevant hashtags and influencers that can help you get started. Additional hashtags and influencers may be identified by using the search function on Twitter, other social media platforms, or databases such as Sympplr (discussed in further detail below).

Unfortunately, engaging online does not come without negative comments and criticism. Some users may be highly vocal about their opinions and at some point, these may be directed to you. The best thing to do in these situations? Do not engage. You can delete posts, but keep in mind that everything leaves a digital footprint. It is best to move on rather than engaging in a heated argument viewable by the rest of the individuals following your profile.

The Personal/Professional Distinction

Psychologists should decide ahead of time if they intend to have a public or private social media presence, and calibrate the privacy settings of their social media accounts accordingly. If you have a private social media presence that is easily accessible it is important to make sure that your personal information is not viewable, particularly your personal e-mail, phone number, and home address. You should regularly check the privacy of your profile, as these settings can be confusing or change without your knowledge. If you choose to keep your profile private, consider changing your name so that it is not recognizable or searchable by the general public. Do not accept requests from clients to follow your private social media profiles, as allowing clients to access your personal profile is similar to inviting them into your personal life. Psychologists are recommended in the code of ethics to avoid multiple relationships with

Table 2
Key Hashtags and Influencers for Pediatric Psychologists

Child Health	Disease Specific	Healthcare and Research	Influencers
#childhealth	#anxiety	#choosehealth	@AAPHealthyWt
#childrencanthrive	#arthritis	#ehealth	@AmerAcadPeds
#everychildneeds	#bedwetting	#ktconnects	@APA
#kidshealth	#celiacdisease	#meded	@APADivision38
#itdoesnthavetohurt	#childhoodcancer	#mhealth	@ChildHealthUSA
#pedesm	#childhoodobesity	#patientcenteredcare	@CPPP_APAJournal
#pedpc	#chronicpain	#patientengagement	@Cochrane_Child
#pediatric	#cysticfibrosis	#pediatricpsychology	@HealthyChildren
#pediatrics	#depression	#pediatricresearch	@JAMAPeds
#putkids1st	#facialdifference		@JPedPsych
#toolkittalk	#IBD		@KidsHealth
#tweetiatrician	#sicklecell		@SRCDtweets
	#pedspain		@TeenHealthGov
	#T1D		@OUPPPsychology

Note. The hashtags listed represent a sample only. Additional hashtags may be identified using the search function on Twitter, other social media platforms, or databases such as Symplur.

clients, and adding someone to your social media profile may confuse this role. When in doubt about whether you are crossing a professional–personal line, it is best to err on the side of caution and do not share. Even if you do not add your clients to your profile, be aware of what is visible to the public; your clients and colleagues may be looking you up.

Maintaining a public professional page on Facebook can circumvent the challenges associated with friending and following clients. On a public page, clients can like and follow your content without you having to friend or follow them back. Take note that if a client replies or comments on any of your posts, or posts a review of your clinical services, concerns regarding breach of confidentiality may arise, as this interaction reveals your clients' identity and their relationship with you. Some psychologists choose to disable the rating and commenting functionalities for their public Facebook pages and also include a statement in their informed-consent forms or have a more comprehensive practice policy that outlines their online presence and procedures for engaging online with patients. Dr. Keely Kolmes, a licensed clinical psychologist in California, maintains a website with helpful resources for mental health professionals on using social media, including a social media policy for psychologists that can be adapted for your individual needs (Kolmes, 2010).

Advanced Social Media Applications

Pediatric psychologists familiar with the basics of social media may be interested in taking advantage of some advanced features (e.g., Twitter chats, conference live tweeting, video streaming, and analytics) to maximize the benefits of an online presence.

Participating in a Twitter chat is one of the best ways to network with other professionals, interact with patient communities, and disseminate evidence-based health information. Twitter chats are organized online events where users participate in a live, interactive conversation using a prespecified hashtag at a specific time. Twitter chats are typically based on a topic or theme and are moderated by a clinician, patient, or other advocate. Twitter chats are often advertised by the chat moderators and supporters on Twitter ahead of the chat, but you may also wish to consult Symplur (a social media healthcare-related database) to browse the details of other Twitter chats happening in your field. To participate in the Twitter chat, simply follow the prespecified hashtag during the set time of the chat (note: you must use the hashtag to participate in the chat as only those tweets that have the hashtag are considered part of the online conversation). Twitter chats typically begin with introductions (where users share their name and affiliation) and are followed by a series of broad questions on the chat theme

tweeted by the moderator. Participants are encouraged to reply with their thoughts on the question, and interact (or “chat”) with other users who are also participating. Twitter chats can be summarized in a Storify, a social media extension for users to create a digital scrapbook of the chat that can be shared with individuals who were unavailable or who are not on social media.

