A Pilot Survey of the Integration of Technology into Counseling Practice

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Abstract
A random sample of 218 American Counseling Association members responded to a survey related to the integration of technology into the field of counseling pertaining to perceptions of possible barriers and benefits to providing online counseling. Results indicate that 11% of respondents currently provide some type of online counseling and that less than 20% of respondents would consider providing online counseling. Respondents identified both potential barriers and benefits of online counseling indicating that while counselors can recognize benefits to online counseling, they are still wary of potential challenges. Implications for the counseling field and future research directions are discussed.

Online counseling, or technology-assisted counseling, has become an established option for clinical service provision (Gatti, Brivio, & Calciano, 2016). According to the American Counseling Association's Code of Ethics, the professional counseling relationship "may no longer be limited to in-person, face-to-face interactions" (ACA, 2014, pg. 17). Online counseling holds particular promise for making mental health services more accessible, effective, and useful for both clients and counselors (Barak & Grohol, 2011; Lehavot, Barnett, & Powers, 2010; Richards & Vigano, 2013). Research regarding potential treatment options (Barak & Grohol, 2011; Richards & Vigano, 2013), treatment efficacy (Barak, Hen, Boniel-Nissim, & Shapira, 2008, Morgan, Patrick, & Magaletta, 2008) and other variables (e.g., client and counselor perceptions of online counseling, client behavior and motivation; Gatti et al. 2016; Layne & Hohenshil, 2005) continues to flourish. Researchers show positive outcomes related to counselor/client working alliance, overall effectiveness of therapy, client improvement, and client satisfaction (Holmes & Foster, 2012; Knaevelsrud & Maercker, 2006; Leibert, Archer, Munson, & York, 2006; Morgan et al., 2008; Reynolds, Stiles, & Grohol, 2006; Salleh, Hamzah, Nordin, Ghavifekr, & Joorabchi, 2015).

However, the extent to which counseling professionals are integrating digital services into practice is not clearly understood (Centore & Milacci, 2008; Menon & Rubin, 2011; VandenBos & Williams, 2000). Additionally, practitioner attitudes toward the integration of digital services are complex, varying according to individual preferences and experiences, personal opinions, therapeutic factors, and demographic variables. These myriad factors make it difficult to ascertain how attitudes impact clinical practice (Centore &

Milacci, 2008; Cipolletta & Mocellin, 2018, Lazuras & Dokou, 2016). Currently, the field does not have an accurate national representation of digital service provision and attitudes toward online counseling, which may impact the overall understanding of the integration of digital technologies within the counseling profession.

Modalities of Online Counseling

Online counseling has been defined as the delivery of counseling services in cyberspace, where the counselor and client are not in the same physical location and communicate using computer-mediated communication technologies (Richards & Vigano, 2012). Mental health practitioners can integrate and utilize technology several ways including text-based chat, email, and videoconferencing (Barak & Grohol, 2011; Goss & Anthony, 2009; Richards & Vigano, 2013). Services can either be synchronous (client and counselor are communicating at the same time; for example, through videoconferencing) or asynchronous (client and counselor are communicating separately at different times; for example, through email; Rummell & Joyce, 2010). All modalities can serve as standalone or supplementary services used in conjunction with face-to-face services (Abbot, Klein, & Ciechomski, 2005; Barak & Grohol, 2011; Barak et al., 2008).

Several studies have attempted to quantify how practitioners are integrating online counseling technologies into their practices. In 2000, VandenBos and Williams completed a random survey of 569 American Psychological Association members related to their use of telehealth (or online counseling). When the telephone was not included as a modality, only 2% of respondents disclosed the use of telehealth in clinical practice. In more recent years, data has shown that an increasing number of practitioners are integrating online counseling modalities. Several studies examined online counseling provider websites to determine what types of modalities were being provided. Shaw and Shaw (2006) found that email counseling services were provided on 38% of participant sites. Over half (56%) of clinician websites offered a combination of email plus other services (synchronous chat, telephone, and/or videoconferencing). A small number of sites (7%) offered only one service: synchronous chat, telephone, or videoconferencing (Shaw & Shaw, 2006). In their survey of 136 online counseling websites, Heinlen, Welfel, Richond, and Rak (2003) found that asynchronous email was the most utilized modality.

