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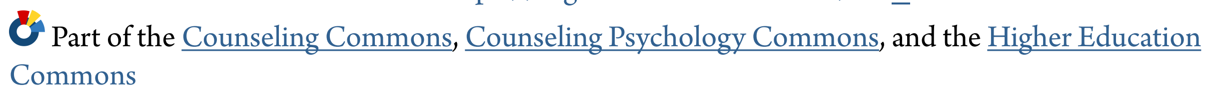
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COUNSELORS' PERCEIVED PREPAREDNESS FOR TECHNOLOGY-MEDIATED DISTANCE COUNSELING: A PHENOMENOLOGICAL EXAMINATION

by

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A Dissertation Submitted
to the Faculty of Old Dominion University
in Partial Fulfillment of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

COUNSELING

OLD DOMINION UNIVERSITY
April 2016

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ABSTRACT

COUNSELORS' PERCEIVED PREPAREDNESS FOR TECHNOLOGY-MEDIATED DISTANCE COUNSELING: A PHENOMENOLOGICAL EXAMINATION

Daniel C. Holland
Old Dominion University, 2016
Dissertation Chair: Dr. Jeffry L. Moe

This phenomenological study examined counselors' perceptions of their formal preparation for engaging in technology-mediated distance counseling with the intent of gaining an understanding of their lived experiences. Semi-structured interviews were conducted with seven seasoned counselors who regularly engage in technology-mediated distance counseling. The results highlighted two categories emerging: the counselor and training/education. Themes related to motivation and counselor attributes emerged from the first category and themes of availability, inadequacy, and modality emerged from the second. The implications from this study suggest a lack of availability of effective training on technology-mediated distance counseling. The implications also suggest areas of potential future research and program development for graduate programs.

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Thank you to my amazing wife, Jamie. You have stood by me through this entire journey and have inspired, calmed and supported me every single step of the way. You have been the best friend any partner could wish for, and I love you dearly. Thank you for being you and choosing to be with me.

Thank you to my children, who sacrificed time over the years. Josh, I recognized your sacrifice on the days that waves were firing and I had class or had to write instead of being with you in the water. Caleb, rare times you had band events that I couldn't be present for I know were a sacrifice. Ethan and Alana, the days that I was up late writing, working and preparing for this dissertation and just wasn't present with you, I realize was a price you paid for this; and Alana, standing on the other side of my laptop each and every night quietly waiting for your hug goodnight will stay with me forever. I love you all and sincerely appreciate your sacrifices. Hopefully you will see the value of education and follow in these footsteps to accomplish the purpose of your life.

Dad: Well, here it is. Your last words being wheeled out to open heart surgery, "finish your dissertation", have been fulfilled. While this moment brings the deepest level of satisfaction I've ever experienced, it also saddens me deeply that you are not here to experience this with me.

Mom: I love you and thank you for supporting everything I have done, through thick and thin, my entire life. I could never have asked for better parents than you and dad and I am so grateful for you,.

My family and friends: Thank you all for your encouragement, words of kindness and understanding for having to miss family events and even being a bit distracted from time to time when I am with you. I love you all...

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In loving memory of my father, Rev. Carl Holland. You continue to inspire and guide me into the great unknown of the future. I miss you and love you and thank you for your support of my dreams and my life's purpose every day of my life. You were the best father anyone could have had and have raised the bar for me. Until we meet again…

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CHAPTER I: INTRODUCTION

Statement of the Problem

This chapter will provide an introduction to technology-mediated distance counseling and the standards used by those who utilize this delivery method. It will then outline the purpose of this study and provide the research question. Important terms will be identified as well as delimitations at the conclusion.

Introduction

The increase of telehealth services offered to expanded numbers of individuals has normalized the expanded utilization of technology-mediation for many health related issues. How technology mediated services impacts healthcare provision is one of the most important issues facing Western (-ized) societies in the 21st century. This includes questions about the preparation of healthcare providers and allied professionals to provide telehealth and other technology-mediated services.

An increased number of individuals are seeking therapeutic services over the Internet (Barak, A. & Grohol, J., 2011). These interventions include psycho-educational webpages, interactive cognitive behavioral based a self-help programs, videoconferencing, blogging, support groups, and professional lead online therapy (Barak, A. & Grohol, J., 2011). A growing number of researchers have examined the various methods of distance therapy with an emphasis on the client's experience. Working alliance and outcomes have been examined through the use of email, blogging, texting, and videoconferencing. Holmes and Foster (2012) compared online and face-to-face counseling in their research study. After examining the similarities and differences between online and face-to-face counseling with regards to general mental health, working alliance, and social presents, they concluded that online counseling clients perceive

significantly stronger working alliance than those who received face-to-face only counseling (Holmes & Foster, 2012).

Researchers have studied many different methods of face-to-face distance therapeutic counseling, including its effectiveness in therapeutic processes and outcomes with various diagnoses. Richards & Vigano (2013) conducted a narrative and critical review of literature regarding online counseling examining 123 studies. They examined "anonymity and disinhibition, convenience, time-delay, the loss of social signaling, and writing behavior in cyberspace are discussed. Ethical behavior, professional training, client suitability, and clients' and therapists' attitudes and experiences of online counseling were also examined for trends and similar outcomes".

Questions have been raised regarding ethical concerns as well as the logistics of face-to-face distance therapy. The National Board for Certified Counselors (NBCC) provides a certification in distance counseling as well as various policies regarding the provision of distance professional services. NBCC's Distance Credentialed Counselor (DCC) are masters degree level counselors who are either Licensed or Nationally Certified Counselors (NCC) who have completed an approved Distance Credentialed Counselor training program and who agrees to adhere to NBCC's Code of Ethics and the NBCC Provision of Distance Professional Services, while agreeing to comply with all individual state licensing regulations. This is less structured that other telehealth requirements (APA, 2013; ATA, 2013). Maheu, Pulier, McMenamin & Posen (2012) state, "protections for psychologists require new risk management procedures and adaptations by malpractice carriers as multidisciplinary teams involved with and beyond healthcare into new public and private sectors" (p. 613). Greysen, Chretien, Kind, Young & Gross (2012) discuss stiff penalties from various licensing authorities for online violations of

professional standards and the growing need to increase education and self-monitoring practices regarding Internet-communication with patients/clients. The complexity of legal concerns is greatly increased for counselors who choose to provide services outside of their license area. Aside from jurisdictional legal concerns, information protection is also a concern.

While technology becomes more readily available to a wide variety of potential clients/patients and as new technology-based health care delivery systems become more normalized in western culture, professional counselors are left with the task to ethically and effectively utilize new tools and systems to provide services (ATA, 2013). Whether individual counselors choose to adopt or resist the changes of this delivery system, providers, professional organizations, and other stakeholders are tasked with recognizing the advantages and inherent risks associated with these changes. Additionally, they must focus on preparing those utilizing these methods with necessary skills and safeguards, while anticipating the projection current technology leads this field toward the future. In an effort to accomplish this task, many professional organizations such as the American Counseling Association (ACA), American Psychological Association (APA), American Association of Marriage and Family Therapy (AAMFT), and the American Mental Health Counselors Association (AMHCA) have embraced the challenge of preparing professionals in the counseling field for the challenges associated with this delivery method (ATA, 2013).

Most organizations that produce standards or guidelines for video-based counseling or Telehealth services stress the importance of competence to engage in those activities. The definition of competence is elusive depending on the organization, jurisdiction, geographical location within the United States, or in Europe, or other nations. Counselors as well as other professionals are encouraged to review their licensing or credentialing organizations definitions

of competence prior to engaging in the delivery of clinical care. While standards of competence are varied, professional counselors are expected to have basic education and training in suicide prevention as well as other basic areas required by their licensing or credentialing organization. Additionally, video-based counselors' competence extends to technical and logistical areas unique to the delivery method utilized. The American Association of Marriage and Family Therapy (AAMFT) add in standard VI, 6.1, (d) that "therapy only commences electronically after appropriate education, training or supervised experience using relative technology" has been completed.

The American Psychological Association (APA) (2013) Telepsychology Task Force set competence as their first guideline adding that psychologists who provide telepsychology services should, "strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of technologies on clients/patients, supervisees or other professionals". Concerns have been raised by the lack of formal education for video-based providers (Turvey, 2013). The AAMFT (2015) stated, "Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services." (VI, 6.6). The National Board for Certified Counselors (NBCC) (2012) also adds that, "NCC's shall provide only those services for which they are qualified by education and experience (Standard 1). The ATA (2014) echoes those words in their guide specifically related to biomedical telehealth, stating that personnel who perform services through technological means, "shall be trained in the correct usage" and adhere to policies (Giansanti et al., 2008).

While these best practices and standards have recently been established by organizations, and while many organizations stress the requirement of education/training necessary to be competent as a video-based counselor or telemental health provider, absent from the research is

any writing on the educational community's response or effectiveness at providing needed education to clinicians. This study aims to examine the experiences of professional counselors' specifically related to their perceived preparedness to engage in counseling services through video-based distance methods. While a few programs exist through the NBCC to provide training on these standards, there is little to no research on professional counselor's formal preparation for this rapidly expanding service.

Additionally, existing research seems to indicate that the process of training counselors in technology-mediated counseling is not adequately understood, with a bias towards the assumption that counselors can generalize the counseling process from face-to-face methods without further preparation. Current research has been quick to raise questions about client experiences and even highlight a need for standards (Chretien, Azar & Kind, 2011), there seem to be no known studies that explore counselors' perceptions of their training to utilize technology-mediated counseling, including to their experiences with formal training specific to this delivery system.

Purpose Statement

To date, there have been no known qualitative research studies that explore the counselor's perceptions of their own preparedness to engage in technology-mediated distance counseling. The phenomenological tradition of qualitative research was chosen to because of its uniqueness to examine the experiences of professionals engaging in distance education through the utilization of technology-mediation. Other studies have utilized this phenomenological approach to examine a variety of other experiences related to preparedness of counselors with specific emphasis on certain populations (i.e., working with suicidal patients, etc.). Existing research seems to indicate that the process of training counselors in technology-mediated

distance counseling is not adequately understood, with a bias towards the assumption that counselors can generalize the counseling process from face-to-face methods without further preparation. The purpose of this phenomenological study is to gain an understanding of the experiences of counselors' perceptions of their preparation experience for technology-mediated distance counseling with the intent to provide recommendations for counselor education programs and professional organizations regarding formal preparation for this delivery method.

Research Questions

This study has explored the central research theme, "What are the experiences and perceptions of professional counselors' preparation for utilization of technology-mediated distance counseling methods?"

Definition of Terms

The terms below are defined as they are used in this particular study:

Alliance (therapeutic) – the relationship between a healthcare professional in the client by which a therapist and client engaged together to create beneficial change for the client.

Clinical Supervision – "an intervention provided by a more senior member of a profession to a more junior member or members of the same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to clients, and serving as a gatekeeper for those who are entering a particular profession" (Bernard & Goodyear, 2014, p. 59).

Counseling – a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education and career goals" (ACA, 2014).

Counselor – an individual who develops a professional relationship that "empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals", also known as a therapist (American Counseling Association, 2014, p. 3)

Counselor Education – the specific process of formal training in preparation for the provision of professional counseling services.

Distance – any interaction that is not physically face-to-face, but may include video, verbal, avatar, or other exchanges.

Ethics – conduct judged as good or right for counselors as a professional group (Remley & Herlihy, 2016).

Face-to-face – any interaction where both parties can observe each other's body language and hear their voice.

Internet-based – interactions using web-based interfaces.

Joining – the therapeutic process of a client and therapist coming together to achieve a goal or meet a need of the client.

Non-Technology Native – Individuals who during their formative and younger years did not have access to technology similar to what is available today due to the lack of its existence or other reason.

Preparation – the process by which a counselor is equipped to engage in various types of clinical services.

Technology-Mediated distance counseling – the process of engaging in counseling services through the utilization of technology to include and not be limited to video, audio, text and other synchronous technologies, with the current best practices involving face-to-face video interactions.

Technology Natives – individuals who are of the age and opportunity to have grown up with various technology use opportunities from a younger age.

Therapeutic Interventions – interventions or activities defined by a certain psychotherapeutic theory or modality of counseling.

Video-based – services that include video display plus audio display

Professional Counseling Experience – clinical counseling practice occurring outside of a counselor preparation program in which one-on-one clinical counseling and group counseling work is engaged in. This may be in a private practice, community based program, public or private school, or other appropriate setting.

Preparation – the process by which a counselor is equipped to engage in various types of clinical services.

Delimitations

Delimitations for this study include the requirement that participants in this study be professional counselors who current utilize technology to engage in distance counseling between 8-10 hours monthly. As professional counselors, they must have a national or state level of certification or licensure. This will exclude anyone who does not have personal experience engaging in counseling services through technology-mediated means.

CHAPTER II: REVIEW OF LITERATURE

This chapter describes technology-mediated counseling in detail to include benefits, challenges, delivery methods, patient/counselor working alliance, clinical outcomes, standards among professional organizations as well as educational methods utilized to obtain proficiency. These specific areas are described in detail as well as relevant literature on these areas of interest.

Virtually every human endeavor has increased information and communication technology (Olasupo & Atiri, 2013). With the booming increase in social media technology, more people are connecting with other individuals through technology than ever before (Olasupo & Atiri, 2013; Shallcross, 2011). The various examinations in existing literature include distance therapeutic services through self-led web-based services, email, blogging, online support groups, and video-conferencing with professional counselors (Barak & Grohol, 2011).

In their study, Richards & Vigano (2013) examined 123 studies focused on online counseling characteristics. They were analyzed with an emphasis on the outcome and the process of therapeutic services. Their findings revealed the existence of a growing body of knowledge with positive findings about the effectiveness of online counseling (Richards & Vigano, 2013). They deducted from the studies examined that online counseling is capable of replicating the facilitative conditions as face-to-face encounters (Richards & Vigano, 2013). Shallcross (2011) contrasts this finding by adding that social media and other technologies can build relationship between client and counselor, pointing out some of the ethical and boundary concerns. This research further adds that technology can increase the usefulness of counseling for both clients and counselors.

Barak & Grohol (2011) highlighted that accommodations counselors have made for ethical considerations is under-examined in literature. Strong logistical and ethical concerns exist among many professionals and organizations within the counseling profession about technology-mediated therapy (Barak & Grohol, 2011). These include Finn & Barak (2010) as they examined this concern with masters-level trained counselors who identified themselves as "e-counselors". After being asked various questions related to the extent of their practice, theoretical orientation, training and supervision, attitude about practice, legal and ethical concerns and various other concepts they confirmed that counselors who embraced the utilization of technology-mediated counseling had concerns related to the process. These researchers, along with National Board of Certified Counselors (NBCC) staff seem to yield a congruent finding for a stronger need for preparation of counselors who engage in these practices, yet failed to clearly establish specific methods of preparation or curriculum needs related to their preparation.

The National Board for Certified Counselors (NBCC) currently provides a certification in distance counseling as well as various policies regarding the provision of distance professional services. Rummell & Joyce (2010) praise professional societies such as the American Counseling Association (ACA), the National Association of Social Workers (NASW), and the NBCC for having addressed the issues related to Internet counseling ethics. These results yielded a finding consistent with the concerns of the NBCC, stating that these counselors felt they did not receive adequate formal training or supervision in online practice.

Counseling educators have utilized technology to engage in supervision and educational interactions through a wide array of optional methods (Watson, 2003; Carlisle et al., 2013). Technological tools such as email (Clingerman & Bernard, 2004) and video conferencing software have been used to supplement (Conn et al., 2009) or in some cases replace face-to-face

education and supervision experiences for counseling students (Nelson et al, 2010). Counselor education programs have in some cases developed programs to eliminate or reduce standard face-to-face educational experiences (CACREP, 2014).

Review of Literature

Distance Counseling

With the growth of telehealth and mental health services through the Internet, there is increased interest in subjects surrounding the concept (Richards & Vigano, 2013). Working alliance and outcomes have been examined through the use of email, blogging, texting, and videoconferencing. A majority of research on this topic seem to place emphasis on either the methods or clinical skills used, or the type of clinical need that is met (Richards & Vigano, 2013). Suler (2000) explored five features of the communication pathway between therapist and client: synchronous/asynchronous, text/sensory, real/imaginary, automated/interpersonal, and invisible/present. When compared with other literature in this area, his findings yielded similar results of effectiveness of video distance-based therapeutic services to face-to-face services.

Delivery Methods / Clinical Skills of Distance Counseling Examined

Delivery Methods

The variety of delivery methods which have been utilized to deliver therapeutic services between individuals in different geographical locations have been consistent with the available technology (Watson, 2003). Krist & Woolf (2011) highlight the role improvements in user interface technology has played in the reduced reluctance to utilize various methods for health-related services. The technology commonly used to accomplish this, whether it be computer, tablet, smart-phone or other medium, is often driven by a combination of hardware and software (Krist & Woolf, 2011). Computers and other devices with video-capability utilize software that

maximizes the effectiveness of those devices, thus providing a variety of methods connect with others via video (Krist & Woolf, 2011). Software programs can be divided into two categories of delivery methods (Chapman, 2008): *Asynchronous* and *Synchronous*. Methods such as e-mail, discussion boards, and file sharing are considered asynchronous because they involve a delay between interactions, while methods such as video and voice web-conferencing and live discussion boards are considered synchronous because they involve real-time live exchanges between parties (Sindlinger, 2011). Research is limited about specific delivery methods utilized for video-based counseling or education. Researchers noted a few platforms that were most commonly used: Skype (Carlisle et al., 2013; Nelson et al., 2010; Rautenbach & Black-Hughes, 2012), BlackBoard (Carlisle et al., 2013; Chapman, 2008), Adobe Connect (Carlisle et al., 2013; Dubi et al., 2010; Nelson et al., 2010; Rautenbach & Black-Hughes, 2012), and WebEx (Carlisle et al., 2013, Hayden, Navedo & Gordon, 2012).

Working Alliance

Research on this topic often discusses various methods used to meet clinical needs (Holmes & Foster, 2012; Martin, Garske & Davis, 2000; Richards & Vigano, 2013). These methods may include face-to-face services, or other types of distance therapy services. Often various clinical skills are examined to determine effectiveness, or to compare them to face-to-face experiences. Holmes and Foster (2012) are one example of this concept in their comparison study of online and face-to-face counseling. After examining the similarities and differences between online and face-to-face counseling with regards to general mental health, working alliance, and social presences, they concluded that online counseling clients perceive significantly stronger working alliance than those who received face-to-face only counseling (Holmes & Foster, 2012). This study examined general mental health, working allies, and social

presence finding only significant difference in one of the areas. As a result, some of its findings maybe more generalized amongst the different modalities, but also requires a deeper look into specific causal relationships.

Martin, Garske, & Davis (2000) examined the relation of the therapeutic alliance with other outcome variables to see if there was a significant difference between face-to-face and online counseling. Their research revealed very little difference related to the counseling alliance between face-to-face and online counseling services (p. 450). Martin, Garske, & Davis (2000) had a nearly identical find as Holmes & Foster (2012) specifically related to working alliance. Both of their research examined the satisfaction of the client, did not account for the role or dynamics associated with the counselor. Richards & Vigano (2013) examination of 123 studies generalize findings even further comparing distance counseling with face-to-face counseling without any specific indicators. Their examination of these studies indicated that outcomes were similar between the two different types of counseling, yet did not examine the counselor's experience regarding their preparation for practice, knowledge of standards and other uniqueness's of technology-mediated counseling. Specifically absence was the counselor's perception of their preparedness for the utilization of services through this method.

Holmes & Foster (2012) provided specific results from their use of the Working Alliance Inventory-Short Form reporting that online counseling clients perceived a significantly stronger working alliance on the total Working Alliance Inventory-Short Form as well as the Goal subscale than did those who received face-to-face only counseling. They also reported that there appeared to be no significant differences existed between the groups on general mental health or social presence. This specific finding mirrors Cook & Doyle's (2002) examination of this alliance. They claim that working alliance is considered a central component of successful

therapy. Their research supported the idea that working alliance can be developed when participants are geographically separated. This study demonstrates the therapeutic relationship that can be developed and supported over the internet and the presence of one factor, working alliance, that can be developed.

Text Based Distance Counseling

Reynolds, Stiles & Grohol (2006) examined working alliance in clinical relationships a step further by comparing text based psychotherapy over the Internet with face-to-face psychotherapy with a specific focus on session impact and the client therapist alliance. Their results yielded that online client provided similar session impact and therapeutic alliance ratings to those of face-to-face clients. It is interesting to note that the online services were not synchronous, but rather text-based over e-mail, which may speak more about the expectations, comfort and a counselor's ability to communicate in writing. This finding provided encouragement for the profession to rapidly expand services through other means as well, particularly more synchronous approaches. The previous studies of Cook & Doyle (2002) and Holmes and Foster (2012) both examined video-based distance therapy as opposed to text based, yielding very similar result related to working alliance, also with an emphasis on the client's perspective. Absent from their studies were the examination of the counselor's experience utilizing technology-mediated distance counseling.

Beattie, Shaw, Kaur, & Kessler (2009) examine text based distance counseling to evaluate its effectiveness using cognitive behavioral therapy techniques. The expectations and experiences of individuals who have experienced online cognitive behavioral therapy (CBT) were examined to see how well text-based versions of interventions assisted them with coping with their depression. Their focus was how the model of delivery impacts individual's

therapeutic experiences. They reported that while some participants enjoyed the anonymity of typing responses, others may have lost benefit from the absence of visual cues. This is a contrast from the previous studies examined that yield a stronger finding of alliance due to the ability to include visual clues even though distance was involved. The use of text-based distance counseling continues to have positive effects and reports of working alliance and other factors from participants, but lacks the visual cues to go with the information provided through text, leaving no room for clarification or observed affect of clients.

Mallen, Jenkins, Vogel, & Day (2011) took this concept a step further in their research to examine synchronous texting. Their report yielded a finding of similar results to that of face to face counseling, with some differences. They report that reassurance and open questions were used about twice as often, while interpretation and direct guidance were used less frequently. They also stated that most participants (86-90%) reached the correct diagnosis when the symptoms represented a single diagnosis but had more trouble when the symptoms were mixed (36%). Participants reported feeling some distance from the client but reported an increase in their ability to form a therapeutic alliance after conducting one online session. It is believed that more research exists on text-based distance counseling because that technology was available earlier than video, and more readily available to a board pool of clientele with fewer technology-related restrictions. Mallen, Jenkins, Vogel, & Day (2011) recommend more training in online counseling for counselors in Masters level programs, even though their focus was limited to online chat. When compared to previous studies examined in this review, their findings are similar in client outcome yet reflect the counselor obtaining less information with more limited inputs (i.e., verbal cues, vocal cues). While the counseling interaction was examined during this study, the counselor's experience and perceived preparedness was not a focus.

Richards (2009) examined another unique feature of online services. A unique feature of online delivery is that the Internet can facilitate community and therefore allow counseling interventions to act therapeutically for an online community of users. His study was conducted in a college environment where users were able to be a part of an online group community to assist them with processing through clinical needs. He found several factors to be beneficial, including participate control of counseling experience, and anonymity. Therapeutic benefits were found even though this community involved text-based interventions. Because of the participants general level of comfort with Online Group relationships, these interventions presented as normalized and very similar to face-to-face. In her 2009 study, Walker (2009) examined the effectiveness of avatar-based counselor interactions. Her emphasis was placed on Counselor education and not direct clinical services, however this group setting of avatar icons proved to be effective with supervision of counseling students. When compared to Richards study, Walker's study yielded similar results, but with a different population in need. It is important to note that within the school environment, technology assistance was provided to assist them with developing the avatar they needed to engage the service.

