PREVALENCE AND IMPLICATIONS OF TELECOMMUNICATION COUNSELLING

By

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DECLARATION

I, Sinazo Lusiba, student number 211218219, solemnly declare that this study entitled "Prevalence and implications of telecommunication counselling" is my own original work and has not previously been submitted for a degree in any university. All sources that I have used or quoted have been indicated and acknowledged by means of complete reference.

…… ……

Sinazo Lusiba Date

Student No.: 211218219

This research has been submitted for examination with your approval as a supervisor.

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DEDICATION

I would like to dedicate this work to my daughter, Yakhani Kamva Lusiba. I would also like to dedicate this to the Lusiba family; they have been my inspiration through the long road to success.

ABSTRACT

The purpose of the present study was to explore prevalence and implications of telecommunication counselling. Available literature suggests that telecommunication counselling may have far-reaching implications in the mental health practice in general, and particularly in psychology. This study was guided by the social information processing theoretical framework. A total number of 26 mental health practitioners aged from 22 to 45 were selected using purposive sampling. In this study questionnaires were distributed to respondents through email, email was also used to collect the research data. Research ethics, such as confidentiality, anonymity, and voluntary participation, were strictly observed. The Statistical Package for Social Sciences version 23 was used to analyse the data. The analysed data are presented in frequency tables and graphs. This study found that there are effectiveness and efficiency factors associated with the use telecommunication counselling. Furthermore, the findings imply that the popularity of this type of counselling has been growing steadily in the past few years, especially in urban areas. Furthermore, despite the increase and growing popularity in the use of telecommunication counselling, the results suggest the presence of ethical dilemmas that confront the practitioners.

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ABBREVIATIONS

APA ..... American Psychology Association
SPSS ..... Statistical Package for Social Science
F2F ..... Face-to-face
SIP ..... Social Information Processing
SADAG ..... South African Depression and Anxiety Group
HPCSA ..... Health Professions Council of South Africa
DSM ..... Diagnostic and Statistical Manual of Mental Disorders

BT ..... Bulimia Therapy

SDW ..... Self-Directed Writing

WLC ..... Waiting List Control

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Telecommunication counselling is a relatively new field of study in South Africa. Prevalence and implications of telecommunication counselling are not well researched in South Africa. The main issues around this growing trend of telecommunication counselling is limited understanding, implications of using telecommunication counselling, and ethical concerns. There is a need for more research. The curriculum and training of professional counsellors at South African universities is primarily focused on the traditional face-to-face method of counselling, with almost no emphasis on telecommunication counselling. Therefore, there is a great need for conducting more research on the issue, and it is thus important for this study to determine prevalence and implications of using telecommunication counselling.

The introduction of telecommunication counselling has led to practitioners moving away from the traditional face-to-face counselling (McLeod 2008). Traditional barriers to counselling services, such as limited hours, mobility issues, transportation, and medical illnesses, can now be overcome with the use of telecommunication counselling services. Technology is constantly evolving, and there have been new developments in the therapeutic profession. In recent years, the use of online mental services such as email-based counselling, chat-based counselling, video-based counselling, and online self-help groups has improved (Gupta and Agrawal 2012). Despite increased internet use and technological advancements in the field of mental health service delivery, internet counselling remains a source of ethical contention. In the face of continuous and rapid technological advancement, legal and ethical regulatory bodies face enormous challenges in keeping up with the changing online context. (Crystal 2009; Maheu and Gordon 2000; Reamer 2013). Although Mallen et al. (2005) reported that online counselling had become more common in recent years, ethical concerns continued to remain.

According to the American Psychological Association (APA) Guidelines for the Practice of Telepsychology, telepsychology is defined as the use of telecommunication in

counselling. Telepsychology is defined as the delivery of psychological services using telecommunications technologies. Telepsychology practice entails considering ethical standards, legal requirements, intra- and inter-agency policies, telecommunication technologies, and other external constraints, additionally demands of the professional context. Furthermore, psychologists must be aware of, and comply with, the laws and regulations that govern independent practice within jurisdictions as well as across jurisdictional and international borders. This is especially true when they offer telepsychology services. When a psychologist provides services in one jurisdiction to a client/patient in another, the law and regulations in the two jurisdictions may differ. Furthermore, it is the responsibility of telepsychology psychologists to maintain and improve their understanding of concepts related to service delivery via telecommunication technologies. (American Psychological Association Practice Organization 2012).

Telecommunication counselling is becoming increasingly popular around the world. Canada is one of the countries that practice telecommunication counselling; it has about 25.5 million internet users, almost all of whom use the internet on a daily basis. Kids Help Phone is one of the public-access online mental health resources. (Mental Health Commission of Canada, 2014). Young people who receive counselling through the Kids Health Phone can post questions anonymously to Ask Online and receive a response. On a limited basis, the Kids Help Phone services include Live Chat, with chats lasting about 45 minutes on average. During a recent service evaluation, Kids Help Phone discovered that its clients experienced significant improvements in key clinical indicators such as decreased distress and increased clarity and self-confidence. Kids Help Phone has also developed a free app called Always There, which includes the following features: Feelings Log, where teenagers can record their moods, thoughts, and feelings; Stress Buster, which provides advice, humorous jokes, and motivational quotes; Resources Around Me, a tool for locating local programs and services in young people's neighbourhoods; and the ability to speak with a counsellor by phone or through Live Chat during available hours.

In addition, the United States of America is one of the countries with the most rapid technological development. The majority of adults in the United States have access to the internet, a smartphone, and use social media sites to access and share information. (Institute of Business Ethics 2011). As digital technologies and social media continue to evolve, providers' professional communication must focus on meeting consumer expectations and needs. Although the world of digital communication seems to be relatively new to the counselling realm, it is a growing field. In addition, a provider who chooses to use this platform for working with clients should understand the implications of digital communication. (Rummell and Joyce, 2010). Psychotherapy and internet counselling involves a variety of activities such as individual therapy, psychoeducation and automated self-help interventions delivered through the internet. Many of these online communication interventions are flawed with ethical dilemmas and concerns, particularly in terms of confidentiality.

South Africa is not as popular in using telecommunication counselling as Canada and USA, mentioned above. Many South Africans are gradually adopting mobile social network technologies in order to expand their reach, messaging, and social impact. Love Life, Childline, MobieG and Lifeline Johannesburg, South African Depression and Anxiety Group (SADAG), Lifeline Western Cape, Grace Counselling, Ithemba Counselling Centre, Hope House Counselling Centre and Revive Counselling are some of the organizations in South Africa that offer telecommunication counselling services. Telephone counselling helplines, which originated with landlines and now use toll free services, are also benefiting from technological advancements. (On Device Research, 2014). As part of these telecommunications changes, helplines implemented a "Please Call" line in order to keep up with technological advances in cellphone penetration trends. Studies have confirmed an increase in online therapy as a result of advancements in online communication networks. (Stofle, 2001). Childline South Africa became affiliated with Mxit Reach in March 2009 and has been providing online mobile counselling to Mxit Reach users since then. In addition, LoveLife launched the same mobile-based counselling in June 2013 to provide young people with information and text-based mobile counselling and also for several years, Lifeline SA has also used online text-based counselling via email. (LoveLife, 2013).

Online counselling can be easily accessed by individuals who live in remote or underserved areas, increasing their access to services. (Riemer-Reiss 2000). Online counselling reduces stigma and barriers to service utilization while increasing positive help-seeking attitudes (Chang 2005), while also providing greater scheduling flexibility and convenience (Chester and Glass 2006; Glasgeen and Campbell 2009; Wright 2002). Online therapy also provides clients with a natural sense of anonymity. (Richards and Vigano 2013). Traditionally, the internet has provided its users with a space where they can connect with one another without revealing any identifying information. Asynchronous communication has the potential to allow for more in-depth reflection on the part of both the client and the counsellor, before responding to messages (Richards and Vigano 2013); this allows clients to think about the implications of their thoughts before sharing them with a counsellor or a group. This reflective space can help people reflect on their emotions and experiences, as well as increase their self-awareness and self-expression.

Ethical concerns about telecommunication counselling already exist as ethical dilemmas in traditional forms of therapy. As a result of the technological component of this mode of therapy, online therapy can sometimes result in the emergence of new types of dilemmas. (Childress, 2000; Gackenbach, 1998; Pettifor and Sawchuck, 2006). Many of the reported ethical dilemmas of online therapy revolve around issues of confidentiality, informed consent, competence, privacy crisis intervention, identity verification, online assessment, and the appropriateness of online therapy. (Hilgart, Thorndike, Pardo and Ritterband, 2012). When compared to some of the key dynamics involved in face-to-face counselling interventions, this medium of counselling has raised some ethical concerns. The main issue with online text-based counselling is the counsellor's incapability to examine nonverbal cues from the client due to a lack of visual or auditory sensory aids. (Jones and Stokes 2008). Another concern expressed is that the client may misinterpret written information/explanation, which could jeopardize the helping process and have legal ramifications for the online counsellor (Hanley, 2009). There have also been counterarguments to this effect. According to Grohol (2001), the efficiency of psychotherapy is reliant on the communication that

occurs and the relationship that is established between the client and the therapist. He contended that these two elements are the most important, and that the mediums of intervention used pose no less or more complexity than others. Nonetheless, online counselling has grown in popularity among those in the helping profession over time.

1.2 Research Objectives

The study aims to find the prevalence and implications of telecommunication counselling. In particular the objectives of this study are as follows:

- to investigate the effectiveness of using telecommunication counselling,
- to explore the efficiency of using telecommunication counselling,
- to find ethical dilemmas relating to use of telecommunication counselling,
- to recommend some ethical guidelines for using telecommunication counselling and
- to find implications of using telecommunication counselling.

1.3 Research Questions

- How effective is counselling when one uses telecommunication?
- How efficient is telecommunication counselling?
- What are possible ethical dilemmas relating to using telecommunication counselling?
- What are ethical guidelines for using telecommunication counselling?
- What are implications of using telecommunication counselling?

1.4 Rationale of the Study

This study seeks to develop proper guidance for South African counsellors who want to pursue or are pursuing telecommunication counselling. The study provides guidelines, literature on the effectiveness of using telecommunication in counselling and risks and benefits of using telecommunication for counselling.

1.5 Significance of the Study

- It is envisaged that this study contributes by adding value to the existing literature of telecommunication counselling.

- The study also provides mental health practitioners with appropriate information about telecommunication counselling.
- The study assists mental health practitioners by highlighting implications of using telecommunication counselling.
- Through publication, the study will also contribute to the body of knowledge in psychology.

1.6 Definitions of Terms

Technical terms used in this study are explained as follows.

- **Ethical dilemmas**

Ethical dilemmas occur when an agent must meet two (or more) conflicting ethical requirements, none of which takes precedence over the other. Two ethical requirements are incompatible if the agent can meet one but not both: The agent must choose between the two. Two conflicting ethical requirements do not trump each other if they are of equal strength or if there is no compelling ethical reason to choose one over the other. (Sinnot-Armstrong and Walter 2021; Kvalnes & Oyvind, 2019; Portmore & Douglas 2008); only this type of situation, often referred to as a genuine ethical dilemma, constitutes an ethical dilemma in the strict philosophical sense. (McConnell & Terrance 2018; Tessman & Lisa 2015).

Ethical dilemmas are sometimes defined in terms of not having a right course of action, of all alternatives being wrong, rather than conflicting obligations (Sinnot-Armstrong & Walter 2021).

- **Ethical guidelines**

Ethical guidelines or codes are used by groups and organizations to describe what actions are morally right and wrong. Members of the group use the guidelines as a guideline to carry out their responsibilities. Psychologists follow ethical guidelines to ensure that treatment and research are carried out in a way that is not harmful to participants. Some of the topics covered in these guidelines include research ethics, euthanasia, confidentiality, and torture (Alleydog, 2021).

- **Face-to-face counselling**

The face-to-face meeting broadens the therapeutic framework by including the journey to and from the session. By coming in person, all patients know they are coming to a safe and dependable address, as well as a familiar room that they inhabit on a regular basis. For some patients, this is the only place where they can feel safe. (Del Vecchio, 2020).

Face-to-face counselling engages all of the senses, enabling for the fullest capacity of nonverbal communication between two bodies, and allows for interaction with space and objects, as well as the experience of room temperature, smells, outside noises, and silence at entrances and exits. (Del Vecchio, 2020).

- **Ethics**

Ethics, also known as moral philosophy, is a branch of philosophy concerned with systematizing, protecting, and recommending concepts of right and wrong behaviour (Hoy 2005, Lyon 1999). The fields of ethics and aesthetics are concerned with matters of value; these fields contain the branch of philosophy known as axiology (Singer, 2000).

Ethics seeks to answer questions about human morality by defining terms like good and evil, right and wrong, virtue and vice, and justice and crime. Moral philosophy is related to moral psychology, descriptive ethics, and value theory as fields of intellectual inquiry.

- **Telecommunication counselling**

Telecommunication counselling refers to the delivery of professional mental-health counselling service over the internet. Rather than a traditional face-to-face counselling interaction, trained professional counsellors and individuals seeking counselling services communicate utilising computer-aided technologies. (Mittnacht & Bulik, 2015). E-therapy, cyber therapy, and web counselling are other terms for online counselling. (Tzelepis et al. 2019). Services are usually provided via email, real-time chat, and video conferencing.

In addition, the Telepsychology Task Force has agreed on the terms used in this document's operational definitions. The Committee on National Security Systems (2010), the United States Department of Health and Human Services, Health Resources and Services Administration (2010), and the United States Department of Commerce, National Institute of Standards and Technology (2010) all developed definitions for these, and other terms used throughout the document (2008, 2011). Lastly, because the terminology and definitions that describe technologies and their uses are constantly evolving, psychologists should consult glossaries and publications prepared by agencies such as the Committee on National Security Systems and the National Institute of Standards and Technology, which serve as authoritative sources for developing terminology and definitions related to technology and its applications. The phrase "client/patient" refers to the person who receives psychological services, whether they are provided in the context of health care, business, supervision, or consultation. The word "in-person," which is used in conjunction with the provision of services, refers to interactions that take place in the same physical environment as the psychologist and the client/patient, and excludes interactions that take place through the use of technology. The term "remote," which is also used in conjunction with the delivery of services via telecommunication technologies, refers to the delivery of a service to a location other than the psychologist's physical location. This term does not take distance into account and could apply to a spot in the psychologist's office next door or thousands of kilometres away. When referring to the governing bodies at state, territorial, and provincial governments, the phrases "jurisdictions" and "jurisdictional" are employed.

Finally, phrases pertaining to confidentiality and security are included in these standards. The principle of confidentiality states that data or information should not be made available or given to unauthorised people or processes. The terms "security" and "security measures" refer to all of an information system's administrative, physical, and technical safeguards. The word "information system" refers to a system's interconnected collection of information resources, which includes hardware, software, data, applications, communications, and people.

1.7 Theoretical Framework of the Study

A theory is a set of accepted scientific principles proposed to explain a phenomenon. Theories serve as bridges between research and education by providing a framework for analysing environmental observations. (Miller, 2006). Since researchers and practitioners lack an overarching framework to which the data could be linked, research findings can be organized collections of data. Even when researchers obtain observations that do not appear to be directly related to theories, they should attempt to make understanding of those findings and determine whether they promote theoretical predictions.

A theoretical framework describes a connection between concepts or ideas. A theoretical framework in the context of research refers to theories that are developed to describe, anticipate, and understand phenomena, as well as, in many contexts, to challenge and enhance current understanding of critical bounding assumptions. A theoretical framework is built on the introduction and description of a theory to explain the research problem under consideration and why it exists. (Swanson, 2013).

The theoretical framework for social information processing is incorporated into the study's framework. Social information processing is an interpersonal communication theory that describe how humans acquire and manage relationships in a computer-mediated environment without using nonverbal cues (Walther, 1992). According to Walther (1992), online interpersonal relationships can have similar or even greater relational dimensions and qualities (intimacy) than traditional face-to-face connections. However, due to the restricted communication channels and knowledge provided, an online interpersonal relationship may take longer to develop than a face-to-face relationship. Factors such as geography and intergroup anxiety, online relationships may facilitate interactions that would not have occurred face to face. (Jarvenpaa, Sirkka, Leidner & Dorthy, 1998).

The social information processing theory incorporates well in the present study. The findings of the present study and literature show that absence of non-verbal cues and face-to-face connections are some of the factors that may lead to implications of using telecommunication counselling in a computer mediated environment. These are some implications highlighted by the social information processing theory. Findings show that in some instances these factors can lead to failure in the development of rapport between client and the mental health practitioner and rise in ethical dilemmas.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discusses the literature on the effectiveness of telecommunications. Also, it discusses some of the risks and benefits of telecommuting counselling. Finally, it discusses ethical dilemmas related to the use of telecommunication in counselling, as well as some ethical guidelines.