Menon and Rubin (2011) surveyed 14 practitioners who advertised in an online forum that they offered online counseling services. Results showed that email was the primary choice for providing counseling services to clients (86%) while instant messaging (synchronous chat) and videoconferencing were tied for second with 57% of respondents using those modalities for online counseling provision. The majority (79%) of respondents reported using both face-to-face and online counseling in conjunction with one another to meet their clients while 21% stated that they used online counseling as a standalone modality. Centore and Milacci's (2008) survey data of 854 mental health professionals showed that 28% of respondents used email for service provision, 5% used text chat, and only 1% used videoconference. Cipolletta and Mocellin (2018) found that 18% of 289 respondents provided online counseling and endorsed videoconferencing as the most

widely used modality (45%). Finn and Barak's (2010) survey data of 93 practitioners showed that 87% offered email services, 88% offered synchronous chat, and 9% offered videoconference. In a survey of thirteen online counseling clients, four respondents (30.7%) communicated with their counselors using videoconferencing, five (38.4%) communicated with synchronous chat, and two (15.3%) used email (Holmes & Foster, 2011).

The types of modalities used by counselors are varied. Some data suggest that email may be the most widely used (Finn & Barak, 2010; Menon & Rubin, 2011), however the most recent study indicates that the use of videoconferencing was the most preferred modality (Cipolletta & Mocellin, 2018). Goss and Anthony (2009) suggest that as technology and access to the internet continue to improve, access to previously expensive or cumbersome modalities such as videoconferencing may expand. Perhaps future research will show an increased reliance on more advanced and synchronous modalities as these become easier for practitioners and clients to both access and afford.

Perceptions of Online Counseling

The advent of new technologies continues to change the habits of clients and counselors alike (Cipolletta & Mocellin, 2018). As online counseling becomes increasingly popular, practitioner attitudes toward and perceptions of available technologies can provide information related to the integration of technology into current practice (Lazuras & Dokou, 2016). Several studies have attempted to gauge practitioner perceptions of challenges and benefits of online counseling.

Rees and Stone (2005) asked 30 clinical psychologists to evaluate counseling session videotapes and compare modalities on a working alliance measure (e.g., face-to-face sessions versus videoconferencing sessions). Participants measured the working alliance significantly lower in the videoconferencing sessions and expressed concern that the videoconferencing modality would negatively impact the client perception of the counselor as warm, genuine, and understanding (Rees & Stone, 2005). Ethical issues such as confidentiality, privacy, and verifying client identification are perceived as a deterrent for counselors who consider implementing online counseling (Rummell & Joyce, 2010).

Centore and Milacci (2008) found that participants had more negative than positive responses to online counseling. Almost half of all respondents reported having a "negative/very negative" attitude toward counseling via email, 35% reported having a "negative/very negative" attitude toward videoconferencing, and 65% reported having a "negative/very negative" attitude toward text-based chat. Concerns about being able to fulfil ethical duties were perceived for every online counseling modality (Centore & Milacci, 2008). Ten years later, Cipolletta and Mocellin (2018) found that about half of respondents reported that they would be open to integrating online counseling into their practices and about half would not. Additional barriers to online counseling have been identified including a lack of perceived connection between client and counselor as well as the inability to perceive and use nonverbal cues in communication (Chester & Glass, 2006; Menon & Rubin, 2011; Rummell & Joyce, 2010).

