Cybercounseling: A comparison of the elements of counseling sessions face-to-face and over instant message

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Cybercounseling: A comparison of the elements of counseling sessions face-to-face and over instant message

Abstract
The purpose of this study was to compare key elements of a counseling session across both face-to-face sessions and sessions occurring over cyberspace via synchronous chat such as instant message or chat room. The key elements of a counseling session compared in this study included the interview environment, physical and psychological attending, interpreting verbal communication, and interpreting nonverbal communication. The results of this study, though not statistically significant, suggest that credentialed distance counselors perceive counseling via instant message to offer less opportunity to create a facilitating counseling environment, less opportunity for interpretation of nonverbal communication, and less opportunity for psychological attending to clients when compared to face-to-face counseling. Opportunity for interpreting verbal communication, and providing physical attention were perceived to improve during counseling sessions conducted via instant message as compared to face-to-face counseling.

Keywords
Education, Guidance and Counseling, Social Work
CYBERCOUNSELING: A COMPARISON OF THE ELEMENTS OF COUNSELING
SESSIONS FACE-TO-FACE AND OVER INSTANT MESSAGE

BY

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THESIS
Submitted to the University of New Hampshire
in Partial Fulfillment of
the Requirements for the Degree of

Master of Arts
in
Counseling

May, 2007
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ABSTRACT

CYBERCOUNSELING: A COMPARISON OF THE ELEMENTS OF COUNSELING SESSIONS FACE-TO-FACE AND OVER INSTANT MESSAGE

by
Ryan M. Long

University of New Hampshire, May 2007

The purpose of this study was to compare key elements of a counseling session across both face-to-face sessions and sessions occurring over cyberspace via synchronous chat such as instant message or chat room. The key elements of a counseling session compared in this study included the interview environment, physical and psychological attending, interpreting verbal communication, and interpreting nonverbal communication. The results of this study, though not statistically significant, suggest that credentialed distance counselors perceive counseling via instant message to offer less opportunity to create a facilitating counseling environment, less opportunity for interpretation of nonverbal communication, and less opportunity for psychological attending to clients when compared to face-to-face counseling. Opportunity for
interpreting verbal communication, and providing physical attention were perceived to improve during counseling sessions conducted via instant message as compared to face-to-face counseling.
CHAPTER I

INTRODUCTION

Rationale and Statement of the Problem

The practice of counseling in the previous millennium has traditionally been based on a face-to-face interaction between therapists and clients. This interaction is different than everyday interactions because the clinician uses skills for the purpose of helping the client. The intimacy which is created between the two participants is widely believed to be the most significant catalyst for personal change (Murphy & Dillon 2003). Since its inception, therapy has evolved from intensive, long-term, psychoanalytic approaches to brief cognitive approaches. Regardless of the differences in these approaches, in each of them; the clinician uses skills to continually observe, monitor, and assess subtleties in the client’s behaviors and feelings, then uses the approaches to help the client.

In the last decade, the Internet became the birthplace for the newest service delivery model, cybercounseling. The most significant difference between cybercounseling and any other service delivery model is that it does not take place in person, so many elements of the counseling process, which would be inherent to face-to-face interactions, are eliminated. Many mental health professionals believe that these
elements encompass the essence of the counseling process, without which; the process is ineffective if not redefined (Tyler & Guth, 2004; Shaw & Shaw, 2006). Regardless of these attitudes, the use of technology for the purposes of counseling is growing rapidly. Concomitantly, clients are increasingly becoming reliant on the Internet: buying products, banking, paying bills, doing school work, going to work, and forming and maintaining interpersonal relationships with e-mail, instant messaging, streaming video, digital pictures and the World Wide Web.

The increase in services being provided via the Internet, as well as the increase in Internet usage, indicates that mental health clients will continue to seek online solutions to their problems at an increasing rate in the future. Traditionally, counselors have been taught that they have the responsibility to encourage client growth and development in ways that foster the client's interest and welfare. This responsibility has been thought of in terms of treatment plans and theoretical orientations but it could possibly be argued that this obligation could apply to cybercounseling if cyberspace is where the client feels most comfortable seeking treatment.

As the Internet is becoming the preferred means of distribution for many of the goods and services available to people today, what will be the implications for mental health professionals and how will service delivery, theoretical models, therapeutic techniques, efficacy, ethical and multicultural issues, and counselor training programs be affected by
cybercounseling? This question needs to be answered if tomorrow's clients are going to prefer the integration of the Internet with traditional mental health services.

A body of research literature about cybercounseling has developed in the past decade. Ethical standards for practice have been outlined by the American Counseling Association (ACA), and a credential in best practices in cybercounseling has been developed by the National Board of Certified Counselors (NBCC). Though some studies as to its efficacy have been conducted (Murphy & Mitchell, 1998; Yager, 2002; Stofel, 2002), this is an area of cybercounseling research which needs considerable focus in the future. When thinking about counseling a client over the Internet, one first has to consider the losses to nonverbal and otherwise visually observable cues that clinicians have been trained to derive meaning from in the counseling setting. While there is no argument to how beneficial, perhaps necessary, such factors can be in counseling, the loss of them should be weighed against the potential contributions and advantages clinicians and clients stand to gain with a more, anonymous, cost effective and accessible form of delivery. Clients may be more honest typing their inner thoughts and problem behaviors into a computer than they are telling a person in front of them (Suler, 2004). Without the cost of renting an office, clinicians could charge lower rates. People in remote areas could have more access to help, as could people...
with mobility problems. Clients will have a wider variety of clinicians to choose from, rather than having to choose one in their own town. For some clients, cybercounseling brings more self awareness because they must write out their issues and have time to think about what they are saying, rather than verbally expressing their ideas quickly and perhaps with little thought.

These arguments have been fiercely opposed by those who believe that these changes are overwhelming for the process of counseling. However, considering that each generation coming of age today is displaying exponentially greater dependence on and advances in their computer skills, and the rapid increase in availability of cybercounseling services, it is extremely wise and necessary for professionals to do more research on this delivery model.

As we continue to move forward in the age of technology, if clients and potential clients want to use the Internet to get the help they need, the question of cybercounseling will no longer be, "Are we for or against it?" but rather, "What can we do to make it useful, safe, and better?"

Some questions that will be essential to answer as this form of service delivery continues to grow are posed. How would our traditional theoretical models and techniques need to change to continue to be effective in an online environment? Can they be effective? Are there new
techniques that should be developed? These questions can be answered with experimentation and time.

One question that may be helpful to address first is how the pioneers of cybercounseling are experiencing the differences of counseling clients in cyberspace rather than face-to-face. This is a broad question considering that there are many new methods of communication in use today under the umbrella of cybercounseling, including telecounseling, videoconferencing, e-mail, and synchronous text exchanges such as instant messaging and chat rooms. Though telecounseling and videoconferencing offer less opportunity for observation than face-to-face interaction they offer considerably more opportunity than e-mail or synchronous text exchanges because the clinician is not relying solely on text for interpretation (Maheu, Pulier, Wilhelm, McMenamin, & Brown-Connolly, 2005). E-mail has been largely integrated as a means for additional communication to enhance an existing face-to-face relationship. Synchronous chat however, stands to suffer the greatest loss of opportunity to observe and maintain a therapeutic relationship using traditional techniques developed for face-to-face interaction. For that reason, this study focuses on the use of synchronous text exchanges for counseling. It investigates quantitatively, the strengths and weaknesses of the use of synchronous chat for counseling as reported by the counselors who also practice face-to-face
The counselors used in this study are the first in the field to be recognized by the National Board of Certified Counselors (NBCC) as Distance Credentialed Counselors (DCC).