2.2 Definition of Telecommunication Counselling/Telepsychology

Telepsychology is defined as the provision of psychological services through the use of telecommunication technologies for the purposes of these guidelines. Telecommunications is the transmission, preparation, and communication of information using electromechanical, electrical, electromagnetic, electro-optical means. (Committee on National Security Systems, 2010). Telephone, interactive videoconferencing, mobile devices, chat, email, internet, and text are examples of telecommunication technologies. (e.g., self-help websites, blogs and social media). The information that is transmitted may be written or may include sounds, images, or other data. These communications can be synchronous, with various parties communicating in real time (for example, interactive videoconferencing or mobile phone), or asynchronous (e.g., online bulletin boards, email, storing and forwarding of information). Technologies can be used to supplement traditional in-person services (for example, psycho educational materials posted online following an in-person therapy session) either as stand-alone services (e.g., leadership or therapy development provided over videoconferencing). Various technologies could be used in different combination and for multiple purposes when providing telepsychology services. For example, telephone and videoconferencing may also be used for direct service, whereas text and email are used for non-direct services (e.g., scheduling). Irrespective of the aim, psychologists aspire to be cautious of the potential benefits and boundaries of technologies when selecting them for specific clients in specific situations ("APA Ethics Code", APA (2002a, 2010).

Telepsychology is the use of telecommunication in counselling. Telepsychology, as defined by the American Psychology Association Guidelines (2007), is the delivery of psychological services via telecommunication technologies. The growing role of technology in the provision of psychological services, as well as the ongoing innovations that may be useful in the practice of psychology, present great opportunities, aspects, and challenges to the profession. With the digital revolution and an increase in the number of psychologists using technology in their practices, these guidelines have been developed to enlighten and guide those psychologists. These principles are based on relevant American Psychological Association (APA) regulations and principles, such as the Ethical Principles of Psychologists and the Code of Conduct. ("APA Ethics Code", APA (2002a, 2010)) and the Record Keeping Guidelines (APA, 2007).

2.3 Effectiveness of Using Telecommunication Counselling

Many studies on the rise of online counselling have been conducted in recent years. Barak, Hen, Boniel-Nissim, and Shapira (2008) stated in their meta-analysis that online counselling is particularly effective in treating stress and anxiety, with long-term effects, and is, on average, as effective as face-to-face interventions. A meta-analysis of randomized controlled trials of internet-based cognitive-behavioural therapy programs for depression and anxiety was conducted. Spek et al. (2007) found that treatment programs were largely effective. They did, however, recommend that the type of problem (stress or anxiety symptoms) was less essential than the availability of therapist support (e.g., monitoring, feedback or brief weekly phone calls).

Robinson and Serfaty (2008) carried out a pilot randomised controlled trial of email therapies for bulimia nervosa and binge eating disorder on 110 college students. Eating disorder surveys were issued through the use of email to 110 students from the college population, who were asked to respond. However, 97 people who met the criteria for an eating disorder were randomly assigned to therapist email bulimia therapy (eBT), unsupported self-directed writing (SDW), or waiting list control groups (WLC). The diagnosis, Beck Depression Inventory, and Bulimia Investigatory test results were all recorded. When compared to WLC, the results showed that

psychotherapy (any combination of eBT and SDW) significantly reduced the number of participants meeting DSM-IV eating disorder criteria. The researchers confirmed that slight difficulties arose during therapy that necessitated risk management or major intervention. Multiple participants reported frequent vomiting and were advised to see their primary care physician to have their serum potassium level measured. In a previous open study, Robinson and Serfaty (2008) used email therapy to treat 23 females with bulimia nervosa or binge eating disorder (incorporating some CBT approaches). The frequency of interactions was discussed between both the online counsellor and the participants, who started with emails twice a week; a 3-month follow-up revealed significant improvement in symptoms and consequence of problems, including in depression. According to Richards and Vigano (2013), even though the design of these tests conducted did not include a comparison with F2F treatment, the findings are still promising for treating eating disorders via online counselling.

2.4 Benefits of Online Counselling

Accessibility and convenience, period suspension, electronic records, perceived confidentiality and anonymity are among the benefits.

2.4.1 Accessibility and convenience

The primary benefit of online counselling is that it provides access to mental health services to potentially underserved populations in geographically isolated places, and those who are unable to leave their homes due to medical illness or limitations, transportation issues, or family responsibilities (Sussman, 2004). For example, it could be beneficial for people who are socially fearful to seek face-to-face counselling due to cultural stigma. Because of the convenience of practicing without office space or costs, online therapists may also offer a lower fee for services, making online therapy financially accessible to their clients (Chester & Glass, 2006). Instead of a typical nine-to-five office day, online counselling services can be provided during any period of day, and patients are not required to send or respond to messages immediately (Speyer & Zack, 2017). Therefore, clients can consult whenever they realize the need for or desire therapy. Clients could also access services from anywhere in the world

and thus are not limited to finding a therapist in their local area. As a result, clients can participate in therapy from the comfort of their own homes. The ability to access services from a device simplifies appointment planning because the therapist or client does not need to be physically available at a particular location. (Maples & Hans, 2008). This service is designed for clients with limited mobility and time constraints, as well as anyone seeking assistance who is hesitant to meet with a counsellor in person. It eliminates the need to keep appointments at a specific time and location. Contact can span geographical boundaries and time zones by avoiding the receptionist and voice mail. Telecommunication counselling has been easily accessible to people in remote areas, those traveling and relocating to foreign countries with a potential language problem, the severely disabled (or their caregivers), and others who are "too busy" to schedule another appointment.

2.4.2 Time suspension

As an alternative of a usual 9 to 5 office day, online counselling services can be done at any time of the date and clients are not limited to sending or answering messages instantly (Speyer & Zack, 2003). Thus, clients can select when they feel in need of or intent on therapy. Clients can also be able to access services from wherever in the world and are not limited to pursuing out a therapist in the place of residence. They are then able to engage in therapy from the comfort of their own home. Being able to access services from a device permits for simpler scheduling of appointments as the therapist or client does not have to be physically present in a specific location (Maples & Hans, 2008).

Time suspension with reference to asynchronous communication, therapist and client are allowed time to process the therapeutic process and thus engage in prepared dialogue (Speyer & Zack, 2017). According to Suler (2000), this means that communication suing online technology can be described as intentional, concise, efficient, clear, precise, polished, ethical, and referenced because there is no need to act swiftly and adequate time to self-reflect.

2.4.3 Confidentiality and anonymity

Online counselling, according to Speyer and Zack (2017), allows a client to remain anonymous, which may be beneficial. They claimed that allowing the client to remain anonymous helps him or her avoid the stigma associated with seeking mental health services. Frankness and honesty may enhance because the client feels less suspicious and open to being vulnerable because he/she is not sitting in front of a therapist reading his/her immediate emotional reaction signals. This may also allow a client to reveal uncomfortable or awkward information about himself/herself because he/she perceives the computer to be a safety barrier. This may be beneficial for those who have issues with fear of judgment, extreme shame, or guilt. (2001, as cited by Glasheen & Campbell, 2006). Both the client and the counsellor place significant emotional content, as well as their thoughts, in square brackets. This method is used to enable the expression of more emotional material in writing. "I told my mother three times about my depression [feeling very frustrated] to ensure she acknowledges my problems [am wondering if she actually read the materials, I gave her] and am pretty sure she doesn't [I feel pretty sad about this]," for example. According to Collie et al. (2001, as cited by Glasheen & Campbell, 2006), descriptive immediacy is writing about the immediate emotion. "I'm worried that my readers won't like this paper," for example. When you were to sit next to me, you would notice me pushing my temples, trying to bite my right-hand fingernails, and sighing. "Why am I so concerned with what other people think?" Mitchell, (2008), (as cited by Gladsheen and Campbell, 2006) proposed that the appearance of an email can create interpretations or impressions in the same way that the first impression of a person can be created face to face. Outside of therapy, conventions used in text-based messages, such as font size; capitals for emphasis, enthusiasm, or yelling; and punctuations such as:-) for happiness or:-(for sadness, all help to improve insight. Kids Help Line (KHL, 2003c; Gladsheen & Campbell, 2006) has created interactive visual tools to assist young people in expressing themselves by providing emotions in addition to their words. A counsellor can provide the client with a set of icons or 'emotions' (coloured jewels) that represent common emotions, as well as a sliding scale from 1 to 10 to rate the intensity or frequency of the feelings and thoughts. The benefits of online counselling are numerous. The clear advantages are convenience and increased access, however

there are unique therapeutic advantages of working online (rarely mentioned in discussions of online counselling).

2.4.5 Perceived privacy

The perceived privacy of online counselling is noteworthy. Some people still associate seeing "a shrink" with a negative connotation. Some may be paranoid, stuck in abusive situations, or simply shy and afraid of confronting someone. The physical absence of the counsellor reduces the client's initial "shame" or need to "protect face" while addressing an issue. Some might argue that shame is grist for the therapeutic mill, but not if the grain never makes it to the barn. Many customers value the "disinhibiting effect" of not being seen in person (Joinson, 1998).

In a variety of other ways, the client's psyche is liberated for therapeutic self-reflection. Aside from fostering a sense of confidentiality, the disinhibiting effect of not being seen allows the client to quickly zero in on the core issue. Social masks are unnecessary behind the scenes and for static personalities. Online counsellors have discovered that text-based self-disclosure can induce a high level of intimacy and honesty from the first exchange of emails. Many clients present themselves 'naked,' without their typical in-person defences. The power disparity (Owen, 1995) is also reduced because both parties contribute to shared texts. Psychologists are founder of how the patient chooses to build on or analyse current insights. Once the client and therapist have established ongoing online contact, both parties enter what Suler (2000) refers to as the "zone of reflection." The asynchronous (time-delayed) email exchange reduces the occurrence and enables both parties to focus on their own thoughts and feelings while still participating in a dialogue. The client's natural desire to vent is channelled by the need to frame thoughts in writing. The act of composing, that frequently includes re-reading and evaluating what is written from both sides, gives rise to externalisation and re-framing, which increases objectivity. Even before the counsellor's point of view is added to the conversation, the client can become more 'composed.' Subconsciously, the client may gain knowledge the therapeutic benefits of witnessing a matter without even being overwhelmed by the emotions associated with it. Pennebaker (1997) conducted extensive research and writing on the therapeutic benefits of writing about emotional reactions. In the contemplative

atmosphere of 'getting it down in writing,' new associations, experiences, and insights emerge during the act of emailing. Creative solitude and silence are essential components of the process. "[i]n an in-person session, you could interact for an hour and not get to the heart of the matter," one practitioner observed. On the contrary, an online counselling client may sit quietly for an hour and then type more than she has ever disclosed to anyone in one typed line" (Pennebaker, 1997).

In addition, the client has a sense of control in the process. He or she can dictate the pace, voice, loudness, and parameters of self-disclosure without the "threat of the furrowed brow" or other subtle positive or negative leads. With its built-in borders, the computer monitor ensures protection and containment. The Send button is in the hands of the client. All of this promotes awareness of the client's inner life. The "counsellor's" presence and point of view become involved in the re-reading and re-authoring required in the course of counselling. The presenting issue is externalised, whereas the assister is internalised. The medium and the closeness/distance of those involved in it naturally help boost both time-honoured therapeutic values. The text serves as a testament to increased self-awareness as the therapeutic bond enhances and evolves.

Furthermore, the patient always can re-read, rehearse, and reinforce the alternatives and resolutions contained in the phrase (even years later). Hope is formed when the client has "words to hold onto." This is literally true for many clients. Printouts are kept in their pockets, purses, and briefcases. As a result, therapeutic communication becomes an ongoing, open-ended session with "healing words" available at any time. Exchanges enriched by a wealth of literary methods, such as the use of metaphor, role-playing that illuminates' attitudes of self and others, and the evocation of voices which portray the client's "self-talk," contribute to the flow of the discussion. Another advantage of online counselling is the increased accountability provided by the medium. It allows for professional and peer consultation, as well as ongoing supervision, "mid-session." (Pennebaker (1997).

2.5 The Efficiency of Using Telecommunication Counselling

2.5.1 Availability

Traditional barriers to counselling services, such as limited hours, mobility challenges, medical illnesses, and transport, can be overcome through the use of online counselling services (Barnett 2005). Technological advances have increased the available resources and means by which mental health services can be delivered. Online counselling presents a new and convenient alternative to the traditional face-to-face counselling, which often requires overcoming barriers such as childcare, transport and other factors (Riemer-Reiss, 2000). With online services, counsellors and clients are not constrained by geography and physical mobility. Individuals in remote or underserviced areas now have increased opportunities to access services (Riemer-Reiss 2000). Online counselling reduces the barriers to people who seek counselling services (Chang 2005) while providing more flexibility and convenience in scheduling (Chester and Glass 2006; Glasgeen and Campbell 2009; Wright 2002). Online counselling is also often more affordable for clients, because there are typically less administrative and overhead costs for service providers (Riemer-Reiss 2000). Online counselling lowers the barriers to seeking counselling services (Chang 2005), while also providing greater scheduling flexibility and convenience (Chester and Glass 2006).

2.5.2 Privacy

Online counselling additionally provides clients a natural sense of obscurity (Richards and Vigano 2013). Traditionally, the internet has given its users a place where they can interact with one another without disclosing their personal information. However, with the development of professional and ethical guidelines for online counselling services, clients are now recruited, identified, and evaluated in ways that frequently necessitate some level of verification of the client's identity. Despite the development of some methods for verifying client identity, online counselling continues to provide clients with the ability to communicate without fear of bias based on race, gender, age, size, or physical appearance. (Richards and Vigano 2013).

2.5.3 Asynchronous communication

Asynchronous communication has the potential to allow the client and counsellor to reflect more deeply before responding to messages; this allows clients to think about the implications of their thoughts before sharing them with the counsellor or the group. The reflective space can allow you to reflect on your emotions and experiences, increasing your self-awareness. (Richards and Vigano, 2013).

2.6 Challenges of Using Telecommunication Counselling

2.6.1 Inaccessibility

Although the use of internet counselling may alleviate some accessibility concerns (such as geographic considerations), these new forms of counselling may present new accessibility challenges for people who lack access to technology or the skills to manage it (Riemer-Reiss 2000). Furthermore, research suggests that the rising use of technology in counselling may be discriminatory against persons with low technological literacy (Elleven and Allen 2004). According to the findings, counsellors should engage with their clients at their own level of technological literacy and make sure that their use of technological resources (such as video communication or chat services) does not exceed that of their clients. As a result, counsellors must be wary of alienating and/or isolating clients because of their technical literacy. Furthermore, according to Elleven and Allen (2004), counsellors should give clients with multiple options for engaging and contracting them for services in order to mitigate these possible concerns.

2.6.2 Problems with anonymity

Despite the benefits of anonymity and internet counselling's accessibility, anonymity poses obstacles to the online therapeutic connection. For example, the internet environment may foster role-playing, in which people establish a character to protect themselves (Gwinnell 2003). Individuals who seek to behave out and victimize vulnerable people in online support groups might use the internet as a strong tool (Barak 1999; Strom-Gottfried et al. 2014). The anonymity of internet counselling also allows therapists to misrepresent themselves, as the client has few opportunities to review detailed information about their service provider (Barak, 1999). Due to the

general nature of online services, privacy and identity will always be an ethical issue. The technique and degree to which a client's identification is verified is undoubtedly a subject that merits additional investigation. Even if it were possible to genuinely authenticate a client's identity, the question remains whether doing so is even advantageous to the client (Alleman 2002). When serious issues such as psychosis, sexual assault, suicide, or intimate partner violence are mentioned, it is clear that authenticating a client's identification is crucial to offering online therapeutic services. In addition, the counsellor may have an ethical obligation to report the client in order to guarantee that the client receives adequate care. Because of the level of doubt surrounding client identity, internet counselling may be less suited for major clinical concerns involving individuals who are a significant threat to themselves or others, or who are in significant risk (Alleman 2002).

2.6.3 Problems with delayed communication

As recently illustrated, synchronous online communication allows the counsellor and the client to communicate practically instantly. The natural time delay in asynchronous communication, on the other hand, might cause anxiety in both the client and the counsellor (Richards and Viganon 2013). Asynchronous communication raises issues about the therapeutic process and the counsellor's capacity to successfully engage in interventions due to the delayed responses. Asynchronous interventions, of course, change the environment of many psychotherapy encounters, which have mostly been reported in face-to-face therapeutic situations rather than online mediums. In asynchronous internet therapy, for instance, what may be completed in a one-hour face-to-face session may take many days or weeks (Barnett 2005). Even a minor time lag in synchronous online communication can obstruct successful interventions, according to research (Bambling et al. 2008). Despite the promise for online counselling to alleviate significant wait times for face-to-face interventions, the constraints of both synchronous and asynchronous online interventions may make face-to-face counselling the superior option (Bambling et al. 2008).

