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# Exploring Student Perceptions of Technology-Mediated Social Work Practice through Supportive Education Frameworks

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Exploring Student Perceptions of Technology-Mediated Social Work Practice through  
Supportive Education Frameworks

By  
Janet Vizina-Roubal

A Banded Dissertation in Partial Fulfillment  
Of the Requirements for the Degree  
Doctor of Social Work

St. Catherine's University | University of Saint Thomas  
School of Social Work

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## Abstract

Clinical social workers place a high value on personal relationships and therefore question the efficacy of technology-mediated therapy. A common concern with technology-mediated practice is the lack of body language that could impede the formation of a therapeutic alliance. Educators share these concerns and have developed the Community of Inquiry (COI) framework. This banded dissertation uses the COI framework that conveys the ideal online educational experience through the concepts of a social, cognitive, and teaching presence.

The first scholarly section of this banded dissertation is a conceptual article regarding the COI. This article outlines how COI may be used as a conceptual framework for conducting online therapy. COI provides guidance for educators who strive to have a positive experience with online teaching. Likewise, this model can serve as a guide for clinical social workers wishing to engage in online therapy. The purpose of this article is to demonstrate how COI may be used as a conceptual framework for conducting online therapy.

The second scholarly section is an article derived from the direct research completed for this banded dissertation. Technology-mediated services such as email, texting, phone calls, and video conferencing has the potential to increase participation in mental health services. However, many social work practitioners perceive online therapy as inferior to face-to-face therapy. This mixed methods study explored this perception during technology-mediated role-played sessions with Master of Social Work (MSW) students at a rural mid-western university.

The third scholarly section is a poster presentation. A poster was created by this author to depict the findings from this research study and subsequently presented at a national conference for collegiate educators. The presentation was based from the second scholarly section of this

banded dissertation. Findings suggested that participants perceived there was no significant difference in forming a therapeutic alliance during face-to-face role-plays and technology-mediated role-plays. The focus groups' findings provided six themes regarding student perceptions of technology-mediated social work practice. The findings and discussion are showcased within the poster.

There is an array of implications to social work practice, education and research as a result of these findings from this banded dissertation. For the social work profession to evolve within the digital era, new curriculum must be created, or old curriculum must be updated to infuse technology-mediated practices. It is essential that educators challenge existing paradigms which incorrectly indicate that online therapy is less effective than face-to-face therapy. This paradigm shift is imperative to the continued growth and evolution of the social work profession.

*Key words:* Technology, e-therapy, Community of Inquiry

### Dedication/Acknowledgements

This dissertation is dedicated to my husband, Lewis Roubal for his selflessness and long hours of editing, love and encouragement. It is also dedicated to my children, Ainsley and Lewis for their reminders to take breaks and enjoy life while writing. Finally, to my parents, Russell and Kathleen Vizina for their unconditional support and encouragement. I would also like to acknowledge Michelle Gricus for peer editing, inspiration and support and Sara Maurer for endless hours of professional editing and friendship.

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## Exploring Student Perceptions of Technology-Mediated Social Work Practice through Supportive Education Frameworks

This banded dissertation focuses on teaching e-therapy skills in clinical Master of Social Work (MSW) programs. Social workers have often utilized new technologies to add and enhance social work practice. The specific research question that guided this banded dissertation and all three scholarly sections is: How does exposure to e-therapy change the perception of rural MSW students regarding the importance of the therapeutic presence in e-therapy? This banded dissertation also explores a framework for teaching and utilizing e-therapy skills with clinical MSW students. The first scholarly section is a conceptual article outlining the Community of Inquiry Framework (COI). This framework can be utilized to teach online therapy skills and to create an ideal online therapeutic environment. The second article summarizes the primary research this author completed in 2016. The third product is an interactive poster presentation that this author presented at the Counsel on Social Work Education's annual program meeting in Atlanta Georgia in November 2016.

Mental distress is a significant problem and impacts functioning in many people's lives (Dowling & Rickwood, 2013). The World Health Organization reports that mental illness has a powerful impact on national economies due to realized: loss of productivity, reduced work hours, reduced efficiency, and disability support expenses. Despite a need for intervention, there is minimal participation with use of mental health services (2013). Dowling and Rickwood's research suggests only 30-40% of persons meeting the criteria for a mental illness actually participate in interventions. They go on to posit that distance communication technology, such as online therapy, may help to address this service gap and may increase participation in services. For example, e-therapy can successful reduce some of the reasons for not engaging in



mental health services such as limited transportation in rural areas, the cost of transportation in urban areas, or certain disabilities that may lead to decrease access to services. Chester and Glass (2006) further suggest the benefits of online therapy are beyond that of transportation and accessibility issues such as clients communicating more easily about emotional issues due to the illusion of privacy that often the online environment provides. This supports the idea that online social work services such as e-therapy can have a significant impact on how social workers reach clients who otherwise may not engage in services.

Many social workers are reluctant to the use of online therapy practices such as video conferencing, chatting, texting, and emailing. There is a continued divide between early adopters and those who are apprehensive about technology use in social work practice. Through an initial review of literature, this author found there is minimal research on how to teach social workers to utilize technology in clinical practice. This was a catalyst that ignited this author's interest in understanding how MSW student learn and perceive online therapy skills. This interest also precipitates from the increased demand for students to acquire specialized skills in completing online therapy.

A review of existing literature on this subject revealed a study by Menon and Rubin (2011) that provided a number of insights into the challenges and successes of online therapy and teaching online therapy. The study was conducted with therapists currently practicing e-therapy. There were four areas of interest in the study including: practicing online therapy skills; theories or frameworks that dictated this new form of practice; benefits of e-therapy interventions; identification of the types problems best handled through e-therapy. This study provided a critical discussion framing the need for a curriculum inclusive of e-therapy skills in social work education. This study along with others also outline the key areas of interest for this banded

dissertation. This information is essential to understanding the skills needed for e-therapy and the research needed in the related area of teaching e-therapy skills in clinical MSW programs.

### **Conceptual Framework**

The theoretical framework chosen is the COI and is specifically related to the first product of this banded dissertation, the conceptual article. COI's main concepts are that of teaching presence, cognitive presence, and social presence. Garrison (2010) states that teaching presence is the design and organization of the teaching components such as assignments and discussion boards. He later states cognitive presence is the meaningful construction and affirmation that students are synthesizing established materials such as tests, papers, and other learning activities that showcase students' cognitive presence and understanding. Lastly, he describes social presence as the component of sharing and communicating with each other in addition to providing a platform for reflection and possible discourse. Combined and balanced, these three concepts make an ideal online educational environment.

The COI framework is suited perfectly for teaching technology-mediated therapy at the master's level. Students may be fearful of not being physically present or of clients not getting the optimal experience in a therapy session when conducting them through a digital medium be it text, email, or videoconferencing, etc. This parallels educators' anxiety about teaching online- whether or not students are getting an ideal educational experience. Applying the three concepts of COI provides a framework for the researcher to understand how students can learn technology-mediated therapy and how they can utilize these concepts for technology-mediated practice.

Transference of a Garrison's (2010) concepts of cognitive, teaching, and social presence to a technology-mediated environment for therapeutic purposes may increase comfort for students and professionals who are dealing with anxiety associated with being online with clients. During on-line therapy, a cognitive presence could include activities assigned to a client to work on in-between sessions. A teaching presence could be transformed to be called a therapeutic presence whereby the therapist forms an alliance that creates the foundation for all therapeutic goals. The social presence in this framework is the act of sharing and engaging via text-based communication or video-conferencing. These concepts form a trifecta that have the possibility of creating an ideal technology-mediated therapeutic environment that social workers can effectively utilize.

### **Summary of Scholarly Products**

The first banded dissertation article is a conceptual article that outlines how Garrison's (2010) COI framework may be foundational for teaching and learning technology-mediated social work practice. The article defines the concepts of the COI and how those concepts can be transferred to an online therapeutic environment. The article also discusses the absence of non-verbal body language within technology-mediated social work practice and how the use of new technologies such as emoji's can express emotion in a text-based environment.

The second banded dissertation article is a research-based article. The article outlines the mixed methods study that was conducted with MSW students in a rural mid-western university. The article includes a literature review, methods, and findings of the study. The methods section discusses the quantitative portion of utilizing the *Working Alliance - Short Form (WAIS)* and the qualitative portion of two guided focus groups. The quantitative findings suggest that participants felt both face-to-face classroom role-plays and technology-mediated role-plays were

effective. The qualitative findings suggested six main themes that showcased the participants' changing perceptions of technology-mediated social work.

The final banded dissertation product is a poster presentation of the research-based article regarding the MSW student perceptions of technology-mediated practice. The poster was presented at Council on Social Work Education (CSWE) Annual Program Meeting held in Atlanta in November of 2016. The poster presentation was interactive with 14 participants who responded positively.

### **Discussion**

Online therapy and text-based communications will continue to enter the social work profession as clients continue to drive demand for them. One of the goals of the social work profession is to come from a place that starts "where the client is at". Clients who need a different approach to services such as online services may benefit from social workers who are trained and comfortable with utilizing text-based and online therapy services. Social work tends to be a profession that will use available technology but could benefit from creating technology services to better the profession and the clients served. Social work pioneers have a long history of being innovators and using methods that were not always accepted by the general population. For example, Helen Perlman developing a process for short term case work when long term psychoanalysis was the norm (Perlman, 1957). Today, social workers can continue this tradition by going beyond our own comfort and embracing technology and its numerous benefits.

There continues to be a divide within clinical social work between early-adopters and those who are adverse to technology use. One way to increase knowledge, comfort, and skills of clinical technology is by infusing technology into current curriculum. For example, this research

showcased dramatic changes in perceptions of use of technology in clinical practice after a one-time assignment. As shown in the qualitative findings. If technology was created and regularly utilized in practice classes from introductory Bachelor of Social Work (BSW) to advanced MSW clinical classes, technology use would become the “norm” for social work practice. Students would then become early-adopters and potentially creators of new technology as a result of the infusion within multiple levels of social work education. This process of infusing technology into social work education will also afford social work professors with the opportunity to practice technology without the apprehension of having to do so while treating real clients. Furthermore, the partnership of students and professors learning together, creates a learning community that further strengthens the use of technology in the social work profession.

Throughout typical MSW clinical classes, students are expected to focus on the development of therapeutic alliances with clients. Therapeutic alliances has been the subject of a variety of studies and have been shown to be a single factor that can impact therapy outcomes for clients (Safran & Muran, 2000). An area to focus on, with regard to technology use in the social work profession, is the view of the working alliance. Many social workers perceive that a working alliance may not be as impactful in an online environment or may be impossible to create. A therapeutic alliance online may look and feel different than one that is created in a face-to-face environment, but is no less effective. Acknowledging the ways in which online therapy and text-based communication can aid in the formation of therapeutic alliances is imperative to developing the tools professionals need to be successful. However, it may take a different set of therapeutic tools that many professionals have not yet been trained in. Discovering and teaching new therapeutic skills and tools is crucial to the modernization of the social work profession.

