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Telepsychology and Telehealth: Counselling Conducted in a Technology Environment

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Abstract

Telehealth and Telepsychology is a mode of psychological service being provided over a technology-assisted environment. Presently, Telepsychology has integrated into traditional health services. However, the evolving nature of technology which has facilitated interaction of the client/professional relationship means that Telehealth can be viewed as separate or alternative services to mainstream health delivery systems.

Literature in this area has failed to investigate conditions that facilitate clients to use telephone and web counselling services. This chapter investigates areas of social psychology such as help-seeking behaviours, communication dynamics, and therapeutic elements that facilitate and possibly preempt clients to use these services.

Discussions are raised concerning the effectiveness of telepsychology and the emerging differentiation between telehealth and telepsychology services.

Introduction

In the past two decades, there has been an enormous growth in the call centre and computer IT industry and as a result, services provided by psychologists, psychiatrists, social workers and counsellors are now offered in these environments. The term commonly used is Telehealth or e-health. Telehealth or e-health are terms used to describe any health related service that is provided remotely via technology-assisted media such as the telephone, computer, or Internet. Telepsychology is one form of Telehealth service that is related to remote psychological services. Other terms also commonly used are e-psychology, e-counselling, web-counselling, telephone counselling or online counselling. All of these terms reflect the nature of remote psychological services.

There are also various descriptions used to describe people who utilise Telepsychology services. I have used the term client as one that will remain consistent in this chapter. I acknowledge that other terms are also commonly used including patients, callers, consumers, help-seekers and end-users.

What is Telepsychology?

One could be mistaken for assuming that Telepsychology and Helplines provide the same service when actually, differences in technology and case management practices are emerging that may create distinct differences in the definition of these services. Presently, the difference between Telepsychology and Helplines lies in the case management practices of clients. In general terms, Helplines are community services

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where people call and talk to someone while remaining anonymous. In the Helpline environment the client chooses the conditions of interaction such as the time and length of the call. Helplines usually rely on the client to end the call in order incur little to no cost to the client. Volunteers with little formal qualifications commonly staff Helplines and the service is available to clients at extended hours, often 24 hours a day. Telepsychology on the other hand, is a detailed sharing of information between the psychologist and the client. The client provides personal details, payment, and how the sessions are to be structured. The counsellor can make appointments and transfer client information to another counsellor when pertinent to the therapeutic dynamic. Information relating to the client can be effectively followed up and continuity of care maintained. The counsellor provides services over the telephone and/or computer similarly to the level of service provided in face-to-face consultation.

Hill (1997) defines Telehealth as services that involve the delivery of health related activities (e.g., health service, education or information) over distance, using computers and telecommunications.

Williams (2000) describes Telepsychology as healthcare professionals (psychologists) interacting with their clients using real time interactive communication media. Included in this definition are telephone (audio only interaction), Internet chat rooms, video and audio transmission via the Internet, or closed circuit televisions. Other types of technology assisted media such as e-mail or faxes are not truly interactive or in real-time, thus can somewhat limit fluency and immediacy of the communication process and cannot truly be defined as Telepsychology services. (Williams, 2000)

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Coman, Burrows and Evans (2001) categorise Telehealth services by the type of interaction and the longevity of the interaction. That is, the type of interaction is either recorded or live and the longevity of interaction is either ongoing or crisis. It is reasonable to assume that because of the evolving nature of technology, future Telepsychology services are likely to vary greatly and may not suitably fall to any one of the abovementioned categories.

Types of Telehealth services in Australia

In Australia, a geographically vast country, many welfare and health services rely heavily on technology, such as radio, Internet and mobile phones. In recent years Telehealth has become an increasingly important service to disadvantaged groups and people in remote and rural communities. It is estimated that the number of Telehealth services increased approximately 20 - 30% a year since 1996 (Campos, 2001).

Telepsychology specialties are now being recognised as legitimate modes of service by The Royal Australian and New Zealand College of Psychiatrists (2002), The Australian National Telehealth Committee (1998) and The Commonwealth of Australia Department of Health and Aged Care (2000).

