PSYCHOLOGISTS' SELF-PERCEPTION OF READINESS TO PROVIDE TELE-HEALTH INTERVENTIONS IN COUNSELING SERVICES

PERCEPȚIA PREGĂTIRII PSIHOLOGILOR ÎN APLICAREA INTERVENȚIILOR DE TIP "TELE-HEALTH" ÎN SERVICII DE CONSILIERE PSIHOLOGICĂ

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Abstract. There is an increased interest in using Telehealth in counseling services. However, the counselors still hesitate to embrace the online delivery of psychotherapy, worrying about the difficulties in approaching the crisis intervention and the client's cyber security issues. This article summarizes the results of a study conducted by a team of researchers from the Tiraspol University and the College of Education and the Department of Counseling at the University of Nebraska at Kearney outlining the attitudes, knowledge and skills of future and current counselors/mental health practitioners essential in providing Telehealth services.

Rezumat. Există un interes vădit pentru consilierea psihologică online sau Telehealth, care trezește la psihologi o serie de incertitudini cu privire la eficicacitatea sa în abordarea problemelor de securitate cibernetică. Articolul prezintă rezultatele studiului realizat de echipa de cercetători de la Universitatea Tiraspol și Departamentul Consiliere și Psihologie Școlară a Univeristății din Nebraska din Kearney, SUA, și identifică nevoile, cunoștințele, atitudinile și priceperile esențiale, necesare în practicarea serviciilor de consiliere online de către viitorii și actualii psihologi.

Keywords: Telehealth, web/computer-based counseling, psychological/mental health practice, counselors' needs and concerns, rural population, training areas.

Cuvinte-cheie: Telehealth, consiliere mediată de calculator/internet, asistența psihologică, nevoile și așteptările psihologilor, populația rurală, arii de instruire.

Introduction

The recent advances in technology have fostered an increased interest in applying the Internet to counseling services, thus developing a new psychological approach, called Tele-Health or web/computer-based counseling. Telehealth is an online therapy service that supports the ongoing and interactive communication between a client and a counselor via e-mail, chat rooms, or interactive video [1]. It becomes a solution to offer care to people residing in the rural areas [2], reducing any transportation problems to attend sessions in person [10].

The recent studies prove that the Telehealth is effective in the reduction of the problematic mental health symptoms [3], so the counselors' endorsement to provide this service is very high [14]. However, the behavioral health professionals still hesitate to embrace the online delivery of psychotherapy [14], worrying about the difficulties in building the client-therapist relationship [4], or approaching the crisis intervention and the client's cyber security issues [2].

Moreover, utilizing the web-based approaches requires from the counselor to have specific professional Telepsychology competencies [7]. The psychologist practitioner

needs to have the technical skills to provide the video-conferencing sessions or troubleshooting [8]; skills to resolve the legal and ethical dilemmas in online counseling [6]; the competencies to choose appropriate clients and interventions using technology; or the skills to initiate, maintain and terminate an online psychological intervention. As a result, these facts challenge the counselor's' decision to start applying the Telehealth into their clinic practice, in particular, if their clients come from the rural, low-income areas with limited technology possibilities.

Purpose of study

The problem of attitudes and interest in Telehealth training has been approached by some researchers, who identified the differences in online counseling attitudes between the psychologists and physicians [11], or presented the general attitudes' profile towards Internet-based interventions [10]. However, these studies do not offer data about the future and current counselors' self-perception of Tele-health attitudes and needs, specifically of those working with the rural and low-income population.

This way, the presence of the above-mentioned divergence revealed the necessity to study the behavioral health professionals' self-perception of the readiness to provide the online counseling services, their Telehealth attitudes, knowledge and skills, and find out the concerns and needs that occur at different level of professional experience (graduate students and licensed psychologists/mental-health practitioners) in the rural and low-income communities. The purpose of our research was to investigate the behavioral health professionals' self-perception of the readiness to provide Telehealth psychology interventions in their future or current counseling practice with the rural/low-income population.