### **Implications for Social Work Education**

Practicing online therapy requires a new set of skills and strategies to create a therapeutic alliance or presence. Negative perceptions regarding the efficacy of online therapy may need to be challenged and social work practitioners need to be exposed to practicing online in order to change perceptions. Creating models, frameworks, skills, and strategies that have already been tested with other professions in the online environment can prove to be beneficial for clinical social workers to embrace. The consequences of a lack of training and educating future and current social workers regarding the models, skills, and strategies may be dire. The profession may be regarded as stagnant if social workers are not trained in technology, specifically in social work education.

Along with educating students in specific online skill sets and utilizing a framework such as the COI framework, students will benefit from the ongoing discussion of ethics and the use of technology. Advancing technology use in social work education requires a continued and broad discussion of ethical practices. Ethical questions and topics such as maintaining confidentiality and boundaries are at the forefront. The students learning and the professionals teaching them require clear guidelines in proceeding with clients in future online client relationships. A portion of the curriculum must be dedicated to understanding the challenges and benefits of practicing in an online environment. More students and professionals exposed and practicing clinical social work in an online environment through changes in curriculum will increase comfort in both students and professionals. Increased comfort allows for a deepened discussion around required foundational skills, new skills, and newly discovered ethical dilemmas. This strategy will help maintain the social work professionals as innovators in new realms of social work and human services practices.

### **Implications for Future Research**

Future studies should focus on the legitimizing technology for social work services. Building a body of knowledge that showcases its benefits and limitations will help professionals and educators engage in what one of the participants in the study stated as the “modernization of social work”. Further research regarding the best ways to teach online therapy such as guidelines and formats will continue to be beneficial. Studying how a combination of face-to-face and online therapy also will expand knowledge and provide new knowledge on best practices with technology use. Using real clients instead of role-plays, with students, to create a more realistic environment will provide students with more online experience and skills. Finally, further studies comparing face-to-face with online therapy focusing on specific populations and identified evidence based practices would significantly enhance the body of knowledge available to help professionals, educators, and students grow and develop new skills.

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Supporting Online Therapy through the Community of Inquiry Framework

Janet Vizina-Roubal, LMSW

### Abstract

Clinical social workers place a high value on personal relationships and therefore question the efficacy of online therapy. Similarly, personal relationships are valued in the educational environment. The Community of Inquiry (COI) framework conveys the ideal online educational experience through the concepts of a social, cognitive, and teaching presence. COI also provides guidance for teachers who strive to have a positive experience with online teaching. Social workers value these same concepts in a therapeutic relationship. As a result, the COI model can serve as a guide for clinical social workers wishing to engage in online therapy. The purpose of this article is to demonstrate how COI may be used as a conceptual framework for conducting online therapy.

*Key Words:* e-therapy, online therapy, Community of Inquiry

### Supporting Online Therapy through the Community of Inquiry Framework

Mental distress is a significant problem and impacts functioning in many people's lives (Dowling & Rickwood, 2013). The World Health Organization reports that mental illness has a powerful impact on national economies such as loss of productivity, reduced work hours, reduced efficiency, and disability support expenses. Despite a need for intervention, there is minimal participation in mental health services. Dowling and Rickwood's research suggests that only 30-40% of persons meeting the criteria for a mental illness participate in interventions. They go on to posit that distance communication technology, such as online therapy, may help to address this service gap and may increase participation in services. For example, e-therapy can reduce some of the reasons for not engaging in mental health services such as limited transportation in rural areas, the cost of transportation in urban areas, or certain disabilities that may lead to decreased access to services. Chester and Glass (2006) further suggest that the benefits of online therapy go beyond that of transportation and accessibility issues and include benefits such as clients communicating more easily about emotional issues due to the illusion of privacy that the online environment provides. This supports the idea that online social work services such as e-therapy can have a significant impact on how social workers reach clients who otherwise may not engage in services and demonstrates the need for a guiding framework for social workers to conduct online therapy services.

Social workers place a high value on connectedness. Many feel that by utilizing a type of online therapy (e.g. texting, instant messaging, emailing, or video conferencing) they would lose out on the primary piece of their profession—personal relationships. The importance of the face-to-face relationship has been well documented and researched (Holmes & Foster, 2012).

Research on the impact of the online environment on the face-to-face relationship, however, is in its infancy, leading professional social workers to be leery about whether an online therapeutic relationship can exist and be successful. As a result, there is a divide between early adopters and those who fear technology use in social work practice.

A framework that has been proven to maintain connectedness and personal relationships in an online environment would help social workers feel less apprehension towards e-therapy. The Community of Inquiry (COI) is just such a framework. Educators use it as a model to achieve the ideal online experience for teaching hybrid or fully online courses (Garrison, Anderson & Archer, 2010). The COI conceptual framework promotes three concepts: a teaching presence, cognitive presence, and social presence. These three concepts can easily support e-therapy with teaching presence enhancing a “therapeutic presence”. The purpose of this article is to illustrate how COI can be a useful framework for conducting online therapy.

### **Background**

A review of available literature related to e-therapy identified four primary themes. First, there is minimal research on how to teach social workers to use technology in clinical practice nor any conceptual frameworks for e-therapy use. A second theme suggests e-therapy use continues to grow and develop. Thirdly, in some instances, e-therapy is just as effective as face-to-face therapy (Menon & Rubin, 2011). Finally, advances in technology effectively mitigate the absence of nonverbal cues in text-based communications.

Social workers would benefit from understanding how the COI framework could apply to online therapy. A conceptual framework such as COI would guide social workers when practicing online. Garrison and Archer initially discussed the COI framework in an article in the



late 1990s as a theoretical framework for educators to utilize when teaching online classes (2000). In 2004, Garrison and Kanuka discussed a hybrid model of teaching both face-to-face and online classes and described how the COI framework could be applied while teaching the online portions. They proposed that teaching online requires three “presences” (cognitive, social, and teaching) which they defined through concrete tasks (constructing assignments, tests, or papers, and use of discussion boards) in order to give educators a practical knowledge base for each presence (Garrison & Archer, 2000).

Many studies acknowledge that social workers practicing online therapy should be trained in specific skills and strategies, such as therapeutic reading and writing, or bibliotherapy techniques (Menon & Rubin, 2011). However, studies on strategies for training social workers to conduct on-line therapy are absent from available literature. Without a guiding framework, social workers are practicing online therapy on institution and face-to-face skills alone. A lack of best practices may increase inconsistencies in quality and methodology. Cardenas et al. (2008) states “in order to provide psychotherapy through the internet, it is necessary to learn how to transfer professional knowledge and skills previously acquired in a face-to-face way into practices carried out” (p. 472). However, none of the studies had a distinct framework for practitioners to use as a guide.

In the field of psychology, Cardenas et al. (2008) completed a study on a teaching program for clinical psychology students in their final three semesters which focused on internet-based clinical practice in mental health. After attending the training and treating clients with e-therapy techniques, “students pointed out that e-therapy was easy to apply, generated interest from patients, and increased their own clinical competencies” (p. 479). Additional responses from the students in the study were positive, including students reporting more confidence and patients

reporting the ability to easily express their feelings online. Furthermore, the data indicated that students' online therapeutic skills improved as a result of the program. The authors specifically noted how beneficial it was for students to complete training in online techniques, expressing the importance "to have a first online contact with the patient without it being a highly stressful event" (p. 479). This statement has potential implications for further research as there may be an increased willingness for clinical social workers to engage in online therapy, if provided with training and a framework.

Menon and Rubin (2011) carried out another study which included a survey of online practitioners and further reinforced the need for an e-therapy framework. Participants responded to a question inquiring about training practitioners to conduct on-line therapy which yielded a number of themes. For example, respondents reported that "being technologically competent was a prime requirement for use in e-interventions" (p.137). The respondents also reported that social workers need to be competent in the written language because the intervention and therapy was highly text-based (p. 137). These responses have potential implications and support the need to develop a framework to use with e-therapy. The level of training and first-hand experience in the online environment impacts the willingness of clinical social workers to engage in e-therapy.

### **Growth and Effectiveness of Online Therapy**

A review of applicable research revealed much evidence to support the efficacy of online therapy. E-therapy is just as effective, if not more effective, than traditional face-to-face therapy (Holmes & Foster, 2012). Chester and Glass (2006) conducted a descriptive analysis of online practice. Their study uncovered descriptive information about online counseling. One area of the descriptive analysis that was important to this literature review is the steady increase of online

clients over each of the three years studied. Chester and Glass reported an average of 13 e-clients the first year, 28 the second year, and 47 the third year. They published this analysis in 2006, documented significant increases in online clients, and predicted substantial future growth in this area of practice. In another study, Dowling and Rickwood (2013) completed a systematic literature review about synchronous online chat sessions which provided evidence of the effectiveness of online counseling utilizing chat. Their findings suggested that “online chat appears to be as effective despite the relatively slow pace of the sessions and the absence of face-to-face cues” (p.16).

Murphy et al. (2009) reinforced the research on the effectiveness of online counseling with a study that compared the satisfaction with online counseling to face-to-face methods by using clients’ Global Assessment of Functioning (GAF) scores and a client satisfaction survey. This research was completed in Canada through a program called Interlock where counselors have a minimum of ten years of experience and thorough training in online therapy techniques. The findings were pivotal as they found that “online counseling can be just as satisfying and impactful as face-to-face counseling” (p.638).

Finally, Holmes and Foster (2012) completed a study comparing face-to-face and online counseling utilizing three factors: general mental health, working alliance, and social presence. Their research supports Murphy et al. (2009) who found online counseling to be as effective as face-to-face counseling. Holmes and Foster (2012) concluded that clients felt a similar sense of social presence with both online and face-to-face therapy. Interestingly, clients reported more therapeutic alliance with online counseling than with traditional face-to-face counseling. This may support the notion that clients perceive online settings to be more private and trusting due to

the lack of physical proximity, as compared to traditional face-to-face sessions (Wardecker et al., 2016; Leibert, Archer, Muson, & York, 2006).

### **Lack of Non-Verbal Cues**

A common criticism of online therapy is the perceived lack of a therapeutic relationship, alliance, or presence between client and social worker. One of the earliest studies on this subject (Helton, 2003) completed a review of online therapy at a time when online social services, therapy, or interventions were in their infancies. Helton viewed online services through the lens of social context theory and suggested that social cues such as gestures, voice inflection, and tone are needed for meaningful conversation and deep relationships. Helton went on to suggest that due to a lack of physical presence, a therapeutic relationship would be difficult to develop in an online environment. This early research established the paradigm that a therapeutic relationship is impossible online despite later research to the opposite. There is benefit to challenging the resistance that many social workers feel when employing digital therapy tools. The introduction of the COI framework, coupled with sound research on the efficacy of online therapy, can serve as important tools for resolving some social workers' ambivalence towards the online format.

