DISTANCE COUNSELING: PERCEIVED

ADVANTAGES AND DISADVANTAGES

AMONG CHRISTIAN COUNSELORS

A Dissertation

Presented to the
Faculty of Liberty University

In Partial Fulfillment of
The Requirements for the Degree of

Doctor of Philosophy

by

Anthony J. Centore

March 2006

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Dissertation Committee Approval
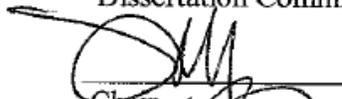
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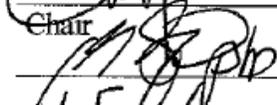
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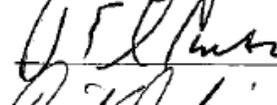
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Abstract of Dissertation Presented to the
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2006

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Abstract

The perceived advantages and disadvantages of distance counseling provision by email, online text chat, telephone and videoconference were investigated among 1863 Christian counselors. Participants completed a 148-item self-report survey measuring general, clinical, ethical, and practice management issues that have been proposed in recent literature as intrinsic advantages or disadvantages to distance counseling provision. In most cases, Christian counselors' perceptions aligned with literature, with a moderate tendency to perceive disadvantages over advantages. By means of computing several exploratory one-way ANOVAs, counselor characteristics including reported age, gender,

professional status, counseling experience, proficiency with technology, and sufficient availability of clients in a counselor's area to maintain a fulltime practice were investigated to determine whether these characteristics were associated with attitudes toward distance counseling. A post hoc analysis using LSD determined that counselor non-professional status, high proficiency with technology, and the insufficient availability of clients to maintain a fulltime practice were significantly associated with positive attitudes toward distance counseling mediums. This study serves as a base from which additional research can be conducted on counselor perceptions of distance counseling. Recommendations for further research are presented.

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Acknowledgements

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conscientious help of my dissertation chair, Dr. Fred Milacci, as well as my dissertation

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was utterly dependant upon the kindness of each participant who volunteered their

valuable time and input. Further, I am greatly indebted to the expert practitioners and

researchers who have come before me, who have been publishing on the topic of distance

counseling for several years now. It is their ideas, questions and predictions that comprise

the content of the first two chapters. I hope the findings presented here are a small

contribution to the many new insights that are being published in this nascent though

burgeoning field.

The peace of God, which transcends all understanding (Philippians 4:7), has been my

lifeline throughout the dissertation process. This work is dedicated to Ronald Centore, my

father.

CHAPTER ONE: THE PROBLEM

Since their inception, mental health counseling practices have endured theoretical

shifts (Jones & Butman, 1991). However, a recently occurring shift concerns not

therapeutic theory but the medium through which counseling is provided. While

historically counseling relationships developed through a series of *in-person*

communications between counselor and client (Atanasoff, 2003), now *telephone* and

online communications offer new avenues for the formation of those relationships.

Accompanying this change of mediums is a potential plethora of advantages and

disadvantages.

Telephone Counseling

Telephone counseling therapy is defined as "an ongoing, contracted relationship

between the practitioner and client (or clients if a therapy group is established) carried out

entirely by telephone" (Rosenfield, 2003, p. 93). Telehealth services are defined as "the

use of telecommunications and information technology to provide access to health

assessment, diagnosis, intervention, consultation, supervision, education, and information

across distance" (Nichelson, 1998, p. 527). Both have been acknowledged for over 40

years (Rosenfield, 2003), and were popularized by crisis hotlines that appeared in 1973

(Lester, 2002), or earlier. Slavich (2003) contends "Crisis hotlines have been around

since at least the early 50's. The Samaritans started a suicide prevention hotline in

London in 1953" (p. 5).

Telephone counseling agencies fill important roles by providing information,

support, and referrals (Hornblow, 1980). Telephone counseling has helped educate and

guide diabetes patients (Boucher, Pronk, & Gahling, 2003), counsel prison inmates

(Magaletta, Fagan, & Peyrot, 2000), provide guidance to teens (Cruz, SanMartin, Guitierrez, Farias, & Mora, 2001), help parents with defiant children (Fina, 1986), educate the public about cancer prevention (Lynch, Tamburrino, & Nagel, 1997), and remind women of scheduled mammograms (Henderson, 2000). Regarding telephone counseling therapy, services range from treating depression one-on-one (Lynch, Tamburrino, & Nagel, 1997), to group counseling (Rosenfield & Smillie, 1998) and the related field of life coaching (Thiesen, LaMattina, & McKinley, 2005). The first chair of the United Kingdom Telephone Helplines Association writes regarding counseling by telephone:

> It seems incredible that as recently as 1997, some practitioners regarded therapy by telephone, anecdotally, as 'not real therapy', and even with some derision. Yet today, many practitioners use the telephone for some or all counselling and psychotherapy sessions, and also for supervision. (Rosenfield, 2003, p. 93)

In a recent survey of psychologists who were also members of the American Psychological Association (APA), 98% affirmed they have provided counseling services over the phone. Sixty-nine percent responded that they provide psychotherapy by phone, at least on occasion (VandenBos & Williams, 2000). Similarly, a survey of psychiatrists found 45% use the telephone as an adjunct to face-to-face (FTF) sessions, and 19% use it as their primary medium for providing treatment (Lester, 2002). Also, for some medical practices up to 70% of problems are handled solely by telephone (Anderson et al., 1992, para. 3). Vandenbos & Williams declare the use of the telephone in the delivery of mental health services to be "nearly universal". This does not even including para-counseling provided to the public through radio and television call-in programs (Slavich, 2003).

Online Counseling

Internet Use

At the beginning of 2001 over 400 million persons globally had internet access (Goosley, 2001). Domestically, the 2003 census shows "In 1984, only 8.2 percent of U.S. households had computers. By 2003, that number was up to 61.8 percent" (Ahrens, 2005, para. 3). Concerning online commerce, "In 1997, only 2.1 percent of adults used the Internet to buy products or services. By 2003…that number had soared to 32.3 percent" (para. 7), and numbers are increasing daily.

Computer Mediated Communication

Computer mediated communication (CMC) is commonplace for persons with internet access (Walther, 2004), especially younger generations who use CMC for social inclusion (community), affection (an emotional connection with others), and entertainment (Leung, 2001). This includes both *asynchronous communication*, a delayed-response exchange comparable to two participants writing letters (e.g. bulletin boards, forums, and email), and *synchronous communication*, a conversation between participants who receive and immediately respond to each other's exchanges. Videoconferencing and "voice over IP" (i.e., internet telephone) are examples of synchronous internet communication, though currently synchronous internet communication most often takes the form of internet relay chat (IRC), commonly known as "online chat," "instant messaging" or "text messaging."

Counselor Interest

Though CMC research was at first "for the study of business management based on psychological theories applied to organizational theory" (Atanasoff, 2003, p. 6), its

widespread use has facilitated research in the communications and sociology fields, which have investigated how individuals build relationships online (Walther, 1996; Panyametheekul & Herring, 2003). Such technologies have also attracted mental health professionals who recognize potential for their use in counseling provision (Childress, 2000; Suler, 2000; Barak, 1999). Such provisions are known as "webcounseling," "cybercounseling," "etherapy," "telecounseling," "videocounseling," "ehealth," "ecounseling" and "online counseling," and are defined as "the practice of professional counseling and information delivery that occurs when client(s) and counselor are in separate or remote locations and utilize electronic means to communicate over the internet" (National Board of Certified Counselors [NBCC], 2001, p.1).

Emergence of E-Industries

With rising internet use, many "brick and mortar" industries have turned to "e-industries." Very notably shopping (Amazon.com; Overstock.com), auctions (Ebay.com; Auctions.Yahoo.com), news (News.Google.com; Drudgereport.com), banking (Suntrust.com; Paypal.com), stocks/investing (eTrade.com), dating (Match.com; eHarmony.com), education (University of Phoenix Online; Liberty University Distance Learning Program), marketing and advertising (Overture; Google; Logobee.com), and community (Myspace.com; Facebook.com) have found solid roots in the World Wide Web.

Despite this revolution, online counseling services have not found the same success as have other industries. Concerning *distance counseling* as a whole, though telephone counseling services have existed for over 50 years (Slavich, 2003), it is still

less than a standard medium for provision. Zack (2002), however, is optimistic about

distance counseling, writing:

> Although some [online clinics] have vanished with the economic "dot-bomb,"
>
> other services are surviving and even thriving (e.g., HelpHorizons.com). There
>
> have also been rumblings about some new larger-scale sites which plan to launch
>
> later this year. (How are people doing it, para. 2)

Likewise, Slavich (2003) predicts online counseling will expand as regulatory issues are

resolved, online liability coverage improves, and more providers and potential clients

become involved with the internet. Reimer-Reiss (2000) adds: "Although…[distance

technology] will not replace the conventional mode of service delivery, it could become

an essential component to improve the accessibility of mental health counseling" (p.

189).

Early Online Counseling Websites

 In the late 1990's, several online counseling clinics, notably eTherapy.com,

Here2Listen.com and HelpHorizons.com began operation (J. Zack, personal

communication, 2004; Grohol, 2005, pp. 62-63). ETherapy.com, boasting the slogan

"Setting New Standards in Online Care" (viewable at Archive.org) hired attorneys who

were involved in creating the APA ethics code, and surveyed every US state in search of

any law against online counseling (Zack). Here2Listen.com gained immediate legitimacy

by acquiring an advisory board of well respected psychologists including Philip

Zimbardo, a well-known author and past president of the American Psychological

Association (Kraus, 2005).

In late 2000, the 'dot.com' stock market crash occurred. Financial problems plagued eTherapy.com and Here2listen.com. ETherapy.com closed, leaving their registered therapists "in the lurch," with little warning or support for their online practices (Zack, 2003). Also, without notice to clients or therapists (and with many outstanding debts) Here2listen.com closed; and their "dragged through the mud" website domain name has been for sale at buydomains.com for several years without purchase (Grohol, 2003, 2004; see www.buydomains.com). As for HelpHorizins.com, it is still online, though not as successful as anticipated nearly 10 years ago.

Current Online Counseling

In spite of its beginnings, the distance counseling industry is expanding—at least to an extent. For example, a recent investigation found several thousand counselors with internet dimensions to their practices including advertising, information, and the ability to email the practitioner (Manhal-Baugus, 2001; Heinlen, Reynolds, Richmond, & Rak, 2003).

Regarding online advertisement, numerous websites such as PsychologyToday.com, and SuperPages.com (owned by Verizon) offer a therapist listing. For Christian counseling, the American Association of Christian Counselors (AACC) manages a Christian Care Network in which all participants provide proof of licensure, professional liability insurance (1 million-3 million aggregate minimum), and attest to abide by the AACC code of ethics and doctrinal statement.

Regarding online practitioners, Manahal-Baugus (2002) states: "In one search conducted in 1996, there were 12 mental health sites online, and today there are over 250 websites and over 400 therapists who offer online counseling" (p. 552). In 2002, the *Wall*

Street Journal wrote that up to 800 therapists were offering services online (Davis, 2002).

Also, Slavish (2003), summarizing the research of Martha Ainsworth writes:

> In 1995, Ainsworth had identified only 12 practicing online counselors through
>
> Internet browser searches. By May of 1999, she has identified more than 250
>
> private-practice Websites. Large online clinics began forming in the Internet
>
> around this time…By February of 2001, Ainsworth reported that she has
>
> identified 700 more counselors who were affiliated with these new clinics. On a
>
> check of her Website in February of 2003, she reported that she had identified
>
> more than 300 sites, but the estimate of therapists was now given at more than
>
> 500. (p. 8)

Using several major search engines, Slavich (2003) conducted an exhaustive

count of online providers. Of 217 websites for online counseling provision, 70% (152)

were single providers, 17% (36) were online practice groups, 5% (10) were online and

offline practice groups, and 5% (11) were identified as large online clinics. Reportedly,

626 providers were identified for the 197 websites that disclosed their provider number.

This excludes one online clinic with 302 providers, omitted due to its being an extreme

outlier.

In contrast to the early years, Grohol (1997) suggests that today providers are

online because there is a consumer demand. If there were not, he argues, professionals

would not expend their time to establish, administer, and maintain these services.

Recognition by Professional Organizations

In response to the expanding use of technology in counseling provision,

statements or ethical codes have been written by the American Psychological Association

(APA, 1997), American Counseling Association's (ACA) Committee on Cyber-

Technology, the NBCC (2001), American Medical Informatics Association (AMIA,

1998), American Mental Health Counselors Association (AMHCA, 2000), the ISMHO

(2001), the Health on the Net Foundation (HON), the Internet Health Coalition (IHC),

and others (Peterson & Beck, 2003; Elleven & Allen, 2003; Childress, 2000; Barak,

1999; ACA Governing Council, 1999). Though complete codes are presented by the

NBCC, ISMHO, and the ACA, the APA makes only this general statement regarding the

"delivery of services by telephone, teleconferencing, and internet":

> In those emerging areas in which generally recognized standards for preparatory
>
> training do not yet exist, psychologists nevertheless take reasonable steps to
>
> protect patients, clients, students, research participants, and others from harm.
>
> (para. 1)

In addition to guidelines, several organizations are providing training for the

aspiring distance counselor. The NBCC (2001) accredits a continuing education and

certification course called the Distance Counseling Credential (DCC). In addition,

academic institutions including the Pacific Graduate School of Psychology have

introduced programs that incorporate training psychologists in 'telehealth' and mental

health guidance online (see http://www.pgsp.edu).

<div align="center">Uniqueness of Christian Counseling</div>

In the mid 1970's, the idea of "Christian counseling" burgeoned as pastoral and

Christian clinical practitioners debated the best ways to assimilate Biblical truths and

behavioral science research into a people helping practice (Carter & Narramore, 1979;

Jones & Butman, 1991). Currently there is a spectrum of Christian counseling philosophy and practice.

Collins (1988) writes that Christian counselors use techniques of non-believers but have unique attributes including biblical assumptions, goals, methods, and personal characteristics. Regarding biblical assumptions, Jones, Clinton, and Ohlschlager (2005) write:

> 2 Timothy 3:16–17 states "All Scripture is given by inspiration of God and is useful for teaching, rebuking, correcting and training in righteousness, so that the man of God may be thoroughly equipped for every good work." Hence, the foundation for Truth by which everything else is evaluated is the Bible, and the Scriptures in themselves provide us with a plethora of information in instructing one on how to live a proper life. (p. 53)

Hunsinger (2001) describes biblical truth as logically prior and therefore more authoritative than scientific or psychological knowledge.

Regarding goals, Crabb (1977) states the ultimate goal of Christian counseling is not the removal of pain but a client's maturity in Christ. He contends (figuratively) that he takes clients from Hell (their emptiness and pain), to Purgatory (a place of reliance on God), to Heaven (a divine embrace of God and healing). Others, similarly, identify the goal as the restoration of the image of God in man (R. Hawkins, lecture, 2004; Clinton, Ohlschlager, & Centore, 2005, p. 35).

Concerning methods, Adams (1970) is generally against the use of psychology, choosing instead to rely heavily on Scripture and prayer in the counseling process. In contrast, Hunsinger (2001) incorporates psychological principles that are compatible with

Scripture, and McMinn (1996) warns that the use of prayer in the counseling process may blur the professional counselor-client relationship.

Concerning personal characteristics, Clinton, Ohlschlager, and Centore (2005) write that the trustworthy Christian counselor possesses appropriate personality characteristics, spiritual gifts, training, commitment to the gospel, and biblical worldview (pp. 34-36). Also, similar to secular paradigms, McMinn (1996) writes Christian counselors must know themselves, their clients and their goals.

Acknowledging the various approaches to Christian counseling, Ohlschlager and Clinton (2005), of the American Association of Christian Counselors, write:

> While our bias is clearly toward Christian counseling that incorporates spiritual disciplines, we take an inclusionary approach and see all believers as welcome within Christian counseling's "big tent." We suggest that excellence and positive outcome is better correlated with an active inclusion of Christ and Christian principles, but one that respects the working environments and the limits, capabilities, learning styles, and the readiness of clients. (p. 114)

Though there is a "big tent" of Christian counseling philosophy and provision, the differences between Christian and non-Christian counseling are still significant. Assumed is that those who state specifically that they do not provide Christian counseling contend that neither their philosophy nor practice fall anywhere on the wide spectrum of Christian counseling provision. Therefore, to serve the purpose of this study exclusively the perspectives of providers of Christian counseling are observed.

Purpose of the Study

Christian counselors potentially perceive both advantages and disadvantages of distance counseling provision. However, no study has investigated these perceptions. Therefore, the purpose of this study is to investigate and describe Christian counselors' perceived advantages and disadvantages of distance counseling.

Justification for the Study

There are several justifications for this study. First, arguably, Christian counselor perspectives toward distance counseling will directly affect the future of the Christian counseling field, and a knowledge of such perspectives will assist Christian counseling associations in properly assessing counselor needs as they endeavor to support and equip Christian counselors who use, may soon use, or will not use distance counseling technologies to meet growing needs in mental health and spiritual care.

Also, if perceived advantages or disadvantages of Christian counselors are incongruent with the findings of present literature on the topic of distance counseling, such incongruence may suggest there is a need for counselor education in regards to distance counseling mediums. Specifically, education may need to focus on the clinical, ethical, and practice management consequences of implementing distance technology into a Christian counseling practice. Lastly, the findings of this study will serve as a basis from which future or subsequent research studies can infer specific hypotheses on Christian counselor interactions with varying distance counseling technologies.

Definition of Terms

The following terms are defined for their functional use in this study.

Distance counseling: The provisions of counseling services through internet or telephone

Asynchronous communication: Computer mediated communication where substantial time exists between sending and responding to messages. Examples include email, bulletin boards, and forums.

Bulletin board: An online, text based asynchronous method of communication where one can post a message, and read messages posted by others. Also see "forum."

Computer mediated communication: Communicating by use of a computer.

Christian counselor: A provider of Christian counseling services ranging from a lay helper, to counseling pastor, to licensed mental health practitioner.

Forum: An online, text based asynchronous method of communication where one can post a message, and read messages posted by others. Also see "Bulletin board."

Internet relay chat: Text based synchronous communication where a sent massage is instantly received, read, and responded to. This is commonly known and "online chat," "instant messaging," or online chat.