These studies place strong emphasis on client outcomes and their perceived relationship with counselors, primarily from the client's perspective. Minimal emphasis was placed on the counselor's experience, and even less on their perception of their level of preparedness before entering into distance counseling through the methods selected. Studies such as Walker (2009) and Richards (2009) utilized controlled groups of individuals who were receiving services as these populations were in formal educational settings. Findings gleaned from client perspectives and client outcomes revealed very little about the perception of preparedness of counselors.

Other Clinical Needs

Simpson, Bell, Knox, & Mitchell (2005) examined the use of video therapy with certain populations suffering from eating disorders and found a notable reduction in counseling barriers among this population. Their research revealed that some participants preferred video therapy due to feeling less self-conscious and intimidated, whereas others felt it was less personal than face-to-face sessions would be. The reduction of these barriers combined with the relatively similar finding of working alliance indicates that video-based distance therapy could be particularly beneficial for some populations with common barriers. It is proposed that video therapy may be particularly suited to the treatment of eating disorders, especially for those with high levels of shame and body-related self-consciousness and those who require greater levels of control in therapy. While perspective clients may utilize these methods to obtain the benefits of the distance, little is known of the counselor's experience related to working with these populations, or their concerns about their preparedness for utilization of technology-mediated counseling.

Vernmark, Lenndin, Bjarehed, Carlsson, Karlsson, Oberg, Carlbring, Eriksson, & Andersson (2010) compare these two interventions and found a small difference between guided self-help an email therapy. Their findings yielded a result that email therapy with a professional counselor was slightly more effective than self-help. When compared with other research in this review, it is important to note that the similar positive outcome related to distance therapeutic interventions is affected slightly by different modalities. Positive outcomes and positive interactions of strong therapeutic alliance have been reported by many studies regarding many different modalities of distance therapeutic services. The research of Vernmark, et al. (2010) does not explore counselor's perceptions of preparedness related to systemic dynamics of

counseling through this delivery method or their experiences related to the delivery or adjustment of delivery of interactive interventions from face-to-face to distant means.

Effectiveness of Distance Counseling with Various Clinical Needs

Among various populations of prospective clients, telephone and Internet-based interactions are in some cases preferred by clients over in-person interactions (Mohr et al., 2010). This is taking into account that the quality of those services and resources are often inconsistent through the variety of caregivers, or even unknown (Klein et al., 2010). While various modalities, clinical skills, and other key elements of therapeutic work have been examined in literature for distance therapy, some research is centered around certain diagnoses. Researchers have studied many different methods of face-to-face distance therapeutic counseling and his effectiveness in therapeutic processes as well as outcomes with various diagnoses.

DeZee, Wink, and Cowan (2013) examined the cessation rates of individuals who are trying to quit smoking who were given medication and provided counseling. They examined participants who received counseling that was Internet-based as well as in person. Their study concluded that Internet-based counseling might be equivalent to in person counseling for smoking cessation in patients taking the prescribed medication. There finally yielded results that Internet-based counseling yields just as strong results as face-to-face counseling when combined with medication.

Internet-based treatment of social phobia was examined by Berger, Casper, Richardson, Kneubhler, Sutter & Andersson (2011). Their research was unique because it compared unguided self-help treatment for social phobia with the same interventions complement with minimal therapeutic support via email. Their study yielded results that indicated outcomes were positive for both self-guided interventions and interventions that were complemented with email

support from the therapist (p. 158). The therapeutic vehicle of Internet-based services provided this population with a less triggering environment to work through their triggers and coping skills effectively. As a result, positive results and outcomes were yielded quickly. Additionally, Bouchard et al. (2004) discovered through their study that video-based treatment has yielded positive outcomes for agoraphobia as well as panic disorders.

Many researchers have examined the use of distance-based therapy on those suffering from depression. Vernmark et. al. (2010) examined the difference between guided self-help an email therapy specifically on a population suffering from depression. They found that both were effective at providing clinical improvements of depressive symptoms in sufferers. They found the results were similar to those of face-to-face counseling. Birgit, Horn, & Andreas (2013) also examined Internet versus face-to-face's cognitive behavioral interventions for depression. They use the Beck Depressive Inventory (BDI-II) to examine depressive features with secondary outcome variables for suicidal ideation, anxiety, hopelessness and automatic thoughts. Their findings indicated that both face-to-face and Internet-based interventions for equally as effective. Significant findings were revealed at the 3-month post-treatment follow-up. Those who engaged in online therapeutic treatment remained stable while those who participated in face-to-face group showed significantly worsened depressive symptoms three months after termination of treatment.

Internet-based therapeutic services can be specifically effective when that you alleviate the triggering of various difficult attributes related to certain diagnoses. Simpson, Bell, Knox & Mitchell (2005) examine the clinical effectiveness of cognitive behavioral therapy delivered over videoconferencing for bulimic disorder. Their results produced a finding that indicated participants preferred video therapy due to feeling less self-conscious and intimidated. The

population they examined lived in remote areas of Scotland and Shetland, without access to face-to-face therapist. This study demonstrated the effective utilization of unique strengths of this modality, but did not focus on the experience of counselors engaging in the services.

Even services focused on psychosis were examined. Kasckow, Felmet, Appelt, Thompson, Rotondi, & Hass (2013) examined the applicability of telehealth technology in the treatment of schizophrenia calls for a review of the evidence base in light of the special needs and challenges in the treatment of this population. Their results indicated that video and telephone based work with this population is effective to some degree.

Young (2005) examined 48 e-clients who received online counseling at the Center for Online Addiction. Variables such as client perceptions and concerns about using online counseling, clients' reasons for seeking online counseling over in-office treatment, and demographic profiles of e-clients were assessed. Findings indicated that Caucasian, middle-aged males, with at least a four-year bachelors degree were most likely to use online counseling and anonymity, convenience, and counselor credentials were the most cited reasons they sought online counseling over in-office treatment. The lack of perceived privacy and security during online chat sessions and the fear of being caught while conducting online sessions were the main concerns reported by e-clients.

Results from literature reviewed yield similar results. Studies such as Young (2005), indicate effectiveness of online counseling to treat addictions or other issues where client control is important. Other study deal positive findings for issues such as depression, even revealing a higher success rate three months after treatment. It is good to note that online therapeutic interventions have an overall positive outcome for participants, however, those benefits range from reduction of barriers, access to counselors that are not available in local geographical areas,

client control, and worker alliance. Studies above note negative findings of counseling were also present, but present themselves as ethical dilemmas and boundary issues.

Counselor Challenges

While technology becomes more readily available to a wide variety of potential clients/patients and new technology-based health care delivery systems heighten become more normalized in western culture, professional counselors are left with the task to ethically and effectively utilize new tools and systems to provide services (ATA, 2013). Whether individual counselors choose to adopt or resist the changes of this delivery system, providers, professional organizations, and other stakeholders are tasked with recognizing the advantages and inherent risks associated with these changes, preparing those utilizing these methods with necessary skills and safeguards, while anticipating the projection current technology leads this field toward the future. In an effort to accomplish this task, many professional organizations have embraced the challenge of preparing professionals in the counseling field for the challenges associated with this delivery method (ATA, 2013).

Competence

Most organizations that produce standards or guidelines for video-based counseling or Telehealth services stress the importance of competence to engage in those activities. The definition of competence is elusive depending on the organization, jurisdiction, geographical location within the United States, or in Europe, or other nations. Counselors as well as other professionals are encouraged to review their licensing or credentialing organizations definitions of competence prior to engaging in the delivery of clinical care. While standards of competence are varied, professional counselors are expected to have basic education and training in suicide prevention as well as other basic areas required by their licensing or credentialing organization.

Additionally, video-based counselors' competence extends to technical and logistical areas unique to the delivery method utilized. The American Association of Marriage and Family Therapy (AAMFT) add in standard VI, 6.1, (d) that "therapy only commences electronically after appropriate education, training or supervised experience using relative technology" has been completed. Likewise, Code of Ethics for the American Mental Health Counselors Association (AMHCA) (2000) states:

> "Mental health counselors engaging delivery of services that involve the telephone, teleconferencing and the Internet in which these areas are generally recognized, standards for preparatory training do not yet exist. Mental health counselors take responsible steps to ensure the confidence of their work and protect patients, clients, students, research participants and others from harm" (Principle 14)

The American Psychological Association (APA) (2013) Telepsychology Task Force set competence as their first guideline adding that psychologists who provide telepsychology services should, "strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of technologies on clients/patients, supervisees or other professionals". Research of various policies and guidelines in various associated healthcare professions yield a finding of some key elements necessary for those practicing healthcare that have been adopted to specifically address concerns and best practices for counselors specifically.

Professional and Patient identity and Location

Guidelines suggest that video-based mental health treatment begin with the verification of some vital information about professionals, patients, and locations. The American Telemedicine Association (ATA) (2013) recommends that the name and credentials of the professional providing service as well as the patient be verified. It is recommended that the professional counselor providing services provide online patients with their qualifications,

license information, and any other professional information that can assist them with verifying their confidence and credentials. Likewise, It is recommended that patient provide their full name and information necessary to confirm their identity. The NBCC (2012) state that, “NCC’s shall develop written procedures for verifying the identity of the recipient at each instance of receiving” (Standard 16). In some circumstances, professional services might be provided to the patient in a setting where onsite mental health care is readily available. It is appropriate for professionals to verify their identity more formally through the showing of a government-issued photo ID on the video screen or by other related means. (ATA, 2013; European Federation of Psychologists Associations, 2001, 1.2.1)

It is also recommended that the patients location and providers location be confirmed by both individuals. This is essential to ensure that local laws and regulations as well as professional accreditation and licensing guidelines are followed for both jurisdictions. It should be noted that counselors need not provide their exact location that they are providing services (ie., home, office). Most guidelines (ATA, 2013; AAMFT, 2015; APA, 2013; NBCC 2012) stress the importance of the verification of patient location and provide a location for several key reasons. Hyler & Gangure (2004) note that in the United States, the jurisdictional licensure requirement is typically bound to the patient’s physical location where receiving services, and not their residence. The American Psychological Association Practice Organization (APAPO) (2010) found a variation of applicable laws and requirements for psychologists providing services via telecommunication technologies depending upon whether or not the provider is providing services as a single provider or as a part of a group of providers. It is also important to take into account jurisdiction as it is related to mandatory reporting laws and other ethical

requirements such as duty to warn, as they are related to the patient's location. Additionally, provider payment may be impacted due to the location of the patient.

Most organizations that provide guidance for video-based mental health services recommend that verification of locations be completed prior to beginning of services. It is also recommended that individuals provide names of other caregivers with releases, in the event that additional patient support is deemed necessary by the provider. This may include local mental health services, or other support personnel within the patient's life who can provide face-to-face assistance if needed. The Ohio Psychological Association (APO) (2010) addresses jurisdiction concerns reporting the deduction of several prominent researchers by reporting, "the majority of researchers who examined the issues related to tele-psychology across state lines have cautioned practitioners to continue to limit practice in the state from which they have a license (Alexander, 1999; Barnett, 2005; Heinlen, Welfel, Richmond & O'Donnell, 2003; Koocher & Moray, 2000; Kraus, 2004; Maheu & Gordon 2000; Mallen, Vogel & Rochlen, 2004)."

Method appropriateness

Multiple studies have been conducted to evaluate which patients and diagnoses are appropriate or not appropriate for video-based mental health services. Turvey et al., (2013) reports:

> "To date, no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing. Recent large randomized controlled trials have demonstrated effectiveness of telemental health, with many smaller trials also supporting this conclusion. Regarding specific subgroups, such as patients with psychotic or phobic disorders, one review by Sharp et al. (2011) found no evidence for inferiority of videoconferencing telemental health for patients with psychosis" (p. 722).

One consideration counselor should take into account is the patients expected level of comfort within their home or other environment where receiving services. With service is being received in a less controlled environment, patients need to be more cooperative, taking an active role in their treatment process. The clients cognitive capacity maybe more important in determining appropriateness of services via video then their diagnosis. Some organizations recommend guardians or caretakers who are responsible for setting up the video services at their site when patients are located outside of institutional settings. A community-based emergency management protocol is critical for effective safety management in settings where professionals are not immediately available (ATA, 2013). Other factors to take into account include a patient's history regarding previous experiences with previous counselors, current or past difficulties with substance abuse, history of violence or self-harm behavior, and a patient's cognitive ability (ATA, 2013). Professional counselors need to evaluate the potential risk factors related to providing services in settings where other support is not immediately available. Turvey et al. (2013) added, "the consent process shall include discussion of conditions of participation around session management so that if a professional decides a patient can no longer be managed through distance technology, the patient is aware that services may be discontinued if no longer appropriate" (p. 725, B., 1).

Informed Consent

Best practices regarding informed consent are varied from various organizations guidelines as well as local, regional, national laws (APA, 2013; ATA, 2013; NBCC, 2012). In most cases, verbal and written consent need to be obtained. Issues such as electronic signatures and the identification of relevant jurisdictions can complicate this process. The ATA (2013)

recommend that informed consent include all the information contained in the consent process for in-person care, including discussion of the structure and timing of services, recordkeeping, scheduling, privacy, potential risks, confidentiality, mandated reporting, and billing. While these areas are commonly covered in formal counseling education, best practices directly related to video-based counseling are rarely taught. Turvey et al. (2013) highlights key topics such as:

> "Issues such as limits to confidentiality specific to electronic communication; and agreed-upon emergency plan, particularly for patients and settings without clinical staff immediately available; the process by which patient information will be documented and stored; the potential for technical failure; procedures for coordination of care with other professionals; a protocol for contact between sessions; and conditions under which tell a mental health services may be terminated and a referral made two in-person care" (p. 725, C.)

Physical Environment

Both the counselor and the patients' environments should provide comparable standards for rooms that provide face-to-face service. Ideally privacy would limit the ability for conversation to be heard by other parties outside of the room. If others are present in the room at the time of service, both the counselor and the patient should make it known to the other party. Lighting, positioning, and other considerations should be taken by both parties to ensure the maximum clarity invisibility of the other person during the session.

Communication with other care providers

Like in-person counseling, many outcomes are improved by the coordination of care between providers from multiple disciplines. Most best-practices encourage the development of professional relationships with local community professionals including a patient's local primary care provider, as these relationships may be invaluable during case of emergencies (ATA, 2013). Much of this information is expected to be obtained prior to services beginning, however it is

useful to note that information should be confirmed regularly during the counseling practice to ensure accuracy.

Patient Safety

Providing services while maintaining safety for the client is imperative. There are specific considerations to be addressed regarding video-based counseling (Luxton, Sirotin & Mishkind, 2012). Professional counselors engaging in video-based counseling also need to be cognitive of the fact that every jurisdiction has its own rules outlining involuntary hospitalization and duty to warn, and need to abide by the standards in those jurisdictions where patients are receiving services. In addition to jurisdictional guidelines, professional counselors need to familiarize themselves with emergency procedures specific to the location where the patient is receiving services (ATA, 2013). In the event that the facility or location services are being received does not have a specific emergency procedure, basic emergency procedures can be established between the counselor and the patient. Turvey et al. (2013) suggest that they include, "(1) identify local emergency resources and phone numbers; (2) becoming familiar with the location of the nearest hospital emergency room capable of managing psychiatric emergencies; and (3) having patient's families/support contact information" (p. 726, F.). This is specifically important in the cases where services are provided in the setting without immediate availability of professional staff. It is suggested that a family member or community member selected by the patient be assigned as the patient's "Patient Support Person".

Proper releases need to be obtained so the counselor can request assistance in evaluating the nature of an emergency and/or initiating emergency response from the patient's immediate location or residence. Professional counselors utilizing this delivery method should obtain contact information for local resources within each patient's community. It is recommended that

at the beginning of each session, counselors confirm patients local emergency contact information and have it readily available. Professional counselors should be familiar with patients prescribed medications to assist in identification of medication related issues including noncompliance, and be able to reach the appropriate source of assistance to best serve the patient.

Community & Cultural Competence

Professional counselors are expected to be culturally competent to deliver services to any population they serve. This includes populations they may serve via video-based services in different geographical locations, to populations from different socioeconomic and cultural backgrounds. The APA (2013) emphasizes this on this by stating:

> "Psychologists make reasonable efforts to understand the manner in which cultural, linguistic, socioeconomic and other individual characteristics (e.g., medical status, psychiatric stability, physical/cognitive disability, personal preferences), in addition to, organizational cultures may impact effective use of telecommunication technologies in service delivery" (p. 8).

Ethical and Legal Mandates

Maheu, Pulier, McMenamin & Posen (2012) state, "protections for psychologists require new risk management procedures and adaptations by malpractice carriers as multidisciplinary teams involved with and beyond healthcare into new public and private sectors" (p. 613). Greysen, Chretien, Kind, Young & Gross (2012) discuss stiff penalties from various licensing authorities for online violations of professional standards and the growing need to increase education and self-monitoring practices regarding Internet-communication with patients/clients. The complexity of legal concerns is greatly increased for counselors who choose to provide services outside of their license area. Aside from jurisdictional legal concerns, information protection is also a concern.

Apple, and other venders have addressed the Health Insurance Portability and Accountability Act (HIPAA) and have noted that they are "compliant". O'Grady (2011) reports his response from Apple stating,

> "iPad supports WPA2 Enterprise to provide authenticated access to your enterprise wireless network. WPA2 Enterprise uses 128-bit AES encryption, giving users the highest level of assurance that their data will remain protected when they send and receive communications over a Wi-Fi network connection. In addition to your existing infrastructure each FaceTime session is encrypted end to end with unique session keys. Apple creates a unique ID for each FaceTime user, ensuring FaceTime calls are routed and connected properly" (O'Grady, 2011).

As technology becomes more readily accessible, various concerns continue to surface related to privacy. Additionally, duty to warn and other mandated processes common to the counseling profession are concerns when considering distance between the parties involved.

Technical Guidelines

Patients receiving services as well as professionals providing them need to be familiar with basic functions of their chosen device. This includes characteristics of their mobility, network and connectivity features, and a privacy and security are maintained (ATA, 2013). Professional counselors utilizing this delivery method should make effort to ensure that software and applications utilized have appropriate verification, confidentiality, and security parameters necessary to be utilized for the purpose of clinical services. It is recommended that both parties utilize professional devices for video transmission including high-quality cameras and audio equipment, which are common on most modern devices. Antivirus software and firewall software are recommended for most types of devices.

In the event of a technology related breakdown, the professional counselor have a backup plan in place with the patient to ensure services can continue. That plan may include telephone

conversations or troubleshooting of the technical issue. The counseling professional should discuss connectivity with the patient to ensure that the connection is strong enough to support services in a reliable way. Additionally, software utilized should be capable of blocking the provider's caller I.D. at the request of the provider to reduce issues regarding privacy. Turvey et al (2013) adds:

> "All efforts shall be taken to make audio and video transmission secure by using point-to-point encryption that meets recognized standards. Currently, FIPS 140-2, known as the Federal Information Processing Standard, is the U.S. Government security standard used to accredit encryption standards of software and lists encryption such as AES (Advanced Encryption Standard) as providing acceptable levels of security. Providers should familiarize themselves with the technologies available regarding computer and mobile device security and should help educate the patient" (p. 727, A.)

Both parties need to discuss whether any of the sessions transmission data is going to be intentionally or inadvertently stored on a computer or hard drive, and if so, the procedures for ensuring privacy is maintained (FDA, 2013; APA, 2013). If either party has any intent of recording the sessions, policies for how information be stored in privacy will be protected need to be discussed in advance.

Other issues

Issues unique to this delivery method including clerical, record keeping and payment/billing issues need to be discussed and processed with the patient prior to the start of services. The Royal Australian and New Zealand College of Psychiatrists (2011) even address possible concerns for boundary issues from this delivery method stating, "clients may be more prone to 'over disclose', as the normal checks and balances informing trust are not there. This may have a distributing effect or alternately may result in an unhealthy break down in psychological defenses." They add that, "The psychologist should avoid

using informal communications, even if the client uses texts and abbreviations as our common in emails. Psychologists should maintain the same professional tone and language in emails as in the office." The New Zealand Psychologists Board (2011) added, "the reduced cues may increase the likelihood of the client imposing fantasy or transference on to a therapeutic relationship. This may require additional skill on the part of the psychologist to address these issues and to maintain therapeutic boundaries."

Formal Counselor Preparation in Literature

Chretien, Azar & Kind (2011) raise questions in their research about the repercussions of using services Internet platforms such as Skype, Twitter and others without adequate training. The lack of formal education for video-based providers has raised concerns, as Turvey (2013) reports writing,

> "This is a rapidly growing and evolving field, and the risks and benefits of telemental health services delivered by using videoconferencing technologies are not widely discussed or addressed in formal training of mental health practitioners. Therefore, thoughtful elucidation of the key issues and the potential solutions are needed to better inform those who want to practice responsibly" (p. 723).

The AAMFT (2015) add that, "Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services." (VI, 6.6). The National Board for Certified Counselors (NBCC) (2012) also adds that, "NCC's shall provide only those services for which they are qualified by education and experience (Standard 1). The ATA (2014) echoes those words in their guide specifically related to biomedical telehealth, stating that personnel who perform services through technological means, "shall be trained in the correct usage" and adhere to policies (Giansanti et al., 2008).

While these best practices and standards have recently been established by organizations, and while many organizations stress the requirement of education/training necessary to be competent as a video-based counselor or telemental health provider, absent from the research is any writing on the educational community's response or effectiveness at providing needed education to clinicians. This study aims to examine the experiences of professional counselors' specifically related to their perceived preparedness to engage in counseling services through technology-mediated distance counseling methods. The NBCC provides a level of certification to reinforce the need for a level of education and understanding of techniques, unique concerns and standards to address those concerns. According to the NBCC's website, Distance Certified Counselors (DCC) are required to be either Licensed by their state or be Nationally Certified Counselors (NCC) who agrees to adhere to NBCC's Code of Ethics and the NBCC Provision of Distance Professional Services, while agreeing to comply with all individual state licensing regulations. Candidates must also complete a CCE approved distance counseling training program which are provided through several venders.

Upon the completion of these programs, the NBCC reports that Distance Certified Counselors have proven expertise in the following areas:

> "Knowledge of ethical issues involved in distance counseling; Ability to build a strong working relationship with clients via distance methods; Commitment to distance counseling best practices and to delivering helpful communications to clients; Awareness of legal issues relevant to distance counseling; and knowledge of technology needed for effective distance counseling." (NBCC, 2015)

At the time of this study, three private training programs were endorsed by the recommended by the NBCC. There is no indication of formal education programs providing the level of training recommended by the NBCC, which are necessary for the distance counselor certification. While a few programs exist through the NBCC to

provide training on these standards, there is little to no research on professional counselor's formal preparation for this rapidly expanding service.

Additionally, existing research seems to indicate that the process of training counselors in technology-mediated counseling is not adequately understood, with a bias towards the assumption that counselors can generalize the counseling process from face-to-face methods without further preparation. Current research has been quick to raise questions about client experiences and even highlight a need for standards (Chretien, Azar & Kind, 2011), there seem to be no known studies that explore counselors' perceptions of their training to utilize technology-mediated counseling, including to their experiences with formal training specific to this delivery system.

As Chretien, Azar & Kind (2011) indicated, the need for standards regarding the unique issues related to technology mediation in distance counseling are significant. While standards and best practices are similar in many aspects, the standardization of a client experience could be significantly varied from professional to professional, depending on their affiliation and level of knowledge and training about their standards. This could create a dynamic within the counseling profession of inconsistency, negatively affecting client outcomes and potential future research (ATA, 2013; APA, 2013). Existing research seems to indicate that the process of training counselors in technology-mediated distance counseling is not adequately understood, with a bias towards the assumption that counselors can generalize the counseling process from face-to-face methods without further preparation.