Commerce has responded to the demand for an online social experience by providing its shoppers with a social presence that is desired by many buyers who feel they are missing out on the social aspect of the shopping experience when shopping online. Commerce has stepped forward to create a framework that enables buyers to feel a social presence when shopping online (Lu, Fan, & Zhou, 2015). Yet, social work practitioners have not embraced a relevant framework to train social workers to practice online. Advancement in social work's online presence is essential. As Internet-based communication evolves, clients will demand social workers to

improve upon their online presence. Commerce's forward-thinking mentality should inspire clinical social workers regarding use of technology to enhance social presence while conducting online therapy.

Text-based communication is growing in popularity, too, not only in how people connect with acquaintances and friends, but also with romantic partners. Wardecker et al. (2016) suggest that more than 82% of romantic partners check in with each other multiple times throughout their day via text-based communications. The rapid growth in technology in our personal lives demands enhanced social work services such as e-therapy or online therapy. Although there have been improvements to online interventions, many practitioners remain skeptical of their use. This resistance can be countered with a practical framework that can guide them towards using these new improvements.

Just as commerce has harnessed technology to meet the needs of consumers' online shopping experiences, advances in technology can provide new ways to convey expression and nonverbal cues, a frequent critique of online therapy. A relatively new but common technological advancement that supports nonverbal cues and a social presence are emoji (Nakano, no date). Shigetaka Kurita is the inventor of emojis (Nakano, no date). He designed them to create a system of nonverbal cues. Emojis are a variety of symbols, faces, or pictures that represent how a person is feeling or what they are doing, and provides information to the person receiving the message that they may not have received solely through text-based communication. Arguably, emojis may convey social cues and emotions more effectively in an online setting than common body language could when in a face-to-face environment. Emojis are one example of how online practitioners can achieve the social presence concept of the COI framework that is necessary to create a therapeutic alliance.

### **Community of Inquiry**

Online learning applications first began in 1997 (Horzum, 2014). Garrison created the COI framework—which conveys the ideal online educational experience through the concepts of a social, cognitive, and teaching presence—to advance online education (Garrison, Anderson, & Archer, 2000). The boom in online education with the creation of Massive Open Online Classes (MOOCs) has opened the door for further usage of online education at every university, college, and community college. Professor Michael Berghoef at Ferris State University coined the term Massive Open Online Therapy Sessions (MOOTS) which may become available soon. He suggests that, like online learning, online therapy is starting to boom and training social work practitioners for this environment is imperative (personal communication, April 12, 2015).

Just as it has done for educators, the COI framework can guide social work practitioners and give them confidence in providing online therapy. They may be fearful of not being fully present or of clients receiving a less than optimal experience in an e-therapy session conducted via text, email, phone, or video conference. This parallels the anxiety educators may have had about teaching online courses, specifically concerning whether or not students are receiving an optimal educational experience. The COI framework is perfectly suited to teaching technology-enhanced therapy. It provides a framework for the practitioner to understand and use when learning skills for technology-enhanced practice.

Garrison, Anderson, and Archer (2000) define the three concepts of the COI framework as a social presence, cognitive presence, and teaching presence. The three COI framework presences are mutually responsive and mutually exclusive. One cannot have one of the presences without the other. Also, one cannot create the optimal learning experience without fully utilizing all three. Though created for online education, these presences find parallels in a therapeutic

relationship between social work practitioners and their clients. Garrison, Anderson, and Archer describe a social presence as emotional expression, open communication, and possible group cohesion. Social workers can apply social presence to establish a therapeutic relationship online by allowing clients to express themselves emotionally and have open communication. Garrison, Anderson, and Archer outline a cognitive presence as a possible triggering event that leads to conflict and unease. They go on to suggest that this can be facilitated online through exploration, integration, and finally, resolution.

The piece that may be most challenging for social workers in the online environment is establishing a therapeutic alliance or presence with their client which parallels the teaching presence. Garrison, Archer, and Anderson define a teaching presence as the process of building a curriculum, guiding, and perhaps directing instruction or feedback. A therapeutic presence can parallel this by providing a specific type of therapy, such as Cognitive Behavioral Therapy (CBT), guiding the process, and giving direct feedback on the clients' goal development and progress.

### **Therapeutic Presence**

Interpersonal connection with clients is a key value in social work practice. Also known as therapeutic alliance or presence, it is an area that has been studied widely in the past (Smits et al., 2015). Busseri and Tyler (2003) as well as Leibert, Archer, Munson, and York (2006) suggest that a therapeutic alliance is the foundation for having a successful relationship with one's client and is common amongst all working therapeutic relationships. Having therapeutic presence with one's client is defined as joining with a client in their experience and establishing goals around trust and the client's needs (Holmes & Foster, 2012).

A framework for social work practitioners to achieve this coveted therapeutic alliance or presence while in an online environment is pivotal for the success of online therapy. Many social work practitioners are concerned with having an equally successful therapeutic presence with an online client as with a face-to-face client. Historically, online therapy has been criticized due to the lack of non-verbal cues (Helton, 2003). Garrison's concepts of a teaching presence and a social presence address this type of presence at its core. For example, Garrison, Anderson, and Archer (2000) suggest that the combination of a teaching presence and social presence online brings about cohesion, humor, warmth, empathy, acceptance and shared meaning. These qualities are also at the core of therapeutic relationship. Couple those with a cognitive presence where clients can gain a deeper understanding of problems and strategize a hypothesis, and clients can have the optimal therapeutic relationship online.

The COI framework's concept of a teaching presence is further identified as building an environment where students can learn, share meanings, and process. This is also a substantial piece of building a therapeutic presence with one's client (Leibert, Archer, Munson, & York, 2006). A framework such as COI can continue to evolve and be a basis for training students and practitioners for online therapy and be the backbone for the ever-coveted therapeutic alliance.

### **Discussion**

Online therapy and text-based communications will gain footing in the social work profession as clients continue to drive demand for them. One of the goals of the social work profession is to come from a place that starts "where the client is at". Clients who need a different approach to services such as online therapy may benefit from social workers who are trained and comfortable with using text-based and online therapy services. Social work tends to be a profession that will use available technology but could benefit from creating technology



services to better the profession and the clients served. Social work pioneers have a long history of being innovators and using methods that were not always accepted by the general population. For example, Helen Perlman developed a process for short term case work when long term psychoanalysis was the norm (Perlman, 1957). Today, social workers can continue this tradition by going beyond their comfort zones and embracing technology and its numerous benefits.

As previously discussed, the therapeutic alliance has been studied often and is known to be a single factor that can impact therapy outcomes for clients. As client demand for online services increases, it is imperative to change the paradigm behind what a therapeutic alliance looks like in the online environment. The online therapeutic alliance or presence may look and feel different than one that is created in a face-to-face environment, but it is no less effective. Acknowledging the ways in which text-based communication can aid in the formation of therapeutic alliances is crucial to developing the tools professionals need to be successful. However, these therapeutic tools are different than what many professionals have used in the past.

Practicing therapy skills in the online environment requires a new set of skills and strategies to accomplish a therapeutic alliance or presence. Creating models, frameworks, skills, and strategies that have already been tested with other professions in the online environment can be beneficial for clinical social workers. The success of COI as a relevant and practical framework in the educational setting is insightful for online therapy practitioners. Using the COI as a lens for social workers to conduct online therapy is a new spin on the COI itself. Continuing to adapt and enhance COI to the social work profession may provide practitioners with a key to unlock successful therapeutic alliances in the online setting.

The consequences of an absence of training and educating future and current social workers in new models, skills, and strategies may have dire consequences. The profession may be regarded as stagnant if social workers are not trained in technology, specifically in social work education. Negative perceptions regarding the efficacy of online therapy must be challenged and social work practitioners must be exposed to practicing online in order to change perceptions.

### **Recommendations**

The list of recommendations for future online therapy training is extensive. To begin, it would be beneficial for all Master's level clinically-focused students to complete online therapy training. Schools of social work would intentionally infuse the training throughout the curriculum. It would have an experiential component where students would conduct and practice online therapy with other students. It would be imperative that they practice with a variety of types of technology such as text messaging, email, video conferencing, etc. By exposing students to technology-based therapy, they will have a better understanding of the pitfalls that technology brings as well as its enhancements. Doing so will also provide students an opportunity to think critically and discuss the use of technology within a therapeutic relationship.

Another educational recommendation is to encourage reading, discussing, and raising consciousness about the literature and latest research regarding online therapy which may include topics such as ethics, skills, licensing issues, and addiction. It is important to discuss the downfalls of online therapy that students are perceiving and comparing that to the latest research. Coupling a lecture and discussion of readings along with the first exposure to online therapy will give students a broad and well-rounded view of technology-enhanced social work practice.

A third recommendation is to increase clinical field placements within online therapy settings. Intentionally seeking out field placements that have an online component whether completely online therapy or offering various technology-enhanced elements such as crisis texting or emailing. Exposing students to an online therapy setting on a regular basis has the potential for a significant impact on their online therapy skills as well as changing perceptions of online therapy itself.

A final recommendation is to train current professionals in online therapy skills and practices. Understanding that online therapy may not be what all professionals want or need to pursue, these trainings would be voluntary. Offering more continuing education credits that focus on specific skills and exposure to experiential exercises may have a positive impact on otherwise reluctant professionals. Providing current professionals with a certificate of completion after completing a set amount of hours would encourage current social work professionals to participate.

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Rural MSW Students' Perceptions of Forming Therapeutic Alliances Online

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### Abstract

Technology-mediated services such as email, texting, phone calls, and video conferencing have the potential to increase participation in mental health services. A common concern with technology-mediated services is the lack of body language that could impede the formation of a therapeutic alliance. This mixed methods study explored rural Master of Social Work (MSW) students' perceptions of creating a therapeutic alliance during technology-mediated role-played sessions at a rural mid-western university. Participants completed the *Working Alliance Inventory - Short Form (WAIS)* as well as two focus groups before and after engaging in technology-mediated role-plays. Findings suggested that participants perceived there was no significant difference in forming a therapeutic alliance during face-to-face role-plays and technology-mediated role-plays.

*Keywords:* Technology, online therapy, and mental health

### Rural MSW Student Perceptions of Forming Therapeutic Alliances Online

Mental disorders and/or mental distress is a significant problem and impacts functioning in many people's lives (Dowling & Rickwood, 2013). The World Health Organization reports that mental illness "has a considerable impact on national economies, from both direct costs and indirect costs such as loss of productivity, reduced labor force, disability support payments, and unpaid care" (p.2). Despite this great need for intervention, there is minimal participation in use of mental health services. Dowling and Rickwood go on to posit that distance communication technology, such as online therapy, may help to address this service gap.

