

Counselors' Perceptions of Online and Face to Face Counseling

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Abstract

Face-to-face counseling is no longer the only accepted method of delivery for professional counselors. Online counseling has increasingly become a viable option for the delivery of mental health care. Professional counselors face challenges related to their own personal attitudes, and finding a balance with skills that benefits their clients. In this study, data were collected from practicing counselors regarding their personal perceptions of online and face-to-face counseling practices. Survey respondents included professional counselors in K-12 educational settings and in private practice who have graduated from educational counseling graduate programs. Data collection and analyses were conducted to determine professional perceptions of the value of online counseling as compared to face-to-face counseling from the perspective of the professional counselor working in the field.

Keywords: Professional counseling, Online counseling

The technological revolution has brought many services that were once only available in the face-to-face setting online. Just as telemedicine has grown in popularity as an online service, so have online counseling services. Online counseling has experienced an increase in acceptance and popularity across the general population of counselors and their clients as it becomes more and more common. This surge in the acceptance of online counseling is a result of the increased research and ethical guidelines provided by counselors and the expansion of ethical guidelines from many professional organizations, as well as the increase in professional, online training for all counselors (Barak, Klein, & Proudfoot, 2009).

Online counseling research faces huge burdens examining the various complicated issues related to online counseling. The research must study the effects of anonymity on the client counselor relationship as compared to face-to-face counseling. Additionally, the effects of long distance counseling, and the effects of different levels of participation within the anonymous online counseling experience must also be examined. Similarly, emotional expression, ethics, and management of identity, as well as, the spontaneity that may be created in lieu of inhibition from traditional face-to-face counseling all present concerns as clients and professionals look to online counseling as a viable form of service delivery (Barak, Klein, & Proudfoot, 2009).

Online counseling, in its examination, has forced the counseling field to reexamine the delivery of face-to-face counseling as well as the traditional issues associated with direct delivery. While traditional counseling has benefitted from decades of research to achieve balance between the benefits and concerns associated with face-to-face counseling. Non-traditional delivery methods, including online counseling, must still seek a balance using both traditional and non-traditional delivery strategies and methods that benefits both counselor and client.

Despite the many benefits that are associated with online delivery of counseling, including a lack of inhibition, the counseling profession must also come to terms with its own distress about how a new and unfamiliar platform may impact the profession as some struggle to learn or catch up with training. From a professional view, the researchers sought counselor attitudes, as well as personal attitudes, that would impact online counseling opportunities. The research sought to provide the variable opportunities of online counseling and apply them to the counselor client relationship in order to optimize the experience and benefit of both (Barak, Klein, & Proudfoot, 2009).

Literature review

Cyberpsychology, e-therapy, e-counseling, or cybertherapy are all terms used to describe the delivery of therapeutic interventions in cyberspace where the communication between a trained professional counselor and client(s) is facilitated using computer-mediated communication technologies, provided as a stand-alone service or as an adjunct to other therapeutic interventions (Richards & Viganó, 2013). However, the exact communication modalities that fall under the umbrella of e-counseling remains debated within the literature. Such practices as e-mail and text-chat have been considered to be a part of online counseling in some arenas and not in others. Additionally, the continually evolving nature of online counseling makes defining online counseling especially difficult (Richards & Viganó, 2013). For the purposes of this study, the definition as used by Rochlen, Beretvas and Zack (2004) will be used. Namely, that online counseling “(a) involves direct communication between a counselor and at least one client and (b) the communication is specifically intended to address mental health concerns” (pg. 96).

Among the communication modalities included in online counseling are synchronous communications such as chat and video conferencing as well as asynchronous communications such as email. The various computer mediated communication methods can be used as a standalone, in conjunction with other forms of computer mediated communications, or in cooperation with other interventions. There has also been a surge in web-based, self-administered interventions with included online counseling support (Newman, Szkodny, Llera & Przeworski, 2011; Richards & Richardson, 2012).