**Purpose of the Study**

The purpose of this study was to compare key elements of a counseling session across both face-to-face sessions and sessions occurring over cyberspace via synchronous chat such as instant message or chat room. The key elements of a counseling session compared in this study included the interview environment, physical and psychological attending, interpreting verbal or text communication, and interpreting nonverbal or nontextual communication. These elements represent the skills which counselors are trained to use in a counseling session or clinical interview (Murphy & Dillion, 2003). The results will provide empirical data which will inform the cybercounseling debate without a predetermined agenda for either side of the argument.

**Research Questions**

As an exploratory study, the following research questions were investigated:

(1) Do DCC counselors perceive that counseling via instant message effectively provides opportunity for an interview environment which can facilitate the counseling process, compared to face-to-face counseling?
(2) Do DCC counselors perceive that counseling via instant message effectively provides opportunities for physical and psychological attending, compared to face-to-face counseling?

(3) Do DCC counselors perceive that counseling via instant message effectively provides opportunities for interpretation of verbal communication, compared to face-to-face counseling?

(4) Do DCC counselors perceive that counseling via instant message effectively provides opportunities for interpretation of nonverbal communication, compared to face-to-face counseling?

**Limitations of the Study**

The population for this study was selected because all of the counselors practice both face-to-face counseling and counseling via instant message. Unfortunately, the participants of the survey were too few from the sample to be considered representative of all cybercounselors. Many licensed counselors are practicing counseling using instant messaging, however it is not possible to know if these counselors also practice face-to-face counseling. Including only the DCC counselors was the only way to ensure consistency within the sample studied. Much more information may have been available if any counselors using instant messaging had been invited to participate.

Another limitation regarding the sample population is that the clinicians come from different theoretical backgrounds and practice
diverse forms of counseling such as career counseling, marriage and family counseling, addictions counseling, and individual psychotherapy. Different theoretical orientations value different aspects of a counseling session. A cognitive behavior therapist might focus on client behaviors and maladaptive thought patterns, where as a career counselor might focus more on client interests and skills. For this reason, using counselors from different theoretical backgrounds contributes to the heterogeneity of the sample population, which is problematic when the sample size is very small as in the current study.

The survey used in this study was an anonymous survey. In order to ensure utmost anonymity, no demographic information was collected from the participants. The participants involved in the survey were all licensed counselors who have obtained the Distance Counseling Credential. This researcher operated under the assumption that ethnicity, age, gender, and other demographic information was not pertinent to this study because the participating counselors were assumed to be effective clinicians indicated by their good standing by the governing bodies of their field of practice. The extent that further demographic information may have contributed to the results of this study is unknown and is therefore a limitation of this study.

Instrumentation to evaluate perceived efficacy of a counseling session or clinical interview did not previously exist and was thus
developed for this study. Further research would need to be completed to establish whether this is a valid instrument to accurately assess perceived efficacy of cybercounseling. The accuracy, validity, and reliability of this instrument must be approached with caution.

**Definition of Terms**

**Cybercounseling** – Any form of counseling, psychoeducational, career counseling, academic counseling, group counseling, support groups, one-on-one individual counseling or other, provided via synchronous text exchanges, e-mail, telecounseling, or videoconferencing; also known as Distance counseling, Internet counseling, Online counseling or e-counseling.

**Instant Messaging** – Any form of synchronous text exchanges; also referred to as chat, or communication taking place in a chat room.

**Traditional Counseling** – Face-to-face, in-person, counseling.

**Clinical Interview** – Any counseling session.

**Textual Communication** – Any communication relying solely on the exchanges of text.

**Nontextual Communication** – Information interpreted from text communication other than the literal meaning of the language.

**Emoticons** – Symbols used to convey emotions in a chat session or e-mail.
Interview Environment – Any setting, online or face-to-face, in which a counseling session takes place, where characteristics such as level of comfort, accessibility, counselors' availability, and safety as well as privacy, play a role in the counseling process.

Physical and Psychological Attending – Elements of a clinical interview comprised of counselors' physical and mental availability to clients, including undivided attention, body posture, emotions, appearance, facial expressions, tone of voice, eye contact, gestures, and other cues which communicate attentiveness of the counselor to the client.

Verbal Communication – Overt communication including speech, language, and typed text, conveyed between counselors and clients.

Nonverbal Communication – Covert communication including body posture, emotions, appearance, facial expressions, tone of voice, eye contact, gestures, and other cues which can be interpreted when conveyed between counselors and clients.
CHAPTER II

REVIEW OF THE LITERATURE

The Practice of Cybertcounseling

The Internet is the new industrial revolution, and internet usage is growing. Since 1995 the number of internet users has grown from 45 million to over 1 billion in 2005. That number, is predicted to grow to over 2 billion by the year 2011 (Computer Industry Almanac, 2006). A 2005 Pew Internet and American Life Project study found that 8 in 10 Americans use the Internet to search for health related information. A more detailed analysis of the data collected for the report showed that 23% of Americans use the Internet to search for information about depression, anxiety, stress, or other mental health issues (Pew Internet & American Life Project, 2005). What does this mean for the field of mental health?

Today clinicians are using the Internet to deliver psychotherapy services via web sites, using technology such as videoconferencing, e-mail, and instant messaging (Benderly, 2005). Some practitioners are operating solely through the Internet while others are using a combination of face-to-face assessment followed by online exchanges (Maheu, et al., 2005). Counselors incorporating text exchanges in their service delivery are doing so via, web sites, electronic mail, and instant message.
The Use of Web Sites in Counseling

Internet traffic is increasingly being directed toward web sites offering information on medical self-help, problems of living, chemical dependency, relationships, human development, chronic illness, developmental disorders, prescription drugs, peer groups, health care agencies and professionals (Shaw & Shaw, 2006). Many organizations, including hospitals, professional organizations, government agencies, insurance companies, and individual practitioners are meeting these needs by offering web sites that allow their users access to additional information, services offered, communication channels, and scheduling (Maheu et al., 2005).

Direct service web sites are going to have a major effect on the way therapy is offered in the near future (Benderly, 2005). Many proponents of this use of technology claim that clients will demand these services as they are developed, enhanced, and made available. Videoconferencing, e-mail, and instant chatting are going to be an important part of the counseling process in the future (Benderly, 2005; Goss & Anthony, 2003; Hsiung, 2002; Maheu et al., 2005; Sampson et al., 2004).

Web sites offering counseling services have become increasingly popular as the demand for information and services online is increasing (Benderly, 2005; Hsiung, 2002; Maheu et al., 2005; Sampson et al., 2004).
One such website, egetgoing.com, offers services for drug and alcohol recovery. Their service is based on the 12-step philosophy and offers group counseling via any computer with internet access. Once users have paid for this service they are sent a headset so that they may participate in these groups by talking rather than typing. In group sessions, the counselor’s picture appears in the upper left corner of the screen while other members can only be heard. The majority of the screen is blank and can be used by the counselor as a dry-erase board might be used in traditional group treatments, to write, show slides and draw pictures. Members are given a personal homepage on this site where their treatment is graphically tracked. On this homepage they can also access a personal journal, homework assignments, secure e-mail with other group members, and a secure chat room for clinician-monitored, text-based communication between group members for additional support. This service also offers individual counseling via videoconference.