Live tweeting at conferences has become an increasingly popular activity. Many conferences now register their own hashtag ahead of the meeting (e.g., #SPPAC2017) so that conference attendees can interact with the speakers and each other. One of the most powerful applications of conference live tweeting is that it allows individuals who are unable to attend the meeting (including patient advocates, policymakers, and organizations) to follow along with the content being presented. By live tweeting, the goal is to direct attention to the event as it is happening by sending tweets using the conference hashtag. For instance, you may wish to quote a speaker or comment on a presentation or the event overall. Some speakers may prefer that photos of their slides are not included in tweets, so it is always best to check with them ahead of their talk. Live feed platforms such as Everwall are sometimes used to share the live, ongoing conversation on a large screen on-site at the conference venue. This helps keep those not on Twitter abreast with the online conversation, and also tracks each user’s contribution (e.g., number of tweets). Some conferences offer prizes for top conference tweeters in these categories. Finally, many conferences organize an IRL (in real life) meeting (often referred to as a “tweet-up”) of all Twitter users to facilitate an in-person meeting between people who are engaged on social media and may be interested in continuing the conversation offline.

The advancement of live video streaming applications (e.g., Facebook Live and Periscope) and their integration within social media platforms has also brought new opportunities for pediatric psychologists. Facebook Live allows users or organizations to live stream video from their phone or computers directly onto their newsfeed, which can be saved as a video to be watched later as well. Likewise, Twitter uses Periscope to share live videos that appear on a users’ feed as a tweet. Physicians have adopted these video applications as mechanisms to live

stream surgical procedures for surgical education and consultation (Schneider et al., 2007). Similarly, these tools provide an opportunity for pediatric psychologists to disseminate knowledge, and to crowdsource information such as through live question and answer sessions.

Finally, social media platforms offer increasingly detailed, real-time analytics about the content that is being shared. Analytics can help quantify how many people shared or liked a particular piece of content that you created as well as the overall impact your post had within a given time period. Analytics can be generated within each platform (e.g., Facebook Insights, Twitter analytics). However, there are many external analytic tools that range from free (e.g., Buffer) to paid (e.g., Sysomos) that help evaluate the impact of your social media footprint. The use of analytics is important to consider when increasing your social media presence to understand which type of content is desired by your followers and what content does not get any engagement at all. By understanding the engagement and reach of your content, you can tailor what you are sharing to increase your reach and impact.

Conclusion

Social media holds significant potential in the everyday practice of pediatric psychology to enhance communication and collaboration with colleagues, disseminate high-quality information to youth and parents, retrieve the latest clinical evidence for decision-making, facilitate the exchange of knowledge in research, and advocate for issues in child health. However, pediatric psychologists should be aware of the potential limitations and pitfalls that come with social media use in a professional context and be familiar with any institutional policies as well as how ethics codes might apply to social media use. We encourage pediatric psychologists to engage in conversation on social media to discover the evolving and exciting opportunities these technologies bring to research and clinical practice.

References

- 600 Million and Counting. (2016, December 21). Retrieved from <https://instagram-press.com/blog/2016/12/21/600-million-and-counting/>