Several perceived benefits of online counseling have also been acknowledged. One benefit is that clients can access counselors outside of traditional time and space (Richards, 2009). In a study completed with college students who used an asynchronous discussion board to communicate with a counselor, 77% of all client communication was logged during nights and weekends (Richards, 2009). Additionally, clients may first seek support via digital communication as a way to get comfortable or gain confidence and, eventually, transition to face-to-face services (Rummell & Joyce, 2010). In other words, online counseling may serve as a gateway modality to help clients become familiar with counseling before they seek services in a face-to-face context. To that end, Richards (2009) found that 24% of participants who initially sought help through the online asynchronous chat forum went on to seek face-to-face help for the first time within the next 11 months. Another benefit may be the opportunity to serve clients who are in isolated geographical areas or have significant barriers to physically making appointments (e.g., physical disability, chronic illness; Chester & Glass, 2006). Cipolletta and Mocellin (2018) found that the most highly ranked advantage of online counseling was the reduction of geographic boundaries. Practitioners voiced the perception that online counseling may benefit clients that prefer an alternative digital modality for self-expression, as it offers increased anonymity and the opportunity to communicate in other ways (e.g., text-based chat; Layne & Hohenshil, 2005; Menon & Rubin, 2011). Affordability and ease of access have also been noted as benefits for digital services (Cipolletta & Mocellin, 2018).

Lazuras and Dokou (2016) showed that the counseling practitioners' perceived usefulness of online counseling was the single most predictive factor of technology integration, acceptance, and utilization in clinical practice. Additionally, ethical concern toward online counseling was significantly negatively correlated with practitioners' intention to integrate online counseling into their practices; in other words, the higher the concern around ethical problems, the lower the intention to practice online counseling. In Cipolletta and Mocellin's (2018) study, data suggest that confusion around ethical and legal components of online counseling was the most influential factor for practitioners when asked if they would be willing to open an online practice. The respondents who indicated they would be willing to provide online counseling were significantly more likely to believe online counseling would be beneficial to clients and rated themselves higher in their understanding of technology and tools for online clinical work.

Unfortunately, much of the current research is impacted by sampling errors and low response rates (Holmes & Foster, 2012; Menon & Rubin, 2011). Existing information does not accurately represent a generalizable picture of national service provision and more research is warranted to obtain more robust information that is reflective of integrated online modalities (Centore & Milacci, 2008; Menon & Rubin, 2011). Additionally, attitudes toward online counseling including perceptions of benefits and barriers is warranted (Centore & Milacci, 2008). Investigation on a national scale has not taken place since VandenBos and Williams surveyed psychologists in 2000. The most recent study completed by Cipolletta and Mocellin (2018) is informative, yet was completed in Italy so

there may be some cultural and systemic factors inhibiting its generalizability to the United States. As such, the current study investigated practitioners' integration of technology in their clinical practice as well as current perceptions of the barriers and benefits to providing online counseling services.

Method

Procedures

A random, national sample of 3,000 (5% of 55,782) active members of the American Counseling Association (ACA) was chosen after IRB approval was obtained. The researchers purchased the U.S. mailing addresses of these members and requested a national random sample that excluded student members from ACA, as the purpose of the study was to survey current practitioners in the counseling field. In the fall of 2016, all 3,000 identified ACA members received an initial letter via U.S. mail requesting participation via digital link (directions were to type the link into a web browser via computer or tablet) to complete the survey. Study data were collected and managed using REDCap electronic data capture tools hosted at the university. REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources (Harris et al., 2009).

Given logistical and budget constraints, the researchers followed the process suggested by Salant and Dillman (1994) as closely as possible (e.g., sending an initial and follow-up contact). Participants were entered into a random drawing for 1 of 33 Amazon gift cards in the amount of $10 to provide a monetary incentive. Such incentives have been shown to increase survey response rates (Erwin & Wheelright, 2002). This project was partially funded by a research grant provided by the Association for Specialists in Group Work.

Measures

The researchers developed a survey measure related to myriad aspects of online counseling and took between 15 and 20 minutes to complete. All items were used for descriptive purposes and no scales were summed. Two components were included in the data survey: (a) demographics, including current use of technology in clinical practice; and (b) perceptions of benefits and barriers of online counseling. Demographic information was collected including the race, gender, age, and type of counseling license of the participant. A description of the type of counseling practice, type of work setting, and main clinical activities of each participant were also collected. The following questions were also asked: (a) are you proving online counseling, if so what type? (b) have clients inquired about online counseling? and (c) do you believe that online counseling would benefit your clients?