Various practices of Telehealth have emerged in Australia, including private practitioners offering services over the telephone and Internet. This involves counselling or coaching clients via technology-assisted modes such as e-mail and the telephone. Clients consult with Psychologists about relationships, stress, self-esteem, and family issues all via the telephone and/ or computer. Psychologists also provide supervision to

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trainee psychologists via telephone and e-mail as effective methods of liaising with students (Campos 2001; Coman, Burrows, & Evans, 2001).

Health Insurance companies have developed Telepsychology practices to effectively case manage their clients. The term currently used is *managed care*. The health insurance company provides details of their membership to a telephone psychologist and members make direct contact to discuss the issues. The service is free to the members (clients) and the psychologist provides services over the phone/ Internet and refers or consults with other health professionals for better case management and treatment (Campos, 2001; Coman, Burrows & Evans, 2001).

Pharmaceutical companies are also providing counselling and case management services for clients using new pharmaceutical products. The company provides a support hotline for patients and their families pertaining to specific medications, to provide information and counselling. The rationale for this service is that clients are better informed about their condition and treatment, therefore having a greater chance adhering to the prescribed medication (Campos, 2001; Coman, Burrows & Evans, 2001).

There is also the emergence of the 1900 Telepsychology services. These are pay as you talk services, often charged to the client at a rate per minute. The client talks to a psychologist according to their needs. The issues are addressed during the call and a referral is made, if necessary. The client is assured that the person on the phone is a qualified and registered psychologist and may be available at extended hours (Campos 2001; Coman, Burrows & Evans, 2001).

Example of a Telehealth client

With the advent of different modes and technologies, particularly relating to Telepsychology, there are considerable changes to how clients access health or mental health services in contrast to face-to-face services. Take this scenario for example.

A working mother of two young children has recently separated from her husband and is presently very depressed. She is reluctant to discuss the issues with her family as her relationship with them is poor. She perceives that talking to family members may create more stress from the assumed negative judgments made by people closest to her.

She is in a very depressed state one night after receiving an email from her separated husband. With her children asleep, she logs on to the Internet to a self-help site for depression and completes a 20-item depression checklist. Within a few moments she receives an e-mail suggesting that her levels of depression are quite severe and she is provided with a phone number of a 24-hour counselling service to talk to a qualified counsellor. She is also invited to join an online self-help chat room. She makes the phone call and whilst discussing concerns with the telephone counsellor, she is also advised to pursue other services and is given contact details and information for a local psychologist or general practitioner and a referral to legal support services for further assistance. At the conclusion of the interaction the mother of two found the discussion very helpful.

A few days have passed and she realizes that she will need help in overcoming her depression. She contemplates how she may seek help whilst

managing the household and the busy life of two young children and still maintain this issue private from her family and husband. She is concerned about any implications this may have if she was to seek a divorce from her husband.

Due to the nature of her state, she chooses to confide and discuss her problems with the telephone counsellor, as she believes the service is useful, affordable, convenient, and confidential. Furthermore she has been able to develop a good rapport and develops structured counselling sessions with the Telephone Counsellor.

As illustrated by this case scenario, there are numerous reasons or motives attributed to the woman seeking help in this manner. The most obvious reason may be the ease of access, having no time restraints and little to no cost. Her distressed state and her present situation may also have facilitated her seeking help via the Internet, including time restrictions with children, perceived lack of understanding from the people around her (family members) and possible implications of her distressed state. This woman may have also continued with the telephone counsellor as a result of the therapeutic benefit she has received. One could argue that the quality of the counselling she received may lessen her distressed state.

Key Issues in the area of Telepsychology

With advances in technology and the cost of such equipment being low, it has meant that compared to face-to-face services, Telepsychology can provide services to

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more clients across larger distances at relative low costs. Furthermore, technology assisted media are presently evolving and becoming more sophisticated and complex, allowing greater fluency, flexibility and choices for clients. Clients can now choose how, when, and what services will be utilised. This raises many issues in evaluating services, as clear measurable outcomes are difficult to establish in this environment.

Recent literature on this field raises scepticism about the effectiveness of Telepsychology services to clients. Nickelson (1998) argues that considerable barriers face Telepsychology services, including the sustainability and viability of these services over the long term as information technology becomes more interactive and costly to maintain up to date. The funding and reimbursement of these services are also becoming increasingly more cost competitive, challenging the quality of these services.