Egetgoing.com is covered by many major insurance companies and has provided services to over 1,000 clients (Egetgoing, 2006).

The Use of Electronic Mail in Counseling

Electronic mail is the most popular form of cybercounseling. According to a review of cybercounseling sites, e-mail based services were offered on 78% of the 83 surveyed sites (Tyler & Guth, 2004). Many practitioners are using face-to-face counseling sessions combined with e-
maintenance sessions once the client has achieved a desired amount of therapeutic progress (Maheu et al., 2005). Researchers from the University of Amsterdam worked with clients suffering from post traumatic stress disorder (PTSD). Their study used a method of roughly 10 e-mail exchanges between clinicians and the clients regarding their traumas. In this study, writing assignments were the focus of therapy, and the results showed a significant improvement in symptoms compared to the control group (Lange et al., 2003).

A benefit and drawback to using e-mail for counseling is that it is asynchronous communication. This time-delayed form of therapy can give clients time to think more carefully about what they want to say. It also offers clients the opportunity to bring up an issue or relay feelings to the therapists while they are experiencing them, by sending an e-mail in the moment, rather than waiting days until their next session (Yager, 2002).

Many clients reported a desire to use e-mail as a complementary service to their treatment in physician’s offices because they forget to mention things or ask questions at the time of the face-to-face meeting (Maheu et al., 2004). If the therapist is using a combination of e-mail and face-to-face sessions, clients feel that the therapist is more present in their lives (Yager, 2002).

Because e-mail is asynchronous, however, clients may feel added distress if they misinterpret a response from the clinician and can’t get
clarification or if the clinician takes a long time to respond to an inquiry. Time delay, is one major drawback to asynchronous text. Another drawback is the danger of misinterpretation by either the counselor or the client, without the ability to clarify a statement in the moment.

Misinterpretation can be caused by computer skill deficiency which can also be a problem for this method of communication in other ways such as "lost e-mails" or inability to find clearly state thoughts using a keyboard (Rochlen, Zack, & Speyer, 2004).

The Use of Instant Messaging in Counseling

In contrast to e-mail therapy, chat therapy is synchronous; communication is instant. Clients opting to use instant messaging for therapy tend to feel a deeper level of trust with the therapist than clients who prefer e-mail therapy (Chechele & Stofle, 2003). Chat therapy is in many ways similar to face-to-face therapy. That is, the clients and problems are the same; desired outcomes and treatment plans as well as paradigms for understanding clients are also the same. Counselors must be prepared to think on their feet just as in a face-to-face session. What are different are the methods of intervention that an online counselor will use, as well as skills that an online counselor must have, such as fast keyboarding ability, computer savvy, and ability to interpret text that the clients will be typing. Often in text environments shorthand is used, and the qualities of the text such as color, size and the use of capital letters carries...
meaning (Stofle, 2002). Because text-based counseling does not require video devices and microphones, which can be costly, it is the most popular (among clients) and accessible of the online services and treatment models in cybercounseling (Tyler & Guth, 2004; Young, 2005). Text-based counseling offers many challenges to the counseling process, and many counselors trained with skills that were developed for a face-to-face interview are reluctant to believe that these skills can translate effectively to a text-based interaction (Bloom & Watz, 2004).

Critical Issues for Cybercounseling

Assessment

The ACA Code of Ethics (2005) does not specifically address assessment under section A.12. However, it does state that clinicians must determine that clients be intellectually, emotionally, and physically able to use the applications intended for use in cybercounseling. It goes on to say that clinicians must determine that the applications are appropriate for the needs of the client.

The website for the International Society for Mental Health Online (ISMHO), hosts an article containing guidelines created by the ISMHO clinical case study group (2006), which addresses the issue of online assessment more specifically. This article states that clients' preferences should be considered when determining assessment because they may feel more comfortable, be more able to express themselves, or prefer the
anonymity of online assessment, but also because they may not prefer, but may benefit more from, alternative methods of communication such as face-to-face sessions. This guideline is ambiguous for those expecting a specific determination of online assessment as being appropriate, or not appropriate, but it reinforces the ACA’s stance that it is the responsibility of the counselor to make this determination based on individual needs of clients. The article does recognize that using multiple methods of communication in the assessment process will yield more comprehensive, and quantitatively different information about clients. The ISMHO clinical case study group suggests that face-to-face or telephone communication should be encouraged during the assessment process.

Record Keeping

A written record of entire counseling sessions is thought to be both an asset and liability in counseling. On the one hand, previous text communications can be used for the client and clinician to refer back to during the therapeutic process. Clinicians can use e-mail or text messaging histories to show behavior patterns and negativistic thinking to the client. Clients can use past correspondences as a way to gauge their progress and refer back to responses from the therapist which might act as reminders (Maheu et al., 2004).

On the other hand, where traditional session notes would protect irrelevant but sensitive information when requested in court, e-mail
transactions would expose entire conversations, which could potentially harm the client (Maheu et al., 2004). Also, written statements taken out of context can have an entirely different meaning than originally intended. The ease of cutting and pasting words is also considered something to be wary of; they could easily be recycled to prove hypocrisy, to fortify an argument, or to be used against the clinician (Fenichel, 2006).

**Anonymity**

With text-based counseling an increased level of anonymity is available to the client. The benefit for people who are afraid, ashamed or otherwise not willing to speak openly with a counselor face-to-face would be great. A study conducted to evaluate attitude scales of online and face-to-face counseling (Rochlen, Beretvas, & Zack, 2004) indicated that clients felt more comfortable being honest about potentially embarrassing issues in an online environment compared to a face-to-face environment. Increased anonymity has been reported by most online counseling clients (Goss & Anthony, 2003). In cyberspace people express themselves more openly, do things that they would not normally allow themselves to do, and explore sides of themselves that they otherwise are afraid to explore. In a counseling context this could translate into faster self-disclosure, therapeutic realization, and shorter lengths of treatment, because there are not as many sessions needed to build a comfortable relationship (Suler, 2004).
Anonymity could also present a problem for online counseling if clients are going to falsely identify themselves. Clinicians will need to find ways to protect themselves from minors who could misrepresent as adults. Anyone with access to the client's computer could pose as them to gain information which they could in some way use against the client, such as in the case of an abusive spouse. It is predicted that misrepresentation will happen in small numbers because the therapeutic process costs money, is uncomfortable, and is difficult at times. People will not likely seek to misrepresent themselves online "for fun" (Hsiung, 2002).

Using e-Bay, a site where private parties offer goods for auction to other private parties, as a tool for comparison; Goss and Anthony (2003) note that only one one-hundredth of 1% of e-Bay transactions in 2002 resulted in a confirmed case of fraudulent identity, despite an average of nine million e-Bay transactions daily. This comparison is reasonable, but the extent to which fraud in cybercounseling becomes a problem remains to be determined.