Online clinic: A website for online counseling that hosts many counselors' practices.

Synchronous communication: Computer mediated communication where a sent massage is instantly received and responded to. When text based, this is referred to as "internet relay chat."

CHAPTER TWO: LITERATURE REVIEW

The following is a comprehensive review of literature that describes the potential advantages and disadvantages of distance counseling. Pertinent issues are separated into four major categories: general counseling factors, ethical issues, crucial clinical issues, and practice management issues.

General Counseling Factors in Distance Counseling

Various arguments contend that, in regards to general counseling factors, distance counseling services may be a superior alternative to FTF sessions. The possible intrinsic advantages of distance counseling include client sense of safety, anonymity, reduced social stigma, counselor selection, counselor accessibility, and affordability. These are discussed below.

Safety

Distance counseling may help clients let down 'in-person' defenses (Speyer & Zack, 2003), for they are able to receive help from the safety of their home environment (Rosenfield, 2003). This increased feeling of protection may be important with clients who have experienced physical or sexual abuse (Tyler & Sabella, 2004, p. 229; Boucher, Pronk, & Gehling, 2000).

In addition, this sense of safety may help clients express themselves more fully (Suler, 2004). For example, a study investigating the interactions of Thai women in a co-ed online discussion found that females that took a passive role in FTF interactions spoke more assertively and frequently in an online environment (Panyametheekul & Herring, 2003). Additional studies show that internet communication breaches gender and cultural norms for Afghanistan women (Bickel, 2003) and Kuwaiti youth (Wheeler, 2003).

Anonymity

Worona (2003) states the Internet is a phenomenon where persons "communicate without the distractions of race, gender, age, size, or physical deformity or impairment" (p. 62). In defending the usefulness of anonymity, Worona suggests the civil rights rallies of the 1960's would have been impossible if protestors were required to "identify themselves at the door" (p. 62).

While some counseling ethics codes regard client identification as necessary (ACA Governing Council, 1999), there are various levels of anonymity. For example, although a client may be required to provide their name and location, with distance counseling many characteristics (e.g., appearance, race, and disability) are still protected.

However, some refute ascertaining client identity as an ethical mandate, claiming one's choice to remain anonymous is an intrinsic human right. Nearly 250 years ago Benjamin Franklin spoke on the tension between anonymity and security stating, "They that can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety" (as cited in Worona, 2003). The American Library Association (ALA), in their code of ethics, specifies their policy on intellectual freedom stating, "We protect each library user's right to privacy and confidentiality with respect to information sought or received and resources consulted, borrowed, acquired or transmitted" (ALA, 1995, Principle III). Moreover, George Radwanski (2003), the privacy commissioner of Canada, stated in a speech on privacy rights:

> We calibrate what we reveal about ourselves to others. Most of us are willing to have a few things known about us by a stranger, more by an acquaintance, and the most by a very close friend or a romantic partner.

The right not to be known against our will - indeed, the right to be anonymous except when we choose to identify ourselves - is at the very core of human dignity, autonomy and freedom.

If we allow the state to sweep away the normal walls of privacy that protect the details of our lives, we will consign ourselves to living in a fishbowl.

Even if we suffered no other specific harm as a result, that alone would profoundly change the way we live our lives. Ask anyone who has lived in a totalitarian society.

But there also will be tangible, specific harm. (para. 41-43)

If one agrees that persons occupy the right to remain anonymous when seeking information, or even mental health treatment, the intrinsic anonymous nature of distance counseling could be seen as advantageous to maintaining this right.

Anonymity is nothing new to counseling. Anonymous magazine mental health advice columns have been present since 1930 when Dr. Karl Menninger produced a column for the *Ladies Home Journal* titled "Mental Hygiene in the Home" (Slavich, 2003). Also, one of the first online counseling services, called "Dear Uncle Ezra", was developed in 1986 by Cornell University (see http://ezra.cornell.edu). This service allows queries from anonymous students to an anonymous counselor! The counselor responds to the submitter's question or issue via a public internet post. After 17 years this program is still active and users confirm that if it were not for the anonymous format, their fears, concerns, and dilemmas would never have been revealed.

However, some might look upon anonymity with suspicion, or assume anyone desiring to remain anonymous while seeking counseling are psychotics seeking to live

out a fantasy. One individual representing the ethics committee of the ACA, referencing

distance counseling, stated that he would not consider counseling a person wishing to

remain anonymous "with a 10 foot pole" (personal communication, 2003).

Social Stigma

Distance counseling assures clients they will not encounter their counselor in

public (Umefjord, Petersson, & Hamberg, 2003), nor will they risk meeting persons from

the community in the counselor's waiting room. Therefore, distance counseling may be

effective in eliminating the social stigma of receiving counseling (Slavich, 2003; Speyer

& Zack, 2003). One study investigating the use of phone counseling services by Arab

Israeli callers found the stigma-free medium "may be a culturally appropriate modality of

providing helping services to people who conventionally underutilize other forms of

professional mental health intervention" (Al-Krenawi, Graham, & Fakher-Aldin, 2003, p.

495).

Social stigma may prevent many from acquiring necessary counseling services.

To overcome this, the University of Wisconsin developed a counseling center website

that allows counselors to be contacted by email, a process that has encouraged students to

come in for FTF sessions (Carlson, 2002). Moreover, George Mason University provides

counseling to students by videoconference, and other schools provide online information

on pertinent issues, as well as advice columns—all operating with the hope it "will get

them [students] over the threshold and bring them in" (Carlson, para. 15).

Selection

Distance counseling may provide clients a greater selection of therapists to choose from. This is especially beneficial for persons looking for a counselor with specific experience, or with particular language or ethnic understandings (Speyer & Zack, 2003).

Online support groups have been a method for individuals to reach others across the world who are dealing with similar issues, and forums dedicated to a variety of emotional and physical maladies (e.g., depression, grief, and cancer) have been present since the beginning of consumer internet use. In the 1980's, online forums—though a technology called Usenet—were hosting support groups, one of the most popular being http://alt.support.depression (Grohol, 2004; Anthony, 2003).

Accessibility

Distance counseling is advantageous to individuals residing in areas where counseling services are not available (Umefjord, Petersson, & Hamberg, 2003) and with clients who are unable to leave home (Rosenfield, 2003; Speyer & Zack, 2003). It is also proposed that such advantages may be similarly appealing to counselors in areas with few potential clients, and counselors unable to meet FTF due to illness or familial responsibilities (ReadyMinds, 2004). Distance communication may also be useful for counselors to receive timely supervision, thus improving a young practitioner's ability to manage difficult client issues (Myrick & Sabella, 1995). Also, FTF counseling can prove incompatible with some client work schedules, while distance counseling possesses potential for 24 hour service availability. This is apparent with numerous crisis and counseling services currently available 24 hours-a-day (e.g., HelpHorizons.com, Samaritans, 1-800-SUICIDE).

Even if counselors are not online or at a phone 24 hours-a-day, asynchronous communication (i.e., email, forum posts, etc.) creates the perception of a counselor's perpetual availability, and a client can communicate anytime, instead of waiting for a weekly or bi-weekly FTF session (Childress, 2000). Also, since there are no restrictions limiting when a client can write to a counselor, clients can send a message while in milieu of a problem. And since there is not an "in-between session" time, a more intense psychological holding environment is present between counselor-client exchanges (Childress).

Affordability

Distance counseling has potential to be more economical that FTF counseling due to lower overhead costs of counselors who do not need to rent commercial space, and the elimination of client and counselor commuting costs.

Concerning the value of client time, the hours invested in counseling may be less with distance counseling due to elimination of travel, lack of a waiting room, and the goal-directed focus that often ensues with distance communication (Boucher, Pronk, & Gehling, 2000, para. 3).

Distance counseling facilitates goal-directed communication, for when communicating through phone and internet, "small talk" is greatly lessened and individuals address concerns faster (Rosenfield, 1997). One study explains: "CMC partners forgo the peripheral questions and answers that mark the normal, superficial exchanges among new acquaintances in FTF encounters" (Tidwell & Walther, 2002, p. 338).

General Counseling Factors for Text Based Distance Counseling

The Clinical Social Work Federation (CSWF) states in reference to text based online counseling, "The belief of the Clinical Social Work Federation is that psychotherapy services cannot be delivered online [via text] because of the inherent nature of the service and, therefore, the federation is opposed to the practice of Internet-based treatment" (Lonner, Trimm, Phillips, Amey, & Jean Synar, 2001, para. 1).

Others involved in the research and practice of online counseling disagree. Michael Fenichel (2001) while president of the International Society for Mental Health Online (ISMHO; 2001)—an organization founded in 1997 to promote the understanding, use and development of online communication, information, and technology for the international mental health community—responded by letter to the CSWF (2001), stating:

> [though] there remains particular concern about confidentiality, privacy, and authenticity, as well as the legal and regulatory issues insofar as professional licensing… there is also an incredible potential benefit in providing services to those who are geographically isolated, socially anxious, physically disabled, or fearful of stigma for seeking help, information, and support. (para. 2)

Fenichel (2001) comments that contrary to the claims of the CSWF there is research supporting the efficacy of text based counseling (para. 3). Practitioners identify advantages to text based counseling, in addition to those regarding distance counseling in general, including "attention and reflection", "confession and framing", "objectivity and externalization", "associations and insight", "accountability", "ownership and control", "maximum anonymity", and a "testament of treatment progress." These advantages are described below.

Attention and Reflection

Text based interactions (especially those with a time delay) allow both client and counselor to pay close attention to their communication exchanges, and reflect on their own thoughts and feelings, while still in dialogue (Suler, 2000; Suler, 2004).

Confession and Framing

A client's need to confess is automatically framed through the process of writing (Speyer & Zack, 2003). Journaling is often assigned as homework to persons participating in FTF counseling, partly because of its framing and cathartic effects.

Objectivity and Externalization

Writing often invokes one to reread and review what was written, a process that promotes increased objectivity and externalization of a problem on the part of the client (Childress, 2000; Speyer & Zack, 2003).

Associations and Insight

New associations, insights, and the recovery of old memories are often the products of the process of "getting it down in writing" (Speyer & Zack, 2003). Further, it has been said that while in FTF sessions a client may speak for an hour and not reach the heart of a matter, with writing a client can communicate more in *one sentence* written after an hour of reflection. However, this second tenet is only applicable in asynchronous communication.

Accountability

Text based interactions allow participants to comment on and directly quote pertinent excerpts of previous exchanges. This heightens the accountability of both client and counselor to their statements.

Ownership and Control

Clients communicate in a less restricted manner by text, for they are less affected by positive or negative leads, and are less apt to fear the "furrowed brow" of a counselor (Speyer & Zack, 2003; Suler, 2004). Clients also possess heightened ownership of the counseling process for they set the pace and tone by controlling frequency and content of disclosures (Speyer & Zack, 2003).

Maximum Anonymity

Manhal-Baugus (2001), Baron and Hutchinson (1984), and others suggest that videoconferencing is the ideal mode for counselors to interact with clients because it supports asynchronous two-way audio and video communication that emulates the in person experience (see also Elleven & Allen, 2003). Some site that video is often not utilized in distance counseling because software is expensive and difficult to incorporate (Manhal-Baugus), or because video requires the use of high speed internet connections such as cable, satellite, or digital subscriber lines (DSL) that are costly or unavailable in some areas.

However, recent studies show that videoconference software is both inexpensive and simple to use (Reimer-Reiss, 2000; Walther, 2004), and that its widespread non-adoption is evidence that video is not desirable because it eliminates the sense of anonymity clients experience with online text communication (Walther, 2004). In addition, text offers more anonymity that even phone, for the clients need not even share the timbre of their voice with the counselor.

Testament of Treatment Progress

Discussions are easily saved or printed with text counseling, allowing clients to reread therapeutic guidance years after the termination of counseling. This may strengthen old resolutions, and be a testament of the client's treatment progress (Speyer & Zack, 2003).

Summary of General Counseling Factors

According to the literature cited, proposed advantages of distance counseling include client safety, anonymity, reduced social stigma, counselor selection, counselor accessibility, and affordability. In addition, it was suggested that text based counseling leads to increased client attention and reflection to communications, confession and framing of thoughts, objectivity and externalization of problem issues, associations and insight into problems, accountability, ownership and control of the counseling process, maximum anonymity, as well as a written testament of treatment progress.

<div align="center">Ethical Issues in Distance Counseling</div>

The ethical issues of distance counseling fall into two broad categories. First is the question of whether distance counseling is legal and within the bounds of a counselor's license to practice. The second issue concerns whether distance counseling is a sufficient medium for counselors to fulfill their numerous ethical duties. This section addresses these major ethical issues.

Licensure within State Lines

There is an issue of whether distance counseling is legitimate practice within the bounds of a counseling license. Though some maintain that it is, others attempt to soften the issue by stating online services are not therapy, but an educational process that may

be therapeutic. Martha Ainsworth (2004) seeks to answer the question "what is

etherapy?" by stating:

> Online counseling - "e-therapy" - is when a professional counselor or
>
> psychotherapist talks with you over the Internet, to give you emotional support,
>
> mental health advice or some other professional service. It could be one question,
>
> or an ongoing conversation; it could be by e-mail, chat, video or even Internet
>
> phone (voice-over-IP)…
>
> E-therapy is not psychotherapy. It should not be compared to psychotherapy. It
>
> is not a substitute for traditional psychotherapy. Working with a therapist in
>
> person is still better. But many people cannot or will not see a therapist in person.
>
> E-therapy is a form of counseling which, though it falls short of full-fledged
>
> psychotherapy, is still a very effective source of help. (Talk to a therapist online,
>
> para. 1-3)

Similar to Ainsworth's (2004) etherapy definition, other professionals claim to provide

"coaching", "mentoring", or "spiritual care" via distance. However, these attempts to

resolve the issue ignore that for some states persons may be held liable for providing

counseling, even if it is being marketed under a different name.

Licensure across State Lines

In regards to a counselor using distance counseling to communicate with a client

across state lines, Zack (2002) explains:

> psychotherapy across state lines becomes very easy with online counseling, and
>
> there is some debate as to the legalities of this practice. If a Florida-licensed
>
> psychologist exchanges emails with a client in New York, is there a problem?

Where does the therapy take place? Some argue that the client is virtually

traveling to the therapist's office, whereas others suggest that the therapist must be

licensed in the client's state, or else. (Legal/ethical challenges, para. 1)

To date, most state counseling boards have no formal position on Internet service

provision by out of state providers, and no legal precedent about point of service issues

has been set in any state (Slavich, 2003; Kraus, 2004).

Distance counselors may attempt to deal with this issue by contracting in their

informed consent that the point of service occurs in the state that the *counselor* resides,

and participating clients agree they are seeking a provider outside their state of residence;

in effect leaving their state for counseling (Kraus, 2004). Leonard Holmes (1997) in an

APA presentation argues that forcing the point of service to be the client's residence will

eliminate *legitimate* online counseling, and leave only *non-reputable* providers on the

internet. He states:

I address the jurisdiction issue by stating that all consultations take place in

Virginia. The client is "virtually" driving on the "information highway" to my

office and seeing me in Virginia. They then have the same protections as clients

who drive on the real highway from North Carolina.

An alternative would be to define the interaction as occurring in the client's

state or province (and country) of residence. This might require a therapist to be

licensed in any state (and country) which they wished to receive consultations

from, and to be bound by many different sets of regulations and continuing

education requirements. This is clearly not a practical approach. If adopted, it

would effectively shut down legitimate psychological services on the Internet. It

would do nothing to stop the untrained unlicensed "counselors" who are also

providing "services" on the net. (Holmes, Regulatory and licensing issues, para.

2)

General Ethical Duties

Ethics involves the issues of whether distance counseling allows providers to

fulfill general ethical duties. A list of these duties includes:

1. Duty to provide viable and effective treatment

2. Duty to appropriately assess client issues

3. Duty to maintain confidentiality

4. Duty to warn vulnerable populations if there is a threat to them

5. Duty to obtain valid consent for treatment

6. Duty to refer if the problem cannot be resolved in a reasonable time

7. Duty to be available

8. Duty to refer if unavailable or unable to provide suitable treatment

9. Duty to avoid inappropriate relationships

10. Duty to use tested methods

11. Duty to inform clients of the limitations and risks of services

12. Duty to obtain informed consent (especially if the method is experimental)

13. Duties to maintain secure client records

14. Duty to charge only reasonable fees

15. Duty to avoid conflicts of interest

16. Duty to provide access to client records

17. Duty to ensure the continuity of services

18. Duty to consult with previous service providers (NBCC, 2005; AACC, 2004;

AMHCA, 2000).

Zack (2002) remarks: "In general, online counseling involves the same general process as

does face-to-face counseling, so licensure rules should apply as they do in the material

world" (Legal/ethical challenges, para. 1). However, ethical issues that have been

identified as troublesome for distance counseling provision include confidentiality (e.g.,

security of client health information), identification (e.g., having the counselor's

credentials available to the client and the client's identity available to the counselor), and

the handling of crisis situations (NBCC, 2001; ISMHO, 2001).

Confidentiality

Confidentiality has been an important issue in distance counseling provision, and

is an issue that includes both the security of communications, as well as counseling

records. Some maintain that confidentiality in distance counseling—especially online—

occupies greater security than FTF counseling. It has been suggested that FTF counseling

communications are often compromised by "casual security breaches" such as persons

listening by the door of a counseling office, or simply by persons being in the general

vicinity (Derrig-Palumbo & Zeine, 2005, p. 42). Often clients are seen by others in the

waiting room of a clinic, or entering a counselor's office, both which makes

confidentiality of the fact one is speaking with a counselor naught. In addition, in FTF

counseling, records are often stored in a locked filing cabinet. This security is minimal,

for the files are accessibly by any person with a key, a crowbar, or the know-how to pick

a lock.

In contrast, distance counseling occupies less of an opportunity for "casual" security breaches (Derrig-Palumbo & Zeine, 2005, p. 43). There is no waiting room or office around which a client could be seen. Also, regarding communications, even if one was to overhear a counselor or client speaking on the phone during a session, the listening person would only succeed in hearing half the conversation.