Questions that addressed client perceptions of barriers and challenges to online counseling as well as potential benefits of online counseling were derived from previous research (Layne & Hohenshil, 2005; Leibert et al., 2006; Rees & Stone; 2005; Rochlen, Beretvas, & Zack, 2004;

Shaw & Shaw, 2006). Barriers included client/counselor resistance, client/counselor understanding of technology, client/counselor stigma of online counseling, concern with therapeutic relationship, lack of nonverbal communication, financial barriers, and ethical concerns. Potential benefits included benefits of text-based communication, anonymity, augmentation of face-to-face services for travel and moves, and the ability to reach isolated clients due to disability or geographical location.

Results

Response Rate

A total of 3,000 recruitment invitations were distributed via U.S. mail. A follow-up invitation was sent to all 3,000 original participants one month after the initial letter. Fifty-three initial letters were returned as undeliverable due to incorrect mailing addresses as provided by ACA. Of the remaining 2,947 invitations, 218 people responded, thus providing an overall return rate of 7.4%. This response rate is low; an ideal survey response rate is around 20% (Gall, Gall, & Borg, 2007). Although survey data is frequently used in social science research, obtaining a strong response rate is challenging (Dillman, 1991).

Demographic Characteristics

The sample included 136 female respondents (62.4%), 36 male respondents (16.5%), and 46 (21.1%) with no response. The sample ages are as follows: 25-30 years (14.6%), 31-35 years (11.4%), 36-40 years (9.6%), 41-45 years (7.7%), 46-50 years (11.9%), 51-55 years (7.3%), 56-60 years (7.8%), over 60 years (9.1%), and 34 (15.6%) with no response. The average age of the group was 44.24 years with a standard deviation of 12.35; ages in the sample ranged from 24 to 75 years, with a modal age of 30. The sample included 184 Caucasian practitioners (84.4%), six Asian practitioners (2.8%), eight Black practitioners (3.7%), one Latino/a practitioner (.5%), and two multiracial practitioners (.9%), with 17 (7.8%) who did not respond. Years of counseling practice ranged from 1-40; the average number of years that participants have been practicing counseling was 10.11 years, with three being the modal number of years. Forty-five of the United States were represented in the sample with a majority response from Virginia (16, 8%), Texas (17, 8.5%) and Ohio (18, 9%). The five states not represented were Delaware, Kentucky, Montana, New Hampshire, and Vermont. The respondents were representative of overall ACA demographics during the year the data were collected (e.g., gender proportion, racial proportion, degree-type proportion; ACA, 2016).

Twenty-eight participants had completed doctoral degrees (12.8%), 174 participants had completed master's degrees (79.8%) and sixteen (7.3%) did not respond. Forty-eight participants were still working towards independent licensure (19.4%), 139 participants held an LPC/LPCC (63.7%), six held an LMFT (2.7%), six held a CRC (2.7%), and 24 held other licenses. Eighty-one participants (39.7%) responded that they worked in private practice, 53 (26%) worked in a public agency, 14 (6.9%) worked in a hospital, 19 (9.3%) worked in a K-12 school, 24 (11.8%) worked on a college campus, 13 (5.9%) responded other, and 14 (6.4%) did not respond. One hundred and sixteen participants responded that their main clinical activity was individual adult counseling (59.2%), while 49 (25%) responded that their main clinical

activity was individual child counseling. Fifteen (7.7%) responded that family or couples work was their main clinical activity and 16 (8%) responded that they most often ran groups.

Provision of Services

Out of the total sample, 42 (19.2%) said that they would consider providing individual online counseling and 28 (12.8%) said they would consider providing both individual and group counseling. Thirty-three (15.1%) responded that they would not consider providing any online counseling and 48 (22%) stated that they were unsure. When respondents were asked if they believed their clients would benefit from online counseling, 40 (18.3%) answered yes to individual counseling, 23 (10.6%) responded that their clients might benefit from individual and group, 20 (9.2%) said no, and 67 (30.7%) stated they were unsure. Respondents were also asked if they believed their clients would like online counseling, to which 37 (17%) responded yes to individual counseling, 15 (6.9%) responded yes to individual and group, 14 (6.4%) responded no, and 85 (39%) responded they were unsure. Twenty-two (10%) responded that their clients have previously inquired about online counseling. Finally, 20 respondents (9.2%) indicated that they had received formal, online counseling training. Of all respondents, 132 (60.6%) replied that they used technology to keep in touch with clients. Of these 132 respondents, 54 (40.9%) use text via cell phone, 66 (50%) use email, 11 (8.4%) used other (e.g., secure message via electronic messaging system; both text and email), and one person did not respond. Twenty-four participants (11%) responded that they provide online counseling services in their practices (e.g., text-based chat, email, or videoconference).