Technology-mediated services such as email, texting, phone calls, and video conferencing have the potential to increase participation in mental health services. However, many clinical social workers are reluctant to employ technology-mediated services that may help close the gap between the need and participation in services. This reluctance comes from a commonly held belief that technology-mediated services lack face-to-face contact which includes seeing a client's body language, hearing their tone voice, and attending to their physical needs such as handing a crying client a tissue.

Social workers believe this face-to-face contact is an important aspect for building a therapeutic alliance with their clients. The therapeutic alliance is a key indicator of whether a therapeutic relationship will be successful. According to Safran and Muran (2000), there is a vast amount of research on forming a therapeutic alliance with one's client. Conversely, there is little research on building therapeutic alliances via technology-mediated services such as texting, email, video conferencing, or phone. Additionally, an initial review of literature revealed that

there is minimal research on teaching social workers to use technology in clinical practice to form therapeutic alliances.

This article is based on a study that took place at a rural midwestern university that asked students to document their perceptions of forming therapeutic alliances with clients through technology-mediated services. This study proposed that exposing clinical MSW students to a small amount of training, while engaging in four types of technologies, leads to a positive change in students' perceptions of forming a therapeutic alliance online. Furthermore, the study proposes that early exposure and training could increase students' likelihood of engaging in online clinical practice upon graduation. This study operationalized e-therapy as texting, emailing, video conferencing, and phone, and operationalized therapeutic presence based upon the three subscales of the *Working Alliance Inventory*: task, goal, and bond with client.

## **Review of Literature**

### **Therapeutic Alliance**

Researchers have studied the therapeutic alliance in the therapeutic relationship for decades and have found it to be one of the greatest indicators of outcomes (Falkenstrom, Ekeblad, & Holmqvist, 2016; Owen, Miller, Seidel, & Chow, 2016; Fjermestad et.al, 2016; Liabert, Archer, Munson, & York, 2006). The therapeutic alliance is defined as the emotional bond between client and therapist as well as the agreement of goals and tasks within their therapeutic relationship. The quality of the therapeutic alliance is a vital indicator of therapeutic success.

Researchers cite two types of studies when researching the therapeutic alliance. Both have benefits and limitations. Differences in research outcomes are the result of how and when

data was collected during therapy. One type of study collects therapeutic alliance data at the beginning and end of the study (Owen, Miller, Seidel, & Chow, 2016). The benefit of this method is that researchers directly compare the data collected with the outcome of therapy; however, it does not account for fluctuations in the therapeutic alliance throughout the study. The second type of research collects data on the therapeutic alliance throughout the relationship which does account for fluctuations of the therapeutic alliance. However, its limitation is understanding the quality of the therapeutic alliance, and how it is related to the attachment style of the client/therapist relationship as well as how the client and therapist respond to and manage any rupture in a therapeutic alliance (Falkenstrom, Ekeblad, & Holmqvist, 2016).

Researchers debate whether the therapeutic alliance is a precondition for change or a mechanism for it, but all agree that it is vital (Elvins & Green, 2008; Falkenstrom, Ekeblad, & Holmqvist, 2016). Fjermestad et al. (2016) posit that “the alliance is an interpersonal construct, examining the shared aspects of the alliance (i.e., alliance agreement) may represent a particularly important approach to understand the potential role of the alliance for the outcome” (p.626). Therefore, the mutually agreed upon goal and emotional bond are an important part of the therapeutic process. Many clinical professionals agree that it may be difficult to cultivate in an online environment where body language and tone of voice is absent. Therefore, further research is needed to determine if a therapeutic alliance can be formed using technology-mediated sessions and if it has the same quality alliance as with a traditional face-to-face environment.

### **Professional Perceptions of Technology-Mediated Practice**

**Ethics.** Reamer (2015) wrote an extensive article outlining a variety of technology-related ethical issues. In it he discusses the ethics of social workers’ use of digital technology and

whether its use in social work practice drastically changes the therapeutic relationship. He questions whether the use of technology in practice “alters the fundamental nature of the therapeutic relationship, which has traditionally entailed opportunities to develop a rich therapeutic alliance with a client in the context of on-going face-to-face meetings” (p. 122). However, he argues that engaging social workers in technology-mediated practice can help clients who otherwise may not receive services, due to remote and rural locations or disability. Yet, he finds that “many seasoned clinical social workers find these distance counseling options disquieting and, for some, even abhorrent and unethical” (p. 121). Throughout the article, he questions how the lack of a client’s body language and verbal cues can impact social workers achieving a true therapeutic alliance.

**Perceptions.** Hertlein, Blumer, and Smith (2014) completed a study on marriage and family therapists’ use and comfort of use of online communication. They found that the “majority of the participants reported discomfort with providing treatment exclusively online” which includes individual, couples, and family therapy (p.64). Only 1% of participants included in the survey felt comfortable. This number is staggering when considering professionals’ perceptions of online therapy. Comfort levels and perceptions of use go hand-in-hand. If professionals are not comfortable with providing services online, then it will have a negative impact on how they perceive online therapy in general. This negative perception, even with research findings suggesting it is an effective form of treatment, continues to persist due to the lack of training, education and acquisition of e-therapy skills.

In 2002, Finn published a study about a group of MSW students’ perceptions of the efficacy and ethics of internet-based therapy. Considering current student perceptions of technology-mediated therapy, his findings from more than 14 years ago were provocative: He

found that perceptions varied considerably but there were generally positive attitudes about the use and efficacy of online therapy. Also, he discussed how little direct experience with online therapy students received in classes and the need for future incorporation of this type of practice within the curriculum.

### **Efficacy of Online Counseling Compared to Traditional Face-to-Face Counseling**

Understanding the available research on the efficacy of technology-mediated counseling is important for two reasons. First, the research explores possible reasons for the negative or positive perceptions professionals have about using technology-mediated practice. Second, the research gives efficacy to technology-mediated practice, which is important to professionals who are interested in using this type of service as well as those who remain reluctant. When reviewing research that compares the outcomes of technology-mediated services to traditional face-to-face services, a number of trends emerged that were pertinent to this research: The research defined the varying types of technology-mediated practice across a number of research studies over the past ten years or more; technology-mediated services have grown and adapted over time; and most importantly, the research found that e-therapy has similar, if not better, outcomes to that of traditional face-to-face services (Chester & Glass, 2006; Dowling & Rickwood, 2013; Murphy et al, 2009; Holmes & Foster, 2012).

Holmes and Foster (2012) completed a preliminary research study comparing online services with face-to-face services that focused on a therapeutic alliance and social presence. Their study encompassed 50 counseling clients, of which 13 received technology-based services while 37 received services through traditional face-to-face delivery. Online counseling included telephone, synchronous chat, asynchronous email exchanges, and videoconferencing. All participants included in the results completed at least three sessions. The researchers used the

*Working Alliance Inventory - Short Form (WAI-S)* for measuring the therapeutic or working alliance between counselor and the client. The results were positive regarding efficacy, working alliance, and perceptions clients have of technology-mediated services versus face-to-face services. “Results indicated that online counseling clients perceived a significantly stronger working alliance on the total *Working Alliance Inventory - Short Form* as well as the *Goal* subscale than did those who received face-to-face only counseling” (p.14). This initial study provides a foundation for further research regarding perceptions of forming a therapeutic or working alliance with clients in a technology-mediated environment.

Another trend the research revealed was that clients feel equally satisfied with e-therapy as face-to-face therapy. A study completed in 2009 by Murphy et al. focused on client satisfaction and outcomes of online versus face-to-face counseling. This research used the Global Assessment of Functioning (GAF) and client satisfaction surveys scores after receiving either face-to-face or online services. This study took place in Canada, focusing on Interlock, a Canadian Employee Assistance Program (EAP) since 1977. Therapy Online, an online counseling company, began subcontracting with Interlock in April 2006. Therapy Online performed the online counseling services and Interlock provided the face-to-face services. Social workers assessed clients and assigned them to either face-to-face or online services based upon the results of the assessment. Before and after receiving services, Murphy gave clients the GAF and Client Satisfaction Surveys. Results from comparing the GAF score showed nearly no difference. Likewise, the Client Satisfaction Surveys showed “our online approach is the equal to face-to-face counseling” (p.634). This supports the efficacy of technology-mediated services.

A third trend revealed by the research is that online therapy tools and practice are growing. Chester and Glass (2006) completed a descriptive analysis of therapy services on the

internet that provided the reader with historical context from ten years ago. Their study showed that online services at the time were mainly through email and that clients were mainly female with short term interventions (2006). Today, technology-mediated services encompass text, email, videoconferencing, and chat rooms and are being utilized at increasing rates with further need for more research in this area (Dowling & Rickwood, 2013). This showcases the evolution and proliferation of technology-mediated services.

A final trend revealed by the research is that online therapy requires more research. Dowling and Rickwood (2013) completed a systematic review focusing on individual synchronous practice specifically using chat. They found that only six met their criteria to include in the study. They found that although the online therapy services are growing at a rapid pace, few had quality standards. In the end, they state, “There is urgent need to further support the widespread implementation of this form of mental health delivery” (p.1). This statement further showcases the need for research in the area of technology-mediated services.

In conclusion, emerging themes supported a strong working alliance, equal client satisfaction and growth in the field of e-therapy. However, this literature review also supported the notion that many professionals are still uncomfortable with providing services using some form of technology (texting, email, phone, or videoconferencing). Negative perceptions are possibly due to this discomfort but are more likely due to the absence of body language and tone of voice. With a physical presence being the most dominant reason for professionals remaining reluctant to use technology-mediated practice, it is unclear whether a therapeutic alliance can be formed and maintained online. Current social work students will play a pivotal role in the future of technology-mediated services. Their perceptions of technology-mediated services will determine whether social workers will increase their use of technology-mediated services.



## Methods

### Procedures

The purpose of this study was to expose MSW students to various technology-mediated sessions for use in clinical practice. The study examined students' initial perceptions of forming therapeutic alliances with clients in an online environment. The students received an introduction to the concepts of online social, cognitive, and therapeutic presences. They also learned specific skills related to the value of text-based conversations in an online setting such as a guiding questionnaire and text-based strategies for conveying emotion and body language. Afterwards, the researcher evaluated how their perceptions of forming a therapeutic presence or alliance online changed or stayed the same.

This researcher used a mixed-methods convergent design with an intervention framework (Haight & Bidwell, 2016). The researcher took qualitative and quantitative assessments at pre and post time frames. The design was quasi-experimental which tested the effectiveness of providing exposure to and training in technology-mediated clinical practice within an MSW program. Furthermore, using a mixed-methods approach provided the researcher with more detailed results and enhanced the quantitative data thereby bringing a voice to the numbers. Using a survey with quantitative questions combined with face-to-face focus groups strengthened understanding and decreased possible bias.