Nickelson (1998) distinguishes several factors that need to be investigated when studying the effectiveness of Telepsychology services. Firstly, there are many variations of counselling including face-to-face, family therapy, group counselling, and support groups. Each of these variations brings further dynamics to the counselling process and changes the dynamics of physical presence to the counselling relationship. Telepsychology will inevitably bring further dynamics to the counselling relationship and change different aspects of the counselling process, most notably the removal of a physical presence.

In order to understand the effectiveness of Telepsychology services we would need to address several psychosocial factors, including why people seek this mode of help. The uptake of Telepsychology services by the community is increasing and may

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indicate that these services cater to specific clientele or client states that may be better catered for, or treated, in a Telepsychology environment (Griffiths & Cooper, 2003). Recent studies suggest Telepsychology services may provide considerable therapeutic benefit for clients, when compared to traditional face-to-face services (Rabasca, 1998).

Research literature in this area is yet to investigate the therapeutic benefit of Telepsychology services and the processes of interaction taking place. Research has predominantly focused on the therapeutic benefits of face-to-face services. Furthermore research has failed to address the variations of the presenting problems that would facilitate or hinder clients seeking help via Telepsychology services. An obvious question to ask is why do clients engage in Telepsychology services rather than seek traditional types of counselling. To answer this I will review the literature on help seeking.

Help seeking

Help seeking is often associated with an individual's current situation requiring some form of solution, for example a tourist requiring directions to a specific destination. In the area of health and welfare there are various reasons why people seek help for issues that are likely to have some social implications and may involve sensitive information. Seeking help about a health related matter will involve a more delicate and careful decision making process by the client than simply asking for directions (Gross & McMullen, 1983). Seeking out health related help is often an emotionally costly exercise for an individual and is often a second choice for people. People will predominantly want to seek help by themselves, for themselves without any social implications.

Williams and Williams (1983) report findings from the help-giving literature are equally applicable to help-seeking. In their paper, they state that the same factors associated with the social impact of bystanders can prevent people from seeking help (Latané, 1981; Williams & Williams, 1983). In help-giving, the presence of many other bystanders inhibits the likelihood of the individual providing help. In help-seeking, the presence of many to hear the help-request increases embarrassment and inhibits help-seeking. In help-giving, people are more likely to transfer their responsibility to higher status individuals. In help-seeking, embarrassment increases when one must ask a higher status person, thus inhibiting help-seeking. In help giving, the distance between the other bystanders and the individual also affects inhibitions; the closer the others are, the more they inhibit responding. In help-seeking, it is more embarrassing to ask people in one's own physical presence than to ask people who are further away, say by telephone (Williams & Williams, 1983). These propositions were supported in their laboratory work on help-seeking, but are also supported by studies using self-report measures that conclude that individuals seek help from informal help giving sources, such as family or friends, and reduce the contact with help giving individuals based on proximity and number of face-to-face contacts.

The help seeking literature outlines many social and psychological factors that may inhibit or facilitate seeking help. The predominant factors include, cost and accessibility, and perceived social implications (McKinlay, 1975; McMullen & Gross, 1983). Other factors include, cultural influences, family sensitivity and emotional competence (Bhatt, 2002; Ciarrochi & Deanne, 2001). Studies also suggest that sex roles and sex differences are often a common factor associated with help seeking among

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specific population groups (McMullen & Gross, 1983). Further factors that influence help seeking include reluctance to self-disclose and potential for embarrassment, personal characteristics such as perceived inadequacies, desire to self-help, perceived social support and perceived levels of distress (DePaulo, 1982; Mays, Beckham, Oranchak, Harper, 1994; Merton, Merton, & Barber, 1983; Rosen, 1983).

DePaulo (1982) indicates that seeking health-related help is often not the first choice for help seekers. People often in need, do not ask for help at all and will often prefer the type of help that they can administer themselves. Even when help is solicited from other persons, it is often disguised as something other than a direct request. This may reflect the reasons why Telepsychology services have become so popular. The ease of access, convenience, and the perceived control of accessing services when people require help, may well be one step closer to finding help themselves, rather than relying on other people. The immediacy of access and the relative unobstructed manner to which help is achieved may be its attractiveness.