Further, concerning the possibility of a person breaking into an Internet filing system to acquire counseling records, this threat is minimized by several factors. The first is that only extremely experienced persons have the knowledge or ability to compromise the current Internet securities. Second, the motivation of such persons to break into these systems is to be rewarded with financial gain. This would not likely ensue with records containing counseling information (Derrig-Palumbo & Zeine, 2005). Also, the fact that many banks and businesses exchange financial information over the internet everyday serves as a testament to the general confidence in Internet securities creating an environment for these processes to be generally safe.

Suicidal or Dangerous Clients

There are two ethical issues regarding suicidal or dangerous clients. First is the issue of whether distance counselors are capable of providing suitable treatment to persons who are in crisis, or who are dealing with suicidal ideation. The second issue concerns whether distance counseling is sufficient for fulfilling ethical duties to warn or report, if such a situation occurs in which reporting becomes necessary.

Clients in crisis. There are varying philosophies in regards to this issue. While distance counseling may not be the best approach to deal with such clients, some counselors may see the provision to be better than nothing. The fact that some clients

may refuse or be unable to receive help in a manner other than distance counseling could

make distance counseling an extremely beneficial asset for some of the most severely

troubled. The Samaritans, a group of volunteers in England, see this potential and

"provide emotional support to any person who is suicidal or despairing" through

telephone and online counseling (Hughes, 2000, p. 328).

Emergency Response. The second issue concerns the ability for counselors using

distance technology to respond effectively to a client who is threat to himself or others.

Though some see distance counseling as a practice where clients will be anonymous

(Hughes, 2000), one expert considers distance counseling to occupy an advantage in

regards to identifying clients and responding to crisis situations, stating:

> When online, a client usually has entered a credit card number or an insurance
>
> plan account number, so therapists actually have more accurate, up-to-date, and
>
> accessible information on the client's location than they would in face-to-face. In
>
> fact, some e-clinics actually provide a mechanism that will instantly put therapists
>
> in touch with police, hospital, and emergency services close to the client's
>
> location. (Derrig-Palumbo & Zeine, 2005, p. 42)

Even if such automated response systems are not in place, in a situation where a client is

a threat to himself or others, the counselor is to act in the same manner as if it were a FTF

session: contact authorities and attempt to warn parties in potential danger.

Client and Counselor Identity

Identifying Clients. Another ethical issue concerns verifying client identity. Aside

from the argument that clients have a right to remain anonymous (see above section on

anonymity), there are ways to confirm client identity. Foremost, clients usually pay for

distance counseling services via a check or credit card, and at times by insurance, all of which disclose the client's name, as well as their primary address. This leads some professionals to state that the ability to identify the client is enhanced with distance counseling (Derrig-Palumbo & Zeine, 2005). Also, though it is feasible that a client could be guilty of "identity theft", the issue changes from client identification to felon identification.

Secondly, distance counselors have the ability to acquire copies of a client's driver's license, birth certificate, and social security card by fax or email. And counselors can compare a signed consent form to the signature on a client's driver's license. The ability to identify clients via distance technology is so diverse that one expert states:

It can be argued that clients online must provide more accurate information than those who visit clinicians in person. Therapists generally never ask for identification from their clients, and if a [FTF] client self-pays for therapeutic services, he or she may easily provide completely fictitious information regarding identity and location. (Derrig-Palumbo & Zeine, 2005, p. 41)

Lastly, there is some concern that an imposter client may take the place of the real client in distance counseling. This too is unlikely for the following reasons: (1) the imposter will likely have a different writing style, manner of speech, and voice from the true client (whichever are applicable); (2) counselors, as trained listeners, would be able to discern whether the person is familiar with the pace and content of a continued dialogue; and (3) there are likely additional preventatives such as lack of motivation for one to do so, and the real client having password protected access to their counselor.

Counselor Identity. Still another clinical issue concerns whether clients can

identify their counselor through distance media (Stofle, 2001). In response to this

concern, several solutions have been presented. First, online counselors can provide links

to all appropriate certification bodies and licensure boards (Jencius & Sager, 2001). This

process provides verification of credentials that far exceeds FTF counseling, for a client

can instantly look up a counselor's license to see if it is in good standing with their

licensure board (see Cyberchoices.org). Second, online counseling clinics occupy the

ability to have a verification process that confirms the counselor's identity through a

series of licensure checks, background checks, and personal or professional references.

Summary of Ethical Issues

Similar to FTF provision, there are numerous ethical issues in distance

counseling, many of which can be controlled by a prepared and conscientious counselor

(Zack, 2002). Regarding the issue of whether distance counseling is legal with clients

within and outside one's state of residence and licensure, this has yet to be resolved on a

national level (Slavich, 2003).

Concerning ethical duties, several of the issues that are thought by some to be a

disadvantage in distance counseling (e.g., maintaining confidentiality, handling a crisis,

identifying a client) are perceived by others to be intrinsically advantageous when using

distance counseling mediums (Zack, 2002; Derrig-Palumbo & Zeine, 2005). Still, the

outcome and professional consensus regarding several of these perceptions is pending.

<center>Crucial Clinical Issues in Distance Counseling</center>

Though there are important clinical issues that have been addressed in the above

categories of "General Counseling Factors of Distance Counseling" and "Ethical Issues

in Distance Counseling," the prevailing and crucial clinical issues for distance counseling

concern (1) whether rapport can be produced through distance communication, and (2)

whether effective treatment be provided through distance communication. These two

issues are discussed below.

Rapport

Rapport, the single most important aspect of a therapeutic intervention (Yalom,

1989), increases consumer interest, motivation, and comfort (Ancis, 1998), which are

attributes that increase clinical efficacy. Spitzer (1998) states that in counseling "There is

no substitute for a positive, caring, non-threatening environment" (p. 55). However,

rapport may prove to be abundant, or diminished, in distance counseling, when compared

to FTF services (Reimer-Reiss, 2000).

Rapport in text-based CMC. Early on, the "technologically deterministic" view

held that text based CMC was insufficient for social or relational development (Hain,

Chuan, Trevor, & Detenber, 2004). Early studies supported this view, pointing out the

social disadvantages of text based CMC (Michailidis & Rada, 1997) and declaring the

likelihood of developing an interpersonal relationship via its use to be low (Parks &

Floyd, 1996). Similarly, social presence theory contends that text communication

conveys little social relevance due to its lack of non-verbal cues and present "lexical"

(i.e., impersonal) aspect (Short, Williams, & Christie, 1976). The sum of these

observations was labeled the "cues filtered-out" view, and it became the overarching

explanation of why text based CMC is an impersonal communication medium (Hain,

Chuan, Trevor, & Detenber, 2004).

In contrast, other views propose text based CMC is useful for interpersonal communication. The social identification/deindividualization (SIDE) model, while acknowledging the lack of non-verbal cues, suggests the fact that persons build rapport by considering themselves socially "in-group" with others is of more importance (Lea & Spears, 1991, 1995; Spears & Lea, 1994). In addition, the SIDE model suggests that CMC communicators often designate over-attributions to the persons they communicate with, using stereotypes or generalizations to supplement missing information. These projections create a more intense interpersonal relationship between communicators *because* of the limited information available (Childress, 2000; Lea & Spears, 1995).

Walther's (1992) social information processing (SIP) theory suggests FTF communication and text based CMC to be equal in regards to the information disclosed and direction of dialogue. He states the major difference between FTF and text communication is the *speed* in which information is communicated. One study summarizes this well:

> The difference, then, [according to SIP] between CMC and FTF is not the ability to engender social interactions, but the rate at which social information exchange takes place. That is, given time, as interaction accumulates, relationships develop the same way in CMC as in FTF interactions. (Hian, et al., 2004, para. 6)

Later, Walther (1996) used both the SIDE model and SIP theory in the development of the "hyperpersonal communication model" which lists several tenets of how text based CMC allows for an experience of greater relational depth than FTF communication. These include:

1. The receiver's idealization of the other due to over-attributions, whereby the receiver assigns magnified positive values to his or her partners.

2. The sender's selective self-presentation, in which the sender has the advantage of being able to optimally edit his message before transmitting.

3. The feedback loop or reciprocity of interactions, whereby the interplay of idealization and self-presentation becomes a dynamic process and creates a self-reinforcing cycle.

Several experimental studies support these more recent views. One study confirmed that while CMC is slower than FTF communication, relationship development is equivalent when accounting for the discrepancy in speeds (Walther & Burgoon, 1992). Walther (1993) found that while persons using CMC had less developed interpersonal impressions than FTF groups after the first meeting, by the third meeting impressions were equivalent. Two years later, Walther (1995) found CMC interactions promoted greater relational intimacy than FTF communication after the first meeting. Similarly, a study of 48 subjects found that those using IRC to communicate possessed significantly higher relational intimacy (rapport) than a FTF group (Hain, Chuan, Trevor, & Detenber, 2004). These results were consistent in male-male, male-female, and female-female pairs.

Counseling specific rapport. Regarding the effects of physical behaviors on rapport, in one study eye contact was found to have no correlation with the level of counselor-client rapport (Sharpley & Sagris, 1995a). Another study found that the forward leaning technique of counselors, when relating to clients, was positively correlated with rapport between counselor and client (i.e., "a lean of 41 degrees or

more"), though it was not determined whether the lean facilitated the rapport, or visa-versa (Sharpley & Sagris, 1995b).

Of more significance were studies measuring rapport and counselor non-physical behaviors. Sharpley (1997) found greater instances and amounts of silence in relationships perceived by clients as having high rapport; highest ratings were present in interviews where between 4% and 20% of the time was spent in silence. A later study found rapport to increase with therapist clinical experience (Sharpley & Mcnally, 1997).

In regards to verbal behavior, one study found highest rapport occurred when the therapist used minimal encouraging statements (e.g., "uh-huh," "hmm," etc.), and many empathetic responses (Sharpley & Guidara, 1993). Rapport was also associated with counselor verbosity and with counselors who "extensively verbally engaged the client" (Sharpley & Guidara). Accordingly, the strong early practice of restating the client's words, with attention to feelings, increased rapport by helping the client to move from a cognitive to emotional interaction (Sharpley, Fairneis, Tabary-Collins, Bates, & Lee, 2000). Highest rapport existed when counselors focused on the perspectives of the client and when minimal talk was about the counselors' own interpretations.

In historical contradiction to the cues filtered-out view, the psychoanalyst Sigmund Freud took measures *against* the FTF nature of counseling by placing the therapist behind the client, out of the client's view and providing the therapist only a limited view of the client (Lester, 2002; Stybel, 2003). What is more, Freud wrote letters to his patients, allegedly for therapeutic purposes.

Empirical studies show rapport in counseling is achieved without FTF interaction. One study on videoconference communication investigated the difficulty of interpersonal

communication and rapport when the FTF interaction was inhibited by a video delay (Manning, Goetz, & Street, 2000). In this study, videoconference counseling sessions were conducted with delays varying from none to severe—the hypothesis being that as delay worsened rapport would decrease (Manning et al.).

As a control, the study compared subjects using videoconference to subjects in FTF counseling. While no significant difference existed between the videoconference, videoconference with severe delay, and FTF counseling in regards to level of rapport with males, with female participants rapport was highest over videoconference with no delay, and second highest with videoconference with some delay. No matter delay severity, the videoconference modality always produced higher rapport than FTF sessions (Manning et al., 2000). The researchers concluded that "Females may have felt more comfortable with unfamiliar male counselors in the video conferences because of the isolation provided" (Abstract).

A later study found, with conversations that are highly involved, video is distracting and text-only exchanges are the preferred mode of communication (Nowak, Watt, Walther, Pascal, Hill, & Lynch, 2004). Also, Walther, Slovacek, and Tidwell (2001) investigated how rapport changes between communicators online when one has a picture of the individual they are communing with. Results indicate that for new online relationships seeing one's partner promotes affection and social attraction. However, when a picture is presented to persons in long term online relationships, the photograph actually lessens affinity.

Reese (2000) found persons who receive counseling by telephone rate the counseling relationship the same as a FTF control group. Similarly, a study of 465

persons found that "no difference was found in the openness or revealing of sensitive information between telephone and face-to-face counseling" (Brown, 1985).

Lastly, Walther (2004) proposes text-only communication to be more efficacious than FTF from an observation of how persons currently utilize available technologies:

> …when devices offering voice, text messaging, and video are equally available, easy, and cheap (as they are becoming even now)—what opportunities we will have to see which circumstances and human needs prompt preferences for text and the effort of typing, rather than voice or everything. The occasional availability of computer-integrated video cameras for around US $10, and their widespread *non*-adoption, testifies that there are affordances of language-only communication systems that are desirable and beneficial, and the research that clarifies what that is—what the dynamics of text-only messaging are—and why they are attractive—can be truly exciting (Introduction to the special issue).

Clinical Efficacy

A study investigating why counselors do not incorporate computerized cognitive therapy programs into their practice found that "computers did not appear to be an important factor as most therapists…used computers on a regular basis" (Whitfield & Williams, 2004, Abstract). However, most therapists stated they did not believe the computer programs would be *effective*.

Though there are numerous distance counseling issues, perhaps the most important concerns whether distance counseling is effective. Not only will perception of efficacy effect whether counselors and clients use distance counseling, according to

ethical standards of the ACA (2005), NBCC (2005), and others, counselors are ethically

obligated to provide viable treatment.

Telephone counseling efficacy and satisfaction. There are considerable studies

that promote telephone counseling as effective. In one experimental investigation, 29

subjects with minor depression were randomly assigned to six counseling sessions, either

FTF or by telephone. The phone counseling group was found to have significantly lower

post-intervention depression, and outcomes did not differ between phone and FTF groups

(Lynch, Tamburring, & Nagel, 1997). The researchers concluded telephone counseling to

be an "efficient and effective method of treatment" especially considering compliance

rates when referring patients to FTF counseling for depression symptoms is only around

10% (para. 1).

Another study comparing telephone versus traditional FTF counseling found

general success and client satisfaction with therapy were higher with the phone medium

(Reese, Collie, & Brossart, 2002). A comparable study by *Consumer Reports* (1995),

found similar results as cited in Reese et al. (2000), and an early study (Champion, 1988)

found that though clinical effectiveness was higher in FTF counseling, there was no

difference in the measure of client satisfaction.

A study by Brown (1985) found that with employees using an employee

assistance program (EAP), either FTF or by phone, compliance of users did not differ

depending on media. Studies by Ben-Ari and Azaiza (2001), and by Hornblow and

Sloane (1980) produced results that have been replicated in telephone counseling

research for several decades: clients are satisfied, experience clinical improvement, and

would recommend the services to others.

Online counseling efficacy and satisfaction. Traditionally, it is believed that counseling therapy cannot be effective in any modality other than traditional FTF sessions, due partly to the loss of non-verbal communication that occurs when two persons are not physically co-present (Hain, Chuan, Trever, & Detenber, 2004; Parks & Floyd, 1996; McGrath, 1990). One early study investigating communication through fax, mail, email, and telephone found all modes were inferior to FTF communication in regards to decision-making, awareness, perception, and commitment scales (Michailidis & Rada, 1997).

Moreover, Maheu and Gordon (2000) state: "The absence of empirical research at this time makes it impossible to objectively evaluate the benefits of the efficacy of eHealth [distance] counseling and therapy. Each Internet technology requires thoughtful and flexible research…" (Conclusion, para. 8). Another researcher agrees: "there is minimal evidence to support the effectiveness of computer mediated communication (CMC) for counseling making the practice ethically questionable. For ethical practice of computer mediated counseling, each of the different modalities of CMC available on the internet…require examination" (Atanasoff, 2003, p. 1). Zack (2002) writes "Studies 'proving' the efficacy of online counseling are a major sticking point for state boards and individuals who are withholding their support of online counseling and psychotherapy" (Does it work, para. 1). And Slavich (2003) reports that outcome studies reviewing the effectiveness of distance counseling are few, but encouraging.

The effectiveness of text based counseling. Despite the claim that empirical research is pending, in one study, 27 women with severe eating disorders were treated by means of an online reading program, the posting of journals, and email transactions with

program administrators. Results displayed significant symptom reduction, when compared to control groups (Celio, Winzelberg, Wilfley, Eppstein-Herald, Springer, & Taylor, 2000). Similarly, a study investigating the treatment of 23 women with bulimia nervosa via email transactions with a counselor showed symptom reduction to both the presenting problem and depression during a 3-month follow up (Robinson & Serfaty, 2001). Additional studies regarding eating disorders and body image dissatisfaction, which utilized online forum discussions, showed significant efficacy (Winzelberg, Eppstein, Eldredge, Wilfley, Dasmahapatra, Dev, & Taylor, 2000; Zabinski, Pung, Wilfley, Eppstein, Winzellberg, Celio, & Taylor, 2001)

In the treatment of panic disorder, online text counseling produced significant effects when compared to a control group that used self monitoring only (Klein & Richards, 2001). Regarding the treatment of posttraumatic stress disorder (PTSD), 24 persons treated through the use of assessment questionnaires, journaling, and email transactions with counselors over a five week duration showed significant improvement, maintained at a six week follow-up (Lange, Van de Ven, Schrieken, Bredeweg, & Emmelkamp, 2000).

Regarding medical ailments, 20 persons suffering from recurrent headaches were treated via email transactions. Compared to waiting-list controls, significant reductions in headache symptoms were observed (Stroem, Pattersson, & Andersson, 2000). A study examining 33 overweight individuals treated by behavior therapy through online journaling, email transactions, and forum use displayed improvement significantly above a group treated by informational and instructional websites only (Tate, Wing, & Winett, 2001).

These efficacy studies illustrate the usefulness of online treatment interventions, though usually in comparison to no treatment groups, or groups being given information only. In addition, the N size of many of these studies is generally small. Still, these studies help to support the claim that, even if not equal to FTF counseling, online counseling is at a minimum "therapeutic" (Ainsworth, 2004; Tyler & Sabella, 2004, p. 231). However, one study of persons undergoing treatment for anxiety compared the efficacy of IRC to FTF counseling. There was significant decrease in symptomology with both groups, and insignificant difference between groups (Cohen & Kerr, 1998). Similar results were found in a study by Day and Schneider (2002), who investigated outcome variables across psychotherapy by videoconference, telephone (VO-IP) communication, and FTF sessions: outcome differences were minimal and all modes provided positive clinical results.