- About Twitter. (2016, June). Retrieved from <https://about.twitter.com/company>
- About us. (2017). Retrieved from <https://www.researchgate.net/about>
- Akard, T. F., Gilmer, M. J., Friedman, D. L., Given, B., Hendricks-Ferguson, V. L., & Hinds, P. S. (2013). From qualitative work to intervention development in pediatric oncology palliative care research. *Journal of Pediatric Oncology Nursing, 30*, 153–160. <http://dx.doi.org/10.1177/1043454213487434>
- Akard, T. F., Wray, S., & Gilmer, M. J. (2015). Facebook advertisements recruit parents of children with cancer for an online survey of web-based research preferences. *Cancer Nursing, 38*, 155–161. <http://dx.doi.org/10.1097/NCC.00000000000000146>
- Allen, H. G., Stanton, T. R., Di Pietro, F., & Moseley, G. L. (2013). Social media release increases dissemination of original articles in the clinical pain sciences. *PLoS ONE, 8*, e68914. <http://dx.doi.org/10.1371/journal.pone.0068914>
- APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist, 61*, 271–285. <http://dx.doi.org/10.1037/0003-066X.61.4.271>
- Baumann, P. (2009, January 16). *140 health care uses for twitter*. Retrieved from <https://philbaumann.com/2009/01/16/140-health-care-uses-for-twitter/>
- Cabrera, D. (2016). *Mayo Clinic includes social media scholarship activities in academic advancement*. Retrieved from <https://socialmedia.mayoclinic.org/discussion/mayo-clinic-includes-social-media-scholarship-activities-in-academic-advancement/>
- Centres for Disease Control and Prevention. (2011). *The Health Communicator's Social Media Toolkit*. Retrieved from <http://www.cdc.gov/socialmedia/tools/guidelines/socialmediatoolkit.html>
- Company Info. (2016, December 31). Retrieved from <http://newsroom.fb.com/company-info/>
- Coyne, J. (2013, December 9). *Advice to junior academics: How to get involved with twitter*. Retrieved from <http://blogs.plos.org/mindthebrain/2013/12/09/advice-to-junior-academics-on-how-to-get-involved-with-twitter/>
- Duggan, M., Lenhart, A., Lampe, C., & Ellison, N. (2015). *Parents and social media*. Washington, DC: Pew Research Center. Retrieved from <http://www.pewinternet.org/2015/07/16/parents-and-social-media/>
- Dunlap, M. (2014, April 28). *Leave Gray's Anatomy on the bookshelf: How modern healthcare professionals engage with social media*. Retrieved from <http://marketing.linkedin.com/blog/leave-grays-anatomy-on-the-bookshelf-how-modern-healthcare-professionals-engage-with-social-media/>
- Eysenbach, G. (2011). Can tweets predict citations? Metrics of social impact based on Twitter and correlation with traditional metrics of scientific impact. *Journal of Medical Internet Research, 13*, e123. <http://dx.doi.org/10.2196/jmir.2012>
- Greenwood, S., Perrin, A., & Duggan, M. (2016). *Social Media Update 2016*. Washington, DC: Pew Research Center. Retrieved from <http://www.pewinternet.org/2016/11/11/social-media-update-2016/>
- Grindrod, K., Forgione, A., Tsuyuki, R. T., Gavura, S., & Giustini, D. (2014). Pharmacy 2.0: A scoping review of social media use in pharmacy. *Research in Social & Administrative Pharmacy, 10*, 256–270. <http://dx.doi.org/10.1016/j.sapharm.2013.05.004>
- Hamm, M. P., Shulhan, J., Williams, G., Milne, A., Scott, S. D., & Hartling, L. (2014). A systematic review of the use and effectiveness of social media in child health. *BMC Pediatrics, 14*, 138. <http://dx.doi.org/10.1186/1471-2431-14-138>
- Househ, M. (2013). The use of social media in healthcare: Organizational, clinical, and patient perspectives. *Studies in Health Technology and Informatics, 183*, 244–248.
- Jamali, H. R. (2017). Copyright compliance and infringement in ResearchGate full-text journal articles. *Scientometrics, 112*, 241–254. <http://dx.doi.org/10.1007/s11192-017-2291-4>
- Jinha, A. E. (2010). Article 50 million: An estimate of the number of scholarly articles in existence. *Learned Publishing, 23*, 258–263. <http://dx.doi.org/10.1087/20100308>
- Kolmes, K. (2010). *Social media policy*. Retrieved from <http://www.drkkolmes.com/docs/socmed.pdf>
- Langenfeld, S. J., & Batra, R. (2017). How can social media get us in trouble? *Clinics in Colon and Rectal Surgery, 30*, 264–269. <http://dx.doi.org/10.1055/s-0037-1604255>
- Lannin, D., & Scott, N. (2014, February). Best practices for an online world. *Monitor on Psychology, 45*, 56–61.
- LinkedIn Corporate Communications Team. (2016, October 27). *LinkedIn announces third quarter 2016 results*. Retrieved from <https://press.linkedin.com/site-resources/news-releases/2016/linkedin-announces-third-quarter-2016-results>
- Maloney, S., Tunnecliff, J., Morgan, P., Gaida, J. E., Clearihan, L., Sadasivan, S., . . . Ilic, D. (2015). Translating evidence into practice via social media: A mixed-methods study. *Journal of Medical Internet Research, 17*, e242. <http://dx.doi.org/10.2196/jmir.4763>
- Martin, S. (2010, August). The Internet's ethical challenges. *Monitor on Psychology, 41*, 32.
- McCall, L., Hetland, G., Kalleberg, A., Nelson, A., Ovink, S., Schalet, A., . . . Wray, M. (2016). *What counts? Evaluating public communication in ten-*