Perceptions of Online Counseling

Thirty-one (14.2%) participants stated that they were currently working as school counselors. Because the project was designed to survey current mental health counseling practices with technology, practicing school counselors were branched to a separate set of questions related specifically to school counseling and were not included in the responses below. Additionally, 18 (8.3%) participants stated they were not actively practicing as counselors and were not included in the below data calculations. This left 169 of the original 218 respondents to answer the questions related to their perceptions of online counseling.

The remaining 169 respondents were asked several questions related to their perceptions of the barriers and benefits to online counseling. The participants were asked to respond to each of the potential barriers or benefits to online counseling on a five-point Likert-type scale with anchors including *Strongly Disagree (SD, Disagree (D), Neutral (N), Agree (A), Strongly Agree (SA)*. Possible barriers to online counseling (in other words, what may preclude counselors from practicing online counseling) included: (a) lack of counselor training, (b) lack of counselor understanding of technology, (c) lack of counselor access to technology, (d) general counselor resistance, (e) general counselor stigma of online counseling, (f) client understanding of technology, (g) client resistance, (h) client stigma of online counseling, (i) lack of client access to technology (e.g., financial), (j) concern over how to build a therapeutic relationship, (k) concern over lack of

nonverbal communication, and (l) ethical issues such as privacy and confidentiality. Possible benefits to providing online counseling included: (a) ability to reach clients who cannot physically make appointments due to a disability, (b) ability to reach clients who may be afraid of face-to-face counseling, (c) ability to reach clients who may be geographically isolated, (d) client preference for anonymity, (e) client preference for text-based meetings, (f) ability to augment face-to-face services, and (g) ability to continue with clients if they move away. The raw number and percentage of respondents for each response category are presented in Table 1.

Discussion

Research shows that online counseling holds particular promise for making some mental health services more accessible, effective, and useful for both clients and counselors (Barak & Grohol, 2011; Richards & Vigano, 2013). However, existing information does not fully represent the use of integrated online modalities and attitudes toward online counseling (Centore & Milacci, 2008; Menon & Rubin, 2011). When compared with past research, the current study shows increased use of text messaging (via cell phone) and email of counselor/client correspondence about appointments and scheduling. Data show that 61% of participants responded that they used technological means to keep in touch with clients regarding scheduling. Of these respondents, 40% use text via cell phone, 50% use email, 8% used other (e.g., secure message via electronic messaging system, both text and email). This demonstrates a large increase as VandenBos and Williams' (2000) data showing that outside of telephone conversations, there was minimal to no use of other technology. More recently, however, six of seven respondents in Vincent, Barnett, Killpack, Sehgal, and Swinden's (2017) study used email to correspond with clients when establishing initial contact and scheduling issues. These results highlight a social trend wherein contact via digital correspondence has become ubiquitous. Vincent et al. (2017) discuss that digital correspondence has crept into counseling practice "without conscious" and that this type of communication is simply a part of day-to-day life (p. 73). Additional technological interventions, such as the use of videoconferencing and email for therapeutic purposes, require more intentional choice and selection by practitioners (Vincent et al., 2017).