The students completed the *WAI-S* which was the quantitative portion. The researcher administered this survey prior to the students participating in a training where they were exposed to technology-mediated clinical practice and an assignment where students role-played as

therapist and client in four technology-mediated sessions: video conference, text, email, and phone. Approximately two weeks after this training, the students completed another *WAI-S*.

The qualitative portion of the study was a focus group that took place before and after students participated in the training and technology-mediated role-plays. The participants completed a pre-focus group with the following guiding questions:

- What is the ideal therapeutic alliance or presence?
- Do you think you could have that ideal therapeutic alliance or presence in an online environment such as video conferencing, texting, emailing, and phone calling?
- What do you think the biggest challenge will be in an online environment?

The participants completed a post-focus group with the following guiding questions:

- What is the ideal therapeutic alliance or presence?
- Do you think you could have that ideal therapeutic alliance or presence in an online environment such as video conferencing, texting, emailing, and phone calling?
- What was the biggest challenge in an online environment?
- What are the benefits of doing online therapy more specifically in a rural setting?

## **Sample**

The participants in the study were a convenience sample comprised of MSW clinical program students enrolled in a micro-counseling class. The researcher requested students who were enrolled in all sections of the MSW Advanced Practice classes during the summer of the 2016 academic year to participate in this study. The sample consisted of 12 students of various ages and mostly Caucasian background, with varying levels of social work experience. No students opted out of the study.

### **Data Collection**

The researcher collected data in an MSW classroom in a rural midwestern university. Students completed the *WAI-S* before and after using technology-mediated services like text, email, phone, and video conferencing. Students based their pre-*WAI-S* answers on their face-to-face role plays in previous class sessions and based their post-*WAI-S* answers on their e-therapy experiences. Students also participated in a pre and post focus group that consisted of four questions aimed at understanding their perceptions of forming therapeutic alliances in an online environment. Completion of the *WAI-S* and focus group took approximately 30-45 minutes.

### **Data Analysis**

Using Excel and SPSS, the researcher used the quantitative data set to measure students' understanding of a therapeutic alliance with both face-to-face and online therapy sessions. Data descriptions included age, gender, amount of experience with face-to-face practice, and amount of experience with online practice. Then, levels of central tendency and dispersion were analyzed from the results of the pre-*WAI-S* and post-*WAI-S* surveys. The mean and standard deviations were calculated and compared. A parametric paired t-test with confidence intervals were also used to analyze the data.

The researcher derived the qualitative data from the pre and post focus groups. This data measured students' perceptions of both online and face-to-face environments. Once transcribed, the data from the focus groups revealed patterns, categories, and themes. The pre survey and pre focus group data influenced the post focus group questions. The sets of data were integrated after data analysis and within the discussion.

The quantitative changes between the pre and post surveys coupled with the qualitative responses from participants provided a comprehensive view derived from the e-therapy training and the technology-mediated role-plays. There was limited cleansing required due to a small sample size.

### **Protection of Human Subjects**

The researcher used the following methods to protect research participants: institutional review board (IRB) approval from the host university; maintained participants' confidentiality and anonymity as well as provided appropriate consent forms outlining the purpose of the study and how it benefited the participants and the social work profession; maintained anonymity and confidentiality by numbering the pre and post surveys ahead of time so participants did not need to provide their name or any other identifying information. In addition, the researcher provided informed consent forms, explaining the tenets of the research project, to participants engaging in the research. The participants received the consent forms separately from the pre and post inventories so as to not connect the consent forms to the inventories. The researcher left the room after the surveys were distributed to decrease any bias that may occur with the researcher in the room. A colleague collected the inventories and facilitated the pre and post focus group sessions about their experience. The researcher voice recorded the focus group sessions, as explained on the consent form to ensure participants were fully aware of the primary components of the study.

### **Strengths and Limitations**

The primary strength of the study is the use of a mixed-methods design. Quantitative or qualitative data alone would not provide the researcher with the type of comprehensive findings

this method did. Using a mixed methods design strengthened the validity of the study and lent credibility to the inference that exposure to and training in technology-mediated role-plays in an MSW program can change students' perceptions of forming therapeutic alliances in an online environment *and* increase their likelihood to participate in this type of clinical practice in their professional careers. The qualitative portion of this study revealed unexpected themes that would otherwise go undiscovered with quantitative measures alone as showcased in the qualitative findings. Limitations included the small sample size with little ethnic diversity. Another limitation was the role-play environment. In an educational setting, where role-plays are the primary pedagogy for learning clinical interviewing skills, the role-play setting did not provide students and the researcher with a genuine therapeutic environment upon which they could base their perceptions.

### **Findings**

This researcher set out to understand MSW students' perceptions of therapeutic alliance before and after exposure to technology-mediated role-plays. The research question was, "How does the perception of e-therapy and a therapeutic alliance or presence change after MSW students in a rural setting engage in e-therapy role-plays?" The study operationalized e-therapy as texting, emailing, video conferencing, and phone, and operationalized therapeutic presence using the three subscales of the *Working Alliance Inventory*: task, goal, and bond with client. There were 12 participants in the study from the main campus of a midwestern university in a rural location. The major themes that emerged from the focus groups are stated below.

#### **Concern Regarding Lack of Visual Access to Body Language**

Several participants reported their main concern of completing technology-mediated sessions was the lack of physical presence with their clients. Two participants reported, “You don’t know if they are going to hold back like when you are face-to-face” and “Lack of visual cues and inability to see body language and what was really going on there could maybe have implications for the ability to work with that person on things.” This concern was evident as the participants reported it several times mainly throughout the pre-focus group. Participants also stated that miscommunication and technical difficulties could lead to miscommunication and interfere with their relationships. Participants felt technical difficulties and lack of access to visual cues and body language would not occur with a face-to-face interaction.

While lack of access to visual access to body language was a dominant theme in the pre-focus group, it decreased significantly in the post-focus group. In fact, one participant stated, “In that one (technology-mediated session), I truly felt more effort because in a face-to-face setting you feel that somebody is getting eye-contact and stuff but then they don’t do anything after, it was the effort she put in throughout the process.” Instead, the main problem participants reported were technical difficulties which led to opportunities for miscommunication and lack of flow. Another participant stated, “The flow of things...the flow...I didn’t feel like there was a good flow.” “Our internet connection was just bad...you know...the technology’s gotta be working...I mean could you imagine if when you email and somebody didn’t receive it?”

### **Lack of Access in Rural Areas and the Generational Gap**

Within both the pre and post focus groups, participants reported significant problems they would have with the limited internet bandwidth in rural areas. Participants reported that this concern stemmed from the perceived limited access to services clients already have in rural areas and did not want to limit another form of possible treatment. Along with this, participants

reported generational gaps with clients. Participants stated that this was not a problem but rather an objective statement that utilization and comfort with this type of treatment may only be for the younger generation. One participant suggested, “I think the younger generations (would benefit) ‘cause they are more apt to text then, versus actually coming in to express themselves.” This perception was significant in the pre-focus group, however it declined during the post focus group discussion where participants provided several examples of how the older generation is using technology and how successful it has been. Students were able to reframe their perceptions of technology as not necessarily related to age but rather to comfort of use.

“With my dad’s company, they did a thing where they promoted health with them. A lot of the guys actually really liked it. They did phone therapy for two weeks. None of them had ever been to the therapist office but they all got a lot out of it. A lot of that age group has that stigma especially in men about going in and talking about stuff like that. At home on the phone, nobody knows you’re doing it so it didn’t really have a stigma. Not holding their feelings in it helps them a lot.”

### **Distraction, Confidentiality, Boundary Issues or Convenience, and Connectedness**

During both the pre and post focus groups, participants were concerned about the ethical issues surrounding online therapy. Specifically, they expressed concerns about distraction, confidentiality, and boundary problems. Participants described the possible risk of distraction for both the therapist and the client. One participant in the focus group stated, “I admit, I answered the phone and talked on the phone during one of the sessions.” Another distraction was that a participant felt as though she was watching a movie during the video conferencing session. She stated, “I was doing the video therapy and I found myself feeling like I was watching a movie so

it was kind of distracting.” Participants expressed concern about client/counselor boundary violations with the fear that the social worker would be at higher risk of burn-out due to the 24/7 access a client may have. One participant stated, “So we are talking about virtual technology so the response times or you know, knowing what is or is not appropriate to for example if you are getting text messages at two in the morning, you have to have a limit.” However, students noted that clients in a rural environment would have access to a specialist who may not be otherwise available. They also brought up confidentiality during the pre and post focus groups. During the pre-focus group, participants reported concern with a breach in a server, someone hacking into their private email, and possible HIPAA violations. During the post focus group, participants discussed confidentiality completely differently. They reported that confidentiality would be enhanced during technology-mediated sessions due to the lack of a physical environment:

I liked the privacy it allows cause sometimes you could go into a therapist’s office and there is a waiting room and some people don’t want other people to know you are there. Then you see people and what if its people you know? It’s the same in and out entrance and maybe you got lucky and didn’t see anyone when you’re waiting for your session but when you leave, you see new people there waiting and your like, oh my gosh, they just saw me and now they think I’m crazy.

An area that was consistent in both the pre and post focus groups was that of convenience and connectedness with clients. It was more significant in the post focus group. Participants thought clients would feel more connected and have intentional in-depth conversations due to more time and opportunity to think and reflect on their situations. Two participants reported, “I feel like we kind of had to say what we meant a little more” and “It was like they thought about those [emails] and waited a little bit and processed those questions and then did the response, so I



felt like the response was much more thought out.” In fact, some participants thought technology created a better therapeutic alliance than face-to-face. One participant stated, “In that one [emailing session], I truly felt more because in a face-to-face setting you feel that somebody is getting you by eye contact and stuff but then you don’t do anything after. It was the effort put in by the client throughout the process [emailing].”

The students repeatedly reported that the convenience of e-therapy would help establish therapeutic alliances. They felt the convenience of engaging in e-therapy would allow clients to have improved access to services. One stated, “I wonder if being able to do technology assisted with therapy. I wonder if it might lead to more access to therapy beyond the 8 to 5 schedule which could help a lot of people who couldn’t access it because of work schedules or location.” In addition, participants commented that clients in rural environments would have access to a specialist that they may not otherwise be able to access.

### **Therapeutic Alliance is Possible Online**

In both the pre and post focus groups, participants had the opportunity to describe the ideal face-to-face and online therapeutic alliance. The researcher asked them if it was possible to have a therapeutic alliance during technology-mediated sessions. Participants commented on how technology glitches and difficulties could impede a therapeutic alliance, however, it was resounding (100% positive response) in both focus groups that a therapeutic alliance was just as possible within technology-mediated sessions as within face-to-face sessions. However, during the post focus group, they pronounced it and commented on it more times.