Methodology

The study involved two group of subjects from Nebraska: 1) graduate level clinical mental health counseling students between the ages of 22 and 60 (n=45), and 2) licensed psychologists and licensed mental health practitioners between the ages of 25 and 72 (n=40). Approximately 300 participants were contacted through recruitment channels with a total of 85 participants completing the survey. The sample ranged in age from 22 to 72 ($M = 38.41$, $SD = 12.38$); 75% were female (n=64) and 25% were male (n=21). Regarding professional identity, 53% (n=45) were students and 47% (n=40) were professionals practicing in the field with an average of 12 years in practice. The most frequently cited theoretical orientation was cognitive behavioral (n=25), client-centered (n=18) and solution focused (n=15) and 75% of the sample had never conducted telehealth counseling (n=64) (see Table 1).

Table 1. Descriptive Analysis

Characteristic	Participants (*n*=85)			
	n	*%*	*P*	*SD*
Gender Male Female	21 64	25% 75%		
Age			38.41	12.38
Professional Status 1st Year Graduate School	14	17%		
2nd Year Graduate School	22	26%		
Clinical Mental Health Intern	7	8%		
Psychology Intern	2	2%		
Licensed Mental Health Practitioner	38	45%		
Licensed Psychologist	2	2%		
Years in Practice			12.08	10.36
Theoretical Orientation Cognitive Behavioral	25	29%		
Client Centered	18	21%		
Solution Focused	15	18%		
Cognitive	11	13%		
Systems	8	10%		
Behavioral	5	6%		
Existential	2	2%		
Dynamic/Analytic	1	1%		
Telehealth Counseling Experience Yes No	21 64	25% 75%		

The research questionnaire was a replication of a 28-question survey instrument created by Perle [8] designed to examine attitudes toward online based therapies and interventions. The survey included questions related to the participants' attitudes and acceptance of web-based therapy as an approach to replace or enrich face-to-face

counseling sessions and their self-perception of knowledge and skills (e.g. special clinical skills and technical knowledge) to master telehealth interventions. In addition, the survey asked the participants' points of view toward the efficiency of using computer-based therapies in treating a variety of clients from different ages to different psychological disorders and in applying therapies with specific theoretical orientations. They were also asked questions related to the need for behavioral health professionals to attend continuous education in online/computerized interventions. Basic demographic information (age, gender, professional status, number of years in practice, and experience with telehealth) was also included. The survey was created and administered on the private and safe Qualtrics metrics platform.

The institutional review board at the University where the researchers were located approved the study protocol. Participants were recruited online through behavioral health associations and through the University database of students studying as graduate students in the counseling and psychology field. Participants were sent a link to the survey Informed consent was obtained from the participants prior to completion of the online survey. Survey responses were collected in Qualtrics and downloaded into SPSS for analysis.

Results

The statistical analysis revealed the results on the frequency of providing Tele-Health counseling services and the psychologists' perception of the efficacy of this approach by client group, by modality and psychological disorder. It also presented the future and current counselor's visions towards the theoretical orientation/techniques that can be effectively delivered via Tele-Health, along with their attitudes and concerns regarding the implementation of this service. Moreover, the findings emphasized the training needs to ensure Tele-Health competently; all presented in Figure 1, 2, 3, 4, 5 and Table 2, 3.
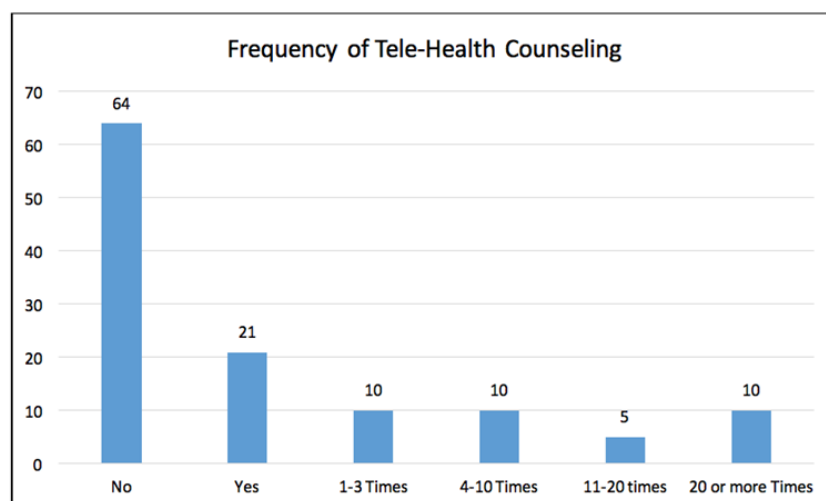