In a study examining group therapy, Barak and Wander-Schwartz (1999) found participants who elected to join either a chat-room therapy group or a FTF group, after seven weekly sessions of 90 minutes, had slight positive improvement of the same clinical efficacy. In addition, both FTF and online groups were similar in terms of cohesiveness, personal exposure, expression of feelings, independence, order and organization; and participants in both groups expressed general satisfaction (Barak & Wander Schwartz). Similarly, a study by Weinberg, Shmale, Uken, and Wessel (1996), investigated an online support group for breast cancer patients. Results found the group provided many therapeutic features identified by Yalom (1995) for FTF groups: instillation of hope, cohesion, universality, and catharsis.

Lastly, of 452 consumers who had tried online counseling, in response to the question "Was your interaction with your Internet therapist helpful?" 60% (n=271) stated "very helpful," 32% (n=144) stated "somewhat helpful" (Ainsworth, 1999).

Summary of Crucial Clinical Issues

Traditional views contend text based CMC to be an inferior method of developing rapport in counseling (Short, Williams, & Christie, 1976; Hain, Chuan, Trevor, & Detenber, 2004). However, the vast majority of qualifiers that increase rapport were found to not necessitate physical presence (Sharpley & Mcnally, 1997; Sharpley, 1997). Concerning distance counseling as a whole, empirical studies have found distance to be advantageous to rapport building (Nowak, Watt, Walther, Pascal, Hill, & Lynch, 2004; Manning et al., 2000).

Regarding clinical efficacy of distance counseling, early studies contend it to be inferior to FTF sessions (Champion, 1988; Michailidis & Rada, 1997). However, recent studies have found client improvement with various online and telephone modalities to be equal or greater than FTF services (Barak & Wander Schwartz, 1999; Weinberg, Shmale, Uken, & Wessel, 1996). Therefore, this data seems to support the position that distance counseling is a clinically effective treatment alternative, for some clients.

Practice Management in Distance Counseling

Because distance counseling provision is greatly different from FTF provision, there are numerous practice management issues. This section reviews the broad financial and technical aspects of distance counseling provision, as well as various subcategories of these two issues.

Finances

To counselors, financial issues may be a perceived advantage or disadvantage of distance counseling. These issues include the cost of providing distance counseling, acquiring clients and receiving payment for services. The following section addresses these issues.

Cost of Providing Distance Counseling

There are several upfront financial costs of providing distance counseling. Though joining an existing distance counseling clinic may reduce upfront costs (to be replaced with higher ongoing costs), to start an online service ex nihilo (i.e., from scratch), minimum requirements include but are not limited to a website domain name, website hosting, website design, chat program, secure email, a webcam (depending of type of services being provided), security software, and a gateway to process payments. For phone counseling, standard accoutrements include a business phone line, long distance calling, an appropriate office for conducting phone counseling, and often a toll-free number. In addition, for both telephone and online counseling, specific training should be sought (ReadyMinds, 2004; Stofle & Chechele, 2004; Zelvin & Speyer, 2004; Derrig-Palumbo & Zeine, 2005).

Counselors may perceive the expense, training and effort to set up a distance counseling practice not worth the potential benefits of offering distance counseling. Also, though some propose distance counseling lowers counselor overhead (Speyer & Zack, 2003), counselors providing it as an adjunct to FTF counseling may still accrue the additional sustained expenses of running a FTF practice.

Acquiring Clients

Desirability. Whether distance counseling is desirable to clients may be the most

important financial issue. Capitalistic principles show that consumers will pay money for

what they want, and if distance counseling proves to be something desirable, such will

likely convert into revenue for providers. Many in the field of distance counseling believe

consumers are showing increasing interest in using distance counseling services (Grohol,

1997). This interest is "evidenced by scores of recent articles in popular magazines,

major metropolitan newspapers, and national television news programs" (Zack, 2002,

Why online counseling, para. 2).

Convenience. In response to consumer demands for convenience, some FTF

counselors have attempted to provide consumer-friendly services. For example, one

service provides walk-in family therapy to "customers," as opposed to "clients" (Miller &

Slive, 2004), the Samaritans now provide walk-in services (Slavich, 2003), and one

California hotel is offering "room-service psychotherapy" (Brown, 1999). Despite these

efforts, the convenience of distance counseling is still greater. One expert writes,

> Of course, the greatest reason for online counseling is, like all online services, the
>
> convenience factor. Online counseling requires no travel time, little to no
>
> specialized computer equipment and no office space for the therapist.
>
> Appointments are flexible, and response can be instantaneous. (Zack, 2002, Why
>
> online counseling, para. 2)

Marketing. Marketing is an important aspect of business, especially when the

service or product is something consumers need to be educated about or convinced of its

utility (e.g., Elliot & Williams, 2002 [Fire Brigade Counselling EAP]; Sharpe, 1998

[Moms-to-Be Resource Center prenatal care program]; Tentoni, 1997 [University Health-center-based counseling service]). Counseling has historically been weak in the task of communicating the usefulness and value of services to consumers. There is opportunity in this, for the first well known industry brand will gain strategic advantage (Reis & Trout, 2001). However, the expense of marketing a distance counseling service may be too burdensome for some practitioners. According to the founder of one successful online counseling clinic, "For most therapists, a constant marketing presence is necessary to maintain the practice at a desired level…Even the most successful online clinics, which see a high level of client flow, need to be supplemented by personal marketing" (Derrig-Palumbo & Zeine, 2005, p. 182). However, this is not unique to distance counseling. Gladding (2004) writes that a private FTF practice also takes a great deal of work to begin and market (pp. 484-486).

Receiving Payment

Client desire for free services. Due to the firm establishment of free, volunteer run, non-professional crisis hotlines, consumers may be hesitant to pay for counseling through a medium which they perceive should be free. DuBois (2004), while managing a for-fee online counseling service found that of 217 persons who filled out an online questionnaire, 89% were seeking free counseling.

Insurance issues. With telephone counseling services, today it is commonplace for practitioners to receive insurance reimbursement (Kraus, 2004). However, it took time for telephone services to be seen as an integral form of patient care—a process that is currently occurring with online communication (Kraus). Although there is no formal research to confirm this, by the account of many counselors providing distance

counseling, presently most services are paid for out of pocket (Zack, 2002; Derrig-Palumbo & Zeine, 2005). Unfortunately, the inability of clients to pay for services with insurance may both reduce a counselor's client base and force counselors to lower their hourly rates (Zack).

In January, 2004 a new reimbursement code (0074T) to pay for physician consults with the use of distance media was released by the American Medical Association (AMA, 2004, New Code Release Page). However, the AMA states, "payment for these services remains the prerogative of the payer. Introduction of a CPT code does not guarantee reimbursement" (New Code Release Page).

Slavich (2003) predicts increasing options for distance counseling payment, stating, "Medicare is now paying for a number of telehealth services, including consultations, individual psychotherapy, and pharmacologic management in designated geographical areas" (p. 16). This change in policy even allows for the billing of videoconference consults at the same rate as FTF, if not in real time (Kraus, 2004, p. 136). The Centers for Medicare and Medicaid services (2005) confirm:

> Medicaid reimbursement (fee for service) for services provided via telemedicine is available in the following States: Arkansas, California, Georgia, Iowa, Illinois, Kansas, Louisiana, Minnesota, Montana, Nebraska, North Carolina, North Dakota, Oklahoma, South Dakota, Texas, Utah, Virginia, and West Virginia. In addition, two states, Kentucky and Maine, are developing plans to cover telemedicine. (http://www.hcfa.gov)

Still, the issue remains that having a counselor on one's insurance provider list is impossible when the counselor is outside the client's immediate area (Kraus, 2004).

Instead, reimbursement may be possible only for persons with insurance policies that

allow for an "out of network" mental health provider.

      Billing options. The internet allows for efficient billing of services. Though some

years ago this was met with skepticism and fear of confidentiality breaches (Zack, 2002),

with modern encryption, web based billing solutions (e.g., PayPal, WebMD, and others)

have been marketed as safe and easy to use.

      Some practitioners find that accepting credit or check payment is a suitable

alternative to insurance reimbursement, even if the charge per session is less, for the

hassle of dealing with insurance companies is eliminated (D. Jenkins, personal

communication, 2005; J. Thomas, personal communication, 2005). Currently, distance

counseling is usually accessed after payment is made by electronic check or credit card,

using a web-based processing service or phoned in numbers (Zack, 2002; Derrig-

Palumbo & Zeine, 2005, p. 194).

      Some distance counselors prefer check payment for they are weary of the online

processing of credit cards (Thiesen, LaMattina, & McKinley, 2005). However, those who

use credit processing appreciate the convenient and timely payment it provides, and they

warn that with check methods, clients who budget poorly may neglect to pay their

counselor's fee when it is due (Thiesen, LaMattina, & McKinley).

      Online clinics & EAPs. EAP services have for many years utilized telephone

counseling. Concerning online counseling, a large EAP in Canada provides "a viable,

alternative source of help when in-person sessions or telephone contacts are not

convenient, accessible or preferred" (WarrenShapell, 2005, e-counselling page), through

a four session model that now provides over 1,000 online sessions per year (S. Speyer, personal communication, 2004).

EAP services potentially provide counselors a consistent payment source for their distance counseling services. In addition, though there are varying models, some online clinics may potentially resolve billing issues for registered practitioners.

Technological Processes

Gary Stofle (2001) states that there are basic qualifications for an acceptable therapist including empathy, caring/compassion, knowledge, being trustworthy, and credentials/licensure. He also identifies several *additional* qualifications for the online therapist including experience, a website with necessary information (e.g., specific contact information, online verifiable credentials and licenses, policy and procedural information, disclaimers about the limitations of online therapy, and information about fees), the ability to type and spell with proper grammar, online savvy, a membership with the ISMHO, and online study, research, and supervision (p. 31-41). Jencius and Sager (2001) press the issue when they write: "professional organizations through their ethical codes provide professional standards for competence. Counselors must have appropriate experience and training and would need technological competency for cybercounseling" (p. 296). Zack (2002) agrees: "challenges for online therapy are more technical both in terms of the computer and the counseling. Online interactions will only be as good as the technical skills of the participants" (Technical challenges, para. 1). Hence, within this section there are two subcategories, *implementing technology* and *counseling with technology*.

Implementing Technology

One study, regarding counselor apprehension to implement technology, states "some counselors perceiving computer applications as so complex or mechanistic that it is best to avoid this technology whenever possible" (Sampson, 1987, p. 116). Another study found 50-60% of mental health professionals express reluctance toward learning about technology (Rosen & Weil, 1995; Reimer-Reiss, 2000).

One hypothesis for this considers that since older generations were raised in environments where technology such as the telephone was restricted for business and emergency uses, such persons may possess a predisposition *not* to utilize the phone for anything beyond those purposes (Stybel, 2003; Lester, 2002). However, as consumers increase their technological savvy, counselors will be required to keep pace (Elleven & Allen, 2003). Additionally, Grohol (1998) warns counselors slow to incorporate available technologies will be left behind in the increasingly competitive mental health field (as cited in Elleven & Allen).

Counseling with Technology

Counselors may perceive a disadvantage to distance counseling is the need to learn techniques to handle counseling issues such as obtaining informed consent, accessing client problems, confirming client identity, dealing with crisis situations, and establishing rapport with clients. Moreover, though counselors may be comfortable using technologies, they may regard the abilities of potential clients as a disadvantage to distance counseling. Though some clients will never be good distance counseling candidates, others must be educated on counseling processes such as counselor

availability and response time, amount of allowed emails or phone calls, scheduling and

canceling appointments, payment processes, etc. (Derrig-Palumbo & Zeine, 2005).

Accordingly, counselor techniques are said to vary depending on the methods in

which the counseling is taking place, rapport, education, ethnicity, and presenting issues

of the client (Stofle & Chechele, 2004; Zelvin & Speyer, 2004). The sections below

briefly describe techniques for distance counseling, by both telephone and online.

Phone counseling techniques. Persons should not attempt the practice of phone

counseling until they are experienced with FTF counseling (Rosenfield, 1997). This has

been reversed with some crisis lines, talk lines, and EAP call centers where persons with

less training and without licenses have been assigned to provide care. One's clinical and

assessment skills need to be very fine tuned to be a phone counselor (ReadyMinds, 2004).

Techniques include the effective answering of a call (without frightening reluctant

callers), accessing problems without visual cues, careful wording, controlling speed of

speech and voice tone, discerning truth, dealing with the shift in client-counselor power,

handling clients from different cultures and manners of speech (issues heightened in with

distance counseling), comprehending difficult accents, quelling over-talkative clients,

using silence, counseling silent clients, keeping a presence while silent, taking notes,

managing background noise, enforcing time limits, monitoring session length and so

forth (Rosenfield, 1997; ReadyMinds, 2004).

Online counseling techniques. Similar to phone counseling, there are a plethora of

techniques that should be learned before a counselor begins providing online counseling.

Concerning the most common forms of online counseling—email or online text chat—

technique issues include length and pointedness of emails, whether counselors quote

clients' messages in a text response, how a counselor responds to vague or unclear client emails, the handling of clients who send excessive emails (in length or number), dealing with increased projection in text communication, maintaining a warm environment while with text communication, providing a thorough clinical assessment, determining if online counseling is helping a client, knowing whether counselor communications are being understood by the client, use or refrain from use of emoticons, bold, italics, bullets, etc. in writing, beginning and ending an online chat session, and more (ReadyMinds, 2004; Stofle & Chechele, 2004; Zelvin & Speyer, 2004; Derrig-Palumbo & Zeine, 2005).

Summary of Practice Management Issues

Practice management in distance counseling is an extensive process with a series of both financial and technical issues. Financial issues regarded the cost of beginning and maintaining services, acquiring clients and receiving payment from clients. Currently, literature does not show clearly whether distance counseling is generally an advantage or disadvantage in regards to counselor financial matters.

Technical issues of distance counseling include both implementing technologies, and counseling with technology. Technical processes were found to possess potential challenges especially for counselors unfamiliar with Internet technologies. Moreover, distance counseling was found to be an endeavor that should only be considered after a counselor has considerable experience in FTF counseling, and specific training in clinical distance (both phone and online) counseling techniques. At this time it is not known whether counselors perceive these issues to be an advantage or disadvantage to distance counseling provision.

Studies in Distance Counseling Perceptions

Though no study could be found that surveyed *counselor* perceptions of distance counseling, several studies were located that surveyed perceptions among students and distance counseling clients.

Client Perceptions

One study investigating demographics of persons using an online counseling service found the majority of clients sought counseling over the internet because of convenience and affordability (DuBois, 2004). Of over 200 clients surveyed, they resided in 9 countries though 93% were from the US. One client commented "people can discuss issues that might be difficult face to face" and another stated "I write my emotions out better than talking them out. I told you more in one email than most counsellors could get out of me in 10 visits!" (DuBois, 2004, p. 22).

A study with a sample of 186 participants found convenience was the number one reason for soliciting telephone counseling (Reese, 2000). Low cost (even though many were from lower SES), anonymity, and "feeling more in control" were less prominent motivating factors. Similarly, a study of online help-seeking attitudes, found that anonymity and access were positively related, while affordability was not significant (Chung, 2003).

A study on 48 clients receiving online counseling for addiction found white males with at least a bachelors degree were the most likely clients (Young, 2005). Reasons for seeking online counseling (by rank order) included anonymity (96%), convenience (71%), credentials (52%), access (38%), cost (27%), and referral (6%). The lack of

perceived security and privacy during online chat sessions and the fear of being caught while engaged in an online counseling session were the main concerns reported.

Counseling Student Perceptions

Rochlen, Beretvas, and Zack (2004) surveyed attitudes of online and FTF counseling among undergraduate students. Results found FTF services were regarded more highly, though online services were not viewed negatively, and regard increased with participants' familiarity with email. In discussion, the authors wrote "Ideas for improving attitudes toward online counseling include showing prospective clients written online counseling dialogues and testing the utility of marketing materials aimed at documenting the benefits of this helping service" (p. 108).

Finn (2002) surveyed 378 masters of social work (MSW) students after showing distance counseling dialogues as recommended by Rochlen et al. (2004). Finn found that students who believed online counseling could be ethical had strong attitudes in support of the provision. However, overall attitudes were negative about online counseling, with 52.1% agreeing that "counseling and therapy cannot be effectively done online" (p. 410). Only 3.2% agreed that online counseling is as effective as in-person psychotherapy. In discussion Finn writes:

> …students have widely differing opinions about e-therapy. It is important to ask what these attitudes are based on. It is possible that students have discussed the issues in classes, read the literature, and reached their own conclusions. This, however, does not appear to be the case, as very few students had ever even seen an etherapy website. (p. 412)

The "Typical" Distance Counselor

A descriptive analysis of the data collected during one small study found that male and female counselors provided online counseling equally (Dougan, 2002). Approximately 96% of counselors surveyed had a counseling license, all had at least a master's degree and counselors had on average 24 years of FTF counseling experience. In addition, one third had undergone specific training to develop distance counseling skills.

Summary of Distance Counseling Perceptions

This section reviewed the perceptions of three distinct groups, online counseling clients, undergraduate students, and masters level social work students. Regarding their perspectives, it seems that as persons' firsthand experience with distance counseling increases, perceptions improve. Nonetheless, looking at the three groups as in totality, positive attitudes toward distance counseling are held by a strong minority.

Chapter Summary

Presented in the above literature review were numerous issues suggested to be potential advantages or disadvantages of distance counseling provision. These issues were placed into four categories for organizational purposes; general counseling factors, ethical issues, clinical issues, and practice management issues. Potential advantages and disadvantages were detailed for each of the specific issues present within each category.

CHAPTER THREE: METHODOLOGY

Christian counselors potentially perceive both advantages and disadvantages of distance counseling provision. To investigate this potentiality, the following methods were utilized.

Participants

Data was collected from 1863 participants who had opted to be included in a mailing list owned by the American Association of Christian Counselors (AACC). In 39.9% of cases (n=744), participants self-identified as professional Christian counselors; this included clinical psychologists, clinical social workers, licensed professional counselors, marriage and family therapists, and psychiatrists. In 47.9% of cases (n=892), participants were non-professional counselors including counseling pastors, lay (non-licensed) counselors, certified life coaches, and pastoral counselors. Still, 12.2% (n=227) did not select any of the above titles and identified themselves as "other." Such participants wrote in their responses, which consisted primarily of school counselors, nurses, addiction counselors, medical doctors, and counseling interns in pursuit of licensure.