Formal educational programs provide a rigor of preparation in a variety of issues including multiculturalism, ethics, counseling skills, professional standards and other practices unique to counseling (CACREP, 2009). In each of these areas, technology-mediated distance

counseling carries its own unique differences from the face-to-face methods, yet training on these uniquenesses are significantly under-represented if addressed at all in formal counselor education (Turvey, 2013). Most guidelines (ATA, 2013; AAMFT, 2015; APA, 2013; NBCC 2012) stress best practices unique to technology-mediated distance counseling necessary to providing additional safety for clients that are inherently unique to distance. These are practices not covered in most formal counseling programs. Likewise, research on the perceptions of counselor's preparation experiences are not represented in body of research on the topic of distance counseling and technology-mediated services.

Summary

Several different modalities of face-to-face distance therapeutic counseling were discussed in this chapter. From the perspective of the client, overall experiences are quite positive. They assist clients with processing through barriers, triggers, addictions, and even psychosis. Additionally, standards and challenges that professional organizations have embraced were examined and found to raise many concerns and unique challenges for those practicing video-based counseling or telehealth. Clearly absent from literature is the response of formal educational institutions regarding the preparation in place for the challenges for a growing number of professional counselors. Additionally, there seems to be a strong bias towards the assumption that counselors can generalize the counseling process from face-to-face methods without further preparation.

Through the examination of the perceived preparation of professional counselors engaging in technology-mediated counseling, it is expected that various refinements could be made to formal counselor education organizations to assist with the better equipping of professionals who choose to embrace this delivery method of services. Through the examination of their perceptions of

their level of preparedness, it is hoped that information will be gathered to assist the counseling field with further education, and providing a safe structure for more therapists to be able to engage in this practice, providing services to individuals who may not otherwise have access. The above examination of literature yields a positive benefit versus cost analysis indicating that overall, distance-based therapeutic services are beneficial to clients. With that in mind, the phenomenon of conducting clinical therapeutic services over face-to-face video interfaces will be examined from the perspective of the counselor's perception on their level of preparation. The question will be answered, what are counselors' perceive their level of preparedness to engage in technology-mediated counseling?

CHAPTER III: METHODOLOGY

Research studies about technology-mediated distance counseling have primarily focused on comparative outcomes between in-person and distance counseling (Olasupo & Atiri, 2013; Barak & Grohol, 2011; DeZee, Wink, & Cowan, 2013; Holmes, Foster ,2012; Reynolds, Stiles, & Grohol, 2006; Simpson, Bell, Knox, & Mitchell, 2005). To date, there have been no known qualitative research studies that explore the counselor's perceptions of their own preparedness to engage in technology-mediated distance counseling. Existing research seems to indicate that the process of training counselors in technology-mediated distance counseling is not adequately understood, with a bias towards the assumption that counselors can generalize the counseling process from face-to-face methods without further preparation.

This phenomenon was examined to obtain an understanding of professional counselors' experiences of engaging in technology-mediated distance counseling services, with an emphasis on their formal preparation for doing so. In order to examine this phenomenon, the qualitative research tradition of phenomenology was utilized. The sections below describe principles of phenomenology and qualitative research methods that were utilized to shape this study.

Research Design

The purpose of this study was to examine the perceived degrees of preparedness of counselors who are engaging in technology-mediated distance counseling, and subsequently, through the analysis of data with a phenomenological tradition, to understand the essence of their experience and thus to describe benefits and difficulties of their preparation experiences. Qualitative research explores various research interests in the context of participants' experiences (Hays & Singh, 2012). It allows for a descriptive meaning to be discovered related

to participants' experiences in a certain phenomenon (Creswell, 2014). The phenomenological tradition was chose for this study as it's foundation lies in the observation of participants' lived experiences through a lens that is as unbiased as possible. It is the participant's preparation experience that is being sought to more fully understand the phenomenon of the preparation process for technology-mediated distance counseling (Moustakas, 1994).

The lived experiences of each participant combined with my own reflections on my preparation as a clinician, biases and assumptions related to the phenomenon of interest, and experience as a researcher create the foundational essence of preparation experience (Hays & Singh, 2014). These experiences will be examined through a social constructivist lens, based on the assumption that there are many various perspectives with an unlimited amount of truth to be gathered (Hays & Singh, 2012). The social constructivist paradigm assumes there are multiple perspectives surrounding one's experience with any given phenomenon (Hays & Singh, 2012). Social constructivism is described by Creswell (2014) as one that individuals assign meaning to any given experience from which they derive meaning and understanding. Understanding of the phenomenon of interest is viewed as co-constructed between the researcher and participants. The researcher's assumptions and biases are clearly defined and suspended through the process of bracketing (Kocet & Herlihy, 2014) prior to analysis of data to assist with the trustworthy documentation of participant experiences related to the phenomenon of interest.

Rationale for Phenomenology

Most studies on distance counseling have utilized a quantitative methodology, using various forms of Likert scales and other similar data recovery methods, with a focus on outcomes or client/counselor alliances. Very few studies have been conducted on this topic using qualitative methods, and no known qualitative studies examining technology-mediated distance

counseling preparedness from the perspective of the counselor's perspective. Therefore, through a qualitative methodology with a phenomenological approach, this study has added to the current body of knowledge about the phenomenon of technology-mediated distance counseling preparation, in order to gain information from a counselor's perspective about methods, effectiveness, and other critical areas of interest in the preparation of counselors engaging in technology-mediated distance counseling.

To summarize, most studies on distance counseling have utilized a quantitative methodology with an emphasis on outcomes and client/counselor alliance from the perspective of the client. This study will add to the current body of research by providing a qualitative component, in order to explore the perceptions of preparedness of counselors who have engaged in technology-mediated distance counseling. A phenomenological approach was utilized to gather and analyze data with the intent of identifying common themes from a semi-structured interview format of questioning, to identify supplemental information useful to develop new educational strategies to prepare those who utilize technology-mediated distance counseling. Findings gathered from the exploration of counselors' lived experienced utilizing this delivery method will be valuable to those who provide formal education to professional counselors in the development of effective and necessary formal education to protect counselors and provide for the best professional experiences for both counselors and clients.

Researchable Problem

This study has been an extension from previous studies about online counseling with an emphasis on technology-mediated distance counseling, particularly the perceived preparedness of those engaging in this delivery method of therapy. The focus of this study has not been on therapeutic outcomes, but rather the formal preparation experience of professional counselors

who have engaged in technology-mediated distance counseling. More specifically, the purpose of this study has been to explore the benefits, challenges, and overall experiences of various seasoned clinical therapists who utilize this tool in their practice, to assist others in the field including policymakers, educators, and clinicians, to gain a stronger understanding of the overall clinical experience of technology-mediated distance therapeutic counseling.

Research Theme

This study has explored the central research theme, "What are the experiences and perceptions of professional counselors' preparation for utilization of technology-mediated distance counseling methods?"

Role of the Researcher

In qualitative research, the researcher is the main instrument gathering data, which is often done through interviewing participants, observing behavior in various settings, and examining other sources of documentation. Patton (2007) stated that in order to preserve the integrity of research data, it is essential that the qualitative researcher minimize their personal biases, selective perception, and theoretical predispositions. This is typically done by the researcher clearly stating their values, assumptions, and biases at the beginning of the study as well as throughout the process. A systemic method of self-reflection should be implemented before data gathering begins, in order to ensure the highest level of trustworthiness and authenticity. It is beneficial for a reflexive journal to be used to record thoughts and feelings throughout the process including the interview process, data collection process and analysis.

Researcher Assumptions and Biases

Participants in this study were professional counselors identified by their state license or national certification. The primary assumption this researcher experienced was that professional

counselors had received counseling training, and some training specific to technology-mediated distance counseling. It was also assumed that there were some areas of perceived lack in training for this discipline. Those areas may include legal issues, billing issues, technology issues, or differences in clinical approaches directly related to this method of delivery. It was assumed that counselors who are more familiar with and comfortable with technology, and have a higher level of experience, were more effective in their use of technology-mediated distance counseling methods.

The assumption was that counselors who utilized technology-mediated distance counseling methods had strong motivators to use them. Additionally, it was assumed that the personality of the counselor played her role in whether or not these methods were used. Counselors who may be seasoned but are resistant to new methods may be more resistant to technology-mediated distance counseling. Counselors who are more comfortable with technology may be more comfortable utilizing technology to meet clinical needs of a population who could benefit from their services

Additionally, it was believed that the wide variety of therapeutic intervention methods may have reflected different levels of effectiveness, and may have drawn different counselors with different levels of comfort to them. Another noted assumption was that counselors' level of comfort with the method of delivery, as well as the adaptability of their theoretical orientation through that medium, played a role in the effectiveness of use of those methods. It was assumed that the wide variety of beliefs about social media, technology, confidentiality through technology, and other common conversations surrounding this method play a role in counselor influence.

Various procedures were implemented in order to bracket these assumptions, to limit their influence on data gathering and processing. During information gathering, the interview protocol was adhered to closely to assist the interviewer with limiting guiding prompts. In addition to this, a research team assisted in analyzing data to attempt to reduce the influence of any biases. Member checking was also used by contacting interviewees after the interview to ensure accuracy of their responses. As previously mentioned, reflexive journaling was implemented to record thoughts and feelings throughout the process of data collection and analysis.

Trustworthiness Strategies

According to Patton (2002), there are two main characteristics of the highest level of effective qualitative research. They are authenticity and trustworthiness (p. 51). Patton (2002) describes *trustworthiness* as a descriptive terminology to sum up the quality of the systemic process of the research and how closely it was followed during the process of research. Patton (2002) reported that studies highest in trustworthiness follow their protocols in safeguards closely. He further reports that *authenticity* is an additional characteristic of highly effective and reliable qualitative research, that comes from truthfulness and honesty in reporting results. This level of openness is most characteristic of researchers who are highly aware of their personal biases and perspectives, and their ability to openly communicate them throughout the process. This is why Patton (2002) values *empathic neutrality* so highly in the process of raising credibility of research (p. 51).

Strategies to Maintain Objectivity

Objectivity and neutrality were maintained during the entire process of this research. Participants were selected through a complex process to ensure there was no bias in identifying

subjects. Upon interview, the interview protocol was utilized to ensure the data collection was done in a way that is objective. These include several specific features that assist in identifying and bracketing biases. Biases bracketing was incorporated into the interview protocol to identify areas within the questioning that assumptions may cloud the trustworthiness or authenticity of the interview process. Data were collected from multiple forms as well, triangulating incoming information to assist with ensuring the trustworthiness of the research. Data were triangulated and collected from basic demographic information, the preliminary interview, post interview follow-up, into the process of identifying any other member checking information. Member checking processes were included to review the codebook the participants were emailed to ensure the accuracy of the key points made during the interviews. This allowed a comparison of streams of data for identification of alternative outcome exclamations. The research team assisted in the coding in transcribing of data during the analysis process. The research team discussed emerging themes, quotes, and codebook details to assist in maintaining the objectivity necessary for rigorous research. Member checking and a research team were utilized to assist with processing data obtained to guarantee the findings were consistent and not limited or affected by my biases.

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Research Plan

Specific Participant Selection Procedures

This research employed the use of criterion and snowball sampling. Creswell (2013) indicates that a sample of 3 to 15 individuals can provide an adequate heterogeneous sample of individuals who have experienced the same phenomenon. The NBCC's Department of Counseling was contacted to find professional counselors who use technology-mediated distance counseling for more than 8-10 hours per month. Those individuals were contacted to assist with identification of other individuals through a referral process, who use technology-mediated distance counseling, who were the subjects of the interviews. This sample selection was purposeful, as participants were sought who were believed to be able to provide a meaningfully contribute this area of research (Creswell, 2007). A demographic sheet sent to each interested potential participant for the purpose of review by the research team to assist with providing a

sample that was diverse, limiting biases. Fourteen potential participants who were verbally supportive of participating in this study were given this information. Upon further examination of the purpose of this study, half of those interested discontinued all contact with the lead researcher. A possible explanation of this phenomenon is the fear of potentially exposing practicing without what could be perceived to be adequate preparation, which can be an ethical dilemma. This selection bias was noted by all researchers.

Chosen participants were ones who are professional counselors and who engage in technology-mediated distance counseling who have been identified themselves as practicing counseling. To examine the phenomenon of interest, they each reported that they regularly engage in the practice and have a moderate level of experience engaging in the practice with a variety of clients. Once participants were identified, they were contacted by email or telephone. For the purpose of the study, participants geographical locations were not taken into consideration, however this study has focused on professional counselors to use technology-mediated distance counseling methods within the Mid-Atlantic region of the United States.

Individuals identified through Internet marketing of technology-mediated distance counseling services and other proactive attempts to gather clients were asked to fill out an initial demographics sheet and to refer any other providers they felt met the criteria for this study. They were asked to nominate, and to provide contact information for, 2 to 3 practitioners whom they consider to be seasoned, and/or particularly effective in providing technology-mediated distance counseling services. For the purpose of sampling, professional counselors were deemed so by level of certification or licensing in their state. The list was developed of providers who are most experienced in counseling, and specifically technology-mediated distance counseling, at which time the top seven of the most qualified counselors were selected to explore their experiences

and perceptions regarding technology-mediated distance counseling. Each participant was informed about the time limitations inherent in this study.

Interviews were conducted via technology-mediated distance face-to-face methods, recorded and subsequently transcribed by a seasoned transcriptionist. This researcher and the research team ensured that all identifying information was removed from the transcriptions. Additionally, each participant was randomly assigned a participant identification number, known only to the researcher. Data collection continued until saturation.

Gaining Entry

After participants were identified, entry was gained to access participants through personal communication means and technology-mediated distance methods. The initial contact was via email or telephone with the interview with each participant being technology-mediated distance , telephone, or face-to-face. Follow up contact was conducted via email, or telephone, to ensure that all further information is gathered. At the start of the initial interview, the researcher explained the informed consent form. The informed consent of each participant was gathered prior to any interview information, after reviewing the structure of the study outlining measures to protect confidentiality and other structural safeguards.

Measures to Ensure Participant Confidentiality and Safety

Anonymity of participants was a priority in this study. To ensure confidentiality, randomly assigning numbers were used to protect participants' identities. Interview data including video/audio-recorded interviews, observation notes, transcripts of the interviews and reflective journaling were all be kept in a secure location. Each interview was audio recorded and were provided to an experienced transcriptionist through a secure method. At the stage of transcription, all identifying information was omitted from the transcript by the transcriptionist.

All documentation data will be stored for seven years at which time it will be destroyed. This includes transcripts, recordings, and consent documentation.

The American Counseling Association (ACA) Code of Ethics (2014) provides a structure of general ethical standards regarding research, which includes informed consent and their right to privacy (Section G). On November 3rd, 2015, the application to the Human Subjects Review Board of the Darden College of Education at Old Dominion University was submitted. The application requested exempt status for this study, as the research will involve interviews with professional counselors, will not involve direct contact with technology-mediated distance counseling clients, and will not require the disclosure of any confidential client information. On December 1st, 2015 the Human Subjects Review Committee granted the request for exemption from the Institutional Review Board, and approved the request to pursue this proposal indefinitely, provided that no modifications are made to the study (Appendix A).

Informed Consent

According to the ACA (2014), participants cannot ethically consent to participate in a research study until they have been thoroughly and truthfully provided detailed information about the requirements and nature of the study. Prior to gathering data, each participant was provided with an introductory email detailing the study as well as a detailed informed consent form (Appendix B), explaining the potential risk and benefits regarding this voluntary study. Additionally, I provided an introductory letter via email explaining the purpose of the study.

Right to Privacy

Confidentiality was maintained by use of a counselor number written in narrative transcripts and other documentation as well as codes of each recording. Recordings were deleted after the transcripts were deemed to be accurate. All other directly related files to include written

transcripts, field notes, and memos, were coded and locked with either physical security measures or passwords, until destroyed in five years.

Data Collection Procedures

Researchers utilized criterion and snowball sampling to identify potential participants appropriate for this study. The criteria was that the participants would be professional counselors as designated by their appropriate state license, who engage in technology-mediated distance counseling who identified themselves as practicing counselors and who are masters educated and either certified or licensed to engage in therapeutic services. Potential candidates who have less than 6 months experience engaging in professional services or did not have the above experience were not ideal for this examination. A consent form (Appendix E) was sent to each respondent who met criteria and agreed to participate in the study. Each participant voluntarily agreed to be involved in an initial 40-90 minute semi-structured interview and any potential follow-up interviews that may have been necessary.

For this study, data collection procedures included [a] a Professional Counselor Demographic Information form (Appendix D); [b] an initial participant interview, conducted by phone or face-to-face (Appendix C); [c] a follow-up email contact, requesting any additional thoughts or ideas that were not discussed during initial interview, as well as anything they would like to supplement to the salient themes and codebook; and [d] other supporting documentation including resume or curriculum vitae (if available), description of technology-mediated distance services including printed materials, web-based materials, professional disclosure statements, informed consent forms, articles, and other pertinent materials. After all data was collected and analyzed, each participant was provided a copy of the codebook to review the themes and codes for accuracy.

Individual Interviews

An initial semi-structured interview was conducted with each of the seven participants in this study. Telephone or email communication was utilized to schedule a time that was convenient for each participant to engage in the agreed upon interview. Each participant's preferred contact information was confirmed from their Participant Demographic Form (Appendix E) to include best telephone number for the interview, their Skype name, and the best location of the meeting place. This researcher initiated the process by either calling or meeting in person the participants on the agreed upon day of the interview.

The participants' consent for their interview to be audibly recorded for purposes of transcription were confirmed prior to data gathering, which was consistent with this study's protocol. Participants were again informed that the conversation was being recorded at the beginning of contact for the initial interview at which time consent was again confirmed. Immediately following, this lead researcher utilized the interview protocol to engage with the participant.

Individual interviews were conducted by the lead researcher. The primary method of data collection was one semi structured individual interview (Appendix C). Semi-structured interviews are preferred for this phenomenological study because the interview process provides the lease structure to allow four themes emerge beyond the scope of initial questions. The initial interview lasted approximately 40 to 90 minutes and was conducted via telephone or face-to-face. Participants were contacted prior to the initial interview and made aware of the interview protocol with enough time to be able to ask questions or respond. This contact was made via email and follow-up contact was made by telephone to ensure that there were no questions prior

to the initial interview. Participants were be made aware that questions may be added to the protocol, as themes emerge which could provide new avenues of expansion to this research.

Interviews were recorded via video or audio recording on multiple devices and will be transcribed for the purpose of data collection and analysis. A final contact occurred via email, where participants were asked if there any further thoughts or insights that they would like to share regarding the codebook themes provided in that email. This was utilized as a form of member checking for accuracy as well as a way of confirming data was accurately reflected.

One round of semi-structured interviews was the primary method of data collection. Semi-structured interviews are suitable for a phenomenological study because the flexible interview process allows unexpected themes to emerge (Hays & Singh, 2012). Participants were asked for an initial 40-90 minute in-person interview. Before the initial interview participants were provided with an informed consent (appendix B) and the interview protocol (appendix D) was discussed. Questions were added to the protocol as themes emerged that warranted further exploration. Member checking occurred via email, which allowed the participants to share additional thoughts after reviewing the identified themes.

Interview Questions

The interview protocol sought to address the research questions: “What are the experiences and perceptions of professional counselors’ preparation for utilization of technology-mediated distance counseling methods? ” Each initial research questions was pilot tested with three professional counselors to assist with the development of research questions. They were each provided the initial interview questions through an interview format and provided verbal and written feedback to include points of confusion, clarifying questions and recommendations regarding clarification and flow of each prompt. Following the pilot testing process, expert

reviews were conducted at which time questions were again refined. Finally, a blueprint was developed outlining the areas of potential focus of each question to ensure potential content from participants' lived experiences were adequately covered. This process was conducted by the lead researcher under the guidance of his committee and expert reviewer/auditor. The final interview questions from the protocol included:

1: Tell me about the training you have received in technology-mediated distance counseling.

  a. Graduate School

  b. Indirect

2: How about training you received prior to or outside of your graduate training?

  a. Was this training specifically related to utilization of technology-mediated distance therapeutic methods?

  b. Was this training something you sought out or built into a specific program?

3: Describe how you perceive your training in the area of technology-mediated distance counseling.

  a. How about your formal graduate training?

4: What parts of technology-mediated distance counseling do you feel you were well prepared for during your graduate training ?

  a. What areas do you feel you would have liked to have had additional training (including, but not limited to billing, ethical concerns, technological concerns, etc.)?

5: What are counselor factors or attributes that contribute to treatment success or failure? These may include, but are not limited to, counselor's comfort with technology, reduction in body language cues, training, ethical boundaries, confidentiality, counselor experience level, length of

treatment, and demographic variables such as age, gender, race, education, socioeconomic status, and ethnicity.

6: Where do counselors see technology-mediated distance counseling in 5 years, and what concerns do they think formal educational institutions need to focus on.

7: If you could change anything about your technology-mediated distance counseling training experience, what would it be?

8. Could you describe an event or a situation that illustrates the importance of training in technology-mediated distance counseling, from your own personal experience?

9: Is there anything you would like to add?

In order to better understand and extract detailed personal explanations of their perceptions and experiences of the phenomenon, this researcher utilized attending skills to include active listening, reflection, encouragers and other clinical listening skills. When necessary, prompts, follow-up questions and probes were utilized to gain further clarity and a more complete understanding of their responses. Reflexive journaling through handwritten notes were utilized to record my personal thoughts and observations during and after the interviews.

Follow-up Interview. When necessary, follow-up interviews were utilized and followed the same procedures as the initial interviews however the protocol was adjusted through the use of clarifying questions to focus on gaining more detailed descriptions of emerging themes and concepts revealed during the initial interviews. New themes did not emerged upon the conclusion of the follow-up interviews.

Document Reviews. All seven participants provided a completed the participant demographic form. When available, other information was obtained for participants from their promotional material and websites. No further documents were provided by participants.

Data Analysis

Each interview was digitally recorded and stored on a secure drive that was only shared with the professional transcriptionist. Data were examined to gain an understanding the depth and meaning of participants' experiences (Moustakas, 1994). Semi-structured interviews were conducted by the lead researcher and transcribed by a professional transcriptionist. Completed transcripts were distributed to members of the research team for the purpose of horizontalization. After the first three interviews were completed, transcribed and coded by the lead researcher and at least one of the two research team members, the team compiled the initial codebook (#1). The remainder of the interviews were then completed, transcribed and individually coded. A textural-structural description was developed by the team to reflect the coding of all of the transcripts.

The zigzag method was used for gathering information between initial interviews, document reviews, and other designed data gathering opportunities. This method involved gathering data, analyzing the data for themes, then gathering more data, and repeating the process until data was saturated. Creswell (2007) referred to this as the "constant comparative method" (p. 64). The goal this method is to exhaust themes without repeating themes unnecessarily, to draw rich descriptive analysis. In this way, data analysis continued throughout the entire data gathering process, to ensure the reduction of bias and to maintain trustworthiness and data. Data reduction occurred continuously during data collection and analysis phases, and involved various ways of coding in development of themes (Creswell, 2007). This involved a process of data organization and refinement into various themes identified during the coding process.