Figure 1. Reported frequency of providing Tele-Health counseling
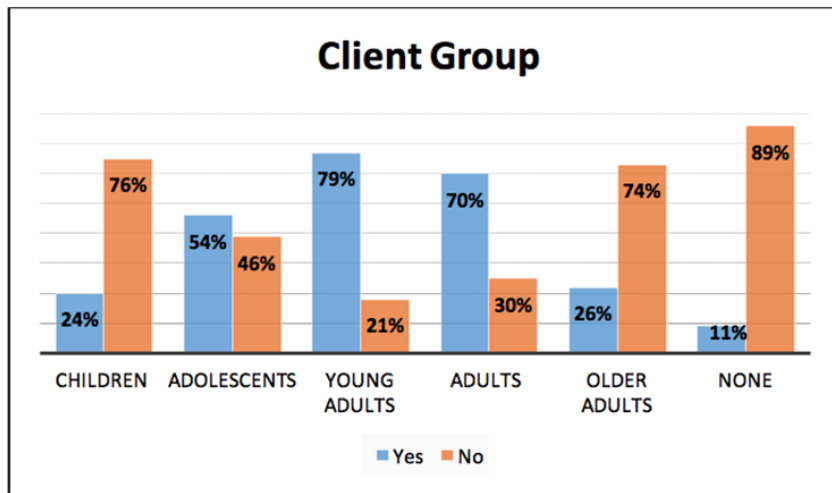
Figure 2. Perception of Tele-Health efficacy by client group
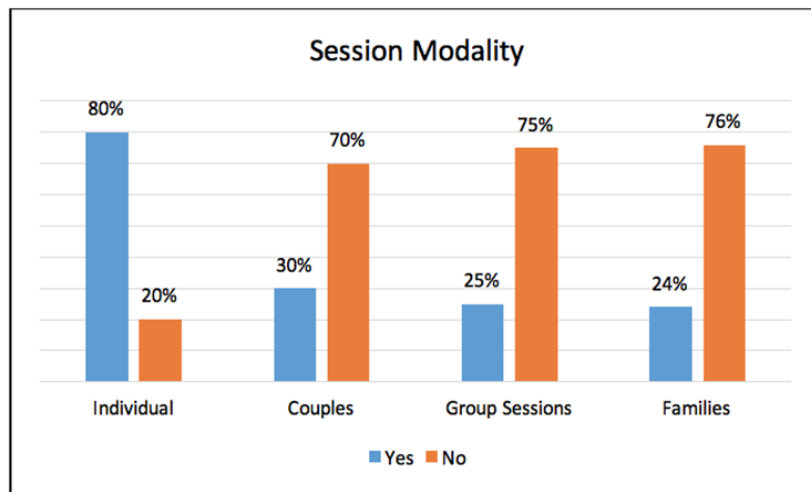

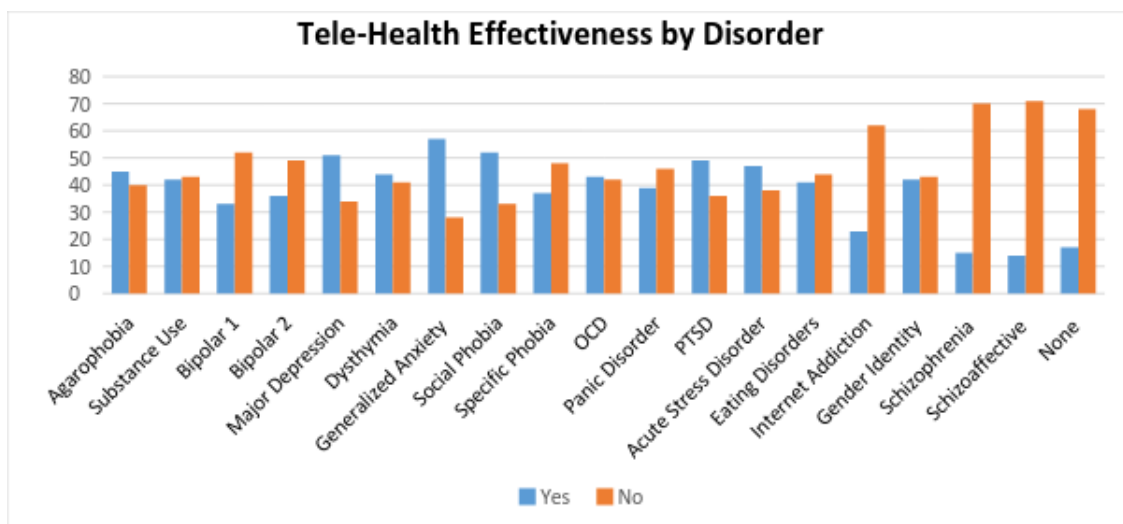Figure 3. Perception of effectiveness by session modality