Current data show that 11% of respondents provided some type of online counseling with the majority providing videoconferencing sessions. Similarly, Cipolletta and Mocellin (2018) found that 18% of their sample provided online services with the majority using the videoconferencing modality. In the current study, 19.2% of participants responded that they would consider individual online counseling and 12.8% said they would consider both individual and group online counseling. When respondents were asked if they believed their clients would benefit from online counseling, 18% answered yes to individual counseling, 10% responded that their clients might benefit from individual and group, 9% of respondents said no, and 30% stated they were unsure. Respondents were also asked if they believed their clients would like online counseling, to which 17% responded yes to individual counseling and 7% responded yes to individual and group. Overall, responses demonstrating support are below 20%. It appears that counselors still seem hesitant to integrate online modalities into their clinical

work and are cautious to believe that online work may actually be beneficial to their clients.

Interestingly, these results are not that different from Centore and Milacci's (2008) study where almost half of all respondents reported having a "negative/very negative" attitude toward counseling via email, 35% reported having a "negative/very negative" attitude toward videoconferencing, and 65% reported having a "negative/very negative" attitude toward text-based chat. Concerns about being able to fulfil ethical duties were perceived for every online counseling modality (Centore & Milacci, 2008). The current study was done almost a decade after Centore and Milacci's (2008) study and it does not seem as if attitudes have shifted despite the increased use of technology in all facets of social connection. However, Cipolletta and Mocellin (2018) found that about half of their sample reported that they would open an online counseling service and half would not indicating a more evenly split distribution for their population.

In the current study, 10% responded that their clients have previously inquired about online counseling. Finn and Barak (2010) showed that 67% respondents believed there was a "strong market demand" for online counseling services. As counselors continue to perceive an observed increase in client demand of online counseling services, this may shift their decisions to incorporate technology into their clinical practice.

Perception of Benefits and Barriers

Data show a high rate of agreement to both barriers and benefits of online counseling. When asked about their perceptions of barriers of online counseling, over 50% of participants stated they agreed or strongly agreed with the following items: counselor training, counselor understanding, counselor resistance, counselor stigma, client understanding of technology, and client stigma of counseling. Over 80% of participants indicated they believed the lack of non-verbal cues, ethical issues, and concern with the formation of the therapeutic relationship were barriers to online work. Other studies have shown similar hesitations and negative perceptions of counselors regarding online counseling (Cipolletta & Mocellin; 2018; Rees & Stone, 2005). A lack of perceived connection between client and counselor as well as the inability to perceive and use nonverbal cues in communication have been discussed as potential pitfalls of online counseling (Chester & Glass, 2006; Menon & Rubin, 2011; Rummell & Joyce, 2010). Ethical issues such as confidentiality are consistently perceived as inhibitive when considering the use of online counseling (Cipolletta & Mocellin, 2018; Rummell & Joyce, 2010). Cipolletta and Mocellin (2018) also found that technological barriers including verification of user identity and frustration of technological issues were endorsed by over 65% of respondents. These data show that counselors are still wary of providing online counseling and maintain a heightened awareness of inhibitive ethical issues that may arise with digital modalities of counseling.

The current data also correspond with information received directly from counseling clients. Young (2005) surveyed 48 clients who participated in online addiction counseling services who mentioned similar concerns. For example, 52% of respondents mentioned privacy and confidentiality as a concern while seeking

online treatment, 38% of clients mentioned security as a concern, 31% of clients mentioned being caught by a spouse or employer was a concern, and 27% of respondents noted that they had no concerns regarding online counseling. Young's (2005) data show that over 70% of participants agreed that counselor resistance was a potential barrier while only 27% of participants responded that client resistance was a barrier. In the current study, over 70% of respondents believed that counselor resistance was a barrier while under 40% believed that client resistance was a barrier. Perhaps, counselor resistance plays a more significant role than client resistance in negatively impacting online service expansion. Current data suggests this dynamic, with less than 20% of participants responded that they would consider providing online counseling even though only 9% answered that they did not believe their clients would benefit from online counseling.

When asked about their perceptions of benefits of online counseling, over 50% of participants stated they agreed or strongly agreed including the ability to reach clients who may be wary of face-to-face counseling and prefer anonymity. Over 50% of respondents agreed that online counseling could add benefit as an augment face-to-face services and may allow more flexibility for counselors to continue to see clients who move or travel during the therapeutic process. Over 90% agreed that online counseling would benefit clients who may otherwise not seek face-to-face counseling due to a disability or geographical location constraints. The opportunity to serve clients who are in isolated geographical areas or have significant barriers physically making appointments (e.g., physical disability, chronic illness) is a commonly identified benefit (Chester & Glass, 2006). Cipolletta and Mocellin (2018) found that almost 70% of their sample endorsed reduction of geographical boundaries as an advantage and that over half endorsed anonymity as a benefit for clients who desire it.