With the advent of Telepsychology, further factors may need to be taken into account as to the type of help clients seek. Presently, the help seeking literature illustrates that accessibility and low cost are the main reasons for the attraction to Telepsychology services. However the literature fails to address how the actual technology media may be a contributing factor to its attractiveness. It is worthwhile to ask the questions of how communication between people changes in a technology assisted environment in an attempt to address significant factors to the helping relationship.

Social Research and Communication Process

Latané (1981) defines social impact as a “variety of changes in physiological states and subjective feelings, motives and emotions, cognitions and beliefs, values and behaviour, that occur in an individual, human or animal, *as a result of real, implied or imagined* presence or actions by other individuals” (p. 343).

Many researchers would deem physical presence as an important part of the communication process. Bolton’s (1986) influential book on people skills describes a positive relationship between physical proximity and influence. Bolton argues that proximity in terms of physical closeness increases the likelihood of future communication and interaction. The study by Pallack (1983) demonstrates that persons receiving a message tend to be influenced by visual cues that allow the recipient to form a better opinion about how to receive and respond to messages and engage in the communication process.

Social psychological research has indicated that technology-assisted media may make some differences to human communication and relationships, primarily because of the removal of face-to-face contact or physical presence. It is understandable that technology-assisted media will inevitably change any cues associated with physical presence. However, we need to understand that face-to-face communication is one way of communicating, there are other forms of communicating including, symbolic or written (visual) and speech or noises, (auditory). It can be further argued that effective communication may include a number of forms of communicating with or without physical presence (Griffith & Cooper, 2003).

A study by Moon (1999) found that technology assisted communication can influence the receiver's view of the information presented and the sender can be more persuasive than face-to-face communication as cues and contexts can be omitted and manipulated. Moon's study can imply that the social impact theory of Latané (1981) can be similarly applicable in a group using a technology-assisted environment.

Moon's study reflects on the ability of a technology assisted environment to create real, implied or imagined presence. Moon (1998) found that if the message can portray to the receiver that the sender is in close physical proximity, such as an e-mail from the next room rather than across the world, this will have a greater chance of influencing the group and receivers acknowledging the message. Moon's study asserts the notion of social impact and questions the definitions of presence and closeness as being relevant in a technology assisted environment. A technology-assisted environment can portray presence although without being physically present. Furthermore, Moon's finding asserts that there are few differences between the power influence and perceptions of communication in a technology-assisted environment when compared to face-to-face communication.

A study by McLeod, Baron, Marti and Yoon (1997) raised several questions relating to the comparison of face-to-face and computer mediated group discussion. In their study, they argued that computer assisted communication can increase the quality of group decision by facilitating expression and increase the influence of minority opinions. McLeod, Baron, Marti and Yoon (1997) states that computer assisted communication is far more practical, convenient and less costly for an individual, which can facilitate the

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communication process. They hypothesize that computer facilitated communication may change group dynamics so that minority group members are able to have more power to influence and increase the quality of group decisions. Their findings were inconclusive and highlighted aspects of social impact of a technology assisted environment as similar to a face-to-face environment. McLeod, Baron, Marti and Yoon (1997) found that computer-assisted communication was more practical allowing easier access and facilitating the expression of individuals of minority groups. However, their findings also indicate that the power to influence remained unchanged when compared to groups of face-to-face communication.

These studies illustrate that many aspects of social impact remains constant in a computer-assisted environment when compared to face-to-face communication. The implications to Telepsychology are that there may be minimal sociological differences to the process of communication between clients using Telepsychology services and face-to-face services.

Other studies show some differences between computer environment and face-to-face communication process including context of relationship (Nass, Moon, Fogg, Reeves & Dryer, 1995) and decision making processes (Jessup, Connolly & Galegher, 1990). However, one must keep in mind that there are limitations to the conclusions made by all of these studies. Many of these studies are conducted in a group context whereby the communication process is shared and the dialogue is between several individuals. We can assume that group contexts will create systemic pressures, predominantly influencing how communication is generated and received by individuals. In comparison to Telepsychology services, communication occurs between two individuals and the

dialogue is direct, thus such findings may not be applicable to one-on-one communication. Secondly, the studies primarily focus on computer mediums in comparison to face-to face communication. They fail to recognise and compare other technologies, such as the telephone, which one would suspect as having further dynamic differences (Rosenfield, 2002).