Participants included 804 males, and 1059 females. Regarding experience, 8.1% (n=150) reported counseling for less that one year, 32.4% (n=603) 1-5 years, 21.0% (n=391) 6-10 years, 15.8% (n=295) 11-16 years, and 22.2% (n=413) 17 or more years; and 0.6% (n=11) did not answer.

As compensation for their participation, subjects were enrolled in a drawing to win one of 12 items. Items included five hardcover copies of the book *Caring for People God's Way* (Clinton, Hart, & Ohlschlager, 2005), five hardcover copies of the book

Attachments (Clinton & Sibcy, 2002), one copy of the AACC DVD program *Caring for*

people God's Way (2005) and one copy of the AACC DVD program *Caring for people*

God's Way 2 (2005).

Exclusion

Introductory questions on the online questionnaire screened potential participants.

Potential participants who responded negatively to a question asking whether they

provide counseling were excluded from the study. Subjects who responded that they did

provide counseling were then asked whether they provide *Christian* counseling. Those

who answered negatively to this question were allowed to complete the survey, though

their data was not incorporated into this investigation of Christian counselor perceptions.

Additionally, 459 persons who did not complete the survey were also excluded.

Instrumentation

Because no suitable survey existed for investigating counselor perceptions of

advantages and disadvantages of distance counseling, a survey was constructed.

Questions were designed to reflect available peer-reviewed research that addresses the

potential advantages and disadvantages of distance counseling. Additionally, four surveys

used in previous studies of *student* perceptions of online counseling had influence on

survey design. These surveys (described below) are the E-therapy Attitude Scale, E-

therapy Ethics Scale (Finn, 2002), the Online Counseling Attitudes Scale and Face-to-

Face Attitudes Scale (Rochlen, Beretvas, & Zack, 2004).

E-therapy Attitude Scale and E-therapy Ethics Scale

The E-therapy Attitude Scale consists of 16 items derived from the research

literature in which the merits and effectiveness of online counseling were discussed and

debated, namely those by Finn and Banach (2000), Robson and Robson (2000), and Bloom (1998) (as cited in Finn, 2002). Items are coded on a 5-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree) Reliability for the scale is very good according to Finn, with a Chronbach alpha internal consistency of .872. The inventory was used to access the self-reported attitudes of MSW students regarding online counseling among.

The E-therapy ethics scale is a 17 item inventory that assesses one's level of agreement with statements based on the NASW code of ethics, as they pertain to online counseling. The scale utilizes the same design as the E-therapy Attitude Scale. Reliability for the scale was excellent, with a Chronbach Alpha internal consistency of .951 (Finn, 2002).

Online Counseling Attitudes Scale and Face-to-Face Attitudes Scale

The Online Counseling Attitude Scale is a 10-item inventory with high internal consistency and test-retest reliability (Rochlen, Beretvas, & Zack, 2004). The scale has been used to access the attitudes of undergraduate students regarding online counseling.

The Face-to-Face Attitudes Scale is a 10 item inventory with high internal consistency and test-retest reliability designed for combined use with the Online Counseling Attitude Scale to access undergraduate student attitudes of FTF counseling, in comparison with online counseling attitudes (Rochlen, Beretvas, & Zack, 2004).

Distance Counseling Advantages and Disadvantages Survey

The Distance Counseling Advantages and Disadvantages survey is a 148 item inventory designed to access counselor perceived advantages and disadvantages of distance counseling. Moreover, the scale is designed to access perceived differences between the use of telephone, online chat, email, and videoconference for counseling (see

Appendix A). The survey also records counselor demographic information including age, gender, proficiency with various technologies, financial status, years counseling, type of counselor (e.g., pastoral counselor, marriage and family therapist, etc.), age of clients served, etc.

Development of the survey involved several steps. The first version of the survey was evaluated by several Christian counseling and research experts. As a product of this review, several items were reworded or removed to increase clarity and reduce redundancy. Following Dillman (2000), four persons not involved in the survey development or research study were requested to take the survey (data not incorporated) while speaking out loud their mental processes. From this, several questions were reworded for clarity. Lastly, the survey was put into electronic form and hosted with the use of internet technologies at www.Zommerang.com.

Procedure

After receiving approval from the Liberty University Institutional Review Board, potential participants received two emails sent from the AACC. The first email was titled "In 3 days we need YOUR INPUT for an important doctoral research study!" This was a dated pre-notice letter containing an explanation of the study and its purpose (see Appendix B). It informed recipients that participation would take 10-15 minutes, and that participation was voluntary, though with the potential to win one of 12 prizes. The letter stated its purpose was to inform the recipient that in three days they would receive another email requesting their immediate participation. Lastly, recipients were provided the option to take the survey immediately via a weblink in the letter, and were informed

they could request a paper survey be mailed to them by replying to the email with their name and address.

The second email was an official solicitation for immediate participation. Titled "Research study: we need YOUR INPUT! 12 Prizes," the email explained the study, participation terms, and compensation in a similar manner to the pre-notice (see Appendix C). Participants were given the option to take the survey online, or request a paper survey be mailed to them.

<div align="center">Tasks</div>

Completing and submitting the survey online was a self-explanatory process requiring no prior knowledge of surveys or technology beyond normal internet use. Participants receiving the survey by mail were asked to mark their responses with a pen or pencil (not provided) on the survey. In terms of content, organization and appearance the online and paper questionnaires were identical (see Appendix A). Participants requesting a paper survey were provided a self-addressed and stamped envelope for its return.

<div align="center">Survey Response</div>

On January 31st, 2006, the survey pre-notice was mailed to 14,033 email addresses. Of those mailed, 3916 (27.19%) never reached their destination, making 10,117 email addresses successfully reached. Of those, 4306 persons opened the email (42.6% of those successfully mailed). Ten persons reported the mail as SPAM (i.e., unsolicited junk mail), and 17 (0.1%) persons opted out of the mailing list. Of those who opened the email, 1332 (30.9%) persons clicked on the weblink that led to the online survey.

On February 3rd, 2006, the official request for participation was mailed to 14,016

email addresses. Of those mailed, 3854 (27.5%) never reached their destination, making

10,162 emails successfully sent. Of those, 3856 (38.0% of those reached) persons opened

the email, and 1688 (43.7% of those who opened the email) persons clicked on the

weblink that led to the survey. There were 13 SPAM reports and 18 (0.1%) opt outs.

The survey was accessible starting January 31st, 2006, 7:06am, and ending

February 11th, 2006, 8:02 am. There were 3451 visits to the survey welcome page, with

2429 persons completing the survey. The percentage of completed surveys was

extraordinarily high, as many as 62.99% of the 3856 persons who opened the official

request for participation completed the online survey.

Regarding the paper surveys, seven paper surveys were mailed in response to

requests, one surveys was returned though was not included in the study because it was

only partially completed.

<div align="center">Analysis of Data</div>

Design

A descriptive design was utilized to examine Christian counselor perceived

advantages and disadvantages of distance counseling mediums. This study is considered

exploratory research since the research literature does not provide a definitive direction

regarding specificity in directional hypothesis testing. Date analysis procedures are

described below.

Data Analysis

The first step to data analysis was to collect the survey data. The second step was

to organize and recode the response data for use with the Statistical Program for Social

Services (SPSS) version 14 (2005). The third step was to run all statistical procedures. The following sections detail the statistical procedures that were run.

Counselor Perceptions of Pertinent Issues in Distance Counseling

Counselors reported their perceptions of pertinent distance counseling issues — scored on a Likert scale of 1-5—for each distance counseling medium. These scores were combined and averaged to calculate a mean score of each issue for distance counseling as a whole. In addition, the Likert scale was compressed to present each issue as a perceived advantage, disadvantage, or as neutral. These reports are presented below by means of frequency scores.

Counselor Perceptions of Distance Counseling Mediums

In another analysis, counselors' perception scores for distance counseling issues were combined. The mean average of scores for assessed issues was calculated for each individual counseling medium (i.e., email, online text chat, telephone, and videoconference). In this way, participants' positive or negative perceptions of the pertinent issues as a whole is observable for each of the four distance counseling mediums individually.

Counselor Likeliness to Provide and Attitude toward Distance Counseling Mediums

The survey asked participants to report both their likeliness to provide distance counseling and their attitude toward distance counseling, for each counseling medium in specific. The results of these survey items are provided by means of frequency tables.

Counselor Characteristics and Distance Counseling Attitude Differences

It was investigated whether counselor characteristics affected attitude toward distance counseling mediums. Both an analysis of means and several exploratory one-

way ANOVAs were used to calculate whether years of counseling experience, gender,

professional status, proficiency with technology, and sufficiency of clients in a

counselor's area to maintain a fulltime practice had an effect on attitude toward distance

counseling mediums. Statistical significance was calculated between groups. For groups

found to occupy statistical significance, a post hoc analysis using LSD was run to identify

differences within groups.

Chapter Summary

The methods presented in this chapter were used to investigate Christian

counselor perceived advantages and disadvantages of distance counseling. Specifically,

this chapter addressed methods for participant solicitation and selection, instrumentation,

procedure, tasks, participant response rate, data organization, and an account of what

statistics were implemented in the analysis of the collected data.

CHAPTER FOUR: FINDINGS

As a means to determine Christian counselor perceived advantages and

disadvantages of distance counseling, data was collected from 1863 participants who

completed a 148-item self-report survey. Below is an analysis of some of the relevant

data that was obtained from this survey.

Christian Counselor Perceptions of Pertinent Distance Counseling Issues

To broadly view Christian counselor perceptions of client and counselor issues in

distance counseling as a whole, the following results present perceptions averaged across

the four mediums of distance counseling provision: email, online text chat, telephone,

and videoconference. The mean score of each issue across the four mediums was

calculated and then observed by means of frequency. Means between 1.00 and 2.99 were

considered a perceived "advantage", means of 3.00 were considered "equal", and means

between 3.01 and 5.00 were considered a perceived "disadvantage". This interpretation

corresponds with the meanings of the 1-5 Likert-scale ratings presented in the survey (see

Appendix A). By observing the data in this way, each variable can be identified quickly

as a perceived advantage or disadvantage for distance counseling as a whole.

Client Sense of Safety

Concerning distance counseling as a whole, 52.7% (n=982) of participants

reported client sense of safety to be increased, when compared to FTF counseling. Also,

13.0% (n=243) reported client sense of safety in FTF and distance counseling to be equal,

while 34.2% (n=638) to be decreased.

Client Sense of Anonymity

Concerning distance counseling as a whole, 79.3% (n=1478) of participants reported client sense of anonymity to be increased, when compared to FTF counseling. Also, 7.7% (n=143) reported client sense of anonymity in FTF and distance counseling to be equal, and 13.0% (n=242) to be decreased.

Client Social Stigma

Concerning distance counseling as a whole, 68.0% (n=1267) of participants reported client social stigma to be *decreased*, when compared to FTF counseling. Also, 15.6% (n=291) reported client social stigma in FTF and distance counseling to be equal, and 16.4% (n=305) to be increased.

Client Access to Their Counselor

Concerning distance counseling as a whole, 63.2% (n=1178) of participants reported client access to their counselor to be increased, when compared to FTF counseling. Also, 12.0% (n=224) reported client access to their counselor in FTF and distance counseling to be equal, and 24.7% (n=461) to be decreased.

Client Selection of Counselors to Choose from

Concerning distance counseling as a whole, 44.4% (n=828) of participants reported client selection of counselors to choose from to be increased, when compared to FTF counseling. Also, 19.4% (n=362) reported selection in FTF and distance counseling to be equal, and 36.1% (n=673) to be decreased.

Client Cost/Price for Counseling

Concerning distance counseling as a whole, 32.2% (n=600) of participants reported client cost/price for counseling to be increased, when compared to FTF

counseling. Also, 41.9% (n=780) reported cost/price to be equal, and 25.9% (n=483) to be decreased.

Client Sense of Feeling Understood

Concerning distance counseling as a whole, 22.8% (n=424) of participants reported client sense of feeling understood to be increased, when compared to FTF counseling. Also, 16.3% (n=303) reported sense of feeling understood to be equal, and 61.0% (n=1136) to be decreased.

Client Sense of Feeling Cared for

Concerning distance counseling as a whole, 24.0% (n=448) of participants reported client sense of feeling cared for to be increased, when compared to FTF counseling. Also, 13.9% (n=259) reported sense of feeling cared for to be equal, and 62.1% (n=1156) to be decreased.

Client Sense of Feeling Connected

Concerning distance counseling as a whole, 26.4% (n=492) of participants reported client sense of feeling connected to be increased, when compared to FTF counseling. Also, 9.5% (n=177) reported sense of feeling connected to be equal, and 64.1% (n=1194) to be decreased.

Counselor Ability to Fulfill Ethical Duties

Concerning distance counseling as a whole, 13.6% (n=253) of participants reported counselor ability to fulfill ethical duties to be increased, when compared to FTF counseling. Also, 25.2% (n=469) reported ability to be equal, and 61.2% (n=1141) to be decreased.

Counselor Ability to Build Rapport with Clients

Concerning distance counseling as a whole, 13.3% (n=248) of participants reported counselor ability to build rapport with clients to be increased, when compared to FTF counseling. Also, 9.0% (n=168) reported the ability to be equal, and 77.7% (n=1447) to be decreased.

Counselor Ability to Assess Client Issues

Concerning distance counseling as a whole, 13.6% (n=253) of participants reported counselor ability to assess client issues to be increased, when compared to FTF counseling. Also, 10.1% (n=188) reported the ability to be equal, and 76.3% (n=1422) to be decreased.

Counselor Ability to Administer a Mental Status Exam

Concerning distance counseling as a whole, 8.4% (n=157) of participants reported counselor ability to administer a mental status exam to be increased, when compared to FTF counseling. Also, 8.1% (n=151) reported the ability to be equal, and 83.5% (n=1555) to be decreased.

Counselor Ability to Provide Effective Treatment for Problem Life Issues

Concerning distance counseling as a whole, 9.9% (n=184) of participants reported counselor ability to treat life issues to be increased, when compared to FTF counseling. Also, 14.5% (n=270) reported the ability to be equal, and 75.6% (n=1409) to be decreased.

Counselor Ability to Provide Effective Treatment for Problem Spiritual Issues

Concerning distance counseling as a whole, 11.5% (n=214) of participants reported counselor ability to treat spiritual issues to be increased, when compared to FTF

counseling. Also, 15.9% (n=297) reported the ability to be equal, and 72.6% (N=1352) to be decreased.

Counselor Ability to Provide Effective Treatment for Major Mental Disorders

Concerning distance counseling as a whole, 3.1% (n=57) of participants reported counselor ability to treat major mental disorders to be increased, when compared to FTF counseling. Also, 3.2% (n=59) reported the ability to be equal, and 93.8% (n=1747) to be decreased.

Counselor Ability to Effectively Deal with a Client in Crisis

Concerning distance counseling as a whole, 7.6% (n=142) of participants reported counselor ability to deal with a client in crisis to be increased, when compared to FTF counseling. Also, 4.8% (n=90) reported the ability to be equal, and 87.5% (n=1631) to be decreased.

Counselor Service Overhead Costs

Concerning distance counseling as a whole, 52.2% (n=973) of participants reported counselor overhead costs to be *decreased*, when compared to FTF counseling. Also, 24.0% (N=448) reported the costs to be equal, and 23.7% (n=442) to be increased.

Counselor Ability to Build a Client Base

Concerning distance counseling as a whole, 37.2% (n=693) of participants reported counselor ability to build a client base to be increased, when compared to FTF counseling. Also, 26.4% (n=491) reported the ability to be equal, and 36.4% (n=679) to be decreased.

Counselor Ability to Charge a Low Fee

Concerning distance counseling as a whole, 50.8% (n=947) of participants reported counselor ability to charge a low fee for services to be increased, when compared to FTF counseling. Also, 25.0% (n=465) reported the ability to be equal, and 24.2% (n=451) to be decreased.

Counselor Overall Financial Earnings

Concerning distance counseling as a whole, 29.6% (n=551) of participants reported counselor overall financial earnings to be increased, when compared to FTF counseling. Also, 34.1% (n=635) reported earnings to be equal, and 36.3% (n=677) to be decreased.

Table 1

Frequency Analysis of Christian Counselor Perceptions of Distance Counseling Issues

Issues	Advantage	Equal	Disadvantage
Client sense of safety	52.7	13.0	34.2
Client sense of anonymity	79.3	7.7	13.0
Client social stigma	68.0	15.6	16.4
Client access to counselor	63.2	12.0	24.7
Client selection of counselors	44.4	19.4	36.1
Client cost/price for counseling	32.2	41.9	25.9
Client feeling understood	22.8	16.3	61.0
Client feeling cared for	24.0	13.9	62.1
Client feeling connected	26.4	9.5	64.1
Counselor fulfill ethical	13.6	25.2	61.2

duties			
Counselor build rapport	13.3	9.0	77.7
Counselor assess issues	13.6	10.1	76.3
Counselor administer mental status exam	8.4	8.1	83.5
Counselor treat life issues	9.9	14.5	75.6
Counselor treat spiritual issues	11.5	15.9	72.6
Counselor treat mental disorders	3.1	3.2	93.8
Counselor deal with crisis	7.6	4.8	87.5
Counselor overhead	52.2	24.0	23.7
Counselor client base	37.2	26.4	36.4
Counselor can charge low fee	50.8	25.0	24.2
Counselor earnings	29.6	34.1	36.3

Counselor Perceived Ability to Learn Techniques to Counsel with Technology

The majority of counselors reported they were capable of distance counseling provision. In response to an item stating, "I am able to learn any counseling techniques necessary to counseling this way," for email counseling 56.7% agreed or strongly agreed (6.7% said the question was inapplicable, taking away from an even higher confidence score); for online text chat 51.9% agreed or strongly agreed to the statement (and 8.9% stated the question was not applicable), for telephone counseling 68.4% agreed or strongly agreed (6.0% said the question was not applicable), and 57.2% agreed or strongly agreed for videoconference counseling (10.1% answered by saying the question was not applicable).