Coding Procedures

It was analyzed in a way that is consistent with phenomenological research methods in this approach to data analysis, which involved the refinement of data through coding and other processing methods. This was done by processing through each interview that was then transcribed and individually coded. During the initial coding phase, each member of the research team also obtained a copy of the transcript to process through and code individually. Each member analyzed data in an attempt to observe themes, impressions, keywords and various necessary identifiers of significant information. Each member of the team them used the coding process by writing on the transcript, circling keywords, and making notes for other members of the team to read and share at times that the team met together. This process also assisted in the reduction of researcher bias in selective perception, which can cloud clear outcomes and data analysis.

The process of data analysis closely followed the protocol set forth by the research team and approved by the IRB. Each interview was recorded digitally and saved to a secured drive only shared with the professional transcriptionist. The lead researcher attempted to reduce the chances of interviews influencing one another by distancing himself from the data through the use of a transcriptionist experienced in phenomenological research transcription. Documents from participants, email correspondence and the transcribed interviews were printed to begin the process of analyzing the data. These combined sources of data provided content for triangulation through the zigzag method. The process of data collection took three months to complete.
The general coding procedure included open coding, axial coding and selective coding.

Beginning with interviews one-three, research team members conducted individual horizontalization independently, where each member of the team used the coding process by writing on the transcript, circling keywords, and making notes for other members of the team to

read and share during times of collaboration. This process also assisted in the reduction of researcher bias in selective perception, which can cloud clear outcomes and data analysis. This was followed the development of consensus codes that began to identify textural descriptions. Research team collaboration assisted with developing the first codebook (#1). This process was repeated for interviews four-seven, utilizing individual horizontalization, and then developing our consensus code to identify our rich textural descriptions, which assisted with the development of the codebook (#2). Once finalized, the independent auditor examined the cookbooks textural structural descriptions as well as the audit trail. The total time for the data collection and analysis process was around thirteen weeks.

Open coding. Open coding involves the observation and examination of various sections of text within the transcript that have individual words and phrases that are significant. These key elements and keywords are used to produce a list that can later be used to produce categories of codes.

Axial coding. Once open coding is complete, axial coding will be utilized to group together various groups of words, phrases, and sentences into what will develop into categories. This process is significant, as Creswell (2007) notes, because it involves the researcher developing a central core phenomenon to examine. Once the central phenomenon has been developed, the researcher and the research team can continue to build around it with various categories and groupings that are related.

Selective coding. Creswell (2007) reports that the decoding stage is the final stage in the process, where the researcher develops themes and hypotheses that are connected to the categories within the central phenomenon and best depicted the story described through data

gathered and analyzed throughout the study. During this stage, themes can develop into theories and a broader more transferable body of knowledge can be developed.

The structural themes were developed from descriptions related to various experiences the participants had and perceived involving their technology-mediated preparation. Sub-themes that also emerged gave voice to participant narratives regarding how they perceived their technology-mediated preparation experience. Overall portrayals of the essence of the counselors' perception of their preparation experience to utilize technology-mediated distance counseling were synthesized from theses structural themes and textural sub-themes.

Verification Procedures

As previously mentioned, verification was conducted through analysis of various status sources related to constant comparison, triangulation, consultation and horizontalization with the research team members, member checking and audit/journal trail. The following sections describe the verification procedures used for this study.

Member Checks. Throughout the data collection and analysis processes of this study, member checks were performed. Transcripts were emailed to each participant that their preferred email address for this study, to confirm the accuracy of the transcribed narrative representations of their perceptions of experiences with their technology-mediated distance counseling preparation. None of the participants reported an issue with the transcription or with coded data. Each participant was informed that they could receive a copy of their collected data, codes, and written report by request at any time.

Auditor. Throughout the data collection and analysis process, this researcher had frequent contact with an auditor via email, text, and telephone as well as the research team participants. My auditor and research team participants agreed to share the responsibility of

detecting issues in research methods to include any over or under emphasis of any participant expressions or researcher biases or assumptions that slipped through this researcher's epoche and bracketing procedures.

Trustworthiness / Credibility

Unlike quantitative research, which has reliability and validity as tools to ensure quality of research, qualitative studies use *trustworthiness* and/or *authenticity,* which are used to describe qualitative research that is sound in its practices and findings (Patton, 2002). Trustworthiness includes the four criteria of credibility, transferability, dependability, and confirmability.

A study that is believable is said to have *credibility*. Credibility is determined by data standing the test of various questions and examinations to ensure that the data is able to describe the phenomenon that it is evaluating. It is also developed through structural supports in the research study that reduce researcher bias, and other systemic ways of collecting data. Multiple sources of data, triangulation, member checking, reflective journaling, and the use of a research team all assist in developing stronger credibility for the research gathered. These methods will be implemented during this research to ensure a higher level credibility.

Transferability

Next, data that is able to be generalized to other settings is considered to have transferability. When data is analyzed, the process that it will go through will assist in determining how transferable is to various settings, as well as comparing outcomes to previous outcomes in similar areas. This concept is similar to dependability.

Dependability

Dependability is strengthened through the use of a research team, as it is manifest through consistent findings among research team members. All aspects of data collection and analysis were evaluated through the research team, to ensure stronger dependability. The process of analysis as well as themes and coding were evaluated with consistency of dependability best practices, to make sure findings are highly dependable. Additionally, reflective journaling and audit trail were used to document the narrative research activities completed.

Confirmability

Finally, it is important that this quality study demonstrated *confirmability,* which is described as consistency between the perspectives of the participants and those of the researchers. Researchers can assist in this process by openly declaring their biases during the research project from beginning to end. Other methods such as member check ins, systematic data collection procedures, triangulation, and the use of a team of researchers assisted with strengthening the conformability of results.

Additional to the above mentioned, the following strategies will be utilized by the research team: audit trail, memos, member checking, reflexive journaling, thick description, and simultaneous data collection/analysis.

Group Profile

Seven professional counselors were selected as participants in this study. While some of them were also counselor educators, all of them were engaged in private practice counseling and engage regularly in technology-mediated distance counseling. To ensure confidentiality, all seven participants were assigned a randomly assigned code and any identifying information transcribed from the interviews was removed. At the time of scheduling the initial semi-

structured interview, demographic information was gathered on the Participant Demographic Form and submitted. An overall profile of the participants is described in this section; a more detailed description of Table 1, which displays demographic information to include age, gender, race and ethnicity. Their occupation, degrees, credentials, length of time in their professional roles and current setting(s) of their practice are included.

This study's participants included four females and three males, six of them identifying themselves as Caucasian or White and one identifying as African American. Ages of the participants ranged from 34 to 62. Demographics revealed that participants were a balanced between technology native and non-technology native populations. While all seven were utilizing technology-mediation to engage in distance counseling, four held doctoral degrees and engaged in counselor educator in various CACREP programs and one was a student in a CACREP Counselor Education and Supervision program. Each of these counselors were concurrently involved in private clinical counseling practice. Three participants were working only in a business/practice setting.

The majority of the participants hold doctoral degrees in the field of counseling, particularly counselor education and supervision. One participant had an additional doctorate degree in the field of psychology and two participants practice at a Masters degree level in the field of counseling. All of the participants are licensed counselors in the Commonwealth of Virginia, with a few holding licenses in multiple states. The years of experience collectively shared in clinical settings ranged from six to thirty-nine years, with an average of seventeen. All seven of the counselors noted their number of years they have engaged in technology-mediated distance counseling which ranged from two to eight, with a mean of four. All seven of the

participants also noted their theoretical orientation, which in most cases were diverse from each other.

Participant's professional roles were varied. All seven of the participants have experience as private counseling practitioners who currently engage in professional counseling. Of those seven, four also had faculty roles in universities and colleges, particularly in CACREP Counselor Education and Supervision programs. All of the participants currently engage in technology-mediated distance counseling ranging from local clients to international clients. The current residences of the participants included various regions of Virginia ranging from Northern Virginia to the eastern seaboard. Six of the participants chose to engage in the interviews by phone and one, face-to-face. Data were collected and analyzed in Virginia Beach, Virginia and in Norfolk, Virginia.

Table 1
Demographic Overview of Participants

Participant	COUN1	COUN2	COUN3
Gender	F	M	F
Age	34	45	Undisclosed
Race/Ethnicity	White/Caucasian	African American	White/Caucasian
University/College Affiliation	Y	Y	Y
Business/Practice Affiliation	Y	Y	Y
Degree(s)	D	D	D
Field of degree(s)	Counseling	Counseling	Counseling
License(s)	LPC	LPC, LMHC	LPC
Theoretical Orientation	Narrative, gestalt, REBT, brief solution	CBT	Person-centered
Number of years in clinical setting(s)	7	15	18
Number of years using distance counseling	4	3	2
Roles in clinical setting(s)	Private practitioner, LPC	Private practitioner	Private Practice

Roles in College/University Setting	PhD faculty	Ph.D Faculty	Ph.D. Faculty
Interview	Phone	Phone	Phone

Table 1
Demographic Overview of Participants

Participant	COUN4	COUN5	COUN6	COUN7
Gender	F	M	M	F
Age	45	62	50	30
Race/Ethnicity	White/Caucasian	White/Caucasian	White/Caucasian	White/Caucasian
University/College Affiliation	N	Y	N	N
Business/Practice Affiliation	Y	Y	Y	Y
Degree(s)	D	D x2	D	MA
Field of degree(s)	Counseling	Counseling, Psychology	Counseling	Counseling
License(s)	LPC	LPC, LMFT	LPC, LATP	LPC
Theoretical Orientation	Humanistic	Gestalt	Relational	Integrative. CBT. REBT. Jungarian. DIR-floortime
Number of years in clinical setting(s)	6	39	29	5
Number of years using distance counseling	2	8	2	5
Roles in clinical setting(s)	Private Practice	Private Practice	Private Practice	Private Practice
Roles in College/University Setting	Student, Ph.D. Candidate	Faculty	None	None
Interview	Phone	Face to Face	Phone	Phone

Note: Female=F, Male=M, Yes=Y, No=N, Not Available=N/A, Doctorate=D, Masters of Arts=M.A., Licensed Professional Counselor=LPC, Licensed Mental Health Counselor=LMHC, Licensed Professional Clinical Counselor=LPCC, Licensed Addiction Treatment Provider=LATP, Licensed Marriage and Family Therapist=LMFT

Individual Participant Profiles

A brief profile summary was created for each participant by triangulating data sources (participant demographic form responses, documents collected, transcriptions of interviews and

email correspondences). Each participant was given a sequential participant identification label to ensure the confidentiality of the participants and protect the data from subjective intrusions from the researcher during the coding procedures.

Counselor 1 is a 34-year-old female who currently works at a college serving as a professor. She is also a Licensed Professional Counselor in two states and maintains her counseling practice apart from her faculty duties. She is fluent in several languages. For over 4 years she has been utilizing technology-mediation to engage in distance counseling internationally. Having extensive experience being a distance counselor, Counselor 1 was quick to openly report the lack of formal education on technology-mediated distance counseling, and reported her passion for research has led her to find the knowledge she has today.

She classified her distance counseling work as an extension of face-to-face practice, with an emphasis on her ability to meet client needs without limits. She highlighted the importance of counselor relationship through any counseling means by saying, “I think first it's the counselor’s ability to make a contact, and build a relationship”, explaining the importance of availability to clients. She further highlighted the challenges unique to technology-mediated distance counseling are something that her graduate program did not teach her directly, but gave her basic skills to migrate into that medium. She reported that preparation materials she was able to find were limited. “The ability to communicate, the ability to relate, the ability to make the contact with the person so they feel like sharing;” developing therapeutic alliance while maintaining safety into her work as a distance counselor is very important to Counselor 1.

Counselor 2 is a male who is 45 years of age and identifies himself being African-American. He reports starting his professional counseling journey in a different state approximately 15 years ago. Currently he works as a faculty member at a university and engages

in professional counseling services through his own practice. He has extensive experience working with clients with addictions as well as a wide array of clinically significant issues in both community and private settings. He reportedly finds the benefits of distance counseling significant, particularly with clients with whom he currently has an existing relationship.

The clinical experience he has gained has led him to choose distance counseling to assist him with continuing to provide. He describes his preparation experiences as, "none", reporting that he turned to informal training through YouTube, websites and that he has "purposely sought out workshops" to gain some insight. He reports that available training is, "minimal, and really hard to find". While he mentions, "it is really hard for professionals to commit to teaching something", not supported by insurance reimbursement, he has committed to the medium to reach, "people who would not otherwise come to counseling".

Counselor 3 is a female who identifies herself as Caucasian/white who is working in a university setting as a faculty member. Prior to and during her season as a faculty member, she was working as a professional counselor in private practice settings. She has spent 18 years practicing counseling and has spent 2 of those years with an emphasis on distance counselor. "No, I was not trained to do it", she reported, adding that the training she did avail herself of were trainings on "ethical issues associated with distance counseling. They were not about the how-to".

She highlighted that her formal graduate training was prior to the widespread use of the Internet and, "distance counseling wasn't even thought of yet". She added, "I would have appreciated that. It came new on the scene after I graduated, so I don't think my program was negligent in any way, but I do think any current program, that is currently a Master's program…that doesn't dedicate a few of the schedule class times and the basic CME class to this

process, I think that is negligent". Counselor 3 further added that almost if not all of the training that is available for technology-mediated distance counseling is "content based" and that no training is offered practically".

Counselor 4 is a Caucasian/white woman 45 years old who currently works at a private counseling practice and completing her doctoral degree in Counselor Education and Supervision from a CACREP accredited university. She has 6 years experience in that environment providing professional counseling, and has utilized technology-mediated distance counseling methods with clients for two years. Counselor 4 reported that her comfort with technology-mediation methods began while her husband was on active duty, where she reported, "we did a lot of video conferencing both at the formal level with the battalion level, and whenever we could make it work on our computers, on the individual level as well".

Distance counseling was a natural fit for her when she was introduced to it at her practice. "To me it wasn't like anything that was a new concept", she reported. Counselor 4 stated that while her CACREP counseling program didn't offer any specific training, she was able to gain group training experience at her practice. "What I had in the extra training was what is it for therapeutically. How do you do the confidentiality, those kinds of things", she stated. She further reported a need for stronger education about ethical training for the growing needs directly related to future technological advancements.

Counselor 5 identified himself on the demographic information form as a being 62 years old, Caucasian, and having 39 plus years experience in clinical practice. He reports holding two doctoral degrees, one in counseling and one in psychology, and serving as a faculty member at a CACREP accredited university. He reports utilizing technology-mediated methods for both teaching and conducting private practice counseling sessions for approximately eight years. He

holds licenses to engage in professional counseling in multiple states to include Virginia and holds multiple certifications in clinical specialties.

Counselor 5 described his formal training in technology-mediated distance counseling as, “minimal, very basic, rudimentary, and other adjectives that fit”, adding that he feelings, “marginally prepared” for technology related teaching and counseling. Demonstrating a strong confidence in his effectiveness he stated, “As far as the actual process, there’s not much more that I do, I mean I look at a video screen or at a couch, there really is no difference between that”. To clarify his experiences he also added, “but the difference is I don’t get to see all the little nuances, if someone only has a headshot, I don’t know what the body is doing, I don’t know how they are reacting, I don’t know what’s going on”. Counselor 5 added that he feels all professional counselors engaging in technology-mediated counseling, “should be required” to go through at least one course on “how to do it”.

Counselor 6 is 50 years old and identifies himself as male and Caucasian. He is currently in a private practice where he is providing distance-counseling services, primarily to military families and active duty service members across the world. This current position evolved from 29 years of clinical work in a multiple of settings such as emergency shelters, group homes, residential substance abuse centers, hospitalization programs, and other local government agencies. During the past two years, a significant percentage of his practice has been through technology-mediation.

One of the main motivations for Counselor 6 to engage in distance counseling as he continues practicing as a professional counselor is the expansion of his practice located in Northern, Virginia, to be a provider for a military service provider. He reported that due to

traffic and other logistic reasons, several of his existing clients periodically utilize this method to maintain consistency of services in situations where sessions may have been missed.

Counselor 7 is a female 33 years old listing her race/ethnicity as Caucasian. She currently engages in private practice as a professional counselor. She specializes in highly specialized areas of counseling although she has expanded her practice to include distance counseling. Her family counseling and foster care case management background have led her to provide services for a wide variety of clients. She has engaged in distance counseling for the past five years and has relationships with app-based providers as well as other distance counseling communities. This has allowed her to expand her access to a variety of clients where she has treated clients in Europe, and from as far away as Egypt.

Summary

This chapter presented a qualitative research design that was used to explore the experiences and perceptions of the preparation of professional counselors who engage in technology-mediated distance counseling. The methodology and rationale for various methods and ideologies are discussed, with emphasis on phenomenology and why this approach was ideal for this research. The research question and protocol were described in detail to assist the reader in gaining clear understanding of safeguards to ensure the highest quality of research as well as protect the confidentiality of participants and ensure the highest level of trustworthiness and authenticity.

CHAPTER IV: FINDINGS

Introduction

This study was designed to examine the experiences and perceptions of professional counselors' preparation for utilization of technology-mediated distance counseling, and subsequently, through the analysis of data with a phenomenological tradition, to understand the essence of their experience and describe the benefits and difficulties of their preparation experiences. It was guided by the research theme:

- What are the experiences and perceptions of professional counselors' preparation for utilization of technology-mediated distance counseling methods?

Data was collected from participants using a qualitative phenomenological methodology, through semi-structured interviews and shared documents and were analyzed for emerging codes and themes in order to synthesize a description of the essence of counselors' perceived degrees of preparedness for engaging in technology-mediated distance counseling. This chapter will provide study results. The categories, themes, key words, and phrases in the data is displayed. Finally, the interpretation of conclusions from the data analysis is provided.

Results

The following section presents the findings from the data analysis of documents and interview transcriptions. The results of the study are organized into two categories, each comprising of three major themes and interrelated sub-themes. The categories are relationship traits between counselors' perceived preparedness experience for technology-mediated distance counseling and the Counselor, and counselors' perceived preparedness experience for technology-mediated distance counseling and their Training/education. Two major themes

emerged related to the Counselor category. The first major theme, Motivation, was supported by the sub-themes: Client Driven, Culturally Driven and Counselor Driven. The second theme, Counselor Attributes, was sustained by the sub-themes: Autonomy, Clinical Skills, Self-awareness and Boundaries.

Three major themes emerged related to the Training/Education category. The first major theme, Availability, was supported by the sub-themes Difficulty Locating, Lacking Standardization, Absent from Graduate Programs. Theme two, Inadequacy, was sustained by the sub themes: Poorly Defined, Lacks Specificity, Not Effective. Modality was the third major theme and Practicality, Natural Opportunities and Limitations emerged as its sub-themes. The identified structural themes and the textural sub-themes that emerged from the data are narrated below.

Category 1: The Counselor

The category, the Counselor, describes themes that emerged from participants that are best attributed to characteristics within the control and influence of the individual who is engaging in technology-mediated distance counseling. There are three main themes within this category, with sub-themes under each.

Theme 1: Motivation

The seven participants all acknowledged motivators to engage in technology-mediated distance counseling and pursue preparation. The Motivation theme includes participant's expressed ideas of influence regarding their engagement in technology-mediated distance counseling and their decision to actively pursue preparation. The areas of influence related to their engagement in this distance counseling directly influence their motivations to pursue education and training as well as to overcome potential discomforts and perceived negative

experiences. Their individual risk v. benefits assessments influenced their level of motivation. Subthemes include three main motivators to include client driven, cultural driven and counselor driven motivations.

Sub-Theme 1.1: Client Driven

All of the participants expressed a level of motivation directly related to client care. A theme emerged of participants pushing through their discomfort or potential risks unique to distance counseling to help their clients reap the benefits yielded by this medium, or the continuance of counseling itself. These motivators ranged from continuation of an existing face-to-face therapeutic relationship to the meeting of specific clinical needs with reduced triggers of certain diagnoses attributed to the technology-mediation itself.

Counselor 1 described her work counseling individuals overseas who are physically limited access to professional counseling as a way for them to not only gain services. Counselor 2 echoed that thought regarding clients who may prefer not to be in person saying, “I think the success part of it is some people just don’t want to come to your office, the stigma of that, that’s really success, just getting into people’s homes, people who would not otherwise come to counseling.” He continued saying, “I think you have an opportunity to connect with if you are doing marriage counseling, or family counseling it's really hard for the whole family to get to you sometimes, so again the convenience factor is very important to me. I think people are much more comfortable in their homes; you may be able to connect a little easier with them being at their home”.

Furthermore, Counselor 2 highlighted an additional thought stating that technology-mediated distance counseling allowed him to maintain a therapeutic relationship with individuals who temporarily had moved out of town that were able to come back into the area and continue

therapy. " if that hadn't happened, they would've obviously severed our relationship", he added. "sometimes necessitates us to make these changes that are much more convenient for the client and for us", stated Counselor 2. Counselor 3 also shared the same experience stating, "I don't do distance counseling with any new clients. The only time I do it is with existing clients that I already have a face-to-face personal relationship with. So I do it as a substitute once in a while, if they can't come in because of child care, or something happens."

Counselor 4 shared his view stating, "I think because the positive side of it, is being able to work with somebody that really wants to work with you". Counselor 4 was no stranger to the other side of camera as she and her husband utilized technology-mediation while he was deployed, and she was able to facilitate many positive interactions. Likewise, Counselor 6 stated, "I actually became a provider for active-duty military, and these people are all over the world, so they would do telephone counseling or video counseling, so I would see people in California or Afghanistan, family members all over the country".

Sub-Theme 1.2: Culturally Driven

The participants all spoke about motivations for their distance counseling practice and preparation and the role technology currently plays in communication and health care. The normalization of tele-health, FaceTime, on-line graduate programs, Skype and other advancements have influenced these professional counselors to examine ways to safely and ethically engage with clients in a way that is far more common for most of them than previous generations of counselors. The western culture of technological advancement seems to have created an openness of "out of the box" thinking, which has bled over into counseling relationships in all seven of their practices.

Several of the participants have experience either teaching synchronous online graduate level classes or taking them, and reflected a strong sense of normalization of technology-mediation. Five of the seven also conduct technology-mediated distance supervision of graduate students or for licensure supervision. Some of them are not as optimistic about the future of technology for counseling. When describing the popularity of technology-mediation in other arenas and considering the migration from face-to-face counseling for many professional counselors and clients, Counselor 3 stated, "I don't necessarily think that it is a good thing. I think it is good for counselors I want to make a living by not paying overhead, and I think it's good for clients that don't want to go see a counselor, but I am not really sure that is the best thing for the therapeutic process." Resigned to what she perceives as the inevitable, she stated,

'I think it's going to be, more and more commonplace." Counselor 6 echoed this concern stating,

> I actually had my first request from a client to do text counseling, which I said no, because I am not comfortable with that, but considering that most communications these days is by text, I would not be surprised if text counseling, and email counseling is much bigger thing in the future then it is now. I think in the future that is going to be something that people will be requesting more and more. I have no idea how to prepare people for that.

He recalled a situation where a bi-polar client of his who was suffering from suicidal thoughts presented herself to a local emergency room for treatment. "They had a television monitor with the psychiatrist on it, and my client flipped out and left because she said 'I'm not talking to a head in a box at the emergency room', so I'm not exactly sure that's a great setting for distance counseling." It is these types of interactions that Counselor 6 believes are continue to shape the distance counseling landscape. Counselor 7 affirmed the same idea stating,

> My hope is that because of distance tele-health in general, including tele-health counseling, and tele-health psychiatry, and those kinds of things, I am kind of hoping it will push for either better reciprocity, even if we don't have a nationwide license, I would hope the state boards would start to give people to right to see whomever they want to see.