2.6.4 Problems in communicating during emergencies

Online counselling does not have the same capability as face-to-face treatment to satisfy a client's immediate or crisis requirements. Asynchronous internet services, in particular, may not respond to a client rapidly enough to provide significant assistance (Finn and Barak 2010). Furthermore, when a client has an urgent need, text communication lacks the empathy that can be conveyed in face-to-face conversations (Rawson and Maidment 2011; Richards and Vigano 2013). As a result, people who seek online counselling may not receive the same level of support in urgent or crisis situations as they would if they sought face-to-face help. These barriers can be overcome by compiling a list of emergency, urgent, or distress contacts and supportive resources in the client's neighbourhood that they can call for help right away, as well as setting a strategy for technology issues. (Jencius and Sager 2001).

Furthermore, in instances requiring more intense help, switching to telephone counselling has proven to be effective in overcoming pressing requirements and conveying empathy (Harris et al. 2012). Furthermore, in online therapy, the expanding use of emoticons (i.e., a metacommunicative graphical representation of a face expression) to convey affect and mood may be a way of exhibiting empathy in an emergency. However, according to Mallen et al. (2005), even the use of emoticons is too simplistic for determining appropriate emotional responses. Despite the potential answers, the limited ability to convey empathy via text and phone communication suggests that face-to-face treatments are preferable for clients who require continuing crisis care. Despite the fact that internet treatments might provide more reactive services on an immediate or urgent basis, a face-to-face counselling relationship may be more successful in treating clients who require continuing crisis care. Misunderstanding and misinterpretation may occur with the usage of online counselling services owing to a lack of vocal and nonverbal information; the client's and counsellor's understanding of information is created solely via their assumptions and interpretation of the text (Recupero and Rainey 2005). Consequently, there could be misunderstandings or miscommunications between the counsellor's goals and the client's comprehension, and vice versa. Furthermore, because messages in online counselling are frequently short, it can be difficult for counsellors to acquire a clinical

grasp of the client (Wiggins-Frame 1998). According to research, the use of internet therapy may create issues that are distinct from those raised by traditional face-to-face treatment (Alvarez-Jimenez et al. 2013; Anderson et al. 2012; Bauer et al. 2013; Hall 2004; Nicholas et al. 2010). There is a higher danger of misunderstanding and miscommunication between the client and the counsellor if the counsellor uses a generic approach to online counselling. For example, Beattie et al. (2009) discovered that 24 patients with depression considered 10 sessions of online cognitive behavioural therapy (CBT) to be effective due to its accessibility (i.e., clients accessed therapy from their home computer). However, given the absence of visual clues and the quick response of face-to-face engagement, the authors believe that "online CBT may feed into the vulnerability of depressed people to negative thoughts." However, even though the authors received favourable feedback on the treatment from the clients, if the counsellor were in a room with these clients face to face, it would be more obvious that they were avoiding or ruminating. This misunderstanding could jeopardize the client's progress and impair the counsellor's capacity to assess or diagnose the situation.

2.6.5 Absence of non-verbal behavioural cues

Traditional face-to-face counselling heavily focuses on both verbal and non-verbal clues, such as tone, speech quality, personal hygiene, body language, and appearance, to obtain insight into clients' feelings, behaviours, and thoughts (Baker and Ray 2011; Liess et al. 2008). According to research, a lack of verbal and nonverbal communication complicates communication in online counselling (Bambling et al. 2008) and can prevent a comprehensive assessment of client concerns from being completed (Haberstroh et al. 2008). Similarly, the absence of verbal and nonverbal clues has been shown to impair the client's emotional proximity (Bambling et al. 2008), which can lead to inaccurate inferences about the client's identity. A lack of verbal and nonverbal cues, especially in cross-cultural contexts, can leave the counsellor open to cultural insensitivity and inadvertent discrimination, especially in cases of short-term or asynchronous communication (Mishna et al. 2013; Wiggins-Frame 1998). Online counselling services may not be able to deliver an accurate diagnostic assessment since accurate diagnostic assessments need the evaluation of nonverbal cues. As a

result, online counselling may not be an effective solution for people who are dealing with several mental health issues. Face-to-face assessments may be more beneficial for these people.

Many counsellors feel that non-verbal cues are even more important than verbal cues in some therapeutic settings (Sussman, 2004). Owing to the lack of facial expressions, body language and tone of voice, therapists are missing vital information and clues to how a client is feeling, and this may result in miscommunication (Hunt, 2002). For example, certain psychotherapy at a distance denies the therapist the chance to witness a client with shaky hands, tired eyes or a breath smelling like alcohol. Therefore, certain therapeutic interventions rely so heavily on these kinds of face-to-face interactions that they cannot be translated or moved to an online medium (Alleman, 2002).

2.6.6 Technological issues

Although the use of technology has the potential to make mental health information and treatment more accessible and anonymous, it can also operate as a barrier to accessing services. Because technological obstacles, such as internet connection issues or computer problems, are unavoidable, counsellors must be prepared to provide alternative service delivery methods (Riemer-Reiss 2000). According to research, technology is the most immediate impediment to developing therapeutic rapport online (Haberstroh et al. 2007), and it can harm both the counsellor and the client, especially if the client's worries demand quick response (Haberstroh et al. 2008). Client training is generally available (Reimer-Reiss 2000), but online counselling has the potential to exclude those who are unfamiliar with technology or who do not have the financial means to use it (Bloom 1998). For people who seek online counselling, research has shown that a person's level of comfort with technology and the internet has a significant impact on how beneficial or unpleasant their experience with online counselling is (Haberstroh et al. 2007). Providing alternate forms of communication with clients through assessment, inspection of technical abilities, and provision of appropriate online training are just a few approaches to overcome this possible obstacle (Haberstroh et al. 2007).

2.6.7 Online security

Online counselling presents new concerns in terms of client confidentiality and security (Jencius and Sager 2001). Given the written nature of the medium and the means by which it is communicated, all online counselling client conversation that occurs via the internet could be jeopardized (Murphy et al. 2008). As a result, due to the potential lack of security, secrecy, injury to oneself or others, and obtaining informed consent may raise ethical dilemmas (Riemer-Reiss 2000). Despite efforts to maintain confidentiality through security programs, service providers should refresh their equipment on a regular basis to avoid security breaches (Wiggins-Frame 1998; Shaw and Shaw 2006). Despite constant technological advancements, there are always security breaches where unauthorised individuals can receive wireless signals and compromise what is supposed to be safe data

2.6.8 Lack of human presence

There has been much debate about the importance of human interaction in counselling; this is something that is missing from internet treatment because the therapist and the client are not in the same physical area (Maples & Han, 2008). As a result of this perceived lack of intimacy, the inability to participate face to face may impede the establishment of a therapeutic bond between the therapist and the client (Maples & Hans, 2008).

2.6.9 Technological skills and failures

Many people may lack the necessary abilities to engage in online counselling treatment. Online counselling assumes that both the therapist and the client are familiar with certain available technology. Both the counsellor and the client should be competent writers and typists (Speyer and Zack, 2017). Speyer and Zack, (2017) outlined that illiterate people, the elderly, people with specific medical conditions such as dyslexia and severe mental illness such as schizophrenia, and people from certain cultural groups such as people from the First Nations, may not be suitable for online counselling in this regard. If a client needs to communicate with his or her counsellor

immediately, technological faults or difficulties with software or hardware may cause delays or interfere with therapy, causing unnecessary injury to the client (Lee, 2010).

2.6.10 Online victimisation of vulnerable people

According to Finn (2000), the internet is unregulated, making it fertile ground for online abuse, cyberstalking, and victimization. Finn (2000) highlight some of the dangers that people, particularly women, may face while seeking online counselling through the internet. Anyone can put up a website and offer counselling because there are no defined regulations. For example, the website 'Dr Schuchocolate' claimed to offer moral counselling and treatment. The site offers "racist, sexist, and homophobic advice," according to the authors (Finn, 2000). As a result, if clients are not cautious, they may put themselves in danger by failing to verify the identity and credentials of individuals with whom they are speaking.

2.7 Ethical Dilemmas in Relation to Using Telecommunication Counselling

Research highlights plenty of ethical concerns around the delivery of internet treatment. The concerns are typically comparable to those addressed in face-to-face therapy, but due to the nature of the online environment, they may be deemed more difficult to resolve. Some authors, on the other hand, point out certain features of the online environment that make it a safer alternative to face-to-face communication (Santhiveeran 2009).

There is considerable worry that the unfettered nature of the internet environment allows counsellors to follow less severe ethical norms than those that apply to face-to-face treatment. In research of e-therapy websites undertaken by Santhiveeran (2009), few websites discussed confidentiality constraints, and only 12% of sites advocated for treatment records to be kept.

2.7.1 Confidentiality

According to Wassenaar (2002), confidentiality is the most common ethical challenge for psychologists in South Africa. There are unpredictable scenarios in online treatment, such as the psychologist accidentally sending an email to the wrong

individual, when it comes to confidentiality in text-based communication (Kanani & Reger, 2003). "The essence of psychological care," according to Leach and Harbin (1997), in "confidentiality and appropriate disclosure." In the psychology profession in South Africa, breaches of confidentiality account for about 6% of reported complaints (Scherrer, et al., 2002).

A number of studies have suggested that confidentiality is a major issue in internet treatment, according to numerous research (Chester & Glass, 2006; Hunt et al., 2005; Pollock, 2006). For example, Santhiveeran (2004) explored difficulties including client identity validation, the prospect that anyone with access to a computer might view and print communications, and the fact that backup systems are logically incompatible with the permanent deletion of communication from computers. However, as Chester and Glass (2006) pointed out, there is no such thing as a risk-free situation—in face-to-face counselling, filing cabinets may be left unlocked, and walls may be thin. In truth, there are specific precautions for online communication that can be implemented; for example, email interception security threats can be almost avoided by using encryption (Chester & Glass, 2006; Santhiveeran, 2004).

2.7.2 Duty to warn clients

In the instance of danger to a client, psychologists have an ethical obligation to warn them (Kanani & Reger, 2003). If the client is anonymous, this becomes more difficult in online counselling. Even if the client provides identity information, it is very easy to forge these. For example, if the client is at risk of suicide, the psychologist may not be familiar with the client's geographic area or available resources (Kanani & Reger, 2003).

2.7.3 Informed consent

The solitary most prominent ethical prerequisites before any service delivery is informed consent. For any sort of therapy, the current Health Professions Council of South Africa (HPCSA) guidelines demand written consent from mental health practitioner. According to London (2010), there is a need to alter informed consent for online work. This is particularly difficult with online therapy since clients may pretend to be someone else, this can result in minors obtaining online therapy without

their parents' knowledge or approval (Barnett & Scheetz, 2003; Hilgart et al., 2012; Pope & Vasquez, 2011). Research suggest that Informed consent should contain information and instruction about the style of therapy, as well as the restrictions (Maheu, 2003; McCrickard & Butler, 2005).

Abbott et al., (2008) states that consumers must be given enough information to offer informed consent to participate in online therapy, which includes a standardized defined list of risks and benefits included in consent forms (Ybarra & Eaton, 2005). Face-to-face or telephone structured clinical interviews are undertaken at the e-Therapy Unit for this reason at the beginning of treatment (Abbott et al., 2008). Clients should be told about other treatment options, and the therapist should make sure that they understand that the long-term effectiveness of online therapy has yet to be determined (Pollock, 2006; Recupero & Rainey, 2005).

2.7.4 Competence

The nature of online therapy is such that there is improved exposure to clients from diverse cultures, hence importance is on the increased requirement for training in working with people from different cultures as part of competence (Barnett & Scheetz, 2003; Hilgart et al., 2012; McCrickard & Butler, 2005), specifically in South Africa. APA (1997, in Maheu, 2003) refers to this as 'cultural competence'. According to Maheu (2003), familiarity with the colloquial language, idioms, and local variants of word use could sometimes make the difference between life and death for a faraway suicidal or homicidal client," Maheu (2003) writes.

According to McCrickard and Butler, 2005, psychologists must also be computer, virus, and internet knowledgeable during the duration of telecommunication counselling. Ragusea and VandeCreek (2003), state that the psychologist should be able to address queries from the client about the technology utilized in this style of counselling. This implies that the psychologist must be prepared to inform the client about the technology used in this kind of counselling (Maheu, 2003). According to Maheu (2003), the psychologist's competency also needs the client to be supervised for a reasonable period.

The debate over whether or not there should be specific training for internet treatment is directly tied to the topic of competence. Online continuing education, according to Gackenbach (1998), is both important and beneficial for both the client and the therapist. Barak (1999) also emphasized the importance of specialized training in the delivery of online services. "Psychologists must refrain from providing services in areas in which they have not had the education, training, supervised experience, consultation, study, or professional experience recognized by the discipline as necessary to conduct their work competently," according to Section 2.10a of the American Psychological Association's ethical code of conduct. Similarly, Section 5.1 of the HPCSA's annexure 12 for professional psychology (p.4). States that:
When a psychologist is developing competency in a psychological service or technique that is either new to him or new to the profession, he or she shall consult with other psychologists or relevant professions on an ongoing basis and seek and obtain appropriate education and training in the new area.

Practitioners should review the strategy and training they used to gain competency in the new therapy medium (Childress, 2000) and seek appropriate supervision in order to deliver competent service (Hilgart et al., 2012). Practitioners should continue to work within their scope of practice Department of Health (2011), even if the mode of service delivery shifts (Barnett & Scheetz, 2003). As according to Maheu (2003), therapists should obtain legitimate evidence of training from recognized organizations for each type of technology they employ with a client. Gray (1999) argued, however, that regulatory powers can only universalize frameworks for those providing internet therapy when thorough study has been undertaken.
Professional training programs may need to integrate internet therapy in the curriculum to develop competent therapists as online therapy grows in popularity (Hilgart et al., 2012). This is especially relevant in South Africa, where research conducted by Wassenaar (2002) found that most psychologists in the study gave their ethical instruction in university a below-average rating. The same study also revealed that younger, less experienced psychologists were more inclined to seek more training and were more ethically conscious than more experienced psychologists. Furthermore, despite the fact that the sorts of complaints differed, there were proportionately more

complaints filed against experienced psychologists than against less experienced ones, implying a form of "ethical complacency" (Wassenaar, 2002) in more experienced practitioners.

2.7.5 Emergency situations

Gackenbach (1998) and Gray (1999) discussed how a psychologist's ability to intervene in a crisis may be limited, for instance, in a situation involving child abuse or a client who is actively suicidal. This is due to the psychologist's limited or non-existent contacts in the client's geographic location, making him or her unable to properly deal with such problems. This is a major area of concern. It is indeed worth thinking about how to handle such scenarios when making ethical decisions in online counselling. Perhaps a national or international network of psychologists and other social care providers should be a prerequisite for offering online counselling to clients at danger or in crisis. According to Hilgart et al., (2012), the online counselling is effective and a quick intervention when follow-up or referral to services in the same region as the client is required (Hilgart et al., 2012).

2.7.6 Additional dilemmas

The boundaries that should be drawn between the client and the psychologist are similarly difficult to define. The subject of whether the psychologist should be available at a certain time of day or solely during business hours is still open. The capacity to contact a psychologist at any time, according to Murphy and Mitchell (1998, in Kanani & Reger, 2003), may lead to a misunderstanding of the boundaries that exist between the psychologist and the client. However, in some cases, such as in emergency situations, it may be advantageous for the client to be able to reach the psychologist at any time. This can also be addressed by the counsellor agreeing to a set response timeframe, such as within 24–72 hours (Manhal-Baugus, 2001). The issue of fake identity, both on the part of the counsellor and on the part of the client, is one of the most common ethical dilemmas. It is concerning to note that, according to Maheu (2000), very little information about the qualifications of people who provide online mental health services was available. The internet "makes it simpler for charlatans or professionals without proper credentials to offer psychiatric treatments," according to

Barak (1999). Barak (1999) also mentioned the increased difficulty in locating website proprietors, as well as the potential of fraud.