Regardless of the definitions and communication methods involved in the dissemination and reception of online mental health counseling services, what is known is that as the technological revolution has expanded into every aspect of modern life, e-counseling has also expanded in prevalence. As online counseling has become more common, counseling professionals have been forced to examine the benefits and problems associated with delivering mental health care without traditional face-to-face interactions.

Some cited benefits include the potential for expansion of services to new populations that are unable to or resistant to accessing care via traditional methods. Similarly, the possibility of reduced costs, improved convenience, and improved record keeping also make online delivery of counseling services attractive (Rochlen, Beretvas, & Zack, 2004). However, concerns ranging from the lack of therapeutic control, visual cues, and the inability

to intervene in a crisis are all issues that make many professional counselors reluctant to embrace online counseling as a delivery method. Additionally, there are concerns related to the lack of confidentiality and the delivery of services by unqualified individuals that make online counseling potentially dangerous and require more thought and regulation before full implementation (Rochlen, Beretvas, & Zack, 2004).

In seeking to understand online counseling and how counseling professionals approach or should approach online counseling and its relationship to traditional face-to-face counseling, Castelnovo, Gaggiolo, Mantovani, and Riva (2003) argue that online counseling is the same as traditional counseling with the exception that computer mediated technologies are necessary for the therapeutic communication and therefore only affect the process with their associated limitations and advantages. However, Grohol (2001) argues that online counseling should be considered something completely different that requires a completely new approach and understanding. What is known is that the goals of online counseling are necessarily the same as those of face-to-face counseling, namely, to return the client to “pre-crisis functioning” (Richards & Viganó, 2013).

The research concerning online counseling services has examined a myriad of aspects including the effectiveness, the building of the therapeutic relationship, client suitability, attitudes, and professional development and education. Despite the breadth of research in these areas, much is still relatively new and lacks replication. Additionally, online counseling research has also been called on to examine the new and complicated landscape of phenomenon related to the effects of seeming anonymity and distance including ethics, writing and emotional expression, impression and identity management, as well as disinhibition. It has been suggested that some discomfort with online counseling on behalf of professional counselors comes from their own discomfort with these new phenomena for which they may not have the proper training to address.

However, it has been argued that part of the surge in online counseling is a direct result of the growth in research into online counseling, the development of ethical guidelines by various professional organizations, and the establishment and growth of professional training for online counselors (Barak, Klein, & Proudfoot, 2009).

Several small studies examining the effectiveness of various forms of distance counseling when compared to face-to-face counseling, including phone and video therapy found no significant differences in terms of outcomes. What was noted was a difference in the level of participation, notably that clients who participated in distance therapy were more

active participants (Day and Schneider, 2002). However, as noted by Richards & Viganó (2013) many of these studies are limited in scope and sample size and are therefore not generalizable. A meta-analysis of Internet-based interventions by Barak et al. (2009) found that studies examining therapy provided synchronously versus asynchronously did not find any significant differences between the modalities. This study also found that online therapies were as effective as fact-to-face therapies.

It has been suggested, however, that online counseling patients are more receptive to online counseling than counseling professionals. One study conducted by Wangberg, Gammon, and Spitznogle, (2007) found that the majority of psychologists held neutral views towards online counseling. One concern with these results is that they suggest a lack of knowledge or uncertainty rather than a true perception of the practice (Richards & Viganó, 2013). The study did suggest that those who had clinical experience with e-mail or were frequent internet users were more likely to have favorable views towards online counseling and its likely benefits. However, other studies, such as those conducted by Chester and Glass (2006) suggested that professional counselor perceptions of the effectiveness of online counseling is more split, with only 57% believing that online counseling is as effective as traditional face-to-face counseling. Also of interest are the types of concerns which are raised by professional counselors when discussing online counseling especially as these concerns closely mirror those considered when establishing a traditional face-to-face mental health practice (Hanley, 2006).

In terms of satisfaction of those professional counselors who have experience with online counseling, 74% reported being satisfied with their ability to deliver mental health services to their patients via computer mediated modalities. Additionally, many counselors involved with online counseling have reported on the benefits of online counseling including those which are artifacts of disinhibition, time delay, and written expression as well as the increased convenience (Bambling, King, Reid, & Wegner, 2008).