Sub-Theme 1.3: Counselor Driven

Participants also spoke of motivators that many counselors share to either expand their practices through technology-mediated distance counselor through the pursuit of preparation, or to exclude it. Counselor driven motivators may include the expansion of client access or the strong desire to reach a certain population. Additionally, participants alluded to difficulty finding motivation to pursue training in technology-mediated distance counseling with the lack of reimbursement for services by many insurance providers. It is also important to note that all seven of the participants market their services on the APA website to individuals seeking distance counselors, thus expanding their reach for potential clients through technology-mediation. Counselor 2 expounded on this concept saying, "the hard place that we are in is that we are still not been paid in terms of insurance for distance counseling so it is really hard for professionals to commit to something that really is not real for most of us in the business." Even with this disincentive, he went on to describe his expanded access to new clients by stating, "That's really success, just getting into peoples homes, people who would not otherwise come to counseling." While accessing new clients and expanding services, Counselor 2 also stated that he is always looking for the "right client" for distance counseling, adding, "I have a tendency not to pay as much attention, I just do, because we are such a multitasking society and I can certainly be typing, reading, moving my eyes here and there, a lot of things I could be doing".

Counselor 1 indicated that she finds motivation from being bilingual and gaining access to a pool of potential clients through distance counseling that may not have access to any

counseling without it. Counselor 4 reported a similar dynamic as she joined a practice who had a relationship with several organizations in Romania who utilized their services to provide distance counseling, which created a systemic motivator for her to gain the preparation and skills to be a part of that work. "I did some more individualized training that gave me a different perspective to add to what I learned in the group, when I came in there it was one of the things that was taking place, and so I was just a part of that, it was already built-in", she stated. Counselor 6 was able to expand his reach for clients through an agency that won a contract from the military to provide distance counseling to service members and their families on demand, from anywhere in the world. In a word, he described this as giving him, "flexibility".

Theme 2: Counselor Attributes

The Counselor Attribute theme includes the contexts that all seven participants shared a certain set of attributes that have both laid a foundation for them to build upon through their own preparation pursuits and that they continually utilize to maintain a sense of homeostasis while navigating the uncertain terrain of distance counseling. According to emerging patterns from participants, certain attributes contribute to the preparation and involvement in technology-mediated distance counseling. Subthemes include Autonomy, Clinical skills and Self-awareness and Boundaries.

Sub-Theme 2.1: Autonomy

A few of the participants reported that they received some training in their Master's level training program, but that what they did receive was minimal and related specifically to ethics involved in the process. All seven participants reported individually pursing additional education related to distance counseling. They expressed that proper and formal training was not embedded into any specific programs and that their personal pursuit of training assisted made the

preparation they did experience possible. They each demonstrated the counselor attribute of autonomy to act independently to both migrate training designed for face-to-face counseling into their distance work and to gain information about the unique challenges of technology-mediated distance counseling.

Participants expressed that they did not receive training for technology-mediated distance counseling from their formal graduate training beyond a migration of ethical training for those participants who were more recent graduates. All seven reported pursuing education outside of formal means. Counselor 5 pursued training through another individual who trained him through academic means, which he described as supportive. “Training, none formally,” Counselor 2 stated adding, “informally I have had to go out to websites; I have a couple of associates who do it. I have YouTube, I have read, but formally nothing.” He further added, “I have gone to conferences, and gone to sessions, purposely sought out workshops on distance counseling”. Counselor 3 reported that she sought out, “professional workshops about it, the workshops were around the ethical issues to look out for”. During her pursuit of preparation, Counselor 1 pursued various sources for the most accurate information. “Most of it came from either conferences, some kind of attendance to workshops on media distance counseling affects, new technology programs, and then my own research, and research of the program I was working with in the [*country name*]”, she stated.

Counselor 6 reported education through a continuing education program, which provided him with training on ethical and confidentiality issues. When addressing migration of skills to technology-mediation distance counseling and working through other issues, he reported, “There was no preparation for that, I had to figure that out as I went along.” Counselor 7 demonstrated autonomy by adding,

> Most of the training was discussing with other people who had already done Technology based counseling. I think I grasped it once I had a few mock counseling sessions. I spent probably 30 to 40 hours maybe researching laws in different states, how people were doing it, and how people were doing poorly. So when I say I researched it, I researched it.

Sub-Theme 2.2: Clinical Skills

Most of the participants revealed a high level of comfort with their face-to-face clinical skills and a confidence with their migration of those skills into distance counseling interactions. Most of them also demonstrated a developed way of coping with personal challenges related to challenges unique to distance counseling. “I want to be able to feel the tension”, Counselor 2 stated, “I am intuitive in that way, and I connect in that way.” As a CBT counselor, Counselor 2 stated, “because I am listening, I am challenging, I am really much more running the session then somebody has a different orientation then I. It’s really not a problem for me migrating that to online, so I don’t have the theoretical obstacles that others would”. “I think it all boils down to if you establish rapport with the client”, Counselor 7 stated. “That’s the biggest thing. So it all boils down to rapport and whether or not you can build that rapport.”

Counselor 4 stated that she is a “humanistic” oriented counselor. She admits that distance counseling can bring, “a reduction in body language cues, except for facial expressions”, which can cause difficulty in the therapeutic process. She described her ability to overcome this phenomenon by saying, “a lot of my theoretical approach, which I guess goes along with my personality, comes from a humanistic perspective, and so I still portrayed that even in video-based counseling. To me, it felt like I was able to contribute as a counselor the same way I would even if the person was in my office.”

“Understanding the milieu become is really important”, Counselor 5 added. His adaptation of the complex theory of Gestalt reportedly isn’t a problem.

> My theoretical has always been experiential gestalt. So I believe in learning it in being in the moment with it. So I give a lot of outside assignments or they have to make field trips. In those field trips, when they respond to it, what they have to do is they have to give me not only a report of the meeting but a synthesis of the meeting. How does this impact you? How did you feel at the time? What were you reacting to? So it's not a regurgitation of information, it is synthesized into who they are and what they're about.

Counselor 1 expressed a value placed on basic attending skills in addition to theory migration.

> I think the counselors ability to make contact, and build a relationship, and ability to be responsive enough to the needs of the client, respond to the contact, respond to the email in a timely manner so it feels like real contact, a real conversation, a relationship if it is non-concurrent especially, so the clients know there is a real person responded to their needs even though there's not a physical contact. So I think the keys are building a relationship, being responsive, and having a continual relationship.

Counselor 3 also added that as an Adlerian therapist, "bringing my theoretical approach into a distance environment is not been difficult at all, that is easily transferred to me."

Counselor 6 added,

> I think listening skills are probably the most important thing since you don't have any visual cues, you really have to be a very active listener. I do a lot of listening in my counseling, which I had to modify somewhat when I switched over to particularly telephone counseling, because if you sit there for five minutes and don't say anything eventually the person is going to say, "are you still there?" So I had to give more auditory cues.

As a relational and client-centered therapist he further added, "one of the biggest things I had to adjust was the camera and screen problem if you look at the screen, it looks like you're looking down, but if you look at the camera, you can't see the client. I had to sort of learn how to look at both places at the same time." He noted that this adjustment was typically only on the end of the counselor as, "they mostly look at the screen to see me.

Which means a lot of times they're looking down, and I got used to that." "I have just figured it out on my own,", Counselor 7 stated, adding,

> You have to look at the eye of the camera not the screen if you're trying to get any kind of like eye contact, and it's not real eye contact it's artificial, because while you're trying to make them feel like you're looking at them you are really looking at them. You're trying to make their brain think you're looking at them if that makes sense.

This specific issue is one that Counselors 2, 3, 6 and 7 all indicated were a concern; an area not covered in any distance counseling training to their knowledge.

Sub-Theme 2.3: Self-awareness and Boundaries

All seven of the participants demonstrated a foundational understanding of self-awareness and the need for boundaries unique to distance counseling. While most of these skills were adapted from face-to-face formal education, some were from as Counselor 2 stated, "trial and error". In other occasions, participants indicated that unique boundary concerns were adapted. All seven participants reported seeking or obtaining educational training specific to ethical dilemmas unique to distance counseling. A majority of them also indicated concern for empathic failures, harm for the therapeutic process and confidentiality issues. Additionally, all seven mentioned safety issues unique to distance counseling as a significant concern.

"Since most counselors that do distance counseling or doing it from their own home, there is no guarantee of anything", Counselor 3 stated. When discussing things that she is aware from her experience can harm therapeutic alliance she stated,

> One of the hardest things for the counselors to adjust to is where they look. The client only experience as a counselor looking at them if the counselor is looking at the camera. The counselor actually looks of the video feed of the client, then the client experiences the counter looking down and not looking at them. This is a big thing, in fact I've never seen that written about in the literature and I have read a fair amount of the lit.

She also reflected upon her own limitations stating, “I don't do distance counselor any new clients. The only time I do is with existing clients that I already have a face-to-face personal relationship with. So I do it as a substitute once in a while, if they can come back because of childcare or something happens”. She also reported, “and to me one of the worst things we can do to a client is not being emotionally present with them when they’re in pain”, as she described safeguards she has established to address potential technology issues in her sessions. While all seven participants expressed a strong concern for compliance with ethical standards, an overall systemic frustration was felt regarding quality of clinical care. “everybody just kind of turns on this camera and audio and they just do it. I think creating a more systemic approach to it gives people a base from which they can adjust.”

Counselor 1 also added accessibility, response and continuing of relationships as areas she has a strong sense of self-awareness about. Counselor 5 added that some boundaries are geographical and license related. “For instance in the state of California, you have to be licensed in the state of California even if you’re sitting in Virginia, so there’s a lot of problems with that. I think the portability that ACA is moving toward will do a lot to dissuade that.” It was interesting to note that while a majority of participants mentioned something about geographical boundary regulations, information provided by various participants indicating a lack of centralized information for some of the highest stake-holders involved in distance counseling.

Counselor 6 reported that while most of his clients are six to eight week clients, some of his clients are more long-term. Patients in crisis are a population that he reports could be most problematic.

> I don't think I would be comfortable with patients who are chronically at risk; self-mutilators, people who impulsively commit suicide that sort of thing. Because I think I am more comfortable if I can see, need to see more than just their face, need to see their body language because of the cues can be subtle. If they are in crisis, I need to

> be able to monitor them, until the police show up to get them. If they are in who knows where, I wouldn't even know how to get in touch with the police have the time if I needed to.

Counselor 2 echoed this concerns regarding his boundary of limitations stating, "the negative start with the crisis part. For me I am a dinosaur. I want to see people. I want to be able to get their reactions. I want to be able to feel the tension that they are seeing. I want to be able to feel that, I am intuitive and that way and I connect in that way so online feels real difficult for me." He added, "I feel out of control particularly for those population to may be susceptible to crisis. I can't be there if they break down, it's just unnerving for me."

Professional boundaries that are unique to distance communication also surfaced. Counselor 4 said,

> I realized that when I was going to be doing some video-based counseling that I needed to create a new account, because I didn't want any clients to have my personal account. And so that would be something that in order to protect our own selves, you know I don't want people having my phone number in my email and all that.

She also highlighted that some interventions that could typically be implemented in face-to-face counseling may "hinder" with distance clients. "If I need to send somebody a back depression inventory or something… I am sending it to your email or a scanner something so they can actually receive it to do it and get it back. So I can actually see them doing those kind of things can be hindered if the person that you were counseling with does not have that kind of technology." Therefore, tailoring interventions to the technology-mediation method as well as the client's technological limitations creates an important boundary of care.

Category 2: Training / Education

The category, the Training/Education, describes themes that emerged from participants that are best attributed to characteristics directly related to formal education providers that they have had access to as well as alternative sources of training on distance counseling. There are three main themes within this category, with sub-theme under each.

Theme 3: Availability

Each of the seven participants expressed limited availability of educational and/or training opportunities specific to technology-mediated distance counseling. They expressed frustration with both the difficulty finding training opportunities and the limited benefit of what they were able to access, making the search for training, “trial and error”. As a result of their remarks about their experiences, three sub-themes surfaced.

Sub-Theme 3.1: Difficulty Locating

The participants made remarks about the difficulty they had finding and accessing useful training for distance counseling. All seven participants indicated that they did not have access to proper or effective training within their graduate programs. They all reported gaining various insights from their individual Master’s programs that they were able to migrate to technology-mediated distance counseling through the process most of them described as, “trial and error”. All of the participants sought out other forms of education. Counselor 4 reported that she didn’t have “a formal course on it” and “just learned it” through her practice, reporting that she had to seek it out as it wasn’t readily available.

Describing his search for training, Counselor 2 stated, “I describe it is minimal, and really hard to find.” He expounded saying, “I had to go to websites; I have a couple of associates to do it. I have YouTube, I have read, but formally, no.” Most participants were able to attend a

training or workshop. Counselor 6 was able to obtain training from Continuing Education through the NBCC. “Most of it comes either from conferences, some kind of attendance two workshops on media distance counseling effects, new technological programs, and then my own research”, Counselor 1 described. After describing his education on distance counseling as, “minimal, very basic, rudimentary, and other adjectives that fit”, Counselor 5 described bridging his training for online teaching to the arena of distance counseling. “[*school name*] did a little bit of training to orient me to the blackboard system and the online system, which was not a lot, but at least it gave me the basics”, he reported.

Counselor 3 reported that she did not receive “any formal training in it”, expounding that she “attended some professional workshops about it, the workshops were around the ethical issues to look out for, but I have not received any formal training”. It was interesting to note that all seven participants resoundingly responded that they did not receive “formal” training, but all had received training in “ethics”, most received training specifically in “confidentiality”, and one, training in “electronic security”. Only Counselor 6 received training specific to all three. When asked if he thought it was adequate, and if he was equipped, he reported, “Oh I think I probably could have used more.” When describing the parts of technology-mediated distance counseling that she was well prepared for during her graduate training, Counselor 7 replied, “None of them. Perhaps just the basics of ethics. Basically will be God in every class we ever talked about it is you need to check out the laws in your state, and the laws of the states the clients are in because that's all we got, and we didn't get anything else on with the laws might be.” She described the instructional training she was able to find by saying, “outside of doing a PowerPoint based presentation through [*organization name*] that was way more expensive than I

really wanted to go into. That was really the only thing that was available at the time. So I would say very unofficial in piecemeal".

Sub-Theme 3.2: Lack of Standardization

While "trial and error" seemed to be the most widely utilized method of learning from all seven participants, most of the training available through workshops and conferences seemed to lack a standardization of best practices and was presented in a more subjective manner. Participants interviews also revealed that most training received were either self-led Power Points, lectures or general courses on topics (i.e., ethics) with highlights directed toward distance counseling. The preparation material that participants could find lacked standardization in delivery and content. "It was very do-it-yourself, with self-guided Power Points", Counselor 7 stated while Counselor 3 reported more existing training with small parts adapted for distance counseling as opposed to a course specifically tailored for it. "I have gone to conferences and gone to sessions, so I guess that's training", Counselor 2 stated questioning how to define the preparation experience he found for himself.

While Counselor 1 and 7 both attended workshops, they supplemented their preparation process with their own research. Counselor 1 described researching issues not covered in workshops she's attended saying, "So we investigated pretty much every single software that was out of the market for both security and also for a easy it is and what kind of system requirements and has, because people do not have the newest computers to support very demanding systems". Counselor 7 added, "I probably spent five or six hours talking to people that I knew had done it. I was on a panel of practitioners with somebody that was doing distance exclusively. So we had a couple of conversations there and I had got a lot of information from her." She also described her perception of her preparation experience as, "very do-it-yourself,

outside of doing a Powerpoint presentation". Only Counselor 4 reported easier access to training, as it was offered within the private practice that she joined as a Resident.

Sub-Theme 3.3: Absent from Graduate Programs

The seven participants reported that their graduate programs provided little to no distance counseling specific education or and training. "None. It was never discussed.", Counselor 2 relied when asked about his graduate level preparation for technology-mediated distance counseling. Counselors 4 and 7 also replied, "None". Three of the other participants reported that they obtained their masters degree in a time where distance counseling didn't exist, and therefore also received no formal training. Counselor 1 stated that she was trained on, "only in affects, in terms of how licensure travels, if I were to provide online counseling". She reported she felt well trained in areas of informed consent, confidentiality limitations and other areas that she was able to migrate to distance counseling from her formal educational curriculum.

All seven participants reported their belief of a need for graduate programs to provide training specific to distance counseling. Counselor 3 stated, "I wish there was a class on distance based methods that would help students learn what that might look like, and all the issues they would think through around it." She further stated, "a Masters program that has been around since MDDC put out their code of ethics around distance counseling that doesn't have a class about it, that doesn't dedicate if you have the schedule class times and the basics CME class to this process, I think that is negligent." "We weren't trained to go through even Virginia's website. We were taught what guidance documents were. I wasn't taught that if the board says in a guidance document they suggest you do something, that means you will do this or you will get in trouble should it be a problem. I did not know that. I was not taught that in grad school.", Counselor 7 added.

Counselor 2 also stated,

> The ideal would have been that I would have been taught as a graduate student. That is the ideal. I want to have a full class in it, integrated into everything. I would have my practicum site that teaches me more about it, so that would be ideal, outside of that I deal, I would say that there would be more opportunity to learn more about it.

Counselor 4 suggested that graduate programs, "be able to incorporate how to work it in the Master's level courses, because not everybody goes for a PhD, so it would have to be at the Master's level where they can get the training they need to, so they feel prepared." "That needs to be taught and built into our coursework", Counselor 5 stated. "I would have gotten some", Counselor 6 replied regarding his wishes for distance counseling preparation, "I think it is something you have to practice. Sort of like when you do group counseling class. You do a practice group or when you do an individual counseling class you videotape sessions. I know for me it was something I had to get used to doing. That would've been excellent." A "required" Master's level class is also something that Counselor 1 supported in her responses. Counselor 7 supported this idea as well.

Theme 4: Inadequacy

Each of the seven participants expressed a level of inadequacy regarding existing distance counseling preparation that they were aware of. Sub-themes that seemed to surface during data analysis include training that is poorly defined, that lacks specificity, and is not effective at preparation. While all seven report obtaining some formal and informal training, all reported a form of "trial and error" learning due to address issues and concerned not addressed in their preparation experience.

Sub-Theme 4.1: Poorly Defined

The lack of graduate level training specified for distance counseling seemed to create a culture among participants that caused them to seek out training opportunities and search for answers in some training opportunities that were not specific to technology-mediated distance counseling. As a result, all seven participants acknowledged what they learned, what they were able to migrate from non-specific sources, and what they "figured out" from trial and error. This created a dynamic among responses of a vague understanding of their training itself.

"I have gone to conferences and going to sessions, so I guess that is training", Counselor 2 stated describing his preparation experience. "It's really hard to find", he said. "It's all about trial and error online". Counselor 3 described her experience in preparation as "not receiving any formal training", adding that she, "attended some professional workshops about it, the workshops were around the ethical issues to look out for, but I have not received any formal training. No." She clarified, "they were around ethical issues associated with distance counseling. They were not how-to." Later when asked if she could change anything about her technology-mediated distance counseling experience, she stated, "I would like to have had some".

Counselor 4 experienced preparation for distance counseling through a private practice that she joined that was engaged as a practice in distance counseling in Romania, and provided training for her. "I received some training in my group supervision a while back, and also received a little bit of training in my individual supervision. I haven't had a formal course on it", she stated. Counselor 5 expressed that he adapted training from online teaching training, while Counselor 7 expressed disappointment with paying large fees for trainings that were, "self-led Power Points". Counselor 6 appeared to have attended the most post-graduate training workshops directed toward technology-mediated distance counseling. He reported that

migrating his clinical skills to online work was difficulty and not covered in training. "No. There was no preparation for that. I had to figure out as I went along." He reported.

Sub-Theme 4.2: Lacks Specificity

Participant's responses also indicated that while it was difficult to define what actually constituted online counseling education, what they were able to access lacked specificity to the needs of distance counseling. The trend emerged that much of the training they received involved generalized topics that were briefly adapted to distance counseling. They described a process of preparation material integrating technology into face-to-face interventions as opposed to teaching practices and interventions specific to technology. Participant responses indicated that most received education about potential "ethics" and "confidentiality" issues unique to distance counseling. They also expressed some information about license portability and working across state lines. A majority also reported an understanding of "the crisis part", as Counselor 2 stated, noting potential issues clients may experience and complications of physical distance. Several "how-to" topics were mentioned that participants reported feeling left on their own to "figure out". Empathic failure, technological difficulty back-up options, opening session procedures, limited affect cues, maintaining basic skills such as maintaining active listening, etc., and other functional parts of the therapeutic process were areas of reported lack. Counselor 2 stated he would appreciate, "more opportunities to actually learn it".

Sub-Theme 4.3: Not Effective at Preparation

All seven participant responses reflected that their preparation experiences were "minimal" and did not prepare them for technology-mediated distance counseling. They reported informational training yielding limited benefit. Counselor 7 reported that she obtained the most beneficial training from individuals who she studied under and engaged in "mock

sessions" with more experienced distance counseling practitioners. One of the seven participants, Counselor 4, received practical training in a supervision experience. "I don't know if my basic skills are there," Counselor 2 said, "those basic 101 attending is not there, the questions are still there, but the interaction in the interplay of the dynamics that I need to connect are just not there for me." After many CEU's, Counselor 6 described a gap in saying, "I think listening skills are probably the most important thing since you don't have any visual cues, you really have to be a very active listener. My approach is relational and client centered which is interesting, because I do a lot of listening in my counseling which I had to modify somewhat". Counselor 3 added, "there are other issues, technology glitches, what we do if we get disconnected? What do you do if something starts freezing? How do you handle it when you're in a really emotional moment in a session and all the sudden the thing freezes, and you can't respond to the client? Stuff like this happen to me and it is terrible." These concerns were slightly more significant for non-technology native populations verses those technology natives who were younger and spent more of their formative years engaging in technology.

Theme 5: Modality

The Modality theme refers to the delivery method most available training is conducted and the delivery method participants expressed would have best prepared them for technology-mediated distance counseling. From participant's statements, subthemes of Practicality, Natural Opportunities and Limitations arose.

Sub-Theme 5.1: Practicality

Counselor 3 eloquently phrased a sentiment shared by all of the participants when she said, "the workshops I attended …were not about how-to". She reported the same practical issue that Counselors 6 and 7 mentioned in their interviews without prompting: where distance

counselors should look. “the client only experiences the counselor looking at them if the counselor is looking at the camera. If the counselor actually looks at the video feed of the client, then the client experiences the counter looking down and not looking at them”, she stated. Counselor 6 said,

> If you look at the screen, it looks like you're looking down but if you look at the camera you can't see the client. I had to sort of learn how to live both places at the same time. Expand my field of vision, usually with face-to-face counseling you were looking at the persons eyes, if you stair at a screen, it looks like you’re looking down and they can’t see your eyes.

Other practical concerns were mentioned during interviews that related to the function of technology-mediated distance counseling. While the informational learning seemed necessary, participants were left feeling ill equipped for online counseling. All seven expressed that they migrated their theory of counseling and interventions to the online environment without assistance and had to “figure it out”. Counselor 7 echoed this sediment by saying, “I just had to figure out on my own”, as she described learning how to make eye contact to accomplish basic attending skills. “While most expressed little problem with this process, each expressed concerns and scenarios that could occur within the counseling session that they felt would be problematic, that they did not feel they were well prepared for or most cases, comfortable handling at all.