Duty to Warn

Suicidality and potential for harm to self or others are obvious drawbacks to counseling in a text-only environment. For this reason most literature written on cybercounseling suggests that clients with such tendencies are not suited for cybercounseling and should be referred to emergency services or face-to-face clinicians (Benderly, 2005; Bloom &
Walz, 2004; Chechele & Stofle, 2003; Heinlen, Welfel, Reynolds, Richmond & Rak, 2003; Maheu et al., 2005; Rochlen, Beretvas, & Zack, 2004; Rochlen, Zack, & Speyer, 2004). Clients suffering from other major illnesses, such as bipolar disorder, borderline personality disorder, and schizophrenia, are also better suited with more researched therapies (Chechele & Stofle, 2003). If counselors do choose to engage in cybercounseling, they are responsible for gathering alternative contact information for their client and contact information for emergency service resources in the client’s community before counseling sessions begin (Suler, 2004).

Security

Maintaining confidentiality over the Internet is another major concern. Because records of e-mail and text message histories are kept on two computers, counselor and client, perpetrators on either end could potentially gain access to confidential information. Authors of books written with the intention to prepare future online clinicians agree that third party secure internet services should be used so that information is only accessible with a password and username (Goss & Anthony, 2003; Maheu et al., 2005; Wheaton & Granello, 2004; Yager, 2002).

Without claiming that internet therapy is as safe and secure as face-to-face therapy, Stofle (2002) warns critics of cybercounseling not to hold it to a higher ethical standard than traditional counseling. With regard to suicide it is more an argument of powerlessness of the therapist. If clients
are determined to commit suicide or self-harm, they can be very secretive about their location, in which case it wouldn’t matter if their therapist operates from an office or from a computer. Likewise, clients determined to commit harm to others don’t always give full details of who they intend to harm. With regard to security, if a perpetrator wanted to gain access to case files in an office setting he/she could find a way to do it, much like a hacker could find a way to hack into a secure chat or e-mail server (Stofle, 2002).

**Elements of a Clinical Interview**

A counseling session or clinical interview can be thought of as a structured interview in which specific skills are used by the counselor to observe subtleties in the behavior, emotions, direct and indirect communication of a client. Likewise, the client observes and is affected by subtleties of the behavior, emotions, direct and indirect communication of the counselor, as well as the interview environment itself (Murphy & Dillon, 2003).

There are elements of a traditional clinical interview which are believed to be necessary to create an interaction that will foster growth and healing for the client. These include the interview environment, physical and psychological attending, as well as verbal and nonverbal communication (Murphy & Dillon, 2003).
The Interview Environment

The environment in which the interview takes place has an impact on the client. The client is exposed to messages from the environment alone. The interview environment should be welcoming to clients, since seeking help can be difficult and intimidating. Accessibility is another aspect of the interview environment, which includes convenience for the client and should not discriminate against clients with disabilities or clients living in remote areas. The counselors’ availability can also be an issue for some clients who keep a busy schedule. Other aspects of the interview environment which need to be considered are the safety and privacy which are needed to create a space where clients will feel free to discuss personal issues. Depending on how a clinician manages the interview environment, it can enhance or hinder the therapeutic process (Murphy & Dillon, 2003).

While these aspects of the interview environment have been conceptualized for face-to-face counseling, it is unclear if they can be seamlessly applied to a counseling session via synchronous chat. Instant messaging in a chat room may offer unique advantages to online counseling. For example, there are two images that are involved in the instant message window. One image is the chat room background or wallpaper, which can be altered to resemble any environment such as a log cabin, a walk in the clouds, a beach, or something more telling, such
as Hell. The background image of a counselors chat window may contain links to credentials or privacy information to make the experience more welcoming to the client. The second image is an avatar (AV), used to represent the person chatting. A clinician could choose an icon of Sigmund Freud, and a client could choose an icon of just about any character from popular culture. Avatars are downloaded, oftentimes for free, from any number of websites, and can relay information about the client. Avatars and scenery in chat rooms can also be used for role playing with transference and countertransference by using images to represent people of importance to the client (Maheu et al., 2005).

Physical and Psychological Attending

Physical and psychological attending refers to clinicians providing and communicating a physical and mental availability to the client. It is important for the clinician to give full attention to the client, disregarding his/her own personal distractions, worries and self-concerns (Murphy & Dillon, 2003). Applying this element to counseling via instant message presents challenges which can include the clinician being interrupted by colleagues or others, when he/she is conducting a counseling session; it might not be obvious to others that the clinician is in session. It is also more tempting for clinicians to participate in behavior which would be unacceptable during face-to-face counseling sessions such as opening a window, answering a telephone call, or turning on music (Stofle, 2002).
Sitting squarely and openly, with attentive body posture and eye contact sends the message to the client that the counselor is attentive and listening. Clinical listening involves not only listening to what the client is literally saying, but also what the client is saying through nonverbal communication such as emotions, appearance, facial expressions, body posture, tone of voice, eye contact, gestures, and other cues (Murphy & Dillon, 2003).

Verbal Communication

Listening to a client’s story requires skills on the part of clinician, which include observing what the client says and how the client says it. Reflecting or paraphrasing what the client has said is one way for the clinician to ensure that he/she is hearing the client accurately. Reflection also communicates to clients that the clinician hears them. Carl Rogers’ Person-Centered Therapy’s initial emphasis was on reflecting the client’s own words back to him/her. He would later add to this theory by stating that the benefit of this technique was more from how these words were reflected back, via attitudes and the relationship with the client (Corey, 2005).

Using this technique for counseling over instant message can be problematic due to delays or misunderstandings. One challenge to text-based communication is the possibility of misunderstanding exactly what is being communicated. This can happen easily without the use of voice
intonation and the instant ability to restate or correct a statement in response to an untoward facial expression.

Since it takes time for one user to process a text statement and respond, this can interrupt the rhythm of the conversation and thought process of the user on the other end (Maheu et al., 2004). A more scientific look at this problem indicates that the neurological areas of the brain which process text are different than the neurological areas of the brain that process spoken words. This could present a major disadvantage to clients who process written words at a slower rate than spoken words, which could be the majority of Americans (Feinchel, 2006).

The writing process itself can be a therapeutic tool (Murphy & Mitchell, 1998). Many writers claim that therapeutic discoveries can be found easier through their writing than through conversation. Louise DeSalvo (1999) writes, “But healing flashes of insight often came, too, when during a day’s writing, trying to link current feeling with past event, I stumbled into a ‘moment of being’ that I had forgotten” (p. 5). Text-based therapeutic communication may have the benefit of enhanced self reflection because of the thought process involved in creating a written account of one’s feelings and recreating past events (Rochlen, Zack, & Speyer, 2004). On the other hand, a text-only relationship could inhibit the therapist by allowing clients to create an idealized portrayal of themselves.
which would otherwise be transparent to a trained therapist during a face-to-face interview (Maheu et al., 2005).

**Nonverbal Communication**

Appearance, body posture, gestures, and facial expressions are aspects of nonverbal communication which may relate as much as 67% of what is communicated during a face-to-face counseling session (Murphy & Dillon, 2003). The appearance of a client is often used in the assessment process before the client speaks a word to the clinician. Bias on the part of the clinician can lead to inaccurate assumptions about the client based on gender, race, ethnicity, sexual orientation, and class. Gestures such as clenched fists, shoulder shrugging, and hand movements can suggest alternative messages than what is actually reported about what a person is feeling. Facial expressions such as a frown, wrinkled forehead, or furrowed brow also express unspoken emotions (Murphy & Dillon, 2003).