In terms of disinhibition, clients seeking online counseling have been reported to express themselves more honestly while also being more open about their experiences and feelings (Cook & Doyle, 2002). The seeming anonymity and nontraditional setup of online counseling also contributes to lower emotional intensity and allows clients to be more expressive and focused. Additionally, the time delay also offers other benefits including more time for reflection where time for processing is built into the client's experience (Suler, 2000; Hanley, 2009). In terms of written expression, both clients and counselors are offered the

benefit of verbatim records which can be re-read and reflected upon, both their own and that of the other (Beattie, Shaw, Kaur, & Kessler, 2009). Additionally, the emotional benefits of translating emotions and experiences into writing are preserved when the writing is typed into an email or chat (Sheese, Brown, & Graziano, 2004). It has been suggested that as the field develops, more research is conducted, and more guidelines and subsequent training becomes available, more professional counselors will consider the benefits of online counseling and become more likely to embrace the practice.

Method

This study utilized a cross-sectional survey design. It may also be considered a pre-experimental static group comparison or posttest-only with nonequivalent groups. Being a cross-sectional survey design, no treatment was utilized.

Measurements

Demographic information. The demographic form consisted of fourteen-items that represented general demographic information such as, years of experience, gender, age, and race/ethnicity.

Online Counseling Attitude Scale (OCAS) and Face-to-Face Counseling Attitude Scale (FCAS). The Online Counseling Attitude Scale (OCAS) and Face-to-Face Counseling Attitude Scale (FCAS) (Rochlen, Beretvas, & Zack, 2004) is a 20-item scale that measures both online and face-to-face attitudes toward seeking counseling through either one of these methods. The researchers were not required to ask permission to use the scales. The authors noted that there was no need to contact them in order to use the scales (Rochlen, Beretvas, & Zack, 2004). The scale consists of two subscales. The first 10 questions pertain to attitudes, value, and discomfort toward online counseling and the last 10 questions also pertain to attitudes, value, and discomfort toward face-to-face counseling (Rochlen, Beretvas, & Zack, 2004). The online portion of the scale focuses on participant's attitudes and perceptions on using the internet as a source for counseling services. Example questions from this subscale include "Using online counseling would help me learn about myself" and "I would confide my personal problems in an online counselor." The face-to-face subscale focuses on participant's attitudes and perceptions on going to a counselor in face-to-face environment such as an office. Questions from the face-to-face subscale include the same questions as the online component with the focus being toward face-to-face counseling. Example questions

include “Using face-to-face counseling would help me learn about myself” and “I would confide my personal problems in a face-to-face counseling session.”

Reliability was determined using test-retest by the authors. The correlation coefficients for the OCAS at 95% confidence were .88 for the online counseling and .85 for the face-to-face counseling. Internal consistency was measured by the authors as lying between .77 and .90 (Rochlen, Beretvas, & Zack, 2004).

Data collection

The participants (N=148) in this study were identified as counselors, counselor educators, and graduate students from three different national sources. Participants, with permission from each source, were accessed through the American School Counselor Association (ASCA), American Counseling Association (ACA), and the Counselor Education and Supervision Network List serve (CESNET).

Findings

Descriptive statistics

There were 156 total responses but only 148 responded to all the questions. For the variable of age, the assumption of normality was violated. There were more than two times as many in the 31-40 group as there were in the 51 and over age group. However, due to the robustness of ANOVA, the data was run as planned.

Table 1

Age	
Age	Frequency
21 - 30	22.4
31 - 40	35.9
41 - 50	26.3
51+	15.4

The assumption of normality was violated for Gender with the number of females four times higher than the males. However due to the robustness of ANOVA, the data was run as planned.