Sub-Theme 5.2: Natural Opportunities

All seven participants mentioned examples of potential natural opportunities for more effective preparation experiences. They involved utilization of the existing preparation structure in graduate school through licensure. “It would be easier for educators and supervisors to groom students for this”, Counselor 3 stated, pointing out the role supervision plays in the counselor preparation process. “I think it’s something you need to practice”, Counselor 6 mentioned

responding to what he felt graduate programs could do to training counselors in distance counseling. He recommended utilizing the natural opportunity of practical learning at a graduate level, “the same sort of thing that you would do at a group counseling class, where you participate in a group as a part of a class and do some mock video counseling”.

“The ideal would be that I would be taught as a graduate student. I want to have a full class in it integrate everything. I would have my practicum site that teaches me more about it”, Counselor 2 stated. Later he expressed concern stating, “Students, as well as the faculty, they are going to want to talk about it and teach it, but number one, they haven’t done it, and number two there are no books about it and they don’t talk about it…. The grain of the old faculty, they don’t know about it, they might even be fighting against it. The faculty doesn’t know how to teach it.”

Counselor 5 introduced the idea of “continued support”, adding to his ability to continue to learn beyond a classroom environment. As a Resident in Counseling, Counselor 4 grew in her skill with the benefit of a structure of support through supervision. This is something that she gained knowledge and skill through. The natural opportunities highlighted through the participant responses included Master’s level instruction, practicum, internship, advanced skills classes, clinical supervision, licensure supervision and continued collaboration. Counselor 7 grew through seeking out mentoring and supervisory relationships with individuals who were able to provide her with opportunities to gain practical experiences.

Sub-Theme 5.3: Limitations

Counselor 2 introduced the thought that existing faculty may not, “know how to teach it”. Lack of supervisor experience and lack of educational outlets (i.e., books, practical training, etc.) seem to be contributing to some negativity of counselor’s perceptions of their preparation experience for technology-mediated distance counseling. Training that is available is reported to

be “self-led”, “expensive”, “hard to find”, and as Counselor 7 reported, “very do it yourself” and “Piecemeal”. This expressed frustration is highlighted by the lack of practicality of that training; experiences that seem to be answering the same important questions over and over, without addressing the most practical concerns distance counselors may have.

Summary of Findings

The findings and results presented in this chapter were to answer the central research questions of this study: “What are the experiences and perceptions of professional counselors’ preparation for utilization of technology-mediated distance counseling methods?” After analyzing the data, I found that from the results emerged two main categories with five major themes supported by sub-themes.

The first category revealed relational traits between the counselor’s perceptions of their preparedness experience for technology-mediated distance counseling and the counselor. The first and second themes revealed the role motivation and counselor attributes played in participants’ preparation experiences. The first theme explained influences that shaped their preparation experience. The participants reported client driven influences that ranged from providing continuity of care to a feeling of obligation for clients with reduced access to face-to-face counseling. In addition, they indicated that the culture of healthcare, with the normalization of distance methods in other disciplines of medicine, provided a level of expectation, causing them to seek preparation to engage in expected services. Finally, participants revealed counselor driven motivators such as client access, that encouraged them to pursue additional training in this method.

The participants revealed counselor attributes that seemed consistent between those who participated in the study. They each demonstrated a level of autonomy to seek out training on their own, in their own ways, to prepare themselves for distance counseling. Through their responses, a common thread of confidence to migrate their systems of treatment to technology-mediated distance counseling emerged. The participants also discussed the role their self-awareness and boundaries played in their perceived preparation experience. The participants shared their experiences, both positive and negative, of their journey toward preparation to engage in technology-mediated distance counseling.

The second category observed the relationship between counselors' perceived preparedness for technology-mediated counseling and training/education. Themes three through five showed participants descriptions of their experience and views of educational opportunities. The participants reported their struggles to find adequate preparation opportunities highlighted by their difficulty locating training. They also expressed struggle with the lack of standardization of their preparation methods as well as the absence of educational opportunities within their graduate school programs.

The fourth and fifth themes described their feelings of inadequacy regarding training they were able to participate in. The participants explained how they felt their training was poorly defined, lacked specificity and was ineffective at preparing them for the tasks involved in technology-mediated distance counseling. Additionally, they reported that the modality they received training through lacked a "how-to" characteristic and was more lecture based. They described some of the limitations of their experience as well as natural opportunities to better equip technology-mediated counselors that were not available during their preparation experience.

Table 2:
Major Thematic Analysis

The Counselor	Training/Education
Motivation (1) • Client Driven (1.1) • Culturally Driven (1.2) • Counselor Driven (1.3)	*Availability (3)* • Difficulty Locating (3.1) • Lacks Standardization (3.2) • Absent from Graduate Programs (3.3)
Counselor Attributes (2) • Autonomy (2.1) • Clinical Skills (2.2) • Self-awareness / boundaries (2.3)	*Inadequacy (4)* • Poorly Defined (4.1) • Lacks Specificity (4.2) • Ineffective at preparation (4.3)
	Modality (5) • Practicality (5.1) • Natural Opportunities (5.2) • Limitations (5.3)

Essence of the Phenomenon

Two categories with a total of five structural themes, each having two or three textural sub-themes, emerged from the data. By synthesizing the categories, themes and sub-themes a composite description of the phenomenon, or essence, is created. The categories of counselor traits and training/education contain the structural themes: Motivation, Counselor Attributes, Availability, Inadequacy and Modality create the framework of how the participants perceive their preparedness for technology-mediated distance counseling; the textural sub-themes add descriptions about what the participants experience. The *Motivation* theme provided the context in which the participants perceived their preparedness experience for technology-mediated

distance counseling related to influences leading them to pursue their education and engage in services. The *Counselor Attribute* theme provides the counselor conditions that foster participant preparedness. The conditions were described as professional attributes or skills demonstrated that contributed to preparedness.

Under the category of training/education, the *Availability* theme reveals how participants experienced accessibility to formal and informal training opportunities. Their perception of their preparation experience is characterized by their methods to overcome difficulty locating training, that lacked standardization outside of their graduate programs. Education/Training *Inadequacy* was exposed as participants adapted their own sources and experiences of learning. Their perception of preparation experience is characterized by their pursuit to overcome education that was poorly defined, lacked specificity and was limited in effectiveness. The final theme *Modality*, portrays the delivery methods and times that participants expressed would be best to prepare themselves and future technology-mediated distance counselors, based on their experiences revealed during interviews. They revealed practicality, areas of growth and natural opportunities educators could utilize to create more effective preparation experiences for professionals engaging in distance counseling. These culminated findings represent counselors' perceived preparedness for technology-mediated distance counseling.

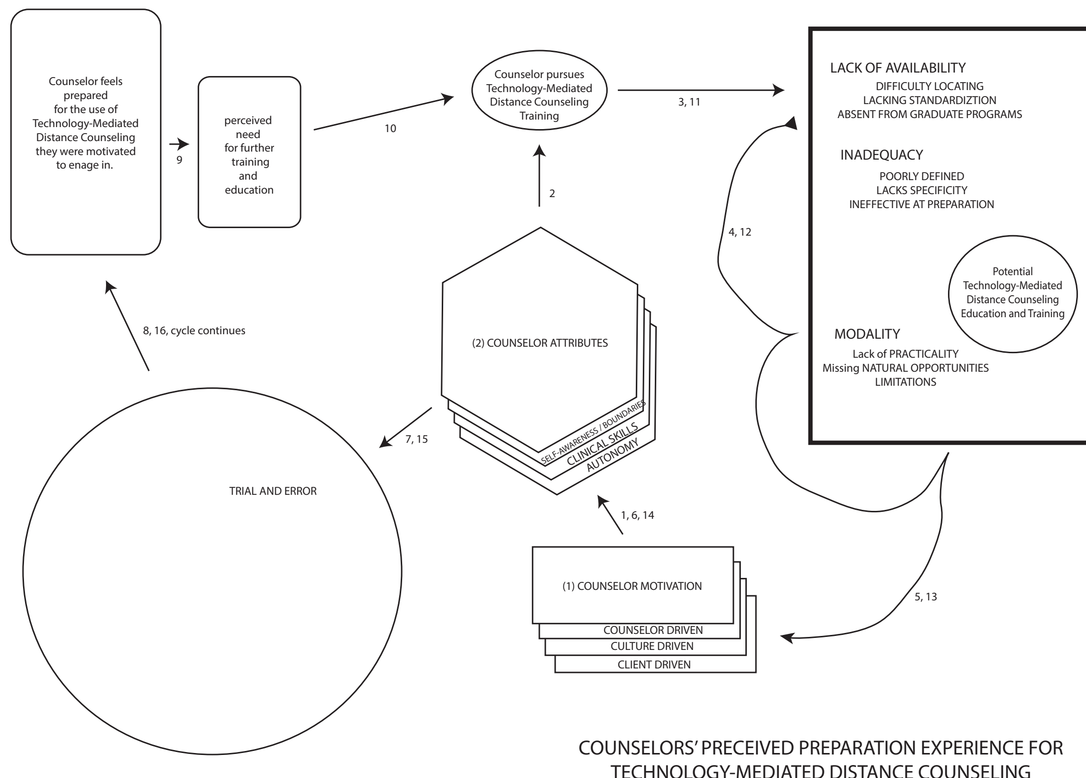

Figure 1. Conceptual map created by research team of findings.

Summary

This chapter contained a detailed summary of this study's findings through the process of data analysis. A synthesized description of structural and textural elements found in participants' responses were shared in the next section and were displayed in categories, themes and sub-themes. The combination of the themes and sub-themes illuminated counselors' perceived preparedness for technology-mediated distance counseling.

CHAPTER V: DISCUSSION

Introduction

The goal of this qualitative phenomenological study was to examine counselors' perceptions and experiences of their preparation for technology-mediated distance counseling. Participants' voices regarding their perceptions of their preparation experiences were explored and examined to capture the counselors' perceived preparedness phenomenon. Seven professional counselors participated in a semi-structured interview and also submitted relevant documents for review. After the collection process, the research team immersed themselves in the coding and analyzing of the data. Through the process of member checking, feedback was solicited from the participants regarding findings during the course of the study to assure conformability and the findings were presented in the previous chapter. This chapter will briefly review the purpose of this study and the methodology utilized to collect and analyze the data.

Existing literature will be compared to the findings that answer this study's research questions. Possible limitations of this study will then be presented and results discussed with an emphasis on their implications for counseling education programs, professional organizations and counselor supervisors. Finally, suggestions for future research raised by the results and findings from this inquiry and conclude the study.

Review of the Purpose of this Study and the Methodology

This study's purpose was to examine the perceived degrees of preparedness of counselors who are engaging in technology-mediated distance counseling, and subsequently, through the analysis of data with a phenomenological tradition, to understand the essence of their experience and thus to describe benefits and difficulties of their preparation experiences. The

phenomenological tradition was followed to answer this question as it's foundation lies in the observation of participants' lived experiences through a lens that is as unbiased as possible. Moustakas' (1994) steps of data analysis were utilized, guiding the construction of rich textural and structural descriptions from the emergent themes of the studied phenomenon. Synthesized representation of counselors' perception of their preparation experiences for utilization of technology-mediated distance counseling were developed through methods of semi-structured interviewing and data analysis, to develop a richer understanding of the phenomenon.

Because qualitative research explores various research interests in the context of participants' experiences (Hays & Singh, 2012), it was necessary that all the participants had experience with the phenomenon, specifically technology-mediated distance counseling. Criterion and snowball sampling (Creswell, 2013) were utilized to identify potential participants who were professional counselors with experiencing utilizing technology-mediated distance counseling for six to eight hours per month. Upon approval from the Human Subjects Review Committee of the Darden College of Education at Old Dominion University, recruitment of seven consenting professional counselors with the minimum required experience began, at which time they were invited to participate. This was the first step in the rigorous data collection process. Six of the participants were from various parts of Virginia.

Communication was initiated and maintained throughout the data collection process with the participants via phone and email. The semi-structured interviews consisted of open-ended questions and were either conducted via telephone or in person. Comprehensive participant narrations were obtained through these questions and prompts to gather a rich description of their lived experiences with the phenomenon of preparation for technology-mediated distance counseling.

In order to triangulate data from multiple sources, specific documents relevant to the participants' technology-mediated distance counseling practice and experience were obtained. A professional transcriptionist then transcribed each of the recorded interviews at which time the primary researcher examined the results for accuracy. Throughout the process, bracketing of my assumptions and biases, peer debriefing and member checking strategies were utilized was also used to confirm validity and trustworthiness. After the data collection and analysis processes were complete, participant demographic summaries were written. The categories, themes and subthemes that emerged led the formulation of a composite description of counselors' perceived experiences of their preparation for the utilization of technology-mediated distance counseling.

Comparison to Existing Literature

A significant number of research studies have been published regarding distance counseling, with a vast majority of them focusing on the effectiveness of method. (Richards & Vigano, 2013; Holmes & Foster, 2012; Martin, Garske & Davis, 2000). None of the available qualitative studies that are published have examined the experiences and perceptions of counselors' regarding their preparation for technology-mediated distance counseling. Returning to the reviewed literature, several of the themes and sub-themes that emerged from this qualitative phenomenological study had referential elements with the reviewed research studies and journal articles on the phenomenon of counselors' perceptions of their preparation experience for technology-mediated distance counseling. The following section will give an account of the relevant themes and subthemes comparing to and contrasted with the literature.

Motivation. The first major theme gives voice to expressed ideas of influence regarding counselors' engagement in preparation for distance counseling as one of two themes that make up the category of counselor factors. As noted in the literature, most of the participants were

aware of the positive attributes of the delivery method, particularly that of therapeutic alliance (Holmes & Foster, 2012; Martin, Garske & Davis, 2000; Richards & Vigano, 2013). Martin, Garske, & Davis (2000) highlighted that when done well, distance counseling yields very little difference related to counseling alliance between distance and face-to-face counseling (p. 450). Additionally, participants acknowledged that they were often motivated by client need and comfort, which echoes the literature that indicates various populations of perspective clients, telephone and Internet-based interactions, are in some cases preferred by clients over in person interactions (Mohr et al., 2010; Berger, Casper, Richardson, Kneubhler, Sutter & Andersson, 2011).

All seven participants actively demonstrated motivation to prepare themselves to comply with various best practice standards and various Code of Ethics requirements (ATA, 2013; ACA, 2014; APA, 2013; NBCC, 2012; AAMFT, 2015). Portability across state and international lines was an issue that each participant expressed either little to no education on in their graduate education experience, they all pursued education about this issue independently, with none of them expressing that they heed the recommendation to, limit practice in the state from which they have a license (Alexander, 1999; Barnett, 2005; Heinlen, Welfel, Richmond & O'Donnell, 2003; Koocher & Moray, 2000; Kraus, 2004; Maheu & Gordon 2000; Mallen, Vogel & Rochlen, 2004). Strong motivators related to client care were demonstrated by all participants.

Counselor Attributes. The second major theme describes certain traits or attributes in practice that the counselor possesses or demonstrates that has influenced their preparation and practice for technology-mediated distance counseling. Participants have affirmed the professional belief Turvey et al., (2013) expressed,

> This is a rapidly growing and evolving field, and the risks and benefits of telemental health services delivered by using videoconferencing technologies are not widely

> discussed or addressed in formal training of mental health practitioners. Therefore, thoughtful elucidation of the key issues and the potential solutions are needed to better inform those who want to practice responsibly (p. 723).

Their autonomy has led them to pursue education and training to gain a level of proficiency that the NBCC describes as, “qualified by education and experience” (Standard 1). While literature supports that “no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing” (Turvey et al., 2013, p. 722), no known research has examined the role of a providers preparation experience regarding positive experiences. Yet these participants have pursued the education necessary to develop and demonstrate competence, through their understanding of self-awareness, boundaries and their own clinical adaptations.

Participants’ attributes contributed to pursuit of preparation and their engagement in technology-mediated distance counseling. Their experiences were consistent with literature regarding positive experiences for clients. They indicated that like the findings of Birgit, Horn, & Andreas (2013), they were able to address issues such as depression with effectiveness, using various theoretical orientations. All seven participants were able to clearly define their boundaries through a strong sense of self-awareness that increased their confidence in what they felt would be their most productive uses of this medium, and reduction of risk for other issues (ATA, 2013; Turvey et al., 2013).

Availability. The third major theme is one of three in the category of training/education factors. This includes how accessible various training and educational opportunities were to participants. Turvey (2013) is one of the few writers in literature who examine the issue of the availability of education writing, “the risks and benefits of telemental health services delivered by using video conferencing technologies are not widely discussed or addressed informal training of mental

health practitioners" (p. 723). Participants all expressed difficulty complying with the NBCC's standard that "NCC's shall provide only services for which they are qualified by education and experience (Standard 1), which is echoed by the ATA (2013), the AAMFT (2015) and other professional organizations.

At the time of this study, three private training programs were endorsed by the NBCC to provide that training. Participants described training as difficult to find throughout their interviews. They reported their experiences were similar to what the limited literature indicates, that none of their formal graduate experiences provided education specific to technology-mediation distance counseling beyond warning of potential risks and regulatory and ethical concerns. Participant responses were congruent with the findings of Chretien, Azar & Kind (2011) who highlighted a need for specific standards. Their experiences also supported the literatures implied bias towards the assumption that counselors can generalize the counseling process from face-to-face methods, without preparation. All seven participants reported a lack of standardization of training, difficulty locating opportunities and almost no technology-mediated distance counseling specific content covered in their graduate programs.

Inadequacy. The fourth major theme includes factors from the training/educational category related to perceptions of participants' preparation experience that fall short of perceived expectations or needs for individuals seeking to prepare themselves for technology-mediated distance counseling. The NBCC (2015) illustrates areas of importance in their certification goals of training/education providing "skills in certain areas to include the ability to build strong working relationships with clients via distance methods" and "delivery of helpful communication to clients". Participants expressed that these goals are valid for the highest level of effectiveness,

yet describe available training materials and programs as "informational" and lacking the "how-to" to accomplish these goals.

The lack of formal education opportunities that Turvey (2013) described led a majority of participants to engage in "trial and error" and initiate impromptu methods to gain information that left many of them questioning whether or not what they experienced as actually training at all. Independent research was the first method utilized by may participants to train themselves in what Luxton, Sirotin & Mishkind (2012) referred to as special considerations regarding video-based counseling. Additionally, while some graduate school ethics classes did cover some considerations unique to distance counseling, what was covered was an adaptation of face-to-face ethics to the distance-counseling arena. The literature highlights Maheu, Pulier, McMenamin & Posen (2012) as they suggest that, "protections for psychologists require new risk management procedures and adaptations by malpractice carriers as multidisciplinary teams involved with and beyond healthcare into new public and private sectors" (p. 613). Participants did not perceive their training experiences as one that was unique to the medium, but rather generic adaptations. Additionally, they highlighted that the most important training on how to migrate their theories, develop and maintain relationships and deeply assist client were something they were forced to develop through "trial and error".

Modality. The fifth major theme includes factors from the training/educational category related to the delivery method of training/education. The NBCC (2015) clearly indicates in its training goals the importance of building strong working relationships with clients via distance methods. The New Zealand Psychologists Board (2011) stated that video-based distance counseling's reduced cues may increase the likelihood of the client imposing fantasy or transference on to a therapeutic relationship and that this may require additional skill on the part of the psychologist

to address these issues and to maintain therapeutic boundaries. All seven participants agreed that lecture based education or self-led PowerPoints are effective ways of gaining some general knowledge, but are not the modality that they utilized to develop skill and confidence to address these issues.

The lack of literature on the topic of education for technology-mediated distance counseling may in itself speak to issues raised by practitioners who are seeking to comply with best practices and standards that have recently been established. The ATA (2014) states that individuals who utilize technology to perform services, "shall be trained in the correct usage" (Giansanti et al., 2008). This research indicated that according to participants' perceptions of their preparation experience, to "be trained" would involve hands-on training, supervision, or mentorship through natural outlets such as practicums, internships and residency opportunities, in a practical way, through professionals who have experience in these types of services. No reviewed literature explored or indicated phenomenon among participants.

Implications for Counselor Education Programs

This study uniquely contributes to existing content taught in various settings by providing a stronger view of the lived experience of those engaging in technology-mediated distance counseling, particularly the greater need for specific, "how-to" learning experiences. Graduate Programs should consider how technology-mediated distance counseling education/training could be formally introduced into their program curriculum to assist future clinicians with meeting this need. This may begin with the development of a standardized track or curriculum that is fully integrated into existing programming. Ideally this training would include content-based lecture on topics specific to requirements from the ACA, NBCC and other ethical codes as

well best practices. These topics may include ethical considerations, confidentiality, client safety procedures, portability and out of state limitations, guideline documents, and other related topics.

Special consideration should be given to the modality of training, to include practical, hands-on, training to augment the content material. Natural opportunities should be considered as possible avenues for training such as practicum, group classes, advanced skills classes, internship opportunities and residencies. This study indicates that most of the critical skill development for technology-mediated distance counseling to be performed well and create strong therapeutic outcomes has been learned through these types of interactions. Furthermore, counselor education programs would benefit from encouraging their faculty to gain a stronger understanding of this method of counseling through the encouragement of research, writing, attendance of specialty conferences in other tele-health disciplines and practice of distance counseling when applicable.

A method of evaluation of training effectiveness would benefit any program implementing training into their protocol. Also, it would be beneficial for graduate programs to provide an avenue of connection for past graduates to be able to connect with continued supervision and mentorship whenever possible, to assist with accountability and assisting with the maintenance of the highest level of professionalism among the counseling profession. This would also allow graduate programs to stay abreast of changes and progressions within this avenue of the profession to continue to adapt training as fluidly as possible to continue to maintain effectiveness.

Finally, graduate programs can assist students beginning their professional journey and practice with the connection of other professionals engaging in technology-mediated distance counseling, and to organizations who continue to support those professionals.

Implications for Professional Organizations

This study also yields findings that have reaching implications for professional organizations to include CACREP, ACA, ACES, NBCC, etc. Even though most of these organizations place an emphasis on distance counseling practices and standards, more emphasis needs to be given to the preparation experience of those attempting to or actively engaging in the process of distance counseling and the effectiveness of those efforts. Standards could be explored that encourage content-based training workshops to be augmented with practical requirements, and thus a practical component, to assist with development of crucial skills. Furthermore, educational material may also include theory migration and counseling microskills specialized for the technology-mediation environment. Professional organizations should also consider a stronger and more active role in the development of systemic changes to allow them to more quickly adapt to the rapid changes in the technology field, to provide professionals they serve with a more timely response to guidance from those organizations. Finally, a stronger presence in the CACREP standards for education of distance counselors could lead to a standardized focus on this modality of counseling. This would allow CACREP self-studies and sequential reviews to assist graduate counseling programs with articulating the need for and implementing a standard of training accessible to developing professional counselors within CACREP programs.

Limitations

The research team recognized that there were various limitations to this study. Possible limitations of this study include the influence of personal biases', the selection of participants and data collection, and use of a professional transcriptionist. This researcher made attempts however to avoid these factors in the study.

Researcher's Bias

The researcher serves as the primary instrument for data collection in qualitative research. Patton (2007) stated that in order to preserve the integrity of research data, it is essential that the qualitative researcher minimize their personal biases, selective perception, and theoretical predispositions. It was vital for researchers to be aware of all biases throughout the stages of this study. Possible implications of biases were explored before the study began and methods to reduce their influence during each stage were carefully considered. Selection bias as well as unique biases related to participants who were technology natives or non-technology natives were considered and addressed. The primary researcher engaged in reflective journaling to record thoughts and concerns and debriefed these thoughts with a research team members and the auditor. Additionally, member checking was utilized to confirm accuracy of the transcripts while confirming emerging themes and patterns to ensure that statements gathered were free from this researcher's influence. Multiple contacts were made with research team members as well as the auditor to ensure that researcher biases were minimized.