Figure 4. Perception of Tele-Health effectiveness by disorder

Table 2. Comparison between Students and Professionals' Attitudes Towards Using Tele-Health

	Students P SD		Professionals P SD		t-test
Behavioral health providers should use Tele-Health	3.95	1.08	3.62	1.21	ns
Tele-Health can be as effective as face-to-face therapy	2.75	1.31	2.58	1.28	ns
Evidence based computer interventions can be as effective as non-computer based interventions	2.98	1.87	3.16	1.24	ns
Tele-Health can be effective for some behavioral health issues but not others	4.28	.847	3.71	1.19	2.47*
I have adequate training/experience to conduct Tele-Health services	2.63	1.40	2.16	1.26	ns

Note: Scale used for evaluation: 1-Disagree, 2-Somewhat Disagree, 3- Neither Disagree or Agree, 4-Somewhat Agree, 5- Agree; S= Students; P= Professionals

Table 4. Theoretical orientation/techniques that can be effectively delivered via Tele-Health

Theoretical orientation/ techniques	Students	Professionals
Cognitive Behavioral Therapy	3.67	1.30
Behavioral Therapy	3.42	1.25
Cognitive Therapy	3.59	1.35
Psychodynamic Therapy	3.08	1.38
Existential Therapy	3.15	1.29
Systems-Oriented Therapy	3.24	1.18
Solution-Focused Therapy	3.73	1.09
Motivational Interviewing	3.65	1.21
Group Supportive Therapy	2.74	1.25
Parent Training Techniques	3.65	1.08
Reality Testing	2.27	1.24

Note: Scale used for evaluation: 1-Disagree, 2-Somewhat Disagree, 3- Neither Disagree or Agree, 4-Somewhat Agree, 5- Agree
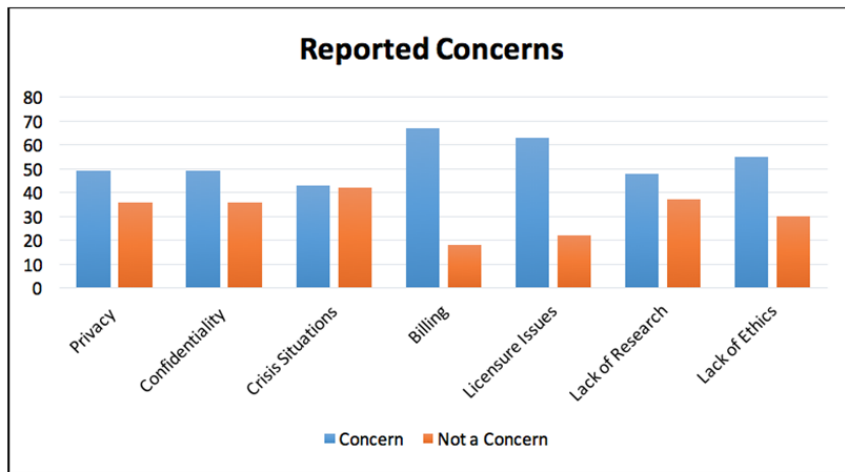
Figure 5. Reported concerns related to provide Tele-Health services

Table 3. Training needs to provide Tele-Health competently

Question	Professionals	Students
1.Clinical Skills:		
Using counseling techniques electronically	4.32	.954
Multiculturalism and community competencies	3.60	1.18
Scientist-Practitioner competencies	3.60	1.25
Legal ethical issues	4.12	1.16
2.Technical Skills:		
Foundation knowledge on videoconference technology (encryption, video data storage)	3.87	1.17
Functional skills (troubleshooting, AV problems)	3.89	1.17