Furthermore, "ethical online counseling practice must provide for the client's ability to rectify grievances" (Childress, 2000). However, due to practical constraints such as distance (for example, clients in other countries) and potential financial hardship, the client may be at a higher risk of being left unprotected (Childress, 2000).
Furthermore, it is debatable whether telecommunication counselling should focus on certain types of illness or problems while ignoring others. Manhal-Baugus (2001) wondered if telecommunication counselling should be limited to counselling issues such as marriage conflicts. Ragusea and VanDeCreek (2003) questioned whether or not client appropriateness should be regarded ethical depending on the type of disease. Maheu (2000) said "each patient should be appraised for the need and suitability of online services," The question of whether only specific types of therapy should be delivered via the internet also arises. Cognitive behavioural therapy, according to Barnett and Scheetz (2003), may be best suited for internet-based interventions. This idea is founded on the fact that free association is emphasized in psychoanalytical therapies, and this free association is lost in text-based online therapy, where a client might evaluate comments before submitting them to the therapist (Mora, Nevid & Chaplin, 2008). In Norway, cognitive therapists were more likely than psychodynamic therapists to endorse online treatment (Wangberg, Gammon, and Spitznogle (2007).

The effectiveness of the pre-assessment inspections is another complicated problem. Incomplete pre-assessment may be carried out due to the likelihood of the client's identity being forged and the absence of non-verbal cues. It may be questioned if continuing therapy with insufficient pre-assessment is ethical (Pope & Vasquez, 2011). In telecommunication counselling, these and other difficulties are of importance.

Furthermore, both the client and the psychologist may find that using and administering online assessments is a more cost-effective option. It may be simpler and faster to score online tests (Barak, 1999; Buchanan, 2002). However, because of

the differences in assessment environment, this is problematic; distinct constructs may be assessed by the same test (Buchanan, 2002). It may be more prudent to first define standards unique to online administration and the wide range of people for which the test will be utilized (Buchanan, 2002, 2003), as it is risky to administer and interpret measures that have not yet been validated for use on the internet (Hilgart et al., 2012). Owing to the unavailability of direct touch with the test taker, it may be more difficult to determine whether the test taker has comprehended the instructions (Barak, 1999). The test taker is assumed to finish the test without the assistance of a third party, which is difficult to prove (Barak, 1999). When tests are given on the internet, there is a higher risk of copyright difficulties (Barak, 1999). This method of administering assessment exams on the internet may reduce the validity of the assessments by making them more accessible to anyone. There have been some concerns raised about the negative social desirability response pattern in internet-based tests (Buchanan, 2002). However, research is increasingly demonstrating that the social desirability response pattern differs little or not at all across paper-based and online web-based assessments (Buchanan, 2003; Naus, Philipp & Sansi, 2009; Risko, Quilty & Oakman, 2006).

2.8 Ethical Guidelines

These guidelines are intended to address the growing field of telepsychology, which is a type of psychological service delivery. For the purposes of these recommendations, telepsychology is defined as the provision of psychological services using telecommunication technology, as specified in the Definition of Telepsychology section. The growing importance of technology in the delivery of psychological services, as well as the ongoing development of new technologies that may be useful in the practice of psychology, offer practitioners with unique opportunities, considerations, and challenges. These recommendations have been established to educate and guide psychologists who use technology in their practices as a result of technological advancements and an increase in the number of psychologists using technology in their practices. Relevant American Psychological Association (APA) standards and guidelines, such as the Ethical Principles of Psychologists and Code of

Conduct ("APA Ethics Code," APA (2002a, 2010)) and the Record Keeping Rules, are used to develop these guidelines (APA, 2007).

The term "guidelines" refers to statements in this document that indicate or recommend specific professional behaviours, endeavours, or conduct for psychologists. Standards differ from guidelines in that standards are obligatory and may include an enforcement mechanism. As a result, the goal of guidelines is aspirational. They are designed to assist psychologists maintain a high level of professional practice by facilitating the profession's ongoing methodical development. "The purpose of guidelines is to educate and instruct psychologists in their profession. They are also meant to inspire discussion and investigation. Guidelines are not to be issued with the intent of establishing the identification of a certain group or speciality area of psychology, nor are they to be issued with the intent of excluding any psychologist from practicing in that field." (APA, 2002) These guidelines are intended to assist psychologists in applying current professional practice standards when using telecommunication technology to provide their services. They are not designed to alter the scope of any psychologist's profession or to define the practice of any particular group of psychologists.

The legal restrictions, ethical standards, communications technologies, intra- and inter-agency rules, and other external restraints, as well as the demands of a specific professional setting, are all factors to consider when practicing telepsychology. In some cases, one set of factors may lead to a different course of action than another, and it is the psychologist's role to strike the right balance. The purpose of these guidelines is to help psychologists make such decisions. Furthermore, psychologists must be aware of and comply with laws and regulations governing independent practice inside jurisdictions as well as across jurisdictional and international borders. This is especially true if you offer telepsychology services. When a psychologist provides services to a client or patient in another jurisdiction, the law and regulations in each jurisdiction may differ. It is also the obligation of telepsychology psychologists to maintain and improve their expertise of topics connected to the delivery of services via telecommunication technology. Nothing in these guidelines is intended to override

any ethical, federal, or jurisdictional legislation or regulations that regulate the activity of psychologists, including those who work in agencies and public settings. Psychologists, like everyone else, must be aware of the standard of practice for the jurisdiction or setting in which they work and must adhere to those norms. The recommendations in the guidelines are consistent with general ethical concepts (APA Ethics Code, APA, 2002a, 2010), and the psychologist's obligation when delivering telepsychology services remains the application of all current legal and ethical standards of practice. It should be emphasized that the APA policy normally involves a thorough examination of relevant empirical research to establish the necessity for recommendations and to justify the statements made in the guidelines (APA, 2002b, p. 1050).

Telepsychology is the term used by the American Psychological Association to describe the use of telecommunication counselling. Telecommunication is the process of preparing, transmitting, communicating, or processing data using electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telephones, mobile devices, interactive videoconferencing, e-mail, chat, text, and the internet are only some of the telecommunication technologies available (e.g., self-help websites, blogs, and social media). The data that is sent may be written, or it may include images, sounds, or other data. This communication can be synchronous (e.g., interactive videoconferencing or telephone) or asynchronous (e.g., email) (e.g., e-mail, online bulletin boards, and storing and forwarding of information). Traditional in-person services can be supplemented with technology (for example, psycho-educational materials put online following an in-person treatment session) or used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). During the delivery of telepsychology services, a variety of technologies may be employed in various combinations and for varied reasons. For direct service, videoconferencing and the telephone may be utilized, while e-mail and text may be used for non-direct services (e.g., scheduling). Whatever the goal, psychologists attempt to be aware of the potential benefits and limitations of the technologies they select for certain clients in specific scenarios.

2.8.1 Need for guidelines

The growing significance of communications technologies in the delivery of services, as well as the ongoing development of new technologies that may be useful in the practice of psychology, support the need for the creation of practice standards in this field. Client/patient access to psychological therapies can be improved with the help of technology. Through the use of technology, service recipients who are unable to get high-quality psychological therapies due to their geographic location, medical condition, mental diagnosis, financial constraints, or other hurdles may be able to do so. Technology both helps and augments traditional in-person psychological services by facilitating the delivery of psychological services via novel modalities (e.g., online psychoeducation, treatment provided via interactive videoconferencing). A recent poll performed by the APA Center for Workforce Studies (2008) and the increasing mention of telepsychology in the literature suggest that psychologists who are health service providers are increasingly using technology for the delivery of some types of services (Baker & Bufka, 2011). The creation of national guidelines for the practice of telepsychology is urgent and necessary, given the increased use and payment for telehealth services by Medicare and the private sector. Additionally, state and international psychological associations have produced or are in the process of developing guidelines for the delivery of psychological services (Canadian Psychological Association, 2006; New Zealand Psychologists Board, 2011; Ohio Psychological Association, 2010).

2.8.2 Development of guidelines

The American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB), and the APA Insurance Trust formed the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (Telepsychology Task Force), which published these guidelines (APAIT). The Telepsychology Task Force received input, knowledge, and assistance from these organizations on a variety of topics, including ethical, regulatory, and legal principles and practices. The members of the Telepsychology Task Force had a wide range of interests and expertise that are typical of the psychology profession, such as awareness of issues

related to the use of technology, ethical considerations, license and mobility, and scope of practice, to mention a few. The Telepsychology Task Force recognized that telecommunications technologies present psychologists with both opportunities and challenges. Telepsychology not only improves a psychologist's ability to give services to clients/patients, but it also vastly widens access to psychological services that would otherwise be unavailable without the use of telecommunication technologies. The Telepsychology Task Force spent many hours reflecting on and discussing the need for guidance for psychologists in this area of practice; the myriad of complex issues related to the practice of telepsychology; and the experiences that they and other practitioners face every day in the use of technology during the development of these guidelines. There was a determined effort to discover the distinctive elements that telecommunication technologies contribute to the provision of psychological services, as opposed to those that exist when services are provided in person. The psychologist's knowledge of and competence in the use of the telecommunication technologies being used, as well as the need to ensure that the client/patient is fully aware of the increased risks of loss of security and confidentiality when using telecommunication technologies, were identified as two important components. As a result, two of the most important issues that the Telepsychology Task Force members focused on when writing this document were the psychologist's knowledge of and competence in providing Telepsychology, as well as the need to ensure that the client/patient is fully aware of the potentially increased risks of loss of security and confidentiality when using technologies. Interjurisdictional practice was another important topic discussed by the task force members. When providing psychological services across jurisdictional and international borders, the recommendations encourage psychologists to be conversant with and comply with all relevant laws and regulations. The guidelines make no mention of a specific system for guiding the development and regulation of interjurisdictional practice. However, the Telepsychology Task Force noted that, while the profession of psychology does not currently have a mechanism to regulate the delivery of psychological services across jurisdictional and international borders, it is expected that, given the rapidity with which technology is evolving and the increasing use of telepsychology by psychologists

working in U.S. federal environments, the profession will develop a mechanism to allow interjurisdictional practice.

2.9 Guidelines

This subsection will outline the guidelines for the practice of Telepsychology. There are several guidelines presented, these guidelines were developed by a Joint Task Force for the development of Telepsychology guidelines for Psychologist established by the following three entities: the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB), and the APA Insurance Trust (APAIT). There is a brief explanation of each guideline and also the rationale and its application**.**

2.9. 1 Guideline 1

Competence of the Psychologist

Psychologists who provide telepsychology services aim to assure their competency with both the technology utilized and the potential influence of the technologies on clients/patients, supervisees, or other professionals by taking reasonable precautions to ensure their competence.

Rationale

Psychologists have a main ethical responsibility to give professional services exclusively within the scope of their competence, as determined by their education, training, supervised experience, consultation, study, or professional experience. Psychologists who use telepsychology want to apply the same standards to improving their competence in this area as they do in all new and emerging areas where universally recognized standards for preparatory training do not yet exist. Psychologists who use telepsychology in their practices are responsible for analysing and continually evaluating their competencies, training, consultation, experience, and risk management techniques.

Application

When providing telepsychology services, psychologists are responsible for continuously evaluating their professional and technological skills. Psychologists who use or plan to use telecommunication technologies to provide services to clients/patients aim to receive necessary professional training in order to develop the knowledge and skills they need. Acquiring competence may necessitate additional educational experiences and training, such as a review of relevant literature, participation in existing training programs (e.g., professional and technical), and continuing education specific to the delivery of services using telecommunication technologies. Psychologists are advised to seek suitable expert advice from peers and other sources. They are also advised to look at the evidence to see if certain telecommunication technologies are appropriate for a client/patient based on the current literature, current outcomes research, best practice recommendations, and client/patient preferences. Certain technologies may not have specific research on how they are utilized, and clients/patients should be informed about the telecommunication technologies that have no evidence of usefulness. However, this may not be enough to prevent a client/patient from receiving the service. The absence of current evidence in a new area of practice does not always imply that a service is unsuccessful. Additionally, psychologists are also encouraged to keep track of their thoughts and decisions on the use of telecommunication technology in service delivery. Psychologists recognize the importance of taking into account their telepsychology expertise as well as their client's/ability patients to participate in and fully comprehend the risks and advantages of the proposed intervention using specific technology. Psychologists seek to understand the way in which cultural, linguistic, socioeconomic, and other individual characteristics (e.g., medical status, psychiatric stability, physical/cognitive disability, and personal preferences), as well as organizational cultures, can influence the effective use of telecommunication technologies in service delivery. Psychologists who are trained to handle emergency situations in providing traditional in-person clinical services are generally familiar with resources available in their local community for assisting clients/patients with crisis intervention. When providing telepsychology services, psychologists make reasonable efforts to identify and learn how to access relevant and appropriate emergency

resources in the client's/local patient's area, such as emergency response contacts (e.g., emergency telephone numbers, hospital admissions, local referral resources, a clinical champion at a partner clinic where services are delivered, and a support person in the client's/life, patient's if available) and a clinical champion at a partner clinic where services are delivered. Psychologists devise a strategy to manage any shortages of adequate resources, particularly those required in an emergency, as well as other pertinent aspects that may affect the service's efficacy and safety. Psychologists make reasonable attempts to explain and provide clear written directions for what to do in an emergency with all clients/patients (e.g., where there is a suicide risk). As part of emergency planning, psychologists should become familiar with the laws and rules of the jurisdiction in which the client/patient resides, as well as the differences between those laws and those in the psychologist's jurisdiction. They should also keep track of all their emergency planning efforts.

Furthermore, as applicable, psychologists are aware of a variety of possible discharge plans for clients/patients for whom telepsychology services are no longer required or desirable. If a client or patient has a pattern of crises or emergencies, psychologists take reasonable steps to refer them to a local mental health resource or start providing in-person services. Psychologists who use telepsychology to give remote supervision or consulting to individuals or organizations are advised to seek advice from others who are more informed about the special challenges that telecommunication technologies present. Psychologists who provide telepsychology services aspire to be well-versed in the professional literature on the delivery of services via telecommunication technologies, as well as skilled in the use of the technology itself. When providing telepsychology supervision and/or consultation, psychologists make reasonable efforts to be knowledgeable about the professional services being provided, the telecommunication modality through which the supervisee/consultee is providing the services, and the technology medium through which the supervision or consultation is being provided. Furthermore, because the development of basic professional competencies for supervisees is often done in person, psychologists who use telepsychology for supervision should consider and ensure that sufficient in-person

supervision time is included so that supervisees can achieve the required competencies or supervised experiences.

2.9.2 Guideline 2

Standards of Care in the Delivery of Telepsychology Services

Psychologists go to great lengths to guarantee that ethical and professional standards of care and practice are followed from the beginning to the end of any telepsychology services they give.

Rationale

Psychologists who provide telepsychology services adhere to the same ethical and professional standards of care and practice as those who provide in-person psychological treatments. The application of telecommunication technologies in the provision of psychological services is a relatively new and fast expanding field, and psychologists are thus, advised to analyse and assess the suitability of using these technologies prior to engaging in telepsychology practice, as well as throughout the practice, to establish whether the modality of service is suitable, efficacious, and safe. Telepsychology is a broad term that refers to a number of psychological treatments that use a variety of technology (e.g., interactive videoconferencing, telephone, text, e-mail, Web services, and mobile applications). According to new telepsychology research, some types of interactive telepsychological interventions are as effective as their in-person counterparts (specific therapies delivered over video teleconferencing and telephone). As a result, psychologists should conduct an initial evaluation before providing telepsychology services to determine the appropriateness of the telepsychology service to be provided for the client/patient. Examining the potential risks and benefits of providing telepsychology services for the client's/specific patient's needs, multicultural and ethical issues that may arise, and a review of the most appropriate medium (video teleconference, text, email, etc.) or best options available for service delivery are all examples of such an assessment. It could also include determining whether comparable in-person services are available and why services delivered through telepsychology services are equivalent to or superior to them.

Furthermore, the psychologist must assess the suitability of delivering telepsychology services on a continuous basis throughout the period of the service delivery.

Application

When delivering telepsychology services, it's crucial to think about the client's or patient's preferences. However, it may not be the main criterion for determining their suitability. Psychologists are urged to investigate the distinct advantages of providing telepsychology services (e.g., access to care, consulting services, etc.), When deciding whether to offer telepsychology services, consider the benefits (e.g., client convenience, accommodation of special needs, etc.) versus the dangers (e.g., those related with information security, emergency management, etc.) Furthermore, psychologists are aware of other aspects such as geographic location, age, and gender. Medical conditions, mental status and stability, psychiatric diagnosis, current or historic use of substances, treatment history, and therapeutic needs that may be relevant to assessing the appropriateness of telepsychology services being offered include organizational culture, technological competence (both that of the psychologist and that of the client/patient), and, as appropriate, medical conditions, mental status and stability, psychiatric diagnosis, current or historic use of substances, treatment history, and therapeutic needs.