### **Positive Outlook for the Future**

The post focus group generated more questions for the participants regarding the effectiveness of technology-mediated sessions. Participants wanted more training on how to use technology in clinical social work. They wondered about how to use technology with couples counseling, Cognitive Behavioral Therapy (CBT), and mandated clients. They wondered about the possible benefits for using this in the future. They also wondered if they had had more experience in general with therapy they would be better prepared and more comfortable with utilizing technology. One participant commented on the need for a structure or format when completing technology-mediated sessions. She decided to create a format to use during her sessions which turned out to be very successful with her role-play client: “I came up with a format and once I had the format it felt like it flowed.”

These wonderings displayed a sense of forward thinking to the researcher. During the pre-focus group, participants were not forward thinking but caught up in hypothetical technological problems. Post focus group, participants’ forward thinking mindsets exhibited a meaningful change in perception and positive outlook for using technology-mediated sessions in the future. One participant proudly stated they were a part of the “modernization of social work”.

### **Quantitative Findings**

The researcher gave participants the *WAI-S* before and after they participated in technology-mediated role-play sessions and used this data to conduct paired-samples t-test comparing a therapeutic alliance with traditional face-to-face role-plays with technology-mediated role-plays. There was no significant difference in the Task/Goal for face-to-face ( $M=3.8200$ ,  $SD=.43510$ ) and technology-mediated role-plays ( $M=3.8195$ ,  $SD=.34425$ );

$t(11)=.005$ ,  $p=.996$ . There was also no significant difference in the Bond for face-to-face ( $M=4.6250$ ,  $SD=.40592$ ) and technology-mediated role-plays ( $M=4.2500$ ,  $SD=.59353$ );  $t(11)=2.138$ ,  $P=.056$ .

The tables in Appendix A depict the change from the pre- to post-surveys, providing the researcher with data on participant perceptions of face-to-face and technology-mediated role-plays. A review of the quantitative findings illustrates no significant differences between pre- and post-surveys. It is noteworthy that participants scored items that measured Bond lower with the technology-mediated role-plays than with the face-to-face role plays.

## **Discussion**

### **Implications for Social Work Education**

Integrating the quantitative and qualitative findings has provided a more comprehensive picture of participants' perceptions than either method could alone. A theme that emerged from the qualitative and quantitative data was the lack of knowledge, training, and experience in using technology in social work practice. Many participants had little to no previous exposure to using technology-mediated sessions of any kind other than the phone. Due to the lack of experience, participants reported feeling anxious or uncomfortable with the prospect of technology-mediated role-playing. They also were concerned that technical difficulties and text-based communication would have a negative impact on forming a therapeutic alliance; however, they were open to the possibility of forming a therapeutic alliance. After completing the technology-mediated role-plays, participants reported more forward-thinking views about technology-mediated sessions, asking questions about how to make it work for a variety of populations. For example, one participant created an outline that guided her sessions and reported a positive outlook on using

technology in the future. The results of this study support a pedagogy specific to technology use in social work education. Intentionally infusing BSW and MSW education with technology use could alleviate the discomfort, lack of experience, and resistance to this type of practice. Many students' initial exposure to social work practice classes and assessment writing is primarily through face-to-face contact. Assessments typically lack an important analysis of how technology impacts the person system, family system, or community system. Creating curriculum that provides students with exposure and the opportunity to practice and role-play with technology may create a paradigm shift regarding technology use in social work education.

Online therapy is growing as many clients and practitioners are seeing the advantages of its use especially in rural locations or with clients with disabilities (Dowling & Rickwood, 2013). Social work students are graduating and expected to use technology in practice. Currently, many states require their child welfare workers use iPhones and text-based communications with their clients on a regular basis. Educating and training students in technology use will help social work students be prepared for a work environment where technology is heavily utilized.

### **Implications for Social Work Practice**

Two main themes of concern emerged from the study: the absence of body language, tone of voice, and visual cues during technology-mediated therapy, and the potential for boundary violations. The integrated qualitative and quantitative findings identified participants' perceptions that there was a minimal to no difficulty in forming a working alliance within technology-mediated sessions compared to face-to-face sessions. However, if technology use continues on a rising trend, social work professionals would benefit from leveraging technology as well as learning ways to convey body language and tone of voice through text-based communications (Barak & Grohol, 2010). One identified strategy by the researcher may be the

use of emojis. Emojis have created a way for text-based communications to intentionally show tone of voice or body language. Emojis typically are being used with personal communication, however, they could be created or transformed for therapeutic purposes. This would be an asset when forming and maintaining therapeutic alliances as it would help convey tone of voice and body language that is lost with text-based communication.

An area within social work practice that is often problematic involves boundary violations. Study participants expressed concern about adjusting between personal and professional boundaries. During the post focus group, participants reported having a difficult time switching from their personal role to a professional role due to use of technology mainly in their personal lives. This has large implications for future social work practice. Learning to use technology in a professional role and how to transition from personal to professional in the future is paramount to the continued need to reduce boundary violation complaints.

### **Implications for Policy**

Implications for policy—most notably within policy development—revolve around ethics. Participants reported confidentiality and trust as primary tenets in forming therapeutic alliances with clients. If professionals and clients have a concern that confidentiality could be broken, this could impede the formation of a therapeutic alliance when utilizing technology in any form. The study findings suggest that participants feel strongly about possible breaches in confidentiality due to technological difficulties or “hacks” and how this may impact the cost of malpractice insurance. Implementing wide-use of technology-mediated therapy in the future requires policies that strengthen procedures to protect confidentiality without raising the cost of cyber insurance. HIPAA-compliant applications that can be downloaded on mobile technologies will improve confidentiality within text-based practice. Finally, participants consistently reported

the concern that insurance companies do not accept technology-mediated therapy sessions as legitimate billable clinical sessions in many states. Advocacy for technology-mediated sessions to become a billable service will increase use and legitimacy.

## **Conclusions**

Building a body of knowledge that showcases the benefits and limitations of technology-mediated social work could help professionals and educators engage in what one of the participants called the “modernization of social work”. Future studies should focus on the legitimacy of utilizing technology for social work services. For example, further research should include the best ways to teach online therapy such as guidelines and formats. It also should explore how a combination of face-to-face and online therapy would also expand knowledge on best practices with technology use. Using real clients instead of role-plays with students will provide students with more online experience and skills. Studying client’s perceptions on online therapy would also reinforce the legitimacy of technology-mediated practice. Finally, further studies that continue comparing face-to-face with online therapy with specific populations and specific evidence-based practices such as couple’s therapy or narrative therapy would add to the body of knowledge and help professionals, educators, and students grow and develop new skills.

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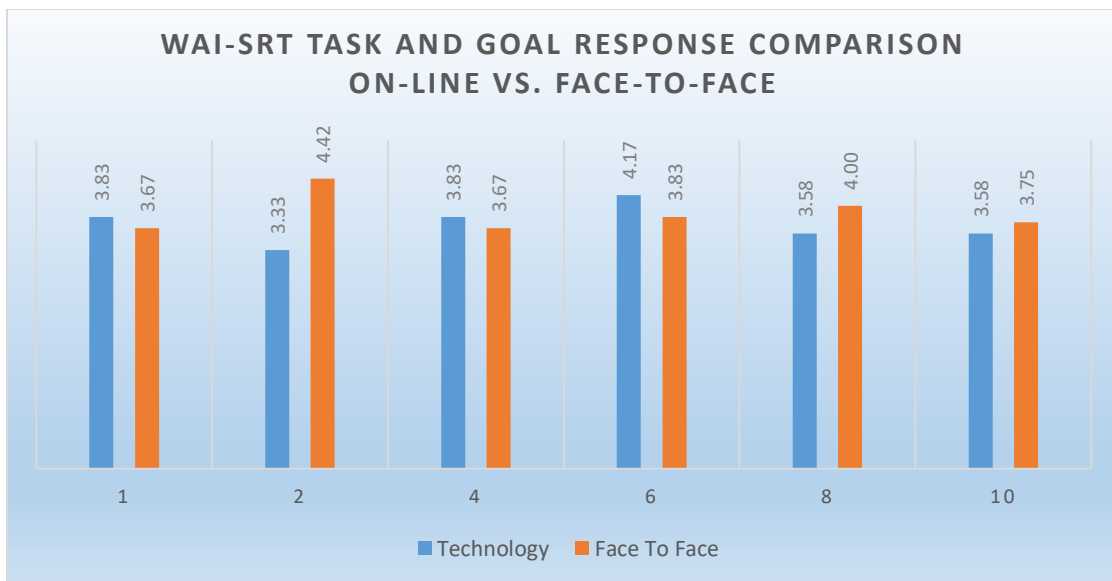
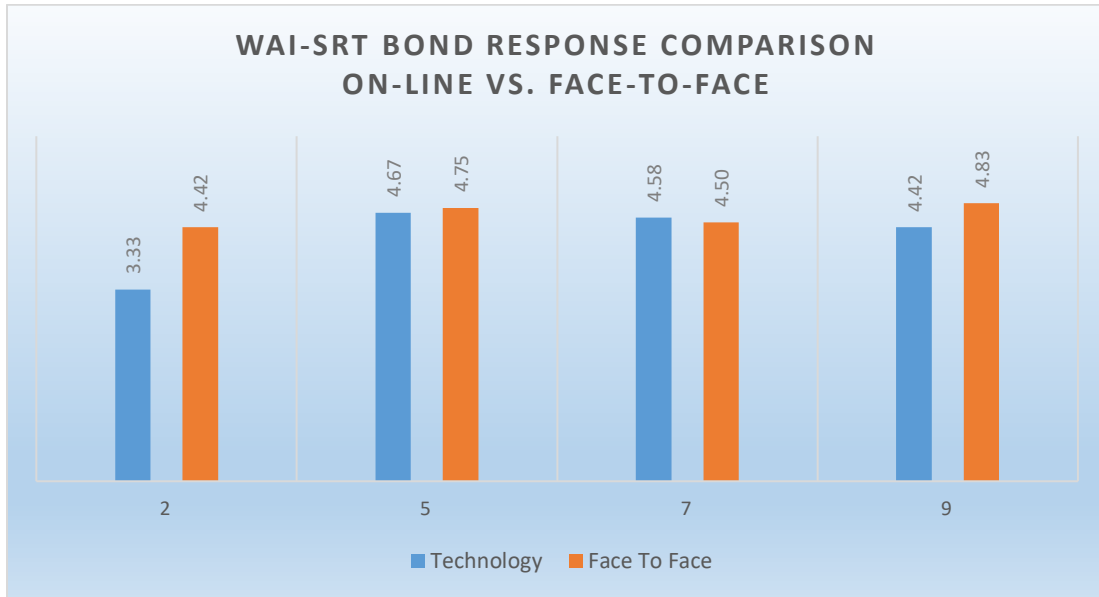
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Appendix A

Comparison of Bond, Goal, and Task Responses



Forming a Therapeutic Alliance Online: Challenges and Necessity

Janet Vizina-Roubal

### Abstract

This poster presentation reviews the findings of a mixed methods study with students in an MSW program in a rural Midwestern university. Students participated in the *Working Alliance Short Form (WAIS)* questionnaire and two focus groups regarding their perceptions of forming therapeutic alliances or relationships in an online environment and face-to-face environment.