Though therapists cannot see the clients in an online counseling session, they can learn to gauge clients' unique online presentation by observing their typing speed, choice of words, use of text size, color and emoticons (faces created by using symbols which convey emotion). Once a therapist gets to know the presentation of a client, he/she can discern enthusiasm, mood, and identity. A therapist can learn a client's baseline demeanor and know when he/she is deviating from it (Stofle,
A unique aspect of an instant messaging counseling session is the use of emoticons which can be made using symbols on the keyboard. Instant messaging services such as America Online (AIM) have designed smiley-face-icons to express emotions such as embarrassed, shamed, laughter, happy, angry, sad, foot-in-mouth, sorry, speechless, sarcasm, coolness, flirting, worry and relief. There are currently 16 emoticon options when using AIM, and more complex ones can be purchased or downloaded. These emoticons will be an integral part of the practice of online text-based counseling (Gary, 2004; Goss & Anthony, 2003; Hsiung, 2002; Maheu et al., 2005).

The use of silence can be an effective tool for the counselor to use in the clinical interview. Silence may relay nonverbal information as to what the client is feeling, tension, lack of trust, emotion processing, or it could indicate that the client does not know how to proceed. Often in face-to-face counseling, silence and patterns of silence can be observed by the clinician who would use the content preceding the silence to help interpret its meaning (Murphy & Dillon, 2003). In an instant messaging counseling session, silence could be the result of any number of variables including a telephone call, an electrical interruption, a delay of the computer’s processing, or a delay in the typing speed of the client. A delay of response from the client needs to constantly be monitored by the
clinician during a cybercounseling session (Chechele & Stofle, 2003; Feinchele, 2006).

**Summary**

Like any other new form of counseling, cybercounseling brings with it positives and negatives. All the current literature that is available about cybercounseling highlights the important fact that more research needs to be applied to this method, specifically in the areas of efficacy and ethics. Proponents of cybercounseling believe that not all current mental health techniques will fit in a cybercounseling model, and they agree that this uncharted water offers an opportunity to develop new techniques for a new model (Chechele & Stofle, 2003).
CHAPTER III

METHODOLOGY

Overview

The aim of this study was to compare key elements of a counseling session across both face-to-face sessions and sessions occurring over cyberspace via synchronous chat such as instant message or chat room. A survey was used to gather data on the perceptions of credentialed distance counselors (DCC counselors) pertaining to their experiences of counseling via instant message as compared to their experience of counseling face-to-face. These DCC counselors rated counseling via instant message for its potential to be effective at providing opportunity for creating a facilitating interview environment, providing physical and psychological attention to clients, interpretation of verbal communication, and interpretation of nonverbal communication. The descriptive data gathered in this study allowed the researcher to examine the following research questions:

(1) Do DCC counselors perceive that counseling via instant message effectively provides opportunity for an interview environment which can facilitate the counseling process, compared to face-to-face counseling?
(2) Do DCC counselors perceive that counseling via instant message effectively provides opportunities for physical and psychological attending, compared to face-to-face counseling?

(3) Do DCC counselors perceive that counseling via instant message effectively provides opportunities for interpretation of verbal communication, compared to face-to-face counseling?

(4) Do DCC counselors perceive that counseling via instant message effectively provides opportunities for interpretation of nonverbal communication, compared to face-to-face counseling?

**Participants and Setting**

This study was conducted with fourteen practicing counselors. The population studied consisted of the 322 Distance Credentialed Counselors (DCC) currently recognized by the National Board of Certified Counselors (NBCC). The NBCC provided 322 DCC counselor e-mail addresses for the purpose of the survey used in this study. Of the 82 counselors (3.9%) who responded, only fourteen (5.8%) reported using instant message/chat to deliver counseling services. The Distance Counseling Credential is recognized by the National Board of Certified Counselors. Though there is currently no legal requirement for cybercounselors to have the DCC credential, it is currently the only credential being offered which is nationally recognized as professional training in best practices in Distance Counseling. To obtain the DCC credential, counselors must have an
earned Masters degree in counseling or related mental health field from a regionally accredited college or university. They must also be licensed to practice counseling or a related field in the state or country in which the candidate resides or works, or be certified in good standing as a National Certified Counselor (NCC). Finally, they must successfully complete a two-day, 15 hour DCC Training Program and the DCC written Training Accountability Requirement (TAR) document. Since traditional counselor training requires supervised face-to-face counseling hours, all of the participants in this study had experience in both face-to-face and cybercounseling. The reported expertise of the participants included academic counseling, career counseling, individual and group psychotherapy, and substance abuse counseling.

**Procedure**

The NBCC provided 322 DCC counselor e-mail addresses for the purpose of this survey. An invitation to participate was sent out via e-mail with an embedded link to the survey. Participants first had to agree to the informed consent document before participating in the survey (see Appendix A).

The first two questions of the survey required that participants identify their branch of service and verify that they use some form of synchronous chat to deliver their services (see Appendix B). If the participants indicated that they do not use synchronous chat in their
service delivery, they were directed to the debriefing page of the survey because this survey is designed to compare only synchronous-chat counseling with face-to-face counseling (see Appendix C). Participants who indicated use of synchronous chat in their service delivery were directed to the first section of the survey and, from there, gained access to the subsequent sections (see Appendix D). The results of the survey were stored on the secure encrypted server of the host company PsychData and could be accessed only by this researcher.

**Instrumentation**

The instrumentation used to collect this data was an online survey. The participants answered questions which rated the perceived efficacy of both face-to-face and synchronous-chat counseling on a 10-point Likert scale in the following areas: the interview environment, physical and psychological attending, and interpreting of communication (see Appendix B). Interview environment, physical and psychological attending, and interpreting of communication are important elements to be considered during counseling sessions regardless of what theoretical framework the counselor is operating from (Murphy & Dillon, 2003; Lukas, 1993).

The survey consisted of 58 questions grouped into the three categories mentioned above. The first ten questions measured counselors' perceived efficacy of elements relating to the interview environment. The
next 28 questions measured counselors' perceived efficacy of elements relating to interpreting of communication. The final twenty questions measured counselors' perceived efficacy of elements relating to physical and psychological attending. The survey was created by this researcher. Questions were developed based on specific areas of focus related to the four domains of interview environment, physical and psychological attending, verbal and nonverbal communication, as discussed in Murphy and Dillon (2003). The questions were intended to be as direct as possible, and to relate specifically to the domain for which it was created. The survey was pilot tested by a panel of five peers for internal consistency. The results of this pilot test indicated no dissonance between specific questions and their corresponding domains.

The survey hosting company was PsychData which offers secure encryption of responses and data. Participants could access the survey via the embedded link sent to them in the e-mail invitation. The invitation e-mail was sent to potential participants on March 1, 2007. Though many participants began successfully taking the survey, after numerous responses stating trouble with "clicking" on the survey link, a second e-mail invitation was sent with an addendum to "copy & paste" the link in the browser on March 6, 2007. The survey results were collected on March 26, 2007, allowing 20 days for participants to take the survey. No follow-up e-mail was sent to participants who did not respond to the survey in
accordance with the terms of use given to this researcher by the National Board of Certified Counselors, for use of the DCC counselors' e-mail addresses which they provided.