Selection of Participant and Data Collection

The sample size of this study was limited with seven participants who were professional counselors from Virginia who were experienced with and actively using technology-mediated distance counseling. While Creswell (2013) stated that a sample of three to fifteen individuals who have experienced the same phenomenon could provide an adequate sample, it is believed that widening the geographical range with an increased number of participants may have reduced this limitation. Homogenous data collection is encouraged.

Interviews were differentiated between face-to-face and telephone interviews. Supporting documentation collection and additional communication were similar in content and

frequency between the lead researcher and the participants. The semi-structured interview process had inherent limitations regarding questioning, which the lead researcher attempted to control by making every effort to reduce deviation from the scripted interview protocol, attempting to ensure the highest level of standardization. This process also aimed to reduce interviewer bias through inadvertently skewed prompts and leading statements.

Six of the seven interviews where via telephone while one was face-to-face. Due to possible biases and unique characteristics of the differences between the face-to-face and telephone data gathering, a complete understanding of participant expressions regarding their experiences and perceptions of their preparation experience for technology-mediated distance counseling may have been restricted. Participant criteria for selection were based on their level of professional experience. Participation was limited to licensed professional counselors with a minimum of a master's degree who engaged in distance counseling 6-8 hours per month. As a result, demographic diversity was unintentional.

Participants were gathered from criterion and snowball sampling, through the NBCC list of distance counseling providers and the APA website directory of distance counselors. They were four females and three males, who all hold active professional licenses in counseling in the Commonwealth of Virginia, who identify themselves as Caucasian and African American. Each participant actively practiced private clinical counseling in Virginia and four of them were counselor educators in CACREP programs. Transferability of this study's findings may be limited due to these participant attributes.

Use of Professional Transcriptionist

A professional transcriptionist was utilized to analyze data gathered during this study. Interviews were recorded electronically on two different devices to ensure that data could be

understood. For the purposes of analysis, the interviews needed to be transcribed into a document. Steps were taken to attempt to reduce potential limitations common to transcription.

While this method of data analysis may have assisted the lead researcher with distancing himself from the data to strengthen the trustworthiness of the study, it is believed that this method also introduced inherent limitations. During this study, the transcriptionist relied solely on her interpretation of audio recordings, which is a limitation of utilizing a professional transcriptionist who was not present for the interview (Kvale & Brinkmann, 2009). This limitation may have been restricted to the one interview that was face-to-face, as the cues experienced over the phone by the lead researcher are the exact cues captured on the recording. Transcription also presented a potential issue related to confidentiality regarding file management. To assist with mitigation of these potential issues, the data management procedures set forth in this study and approved by the IRB, were carefully followed. The lead researcher who conducted each interview also reviewed each transcript and compared it with field notes taken during the interview. After the researcher confirmed accuracy, member checking allowed for participants to review their transcripts before coding to confirm accuracy. Only one participant responded with a requested change to her transcript, which was unrelated to theme development.

This researcher worked closely with the transcriptionist to ensure that the produced documented-interviews were accurate and comprehensive. Changes made were typically minimal such as changing “K-crep” to “CACREP”. Communication with the transcriptionist was limited to those interactions that assisted with reducing potential issues highlighted by Bucholtz (2000), particularly misinterpretation a participant’s statement that could change the tone or meaning of a comment. These discussions occurred prior to data gathering, and during

the process of transcription, to assist with reducing any desire to touch up the interview or eliminate pauses or any other detectible utterances.

Future Research Directions

The findings from this qualitative phenomenological study indicate that distance counselors' perceptions of their educational and preparation experience to utilize technology-mediated distance counseling methods are consistent in many ways. Participants' experiences describe certain attributes within the counselors themselves that motivate them to pursue distance counseling to include factors related to client care, expectations based on other healthcare disciplines and internal professional factors. Additionally, participants' responses yielded findings of professional and clinical skill sets that seemed consistent between participants to include a strong sense of autonomy utilized to pursue their own training, clinical skills utilized to migrate face-to-face skills and theories without training or assistance, and high-levels of self-awareness and boundaries. Special considerations should be made toward technology natives and non-technology natives, as their comfort levels, learned experiences, assumptions and experiences may be significantly different.

Participant experiences also provided insight about other characteristics directly related to training/education opportunities. Participants expressed almost no training or education obtained from their graduate training experiences. Participants who most recently graduated described some content from face-to-face ethics classes being adapted to distance counseling through vague sidebar discussions. The lack of standardization and availability was evident in their perceived lived experiences of preparation for technology-mediated distance counseling. Of the training/education opportunities found outside of their graduate programs, to include workshops,

conferences, etc., opportunities were described as difficult to find, expensive and more content based, lacking the hands-on, how-to training they desired.

Their expressed experiences exposed their perception of the inadequacy of available training. Of the variety of formal training they attended, almost all was lecture based content-based training. They were able to express that through their motivation and autonomy, they were able to “figure out” the best ways to engage in technology-mediated distance counseling, crediting “trial and error” as the top most effective method of learning. They also provided strong support for the integration of distance counseling practical training through naturally occurring outlets in graduate programs and residency to include practicums, internships, advanced skills classes and supervision experiences.

Research on the effectiveness of distance counseling related to counselor/client alliance as well as outcomes is plentiful. Literature on counselors’ experiences, particularly their preparation experiences, is almost non-existent. Future research on the phenomenon of the preparation experiences of technology-mediated distance counselors is needed. Future research can begin by exploring the motivators and counselor attributes that lead professional counselors past the strong disincentives and risks of distance counseling, to engage in therapeutic work with clients. Exploration of this topic could assist other professionals, educators, counseling education programs and other professional organizations with better conceptualizing the scale of the need for preparation as well as provide structural training opportunities and supports that better meet the needs of those involved in this delivery method.

Additional research would benefit from focusing on educational programs and their role in preparation experiences for counselors. These findings would benefit counselor education programs, professional organizations and their training divisions as well as private training

providers to design programs that naturally integrate the balance of content that is necessary for safe practice and the practical experience of skills unique to the technology-mediated interface. This research could also provide a foundation for new standards through CACREP and other avenues of accreditation and licensing as well as a standardization of a baseline level of functional understanding for future professional counselors.

This study's findings can inform future research on counselor education programs, counselor educators, professional support organizations, clinical supervision, and current counseling supervisors. Due to the very limited amount of literature related to this topic, further research involving a more diverse sampling of professional counselors who engage in technology-mediated distance counseling, utilizing both qualitative and quantitative methodologies, would be recommended.

Conclusion

This study sought to synthesize the perception of counselors' preparation experiences for the utilization of technology-mediated distance counseling methods. This researcher attempted to capture the voices of professional counselors who are engaging in technology-mediated distance counseling by analyzing data collected from a semi-structure interview with distance counselors regarding their experiences and perceptions with the phenomenon. Resulting transcripts from the interviews were analyzed to answer the research theme: "What are the experiences and perceptions of professional counselors' preparation for utilization of technology-mediated distance counseling methods?

Qualitative phenomenological methodology was chosen to examine counselors' perceptions of their preparation experience for technology-mediated distance counseling. This chapter contained a brief overview of the purpose of the study and the methodology. Existing

literature was compared with the five major themes in the two categories that emerged in this study. After discussing possible limitations, this researcher examined the impact the findings of this study have for professional counselors, counselor education programs and other counseling related organizations. Finally, recommendations for future research were provided.

The findings in this study support the need for a body of research to be developed around counselors' preparation experiences for the utilization of technology-mediated distance counseling. Through giving voice to the participants' perceptions of their preparation experiences involving technology-mediated distance counseling, the findings of this qualitative phenomenological study has contributed to the general understanding of the preparation phenomenon on a foundational level, providing a foundation for future research. The essence of this phenomenon consists of perceptions and personal characteristics of counselors' perceived preparation experiences for technology-mediated distance counseling. These findings may be instrumental in the process of informing stakeholders who are concerned with enhancing and improving the counselor preparation experience for technology-mediated distance counselors.

CHAPTER VI

MANUSCRIPT SUBMISSION

Counselors' Perceived Preparedness for Technology-Mediated Distance Counseling: A Phenomenological Examination

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Abstract

This phenomenological study examined counselors' perceptions of their formal preparation for engaging in technology-mediated distance counseling with the intent of gaining an understanding of their lived experiences. Semi-structured interviews were conducted with seven seasoned counselors who regularly engage in technology-mediated distance counseling. The results highlighted two categories emerging: the counselor and training/education. Themes related to motivation and counselor attributes emerged from the first category and themes of availability, inadequacy, and modality emerged from the second. The implications from this study suggest a lack of availability of effective training on technology-mediated distance counseling. The implications also suggest areas of potential future research and program development for graduate programs.

KEYWORDS: distance counseling, technology-mediated, phenomenology

Counselors' Perceived Preparedness for Technology-Mediated Distance Counseling: A Phenomenological Examination

The increase of telehealth services offered to expanded numbers of individuals has normalized the expanded utilization of technology-mediation for many health related issues. An increased number of individuals are seeking therapeutic services over the Internet (Barak, A. & Grohol, J., 2011). These interventions include psycho-educational webpages, interactive cognitive behavioral based a self-help programs, videoconferencing, blogging, support groups, and professional lead online therapy (Barak, A. & Grohol, J., 2011). A growing number of researchers have examined the various methods of distance therapy with an emphasis on the client's experience. Working alliance and outcomes have been examined through the use of email, blogging, texting, and videoconferencing. Holmes and Foster (2012) compared online and face-to-face counseling in their research study. After examining the similarities and differences between online and face-to-face counseling with regards to general mental health, working alliance, and social presents, they concluded that online counseling clients perceive significantly stronger working alliance than those who received face-to-face only counseling (Holmes & Foster, 2012).

While technology becomes more readily available to a wide variety of potential clients/patients and as new technology-based health care delivery systems become more normalized in western culture, professional counselors are left with the task to ethically and effectively utilize new tools and systems to provide services (ATA, 2013). Whether individual counselors choose to adopt or resist the changes of this delivery system, providers, professional organizations, and other stakeholders are tasked with recognizing the advantages and inherent risks associated with these changes. Additionally, they must focus on preparing those utilizing these methods with necessary skills and safeguards, while anticipating the projection current technology leads this field toward the future. In an effort to accomplish this task, many professional organizations such as the American Counseling Association (ACA), American

Psychological Association (APA), American Association of Marriage and Family Therapy (AAMFT), and the American Mental Health Counselors Association (AMHCA) have embraced the challenge of preparing professionals in the counseling field for the challenges associated with this delivery method (ATA, 2013).

While these best practices and standards have recently been established by organizations, and while many organizations stress the requirement of education/training necessary to be competent as a video-based counselor or telemental health provider, absent from the research is any writing on the educational community's response or effectiveness at providing needed education to clinicians. This study aims to examine the experiences of professional counselors' specifically related to their perceived preparedness to engage in counseling services through video-based distance methods.

To date, there have been no known qualitative research studies that explore the counselor's perceptions of their own preparedness to engage in technology-mediated distance counseling. The phenomenological tradition of qualitative research was chosen to because of its uniqueness to examine the experiences of professionals engaging in distance education through the utilization of technology-mediation. Other studies have utilized this phenomenological approach to examine a variety of other experiences related to preparedness of counselors with specific emphasis on certain populations (i.e., working with suicidal patients, etc.). Existing research seems to indicate that the process of training counselors in technology-mediated distance counseling is not adequately understood, with a bias towards the assumption that counselors can generalize the counseling process from face-to-face methods without further preparation. The purpose of this phenomenological study is to gain an understanding of the experiences of counselors' perceptions of their preparation experience for technology-mediated distance counseling with the intent to provide recommendations for counselor education programs regarding formal preparation for this delivery method. This study has explored the central research theme, "What are the experiences and perceptions of professional counselors' preparation for utilization of technology-mediated distance counseling methods?"

Context for the Study

Virtually every human endeavor has increased information and communication technology (Olasupo & Atiri, 2013). With the booming increase in social media technology, more people are connecting with other individuals through technology than ever before (Olasupo & Atiri, 2013; Shallcross, 2011). The various examinations in existing literature include distance therapeutic services through self-led web-based services, email, blogging, online support groups, and video-conferencing with professional counselors (Barak & Grohol, 2011).

Barak & Grohol (2011) highlighted that accommodations counselors have made for ethical considerations is under-examined in literature. Strong logistical and ethical concerns exist among many professionals and organizations within the counseling profession about technology-mediated therapy (Barak & Grohol, 2011). These include Finn & Barak (2010) as they examined this concern with masters-level trained counselors who identified themselves as “e-counselors”.

Counseling educators have utilized technology to engage in supervision and educational interactions through a wide array of optional methods (Watson, 2003; Carlisle et al., 2013). Technological tools such as email (Clingerman & Bernard, 2004) and video conferencing software have been used to supplement (Conn et al., 2009) or in some cases replace face-to-face education and supervision experiences for counseling students (Nelson et al, 2010).

The Code of Ethics for the American Mental Health Counselors Association (AMHCA) (2000) states:

> “Mental health counselors engaging delivery of services that involve the telephone, teleconferencing and the Internet in which these areas are generally recognized, standards for preparatory training do not yet exist. Mental health counselors take responsible steps to ensure the confidence of their work and protect patients, clients, students, research participants and others from harm” (Principle 14)

The American Psychological Association (APA) (2013) Telepsychology Task Force set competence as their first guideline adding that psychologists who provide telepsychology services should, "strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of technologies on clients/patients, supervisees or other professionals".

Existing research seems to indicate that the process of training counselors in technology-mediated counseling is not adequately understood, with a bias towards the assumption that counselors can generalize the counseling process from face-to-face methods without further preparation. Current research has been quick to raise questions about client experiences and even highlight a need for standards (Chretien, Azar & Kind, 2011), there seem to be no known studies that explore counselors' perceptions of their training to utilize technology-mediated counseling, including to their experiences with formal training specific to this delivery system.

Formal educational programs provide a rigor of preparation in a variety of issues including multiculturalism, ethics, counseling skills, professional standards and other practices unique to counseling (CACREP, 2009). In each of these areas, technology-mediated distance counseling carries its own unique differences from the face-to-face methods, yet training on these uniqueness's are significantly under-represented if addressed at all in formal counselor education (Turvey, 2013). The focus of this phenomenological examination was based on my assumption that preparation experiences of professional counselors to engage in technology-mediated distance counseling were varied, and through rigorous methods of in-depth interviewing, I was able to give voice to distance counselors' preparation experiences.

Method

The purpose of this study was to examine the perceived degrees of preparedness of counselors who are engaging in technology-mediated distance counseling, and subsequently, through the analysis of data with a phenomenological tradition, to understand the essence of their experience and thus to describe benefits and difficulties of their preparation experiences. This study has explored the central

research theme, “What are the experiences and perceptions of professional counselors’ preparation for utilization of technology-mediated distance counseling methods?”

Data were collected from participant interviews and shared documents using a qualitative phenomenological methodology and was then analyzed. The codes and themes that emerged were used to synthesis a description of the experiences and perceptions of professional counselors’ preparation for the utilization of technology-mediated distance counseling.

Participants

Criterion and snowball sampling were used to identify participants who were state licensed counselors, and spent 8-10 hours per month utilizing technology-mediated distance counseling. The seven participants resided in various parts of Virginia and are Licensed Professional Counselors (LPC) in the Commonwealth. Chosen participants were ones whom are professional counselors and who engage in technology-mediated distance counseling who have been identified themselves as professional counselors. While some of them were also counselor educators, all of them were engaged in private practice counseling and engage regularly in technology-mediated distance counseling.

This study’s participants included four females and three males, six of them identifying themselves as Caucasian or White and one identifying as African American. Ages of the participants ranged from 34 to 62. While all seven were utilizing technology-mediation to engage in distance counseling, four held doctoral degrees and engaged in counselor educator in various CACREP programs and one was a student in a CACREP Counselor Education and Supervision program.

All of the participants are licensed counselors in the Commonwealth of Virginia, with a few holding licenses in multiple states. The years of experience collectively shared in clinical settings ranged from six to thirty-nine years, with an average of seventeen. All seven of the counselors noted their number of years they have engaged in technology-mediated distance counseling which ranged from two to eight, with a mean of four. All seven of the participants also noted their theoretical orientation, which in most cases were diverse from each other.

Data Collection

Individual interviews were conducted by the lead researcher. The primary method of data collection was one semi structured individual interview. The interview protocol sought to address the research questions: "What are the experiences and perceptions of professional counselors' preparation for utilization of technology-mediated distance counseling methods? " Interview questions from the protocol included: (a) Tell me about the training you have received in technology-mediated distance counseling. (b) How about training you received prior to or outside of your graduate training? Was this training specifically related to utilization of technology-mediated distance therapeutic methods (c) Describe how you perceive your training in the area of technology-mediated distance counseling. (d) What parts of technology-mediated distance counseling do you feel you were well prepared for during your graduate training? What areas do you feel you would have liked to have had additional training (including, but not limited to billing, ethical concerns, technological concerns, etc)?, (e) What are counselor factors or attributes that contribute to treatment success or failure? These may include, but are not limited to, counselor's comfort with technology, reduction in body language cues, training, ethical boundaries, confidentiality, counselor experience level, length of treatment, and demographic variables such as age, gender, race, education, socioeconomic status, and ethnicity. Talk about your theoretical approach and your preparation experience to migrate that approach into technology-mediated therapy, (f) If you could change anything about your technology-mediated distance counseling training experience, what would it be?, (g) Could you describe an event or a situation that illustrates the importance of training in technology-mediated distance counseling, from your own personal experience? (h) Is there anything you would like to add?

In order to better understand and extract detailed personal explanations of their perceptions and experiences of the phenomenon, this researcher utilized attending skills to include active listening, reflection, encouragers and other clinical listening skills. When necessary, prompts, follow-up questions and probes were utilized to gain further clarity and a more complete understanding of their responses.

Reflexive journaling through handwritten notes were utilized to record my personal thoughts and observations during and after the interviews.

Data Analysis

Each interview was recorded digitally and saved to a secured drive only shared with the professional transcriptionist. The lead researcher attempted to reduce the chances of interviews influencing one another by distancing himself from the data through the use of a transcriptionist experienced in phenomenological research transcription. Documents from participants, email correspondence and the transcribed interviews were printed to begin the process of analyzing the data. These combined sources of data provided content for triangulation through the zigzag method. The process of data collection took three months to complete.

The general coding procedure included open coding, axial coding and selective coding.

Beginning with interviews one-three, research team members conducted individual horizontalization independently, where each member of the team used the coding process by writing on the transcript, circling keywords, and making notes for other members of the team to read and share during times of collaboration. This process also assisted in the reduction of researcher bias in selective perception, which can cloud clear outcomes and data analysis. This was followed the development of consensus codes that began to identify textural descriptions. Research team collaboration assisted with developing the first codebook (#1). This process was repeated for interviews four-seven, utilizing individual horizontalization, and then developing our consensus code to identify our rich textural descriptions, which assisted with the development of the codebook (#2). Once finalized, the independent auditor examined the cookbooks textural structural descriptions as well as the audit trail. The total time for the data collection and analysis process was around thirteen weeks.

Findings

The results of the study are organized into two categories, each comprising of three major themes and interrelated sub-themes. The categories are relationship traits between counselors' perceived

preparedness experience for technology-mediated distance counseling and the Counselor, and counselors' perceived preparedness experience for technology-mediated distance counseling and their Training/education. Two major themes emerged related to the Counselor category. The first major theme, Motivation, was supported by the sub-themes: Client Driven, Culturally Driven and Counselor Driven. The second theme, Counselor Attributes, was sustained by the sub-themes: Autonomy, Clinical Skills, Self-awareness and Boundaries.

Three major themes emerged related to the Training/Education category. The first major theme, Availability, was supported by the sub-themes Difficulty Locating, Lacking Standardization, Absent from Graduate Programs. Theme two, Inadequacy, was sustained by the sub themes: Poorly Defined, Lacks Specificity, Not Effective. Modality was the third major theme and Practicality, Natural Opportunities and Limitations emerged as its sub-themes. The identified structural themes and the textural sub-themes that emerged from the data are narrated below.

The Counselor

The category, the Counselor, describes themes that emerged from participants that are best attributed to characteristics within the control and influence of the individual who is engaging in technology-mediated distance counseling. The seven participants all acknowledged motivators to engage in technology-mediated distance counseling and pursue preparation.

Motivation

The Motivation theme includes participant's expressed ideas of influence regarding their engagement in technology-mediated distance counseling and their decision to actively pursue preparation. All of the participants expressed a level of motivation directly related to client care. A theme emerged to help their clients reap the benefits yielded by this medium, or the continuance of counseling itself. Counselor 1 described her work counseling individuals overseas who are physically

limited access to professional counseling as a way for them to not only gain services. Counselor 2 echoed that thought regarding clients who may prefer not to be in person saying, "I think the success part of it is

some people just don't want to come to your office, the stigma of that, that's really success, just getting into peoples homes, people who would not otherwise come to counseling."

The normalization of tele-health, FaceTime, on-line graduate programs, Skype and other advancements have influenced these professional counselors to examine ways to safely and ethically engage with clients in a way that is far more common for most of them than previous generations of counselors. When describing the popularity of technology-mediation in other arenas and considering the migration from face-to-face counseling for many professional counselors and clients, Counselor 3 stated, ", I think it's going to be, more and more commonplace." Counselor driven motivators may include the expansion of client access or the strong desire to reach a certain population.

Counselor Attributes

The Counselor Attribute theme includes the contexts that all seven participants shared a certain set of attributes that have both laid a foundation for them to build upon through their own preparation pursuits and that they continually utilize to maintain a sense of homeostasis while navigating the uncertain terrain of distance counseling. According to emerging patterns from participants, certain attributes contribute to the preparation and involvement in technology-mediated distance counseling. Subthemes include Autonomy, Clinical skills and Self-awareness and Boundaries.

All seven participants reported individually pursing additional education related to distance counseling. They each demonstrated the counselor attribute of autonomy to act independently to both migrate training designed for face-to-face counseling into their distance work and to gain information about the unique challenges of technology-mediated distance counseling. "Training, none formally," Counselor 2 stated adding, "informally I have had to go out to websites; I have a couple of associates who do it. I have YouTube, I have read, but formally nothing."

All seven of the participants demonstrated a foundational understanding of self-awareness and the need for boundaries unique to distance counseling. While most of these skills were adapted from face-to-face formal education, some were from as Counselor 2 stated, "trial and error". Counselor 1 also added

accessibility, response and continuing of relationships as areas she has a strong sense of self-awareness about.

Training / Education

The category, the Training/Education, describes themes that emerged from participants that are best attributed to characteristics directly related to formal education providers that they have had access to as well as alternative sources of training on distance counseling. Each of the seven participants expressed limited availability of educational and/or training opportunities specific to technology-mediated distance counseling. They expressed frustration with both the difficulty finding training opportunities and the limited benefit of what they were able to access, making the search for training, "trial and error". All seven participants indicated that they did not have access to proper or effective training within their graduate programs. They all reported gaining various insights from their individual Master's programs that they were able to migrate to technology-mediated distance counseling through the process most of them described as, "trial and error". All of the participants sought out other forms of education. Counselor 4 reported that she didn't have "a formal course on it" and "just learned it" through her practice, reporting that she had to seek it out as it wasn't readily available.

Describing his search for training, Counselor 2 stated, "I describe it is minimal, and really hard to find."