Furthermore, psychologists are advised to convey any risks or benefits associated with the telepsychology services to be provided to the client/patient, as well as to document such communication. Further, psychologists may consider making an initial in-person contact with the client/patient to facilitate an active dialogue on these concerns and/or complete the initial evaluation. Psychologists strive to follow the best practice of service delivery described in the empirical literature as well as professional standards (including multicultural considerations) that are relevant to the telepsychological service modality being offered, just as they do when providing traditional services. They also consider the client's/familiarity patient's with and skill with the technologies involved in offering a specific telepsychology service. Furthermore, psychologists are encouraged to think about intercultural issues and the best ways to handle any emergency that may happen while providing telepsychology services. They are

encouraged to thoroughly examine the remote environment in which services will be given in order to determine what influence, if any, they will have, there may be concerns about the efficacy, privacy, and/or safety of the proposed telepsychology intervention, if any exist. A discussion of the client's/situation patients within the home or an organizational context, the availability of emergency or technical personnel or supports, the risk of distractions, the potential for privacy breaches, or any other impediments that may affect effective delivery of telepsychology services may be included in such a remote environment assessment. In this vein, psychologists are encouraged to fully discuss their role with clients/patients in ensuring that sessions are not disrupted, and that the environment is comfortable and conducive to progress in order to maximize the impact of the service provided, as the psychologist will not be able to control those factors remotely. When providing telepsychology services, psychologists are encouraged to monitor and assess their clients'/patients' development on a regular basis to decide if the services are still acceptable and beneficial to the client/patient. If there is a substantial shift in the client/patient or therapeutic engagement that you are concerned about, psychologists make reasonable efforts to alter and reassess the suitability of telepsychology services. When psychologists believe that providing remote services is no longer beneficial or poses a risk to a client's or patient's emotional or physical well-being, they should thoroughly discuss their concerns with the client/patient, appropriately terminate their remote services with adequate notice, and refer or offer any needed alternative services to the client/patient.

2.9.3 Guideline 3

Informed Consent

Psychologists work hard to get and document informed consent that addresses the specific concerns about the telepsychology services they deliver. Psychologists are aware of the appropriate rules and regulations, as well as the organizational standards that regulate informed consent in this field, when doing so.

Rationale

The process of communicating and getting informed consent, in whatever form, establishes the foundation for the psychologist-client/patient relationship. When offering professional services, psychologists make reasonable attempts to provide a thorough and clear description of the telepsychology services they provide, and they seek to obtain and document informed consent.

Moreover, they make an effort to design and share rules and procedures that will explain to their clients/patients how they will communicate with them using the various telecommunication technologies. When psychologists give telepsychology services to clients/patients who are not in the same physical area or with whom they do not have in-person interactions, it may be more challenging to get and document informed consent. Furthermore, laws and regulations in the country where a psychologist offering telepsychology services is based may differ from those in the jurisdiction where this psychologist's client/patient resides in terms of informed consent.

Furthermore, psychologists should be aware of how cultural, linguistic, socioeconomic, and organizational factors may influence a client's/understanding patients of, as well as the special considerations required for, obtaining informed consent (for example, when obtaining informed consent from a parent/guardian while providing telepsychology services to a minor). Telepsychology services may necessitate different protections and concerns for potential hazards to confidentiality, information security, and comparability than standard in-person therapy. Psychologists are urged to establish suitable policies and procedures to handle potential dangers to the security of client/patient data and information when using specific telecommunication technologies, as well as to properly advise their clients/patients about these threats. For example, psychologists who provide telepsychology services should discuss with their clients/patients how and where client/patient data and information will be stored, how it will be stored, how it will be accessed, how secure the information communicated using a given technology is, and any technology-related vulnerability to their confidentiality and security that is incurred by creating and storing electronic client/patient data and information.

Application

Prior to actually providing telepsychology services, psychologists understand the significance of obtaining and documenting written informed consent from their clients/patients that specifically addresses the unique concerns relevant to the services that will be provided. When developing such informed consent, psychologists make reasonable efforts to use language that is reasonably understandable by their clients/patients, as well as evaluating the need to address cultural, linguistic, and organizational considerations, as well as other issues that may have an impact on a client's/understanding patients of the informed consent agreement. Psychologists may include the ways in which they and their clients/patients will use the particular telecommunication technologies, boundaries they will establish and observe, and procedures for responding to electronic communication from clients/patients when considering unique concerns that may be involved in providing telepsychology services for inclusion in informed consent. Furthermore, psychologists are aware of relevant rules and regulations governing informed consent in both the jurisdiction where they provide services and the jurisdiction where their clients/patients live (see Guideline 8 on Interjurisdictional Practice for more details). Aside from the specific problems mentioned above, psychologists should discuss with their clients/patients the issues of confidentiality and security when using certain types of telecommunication technologies. Along these lines, psychologists are aware of some of the inherent risks that a particular telecommunication technology may pose in both the equipment (hardware, software, and other equipment components) and processes used to provide telepsychology services, and they strive to provide their clients/patients with sufficient information to allow them to give informed consent to receiving professional services offered through telepsychology. Some of these risks may include those associated with technological problems and service limitations that may arise because the continuity, availability and appropriateness of specific telepsychology services (e.g., testing, assessment, and therapy) may be hindered by services being offered remotely. In addition, psychologists may consider developing agreements with their clients/patients to assume some role in protecting the data and information they receive from them (e.g., by not forwarding emails from the psychologist to others).

The billing documentation is another unique feature of offering telepsychology services. As part of informed consent, psychologists are aware of the importance of discussing the billing documentation with their clients/patients prior to the start of service provision. The type of communications technology utilized, the type of telepsychology services delivered, and the cost structure for each applicable telepsychology service may all be reflected in billing paperwork (e.g., video chat, texting fees, telephone services, chat room group fees and emergency scheduling). It should also contain a discussion of charges for service interruptions or failures, accountability for data plan overages, fee reductions for technical failures, and any other fees associated with the telepsychology services that will be offered.

2.9.4 Guideline 4

Confidentiality of Data and Information

Psychologists who offer telepsychology services make rational efforts to protect and maintain the confidentiality of data and information relating to their clients/patients, and they are informed of any potential increased risks of confidentiality loss associated with the use of telecommunication technologies, if any.

Rationale

The usage of telecommunication technologies, as well as rapid technological advancements, pose distinct issues for psychologists in terms of maintaining client/patient confidentiality. Prior using such technologies, psychologists who provide telepsychology services learn about the potential risks to confidentiality. When necessary, they seek appropriate consultation from technology experts to supplement their knowledge of telecommunication technologies in order to implement security measures in their practices that will protect and maintain the confidentiality of data and information pertaining to their clients/patients. Considerations related to the use of search engines and participation in social networking sites are two examples of potential risks to confidentiality. Other issues that may arise as a result of a psychologist's use of search engines and participation on social networking sites include protecting confidential data and information from inappropriate and/or

inadvertent breaches of established security methods, as well as boundary issues that may arise as a result of a psychologist's use of search engines and participation on social networking sites. Furthermore, any internet engagement by psychologists' risks being discovered by their clients/patients or others, thus jeopardizing a professional relationship.

Application

Psychologists are aware of the limits of confidentiality and the risks of others gaining access to electronic communications (e.g., phone calls as well as e-mail) between the psychologist and the client/patient, and they inform their clients/patients about those limits and the dangers of possible access to or disclosure of confidential information and data that may take place during delivery of services. Psychologists are also aware of the ethical and practical consequences of conducting proactive online research on their clients/patients. They carefully examine whether or not it is appropriate to communicate such research activities with their clients/patients, as well as how information obtained from such searches will be used and preserved, as documenting this information may bring hazards to a psychologist's ethical boundaries.

Furthermore, psychologists should assess the hazards and benefits of dual connections with their clients/patients that may arise as a result of the usage of communications technology before entering into such partnerships (APA Practice Organization, 2012). Psychologists who use social networking websites for both professional and personal reasons should assess and educate themselves on the potential hazards to privacy and confidentiality and consider using all available privacy settings to mitigate these risks. They're also aware that any electronic communication has a significant danger of being discovered by the public. They avoid releasing sensitive data or information about clients/patients by adhering to applicable laws and regulations, as well as the APA Ethics Code (APA, 2002a, 2010).

2.9.5 Guideline 5

Security and Transmission of Data and Information

Psychologists who offer telepsychology services take appropriate precautions to ensure that information and data pertaining to their clients/patients are protected from unauthorized access or disclosure.

Rationale

The usage of telecommunication technologies in the delivery of psychological services poses unique potential threat to the national security and transmission of client/patient information and data. Computer viruses, theft of technology devices, hackers, damage to hard drives or portable drives, failure of security systems, defective software, ease of access to unsecured electronic files, and malfunctioning or outdated technology are all potential dangers to the integrity of data and information. Other concerns could include technology companies' and vendors' rules and practices, such as targeted marketing based on e-mail communications. Psychologists should be aware of these hazards and take reasonable precautions to ensure that security procedures for protecting and regulating accessibility to client/patient data inside an information system are in place. Furthermore, they are aware of applicable jurisdictional and federal rules and regulations governing the electronic storage and transmission of client/patient information and data, and therefore build policies and procedures to comply with such instructions. Psychologists may consider specific concerns and affects posed by intended and unintended uses of public and private technology devices, active and passive therapeutic relationships, and various safeguards needed for particular physical environments, staffs (e.g., professional staff vs administrative staff), and telecommunication technologies when developing policies and procedures to ensure the security of client/patient data and information.

Application

Psychologists are advised to assess the dangers to their practice spaces, telecommunication technology, and administrative employees in order to make sure that client/patient information and data is only accessible to those who need it. When extra knowledge is needed to undertake a risk analysis, psychologists seek to obtain

adequate training or assistance from relevant authorities. Psychologists work hard to ensure that rules and processes put in place to safeguard and limit access to client/patient data and information in information systems. They may encrypt confidential client/patient data for storage or transfer, as well as use other secure equipment such as safe hardware and software and strong passwords to protect data and information that is stored or transmitted electronically. Psychologists are recommended to tell their clients/patients as well as other appropriate individuals/organizations as quickly as possible if there is a violation of unencrypted electronically conveyed or retained data.

Furthermore, they are also encouraged to make every effort to guarantee that electronic data and information remains accessible despite difficulties with hardware, software, and/or storage devices by maintaining a secure backup copy of such data. When documenting the security measures in place to protect client/patient data and information from unauthorized access or disclosure, psychologists should specify what sorts of telecommunication technologies are used (e.g., e-mail, phone, video teleconferencing, and text), how they will be used, or whether the telepsychology services are used as the primary method of contact or as a supplement to in-person contact. Psychologists are aware that, depending on the type of technology used, retaining the actual communication may be preferable to summarization when keeping records of e-mail, online messaging, as well as other activities involving telecommunication technologies.

2.9.6 Guideline 6

Disposal of Data and Information and Technologies

Telepsychologists undertake reasonable measures to dispose of data, information, and technologies in a manner that permits safeguarding from illegal access and assures safe and proper disposal**.**

Rationale

Psychologists are encouraged to develop policies and processes for the secure deletion of data and information, as well as the technology used to collect, store, and transport

data and information, in accordance with the APA Record Keeping Guidelines (APA, 2007). When it comes to disposal procedures to utilize to maximize client confidentiality and privacy, the use of telecommunication technology in the delivery of psychological services presents new issues for psychologists.

As a result, psychologists should consider doing a risk analysis of information systems inside their practices in order to assure the complete and proper disposal of electronic information and data, as well as the technologies that created, saved, and communicated the information and data.

Application

Psychologists are urged to create policies and processes for the disposal of client/patient data and information. They also make an effort to dispose of software and hardware used in the delivery of telepsychology services in a safe manner that protects the confidentiality and security of any patient/client information. As indicated in federal, state, provincial, territorial, and other organizational legislation and standards, psychologists meticulously clean all data and photos in the storage medium before reuse or disposal. Psychologists are conscious of and comprehend the unique storage concerns associated with available telecommunication technology.

Psychologists should document the techniques and procedures used to discard of information and data, as well as the technologies utilized to create, store, or transfer the information and data, as well as any other technology involved in data and hardware disposal. They also make an effort to be mindful of malware, cookies, and other similar items, and to discard of them on a regular basis when communications technologies are utilized.

2.9.7 Guideline 7

Testing and Assessment

When offering telepsychology services, psychologists are encouraged to examine the special challenges that may occur with test instruments and assessment procedures created for in-person application.

Rationale

Psychologists are uniquely prepared to conduct psychological testing and other assessment processes since they have received training in this area of professional practice. While some symptom-screening instruments are now often administered online, the majority of psychological test instruments and other assessment techniques in use today were conceived and developed for in-person delivery. When these psychological tests and other assessment processes are considered for and conducted through telepsychology, psychologists are encouraged to be aware of and account for the distinct effects of these kind of tests, their suitability for diverse populations, and their restrictions on test administration and test and other data interpretation. When using telecommunication technology, psychologists also aim to protect the integrity of the testing and evaluation process. In addition, they are aware of the adjustments that may be requested for telepsychology test administration for various demographics. These criteria are in conformity with the latest edition of the Standards for Educational and Psychological Testing (American Educational Research Association, American Psychological Association, and the Council on Measurement in Education, 1999).

Application

When administering a psychological test or other assessment procedure through the use of telepsychology, psychologists are required to assure that the integrity of the test's psychometric properties (e.g., reliability and validity) and the conditions of administration specified inside the test manual are preserved when adjusted for use with such technologies. They are also encouraged to consider whether changes to the testing environment or conditions are required to achieve this preservation. For example, a test taker's access to a cell phone, the internet, or other people during an assessment could jeopardize the reliability or validity of an instrument or its administration. Moreover, if the person being tested receives coaching or has access to information such as probable test replies or the scoring and interpretation of certain assessment instruments via the internet, the test results may be tainted.

When using telecommunication technology, psychologists should also examine other possible kinds of distraction that could impair performance during an evaluation but aren't evident or observable (e.g., sight, sound, and scent). When delivering telepsychology, psychologists are encouraged to be aware of the specific challenges that may occur with certain populations and to make suitable plans to meet such issues (e.g., cultural issues, language or cultural issues, physical, cognitive, or sensory skills or impairments, or age may affect assessment).

Furthermore, psychologists may consider hiring a trained assistant (e.g., a proctor) to be on the premises at the distant area in order to help verify the client/identity, patient's offer additional required on-site assistance to administer certain tests or subtests and protect the security of the psychological testing and/or assessment process. When delivering telepsychology services, psychologists are advised to think about the quality of the technologies being utilized and the hardware requirements for conducting a given psychological exam or evaluation. They also seek to account for and explain any potential differences in results received when a psychological test is performed via telepsychology versus when it is conducted in person. In addition, psychologists are encouraged to mention that a particular test or assessment procedure was administered via telepsychology and to describe any adjustments made when documenting findings from evaluation and assessment procedures. When test norms originating from telecommunication technology administration are available, psychologists prefer to adopt them. They are advised to recognize the potential limitations of any telepsychology-based assessment processes and to be prepared to handle such limitations and their potential consequences.

2.9.8 Guideline 8

Interjurisdictional Practice

When delivering telepsychology services to clients/patients across jurisdictional and international borders, psychologists are encouraged to be familiar with and follow all applicable rules and regulations.

Rationale

The purposeful or unintentional administration of counselling services across jurisdictional and international boundaries is becoming more of a possibility for psychologists, because of rapid improvements in telecommunication technologies. Psychologists providing their services across jurisdictional borders as a practice modality to take advantage of new telecommunication technologies could range from psychologists or clients/patients being temporarily out of state (including split residence across states) to psychologists providing their services across jurisdictional borders as a practice modality to take advantage of new telecommunication technologies. Internal policies and procedures for offering services that cross jurisdictional and international borders have previously been established within psychological care delivery systems inside institutions such as the US Department of Defense and the Department of Veterans Affairs. Beyond those institutions, however, legislation and regulations governing the provision of psychological services by psychologists differ by state, province, territory, and country (APA Practice Organization, 2010). Psychologists should make a reasonable effort to become familiar with and address the rules and regulations that regulate telepsychology service delivery in the jurisdictions where they are located as well as the jurisdictions where their clients/patients are situated.

Application

It is critical for psychologists to be aware of applicable rules and regulations that address the provision of professional services by psychologists using telecommunication technology within and between countries. Psychologists should learn whether services are considered telehealth or telepsychology by a jurisdiction's rules and regulations. They are also advised to check professional licensure standards, services and telecommunication modalities covered, and information required to be included in getting informed consent in their respective jurisdictions. It is worth noting that each jurisdiction may or may not have distinct rules that impose additional restrictions for offering psychological services via telecommunication technologies. According to the American Psychological Association's Practice Organization (2010),

psychologists are classified as either a single type of service provider or as part of a larger group of providers.