Lastly, many of the studies make conclusions based on quantitative measures with little reference to subjective qualitative measures. Particularly in the area of Telepsychology or counselling, measures of therapeutic benefit are based on subjective interpretation (Egan, 1994). These studies do not address or report individual differences relevant to the communication process. Individual differences in the macro level of communication such as transference, judgments, assumptions, attitudes, feelings, emotions, listening skills and trust are important elements in the counselling process.

Counselling and Therapeutic Communication

Watchell (1993) describes therapeutic communication as predominantly having two levels of meaning. One level of meaning entails the focal message, which is the message being conveyed when communicating about experiences, descriptions and understandings using the client and therapist's language. The other level is the meta-messages. This refers to the underlying interpretation, conveying attitude, emotions and interpretations. Watchell argues that it is meta-messages that have the greatest potential for therapeutic transformation (or therapeutic failure) and it is often meta-messages that frequently go unnoticed or unexamined.

Using Watchell's (1993) description, it is a fair assumption to describe the communication process in counselling as complex. Research has failed to accurately measure and quantify subjective concepts such as transference, empathy and other therapeutic concepts. The overall dynamic nature of the counselling process produces too many variables that may identify specific elements deemed effective.

Bobevski and McLennan (1998) argue that counselling research fails to identify elements of the counselling process with measurable outcomes and call for new conceptual frameworks. They suggest a model of dynamic decision performance because counselling can be conceptualized as a complex and dynamic, decision-making process. This model would allow a more interpretive and qualitative analysis of the counselling interaction.

It is reasonable to state that counselling can occur in a technology-assisted environment. Rogers' (1957) significant paper on necessary and sufficient conditions for therapeutic personality changes lists many qualities required for the counselling process to be deemed therapeutic including ability to; establish contact, establish a relationship, communicate accurately and to demonstrate an understanding and empathic response. Furthermore Egan's (1994) skilled helper model provides a framework for interviewing and questioning that is directed at allowing clients to think about their situation and construct new meaning and understanding. The focus of this model is to assist and challenge client's thought and beliefs. In Rogers and Egan's counselling models, there is no specific mention that effectiveness of counselling is based on physical presence. It seems plausible that the qualities outlined by Rogers and Egan may also be equally

applicable to any counselling process whether it be technology assisted or in a face-to-face environment.

Is Telepsychology Effective?

To study the effectiveness of counselling in a Telepsychology environment produces many research challenges. Evaluating any form of counselling is difficult, yet Telepsychology offers further difficulties. One of the attractions of Telepsychology is the ease of access and anonymity it offers. Identification of clients and possible follow-up or repercussions of the contact are often inappropriate as sessions are often one-off, making follow-up difficult.

The literature on the effectiveness of Telepsychology is very recent and little research has been able to indicate any conclusive statements in the area. The closest comparison to Telepsychology where there is a body of literature that is able to provide further clues to the effectiveness of Telepsychology is the area of Helpline work and telephone counselling.

Hornblow (1986) states numerous approaches have been used to evaluate telephone counselling, all having the limitation of a methodological or practical nature. Major methodological difficulties arises from the fact that generally it is not possible in this research context to use before and after measures, control groups and standardised psychological tests or clinician ratings. Similarly, client outcomes cannot be assessed solely in terms of a psychiatric diagnostic framework given the wide range of presenting problems. It seems that the difficulties arising in evaluating and researching telephone counselling is similar to difficulties arising in any counselling setting. One of the research

dilemmas in telephone counselling is the large number of clients producing large variations in the data. Another dilemma is the variation of how clients use the services. Sessions are commonly unstructured and counsellor follow-up is minimal. In a face-to-face environment there are several points of contact and agreement between the client and counsellor that allows sessions to be structured. The face-to-face environment creates some constant variables for research.

Telephone Counselling Research

A common method used in assessing the effectiveness of telephone counselling services is client follow-up. This involves the caller answering interview questions either immediately after the counselling session or via follow-up contact. Using a structured interview, clients are asked to rate aspects of the session on a variety of scales. Young (1989) states some researchers see the clients as having the best insight into whether they have been helped or not. However, other researchers see this as more problematic with the possibility of sample bias, ethical issues (such as informed consent), and difficulties of measuring outcomes and defining effectiveness.