**Data Analysis**

The online survey yielded results that were examined on a per-item basis. Each question on the survey was paired with its like question, one for face-to-face counseling and the other for synchronous-chat counseling. Participants rated the level of efficacy for each item on a 10-point Likert scale. A rating of 1 indicated that the participant felt the specific element in question was not effective in benefiting the counseling process; rating of 10 indicated that the element was highly effective in benefiting the counseling process. Each response was paired with the response to its like question, which was differentiated by the qualifier of applying to face-to-face counseling, or synchronous-chat counseling.

Responses were averaged for each item, then compared to determine which method of delivery suited the process of counseling more effectively, in the opinion of the DCC counselors participating.
CHAPTER IV

SUMMARY AND DISCUSSION OF FINDINGS

Summary and Discussion of Findings for Research Question One

The first question the researcher investigated was: Do DCC Counselors perceive that counseling via instant message effectively provides opportunity for an interview environment which can facilitate the counseling process compared to face-to-face counseling?

Overall, participants suggested that the face-to-face office environment is better equipped to enhance the counseling process than a cyber office environment; five out of the six items were rated as being less effective in a cyber environment (see Table 1). This finding contradicts the argument of proponents of cybercounseling who suggest that in a cyber world the counseling environment would be improved with the use of background images, symbols or avatars, greater accessibility, and increased privacy (Maheu et al., 2005).
Table 1

<table>
<thead>
<tr>
<th>Item Rated</th>
<th>Face-to-Face</th>
<th>Instant Message</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview environment is welcoming</td>
<td>8.64</td>
<td>7.29</td>
<td>-1.36</td>
</tr>
<tr>
<td>Interview environment is accessible to clients</td>
<td>8.21</td>
<td>7.64</td>
<td>-0.57</td>
</tr>
<tr>
<td>Office hours accommodate clients</td>
<td>6.79</td>
<td>8.14</td>
<td>1.36</td>
</tr>
<tr>
<td>Interview environment offers safe, private,</td>
<td>8.50</td>
<td>8.43</td>
<td>0.07</td>
</tr>
<tr>
<td>space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview environment enhances the process</td>
<td>8.71</td>
<td>7.36</td>
<td>-1.36</td>
</tr>
</tbody>
</table>

Note. Averages are based on a 1-10 scale with 10 being highly effective.

The interview environment may play a role in DCC counselors' decision to avoid counseling via instant message. A welcoming interview environment might include a soft couch, tissues, toys for children, inspirational pictures on the wall, or hanging degrees to assure clients that they are in the hands of a professional. Though technology exists to potentially enhance the counselor/client interface in a cybercounseling session, today’s cybercounseling environments may not yet be developed enough to compare with these comforts to the client. Likewise, though accessibility seems as though it would be increased when services are offered online, the fact remains that many clients do not have a computer, or cannot afford internet connection. For this reason, cybercounseling may be less accessible than face-to-face counseling to many clients in need of services. Though technology could potentially provide enhanced services for clients and counselors, the reality today is that privacy remains a major concern for counselors and some clients. To many people new to the internet, the promise of firewalls, secure data,
and encrypted transmission pales in comparison to sheet-rocked walls, a filing cabinet, and locks.

**Summary and Discussion of Findings for Research Question Two**

The second question the researcher investigated was: Do DCC counselors perceive that counseling via instant message effectively provides opportunities for physical and psychological attending, compared to face-to-face counseling?

When looking at the results from questions related to physical and psychological attending, it seems that the participants favored face-to-face counseling sessions for matters related to psychological elements such as, the clinician's ability to offer authenticity, empathy, support, and warmth. These responses are not surprising considering the obvious losses of qualities inherent to face-to-face communication. Seemingly, one thing that might be derived from this information is that the human qualities of the counseling process are not transferable using the keyboard, processor, and wires given current counseling techniques.

Participants favored counseling via instant message for the more physical elements such as affirming what clients say, focusing on the client, operating free from biases triggered by client appearance, and reacting without judgment to what clients say (see Table 2). These results contradict some of the literature which suggests that focusing on the client during a cybercounseling session is more difficult when temptation
to distractions abound in the location of the counselor (Feinchel, 2006).
Perhaps it is helpful to consider that as professionals, clinicians will not give
in to the temptations to answer a phone call or listen to music while they
are working with a client. Adhering to standards of ethical practice is an
expectation of any counselor regardless of how they provide their
services.

Table 2

<table>
<thead>
<tr>
<th>Specific Item Tested</th>
<th>Face-to-Face</th>
<th>Via Instant Message</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician can portray authenticity to client</td>
<td>8.54</td>
<td>7.92</td>
<td>-.62</td>
</tr>
<tr>
<td>Clinician can offer empathy</td>
<td>9.38</td>
<td>8.92</td>
<td>-.46</td>
</tr>
<tr>
<td>Clinician can offer support</td>
<td>9.31</td>
<td>9.23</td>
<td>-.08</td>
</tr>
<tr>
<td>Clinician can offer warmth</td>
<td>9.38</td>
<td>8.69</td>
<td>-.69</td>
</tr>
<tr>
<td>Clinician can offer affirmation</td>
<td>9.31</td>
<td>9.38</td>
<td>.08</td>
</tr>
<tr>
<td>Clinician is mentally available to client</td>
<td>8.62</td>
<td>8.92</td>
<td>.31</td>
</tr>
<tr>
<td>Clinician is able to focus on the client</td>
<td>8.54</td>
<td>8.62</td>
<td>.08</td>
</tr>
<tr>
<td>Clinician can react without judgment</td>
<td>8.62</td>
<td>9.15</td>
<td>.54</td>
</tr>
<tr>
<td>Clinician remains free from biases about client</td>
<td>7.77</td>
<td>8.15</td>
<td>.38</td>
</tr>
<tr>
<td>Clinician can psychologically attend to the client</td>
<td>8.62</td>
<td>8.69</td>
<td>.08</td>
</tr>
</tbody>
</table>

Note. Averages are based on a 1-10 scale with 10 being highly effective.

Summary and Discussion of Findings for Research Question Three

The third question the researcher investigated was: Do DCC
counselors perceive that counseling via instant message effectively
provides opportunities for interpretation of verbal communication,
compared to face-to-face counseling?

Overall rater responses indicate that counseling via instant message
provides slightly more opportunity for effective interpretation of
communication (see Table 3). One reason for this might be the idea that
when clients and counselors have the opportunity to type what they want
to say, they put more thought into their words than if they were to speak
whatever first comes to mind (Rochlen, Zack, & Speyer, 2004). This is also a concern for those opposed to using cybercounseling because during confrontation the immediate reaction of clients can offer great insight to their thought process and behaviors. If they are given the opportunity and time to write their responses, they could better maintain the presentation of a false self without the clinician's knowledge.

Another reason the responses favored counseling via instant message, may be that without facing another person, clients are more comfortable divulging embarrassing or sensitive information about themselves. Other reasons could include, the availability of clients' actual words to be copied and pasted back to them for more accurate reflecting, and the ability to keep clients focused on one issue at a time. However, concerns about the use of copying and pasting clients' own words involve using words out of context to make a point which might not actually be relevant to the client. Clients seeing their own words as proof of counselors' agendas, may be persuaded to belie something about themselves which might not be true.