Data from the current study correspond with information procured from client perception as Young (2005) found that 96% of clients sought online counseling over face-to-face treatment for the anonymity, 71% sought online counseling for the convenience, and 38% sought online counseling for the ease of access to treatment. Gatti et al. (2016) found that clients reported the accessibility without time restriction to be the most positive feature of text-based counseling. Additional researchers have cited benefit for clients who seek the perceived anonymity provided by online counseling (Layne & Hohenshil, 2005; Menon & Rubin, 2011).

Largely, the perceptions of barriers and benefits to online counseling that were found in this study, have been corroborated in previous literature (Centore & Milacci, 2008; Cipolletta and Mocellin, 2018). Cipolletta and Mocellin (2018) found that 63% of their respondents were proponents of online counseling while 35% of respondents were not favorable to online counseling. The current study shows that the respondents were not quite as favorable with less than 20% responding favorably to the integration of online counseling. However, in seven categories, over 20% of respondents remained neutral (e.g., counselor resistance, counselor stigma, client resistance and client access). These neutral positions may showcase a shift in strongly held negative beliefs or biases regarding online counseling and a shift in

decreased apprehensive regarding the provision of digital services.

Counseling Implications

The use of text messaging and email is ubiquitous in today's culture and these digital types of communication are unequivocally finding their way into the communication between client and counselor. Approximately half of respondents stated they use text messaging (via cell phone) and email to communicate with clients about scheduling, showcasing a significant trend in how clients and counselors are contacting one another. This is an increase from data collected in 2008 where only 5% of respondents used text-based chat to communicate with clients (Centore & Milacci, 2008). Vincent et al., (2017) found that six out of seven respondents used email to communicate with clients. To this end, The American Counseling Association's' Code of Ethics (2014) addresses digital types of communication and counselors who use digital communication (e.g., email, text) to schedule with clients should be aware of confidentiality and privacy issues as well as understand the importance of creating boundaries around response times and appropriate information to disclose in this type of communication (ACA, 2014). As Vincent et al. (2017) state, digital communication with clients is ubiquitous in our culture. However, this does not mean that counselors can disregard ethical and legal guidelines around HIPAA and client confidentiality.

Overall, the data demonstrate that while counselors recognize that online services may offer benefit clients, their perception of limitations and challenges are equally as strong and may inhibit counselors from integrating technology into their counseling processes. Data show that 11% of respondents are providing some type of online counseling and less than 20% would consider providing individual and/or group counseling online. It seems as though counseling practitioners are at an impasse regarding online work; on one hand they can identify various benefits to clients, yet on the other they are held back by identified ethical concerns and barriers. Lazuras and Dokou (2016) discuss that perceived usefulness of online counseling was the largest predictor of future use in clinical practice. It is possible that intentional training in online work, more access to outcome research identifying benefits of online counseling, and an increasing culture shift toward digital communication may all serve to decrease counselor resistance to providing online counseling.

Intentional training in online counseling delivery may help to assuage fears and apprehension regarding perceived barriers. Sixty-seven percent of respondents agreed that counselor training was a significant barrier to offering online counseling services. Only 9% of the sample had received some type of training in providing online services even though 11% of respondents reported offering online services. Vincent et al., (2017) report little evidence that training or professional development focused on providing online counseling was offered or sought by participants. The importance of training has been well-documented (Anthony, 2015; Heinlen et al., 2003; Shaw & Shaw, 2006). ACA (2014) included the ethical mandate of training regarding online counseling service provision stating, "Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related

technical, ethical, and legal considerations" (H.1.a, p. 17). Additionally, CACREP (Council for Accreditation of Counseling and Related Educational Programs) included several mandatory technology-related training standards in the 2016 iteration of program standards. Training should begin in master's-level training programs so as to positively impact the development of counselors-in-training with the understanding of online counseling provision. Available training programs are increasing (e.g., the Distance Counselor Credential sponsored by the National Board for Certified Counselors) and continued research should be done on their efficacy, impact on counselor development, and perception of the utility of online counseling.