Table 2

Gender

Gender	Frequency	Percent
Male	28	17.9
Female	128	82.1
Total	156	100.0

The assumption of normality for race/ethnicity was violated. There were more than two times as many in the Caucasian/White (non-Hispanic) group as there were in the other groups. Asian and Native American have only three and two respectively in their groups. However due to the robustness of ANOVA, the data was run utilizing only African American/Black, Caucasian/White (non-Hispanic), and Hispanic.

Table 3

Race/Ethnicity

Race/Ethnicity	Frequency	Percent
0 Other	10	6.4
1 African Am.	16	10.2
2 Asian	3	1.9
3 Caucasian	89	56.7
4 Hispanic	36	22.9
5 Native American	2	1.3
Total	156	99.4

The means for the individual questions in online counseling ranged from 3.33 to 4.16. A value of three was equivalent to somewhat disagree and a four was equivalent to somewhat agree. The means for the individual questions in face-to-face counseling ranged from 4.28 to 5.44. A value of five was equivalent to agree and a six was equivalent to strongly agree. This is seen in Table 4.

Table 4

Descriptive Analysis

Question	N	Min.	Mean	SD
Using online counseling would help me learn about myself.	148	1	3.82	1.207
If a friend had personal problems, I might encourage him or her to consider online counseling.	148	1	3.33	1.505
I would confide my personal problems in an online counselor.	148	1	3.36	1.466
It could be worthwhile to discuss my personal problems with an online counselor.	148	1	3.64	1.257

If online counseling were available at no charge, I would consider trying it.	148	1	4.16	1.424
If I were having a personal problem, seeking help with an online counselor would be the last option I would consider.	148	1	3.33	1.571
I would feel uneasy discussing emotional problems with an online counselor.	148	1	3.49	1.397
I would dread explaining my problems to an online counselor.	148	1	3.85	1.440
I think it would take a major effort for me to schedule an appointment with an online counselor.	148	1	3.99	1.457
I would be afraid to discuss stressful events with an online counselor.	148	1	3.83	1.468
Using face-to-face counseling would help me learn about myself.	148	2	5.10	.831
If a friend had personal problems, I might encourage him or her to consider face-to-face counseling.	148	2	5.33	.820
I would confide my personal problems in a face-to-face counseling session.	148	3	5.19	.750
It could be worthwhile to discuss my personal problems with a face-to-face counselor.	148	3	5.28	.710
If face-to-face counseling were available at no charge, I would consider trying it.	148	2	5.44	.758
If I were having a personal problem, seeking help with a face-to-face counselor would be the last option I would consider.	148	1	5.23	1.089
I would feel uneasy discussing emotional problems with a face-to-face counselor.	148	2	4.76	1.129
I would dread explaining my problems to a face-to-face counselor.	148	1	4.89	1.089
I think it would take a major effort for me to schedule an appointment with a face-to-face counselor.	148	1	4.28	1.370
I would be afraid to discuss stressful events with a face-to-face counselor.	148	1	4.89	1.089

Inferential statistics

The researchers used inferential statistics, a mixed analysis of variance. A mixed ANOVA was conducted to assess whether there were gender differences in counselor's beliefs about the value of face-to-face (F2F) counseling and online counseling. The following assumptions were tested: (a) independence of observations, (b) normality, and (c) sphericity. Independence of observations and sphericity were met. The assumption of normality was violated. There were almost 5 times as many females as males. Results indicated a significant main effect of type of counseling, $F(1, 146) = 82.19, p < .001, \text{partial } \eta^2 = .36$, but not of gender, $F(1, 146) = .03, p = .85, \text{partial } \eta^2 = .00$. There was no significant interaction

between type of counseling, online or F2F and gender $F(1, 146) = .005, p = .95, \text{partial } \eta^2 = .00$. Table 5 provides the means and standard deviations for type of counseling by gender.