Table 3

<table>
<thead>
<tr>
<th>Specific Item Tested</th>
<th>Face-to-Face</th>
<th>Via Instant Message</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor can limit miscommunication effectively</td>
<td>7.46</td>
<td>7.46</td>
<td>-</td>
</tr>
<tr>
<td>Clinician can accurately use reflection</td>
<td>8.77</td>
<td>8.85</td>
<td>.08</td>
</tr>
<tr>
<td>Clinician can help client stay focused</td>
<td>8.38</td>
<td>8.77</td>
<td>.38</td>
</tr>
<tr>
<td>Clients can express problems clearly</td>
<td>8.00</td>
<td>8.85</td>
<td>.85</td>
</tr>
<tr>
<td>Clients openly discuss “uncomfortable” topics</td>
<td>7.85</td>
<td>9.23</td>
<td>1.38</td>
</tr>
<tr>
<td>Themes and patterns emerge</td>
<td>8.77</td>
<td>8.77</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. Averages are based on a 1-10 scale with 10 being highly effective. The use of [-] indicates no difference.
Summary and Discussion of Findings for Research Question Four

The fourth question the researcher investigated was: Do DCC counselors perceive that counseling via instant message effectively provides opportunities for interpretation of nonverbal communication, compared to face-to-face counseling?

Overall rater responses indicate that the face-to-face counseling session provides more opportunity for effective interpretation of nonverbal communication (see Table 4). As the current research suggests, nonverbal communication accounts for as much as 67% of information gathered by the clinician in a counseling session (Murphy & Dillon, 2003). The loss of nonverbal cues is argued to be compensated for by characteristics of the text including: size, speed of response, the use of emoticons, color of text, font, and the use of capital and lowercase letters (Gary, 2004; Goss & Anthony, 2003; Hsiung, 2002; Maheu et al., 2005). Without research validating this claim to be true, it is hard to say with any certainty that one makes up for the loss of the other.
Table 4

Interpretation of Nonverbal Communication

<table>
<thead>
<tr>
<th>Item Rated</th>
<th>Face-to-Face</th>
<th>Instant Message</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonverbal cues used for interpreting client emotions</td>
<td>9.15</td>
<td>6.15</td>
<td>-3.00</td>
</tr>
<tr>
<td>Facial expressions used to interpret client emotions</td>
<td>9.08</td>
<td>7.38</td>
<td>-1.69</td>
</tr>
<tr>
<td>Tone of voice used for interpreting client emotions</td>
<td>8.69</td>
<td>6.31</td>
<td>-2.38</td>
</tr>
<tr>
<td>Affect can be determined accurately</td>
<td>8.15</td>
<td>6.77</td>
<td>-1.38</td>
</tr>
<tr>
<td>Mood can be determined accurately</td>
<td>8.15</td>
<td>7.23</td>
<td>-.92</td>
</tr>
<tr>
<td>Client-counselor relationship can be monitored</td>
<td>8.92</td>
<td>8.15</td>
<td>-.77</td>
</tr>
<tr>
<td>Clinician can recognize resistance</td>
<td>9.08</td>
<td>8.38</td>
<td>-.69</td>
</tr>
<tr>
<td>Clinician can recognize emotions in client</td>
<td>8.69</td>
<td>7.54</td>
<td>-1.15</td>
</tr>
</tbody>
</table>

Note. Averages are based on a 1-10 scale with 10 being highly effective.

Implications

Findings derived from this study imply that the current belief that counseling via instant message offers less opportunity to utilize traditional practices, may be true. Counselors engaging in the practice of counseling via instant message should consider these losses when deciding which clients might benefit from cybercounseling. The determinants of this decision lie in the nature of the presenting issues of clients. Counselors engaging in a cognitive-behavioral method of counseling may have more success in a cybercounseling environment due to increased overt communication with clients; whereas counselors engaging in more relational, emotion-rich, forms of counseling may want to reconsider using instant message for delivery of services because of the loss of nonverbal cues. Likewise clients in need of constant evaluation such as clients who are suicidal, inclined to inflict harm on themselves or...
others, and clients who are suffering from significant emotional problems will be better served in traditional face-to-face counseling.

Assessment of clients might also be better conducted via face-to-face counseling considering the significant losses to nonverbal communication (Ruskin et al., 1998). Clients' self reports may not always be congruent with their actual presentation, especially in cases of clients with personality disorders. At the very least, face-to-face assessment should be considered in conjunction with cyber sessions due to the importance of accurate assessment and information gathering including proof of identity and alternate client contact information.

**Future Research**

Future research for counseling via instant message should focus on the efficacy of using instant message for counseling. Separate research for each specific theoretical orientation when applied to this method of service delivery would be an important contribution. Strengths and weaknesses of this delivery method need to be more empirically evaluated. This information would be useful for developing more techniques and more specific ethical standards for cybercounseling.

Further research should also be conducted using DCC counselors to gather more information on their use of e-mail in the process of counseling. Empirical evidence pertaining to strengths and weaknesses of using e-mail as a part of the counseling process would fortify arguments...
on both sides of the cybercounseling debate as well as contribute much needed information to be used for further development of ethical standards and best practices for cybercounseling.

It would also be beneficial to evaluate client perceptions of the cybercounseling process. This information could be used to adjust techniques which currently exist and to create new counseling techniques which will function more effectively in a cybercounseling environment. Researching client experiences of cybercounseling could also add to the information pertaining to the efficacy of cybercounseling.


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APPENDIX A

INFORMED CONSENT INFORMATION

You have been invited to participate in a research project that will anonymously study the strengths and weaknesses of elements of the clinical interview process when conducted online, via Instant Messaging. This project is being conducted by Ryan Long, a graduate student in the Department of Education's Graduate Program in Counseling at the University of New Hampshire (UNH). The use of human subjects in this project has been approved by the UNH Institutional Review Board (IRB) for the Protection of Human Subjects in Research. Please read the following statements. If you understand them and agree to participate, please click on the link at the bottom to indicate your consent and go to the first screen of the survey.

- You should understand that participation requires you to respond to survey questions.
- You should understand that participation in this research project requires you to supply information regarding your experience with using Instant Messaging for counseling services.
- You should understand that the actual survey is anonymous and will take approximately 5-10 minutes to complete.
- Your participation is purely voluntary and you are free to withdraw your consent and discontinue participation at any time.
- You should understand that your responses to the survey will be anonymous, and kept confidential to the extent possible considering transmission over the Internet.
- You should understand that the results of this research may be published or reported to scientific bodies, and that any such reports or publications will be reported in a group format. Thus, no individual identity will be determinable through demographic variables such as age or gender.
- You should understand that this project is not expected to present any greater risk of your loss of personal privacy than you would encounter in everyday life when sending and/or receiving information over the Internet. You should also understand that while it is not possible to identify all risks in such research, all reasonable efforts have been undertaken to minimize any such potential risks. Further, you should understand that any form of communication over the Internet does carry a minimal risk of loss of confidentiality.
You should understand that the responses that you provide will be encrypted and that ALL of the information provided will be stored in a password protected environment and that password is known only to the principal investigator, named above.

- You should understand that you are not expected to receive any direct benefits from your participation but that the investigator hopes that the information gained here may benefit society indirectly.
- You should understand that if at any time you have questions or concerns about any procedure in this project, you may e-mail, JamesDinner@yahoo.com, or speak with the investigator by calling (603) 714-4649. You should also understand that you will be able to request a summary of the findings via e-mail above.

If you have questions about your rights as a research subject, you may contact Julie Simpson in UNH Office of Sponsored Research, 603-862-2003 or at julie.simpson@unh.edu

If you have read these statements, understand them, and agree to participate please click below to continue.
APPENDIX B

BRANCH OF COUNSELING SERVICES

How would you primarily describe your counseling services?