Furthermore, the kinds of services and telecommunication technology regulated by these rules are diverse. At this moment, it is indeed worth noting that each jurisdiction may or may not have its own set of rules that put extra limitations on providing counselling services via telecommunication technologies. Psychologists are categorised as either a single type of service provider or as part of a wider group of service providers, as per the American Psychological Association's Practice Organization (2010). There are no particular rules governing the providing of psychological services using telecommunication technologies in a number of nations. When providing telepsychology services in different jurisdictions, psychologists should be cognizant of any views or precedential remarks issued by relevant regulatory bodies and/or other practitioner-licensing boards that may assist them understand the legal and regulatory requirements that apply when providing telepsychology services in those jurisdictions. Furthermore, due of the rapid expansion in the use of telecommunication technology, psychologists attempt to stay up with changes in licensure and other interjurisdictional practice regulations that may be relevant to their provision of telepsychology services across jurisdictional boundaries. The advancement of a telepsychology credential needed by psychology boards for interjurisdictional practice is a likely outcome, given the direction of various health professions and current federal priorities to resolve problems caused by multijurisdictional licensure requirements (e.g., the Federal Communications Commission's 2010 National Broadband Plan and the Canadian Government's 1995 Agreement on Internal Trade), Nursing, for example, has established a certification that is recognized by many U.S. jurisdictions and permits nurses certified in one jurisdiction to practice in another jurisdiction in person or remotely. A task team formed by the ASPPB drafted a series of suggestions for such a certification.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter contains the techniques for collecting and analyzing data used in the study. The chapters are organised based on the following subheadings: area of the study, population, sampling, data collection procedure, data analysis and ethical considerations.

3.2 Area of the Study

The study was conducted in Mthatha which falls under King Sabata Dalindyebo (KSD) Municipality in the O.R Tambo Region. It is situated in the Eastern Cape Province. The Eastern Cape Province has six district municipalities, one of which is the OR Tambo District Municipality. It is in the province's eastern part, with the Indian Ocean coast of South Africa as its eastern border. The Eastern Cape Province forms part of nine provinces of South Africa. The study area for the present study was chosen based on the convenience and proximity. The other factor that influenced the researcher to choose the study area was restricted budget.

3.3 Population

The population for the study consisted of participants between the ages of 22 to 45 years. The participants were of female and male genders. They were from Mthatha. The participants comprised of mental health practitioners which were Psychologist, Registered counsellors, Social workers, Social auxiliary workers and counsellors. The reason for targeting mental health practitioners was to get valuable information on the prevalence and implications of using telecommunication counselling.

3.4 Sampling

A sample is a subset of a population, whereas sampling is the process of selecting a representative unit of the population for a study in a research endeavour (Bless et al., 2006). The present study consisted of mental health practitioners.

In the present study, a purposive sampling method was used. Purposive sampling is based on a researcher's assessment of the qualities of a representative sample (Bless et al., 2013). Bless et al. (2013). Moreover, a sample is chosen based on the researcher's perception of typical units. This method of sampling aims to obtain a representative sample Bless et al. (2013).

It is typically utilized when a certain subset of people needs to be accessed, as all study participants are chosen based on their match with a specific profile (Bless et al., 2006).

3.5 Research Instrument

The researcher constructed and used a questionnaire as a method of collecting data to achieve the research objectives. The questionnaire was divided into two sections, Section A and Section B. Section A consisted of biographical details of different respondents, and Section B consisted of factual research questions constructed by the researcher. The research questions were comprised dichotomous questions and open-ended questions. The questionnaires were made accessible online, and it was sent via email to all participants.

A pilot study was conducted to determine the validity and reliability of the research instrument. A pilot study according to Bless et al. (2013), is a small-scale preliminary study undertaken to assess the feasibility, duration, expenses, and adverse events of research design prior to the start of a full-scale research project. In this study, 10 questionnaires were first assessed to validate the instrument before being integrated into the main sample.

3.6 Procedure of Data Collection

The researcher requested a letter of informed consent from the Walter Sisulu Ethics Committee before proceeding with the process of collecting data. The researcher also created a questionnaire for answering the research questions. An email with an embedded questionnaire was sent to different participants. An email was sent out detailing the research's nature and goal, as well as an informed consent form contained in the questionnaire.

The questionnaires were handed out to mental health practitioners by the researcher via email. This was done to minimise human contact as per Covid-19 regulations and guidelines.

3.7 Procedure of Data Analysis

Data analysis is the process of converting raw data into variables that can be analysed by a researcher to provide information for a study. (Bless et al., 2006). To analyse and interpret the data, the researcher used the Statistical Package for Social Sciences system. Describing descriptive data like frequencies and percentages, graphs were created.

In the present study, once the research data were collected, they were analysed using statistical software, Statistical Package for Social Sciences Version 23 (SPSS). To facilitate conceptualisation of the analysed data, frequency tables, graphs were used to display the data (Bless et al., 2013).

3.8 Ethical Considerations

The researcher in this study considered the following ethics to avoid harm to the participants.

3.8.1 Informed consent

According to Butler (2002), an ethical notion requiring a researcher to acquire subjects' voluntary participation after advising them of potential advantages and hazards is known as informed consent. The researcher informs respondents about

reasons and aims of conducting a study and then obtains consent from the respondents.

3.8.2 Confidentiality

Confidentiality was the ethical prerequisite in the study. Participants' information was kept private and only the researcher had access to it. As a result, the information gathered from participants was kept safe.

3.8.3 Permission to conduct the study

The researcher was given permission by Walter Sisulu University to start collecting data. Using purposive sampling, 26 mental health practitioners were selected to participate in this study.

3.8.4 Anonymity

The data was not designed to be linked to the participants' names or any other identifiers in an evident and quick way.

3.8.5 Voluntary participation

According to Bless et al, (2006), participants in research participate voluntarily, and people have the right to refuse to reveal personal information. Respondents were informed about the study; the information was solely used for the stated aim of research, and the data collected will not be shared with anyone else. The participation was voluntary, and the participants participated out of their free will.

3.8.6 Beneficence

It was critical that the study not only did no harm but also had the potential to benefit the participants' well-being.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter describes the data analysis and interpretation of results on prevalence and implications of telecommunication counselling.

In this study, data were collected from 26 participants. Data were collected from the participants using a questionnaire that had two sections. Section A presented questions about demographic details of participants, and Section B presented participants' views on the prevalence and implications of telecommunication counselling.

Collected data are presented in this document using frequency tables and bar graphs. The value of "N" in the presentation below indicates the number of participants for each question. Following the interpretation of the data collected is a discussion of the results.

4.2 Demographic Information

Demographic information is the study of a population based on factors or characteristics such as age, race, sex, marital status and profession. In the present study, the following information of participants was determined by focusing on the aforementioned characteristics.

4.2.1 Age distribution of participants

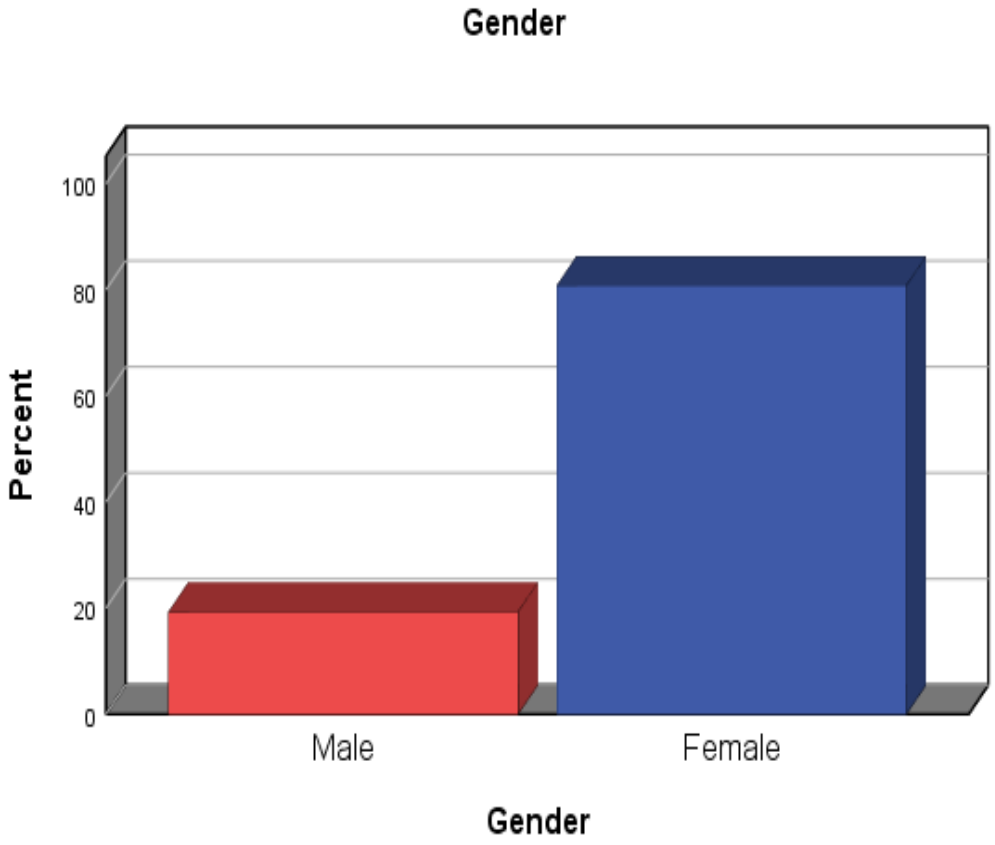
Table 1: Age

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	22–29	14	53.8	53.8	53.8
	30–37	11	42.3	42.3	96.2
	38–45	1	3.8	3.8	100.0
	Total	26	100.0	100.0	

Table 1 indicates that 53.8% (N = 14) of the participants were between ages of 22 and 29 years, 42.3% (N = 11) were between ages of 30 and 37, and 3.8% (N = 1) of the participants were between the ages of 38-45.

4.2.2 Gender

Figure 1: Participant's gender



The bar graph above indicates that 80.8% (N = 21) of the participants were females, whereas 19.2% (N = 5) were males.

4.2.3 Ethnicity

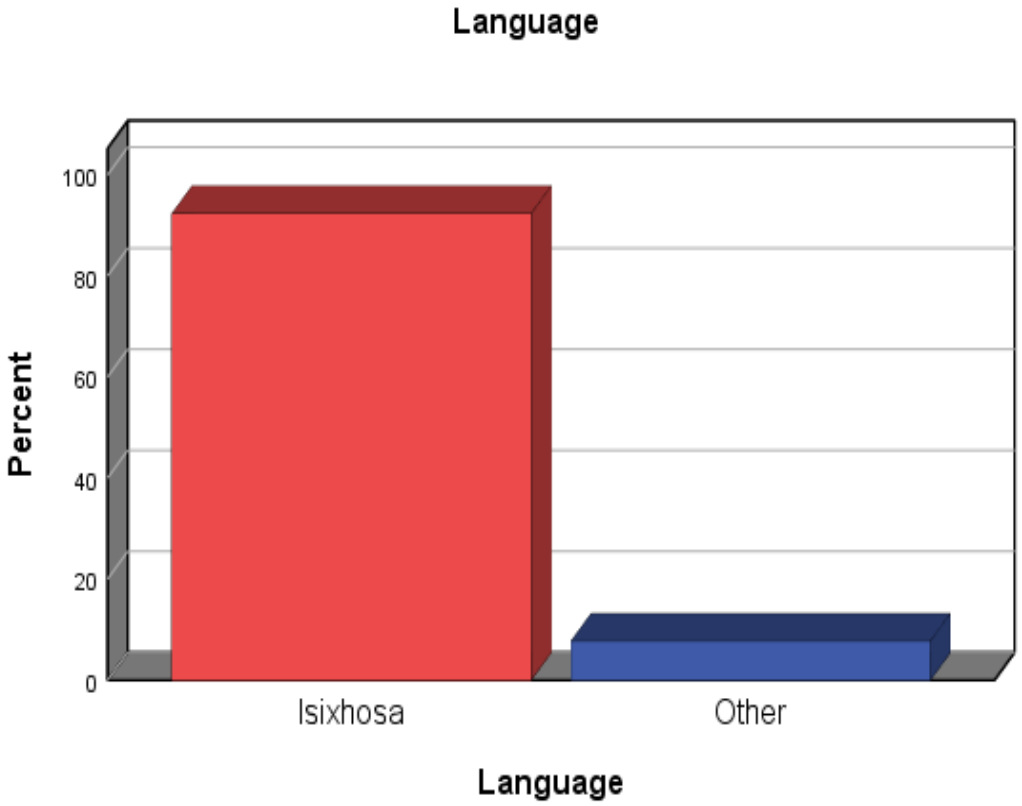
Table 2: Participant's ethnic group

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	African	25	96.2	96.2	96.2
	Other, specify	1	3.8	3.8	100.0
	Total	26	100.0	100.0	

Table 2 indicates that 96.2% (N = 25) of the participants were Africans, and 3.8% (N = 1) were from other ethnic groups.

4.2.4 Language

Figure 2: Participant's language



Bar graph 2 illustrates different home languages spoken by participants 92.3% (N = 24) of the participants were isiXhosa speaking, whereas 7.7% (N = 2) of the participants spoke other languages.

4.2.5 Marital status

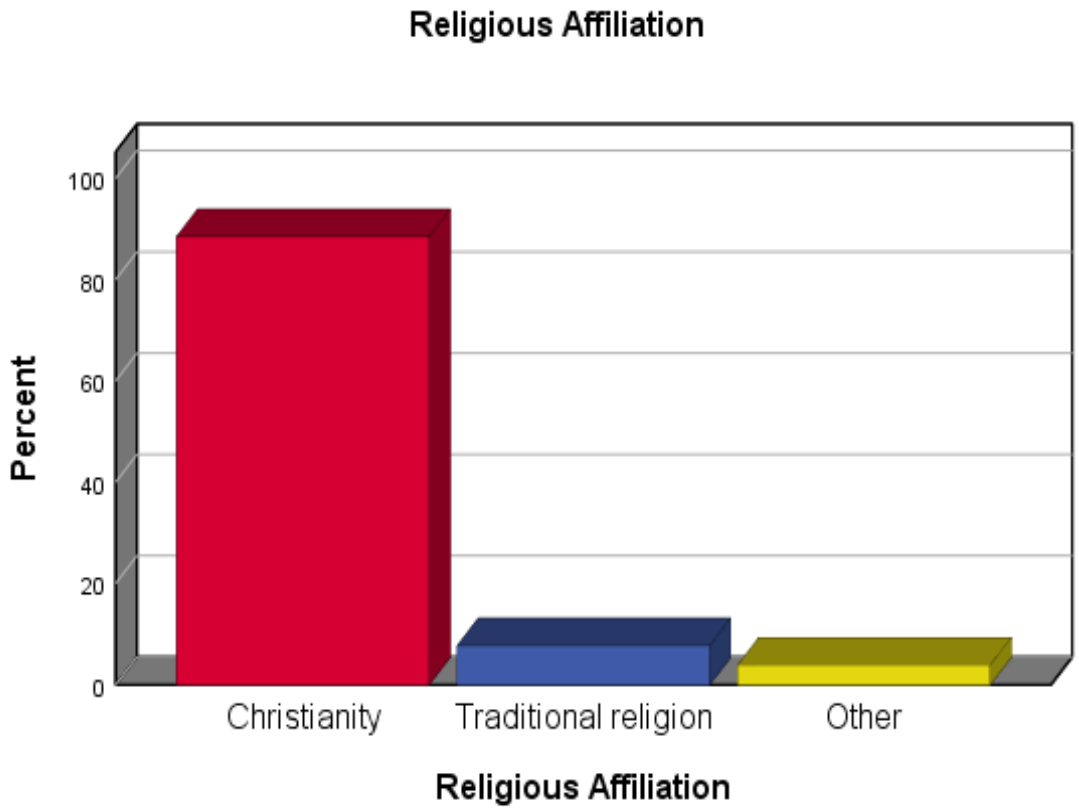
Table 3: Marital status

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Single	22	84.6	84.6	84.6
	Married	3	11.5	11.5	96.2
	Other, specify	1	3.8	3.8	100.0
	Total	26	100.0	100.0	

Table 3 indicates that 84.6% (N = 22) of the participants were single, 11.5% (N = 3) were married, and 3.8% (N = 1) specified that he/she was divorced.

4.2.6 Religious affiliation

Figure 3: Participant's religious affiliation



Bar graph 3 indicates that 88.5% (N = 23) of the participants belonged to the Christianity religious affiliation, 7.7% (N = 2) belonged to the traditional religion, and 3.8% (N = 1) indicated that he/she was from another religious affiliation.