In a study to examine helpful behaviours in a crisis call centre, Young (1989) attempted to identify factors that are effective in telephone counselling, Young examined the results of interviews with 80 callers immediately after their calls to a 24-hour crisis line. Young found that the most helpful behaviours mentioned were listening and feedback, understanding and caring, non-judgmental support, appropriate climate and directiveness. Young (1989) describes directiveness as when the counsellor is able to

guide and direct the therapeutic content of the interaction. Young states that directiveness is a predictor in behaviour changes of the clients, more so than non-judgmental support alone.

Hornblow and Sloane (1980) conducted a study over an eight week period at Christchurch Lifeline. Clients were re-contacted within 24 hours to complete a short questionnaire regarding the therapeutic benefit and effectiveness of the counsellor and intervention by determining if the counsellor had correctly identified the clients' feelings and problems. The results of 214 clients indicated that counsellors correctly identified one of the clients' two strongest feelings in 63% of calls. Counsellors and clients agreed on the ranking of clients' problems in 53% of calls. Of calls in which some specific action was agreed on, 68% of respondents had indicated they had done this. Counsellors' evaluation of their own understanding and helpfulness was unrelated to that of the client ratings of counsellor effectiveness. This study indicates that key elements of counselling, such as identifying feelings and developing a course of action, appear to closely match the clients' perception of therapeutic benefit. This finding would indicate that elements of therapeutic communication are strong between clients and counsellor in this environment.

Another common methodology in determining effectiveness is role-plays. Role-plays use coached clients to rate counsellors on a variety of scales to assess what was positive about the counselling session. Sometimes the counsellor is not informed that the role-playing client is part of an experiment. For example, in a study (Davies, 1982) of British helplines used a role-playing client to call ten services and found a range of differences in quality, suggesting the need for a higher level of basic training.

Bobevski, Holgate, and McLennan (1997) also used scripted scenarios with role-playing clients to assess subjectively the perceived helpfulness of counsellor behaviour. Two clients were used, one as a warm up, the second for the data. One client is used to standardise the experimental procedure however this immediately raises the issue of generalisation. The results suggest that the counsellors judged to be more helpful were more verbally active, those taking the initiative in structuring the session, and those who systemically explored all aspects of the situation while addressing the practical and emotional needs of the client. Additionally, it was found the most effective counsellors were able to help the client change their perspective on the situation. In comparison to Slegman's (1997) research of face-to-face counselling effectiveness, Bobevski, Holgate and McLennan (1997) findings have indicated similar findings and research dilemmas to face-to-face counselling research. These similarities would indicate that counselling effectiveness and research limitations are also applicable to telephone counselling services.

Stein and Lambert (1984) used counsellor self-evaluations as another approach. The problem with this approach is the subjective nature of the feedback, often focusing on an individual's counselling skills and the relative optimism bias from individual counsellors. Although it would be of interest to match counsellor and client feedback on sessions, the research in this area failed to provide any real quantitative measures to be meaningful or conclusive. They also focused on the take up rate of referrals provided to clients when consulting a telephone counselling service. Take up rates on referrals would seem to offer a neat, relatively easy measure of effectiveness as an indication that the client has taken the next step after the intervention. However it could be argued that

referral take up is not necessarily a result of a counsellor's skill. There were no significant differences on client satisfaction between those who followed through on referrals and those who did not. Rosenbaum and Clahoun (1977) argues that this type of research assumes non-take up of referrals as failures, when clients may have been helped by the session.

Stein and Lambert (1984) research indicates similar findings to research on face-to-face counselling as Talmon (1990) states that a significant percentage of face-to-face clients are helped by a single session and will often not require any follow up. These results may imply that evaluating effectiveness of counselling has similar research dilemmas in face-to-face as well as Telepsychology services.

Echterling and Hatought (1989) looked at the different phases of crisis calls. Fifty-nine calls were monitored by independent observers and it was found that effective intervention could be hindered by social conversation that went beyond the minimum necessary to establish good rapport. They also found that assessment is best carried out in the first two thirds of the call, working with feelings is the most successful during the middle phase of the session, problem solving and strategies for action are best left for the final part of the call. These stages are quite compatible with Egan's (1994) skilled helper model.