- Academic Counseling
- Career Counseling
- Individual therapy for personality/mood disorders
- Substance Abuse Counseling
- Other (Please specify)

Do you use instant messaging as a part of your counseling services? (Answering "No will take you to the end of the survey because this study is to compare only instant messaging and face-to-face counseling."

- Yes
- No
APPENDIX C
DEBRIEFING PAGE

Thank you for completing the survey!! This page will further explain the purpose of the survey research you have just participated in. After you are finished viewing this page and have submitted your answers by clicking on the button at the bottom of the page, it is recommended you exit or quit your Web browser to eliminate the possibility (which varies depending on your computer and browser) that your responses could be viewed by hitting the "back" button.

The investigator requests that you do not discuss your answers with colleagues. This is to avoid invalidating the results of the study. We would like to remind you that all the data you just provided will be kept in a confidential and anonymous manner.

Because you have invested time in this study, you may have an interest in what we hope to find from your results. The purpose of this study is to evaluate the efficacy of counseling via Instant Messaging on 4 key elements of the clinical interview as compared to the efficacy of face-to-face counseling on these 4 key elements including: the interview environment, nonverbal communication, verbal communication, and psychological/physical attending.

If you have questions about this survey or would like a copy of the results (available May 8, 2007), please send requests via e-mail to the e-mail address below or call me at the number below. Thank you again for your interest and participation.
Principal Investigator: Ryan M Long
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APPENDIX D

SURVEY QUESTIONS

Please rate from 1-10 how effective the face-to-face counseling environment is and the instant messaging environment is for each of the following elements of a counseling sessions. "1" being not at all effective, and "10" being highly effective. Please call upon your own experiences for your answers.

The interview environment is welcoming to clients during face-to-face sessions.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

The interview environment is welcoming to clients during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

The interview environment is accessible to clients during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

The interview environment is accessible to clients during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Office hours accommodate clients' schedules during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Office hours accommodate clients' schedules during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

The interview environment offers a safe, private, space for talking during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

The interview environment offers a safe, private, space for talking during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

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The interview environment enhances the therapeutic process during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

The interview environment enhances the therapeutic process during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Please add any information you feel will be helpful regarding the interview environment. (1000 characters)
Please rate from 1-10 how effective the face-to-face counseling environment is and the instant messaging environment is for each of the following elements of a counseling sessions. "1" being not at all effective, and "10" being highly effective. Please call upon your own experiences for your answers.

Nonverbal cues are used for understanding of client emotions during face-to-face counseling.
Not at all Effective 1  2  3  4  5  6  7  8  9  10  Highly Effective

Nonverbal cues are used for understanding of client emotions during counseling via instant message.
Not at all Effective 1  2  3  4  5  6  7  8  9  10  Highly Effective

Facial-expressions are used for interpretation of client emotions during face-to-face counseling.
Not at all Effective 1  2  3  4  5  6  7  8  9  10  Highly Effective

Emoticons are used for interpretation of client emotions during counseling via instant message.
Not at all Effective 1  2  3  4  5  6  7  8  9  10  Highly Effective

Tone of voice is used for interpretation of client emotions during face-to-face counseling.
Not at all Effective 1  2  3  4  5  6  7  8  9  10  Highly Effective

Size of text and typing speed are used for interpretation of client emotions during face-to-face counseling.
Not at all Effective 1  2  3  4  5  6  7  8  9  10  Highly Effective

Affect can be determined accurately during face-to-face counseling.
Not at all Effective 1  2  3  4  5  6  7  8  9  10 Highly Effective

Affect can be determined accurately during counseling via instant message.
Not at all Effective 1  2  3  4  5  6  7  8  9  10 Highly Effective

Mood can be determined accurately during face-to-face counseling.
Not at all Effective 1  2  3  4  5  6  7  8  9  10 Highly Effective
Mood can determined accurately during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

The counselor has a good sense of his/her relationship with the client during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

The counselor has a good sense of her/his relationship with the client during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Please add anything about nonverbal communication that you feel will add to this study. (1000 characters.)
Please rate from 1-10 how effective the face-to-face counseling environment is and the instant messaging environment is for each of the following elements of a counseling session. "1" being not at all effective, and "10" being highly effective. Please call upon your own experiences for your answers.

Limiting of miscommunication during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Limiting of miscommunication during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to accurately reflect back what the client has said during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to reflect back accurately what the client has said during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to help clients stay focused during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to help clients stay focused during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to recognize resistance during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to recognize resistance during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to recognize client emotions during counseling face-to-face.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective
Clinician is able to recognize client emotions during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to portray authenticity during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to portray authenticity during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to offer affirmation to the client during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to offer affirmation to the client during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to offer empathy to the client during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to offer empathy to the client during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to offer support to the client during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to offer support to the client during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to offer warmth to the client during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective
Clinician is able to offer warmth to the client during counseling via instant message.
Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Clients express problems clearly during face-to-face counseling.
Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Clients express problems clearly during counseling via instant message.
Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Clients openly discuss "uncomfortable" topics during face-to-face counseling.
Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Clients openly discuss "uncomfortable" topics during counseling via instant message.
Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Themes and patterns emerge during face-to-face counseling.
Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Themes and patterns emerge during counseling via instant message.
Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Anything you would like to contribute or add that would be helpful. (1000 characters.)
Please rate from 1-10 how effective the face-to-face counseling environment is and the instant messaging environment is for each of the following elements of a counseling sessions. "1" being not at all effective, and "10" being highly effective. Please call upon your own experiences for your answers.

Clinician is available (mentally) to the client during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is available (mentally) to the client during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to express total focus to the client during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to express total focus to the client during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to react in a nonjudgmental way during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to react in a nonjudgmental way during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to remain free from biases about the client during face-to-face counseling.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective

Clinician is able to remain free from biases about the client during counseling via instant message.
Not at all Effective 1 2 3 4 5 6 7 8 9 10 Highly Effective
Clinician is able to psychologically attend to the client during face-to-face counseling.

Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Clinician is able to psychologically attend to the client during counseling via instant message.

Not at all Effective  1  2  3  4  5  6  7  8  9  10  Highly Effective

Anything you would like to add regarding this section that may be helpful to this study. (1000 characters)
APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL

University of New Hampshire

Research Conduct and Compliance Services, Office of Sponsored Research
Service Building, 51 College Road, Durham, NH 03824-3585
Fax: 603-862-3564

03-Jan-2007

Long, Ryan
Education, Morrill Hall
1 Mill Street, Apt. 357
Dover, NH 03820

IRB #: 3846
Study: Online Counseling: Instant Messaging and Elements of the Clinical Interview
Approval Date: 18-Dec-2006

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved the protocol for your study as Exempt as described in Title 45, Code of Federal Regulations (CFR), Part 46, Subsection 101(b). Approval is granted to conduct your study as described in your protocol.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, Responsibilities of Directors of Research Studies Involving Human Subjects. (This document is also available at http://www.unh.edu/osr/compliance/irb.html.) Please read this document carefully before commencing your work involving human subjects.

Upon completion of your study, please complete the enclosed pink Exempt Study Final Report form and return it to this office along with a report of your findings.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or julie.simpson@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,

Julie F. Simpson
Manager

cc: File
Phan, Loan