Table 5

Means and Standard Deviations of the Value in Type of Counseling Separately by Gender

Type of Counseling	Females		Males	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Online Perceptions	36.77	11.08	36.92	13.61
F2F Perceptions	50.34	6.70	50.69	6.50

A mixed ANOVA was conducted to assess whether there were age differences in counselor's beliefs about the value of face-to-face counseling and online counseling. The ages were divided as follows: 1 equals 21–30 years of age; 2 equals 31–40 years of age; 3 equals 41–50 years of age; and 4 equals 51 and over years of age. The following assumptions were tested: (a) independence of observations, (b) normality, and (c) sphericity. Independence of observations and sphericity were met. The assumption of normality was violated. There were more than 2 times as many in the 31-40 group as there were in the 51 and over age group. Results indicated a significant main effect of type of counseling, $F(1, 144) = 132.56, p < .001, \text{partial } \eta^2 = .48$, but not of age, $F(3, 144) = .44, p = .73, \text{partial } \eta^2 = .01$. There was no significant interaction between type of counseling, online or F2F and age $F(1, 144) = .77, p = .51, \text{partial } \eta^2 = .02$. Table 6 provides the means and standard deviations for type of counseling by age.

Table 6

Means and Standard Deviations of the Value in Type of Counseling Separately by Age

Type of Counseling	21-30		31-40		41-50		51+	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Online Perceptions	34.48	11.43	38.40	11.20	36.76	11.85	36.55	11.94
F2F Perceptions	51.06	6.51	50.27	7.07	50.15	5.60	50.18	6.65

A mixed ANOVA was conducted to assess whether there were race differences in counselor's beliefs about the value of face-to-face counseling and online counseling. The races were divided as follows: 1 = African American/Black; 2 = Caucasian/White (non-Hispanic); and 3 = Hispanic. The following assumptions were tested: (a) independence of observations, (b) normality, and (c) sphericity. Independence of observations and sphericity were met. The assumption of normality was violated. There were more than 2 times as many in the Caucasian/White (non-Hispanic) group as there were in the other groups. Results indicated a significant main effect of type of counseling, $F(1, 130) = 68.84, p < .001, \text{partial } \eta^2 = .34$.

eta2 = .35, but not of race, $F(2, 130) = .92, p = .40$, partial eta2 = .01. There was a significant interaction between type of counseling, online or F2F and race $F(2, 130) = 3.73, p = .03$, partial eta2 = .05. Table 7 provides the means and standard deviations for type of counseling by race.

Table 7

Means and Standard Deviations of the Value in Type of Counseling Separately by Race

Type of Counseling	African American		Caucasian		Hispanic	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Online Perceptions	40.06	11.22	34.74	11.48	38.21	11.37
F2F Perceptions	50.63	9.30	51.36	5.71	47.82	7.54

A mixed ANOVA was conducted to assess whether there were experience differences in counselor’s beliefs about the value of face-to-face counseling and online counseling. The years of experience were divided as follows: 1 = no experience; 2 = 1 through 5 years of experience; 3 = 6 through 10 years of experience; 4 = 11 through 15 years of experience; and 5 = 16 and more years of experience. The following assumptions were tested: (a) independence of observations, (b) normality, and (c) sphericity. Independence of observations and sphericity were met. The assumption of normality was violated. There were more than 2 times as many in the 1 through 5 years of experience group as there were in the no experience, the 11 through 15 years of experience; and the 16 and more years of experience groups. Results indicated a significant main effect of type of counseling, $F(1, 141) = 119.07, p < .001$, partial eta² = .46, but not of years of experience, $F(4, 141) = 1.62, p = .174$ partial eta² = .04. There was no significant interaction between type of counseling, online or F2F and years of experience $F(4, 141) = .63, p = .64$ partial eta² = .02. Table 8 provides the means and standard deviations for type of counseling by years of experience.