This paper provides an overview of the interactive poster presentation at Council on Social Work Education Annual Program Meeting in Atlanta, Georgia in November of 2016.

*Keywords:* E-therapy, Online therapy, technology

### Forming a Therapeutic Alliance Online: Challenges and Necessity

The below poster meets the requirement for product three of this banded dissertation. The poster contains an abstract, methods, findings and discussion sections. Participants were able to hear an interactive 15 minute presentation regarding direct research completed in the summer of 2016. Participants had time for discussion with the author after each presentation. Appendix A includes email of acceptance of the poster presentation, proof of presenting and cover page of conference.

Many clinical social workers continue to remain reticent to the technology-mediated services that may help close the gap between the need and participation with services. Technology-mediated services such as email, texting, phone calls, and video conferencing have the potential to increase participation in mental health services. Safran and Muran (2000) posits that there is a vast amount of research on forming a therapeutic alliance with one's client. The therapeutic alliance is a key indicator of whether or not a therapeutic relationship will be successful. There is little research surrounding building a therapeutic alliance while utilizing technology-mediated services such as texting, email, video conferencing or phone. Through an initial review of literature, there is also minimal research regarding how to teach social workers to effectively utilize technology in clinical practice in forming a therapeutic alliance.

This research focuses on a specific assignment regarding teaching technology-mediated therapy skills in a rural mid-west university and student perceptions to the extent it is possible to have a therapeutic alliance with clients while utilizing technology-mediated services. This study postulated that exposing clinical MSW students to a small amount of training, while engaging with four different types of technologies leads to a change in students' perceptions of forming a

therapeutic alliance in an online environment. Furthermore, this could eventually increase their future likelihood of engaging in online clinical practice upon graduation. For the purpose of the study, e-therapy is operationalized as texting, emailing, video conferencing, and phone.

Therapeutic presence is operationalized utilizing the three subscales of the *Working Alliance Inventory*: task, goal, and bond with client.

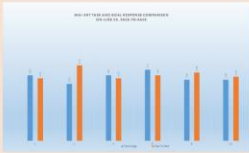
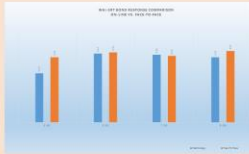

This researcher utilized a mixed methods convergent design with an intervention framework (Haight & Bidwell, 2016). Both QUAL and QUAN were taken at pre and post time frames. The design is a quasi-experimental design which tests the effectiveness of providing training and exposure to technology-mediated clinical practice within an MSW program. Furthermore, utilizing a mixed methods approach provided the researcher with more detailed results as well as enhanced the quantitative data thereby bringing a voice to the numbers. Utilizing a survey with quantitative questions combined with face-to-face focus groups strengthened understanding and decreased possible bias.

The major themes that emerged from the focus groups are stated below within the poster. There were 12 participants in the study from a mid-western university. The study was conducted on the main campus of the university in a rural location. Participants were given the *Working Alliance Inventory – Short Form (WAIS)* before and after students participated in technology-mediated role-play sessions. A paired-samples t-test was conducting comparing a therapeutic alliance with traditional face-to-face role-plays with technology-mediated role-plays. There was no significant difference in the Task/Goal for face-to-face ( $M=3.8200$ ,  $SD=.43510$ ) and technology-mediated role-plays ( $M=3.8195$ ,  $SD=.34425$ );  $t(11)=.005$ ,  $p=.996$ . There was also no significant difference in the Bond for face-to-face ( $M=4.6250$ ,  $SD=.40592$ ) and technology-mediated role-plays ( $M=4.2500$ ,  $SD=.59353$ );  $t(11)=2.138$ ,  $P=.056$ . The tables in within the

poster depict the changes from the pre to the post surveys. Therefore, providing the researcher with data regarding a comparison of perceptions participants had with face-to-face and technology-mediated role-plays. A review of the quantitative findings illustrates no significant differences between pre and post surveys. A noteworthy finding is the items that measured bond were scored lower with the technology-mediated role-plays than with the face-to-face role plays.

This study and poster presentation provided a potential pedagogy specific to technology use in social work education. An intentional infusion of technology mediated practice within BSW and MSW education would help alleviate the discomfort, lack of experience, and resistance to this type of practice. Many students' initial exposure to social work practice classes, and assessment writing, is solely through face-to-face contact. Clinical assessments typically lack an important component of how technology impacts the person system, family system, or community system. Adapting curriculums that provides students with exposure and opportunity to role-play with technology may create a paradigm shift regarding technology use in social work education and practice.

**Forming a Therapeutic Alliance Online: Challenges and Necessity**  
 Janet Vizina-Roubal, LMSW, DSW Candidate  
 Ferris State University

ABSTRACT	FINDINGS	QUALITATIVE THEMES	DISCUSSION
<p>Technology-mediated services such as email, texting, phone calls, and video conferencing has the potential to increase participation in mental health services. A common concern with technology-mediated services is the lack of body language that could impede the formation of a therapeutic alliance. This mixed methods study explored perceptions of creating a therapeutic alliance during technology-mediated role-played sessions with MSW students at a rural mid-western university. Participants completed the <i>Working Alliance Inventory- Short Form (WAI-S)</i> as well as two focus groups before and after engaging in technology-mediated role-plays. Findings suggested that participants perceived there was no significant difference in forming a therapeutic alliance during face-to-face role-plays and technology-mediated role-plays.</p> <p style="text-align: center; margin-top: 20px;"><b>METHODS</b></p> <p>This researcher utilized a mixed methods convergent design with an intervention framework. Both QUAL and QUAN were taken at pre and post time frames. The quasi-experimental design tests the effectiveness of providing training and exposure to technology-mediated clinical practice within an MSW program. Furthermore, utilizing a mixed methods approach provided the researcher with more detailed results as well as enhanced the quantitative data bringing a voice to the numbers. The WAI-S survey combined with face-to-face focus groups, strengthened understanding and decreased possible bias.</p>	<p>A paired-samples t-test (N=12) was conducted comparing the calculated therapeutic alliance derived from traditional face-to-face role-plays with technology-mediated role-plays. There was no significant difference in the Task/Goal sub-scale for face-to-face (M=3.8200, SD=.43510) and technology-mediated role-plays (M=3.8195, SD=.34425); <math>t(11)=-.005, p=.996</math>. There was also no significant difference in the Bond sub-scale for face-to-face (M=4.6250, SD=.40592) and technology-mediated role-plays (M=4.2500, SD=.59353); <math>t(11)=2.138, P=.056</math>.</p> <div style="text-align: center; margin-top: 10px;">  </div> <div style="text-align: center; margin-top: 10px;">  </div>	<p><b>1. Lack of visual access to body language:</b></p> <ul style="list-style-type: none"> <li>• Absence of visual cues such as the lack of body language to gauge client's emotions was the most frequent pre-focus group concern noted.</li> <li>• Use of Emoji's during role-plays, provided clients and therapists with intentional ways of showing emotion in text-based sessions was noted in post-focus groups.</li> </ul> <p><b>2. Lack of access in rural Areas:</b></p> <ul style="list-style-type: none"> <li>• Minimal internet bandwidth in rural areas was a concern.</li> </ul> <p><b>3. Generational gap between younger and older generations.</b></p> <ul style="list-style-type: none"> <li>• Participants felt only younger clients would be open to technology-mediated sessions.</li> </ul> <p><b>4. Distraction, confidentiality, boundary issues or convenience and connectedness</b></p> <ul style="list-style-type: none"> <li>• Concern with 24/7 access and risk of boundary crossings; versus convenience of an at-home environment and an enhanced client connection they might not have in a face-to-face session.</li> </ul> <p><b>5. Therapeutic alliance is possible online</b></p> <ul style="list-style-type: none"> <li>• All participants agreed a therapeutic alliance is possible but may need more direction and a guidance.</li> </ul> <p><b>6. Positive outlook for the future</b></p> <ul style="list-style-type: none"> <li>• Participants had a more positive outlook on technology-mediated sessions after completing the technology role-plays.</li> </ul>	<p>This study provided a potential pedagogy specific to technology use in social work education. An intentional infusion of technology mediated practice within BSW and MSW education would help alleviate the discomfort, lack of experience, and resistance to this type of practice. Many students' initial exposure to social work practice classes, and assessment writing, is solely through face-to-face contact. Clinical assessments typically lack an important component of how technology impacts the person system, family system, or community system. Adapting curriculums that provides students with exposure and opportunity to role-play with technology may create a paradigm shift regarding technology use in social work education and practice.</p> <div style="text-align: right; margin-top: 20px;">  </div>

### Personal Reflection of Learning

I once heard a quote about how professional growth comes from actively engaging in activities that make you uncomfortable and nervous. Creating a poster that efficiently represented my research in a manner that was visually appealing, certainly stretched my comfort zone. Furthermore, actively recruiting social work educators to listen to my presentation regarding my research was undoubtedly outside of my comfort zone. However, by completing these tasks; I have gained an immense amount of professional growth and confidence. My

professional growth includes: a more universal view of how my research fits into overall social work education; professional confidence and knowledge; and lastly the value of networking and connecting with social work educators from across the country.

Within social work education, I found that research focusing on technology use in social work practice curriculum is very limited. Through conversation with presentation participants, I gained a wider understanding regarding how other social work educators perceive technology use in social work education. I was surprised at times when participants seemed excited about my research and not surprised at times when others remained reticent. I also gained awareness regarding regional differences in participants perceptions more specifically between rural versus urban. I gained a vast amount of knowledge on this subject area, how to present finding in a professional manner and the importance of professional networking.

Upon reflecting on my confidence level as a social work educator, I am aware that I have gained a great amount of confidence after completion of this poster presentation. Through having to present and discuss my research numerous times throughout an hour, I became confident and had a better understanding of my own research. I learned more about mixed methods research and I received helpful feedback on how to continue my research after completion of my degree. I learned that I know more about research and statistics than I realized now have more confidence to assist with the completion of future research.

Lastly, I have learned the tremendous value of networking and connecting with other social work educators and professionals. Through completing the poster presentation, I met and spoke with many professionals who wanted to work together in the future. I also met with others who asked me to write grants and present at their conferences. This type of connection has presented me with a number of future opportunities. I plan on responding and engaging to these



requests for grants and conferences to further my professional growth. In conclusion, completing a poster presentation was challenging, however beneficial to my professional growth.