Morgan and King (1977) monitored calls to a helpline service over a 22 month period. One of their findings is that men made more prank and obscene calls than women. While other significant differences were found, the data was too limited to make other generalisations. Another study at a Child, Adolescent and Family Health Unit in South Australia assessed client satisfaction using solution focused counselling techniques over

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the telephone (Hetzl, Wilkins, Carrig, Thomas, & Senior, 1993). Of the 40 respondents, 80% rated counselling as very useful, with only one of the 40 reporting that counselling was not helpful. These findings are similar to results found in face-to-face counselling (Wampold 2001).

The Preventative Value of Telephone Counselling

Hornblow (1986) in asking whether telephone counselling has preventative value defines three tiers of prevention. Primary prevention decreases in the incidence of a disorder, be it suicide or mental illness. Secondary prevention attempts to diagnose and treat earlier and to reduce the length and severity of disorders. Tertiary prevention is used to reduce impairment and handicaps associated with a disorder. Hornblow found that for telephone counselling, there is no evidence for great success in primary prevention, while there is promising evidence for secondary and tertiary prevention.

Generally, certain factors contribute to the effectiveness of counselling including providing preventative measures. Telephone counselling provides an environment where clients can be listened to, be provided with information and referrals can assist clients in alleviating some of their distress. These are factors that can contribute to effectiveness. It is accepted that counselling is an effective therapeutic interventions for mental health issues (Egan 1984) and the same basic skills are being used for Telepsychology (Hambly 1984; Rosenfield 2002). It is reasonable to suggest that Telepsychology is effective at least in terms of secondary and tertiary preventions as outlined by Hornblow (1986).

The literature on telephone counselling indicates that clients who seek help using these modes generally seem satisfied with the services that they receive. Capner (1999)

reports that technology assisted counselling appears to be growing at an exponential rate. Customer satisfaction also appears to be high with one study (Gingerrich, Gurney, & Wirtz 1988) reporting that up to 90% of callers feel satisfied with telephone counselling while about half felt their problem was less severe at follow-up. Young (1989) in a survey of the literature found that overall, about two-thirds of respondents felt that they had been helped by counselling via the telephone. These results are similar to results found by Wampold (2001) regarding face-to-face counselling. Wampold reports that overall about two-thirds of clients are satisfied with the face-to-face counselling they received. These results remain consistent even though counsellors used different therapeutic styles.

We can assume that certain clientele will inevitably seek face-to-face services because of the nature of their presenting problem. Some differences have emerged between telephone counselling and face-to-face counselling services. Morgan and King (1977) study highlighted possible differences in clientele, such as *regular callers* where clients regularly use the service for up to several years on a frequent basis and *sex callers* where predominantly male clients use the service to listen to the counsellor's voice for sexual gratification. In a face-to-face context clients presenting with similar behaviours and issues are unlikely.

It can be said that clients attracted to Telepsychology services will seek these services because of the nature of the presenting problems. An area that has been overlooked in the literature is identifying with which presenting problems Telepsychology clients present.

Presenting problems

Hornblow (1986) and Rosenfield (1997) stipulate that the clientele attracted to Telepsychology services present with different problems and are often a different clientele to the mainstream face-to-face counselling population. Clients who predominantly utilise telephone and Internet counselling services will have different reasons for utilising such services. They will often present with a variety of problems some of which are more appropriately dealt with via the telephone or technology assisted mediums due to the brief interventions required, timing of events and accessibility of callers to a variety of services and professionals. Examples of clients with specific presenting problems, benefiting from Telepsychology services include clients suffering with severe agoraphobia (McNamee, O'Sullivan, Lelliott, & Marks, 1989) and clients with extremely poor social skills and social phobias (Rosenfield 1997).

Hambly (1984) has indicated that the predominant issue of confidentiality is a major concern for people who use Telepsychology services. Hambly states that the nature of the presenting problems can often be distressing, embarrassing and personal. The ability of the client to feel secure in divulging personal information needs to be addressed so that the continuity and therapeutic intervention can be established and maintained. Hambly argues that Telepsychology, particularly telephone counselling offers such an environment.