Counselor Perceived Ability to Implement or Have Implemented Technologies

The majority or a strong minority of counselors reported they were capable of

distance counseling provision. In response to an item stating "I am able to implement, or

have implemented, technologies necessary to counseling this way", for email counseling

52.4% agreed or strongly agreed (10.1% said the question was inapplicable, taking away

from an even higher confidence score); for online text chat 43.6% agreed or strongly

agreed to the statement (and 12.9% stated the question was not applicable), for telephone

counseling 67.7% agreed or strongly agreed (8.2% said the question was not applicable),

and 36.4% agreed or strongly agreed for videoconference counseling (14.5% answered

by saying the question was not applicable).

Christian Counselor Perceptions of Each Distance Counseling Modality

When the counseling issues presented above are combined, averaged and

observed for each distance counseling medium in specific, the four modalities differ only

slightly. Using a Likert scale in which 1 signifies a perceived advantage and 5 signifies a

perceived disadvantage (with 3 being equal/neutral), the score for email counseling was

3.27 (SD = .50), online chat counseling received a 3.30 (SD = .47), phone counseling

received a 3.15 (SD = .45), and videoconference counseling a 3.22 (SD = .46). Hence,

phone counseling was seen most favorably; with all mediums possessing a slight negative

skew.

Likeliness to Use Particular Distance Counseling Delivery Methods

When asked "how likely are you to provide email counseling," 19.2% (n=352) of

participants stated they were likely, 27.3 (n=501) somewhat likely, 12.0% (n=219)

undecided, 15.7% (287) somewhat unlikely, and 25.8% (n=473) unlikely.

When asked is how likely they are to provide online text chat counseling, 7.9% (n=144) stated they were likely, 13.6% (n=249) somewhat likely, 16.9% (n=309) undecided, 18.7% (342) somewhat unlikely, and 42.8% (n=781) unlikely.

When asked is how likely they are to provide telephone counseling, 37.0% (n=678) stated they were likely, 36.1% (n=661) somewhat likely, 8.9% (n=164) undecided, 10.7% (n=196) somewhat unlikely, and 7.3% (n=134) unlikely.

When asked is how likely they are to provide videoconference counseling, 5.0% (n=90) stated they were likely, 16.5% (n=299) somewhat likely, 21.6% (n=392) undecided, 17.7% (n=322) somewhat unlikely, and 39.3% (n=714) unlikely.

Table 2

Frequency Analysis and Mean Average of Likeliness to Provide Distance Counseling

Provide distance counseling	Email		Online text chat		Telephone		Videoconference	
			Frequency Percentages					
Likely	19.2		7.9		37.0		5.0	
Somewhat likely	27.3		13.6		36.1		16.5	
Undecided	12.0		16.9		8.9		21.6	
Somewhat unlikely	15.7		18.7		10.7		17.7	
Unlikely	25.8		42.8		7.3		39.3	
	M	SD	M	SD	M	SD	M	SD
	3.02	1.49	3.75	1.34	2.15	1.23	3.70	1.27

Attitude toward Particular Distance Counseling Delivery Methods

When asked to report attitude toward email counseling, 8.9% (n=163) stated it to be very positive, 25.0 (n=459) positive, 23.3% (n=427) neutral, 26.7% (490) negative, and 16.1% (n=295) very negative.

When asked to report attitude toward online chat counseling, 5.5% (N=101) stated it to be very positive, 14.1 (n=257) positive, 25.3% (n=462) neutral, 34.8% (636) negative, and 20.2% (n=369) very negative.

When asked to report attitude toward online telephone counseling, 18.0% (n=331) stated it to be very positive, 41.6 (n=766) positive, 25.3% (n=465) neutral, 12.0% (220) negative, and 3.2% (n=58) very negative.

When asked to report attitude toward videoconference counseling, 8.4% (n=154) stated it to be very positive, 25.5% (n=465) positive, 35.6% (n=649) neutral, 21.2% (n=386) negative, and 9.3% (n=169) very negative.

Responses were fairly equal between mediums. However, persons responded most negatively toward counseling by text chat. This negative attitude is in spite of the overall participant acknowledgement and agreement with the intrinsic benefits of text communication over verbal communication in counseling, where the mean score was a positive on most select clinical and general counseling factors of "attention" (M = 3.07, SD = 1.13), "reflection" (M = 2.80, SD =1.18), "willingness to disclose private thoughts" (M = 2.58, SD = 1.06), "confession and framing (i.e., organization of thoughts)" (M = 2.53, SD = .978), "objectivity" (M = 2.83, SD = .864), "insight" (M = 3.06, SD = .913), "accountability" (M = 2.34, SD = 1.05), "ownership" (M = 2.82, SD = 1.00, "control" (M = 2.54, SD = .939), and a "record of treatment progress" (M = .216, SD = .947) (see Appendix A to view survey questions).

Table 3

Frequency Analysis and Mean Average of Attitude toward Distance Counseling

Attitude response	Email		Online text chat		Telephone		Videoconference	
	Frequency Percentages							
Very positive	8.9		5.5		18.0		8.4	
Positive	25.0		14.1		41.6		25.5	
Neutral	23.3		25.3		25.3		35.6	
Negative	26.7		34.8		12.0		21.2	
Very negative	16.1		20.2		3.2		9.3	
	M	SD	M	SD	M	SD	M	SD
	3.16	1.22	3.50	1.13	2.41	1.02	2.97	1.08

Counselor Characteristics and Distance Counseling Attitude Differences

Proficiency with Technology

When investigating whether counselor reported proficiency with a medium affects attitude toward the distance counseling medium, the following was found. Note: Counselor attitude was assessed by means of a Likert scale on which 1 equals "strongly agree", and 5 equals "strongly disagree" (a response of 3 being neutral).

A One-Way ANOVA was computed to examine differences between groups based on proficiency with email. A significant difference was found among proficiency categories, $F(4, 1829) = 8.93$, P.=.000. A post hoc analysis using LSD was used to determine the nature of the differences between the different levels of reported proficiency. This analysis revealed that individuals who strongly agreed or agreed that they were proficient with email were more favorable toward email counseling than participants who were neutral, disagreed, or strongly disagreed that they were proficient with email. This analysis also revealed that participants who strongly disagreed that they

were proficient using email viewed email counseling more negatively than participants who only disagreed that they were proficient.

A One-Way ANOVA was computed to examine differences between groups based on proficiency with online text chat. A significant difference was found among proficiency categories, $F(4, 1820) = 46.56$, P.=.000. A post hoc analysis using LSD was used to determine the nature of the differences between the levels of reported proficiency. This analysis revealed positive attitude toward online text chat counseling was positively associated with reported proficiency, significant within every level.

A One-Way ANOVA was computed to examine differences between groups based on proficiency with telephone. A significant difference was found among proficiency categories, $F(4, 1835) = 3.52$, P.=.007. A post hoc analysis using LSD was used to determine the nature of the differences between the levels of reported proficiency. This analysis revealed that individuals who strongly agreed that they were proficient with telephone were more favorable toward telephone counseling than participants who were neutral, disagreed, or strongly disagreed that they were proficient using telephone. No other levels were found significant within groups.

A One-Way ANOVA was computed to examine differences between groups based on proficiency with videoconference. A significant difference was found among proficiency categories, $F(4, 1818) = 16.67$, P.=.000. A post hoc analysis using LSD was used to determine the nature of the differences between the levels of reported proficiency. This analysis revealed that individuals who strongly agreed or agreed that they were proficient with videoconference were more favorable toward videoconference counseling

than participants who were neutral, disagreed, or strongly disagreed that they were proficient using videoconference.

Professional Status

Results show non-professionals had an all around more positive attitude toward distance counseling mediums than professionals. Professionals (N=744) are categorized as participants that described themselves as a clinical psychologist, licensed professional counselor, marriage and family therapist, psychiatrist, or clinical social worker. Non-professionals (N=892) are participants who identified themselves as a counseling pastor, pastoral counselor, certified life coach, or lay counselor, and did not identify themselves also by any professional criteria (above). Some participants were omitted from this analysis (n=227) because they did not identify themselves by any of the above criteria. Note: Attitude was assessed by means of a Likert scale on which 1 equals a "positive attitude", and 5 equals a "negative attitude" (a response of 3 being neutral).

A One-Way ANOVA was computed to examine differences between groups based on professional or non-professional counselor status. Regarding email counseling, professional counselor attitude was rated at 3.45. Non-professional counselor attitude was rated at 2.88. A significant difference was found among counselor status, $F(1, 1610) = 90.54$, P.=.000.

A One-Way ANOVA was computed to examine differences between groups based on professional or non-professional counselor status. Regarding online text chat, professional counselor attitude was rated at 3.75. Non-professional counselor attitude was rated at 3.27. A significant difference was found among counselor status, $F(1, 1601) = 74.23$, P.=.000.

A One-Way ANOVA was computed to examine differences between groups based on professional or non-professional counselor status. Regarding telephone counseling, professional counselor attitude was rated at 2.59. Non-professional counselor attitude was rated at 2.41. A significant difference was found among counselor status, $F(1, 1612) = 54.36$, P.=.000.

A One-Way ANOVA was computed to examine differences between groups based on professional or non-professional counselor status. Regarding videoconference counseling, professional counselor attitude was rated at 3.07. Non-professional counselor attitude was rated at 2.97. Non-professional counselor attitude was rated at 2.41. A significant difference was found among counselor status, $F(1, 1598) = 10.63$, P.=.001.

Gender

Though not statistically significant, females had more negative scores than males for all categories, with the exception of email counseling. As a mean, females rated their attitude to be 3.15 for email counseling, 3.53 for text chat counseling, 2.42 for telephone counseling, and 3.03 for videoconference counseling. As a mean, males rated their attitude to be 3.17 for email counseling, 3.47 for text chat counseling, 2.39 for telephone counseling, and 2.89 for videoconference counseling. A significant difference was found between gender categories for videoconference counseling only; $F(4, 1810) = 8.95$, P.=.006.

Age

Counselors were asked to report their age as either "younger-25", "26-30", "31-35", "36-45", 46-55" or "56-older." When observing distance counseling as a whole, and

across the four distance counseling mediums individually, the relationship between age

and attitude was found not to be statistically significant to the .05 level.

Years of Experience

Participants were asked to respond to the question "For how long have you been

providing counseling?" with one of the following selections: "Less that one year", "1-5

years", "6-10 years", "11-16 years", or "17 or more years." There was no statistically

significant relationship between years of experience and attitude toward online text chat,

telephone, and videoconference counseling.

One-Way ANOVA was computed to examine differences between groups based

on years of experience. A significant difference was found among years of experience

categories, $F(4, 1824) = 2.57$, $P.=.036$. A post hoc analysis using LSD was used to

determine the nature of the differences between the different categories reflecting the

years of experience. This analysis revealed that individuals with more than five and less

than seventeen years of experience rated email counseling less favorably than those with

l-5 years experience.

Sufficiency of Amount of Clients in Area

Participants were asked to answer the question "Are their enough clients in your

area to maintain a full-time practice?" by selecting the response "yes", "probably",

"maybe", probably no", "no" or "I don't know."

A One-Way ANOVA was computed to examine differences between groups

based on reported client base available to maintain a fulltime practice. A significant

difference was found among groups for email counseling, $F(5, 1817) = 5.95$, $P.=.000$. A

post hoc analysis using LSD was used to determine the nature of the differences between

the different levels of reported amount of clients. This analysis revealed that individuals

who answered "yes" to whether there were enough clients in their area to maintain a

fulltime practice rated email counseling less favorably than participants who answered

"probably", "maybe", "probably no" or "I don't know". Also, persons who answered

"probably" viewed distance counseling more negatively than persons who answered

"maybe."

A One-Way ANOVA was computed to examine differences between groups

based on reported sufficiency of clients available to maintain a fulltime practice. A

significant difference was found among groups for online text chat counseling, $F(5, 1809)$

$= 6.42$, $P.=.000$. A post hoc analysis using LSD was used to determine the nature of the

differences between the different levels of reported amount of clients. This analysis

revealed that individuals who answered "yes" to whether there were enough clients in

their area to maintain a fulltime practice rated online text chat counseling less favorably

than all other groups. Persons who answered "probably" viewed distance counseling

more negatively than persons who answered "maybe."

A One-Way ANOVA was computed to examine differences between groups

based on reported sufficiency of clients available to maintain a fulltime practice. A

significant difference was found among groups for telephone counseling, $F(5, 1823) =$

2.63, $P.=.023$. A post hoc analysis using LSD was used to determine the nature of the

differences between the different levels of reported amount of clients. This analysis

revealed that individuals who answered "yes" or " probably" to whether there were

enough clients in their area to maintain a fulltime practice rated telephone counseling less

favorably than participants who answered "I don't know".

A One-Way ANOVA was computed to examine differences between groups based on reported sufficiency of clients available to maintain a fulltime practice. A difference was not found significant among groups for videoconference counseling, $F(5, 1808) = 2.06$, P.=.068.

Table 4

Mean Average and Analysis of Variance of Counselor Characteristics

	Email		Online text chat		Telephone		Video-conference	
	M	SD	M	SD	M	SD	M	SD
Age								
Younger-25	3.52	1.12	3.36	1.19	2.40	1.00	2.88	1.20
26-30	3.27	1.27	3.47	1.17	2.52	1.01	2.99	1.01
31-35	3.16	1.18	3.42	1.14	2.41	1.02	2.88	1.11
35-45	3.14	1.21	3.49	1.11	2.39	1.01	2.94	1.09
46-55	3.14	1.25	3.59	1.13	2.39	1.03	3.09	1.08
56-Older	2.95	1.28	3.45	1.06	2.14	0.89	3.23	1.02
	F= .917		F= 1.144		F= .847		F= 2.114	
	P= .469		P= .335		P= .516		P= .061	
Gender								
Male	3.17	1.23	3.47	1.11	2.39	1.01	2.89	1.10
Female	3.15	1.22	3.53	1.14	2.42	1.02	3.03	1.07
	F= .108		F= 1.278		F= .336		F= 7.632	

	P= .742		P= .258		P= .562		P= .006	
Professional status								
Professional	3.45	1.18	3.75	1.08	2.59	1.02	3.07	1.11
Non-professional	2.88	1.20	3.27	1.13	2.41	.97	2.97	1.05
	F=90.534		F=74.229		F=54.362		10.624	
	P= .000		P= .000		P= .000		P= .001	
Years of experience								
<1	3.28	1.17	3.52	1.11	2.61	1.06	2.90	1.06
1-5	3.06	1.22	3.40	1.15	2.34	1.01	2.89	1.08
6-10	3.23	1.23	3.57	1.13	2.41	1.01	3.07	1.12
11-16	3.29	1.18	3.59	1.07	2.44	0.97	2.98	1.10
17-more	3.10	1.26	3.51	1.14	2.39	1.03	3.03	1.06
	F=2.571		F=2.213		F=2.304		F=1.891	
	P= .036		P= .065		P= .056		P= .109	
	2< 3 & 4							
Client base in area								
Yes	3.29	1.21	3.63	1.10	2.47	1.04	2.99	1.10
Probably	3.13	1.21	3.43	1.12	2.41	1.00	2.99	1.07
Maybe	2.89	1.16	3.28	1.12	2.31	.90	2.76	1.12
Probably no	2.77	1.29	3.04	1.25	2.40	1.09	2.83	1.08
No	3.04	1.30	3.31	1.34	2.24	1.06	3.22	1.12

	Email		Online text chat		Telephone		Video-conference	
F=5.950			F=6.415		F=2.626		F=2.060	
P= .000			P= .000		P= .023		P= .068	
1> 2,3,4, & 6			1> 2,3,4,5, & 6		1>6 2>4			
2> 3			2> 4					
	M	SD	M	SD	M	SD	M	SD
Proficient with text chat								
Strongly agree			1.77	0.97				
Agree			2.23	1.17				
Neutral			2.83	1.26				
Disagree			3.01	1.28				
Strongly disagree			3.27	1.39				
			F=46.559					
			P= .000					
			1< 2, 3, 4, & 5					
			2< 3, 4, & 5					
			3< 4 & 5					
Proficient with telephone								

Strongly agree			1.11 0.46	
Agree			1.17 0.48	
Neutral			1.22 0.59	
Disagree			1.24 0.55	
Strongly disagree			1.29 0.80	
			F=3.519	
			P= .007	
			1< 3, 4, &	
			5	
Proficient with videoconference				
Strongly agree				2.71 1.12
Agree				2.79 1.18
Neutral				3.17 1.10
Disagree				3.24 1.20
Strongly disagree				3.37 1.28
				F=16.57
				P= .000
				1< 3, 4, &
				5
				2< 3, 4, &

				5

CHAPTER FIVE: DISCUSSION

This study set forth to investigate Christian counselor perceived advantages and disadvantages of distance counseling provision. Participants were administered a 148 item self-report survey with which they responded to items regarding general counseling factors, ethical, clinical, and practice management issues. Data indicated participants reported perceiving both advantages and disadvantages to distance counseling provision.

Counselor Skipped Responses

To begin, an examination of counselor skipped responses reveals interesting tendencies in the participant sample. An initial read of the data revealed that on average, approximately 2-3% of participants skipped any given question. However, in instances when the medium was online text chat counseling or videoconference counseling, non-response increased to approximately 6-7% or 7-8%, respectively. Additionally, in questions addressing financial issues, non-response increased to about 4-6%. Therefore, the highest non-response questions were those that dealt with videoconference counseling and financial issues, where non-response was at times nearly 10%.

There are several potential reasons some participants opted not to answer particular questions. Regarding the mediums of online text chat and videoconference, these are the mediums participants, on average, reported the least proficiency with. Perhaps some participants unfamiliar with these mediums did not provide their perceptions because they had no experience or knowledge of the medium on which to base a perception.

Regarding financial issues, some participants may have not responded simply because they prefer not to comment on financial issues. However, it should be noted that

when counselors were asked whether they charge for counseling services 41.4% (n=764)

reported that they never charge, and 7.1% (n=131) reported they charge for services only

rarely. Also, only 0.9% (n=16) did not answer this question. Therefore, it is possible

some participants skipped financial-related items simply because the items did not apply

to their Christian counseling practices.