4.2.7 Level of Education

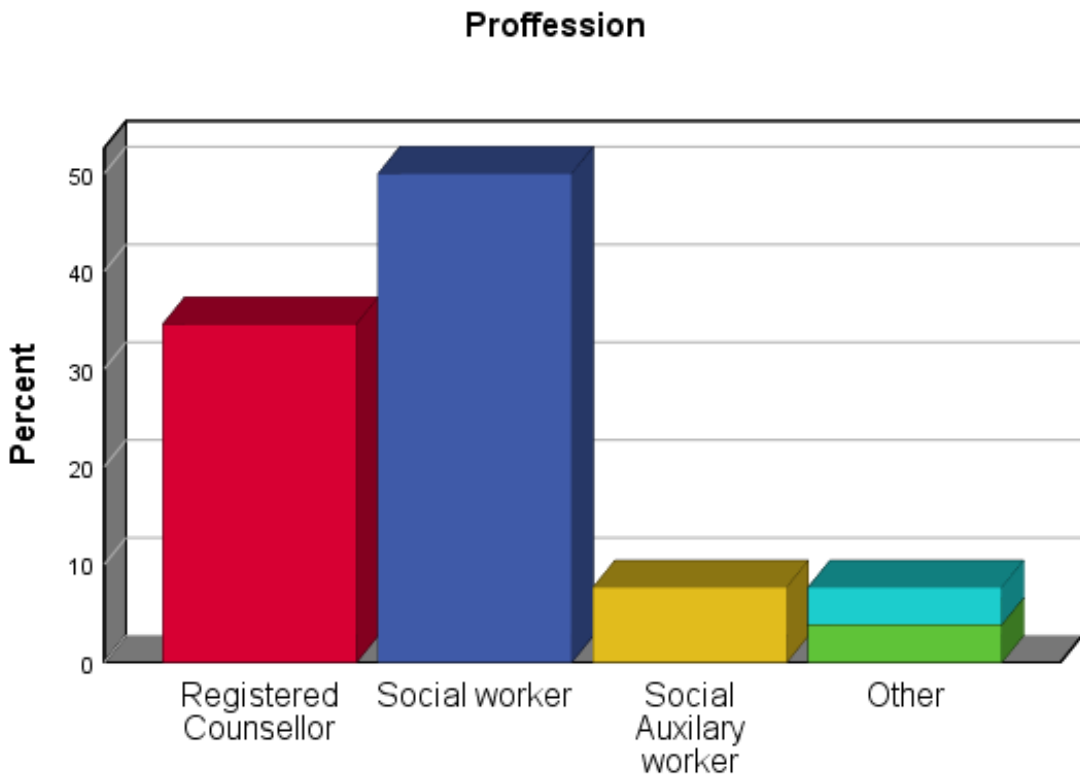
Table 4: Participant's level of education

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Undergraduate	3	11.5	11.5	11.5
	Postgraduate	23	88.5	88.5	100.0
	Total	26	100.0	100.0	

Table 4 presents the participants level of study; 88.5% (N = 23) of the participants were postgraduates, and 11.5% (N = 3) were undergraduates.

4.2.8 Profession

Figure 4: Participant's profession



The bar graph above illustrates different professions of the participants: 34.6% (N = 9) of the participants were registered counsellors; 50% (N = 13) were social workers; 7.7% (N = 2) were social auxiliary workers; 3.8% (N = 1) was a clinical psychologist; and 3.8% (N = 1) was a counsellor.

Section B

4.3 Participants' views

4.3.1 Work setting

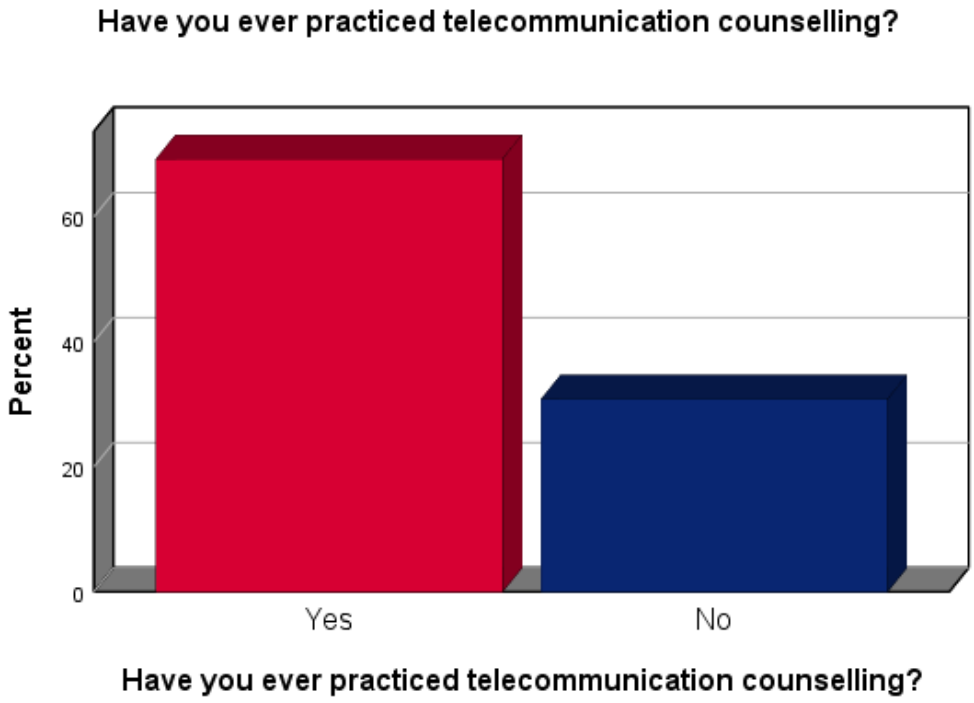
Table 5: Work setting

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Hospital/Clinical setting	4	15.4	15.4	15.4
	Government Department	13	50.0	50.0	65.4
	NGO	8	30.8	30.8	96.2
	Private Practice	1	3.8	3.8	100.0
	Total	26	100.0	100.0	

Table 5 indicates that 15.4% (N = 4) of the participants were working or had previously worked in hospitals or clinical settings, 50% (N = 13) were working or had previously worked in government departments, 30.8% (N = 8) were working or had previously worked in NGOs, and 3.8% (N = 1) was working or had previously worked in private practices.

4.3. 2 Practice of telecommunication counselling

Figure 5: Practice of telecommunication counselling



Bar graph 5 indicates that 69.2% (N = 18) had practiced telecommunication counselling, and 30.8% (N = 8) had not practiced telecommunication counselling.

4.3.3 Difference between face-to-face counselling and telecommunication counselling

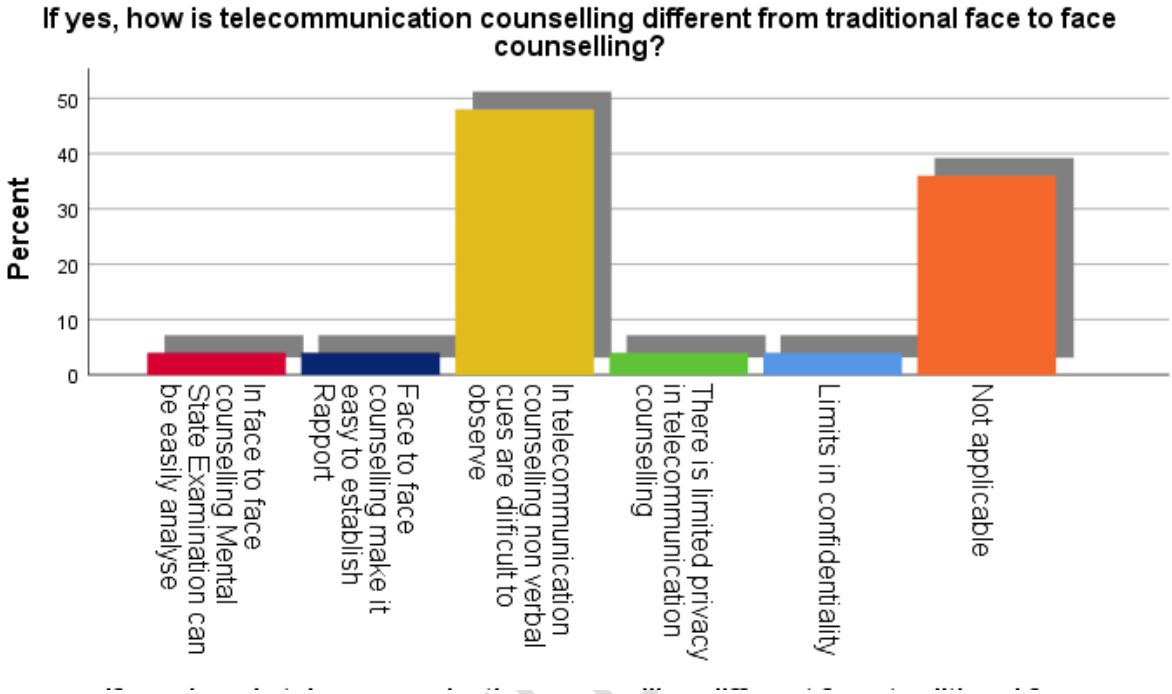
Table 6

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Yes	23	88.5	88.5	88.5
	No	3	11.5	11.5	100.0
	Total	26	100.0	100.0	

Table 6 indicates that 88.5% (N = 23) of the participants agreed that telecommunication counselling was different from face-to-face counselling, whereas 11.5% (N = 3) disagreed that the two were different.

4.3.4 Outlining the difference

Figure 6: Outlining the difference



Bar graph 6 indicates that 3.8% (N = 1) of the participants believed that in face-to-face counselling, mental health examination can be easily analysed, 3.8% (N = 1) reported that face-to-face counselling makes it easier to establish rapport, 46.2% (N = 12) believed that in telecommunication counselling, non-verbal cues are difficult to observe, 7.6% (N = 2) reported that there is limited privacy and confidentiality, and 38.4% (N = 10) indicated that the question was not applicable to them.

4.3.5 Effectiveness of telecommunication counselling

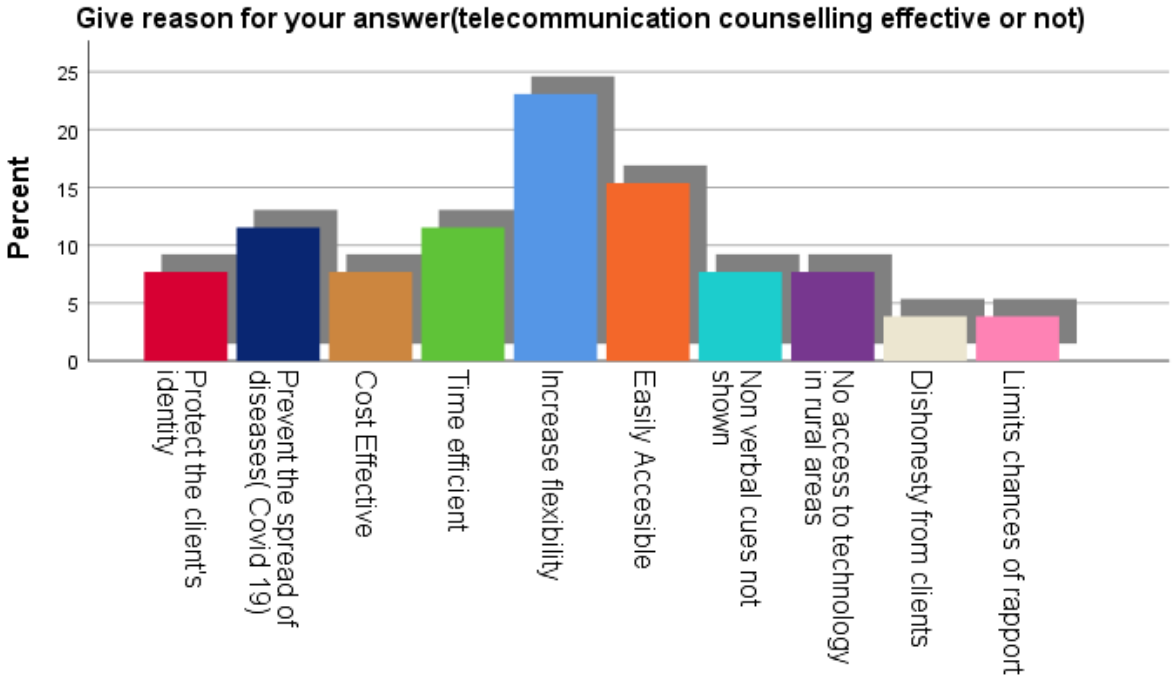
Table 7: Effectiveness of telecommunication counselling

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Yes	20	76.9	76.9	76.9
	No	6	23.1	23.1	100.0
	Total	26	100.0	100.0	

Table 7 indicates that 76.9% (N = 20) of the participants agreed that the use of technology in counselling is effective, whereas 23.1% (N = 6) disagreed that technology in counselling is effective.

4.3.6 Opinion on the effectiveness

Figure 7: Opinion on the effectiveness



Bar graph 7 indicates that 7.7 % (N = 2) of the participants stated that the reason technology is effective in counselling is that it protects identity, 11.5% (N = 3) indicated that it prevents the spread of diseases such as COVID-19, 7.7% (N = 2) reported that it is cost effective, 11.5% (N = 3) found it to be time efficient, 23.1% (N = 6) stated that it increases flexibility, 15.4% (N = 4) reported that counselling is easily accessible. Other participants argued that technology in counselling was not effective; 7.7% (N = 2) indicated that non-verbal cues are not shown; 7.7% (N = 2) stated that there is limited access to technology in rural areas, 3.8% (N = 1) mentioned dishonesty from clients, and 3.8% (N = 1) reported limited chances of rapport.

4.3.7 Forms of technology

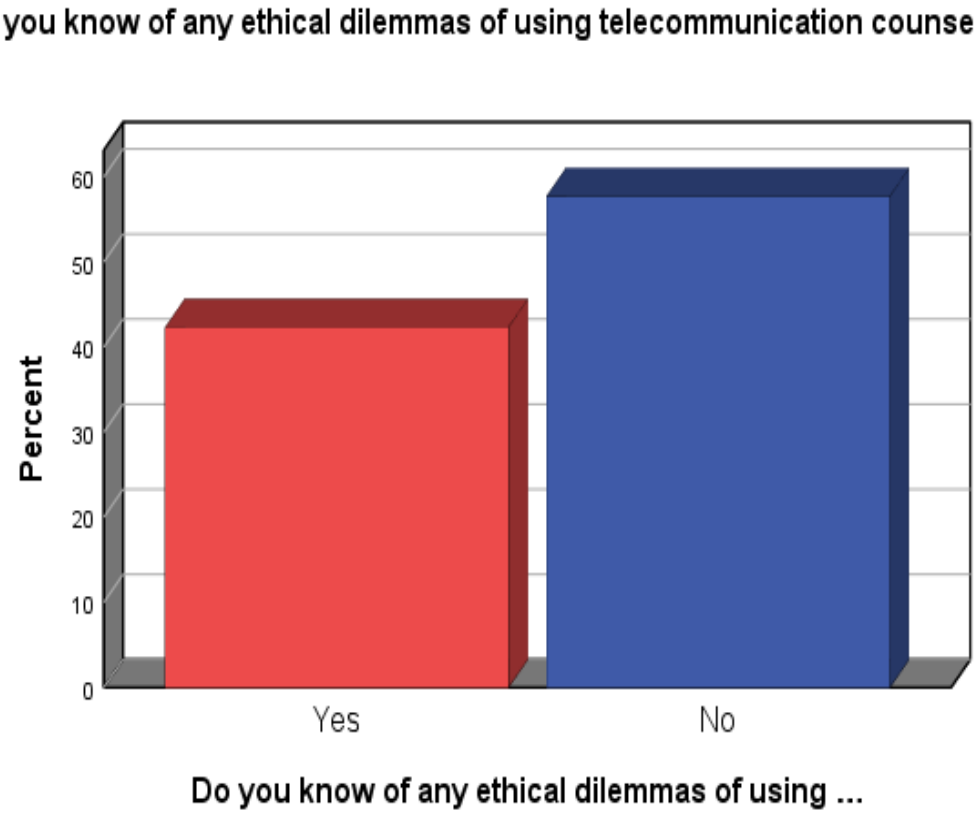
Table 8: Forms of technology

		Frequency	Percentage	Valid Percentage	Cumulative percentage
Valid	Telephone	5	19.2	19.2	19.2
	WhatsApp	2	7.7	7.7	26.9
	None	9	34.6	34.6	61.5
	More than one form of technology	10	38.5	38.5	100.0
	Total	26	100.0	100.0	

Table 8 indicates that 19.2% (N = 5) of the participants had used telephone in counselling, 7.7% (N = 2) had used WhatsApp, 38.5% (N = 10) had used more than one form of technology, and 34.6% (N = 9) reported that they had not used any form of technology in counselling.