Skardervd (2003) suggests that anonymity can increase the likelihood of participation and reduce the inhibition associated with participation in help seeking behaviours including professional counselling. Meissner (2002) elaborates that anonymity offers some protection for clients to express their thoughts and opinions with

little repercussion. This allows clients to explore feelings and attitudes with little fear of judgment. Clients are able to share personal information that may have never been expressed which can sometimes be of therapeutic benefit. However there are also disadvantages to counselling anonymous clients as there is an increase in pranks, obscenities, and manipulation by the clients making it difficult for counsellors to provide counselling effectively.

Further advantages to Telepsychology include the ability for clients to access services otherwise inaccessible. Rosenfield (2002) states that technology assisted media increase the availability of services, as it is often more economical for clients to attend and far more practical in accessing exclusive or unique services. Examples of clientele, who may benefit from technology-assisted media, include people with physical disabilities, the elderly, people from rural communities or geographical restrictions and those with specific presenting problems such as suffering with severe agoraphobia (Capner, 1999; DeSalvo 1988; Evans, Smith, Werkhoven, Fox, & Pritzl, 1986; McNamee, O'Sullivan, Lelliott, & Marks, 1989; Shepherd, 1987).

Another study (Coman, Burrows, & Evans, 2001) reports that another important factor in the counselling process is the relative severity of the problem as defined or judged by the client. Fisher (1973) states that issues presenting with life threatening possibilities would be deemed more important than other issues that may not be life threatening. Fisher argues that the level of severity, most likely translates to the level of urgency by a client at a particular time. This urgency would prompt clients to seek

assistance quickly and that technology assisted media may provide the immediacy required.

From the literature regarding presenting problems, there appears to be two main factors associated with the use of Telepsychology services. The first is confidentiality of the client, giving clients the ability to remain completely anonymous. Secondly is the accessibility of the service for clients to access services after hours and when symptoms of distress are occurring. Telepsychology appears to offer an environment that caters for these two factors.

Summary

The accessibility of Telepsychology services to the public is an enormous advantage over other services. Information can be quickly passed to the client and the counsellor has direct contact with the client without talking first to a receptionist, nurse or medical officer prior to appointment. Recent case studies from the Telephone Helpline Association (1999) have indicated that a small number of clients may not require face-to-face consultation after accessing Telepsychology services.

Presently, the research is unable to provide any conclusive statements on the effectiveness and quality of Telepsychology services in comparison to face-to-face services. It could be assumed that such comparison may not be appropriate given that Telepsychology services create a different environment for counselling than face-to-face. However there appears to be some research indicating that such differences are minimal. Due to the lack of reliable and valid evaluation tools developed for Telepsychology,

comparative research in evaluating the effectiveness and quality of these services are limited.

From this chapter we can make some general conclusion about the aspects of Telepsychology and the important factors associated with clients seeking help within this medium. Firstly, Telepsychology is changing and as technology advances, services become more interactive and include more visual and auditory cues. This will enhance the communication and counselling process.

Secondly from the help seeking literature, it indicates that clients are more likely to seek help for themselves before seeking help externally. There are various social implications as to why clients generally do this, however Telepsychology services may provide an environment whereby specific social factors are diminished, allowing an emotional involvement by the client and less inhibition. This environment facilitates participation by the clients in the help seeking process. The literature on technology assisted communication and social impact also supports this view.

Thirdly, technology assisted communication changes the dynamics of the interaction and communication process. However the literature indicates that these changes may have minimal effect on the quality of the communication. The sociological implications of technology assisted communication appear to be similar to face-to-face communication. Social impact and therapeutic concepts are observed in this environment and communicated via these mediums although some changes and adaptations are required.

Fourthly, methods used to evaluate Telepsychology are limited. Research in the area of telephone counselling has been able to indicate that Telepsychology services may

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provide therapeutic benefit for certain clientele, specifically those from rural and remote areas and marginalised or minority groups. Factors that have been identified as being important for clients to utilise Telepsychology are confidentiality and anonymity as well as severity of presenting problems and accessibility of services associated with severity. Presently research has not attempted to associate which problems present with these two factors needing to be addressed first and foremost, so that clients seek Telepsychology services. It is hypothesized that if these two factors are addressed, counselling in a Telepsychology environment may be more appropriate and effective than face-to-face services.

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