<div align="center">General Counseling Factors</div>

In synchrony with what literature suggests (Umefjord, Petersson, & Hamberg,

2003; Speyer & Zack, 2003; Worona, 2003; Suler, 2004), distance counseling was

perceived to be advantageous in regards to several general counseling factors. These

factors included client "sense of safety", "sense of anonymity", "social stigma", "access

to their counselor", "selection of counselors", and "cost/price for counseling."

<div align="center">Ethical Issues</div>

Ethical issues in FTF counseling are abundant. While some ethics are

longstanding and secure, others are often debated. New or revised laws, regulations,

Health Insurance Portability and Accountability Act (HIPAA) guidelines, ethical codes

and standards for counseling provision have changed as research has shown need or as

policy makers have changed tenure.

Not surprisingly, the emergence of distance counseling provision has brought

with it considerable debate in regards to new and existing ethical guidelines (Holmes,

1997; Slavich, 2003; Kraus, 2004). Though a detailed approach to assessing Christian

counselor perceptions of ethical issues in distance counseling would be to separately

identify each issue (many of which are presented in the literature review), in order to

keep the survey length manageable, ethical issues were combined into one all-

encompassing item that was presented for each of the four distance counseling modalities (see Appendix A). The item was written as "[specific medium] counseling provides counselors the ability to fulfill ethical duties." When participants rated this item on a five-point Likert scale ranging from "increased" to "decreased", the majority (61.2%) perceived the "ability to fulfill ethical duties" as a disadvantage of distance counseling as a whole.

<div align="center">Crucial Clinical Issues</div>

The crucial clinical issues of distance counseling were defined in the literature review as whether distance counseling was suitable for (1) establishing rapport with clients, and (2) providing clinically effective treatment. While recent research studies are optimistic, reporting that distance counseling is successful in providing both rapport and clinical efficacy with a variety of clients and settings (Lynch, Tamburring, & Nagel, 1997; Hain, Manning, et al., 2000; Chuan, Trevor, & Detenber, 2004), in this study participants reported very negative perceptions in their response to items concerning both rapport and efficacy.

When the results are interpreted to reflect distance counseling as a whole, the majority of counselors reported that they perceived disadvantages in regards to clients' sense of "feeling cared for" (62.1%) and "feeling connected with a counselor" (64.1%). The majority of counselors also reported that they perceived distance counseling to be disadvantageous in regards to a counselor's ability to "build rapport with clients" (77.7%), "assess client issues" (76.3%), "administer a mental status exam" (83.5%), "treat client life issues" (75.6%), "treat spiritual issues" (72.6%), "treat major mental disorders" (93.8%) and "effectively deal with a client in crisis" (87.5%).

Practice Management Issues

According to recent literature, there are a multitude of practice management issues specific to distance counseling provision. Some of these issues were assessed in this study. Upon analyzing participant responses, the majority of Christian counselors perceived "cost of providing services" and "overall financial earnings" to be neither increased or decreased in distance counseling, when compared to FTF counseling.

Regarding technical issues—discussed to involve both (1) the ability to implement technology, and (2) the ability to learn techniques to counsel with technology, participant responses contradicted predictions made in literature. More precisely, while literature suggests counselors are wary of using technology (Sampson, 1987; Rosen & Weil, 1995; Reimer-Reiss, 2000), the majority of participants responded that they are able to "learn any counseling techniques necessary" to provide distance counseling, and "implement, or have implemented, technologies necessary" to provide distance counseling through various mediums.

Specifically, out of eight items—assessing the two above statements for each of the four distance counseling modalities—there were only two items in which less than 50% of participants "strongly agreed" or "agreed" with the statement. These responses were in the cases of implementing technologies for online text chat and videoconference, where a strong minority (43.6% and 36.4%, respectively) affirmed their ability. However, even in these instances 20.3% and 24.3%, responded by stating "I don't know", and 12.9% and 14.5%, answered by responding "N/A" (i.e., not applicable). If these options were not available, it is likely more than 50% would have affirmed their abilities for every single technology oriented item.

Overall Attitude and Perception

Overall attitude and perception of distance counseling was assessed in three ways. First, for each medium, a sum of the general counseling, ethical, clinical, and financial issues (technical issues omitted) was calculated to investigate participants' overall perception of distance counseling as an advantage or disadvantage to counseling service provision, in comparison to FTF counseling. By a sum of the issues, participants perceived all mediums to be slightly disadvantageous. Ranked from most to least favorable they are: phone counseling, videoconference counseling, email counseling, and online text chat counseling.

However, when participants were asked to directly report their "attitude" toward each medium, telephone counseling and videoconference counseling were viewed positively, while email counseling and online text chat counseling were viewed negatively (in that order, most to least preferable).

Regarding likeliness to use each medium, results show a strong minority of participants report they are likely or somewhat likely to provide counseling by email (46.5%), online text chat (21.5%), and videoconference (21.5%), and that a strong majority (73.1%) of participants report they are likely or somewhat likely to provide counseling by telephone.

Noteworthy Manifestations in Counselor Perceptions

Though some of the findings are self-explanatory, there are several noteworthy manifestations. For instance, when observing attitude, the attitude ratings calculated by combining reported perceptions of distance counseling issues is not in synchrony with attitude when directly reported by the counselor; both rank order and whether a medium

was seen positively or negatively varies considerably. This finding is not entirely

unexpected, however, and the varying results suggest that either (1) the issues combined

do not hold equal weight for counselors (e.g., social stigma may be more important to

counselors than rapport development) or (2) there are additional issues not addressed that

are affecting counselor overall attitude toward distance counseling (e.g., perhaps the

ability to work at home counterbalances perceived disadvantages).

Second, it is notable that though counselors perceived ethical and clinical items

negatively for all distance counseling mediums, they still reported a positive attitude

toward telephone and videoconference counseling. In contemplating reasonable

explanations for this discrepancy, the question must be asked: what is it that makes

counselors look positively upon counseling mediums they perceive to be disadvantageous

in regards to clinical efficacy and a counselor's ability to fulfill ethical duties? One

explanation is that counselors may perceive the mediums as "good enough", even if

inferior to FTF provision.

This issue is further complicated when one observes that even though email

counseling was perceived negatively, almost half of counselors report they are at least

somewhat likely to provide it; and though videoconference counseling was perceived

positively, a mere fifth stated the same. Since data shows that counselors are more likely

to use a low-tech medium (email) they perceive negatively over a high-tech medium

(videoconference) they perceive positively, it could be that counselors are willing to

sacrifice clinical efficacy and ethics for a provision that is easier to use.

Concerning another phenomenon altogether, there are two noteworthy points in

regards to participants' reported perception of online text chat. First, the majority of

participants (55.0%) reported a negative or very negative attitude toward online text chat counseling, yet text communication was perceived to be better than verbal communication in regards to numerous clinical and general counseling factors (see Appendix A to view survey questions).

Second, it is particularly interesting that online text chat counseling was consistently viewed more negatively than email counseling, given that online text chat counseling more resembles a FTF encounter, being a synchronous form of communication that takes place in real time. This finding underscores the hypothesis presented above, that counselors may value a convenient low-tech medium (e.g., email) over a medium with greater potential for efficacy, of which they may be less familiar (e.g., online text chat).

Potential Influences on Negative Counselor Perceptions

Though responses were by no means universally negative, a considerable amount of participants expressed negative attitudes toward distance counseling. The following categories "knowledge of current research", "fear of being replaced", "stigma and status", "shift in power", and "incompatible with counseling style" discuss potential influences of counselor reported perceptions.

Knowledge of current research. As shown in the literature review, the earliest attitudes toward, and even the earliest studies of, distance counseling provision contradict recent research in that they were profoundly negative (Parks & Floyd, 1996; Michailidis & Rada, 1997; Hain, Chuan, Trevor, & Detenber, 2004). It is possible, therefore, that some counselors who express a negative perception of distance counseling are either (1) maintaining such attitudes without knowledge of recent findings, or (2) harbor negative

prejudices toward distance counseling provision as was especially common in the late 1980s and early 1990s. Finn (2002), when studying student perceptions, states "It is possible that students have discussed the issues in classes, read the literature, and reached their own conclusions. This, however, does not appear to be the case, as very few students had ever even seen an etherapy [i.e., online counseling] website" (p. 412). Seeing that counselor exposure to distance counseling remains unknown, it would be a noteworthy study to investigate the effects of distance counseling education on counselor attitude toward its provision (described more below).

Fear of being replaced. It is possible counselor negative perceptions are not due to a lack of knowledge of distance counseling but rather a fear of being replaced. In a study that investigated counselor perceptions of computerized cognitive therapy programs, even among counselors aware of the efficacy research that showed empirically that the programs were clinically effective, promote high client satisfaction, and decrease necessary counselor time when used in conjunction with traditional therapy (Wright, Wright, Albano, Basco, Goldsmith, Raffield, & Otto, 2005), some counselor opinions were in direct contradiction to the research. Participants stated their belief that the programs would lack effectiveness and lead to less client satisfaction (Whitfield & Williams, 2004). Therefore, it is possible something beyond empirical research is affecting counselor response. Perhaps, as some suggest, counselors may fear being replaced partially or in full by such technologies (Whitfield & Williams).

Stigma and status. Though the majority of participants (68.0%) observed the benefits of distance counseling for clients in terms of social stigma, it may be beneficial to investigate how counselors perceive the ways social stigma will affect them. It is

possible some counselors may be apprehensive toward distance counseling out of

concern they will be criticized by peers or colleagues if they begin to provide such

services. In addition, since employee assistance programs (EAPs) and crisis counseling

services—both distance counseling—have at times staffed non-licensed or entry-level

counselors, some professionals may see providing services through distance mediums as

below them, or as a step backward in their professional careers.

   Shift in power. Some counselors may have a low regard for distance counseling

because of the shift in power that occurs between client and counselor. For example, the

shift in power that occurs in telephone counseling due to the client's perception of safety,

anonymity (Speyer & Zack, 2003), and ability to instantly end a session (i.e., hang up)

may be disagreeable with some providers who use their professional authority as part of

the therapeutic process (Stybel, 2003).

   Incompatible with counseling style. Derrig-Palumbo and Zeine (2005)

interviewed leading practitioners in numerous counseling approaches including Rational

Emotive Behavior Therapy, Cognitive-Behavioral Therapy, Solution-Focused Brief

Therapy, Family Brief Therapy, Narrative Therapy, Client-Directed Outcome-Informed

Clinical Work, Imago Relationship Therapy, and Transpersonal Therapy to demonstrate

that distance counseling is effective in providing care with various counseling

approaches. In each interview the leading practitioner addressed how their counseling

therapy was compatible with distance counseling. However, there may be counseling

theories in which distance counseling is not compatible. These may include therapies that

are very physically active—such as gestalt, play therapy, and art therapy—as well as

therapies where counselor authority and intensity is integral to the therapeutic process (ReadyMinds, 2004).

<div align="center">Participant Characteristics Affecting Responses</div>

Counselor characteristics of reported age, gender, proficiency in using the technological medium, years of counseling experience, professional status and whether there are sufficient clients in one's area to maintain a fulltime practice were isolated to see how these characteristics are associated with counselor attitudes toward distance counseling mediums.

Age

Age was not found to be related to participant attitude of email counseling, online text chat counseling, telephone counseling, or videoconference counseling. This finding is in direct contradiction to the literature which suggests that older persons may be resistant to using new technologies in counseling provision (Stybel, 2003; Lester, 2002).

Proprietors of the distance counseling field have maintained that distance counseling would grow in acceptance automatically as younger counselors begin practice and older counselors retire. However, data from this study suggests otherwise. If older counselors are no more for or against distance counseling, compared to younger counselors, the passing of generations alone is not going to alter distance counseling perceptions.

What is more, it is surprising that older generations do not perceive distance counseling negatively, if only by the mere variance that older generations are less experienced with technology. An additional analysis of the data could investigate whether older counselors have the same reported technological proficiency as younger counselors.

Since proficiency with a counseling medium was found to be significant between and within groups, and age not found significant at all, it would likely be found that reported counselor age is not associated with counselor reported technological proficiency.

Gender

Gender was not found to be related to participant reported attitude toward email counseling, online text chat counseling, or telephone counseling. However, females reported a significantly more positive view of videoconference counseling than did male participants.

It is a surprising finding that videoconference would be the medium perceived more positively by females. While research on female *clients* hypothesized females may prefer distance counseling due to the safety and isolation it provides (Manning, et al., 2000), videoconference is the distance counseling medium perceived to have the least potential for instilling a sense of safety and anonymity (Manning, et al.). Second, the fact that females viewed the most technologically complex medium so positively is in direct contradiction to stereotypes that men are more comfortable with technology than women. Additional analysis of the data could investigate this stereotype further by inspecting whether counselor reported gender is associated with counselor reported proficiency with technology.

There are potential explanations for why videoconference is perceived most positively by females. For one, videoconference was found to be perceived as the best medium for building rapport. Perhaps this attribute (or others) weighs in with more importance to females than males, hence increasing positive female attitudes.

Proficiency with the Medium

Proficiency with the counseling medium was, in every case, associated with positive attitude toward counseling with that medium. This finding aligns well with literature that suggests usage and learning of technological communication systems improves attitude and appreciation of those systems (Hunter & Allen, 1992; Walther, Boos, & Jonas, 2002).

This association was expected, though it is notable that the significance was strong both between and within groups. Additional analysis of the data will help to answer what it is about proficiency that leads counselors to report a more positive attitude. For example, do counselors with higher proficiency with a counseling medium see greater potential to make money by providing distance counseling with that medium? Do counselors who are proficient with a particular medium perceive greater potential for relationship building and the delivery of clinically effective services?

Professional Status

Professional status was a statistically significant counselor characteristic, for professional Christian counselors viewed distance counseling more negatively than non-professionals for all four mediums. This association has not been discussed in any other literature. However, this finding underscores the insight of Holmes (1997), who suggests banning legitimate counseling provision will only serve to beleaguer distance counseling with untrained and non-reputable providers—already the less trained are more interested in distance counseling.

Further analysis of the data will help explain the reasons behind why professional counselors perceive distance counseling more negatively than non-professionals. For

example, do professional counselors perceive the ethical disadvantages more strongly than non-professionals? Do licensed professionals see the ability to deliver clinically effective services to be less? Or, as has been suggested before, are the reasons for these attitudes due to something that has not been accounted for? For example, it is possible the professional counselor may worry that with distance counseling persons will indiscriminately search for someone to talk to—such as a non-professional—thereby harming their profession and livelihood. This is a reasonable hypothesis considering the findings in regards to client base (below).

Sufficiency of Client Base

Counselors who reported that there were not enough clients in their area to maintain a fulltime practice viewed distance counseling more positively than counselors who reported sufficient available clients in their area. This was statistically significant between groups for email counseling, online text chat counseling, and telephone counseling, and this finding underscores the hypotheses of Zack (personal communication, 2004), who observed that counselors who need clients see distance counseling as an effective way to find them, and that counselors with a sufficient client base see distance counseling as a liability to lose clients to other providers.

This finding is peculiar because client base relates so closely to potential financial income, something counselors on average reported they did not feel would be effected by distance counseling. However, could it be that financial reasons really are at the heart of counselor attitudes? It may be the case that, in the end, counselor livelihood is the dominating factor for why counselors support, or do not support, distance counseling.

<center>Limitations of Study</center>

This study is not without limitation, several which are addressed in this section.

Amount of Data

The sheer amount of data collected and the many different ways the data could be analyzed made this study challenging. Hence, many potentially meaningful analyses were left out of this study. In retrospect, an easier and still valid approach to conducting this study may have been to select 200 random participants out of the total number of respondents who completed every item of the inventory. This approach would have made the data more manageable in terms of coding and analysis, compared to working with the current sample of 1863, of which some participants had not answered all of the 148 items.

Response Rate

Though response rate was high, as many as 62.99% of the 3865 persons who opened the official request for participation completed the survey, there may still be a significant difference between persons who did and those who did not complete the survey. However, some precautions were made to decrease selection bias. For example, in an attempt not to lose participants disinterested in distance counseling, which would skew results, the solicitation specified generically that the survey was on "Christian counselor opinions toward new mediums for counseling provision," as opposed to "distance counseling." Also, the request for participation emphasized that both positive and negative feedback was appreciated.

Drop-out Rate

Returned among the completed surveys were 459 surveys in which participants did not follow through to the end. These incomplete submissions were excluded from the study. Considering this in conjunction with the finding that for mediums perceived more negatively higher numbers of participants skipped that item, it may be that some persons who viewed distance counseling negatively may have dropped out of the study, thereby skewing the data.

However, it is also possible drop-out rate was simply a product of the survey length, or some other non-relevant variable such as participants being distracted or interrupted. This matter could be analyzed by comparing responses on partially completed surveys to completed surveys.

Online Request and Response

Another limitation of this study was that the solicitations for participation were sent by email. Though participants had the choice to complete the inventory online or by hard copy, email solicitation leads to a potential sampling error, since all potential participants must occupy at least a minimal level of technological proficiency. However, considering the wide adoption of email as a standard method of communication, it is assumed Christian counselors without email access are merely a few extreme outliers.

In addition, though participants were able to request a paper based copy of the survey, very few did. Furthermore, surveys that were returned were not completed in time to be included in the data analysis of this study. Hence, the fact that 100% of the surveys used in the analysis of this data were online surveys could have created a sampling error. However, in defense of the method, completion of the online survey necessitated virtually

no specialized technological knowledge other than being able to access a website via the internet.

Missing Data

As discussed earlier, there was an approximate 2-3% non-response for any given survey item. Though for much of the analysis this was not problematic, when creating frequency tables for participant perceived advantages and disadvantages of issues in distance counseling as a whole, it was necessary for missing data to be accounted for. Therefore, when participants did not mark an item, the missing numeric was replaced with the mean answer for that item, rounded to the nearest whole number. This was done to make the data manageable while not skewing results. However, this approach may have resulted in a minor emphasis of the average scores for each item.

Christian Counselor Sample

Though it was an intentional limitation, this study does lack some external validity toward counselors as a whole because of the decision to investigate the perspectives of solely Christian counselors.