Table 8

Means and Standard Deviations of the Value in Type of Counseling Separately by Years of Experience

Type of Counseling	Group 1		Group 2		Group 3		Group 4		Group 5	
	<i>M</i>	<i>SD</i>								
Online Perceptions	34.96	12.24	37.15	11.12	38.06	10.45	34.06	12.65	38.00	13.97
F2F Perceptions	46.96	7.13	51.33	6.40	49.72	6.68	51.63	5.07	53.06	6.66

A mixed ANOVA was conducted to assess whether there were current position and counselor's beliefs differences in the value of face-to-face counseling and online counseling. The current positions were divided as follows: (1) Student in a master's level counseling program; (2) Student in a doctoral level counseling program, (3) Counselor in an elementary school (4) Counselor in a secondary school, (5) Counselor in a high school, (6) Counselor in a post-secondary institution, and (7) Practicing Counselor separate from educational institutions. The following assumptions were tested: (a) independence of observations, (b) normality, and (c) sphericity. Independence of observations and sphericity were met. The assumption of normality was violated. Groups 1, 2, and 6 were less than half of groups 2 and 7. Results indicated a significant main effect of type of counseling, $F(1, 141) = 120.21, p < .001$, partial $\eta^2 = .46$, but not of current position, $F(6, 141) = .80, p = .57$ partial $\eta^2 = .03$. There was no significant interaction between type of counseling, online or F2F and current position $F(6, 141) = 1.05, p = .40$ partial $\eta^2 = .04$. Table 9 provides the means and standard deviations for type of counseling by current position.

Table 9

Means and Standard Deviations of the Value in Type of Counseling Separately by Current Position

Current Position	Online Perceptions		F2F Perceptions		N
	Mean	SD	Mean	SD	
Student in a master's level counseling program	32.62	12.57	50.08	7.73	13
Student in a doctoral level counseling program	37.64	10.13	51.36	6.66	36
Counselor in an elementary school	39.05	12.20	48.95	5.25	20
Counselor in a secondary school	35.62	11.87	49.77	6.86	13
Counselor in a high school	33.46	12.29	51.38	5.18	24
Counselor in a post-secondary institution	38.78	14.01	53.11	5.73	9
Practicing Counselor separate from educational institutions	38.52	10.71	49.15	7.98	33
Total	36.80	11.52	50.40	6.65	148

A mixed ANOVA was conducted to assess whether there were Highest Degree earned and counselor's beliefs differences in the value of face-to-face counseling and online counseling. The Highest Degree earned were divided as follows: (1) Bachelor's; (2) Master's and, (3) Doctorate. The following assumptions were tested: (a) independence of observations, (b) normality, and (c) sphericity. Independence of observations and sphericity were met. The

assumption of normality was violated. Group 1 had an N= 8, 2 had an N=114, and 3 had an N=22. Results indicated a significant main effect of type of counseling, $F(1, 141) = 47.15, p < .001$, partial $\eta^2 = .25$, but not of highest degree, $F(2, 141) = 1.98, p = .14$ partial $\eta^2 = .03$. There was no significant interaction between type of counseling, online or F2F and highest degree $F(2, 141) = .72, p = .49$ partial $\eta^2 = .01$. Table 10 provides the means and standard deviations for type of counseling by highest degree.

Table 10

Means and Standard Deviations of the Value in Type of Counseling Separately by Highest Degree

Type of Counseling	Bachelor		Master		Doctorate	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Online Perceptions	32.75	12.14	36.10	11.33	40.05	10.64
F2F Perceptions	48.63	7.01	50.33	6.44	50.64	7.69

Each time, regardless of the variable type of counseling was differed to, there were significant differences in counselor’s beliefs about the value of face-to-face counseling and online counseling. Each time counselor’s beliefs about the value of face-to-face counseling was significantly greater than their beliefs about online counseling. There was one significant interaction between type of counseling, online or F2F and race. Caucasian counselors scored lower than any other group in the value of online counseling and highest in the value of face-to-face counseling. The African American group scored highest in the value of online counseling.

Discussion and Conclusion

As technology takes on an expanded role in everyday life, professionals are being tasked with balancing the convenience it offers with the concerns that it presents. In the delivery of counseling, online counseling provides specific benefits from a convenience and therapeutic point of view; however, it also presents specific barriers. Among those barriers are those associated with practitioner’s view of the value of online counseling delivery versus the traditional face-to-face method of delivery.