- ure and promotion. Washington, DC: American Sociological Association. Retrieved from http://www.asanet.org/sites/default/files/tf_report_what_counts_evaluating_public_communication_in_tenure_and_promotion_final_august_2016.pdf
- McGowan, B. S., Wasko, M., Vartabedian, B. S., Miller, R. S., Freiherr, D. D., & Abdolrasulnia, M. (2012). Understanding the factors that influence the adoption and meaningful use of social media by physicians to share medical information. *Journal of Medical Internet Research*, *14*, e117. <http://dx.doi.org/10.2196/jmir.2138>
- Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: Systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of Medical Internet Research*, *15*, e85. <http://dx.doi.org/10.2196/jmir.1933>
- Morris, Z. S., Wooding, S., & Grant, J. (2011). The answer is 17 years, what is the question: Understanding time lags in translational research. *Journal of the Royal Society of Medicine*, *104*, 510–520. <http://dx.doi.org/10.1258/jrsm.2011.110180>
- O’Keeffe, G. S., & Clarke-Pearson, K., & the Council on Communications and Media. (2011). The impact of social media on children, adolescents, and families. *Pediatrics*, *127*, 800–804. <http://dx.doi.org/10.1542/peds.2011-0054>
- Patel, M. X., Doku, V., & Tennakoon, L. (2003). Challenges in recruitment of research participants. *Advances in Psychiatric Treatment*, *9*, 229–238. <http://dx.doi.org/10.1192/apt.9.3.229>
- Peoples, B. K., Midway, S. R., Sackett, D., Lynch, A., & Cooney, P. B. (2016). Twitter predicts citation rates of ecological research. *PLoS ONE*, *11*, e0166570. <http://dx.doi.org/10.1371/journal.pone.0166570>
- Rhodes, A. (2016). *Sources of Child Health information: what parents use and trust*. Melbourne, Australia: The Royal Children’s Hospital Melbourne. Retrieved from <https://www.childhealthpoll.org.au/wp-content/uploads/2016/03/ACHP-detailed-report-Poll-2.pdf>
- Rost, J., Johnsmeyer, B., & Mooney, A. (2014, May). *Diapers to diplomas: What’s on the minds of new parents*. Retrieved from <https://www.thinkwithgoogle.com/articles/new-parents.html>
- Schneider, A., Wilhelm, D., Doll, D., Rauschenbach, U., Finkenzeller, M., Wirnhier, H., . . . Feussner, H. (2007). Wireless live streaming video of surgical operations: An evaluation of communication quality. *Journal of Telemedicine and Telecare*, *13*, 391–396. <http://dx.doi.org/10.1258/135763307783064386>
- Scott, A., Docking, S., Vicenzino, B., Alfredson, H., Zwerver, J., Lundgreen, K., . . . Danielson, P. (2013). Sports and exercise-related tendinopathies: A review of selected topical issues by participants of the second International Scientific Tendinopathy Symposium (ISTS) Vancouver 2012. *British Journal of Sports Medicine*, *47*, 536–544. <http://dx.doi.org/10.1136/bjsports-2013-092329>
- Shuai, X., Pepe, A., & Bollen, J. (2012). How the scientific community reacts to newly submitted preprints: Article downloads, Twitter mentions, and citations. *PLoS ONE*, *7*, e47523. <http://dx.doi.org/10.1371/journal.pone.0047523>
- Stats. (2017, February). Retrieved from <https://wordpress.com/activity/>
- Stevens, M. M., Lord, B. A., Proctor, M.-T., Nagy, S., & O’Riordan, E. (2010). Research with vulnerable families caring for children with life-limiting conditions. *Qualitative Health Research*, *20*, 496–505. <http://dx.doi.org/10.1177/1049732309356097>
- SurePayroll. (2016, April 29). *Post, pin & tweet: The best time to outreach*. Retrieved from <https://www.surepayroll.com/resources/blog/post-pin-tweet-best-time-to-outreach>
- Tunick, R. A., Mednick, L., & Conroy, C. (2011). A snapshot of child psychologists’ social media activity: Professional and ethical practice implications and recommendations. *Professional Psychology: Research and Practice*, *42*, 440–447. <http://dx.doi.org/10.1037/a0025040>
- Tunnecliff, J., Ilic, D., Morgan, P., Keating, J., Gaida, J. E., Clearihan, L., . . . Maloney, S. (2015). The acceptability among health researchers and clinicians of social media to translate research evidence to clinical practice: Mixed-methods survey and interview study. *Journal of Medical Internet Research*, *17*, e119. <http://dx.doi.org/10.2196/jmir.4347>
- Vachelard, J., Gambarra-Soares, T., Augustini, G., Riul, P., & Maracaja-Coutinho, V. (2016). A guide to scientific crowdfunding. *PLoS Biology*, *14*, e1002373. <http://dx.doi.org/10.1371/journal.pbio.1002373>
- Wilcox, C. (2012). Guest editorial. It’s time to evolve: Taking responsibility for science communication in a digital age. *The Biological Bulletin*, *222*, 85–87. <http://dx.doi.org/10.1086/BBLv222n2p85>
- YouTube Company Statistics. (2016, September 1). Retrieved from <http://www.statisticbrain.com/youtube-statistics/>

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