### **Summary of Evaluations**

An evaluation of my presentation was provided to participants after each time the presentation was completed. Fourteen participants completed the evaluation. A neutral person collected the evaluations throughout the poster presentations. This author completed a 15 minute presentation approximately four times throughout the hour long time allotted. The 15 minute presentation included a background, methods, findings, and discussion of implications for social work practice and education. All participants “strongly agreed” that this author was well prepared, knowledgeable about topic, clear and organized, and provided helpful information. The comments that were made were “very nice presentation” and “well presented and great research”. Appendix B is a table outlining the results of the evaluations.

## Annotated References

Chester, A., & Glass, C. (2006). *Online counselling: A descriptive analysis of therapy services on the internet* Routledge. doi:10.1080/03069880600583170

This study was published in 2006 and provided a historical context for online counseling. The article provided the reader with literature review that discussed terms and definitions as well as demographics of clients and practitioners. The study was an extension of a previous study conducted in 2000 by Maheu and Gordon and 1998 by Powell that looked to analyze internet therapy services. The findings and discussion were pivotal to this presentation as it provided the reader with evidence to support the notion that there is a continued increase in interest and utilization of online therapy services. The article also provided the reader with another avenue of discussion and research for work regarding confidentiality and encryption services.

Dowling, M., & Rickwood, D. (2013). Online counseling and therapy for mental health problems: A systematic review of individual synchronous interventions using chat. *Journal of Technology in Human Services*, 31(1), 1-21. doi:10.1080/15228835.2012.728508

This article is systematic review of online services specific to utilization of chat sessions. This article is important in developing a presentation due to the depth of the literature review. The background section of the article showcased research regarding the pervasiveness of mental health problems and its impact on society. The authors also discuss the lack of availability and use of mental health services. Authors go on to discuss the possibility of online services being a venue to fill the gap while also validating previous studies who emphasized an increase in demand for online services.

Haight, W.L., & Bidwell, L.N. (2016). *Mixed methods research for social work: Integrating methodologies to strengthen practice and policy*. Lyceum, Chicago, IL

This text provided the reader with valuable information regarding mixed methods research specifically related to the social work profession. The text offered case studies and integral information regarding how to integrate methods at different points during the research process.

Holmes, C., & Foster, V. (2012). A preliminary comparison study of online and face-to-face counseling: Client perceptions of three factors. *Journal of Technology in Human Services*, 30(1), 14-31. doi:10.1080/15228835.2012.662848

This article was pivotal in the developmental of this dissertation and related presentation. The study was published in 2012 and showcased the possible effectiveness of online counseling services versus face-to-face services. The authors focused on three factors related to the therapeutic process: social presence, general mental health, and a working alliance. The findings suggest that clients perceive to have a better working alliance within online counseling than face-to-face. This was relevant as it was a focus of this author's presentation.

Leibert, T., Archer, J., James, Munson, J., & York, G.(2006). An exploratory study of client perceptions of internet counseling and the therapeutic alliance. *Journal of Mental Health Counseling*, 28(1), 69-83.

This article was important as it emphasized the importance of a working alliance as being one of the most significant concepts in predicting successful outcomes with clients. The authors discuss the unique situation an online format provides whereby the lack of non-

verbal information is balanced by the increase in anonymity. This article was integral in the development of a research question. The findings suggest that an online working alliance was strong however possible not as strong as with face-to-face counselors. This had tremendous implication for this author's presentation regarding the possible perceptions students may have regarding a working alliance in an online environment.

Reamer, F. (2015). Clinical social work in a digital environment: Ethical and risk-management challenges. *Clinical Social Work Journal*, 43(2), 120-132. doi:10.1007/s10615-014-0495-0

This article provided a foundation for the reader regarding ethics in online therapy. The author discusses boundaries, confidentiality, and relationships in the online environment. This was pivotal in incorporating and developing an ethics discussion within the related presentation.

Safran, J.D., Muran, J.C. (2000). *Negotiating the Therapeutic Alliance*. Guilford Press, New York, NY

The book was important in developing a foundation and history of the therapeutic alliance. The authors discuss a variety of ways of optimizing the therapeutic alliance. The authors emphasize the therapeutic alliance as key indicator of success in therapy. This was a key book in developing and understanding how the therapeutic alliance will be studied and presented.

## Appendix A

### Documentation of Acceptance and Presentation

Dear Janet Vizina-Roubal:

Congratulations! We are pleased to inform you that your proposal, *Forming a Therapeutic Alliance Online: Challenges and Necessity*, has been accepted as an Interactive Poster in the Technology in Social Work Education and Practice Track for the 2016 Annual Program Meeting (APM). The APM will be held November 3–6, 2016 in Atlanta, GA at the Atlanta Marriott Marquis. Your presentation will be an important component of the event and we look forward to your participation!

You will be notified of your presentation date and time after the APM schedule is finalized in August 2016. Per the submission guidelines, you must be able to present on any of the following times (special scheduling requests cannot be accommodated):

- Friday, November 4: 7:30 am–4:15 pm
- Saturday, November 5: 7:30 am–4:15 pm
- Sunday, November 6: 7:30 am–11:00 am

#### NEXT STEPS

1. Review and sign the accepted presenter compliance policy by June 3, 2016:  
<http://cswe.confex.com/cswe/2016/speakerscorner.cgi?username=37883&password=699113&EntryType=Person>. Your signature represents your agreement to complete those requirements.
2. Per the [accepted presenter compliance policy](#), **each accepted presenter** is required to pre-register for APM by June 3, 2016. Click [here](#) for more information about registration.
3. Hotel rooms book up quickly for APM. Reserve yours as soon as possible through the [APM Housing website](#).
4. One LCD projector, screen, podium, and wired microphone will be available in the session rooms at no cost to the presenter. **We do not provide laptops or Internet access.** All presenters must provide their own laptop computers to connect to the LCD projectors. Presenters using Macintosh computers or iPads who wish to use the LCD projectors must provide their own connectors to the projectors. Internet access or other equipment will be a separate charge to the presenter, which you can request once your session is scheduled.

If you have any questions regarding your presentation or the 2016 APM, please e-mail [apm@cswe.org](mailto:apm@cswe.org) or consult the [2016 APM website](#). Thank you again for submitting your proposal, and we look forward to your participation in the conference.

Sincerely,

The Council on Social Work Education



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## **TECHNOLOGY IN SOCIAL WORK EDUCATION AND PRACTICE**

### **297 Forming a Therapeutic Alliance Online: Challenges and Necessity**

**Interactive Poster**

3:15 pm–4:15 pm

*Atlanta Marriott Marquis Hotel, Atrium Ballroom*

**Janet Vizina-Roubal, Ferris State University**

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## **UNIVERSITY–COMMUNITY PARTNERSHIPS**

### **298 Community Forums: An Innovative Tool for Evaluation in Social Work Education**

COUNCIL ON SOCIAL WORK EDUCATION

ADVANCING

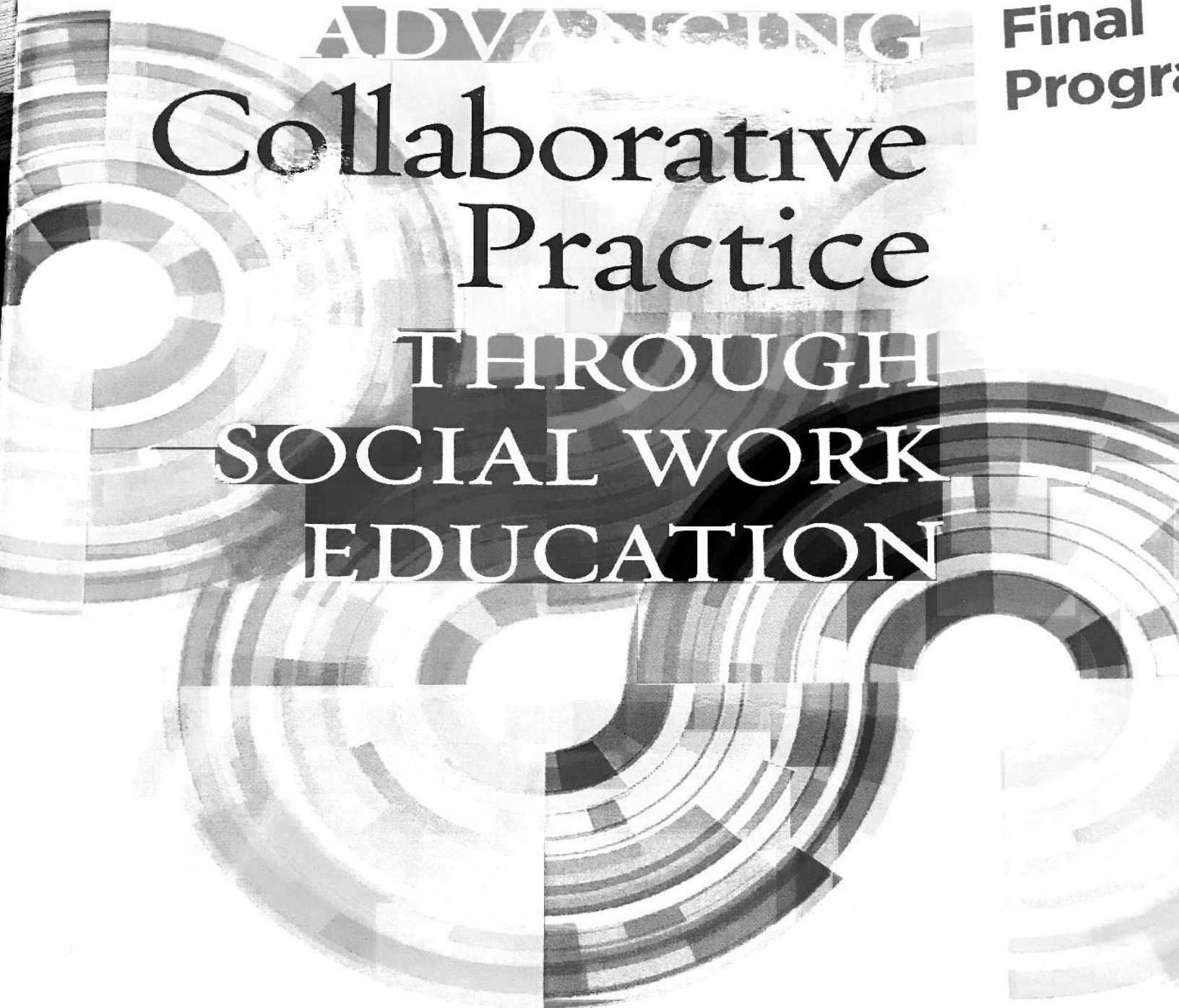
# Collaborative Practice

THROUGH

SOCIAL WORK

EDUCATION

Final  
Program



Appendix B

Summary of Evaluations