This research sought to examine counselor beliefs about the value of online counseling when compared to that of face-to-face counseling, specifically amongst counselors who currently practice in the K-12 setting and those who were trained as educational counselors. For the variables of age, gender and race the assumption of normality was violated. Except for race which had cells less than five, all the data were utilized due to the robustness of

ANOVA. However, it is recommended that a stratified sample be utilized in the future, ensuring a normal distribution.

The results of this study indicate that counselors in the K-12 setting perceive there to be more value in face-to-face counseling over online counseling. This is consistent with the findings of Chester and Glass (2006) who found that 42% of counselors practicing online counseling perceived it to be less effective than face-to-face counseling. Additionally, Mallen, Vogel, Rochlen, and Day (2005) found that clients of online counseling were more likely than counseling professionals to be accepting of the online delivery format. However, several studies, including those performed by Day and Schneider (2002) found that there were no statistical differences in outcomes for clients who received online counseling when compared to those who received face-to-face counseling.

This study also sought to examine if gender played a role in a counselor's beliefs about the value of online versus face-to-face counseling. In this study, a counselor's gender did not affect their beliefs about the value of online counseling. This finding is of interest as there is a traditional gender divide in attitudes towards face-to-face counseling, but none found in online counseling (Rochelen, Beretvas, & Zack, 2004).

The results of this study also indicated that counselor's age does not influence their perceptions of the values of online counseling versus face-to-face counseling. While other research indicates that age plays a role in comfort with technology which may negatively affect a counselor's perception of online counseling, that does not appear to be a factor in this study (Rochelen, Beretvas, & Zack, 2004).

While race plays an important role in how counselors approach clients of various racial and ethnic backgrounds (Rochlen, Zack, & Speyer, 2004), it does not have a large effect on their perception of online versus face-to-face counseling. However, it was noted that Caucasian counselors perceive face-to-face counseling as being more beneficial than online counseling, this may be due to their ability to adjust for their client's race and/or ethnicity without risking overstepping or missing cues related to these demographic factors (Rochlen et. al., 2004).

This study also sought to examine if years of counseling experience affect a counselor's perception of the value of online counseling versus traditional counseling. While this study found that years of counseling experience did not influence perception, a study by Chester and Glass (2007), suggested that this is indicative of the evolution of online

counseling into the mainstream rather than an experiment of one specific demographic group of counselors.

Furthermore, this study examined a counselor's current position and highest degree attained for their effects on the counselor's perception of the value of online counseling versus traditional face-to-face counseling. While these ideas require more research and remain relatively unexamined in the current research, it appears that experience with online counseling and use of online counseling tools in practice play the largest role in a counselor's perception of its value (Richards & Vigano, 2013).

Recommendations

The findings from this study suggest that while there is openness and belief in the value of online counseling, it remains behind that of face-to-face counseling. Additionally, traditional demographic factors which may influence perception do not play a role in the perception of the value of online counseling suggesting that other factors such as ethical concerns or lack of comfort with technology may be decreasing counselor's perceptions of the value of online counseling in relation to face-to-face counseling.

In consideration of the current research and the current study, other recommendations for further research of online counseling should be explored. As online counseling becomes more and more common, along with increased training and acceptance by both counselors and clients, the data will be able to shed more light on new trends in the field and their acceptance. Other factors to consider (e.g., self-efficacy, ethical concerns, and technological awareness) when comparing online counseling to face-to face counseling are recognizing the individual's confidence levels and ethical education required to practice counseling online. Further, research is needed in the areas of ethics and lack of familiarity with technology and how it impacts perceptions of online counseling in relation to traditional face to face counseling. Ethical concerns require more research as more counselors will be expected to reach out to more clients using the latest technology. The variable delivery of technology and its security would have to be addressed for the acceptance to grow in turn. There may be an interest to compare different training programs (e.g., graduate counseling programs) to see if courses may need to be developed and adapted towards counselors in training or counselors in the field who may have a reluctance or lack of knowledge to expand using technology simply because they are unfamiliar with technology and how to apply it to their best advantage in the counseling field.

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