Limitations, Strengths, and Future Directions

The most glaring limitation is the low response rate. While this does render these data less generalizable, the sample is representative of general ACA membership (ACA, 2016). The low response rate may be a product of the inability to purchase email addresses for contacts and relying on U.S. mail for participant recruitment and not being able to click on a web link directly from an email may have been prohibitive. Given the low response rate of this study, the data can be interpreted as pilot or preliminary data, paving the way for a future, larger-scale study using refined and updated measures. Future studies should improve response rates by recruiting participants directly via electronic communication.

The strength of this study is the attempt at a random, national sample of counseling practitioners. Although the response rate was low, the opportunity to survey a random representation of professional members is important. The cost of this type of research when digital communication is not allowable is often prohibitive, rendering representative random sample research designs infrequent.

Several small-scale studies have been completed that showcase types of online counseling services being provided as well as overall perceptions of this type of service provision (Heinlen et al., 2003; Menon & Rubin, 2011; Shaw & Shaw, 2006, Vincent et al., 2017). These inquiries should continue on a larger scale to continue to gain information regarding the national landscape of online counseling. Future investigation should also focus on the differences in perception between clients and counselors regarding the use of online counseling and the benefits of this type of service provision. Additionally, research should focus on the training of professionals in the provision of online counseling and the impact on counseling effectiveness as well as client and counselor perception of digital services. Research regarding online counseling outcomes is also warranted as positive outcome research may support increased use of online counseling modalities (Cipolletta & Mocellin, 2018).

Conclusion

Online counseling is a nationally recognized option for clinical service provision. Currently, the field does not have an accurate national representation of digital service provision and attitudes toward online counseling, which may impact the overall understanding of the integration of digital technologies within the counseling profession. Through a random national sample of ACA members, the current study

showcases the relevance of technology in today's counseling practice as over 61% of respondents use technology to communicate with clients in some way and 11% were providing online counseling. While inhibited by a low response rate, data generally show that respondents can identify both benefits and challenges to providing online counseling. With the proliferation of types of technology and increase in accessibility for both clients and counselors, the counseling field continues to face persistent change and digital integration. These changes need to continue to be investigated so as to inform practice and training processes.

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Table 1
Perceptions of Online Counseling

Perception Type	StronglyDis/Disagree		Neutral		Agree/Strongly Agree	
	no	%	no	%	no	%
Barrier						
Co. Training*	27	16	28	16.6	114	67.4
Co. Understanding*	36	21.3	32	18.9	101	59.9
Co. Access	70	41.5	34	20.1	65	38.5
Co. Resistance*	13	7.7	35	20.8	110	71.5
Co. Stigma*	35	20.7	35	20.7	99	58.6
Cl. Understanding*	41	24.3	33	19.5	95	56.2
Cl Resistance	46	27.4	56	33.3	66	39.2
Cl. Stigma*	70	16.6	25	14.9	130	77.4
Cl. Access	13	27.1	56	33.3	66	39.2
Relationship*	18	10.7	16	9.5	135	79.9
Non-Verbal*	12	7.1	13	7.7	144	85.2
Ethical Issues*	12	6.6	15	8.9	141	84
Benefit						
Reach Cls. with disabilities*	3	1.3	4	2.4	162	95.8
Reach Cls. who are afraid*	21	12.5	26	15.4	122	72.2
Reach geographically isolated cls.*	2	0.1	5	3.0	162	95.9
Cl. prefer anonymity*	36	21.5	45	26.8	87	51.8
Cl. prefer text option	43	25.8	55	32.9	59	41.3
Augment services*	8	4.8	25	14.9	135	80.4
Continuity of services*	22	3.8	30	18.0	114	68.2

Note. N=169. * Indicates items that 50% of participants responded Agree/Strongly Agree