Note: Scale used for evaluation: 1-Disagree, 2-Somewhat Disagree, 3- Neither Disagree or Agree, 4-Somewhat Agree, 5- Agree; P= Professionals; S=Students

The above figures and tables reveal that the majority of the future and current psychologists have not previous experience of Tele-Health counseling (75%). The most efficient client group to work with are the young adults (79%) and adults (70%), whether the least efficient are children (76%) and older adults (74%). Individual counseling works best in Tele-Health services (80%), and least while working with families (76%), couples (70%) and in group sessions (75%). Online counseling will treat generalized

anxiety, major depression, agoraphobia, PTSD, social phobia and acute stress disorder, but is inefficient for treating schizophrenia, schizoaffective disorder and Internet addiction. There is no evidence of the predominant theoretical orientation of the psychological assistance with a slight increasing consideration for cognitive behavioral therapy (3,67), cognitive therapy (3.59) and behavioral therapy (3.42). T-test shows nonsignificant the statement that "behavioral health providers should use Tele-Health", "Tele-Health can be as effective as face-to-face therapy", "evidence based computer interventions can be as effective as non-computer based interventions" and "I have adequate training/experience to conduct Tele-Health services". The only significant consideration is that "Tele-Health can be effective for some behavioral health issues but not others". Among the concerns the counselors have is the billing, license issues, lack of ethics, privacy and confidentiality. However, they all consider that there is a need for a specialized training on providing the Tele-Health competently, emphasizing the importance of acquiring both clinical and technical skills, such as the abilities on using counseling techniques electronically (4.32), legal ethical issues (4.2), the foundation knowledge on videoconference technology (encryption, video data storage) (3.87) and the functional skills (troubleshooting, AV problems) (3.89).

Conclusions and discussions

The current research findings sum up with a series of conclusions presented in the following lines. Tele-Health is not effective: (1) as face-to-face sessions, (2) for a group therapy; (3) for treating children; (4) for treating schizophrenia and Internet addiction. The students and providers are aware of Tele-Health and its importance, but few have any experience using this approach. Both future and experienced psychologists have strong perceptions of the effectiveness by client group, session modality and disorder. There is a need for more training and guidelines to utilize the Tele-Health service as the psychologists appear to be open to learning and using it effectively, despite their online-counseling practical concerns.

However, these conclusions open new spaces for discussion as some of them contradict the other Tele-Health researches of Shepler, Ho, Zoma, Bober, Dluzynski [14], Marton and Kanas [5], Rotondi, Haas, Anderson, Newhill, Spring, Ganguli, Gardner, Rosenstock [13], Putman, Maheu [12], Myers, Stope, McCarty and Katon [9]. This way, it has been stated no evidence that the Internet-based program may inhibit key components of communication important to build a strong therapeutic relationship (emphatic understanding, level of regard for the client's potential for change, credibility through competence, caring, goodwill and trustworthiness) [14]. In addition to this, it has been found no significant differences between in-person and Tele-Health groups efficacy in symptom reduction or therapeutic alliance and satisfaction for treatment [5]. Also, the participants with schizophrenia reported lower perceived stress and a higher level of social support, demonstrating the feasibility of group Tele-Health for this population

[13]. The individual tailored combination of e-mail, interactive video, and face-to-face treatment, integrated with the use of online education and group social support, could be optimal for the treatment of online sexually compulsive individuals, which is a form of addiction manifested online [12]. These ideas supplement the other research conclusion proving that The Tele-Health service delivery performs better than the usual primary health care treatment in reduction of ADHD symptoms and the improvement of the role performance [9]. These statements emphasize the wide range of using inline therapy and consulting into the psychological practice and reveals the necessity of additional research in this domain.

Moreover, the research results offer useful information for both State University from Tiraspol and UNK Counseling and School Psychology Department to introduce the Telehealth module into the graduate program syllabi. This way, the data on the Tele-Health attitudes, knowledge and skills the future and current counselors have, and on their continuous education needs for computer-based psychological intervention training facilitate the process of designing the reliable and authentic Tele-health psychology course content for behavioral health providers.

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