Second, the Christian counselor participants were obtained from one list; a list composed of individuals who had purchased product from the AACC, were AACC members, or who opted to be included in an AACC email list. This phenomenon immediately shows that there is something unique about this group in comparison to Christian counselors as a whole, even if that may not also mean their perceptions of distance counseling will differ in any way from the full population of Christian counselors. Therefore, even with the large N, it is possible the perceptions of individuals on this list can not be generalized to the perceptions of Christian counselors in general.

Usefulness of Findings

The findings of this study occupy several uses. First, this study broadly improves the understanding of the topic. Several hypotheses in literature about how counselors perceive distance counseling and technology have been brought to light in regards to Christian counseling providers. Second, because Christian counselor perceptions toward distance counseling may directly affect whether they will or will not use it for counseling provision, a knowledge of such perceptions will assist Christian counseling associations in assessing counselor needs as they endeavor to support and equip Christian counseling providers.

Third, for advocates of distance counseling provision, the data from this study provides considerable insight into specific perceived disadvantages of distance counseling among Christian counselors, such as the clinical and ethical issues previously discussed. Hence, improving the condition or perception of these issues may be an effective way to improve Christian counselor attitudes toward distance counseling, thereby promoting the field. Also, since counselor proficiency toward a specific technology was positively associated with counselor attitude toward using that medium for counseling provision, advocates of distance counseling may be wise to encourage and assist with increasing counselor proficiency with such technological mediums.

Fourth, the findings of this study provide an idea of who has the highest regard for and is most likely to use distance counseling. Though additional analyses can be run to investigate this matter more thoroughly, it seems from the present findings that the most likely Christian counselor to use distance counseling is the non-professional, with high

proficiency with technology, who perceives there are not enough clients in his or her area to maintain a fulltime practice.

Also, with a large minority of participants stating they are likely or somewhat likely to provide distance counseling, it is now known that there is a high potential for distance counseling to be used by counselors to help persons who would not otherwise receive care. These Christian counselors may embrace distance counseling as a less than perfect tool that can be utilized to guide underserved and hurting persons to a place of emotional and spiritual health.

<div align="center">Recommendations for Further Research</div>

This study assessed the way Christian counselors currently perceive many issues related to distance counseling provision. However, there are many questions yet to be answered; concurrently there is wide potential to build upon this study's foundation. First, the analysis of the data present in this study is merely a fraction of the statistical measures that could be computed with the dataset (many of these measures are proposed above). Foremost, additional study can be conducted simply within the current pool of data.

Second, it would be helpful to assess how informed counselors are about distance counseling issues and whether (and in what way) counselor education on distance counseling issues effects perceptions. At this time, it is not known whether the counselors participating in this study were well informed, somewhat informed, or not at all informed in regards to available distance counseling research studies, legal issues, and potentialities of distance counseling provision.

There are numerous ways of designing studies to observe how counselor education on distance counseling effects perceptions. One is to provide a course that surveys distance counseling literature—similar to the literature review presented in this study. A second approach would be to expose counselors to the practice of distance counseling first hand, through demonstrations, printed text of counseling sessions by email or text chat, or via mock or supervised distance counseling sessions with clients.

Third, this study assessed Christian counselor perceptions at a time when well-designed experimental studies are—in some respects—still pending. As quoted by several sources in the literature review (Maheu & Gordon, 2000; Atanasoff, 2003, p. 1), distance counseling is in need of well-designed outcome studies to continue to add creditability and merit to its practice. Hence, outcome based research for email counseling, online text chat counseling, telephone counseling (the most well researched medium in the distance counseling field, Hornblow & Sloane, 1980; Reese, Collie, & Brossart, 2002), and videoconference counseling are all worthwhile endeavors.

Fourth, this study observed the perceptions of Christian counselors utilizing a quantitative research method. A qualitative design that investigates the same issues would help to better answer the question of why counselors perceive distance counseling the way they do. Are perceptions based on a rational analysis of the advantages and disadvantages of distance counseling, or are positive perceptions based on a no-holds-barred adventurous attitude that distance counseling means making good money while working from home? Conversely, are negative perceptions based on prejudicial biases or irrational worries regarding distance counseling provision? Or, are there other rational reasons not discussed in literature that greatly affect counselor perceptions? A qualitative

design would provide greater insight into the reasons behind the ways Christian

counselors perceive distance counseling advantages and disadvantages.

These recommendations are by no means an exhaustive account of the potential

meaningful and exciting research that remains to be conducted in this young and nascent

field of distance counseling provision. If good research, honest appraisals, legitimate

concerns and open attitudes continue in the manner that they have for the last several

years, distance counseling may soon stand as an accepted and invaluable tool to bring

help and healing to persons with a spectrum of needs, in a variety of settings.

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Appendix A

Distance Counseling Survey

Counselor Survey

Do you provide counseling to others?

- Yes

- No

Do you provide Christian counseling to others?

- Yes

- No

Which of the following describes you? (check all that apply)

- A Counseling Pastor

- A Lay (non-licensed) Counselor

- Certified Life Coach

- Clinical Psychologist

- Clinical Social Worker (CSW, LCSW, etc.)

- Licensed Professional Counselor (LPC, LCPC, LMHC,etc.)

- Marriage and Family Therapist (MFT, LMFT)

- Pastoral Counselor

- Psychiatrist

- Other, Please Specify _____

I am proficient with using:

Select one for each:
1 Strongly Agree
2 Agree
3 Neutral
4 Disagree
5 Strongly Disagree

- Email

- The Internet

- Online text-chat

- A telephone

- Videoconference

Note: For the following questions, "email counseling" is the provision of counseling by means of email exchanges between client and counselor.

In comparison to face-to-face counseling, email counseling provides clients:

Select one for each:
1 Increased
2 Somewhat Increased
3 Equal
4 Somewhat Decreased
5 Decreased

- A sense of safety

- A sense of anonymity

- Social stigma

- Access to their counselor

- A selection of counselors to choose from

- A cost/price for counseling

- A sense of feeling understood

- A sense of feeling cared for

- A sense of feeling connected with their counselor

Note: For the following questions, "online text chat counseling" is the provision of counseling by online text exchanges in 'real time.'

In comparison to face-to-face counseling, online text chat counseling provides clients:

Select one for each:
1 Increased
2 Somewhat Increased
3 Equal
4 Somewhat Decreased
5 Decreased

- A sense of safety

- A sense of anonymity

- Social stigma

- Access to their counselor

- A selection of counselors to choose from

- A cost/price for counseling

- A sense of feeling understood

- A sense of feeling cared for

Note: For the following questions, "telephone counseling" is the provision of counseling by telephone.

In comparison to face-to-face counseling, telephone counseling provides clients:

 Select one for each:
1 Increased
2 Somewhat Increased
3 Equal
4 Somewhat Decreased

5 Decreased

- A sense of safety

- A sense of anonymity

- Social stigma

- Access to their counselor

- A selection of counselors to choose from

- A cost/price for counseling

- A sense of feeling understood

- A sense of feeling cared for

Note: For the following questions, "videoconference counseling" is the provision of counseling by video where both client and counselor can see each other and verbally communicate back and forth in real time.

In comparison to face-to-face counseling, videoconference counseling provides clients:

Select one for each:
1 Increased
2 Somewhat Increased
3 Equal
4 Somewhat Decreased
5 Decreased

- A sense of safety

- A sense of anonymity

- Social stigma

- Access to their counselor

- A selection of counselors to choose from

- A cost/price for counseling

- A sense of feeling understood

- A sense of feeling cared for

Compared to verbal communication in counseling, text communication (email or chat) in counseling provides clients:

Select one for each:
1 Increased
2 Somewhat Increased
3 Equal
4 Somewhat Decreased
5 Decreased

- Attention to communications given and received

- Reflection on communication given and received

- Willingness to disclose private thoughts

- Coherent organization of their thoughts

- Objectivity toward their problem issues

- Insight into problem issues

- Accountability to past statements

- A sense of ownership of the counseling process

- A sense of control in the counseling process

- A record of treatment progress

Compared to face to face counseling, counselors using email counseling:

Select one for each:
1 Increased
2 Somewhat Increased
3 Equal
4 Somewhat Decreased
5 Decreased

- Can fulfill ethical duties

- Can build rapport with clients

- Can assess client issues

- Can administer a mental status exam

- Can provide effective treatment for problem life issues

- Can provide effective treatment for problem spiritual issues

- Can provide effective treatment for major mental disorders

- Can affectively deal with a client in crisis

- Have service overhead costs

- Can build a client base

- Can charge a low fee for services

- Have overall financial earnings

Compared to face to face counseling, counselors using online text chat counseling:

Select one for each:
1 Increased
2 Somewhat Increased
3 Equal
4 Somewhat Decreased
5 Decreased

- Can fulfill ethical duties

- Can build rapport with clients

- Can assess client issues

- Can administer a mental status exam

- Can provide effective treatment for problem life issues

- Can provide effective treatment for problem spiritual issues

- Can provide effective treatment for major mental disorders

- Can affectively deal with a client in crisis

- Have service overhead costs

- Can build a client base

- Can charge a low fee for services

- Have overall financial earnings

Compared to face to face counseling, counselors using telephone counseling:

Select one for each:
1 Increased
2 Somewhat Increased
3 Equal
4 Somewhat Decreased
5 Decreased

- Can fulfill ethical duties

- Can build rapport with clients

- Can assess client issues

- Can administer a mental status exam

- Can provide effective treatment for problem life issues

- Can provide effective treatment for problem spiritual issues

- Can provide effective treatment for major mental disorders

- Can affectively deal with a client in crisis

- Have service overhead costs

- Can build a client base

- Can charge a low fee for services

- Have overall financial earnings

Compared to face to face counseling, counselors using videoconference counseling:

Select one for each:
1 Increased
2 Somewhat Increased
3 Equal

4 Somewhat Decreased
5 Decreased

- Can fulfill ethical duties

- Can build rapport with clients

- Can assess client issues

- Can administer a mental status exam

- Can provide effective treatment for problem life issues

- Can provide effective treatment for problem spiritual issues

- Can provide effective treatment for major mental disorders

- Can affectively deal with a client in crisis

- Have service overhead costs

- Can build a client base

- Can charge a low fee for services

- Have overall financial earnings

Please rate how the following applies to Email Counseling:

Select one for each
1 Strongly Agree
2 Agree
3 I Don't Know
4 Disagree
5 Strongly Disagree
6 N/A

- I can provide it to a client in my state without violating the terms of my counseling license.

- I can provide it to a client in another state without violating the terms of my counseling license.

- I am able to learn any counseling techniques necessary to counsel in this way.

- I am able to implement, or have implemented technologies necessary to counsel in this way.

Please rate how the following applies to Online Text Chat Counseling:

Select one for each
1 Strongly Agree
2 Agree
3 I Don't Know
4 Disagree
5 Strongly Disagree
6 N/A

- I can provide it to a client in my state without violating the terms of my counseling license.

- I can provide it to a client in another state without violating the terms of my counseling license.

- I am able to learn any counseling techniques necessary to counsel in this way.

- I am able to implement, or have implemented technologies necessary to counsel in this way.

Please rate how the following applies to Telephone Counseling:
Select one for each
1 Strongly Agree
2 Agree
3 I Don't Know
4 Disagree
5 Strongly Disagree
6 N/A

- I can provide it to a client in my state without violating the terms of my counseling license.

- I can provide it to a client in another state without violating the terms of my counseling license.

- I am able to learn any counseling techniques necessary to counsel in this way.

- I am able to implement, or have implemented technologies necessary to counsel in this way.

Please rate how the following applies to Videoconference Counseling:

Select one for each
1 Strongly Agree
2 Agree
3 I Don't Know
4 Disagree
5 Strongly Disagree
6 N/A

- I can provide it to a client in my state without violating the terms of my counseling license.

- I can provide it to a client in another state without violating the terms of my counseling license.

- I am able to learn any counseling techniques necessary to counsel in this way.

- I am able to implement, or have implemented technologies necessary to counsel in this way.

How likely are you to provide the following?

Select one for each
1 Likely
2 Somewhat Likely
3 Undecided
4 Somewhat Unlikely
5 Unlikely

- Email Counseling

- Online Text Chat Counseling

- Telephone Counseling

- Videoconference Counseling

Rate whether the following issues deter you from providing online, telephone and videoconference counseling:

Select one for each
1 Strongly Deters
2 Deters
3 Slightly Deters
4 Does Not Deter

- Ethical Issues

- Financial Issues

- Legal Issues

- Spiritual Issues

- Technology Issues

- Technique Issues

Please rate your attitude toward the following:

Select one for each
1 Very Positive
2 Positive
3 Neutral
4 Negative
5 Very Negative

- Email Counseling

- Text-Chat Counseling

- Telephone Counseling

- Videoconference Counseling

I know counselors that provide, or have provided (check all that apply):

- Online Counseling (by text chat)

- Online Counseling (by email)

- Counseling by Telephone

- Counseling by Videoconference

- None of the Above

I know client(s) that participate in, or have participated in (check all that apply):

- Online Counseling (by text chat)

- Online Counseling (by email)

- Counseling by Telephone

- Counseling by Videoconference

- None of the Above

I provide or have provided (check all that apply):

- Online Counseling (by text chat)

- Online Counseling (by email)

- Counseling by Telephone

- Counseling by Videoconference

- None of the Above

Are you a member of any professional counseling organizations? (check all that apply)

- None

- AACC

- AAMFT

- ACA

- APA

- NASW

- NBCC

- Other, Please Specify

How many persons do you counsel per week? (in person or online)

- Less than 1

- 1-5

- 6-11

- 12-16

- 17-21

- 22 or more

For how long have you been providing counseling?

- Less than 1 year

- 1-5 years

- 6-10 years

- 11-16 years

- 17 or more years

What age of clients do you work with? (check all that apply):

- Children

- Adolescents

- Adults

- Older Adults

What kind of issues do you specialize in? (check all that apply):

- None

- Anxiety

- Career Issues

- Depression

- Eating Disorders

- Family Issues

- Religious/Spirituality Issues

- Substance Abuse

- Other, Please Specify

Are their enough clients in your area to maintain a full-time practice?

- Yes

- Probably

- Maybe

- Probably No

- No

- I Don't know

Do you charge for counseling services?

- Always

- Usually

- Sometimes

- Rarely

- Never

Do you bill client insurance for counseling payment?

- Always

- Usually

- Sometimes

- Rarely

- Never

Please disclose your current yearly household income:

- Under 30,000

- 31,000-50,000

- 51,000-70,000

- 71,000-90,000

- 91,000-110,000

- 111,000-Higher

- Prefer not to disclose

Please disclose your age:

- Younger-25

- 26-35

- 36-45

- 46-55

- 56-Older

- Prefer not to disclose

What is your gender?

- Male

- Female

If you have taken the Myers-Briggs Personality Test, what is your personality type?

- I Don't Know

- ENFJ

- ENFP

- ENTJ

- ENTP

- ESFJ

- ESFP

- ESTJ

- ESTP

- INFP

- INTJ

- INFJ

- INTP

- ISFJ

- ISFP

- ISTJ

- ISTP

Appendix B

Solicitation Pre-notice

American Association of Christian Counselors
January 31, 2006

Greetings Friends and Colleagues,
In three days you will receive a request in your inbox to fill out an anonymous 10-15 minute online survey for an important doctoral research study being conducted by my executive assistant Anthony Centore. The study concerns the perspectives of Christian counselors (including lay counselors and counseling pastors) regarding new mediums for counseling provision.

I am writing in advance because we have found many people like to know ahead of time that they will be contacted. We believe this study to be very important and its results may reflect the direction of Christian counseling over the next several years or decades.

As a small token of our appreciation the AACC is happy to offer prizes to 12 random participants! Prizes include (We provide an email address for drawing entry, so your name is not linked to the survey data):

5 hardcover copies of the new AACC book Caring for People God's Way
5 hardcover copies of the AACC bestseller Attachments
1 Copy of the Caring for people God's Way DVD program (Volume 1)
1 Copy of the Caring for people God's Way DVD program (Volume 2)

Thank you for your time and consideration. It's only with the generous help of people like you that our research can be successful.

Lastly, if you have time now, you can participate immediately by filling out the anonymous online survey by clicking here:
http://www.zoomerang.com/survey.zgi?p=WEB224XHH3TCBF

Sincerely,
Tim Clinton Ed.D., LPC, LMFT
President
American Association of Christian Counselors

Anthony Centore Ph.D. (ABD; Liberty University)
Executive Assistant to the President
American Association of Christian Counselors

P.S. If you would like to participate by having a paper survey mailed to you, simply reply to this message with your name and address (this information will be destroyed after we mail the survey and will not be associated with survey

data in any way).

_____

anthony@aacc.net

Appendix C

Official Solicitation

American Association of Christian Counselors

February 03, 2006

Dear Colleagues and Friends,

Today is the day, we need your input.

I am writing to ask for your immediate help in an important doctoral research study being conducted by my executive assistant, Anthony Centore. The study involves Christian counselor opinions toward new mediums for counseling provision. We need the input of counseling pastors, lay and professional counselors.

The results of this study will reveal the direction that Christian counseling will take over the next few years-or several decades into the future.

You will help us very much by taking 10-15 minutes to complete this online survey. Your answers are anonymous. Participation is absolutely voluntary.

As a token of our appreciation we are awarding prizes to 12 random participants (We provide an email address at the end of the survey so your name in the drawing is not linked to survey data):

5 hardcover copies of the new AACC book Caring for People God's Way
5 hardcover copies of the AACC bestseller Attachments
1 Copy of the Caring for people God's Way DVD program (Volume 1)
1 Copy of the Caring for people God's Way DVD program (Volume 2)

To begin the online survey, click here:
http://www.zoomerang.com/survey.zgi?p=WEB224XHH3TCBF Or if you prefer, respond to this email with your address and we will be happy to mail you a paper version of the survey.

Again, thank you very much for helping us with this important research study. It is only with the generous help of people like you that the study can be successful.

Sincerest Blessings,

Tim Clinton Ed.D., LPC, LMFT
President

American Association of Christian Counselors

Anthony Centore Ph.D. (ABD; Liberty University)
Executive Assistant to the President
American Association of Christian Counselors

anthony@aacc.net