While "trial and error" seemed to be the most widely utilized method of learning from all seven participants, most of the training available through workshops and conferences seemed to lack a standardization of best practices and was presented in a more subjective manner. Participants interviews also revealed that most training received were either self-led Power Points, lectures or general courses on topics (i.e., ethics) with highlights directed toward distance counseling. The preparation material that participants could find lacked standardization in delivery and content. "It was very do-it-yourself, with self-guided Power Points", Counselor 7 stated while Counselor 3 reported more existing training with

small parts adapted for distance counseling as opposed to a course specifically tailored for it. “I have gone to conferences and gone to sessions, so I guess that’s training”

The seven participants reported that their graduate programs provided little to no distance counseling specific education or and training. “None. It was never discussed.”, Counselor 2 relied when asked about his graduate level preparation for technology-mediated distance counseling. Counselors 4 and 7 also replied, “None”. All seven participants reported their belief of a need for graduate programs to provide training specific to distance counseling.

Each of the seven participants expressed a level of inadequacy regarding existing distance counseling preparation that they were aware of. As a result, all seven participants acknowledged what they learned, what they were able to migrate from non-specific sources, and what they “figured out” from trial and error. This created a dynamic among responses of a vague understanding of their training itself.

Participant’s responses also indicated that while it was difficult to define what actually constituted online counseling education, what they were able to access lacked specificity to the needs of distance counseling. Several “how-to” topics were mentioned that participants reported feeling left on their own to “figure out”.

All seven participant responses reflected that their preparation experiences were “minimal” and did not prepare them for technology-mediated distance counseling. They reported informational training yielding limited benefit. Counselor 7 reported that she obtained the most beneficial training from individuals who she studied under and engaged in “mock sessions” with more experienced distance counseling practitioners. One of the seven participants, Counselor 4, received practical training in a supervision experience.

The Modality theme refers to the delivery method most available training is conducted and the delivery method participants expressed would have best prepared them for technology-mediated distance counseling. From participant’s statements, subthemes of Practicality, Natural Opportunities and Limitations arose.

Counselor 3 eloquently phrased a sentiment shared by all of the participants when she said, "the workshops I attended …were not about how-to". She reported the same practical issue that Counselors 6 and 7 mentioned in their interviews without prompting: where distance counselors should look. "the client only experiences the counselor looking at them if the counselor is looking at the camera. If the counselor actually looks at the video feed of the client, then the client experiences the counter looking down and not looking at them", she stated. All seven expressed that they migrated their theory of counseling and interventions to the online environment without assistance and had to "figure it out".

All seven participants mentioned examples of potential natural opportunities for more effective preparation experiences. They involved utilization of the existing preparation structure in graduate school through licensure. "It would be easier for educators and supervisors to groom students for this", Counselor 3 stated, pointing out the role supervision plays in the counselor preparation process. "I think it's something you need to practice", Counselor 6 mentioned responding to what he felt graduate programs could do to training counselors in distance counseling. He recommended utilizing the natural opportunity of practical learning at a graduate level, "the same sort of thing that you would do at a group counseling class, where you participate in a group as a part of a class and do some mock video counseling". "The ideal would be that I would be taught as a graduate student. I want to have a full class in it integrate everything. I would have my practicum site that teaches me more about it", Counselor 2 stated. Counselor 2 introduced the thought that existing faculty may not, "know how to teach it". Lack of supervisor experience and lack of educational outlets (i.e., books, practical training, etc.) seem to be contributing to some negativity of counselor's perceptions of their preparation experience for technology-mediated distance counseling.

Discussion

Motivation

The first major theme gives voice to expressed ideas of influence regarding counselors' engagement in preparation for distance counseling as one of two themes that make up the category of

counselor factors. As noted in the literature, most of the participants were aware of the positive attributes of the delivery method, particularly that of therapeutic alliance (Holmes & Foster, 2012; Martin, Garske & Davis, 2000; Richards & Vigano, 2013). Martin, Garske, & Davis (2000) highlighted that when done well, distance counseling yields very little difference related to counseling alliance between distance and face-to-face counseling (p. 450). Additionally, participants acknowledged that they were often motivated by client need and comfort, which echoes the literature that indicates various populations of perspective clients, telephone and Internet-based interactions, are in some cases preferred by clients over in person interactions (Mohr et al., 2010; Berger, Casper, Richardson, Kneubhler, Sutter & Andersson, 2011).

Counselor Attributes

The second major theme describes certain traits or attributes in practice that the counselor possesses or demonstrates that has influenced their preparation and practice for technology-mediated distance counseling. Participants have affirmed the professional belief Turvey et al., (2013) expressed,

> This is a rapidly growing and evolving field, and the risks and benefits of telemental health services delivered by using videoconferencing technologies are not widely discussed or addressed in formal training of mental health practitioners. Therefore, thoughtful elucidation of the key issues and the potential solutions are needed to better inform those who want to practice responsibly (p. 723).

Their autonomy has led them to pursue education and training to gain a level of proficiency that the NBCC describes as, “qualified by education and experience” (Standard 1). While literature supports that “no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing” (Turvey et al., 2013, p. 722), no known research has examined the role of a providers preparation experience regarding positive experiences. Yet these participants have pursued the education necessary to develop and demonstrate competence, through their understanding of self-awareness, boundaries and their own clinical adaptations. All seven participants were able to clearly define their boundaries through a strong sense of self-awareness that increased their

confidence in what they felt would be their most productive uses of this medium, and reduction of risk for other issues (ATA, 2013; Turvey et al., 2013).

Availability

The third major theme is one of three in the category of training/education factors. This includes how accessible various training and educational opportunities were to participants. Turvey (2013) is one of the few writers in literature who examine the issue of the availability of education writing, "the risks and benefits of telemental health services delivered by using video conferencing technologies are not widely discussed or addressed informal training of mental health practitioners" (p. 723). Participants all expressed difficulty complying with the NBCC's standard that "NCC's shall provide only services for which they are qualified by education and experience (Standard 1), which is echoed by the ATA (2013), the AAMFT (2015) and other professional organizations. Participant responses were congruent with the findings of Chretien, Azar & Kind (2011) who highlighted a need for specific standards. Their experiences also supported the literatures implied bias towards the assumption that counselors can generalize the counseling process from face-to-face methods, without preparation.

Inadequacy

The fourth major theme includes factors from the training/educational category related to perceptions of participants' preparation experience that fall short of perceived expectations or needs for individuals seeking to prepare themselves for technology-mediated distance counseling. The lack of formal education opportunities that Turvey (2013) described led a majority of participants to engage in "trial and error" and initiate impromptu methods to gain information that left many of them questioning whether or not what they experienced as actually training at all. Independent research was the first method utilized by may participants to train themselves in what Luxton, Sirotin & Mishkind (2012) referred to as special considerations regarding video-based counseling. Participants did not perceive their training experiences as one that was unique to the medium, but rather generic adaptations.

Modality

The fifth major theme includes factors from the training/educational category related to the delivery method of training/education. The NBCC (2015) clearly indicates in its training goals the importance of building strong working relationships with clients via distance methods. All seven participants agreed that lecture based education or self-led PowerPoints are effective ways of gaining some general knowledge, but are not the modality that they utilized to develop skill and confidence to address these issues.

The lack of literature on the topic of education for technology-mediated distance counseling may in itself speak to issues raised by practitioners who are seeking to comply with best practices and standards that have recently been established. The ATA (2014) states that individuals who utilize technology to perform services, "shall be trained in the correct usage" (Giansanti et al., 2008). This research indicated that according to participants' perceptions of their preparation experience, to "be trained" would involve hands-on training, supervision, or mentorship through natural outlets such as practicums, internships and residency opportunities, in a practical way, through professionals who have experience in these types of services. No reviewed literature explored or indicated phenomenon among participants.

Implications for Graduate Programs

Graduate Programs should consider how technology-mediated distance counseling education/training could be formally introduced into their program curriculum. This may begin with the development of a standardized track or curriculum that is fully integrated into existing programming. Special consideration should be given to the modality of training, to include practical, hands-on, training to augment the content material. Natural opportunities should be considered as possible avenues for training such as practicum, group classes, advanced skills classes, internship opportunities and residencies. A method of evaluation of training effectiveness would benefit any program implementing training into their protocol. This would also allow graduate programs to stay abreast of changes and

progressions within this avenue of the profession to continue to adapt training as fluidly as possible to continue to maintain effectiveness.

Finally, graduate programs can assist students beginning their professional journey and practice with the connection of other professionals engaging in technology-mediated distance counseling, and to organizations who continue to support those professionals.

Implications for Professional Organizations

This study also yields findings that have reaching implications for professional organizations to include CACREP, ACA, ACES, NBCC, etc. Even though most of these organizations place an emphasis on distance counseling practices and standards, more emphasis needs to be given to the preparation experience of those attempting to or actively engaging in the process of distance counseling and the effectiveness of those efforts.

Finally, a stronger presence in the CACREP standards for education of distance counselors could lead to a standardized focus on this modality of counseling. This would allow CACREP self-studies and sequential reviews to assist graduate counseling programs with articulating the need for and implementing a standard of training accessible to developing professional counselors within CACREP programs.

Limitations

The research team recognized that there were various limitations to this study. Possible limitations of this study include the influence of personal biases', the selection of participants and data collection, and use of a professional transcriptionist. It was vital for researchers to be aware of all biases throughout the stages of this study. Possible implications of biases were explored before the study began and methods to reduce their influence during each stage were carefully considered throughout the process. The primary researcher engaged in reflective journaling to record thoughts and concerns and debriefed these thoughts with a research team members and the auditor. Additionally, member checking was utilized to confirm accuracy of the transcripts while confirming emerging themes and patterns to ensure

that statements gathered were free from this researcher's influence. Multiple contacts were made with research team members as well as the auditor to ensure that researcher biases were minimized.

The sample size of this study was limited with seven participants who were professional counselors from Virginia who were experienced with and actively using technology-mediated distance counseling. While Creswell (2013) stated that a sample of three to fifteen individuals who have experienced the same phenomenon could provide an adequate sample, it is believed that widening the geographical range with an increased number of participants may have reduced this limitation. Homogenous data collection is encouraged.

Interviews were differentiated between face-to-face and telephone interviews. Supporting documentation collection and additional communication were similar in content and frequency between the lead researcher and the participants. The semi-structured interview process had inherent limitations regarding questioning, which the lead researcher attempted to control by making every effort to reduce deviation from the scripted interview protocol, attempting to ensure the highest level of standardization.

Participant criteria for selection were based on their level of professional experience. Participation was limited to licensed professional counselors with a minimum of a master's degree who engaged in distance counseling 6-8 hours per month. As a result, demographic diversity was unintentional. Transferability of this study's findings may be limited due to these participant attributes.

Recommendations for Future Research

Research on the effectiveness of distance counseling related to counselor/client alliance as well as outcomes is plentiful. Literature on counselors' experiences, particularly their preparation experiences, is almost non-existent. Future research on the phenomenon of the preparation experiences of technology-mediated distance counselors is needed. Future research can begin by exploring the motivators and counselor attributes that lead professional counselors past the strong disincentives and risks of distance counseling, to engage in therapeutic work with clients. Exploration of this topic could assist other professionals, educators, counseling education programs and other professional organizations with better

conceptualizing the scale of the need for preparation as well as provide structural training opportunities and supports that better meet the needs of those involved in this delivery method.

Additional research would benefit from focusing on educational programs and their role in preparation experiences for counselors. These findings would benefit counselor education programs, professional organizations and their training divisions as well as private training providers to design programs that naturally integrate the balance of content that is necessary for safe practice and the practical experience of skills unique to the technology-mediated interface. This research could also provide a foundation for new standards through CACREP and other avenues of accreditation and licensing as well as a standardization of a baseline level of functional understanding for future professional counselors.

This study's findings can inform future research on counselor education programs, counselor educators, professional support organizations, clinical supervision, and current counseling supervisors. Due to the very limited amount of literature related to this topic, further research involving a more diverse sampling of professional counselors who engage in technology-mediated distance counseling, utilizing both qualitative and quantitative methodologies, would be recommended.

Conclusion

This study sought to synthesize the perception of counselors' preparation experiences for the utilization of technology-mediated distance counseling methods. The findings in this study support the need for a body of research to be developed around counselors' preparation experiences for the utilization of technology-mediated distance counseling. Through giving voice to the participants' perceptions of their preparation experiences involving technology-mediated distance counseling, the findings of this qualitative phenomenological study has contributed to the general understanding of the preparation phenomenon on a foundational level, providing a foundation for future research. The essence of this phenomenon consists of perceptions and personal characteristics of counselors' perceived preparation experiences for technology-mediated distance counseling. These findings may be instrumental in the

process of informing stakeholders who are concerned with enhancing and improving the counselor preparation experience for technology-mediated distance counselors.

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Appendix A

Human Subjects Review Board Approval

OFFICE OF THE VICE PRESIDENT FOR RESEARCH

Physical Address
4111 Monarch Way, Suite 203
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Mailing Address
Office of Research
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DATE: December 1, 2015

TO: Daniel Holland, MA
FROM: Old Dominion University Education Human Subjects Review Committee

PROJECT TITLE: [815701-1] Counselors' Percieved Preparedness for Technology-Mediated Distance Counseling: A Phenomenological Approach
REFERENCE #:
SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: December 1, 2015

REVIEW CATEGORY: Exemption category # *[6.1]*

Thank you for your submission of New Project materials for this project. The Old Dominion University Education Human Subjects Review Committee has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Petros Katsioloudis at (757) 683-5323 or pkatsiol@odu.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Old Dominion University Education Human Subjects Review Committee's records.

Generated on IRBNet

Appendix B

INFORMED CONSENT DOCUMENT
OLD DOMINION UNIVERSITY

PROJECT TITLE:

Counselors' Perceived Preparedness for Technology-Mediated Distance Counseling: A Phenomenological Examination

INTRODUCTION

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES.

RESEARCHERS

Primary Researcher:
Daniel Holland, LPC, NCC, ACS, MA
Doctoral Candidate
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Responsible Project Investigator:
Jeffry Moe, PhD, LPC (VA), LPC-S (TX), NCC, CCMHC
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Old Dominion University

DESCRIPTION OF RESEARCH STUDY

Limited research exists exploring counselors' perceived preparedness for technology-mediated distance counseling. This research seeks to explore the preparation experiences of counselors utilizing this counseling method.

If you decide to participate, then you will join a study involving research of your and other counselor's perceptions of preparation for technology-mediated distance counseling. This will consist of me keeping regular contact with you via email, phone, postal, Skype. My contact includes correspondence to schedule interviews, the actual interviews that will be conducted via live interview, Skype or other technology-mediated method and/or phone. I will be sending you documents to review and keep as well as documents for you to sign and return regarding the parameters of this study, consent to record, and demographic sheet. If you say YES, then your participation will include one 90-120 minute interview, one 30 minute follow-up interview, document reviews, data analysis, and wrap-up within the duration of 30 days from confirmed consent. Your participation will be set in your area. I will be interviewing you with the use of Skype or telephone; I will be in my area of Norfolk, VA.

Approximately 7-10 counselors who have utilized technology-mediated methods of counseling similar to yourself will be participating in this study.

RISKS AND BENEFITS

RISKS: If you decide to participate in this study, then you may face a risk of experiencing feelings of discomfort and cognitive dissonance. An undesirable outcome would have no trace of new knowledge and is highly unlikely. The researcher tried to reduce these risks by way of informed consent and disclosures secured with professional confidentiality. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: There are no benefits of participating in this study.

COSTS AND PAYMENTS

The researchers want your decision about participating in this study to be absolutely voluntary. Yet they recognize that your participation may pose some strains on time, budget, productivity, etc. and for what it's worth- I empathize.
The researchers are unable to give you any payment for participating in this study.

NEW INFORMATION

If the researchers find new information during this study that would reasonably change your decision about participating, then they will inform you.

CONFIDENTIALITY

All information obtained about you in this study is strictly confidential unless disclosure is required by law. The results of this study may be used in reports, presentations and publications, but the researcher will not identify you.

WITHDRAWAL PRIVILEGE

It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study -- at any time. If applicable, your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of harm or discomfort arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Dr. Jeffry Moe at jmoe@odu.edu or Dr. Petros Katsioloudis, Chair of the Darden College of Education Human Subjects Review Committee, Old Dominion University, at pkatsiol@odu.edu, who will be glad to review the matter with you.

VOLUNTARY CONSENT

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them:

Primary Researcher: Danny Holland (757) 932-0007 dholl036@odu.edu

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should contact Dr. Ed Gomez, Chair of the Darden College of Education Human Subjects Review Committee, Old Dominion University, at egomez@odu.edu.

And importantly, by agreeing, you are telling the researcher YES, that you agree to participate in this study.

Participant's Printed Name & Signature	**Date**
Legally Authorized Representative's Printed Name & Signature (If participant is an incapacitated adult)	**Date**

INVESTIGATOR'S STATEMENT
I certify that I have explained to this participant the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the participant's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

Investigator's Printed Name & Signature	**Date**

Appendix C

Interview Protocol

This is a loose and working guideline for this interview. If it were structured and not malleable it would defeat the basic intent and invitation to make a full composite of your experiences with role ambiguity when supervising counselors and counselors-in-training.

Date:____________ Circle: Initial Interview Follow-Up Interview

Time of interview:_______________
Place(s)/Setting of interview:____

Interviewer: Daniel Holland, LPC, NCC, ACS

Participant:____

Points of Inquiry:

The following questions will be asked in the interview:

1: Tell me about the training you have received in technology-mediated distance counseling.

c. Graduate School

d. Indirect

2: How about training you received prior to or outside of your graduate training?

c. Was this training specifically related to utilization of technology-mediated distance therapeutic methods?

d. Was this training something you sought out or built into a specific program?

3: Describe how you perceive your training in the area of technology-mediated distance counseling.

a. How about your formal graduate training?

4: What parts of technology-mediated distance counseling do you feel you were well prepared for during your graduate training ?

b. What areas do you feel you would have liked to have had additional training (including, but not limited to billing, ethical concerns, technological concerns, etc.)?

5: What are counselor factors or attributes that contribute to treatment success or failure? These may include, but are not limited to, counselor's comfort with technology, reduction in body language cues, training, ethical boundaries, confidentiality, counselor experience level, length of

treatment, and demographic variables such as age, gender, race, education, socioeconomic status, and ethnicity.

a. Talk about your theoretical approach and your preparation experience to migrate that approach into technology-mediated therapy.

6: Where do you see technology-mediated distance counseling in 5 years, and what concerns do they think formal educational institutions need to focus on.

7: If you could change anything about your technology-mediated distance counseling training experience, what would it be?

8. Could you describe an event or a situation that illustrates the importance of training in technology-mediated distance counseling, from your own personal experience?

9: Is there anything you would like to add?

IV. Follow-up:

I will ask the following subquestions either in the initial interview or the follow-up interview

A. In your opinion, what factors have contributed to your effectiveness as online counselor?
B. Is there any information that was not included on the Provider Demographic Information document that you would like to add?

Appendix D

PARTICIPANT DEMOGRAPHIC FORM

This form will be kept in a secure file by the researcher.

ID Number (to be completed by researcher):___________________________
Any information derived from this form will be for use in this dissertation project or related publication(s) and will be credited by participant ID Number.

I. General Bio and Contact Information:

A. Name:______________________________Age:______

Gender:_________________Race/Ethnicity:________________________

Geographical Location:____

B. Name of University/College Affiliation (If Applicable):
____

C. Name of Business/Practice (If Applicable):
____

D. Phone number for contact regarding this study:___________________________
Email address for correspondence regarding this study:_____________________
Skype address for correspondence regarding this study:_____________________

II. Educational/Credentialing Information:

A. In what field is/are your degree(s)?

Counseling Psychology Social Work Psychiatry
Education Other (please specify):______________________________________

B. Highest degree(s) completed:

Masters Doctorate Other (please specify):_________________________
Degree in progress (please specify):____________________________________

C. Please list any licenses, certifications, or other special trainings that you have, and what season and year you received/completed them*:

____
____
____
____

III. Professional Experience:

A. Number of years in clinical practice: _______
Role(s)/Setting(s)*:____
____
____
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____
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____

B. Number of months/years experience utilizing technology/mediated distance counseling methods (i.e., video-based, Skype, etc.) setting: _______
Role(s)/Setting(s)*:____
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____
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C. Counseling Theoretical orientation: _______________________________________
____
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Please include any additional comments here, or on the back of this form, if there are any areas that are not applicable to you or if there are potential reasons for your exclusion from continued participation:

Appendix E

Within Case Display

Within Case Display

Participant Characteristics	The Counselor	Training/Education
~Age: **45** ~Gender: **Male** ~ # of years as clinical experience: **15** ~ # of years as distance cousnelor: **3** ~License(s): **LPC, LMHP** ~Highest degree completed: **Doctorate**	**Motivation (1)** *Client Driven (1.1)* ** Counselor had existing face-to-face counseling relationship with individuals ** "people who would not otherwise come to counseling" ** "To continue the relationship. No cut-offs" ** "I think life sometimes necessitates us to make these changes" *Culturally Driven (1.2)* ** things are moving that way more and more ** People are more comfortable in their homes *Counselor Driven (1.3)* ** Until counselors can bill for it, motivation is limited to pursue training and engage in services. **Counselor Attributes (2)** *Autonomy (2.1)* ** "It's all about trial and error online" ** YouTube, websites ** No prep to migrate theory *Clinical Skills (2.2)* ** Integrated skills into technology without assistance or training ** Maintaining therapeutic alliance, *Self-awareness / Boundaries (2.3)* ** I'm not comfortable with ** I feel out of control without feeling the tension with populations susceptible to crisis. ** Multitask, easy to be distracted	**Availability (3)** *Difficulty Locating (3.1)* ** No formal training ** "Purposely sought out workshops" ** Minimal, really hard to find *Lacks Standardization (3.2)* ** "There are no books on it" ** very limited information, standards different *Absent from Graduate Programs (3.3)* ** It was never discussed ** Faculty don't know how to teach it ** Ideally taught as graduate level, full class **Inadequacy (4)** *Poorly Defined (4.1)* ** there is none, websites, YouTube *Lacks Specificity (4.2)* ** Conference session. "I guess that's training" *Ineffective at preparation (4.3)* ** I would have liked to have training integrating technology into interventions **Modality (5)** *Practicality (5.1)* ** topical and informational training, lacking application (i.e., interventions, camera use) *Natural Opportunities (5.2)* ** "more opportunity to actually learn it" *Limitations (5.3)* ** no good books ** Instructor lack of experience

Vitae

Daniel "Danny" Holland earned a Bachelor of Arts degree in psychology and counseling from the Regent University in 2008 and a Master of Arts degree in school counseling from Old Dominion University in 2008. He is a Licensed Professional Counselor in the Commonwealth of Virginia, a Nationally Certified Counselor, is an Applied Clinical Supervisor.

Mr. Holland has serves as an outpatient therapist at The Psychotherapy Center in Norfolk, Virginia and also serves as a faculty member in the School of Psychology and Counseling at Regent University in Virginia Beach, Virginia. He has extensive experience working professionally with adolescents, couples, families and individuals over the past 29 years. Danny is the author of two books: *Reaching Teens In Their Natural Habitat: A Guide For Savvy Parents* and *You Are Here: A Straight-Shooting Guide to Mapping Your Future* and the former founder of Parent & Teen Universities.

Mr. Holland has served the mental health community through presentation of seminars across the nation to educators, students and professional mental health workers. He has also gained experience working in various settings. He is a former Assistant Professor at Eastern Virginia Medical School, a former Director of Intake at Virginia Beach Psychiatric Center, and has provided clinical supervision at many other agencies. He is a member of the American Counseling Association. He and his wife, Jamie, have four children, Josh, Caleb, Ethan and Alana, and reside in Virginia Beach, Virginia.