4.3.8 Ethical dilemmas

Figure 8: Ethical dilemmas



Bar graph 8 indicates that 42.3% (N = 11) of the participants agreed that they knew ethical dilemmas of using telecommunication counselling, whereas 57.7% (N = 15) indicated that they had no knowledge of any ethical dilemmas.

4.3.9 Incidents of ethical dilemmas

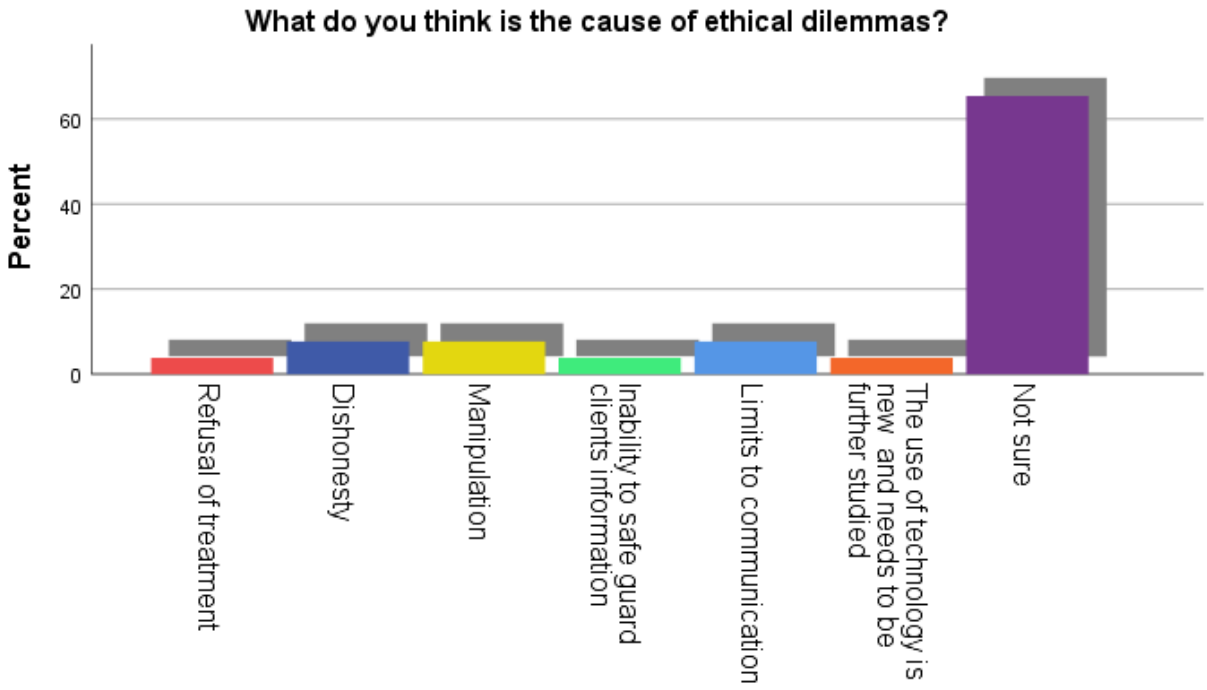
Table 9: Incidents of ethical dilemmas

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Breach of confidentiality	3	11.5	11.5	11.5
	Threats from anonymous SMSs	1	3.8	3.8	15.4
	Not applicable	22	84.6	84.6	100.0
	Total	26	100.0	100.0	

Table 9 shows incidents indicated by participants when they were practising telecommunication counselling. 11.5% (N = 3) of the participants mentioned breach of confidentiality; 3.8% (N = 1) mentioned threats from anonymous SMSs; and 84.6% (N = 22) reported that the question was not applicable to them as they had not experienced ethical dilemmas.

4.3.10 Causes of ethical dilemmas

Figure 9: Causes of ethical dilemmas



Bar graph 9 indicates what participants identified as the cause of ethical dilemmas: 3.8% (N = 1) identified refusal of treatment as a cause; 7.7% (N = 2) pointed out dishonesty as a cause; 7.7% (N = 2) identified manipulation; 3.8% (N = 1) identified inability to safeguard information; 7.7% (N = 1) indicated limits to communication; 3.8% (N = 1) identified the use of technology in counselling as a new topic that should be studied further and argued that because of lack of information, it can cause ethical dilemmas; and 65.4% (N = 17) reported that they were not sure of the cause of ethical dilemmas.

4.3.11 Ethical guidelines

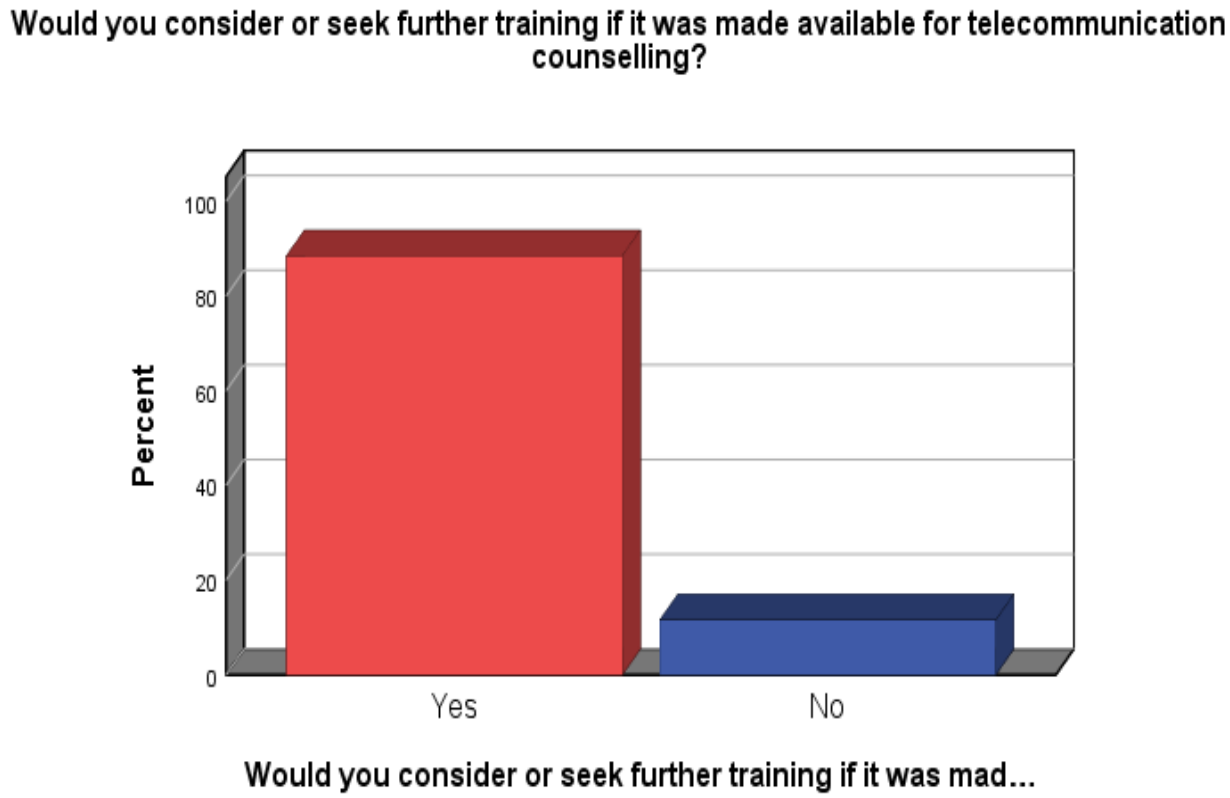
Table 10: Ethical guidelines

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Yes	23	88.5	88.5	88.5
	No	3	11.5	11.5	100.0
	Total	26	100.0	100.0	

Table 10 indicates that 88.5% (N = 23) of the participants agreed that ethical guidelines can be helpful in determining the exact parameters of ethical dilemmas, whereas 11.5% (N = 3) disagreed with the notion.

4.3.12 Training

Figure 10: Training



Bar graph 10 indicates that 88.5% (N = 23) participants agreed that they would consider or seek further training in telecommunication counselling if such training was made available, whereas 11.5% (N = 3) stated that they would not consider training if it was made available

CHAPTER FIVE

DISCUSSION

This chapter presents the summary of discussions of the results that were analysed in Chapter 4.

5.1 Demographic Details

According to the research findings, most of the participants were of ages ranging from 22 to 45 years. A total of 53.8% of the participants were between ages of 22 to 29. The findings indicate a higher percentage of females than that of males. Females accounted for 80.8%, whereas males accounted for 19.2%. The results reveal that the majority of the research participants were isiXhosa-speaking, Christian Africans. The majority of the participants were postgraduates, with half working as social workers, according to the data.

5.2 Differences between Face-to-face and Telecommunication Counselling

According to the results of the present study, 88.5% of the participants believed that there was a significant difference between face-to-face counselling and telecommunication counselling. This is in line with findings of Carlbring et al. (2006), Hanley (2009), King et al. (2006), Rawson and Maidment (2011), and Reese et al. (2002), who stated that while there is evidence that an online therapeutic connection can be formed, it is a tough process without face-to-face interaction and the presence of verbal and non-verbal clues. As a result, there is a push to develop more inventive and humanized techniques of establishing rapport and developing connections with clients online, as opposed to face-to-face counselling (Mishna et al. 2008; Riemer-Reiss 2000).

5.3 Effectiveness of Telecommunication Counselling

The present study found that a total of 76.9% of the participants approved that the use of technology in counselling is effective. These findings are in agreement with those of Suler (2001), who noted that online counselling has several advantages, including greater accessibility, lower costs, and a larger clientele market. The

anonymity of online counselling may also be advantageous, as being an "invisible" client can help people decrease or eliminate stigma associated with obtaining mental health treatment.

However, there is significant possible risk for psychologists and their clients due to a lack of clearly defined best practices in existing ethics guidelines (Ohio Psychological Association, 2009; Palomares, Bufka & Baker, 2016).

5.4 Forms of Technology

Different forms of technology were used by respondents to perform telecommunication counselling. A total of 38.5% of the respondents had used more than one form of technology. The forms of technology that respondents used to perform telecommunication counselling were WhatsApp, emails, video calls and text/SMS. Rummell et al. (2010) also found similar results; many practitioners, according to the data, work directly with clients via email, private message chat services, chatrooms, videoconferencing, or computer voice messaging systems.

5.5 Ethical Concerns in Telecommunication Counselling

According Slack and Wassenaar (1999), confidentiality, dual relationships, and money concerns were identified as three major ethical challenges faced by South African clinical psychologists in research on ethical dilemmas. Confidentiality concerns were prevalent among psychologists who were struggling with the limits and obligations of confidentiality while also attempting to avoid harming their patients in the event of a breach or disclosure. "Dilemmas concerning confidentiality comprised 29% of those volunteered by South African survey respondents, making this the largest category of situations perceived as serious by these respondents" (Slack & Wassenaar, 1999).
Furthermore, Clay (2017), Hilgart et al. (2012), Luxton et al. (2016), and Palomares et al. (2016) reported that confidentiality, competence, privacy, informed permission, crisis intervention, identity verification, online assessment, and appropriateness of online therapy are just a few of the ethical challenges that arise frequently in telepsychology.

The study demonstrated that confidentiality is one of ethical concerns that cause ethical dilemmas.

5.6 Incidents of Ethical Dilemmas

A small percentage of the respondents stated that they had encountered some ethical dilemmas whilst using telecommunication; these respondents accounted for a total of 15.4%. The respondents described the ethical dilemmas as the breach of confidentiality in which a third part had information without consent. One respondent stated that there were threats from an anonymous SMS/text. Similar findings by Scherrer et al. (2002) indicated that in South Africa, breaches of confidentiality account for about 6% of reported complaints in the psychological profession.

5.7 Ethical Guidelines

Based on the study results, 88.5% of the participants stated that ethical guidelines can be helpful in determining the exact parameters of ethical dilemmas. This agrees with findings of various studies.

Ethics bodies in underdeveloped nations are lagging behind when it comes to drafting internet guidelines (Hilgart, Thorndike, Pardo & Ritterband, 2012). In addition, referring to these rules provides psychologists with well-organized and consistent guidelines. This is critical since it is the psychologist's responsibility to guarantee that the client is not injured, regardless of the circumstances (Scherrer et al., 2002). The practice of being aware of ethical dilemmas should be continual (Hilgart et al., 2012; Pope & Vasquez, 2011) as with the passage of time, ethics evolves. This is particularly significant in fields such as psychotherapy online as technology is continuously developing. Failure to have apparent guidelines in a fast developing area of practise increases the danger for unsatisfactory treatment and practice (Ohio Psychological Association, 2009).

Recent studies indicate that the established ethical code for psychologists in South Africa (HPCSA, 2011) does not directly address internet therapy; this is in keeping with concerns that ethics guidelines in general lag behind practice changes (Hilgart et al.,

2012; Wassenaar & Mamotte, 2012). In this research, the researchers wanted to produce draft ethics guidelines for online therapy in South Africa, so they polled a group of registered South African psychologists about their thoughts on the rules and their worries about providing online services. Key ethical concerns in online treatment were described and debated, as well as suggestions for strengthening the draft rules.

5.8 Training

Findings of the study also indicated that 88.5% of the participants were interested in training for telecommunication counselling. This coincides with findings of the research conducted by various researchers.

According to Oravec (2000) and Finn and Barak (2010), the majority of internet counsellors claim that they did not have any training in online counselling as part of their professional training. Therefore, given the ethical difficulties that can develop, groups and regulatory organizations should provide professional training in online counselling that supports and spotlights best practice approaches (Oravec 2000; Finn and Barak 2010).

There is a demand for specialized training in internet psychotherapy. As part of expertise in the therapeutic process, training in working with persons from various cultures should also be emphasized. Standardised training for telecommunication counselling should be a requirement for all mental health practitioners. There is also a need for training in technological competence. The training should be consistent with the continuously changing nature of technology or networks. There should be training specific to telecommunication counselling.

CHAPTER SIX

SUMMARY AND CONCLUSION

This chapter presents the recommendations and limitations of the study. The recommendations are based on the short falls of the study. The chapter also shows the limitations that the study came across.

6.1 Recommendations

6.1.1 Training

The researcher recommends that:

- Universities in South Africa should include telecommunication counselling in their curricula and in the practical training. This will assist mental health practitioners to properly render services using technology.
- Training on ethics on telecommunication counselling should be made available and form part of the continuous professional development for mental health practitioners.
- Standardised training for telecommunication counselling should be a requirement for all mental health practitioners. There is also a need for training in technological competence. The training should be continuous as the nature of technology or networks continuously changes. There should be training specific to telecommunication counselling.
- Mental health practitioners practising telecommunication counselling should pursue relevant supervision to provide required services.

6.1.2 Ethical guidelines

- The researcher would also recommend that professional bodies for mental health practitioners provide proper ethical guidelines and training for these practitioners to avoid harm to their clients and avoid ethical dilemmas.
- A South African draft of ethical guidelines should be in place to properly guide mental health practitioners practising telecommunication counselling.
- The South African draft of ethical guidelines should be continuously reviewed and should keep up with changes in technology and networks.

- The ethical guidelines should form part of ethical training in universities.
- Regular review of telecommunication guidelines will help in addressing changes in technology and networks.

6.1.3 Further research

- Advance research in the area of telecommunication counselling and ethics in psychology in the South African context is required. The necessity of ethical behaviour by psychologists in all parts of their job has gained international attention. There is international recognition on the importance of ethical behaviour by psychologists in all aspects of their work. South African psychologists are advocating for this recognition. Future qualitative study could go into a more in-depth look at new advancements in telecommunication counselling and likely sources of ethical issues, particularly in rural areas, where psychologists have expressed worries about how to resolve ethical dilemmas. The findings could be valuable for rural practitioners who may feel ethically hampered in their decision-making. This may allow for the exploration of specific reasoning processes underlying important areas of ethical decision-making.

6.2 Limitations

- The research data for the study was collected during the COVID-19 pandemic, which imposes limitations in physical contact.
- The data for the study were collected using emails. The challenge with this was that participants would complain of not having internet data to email back the study questionnaires.
- Some ethical dilemmas occurred. The respondents would not return the questionnaire and would be dishonest about returning the questionnaire. Some respondents would not respond to emails. This delayed the data collection process.
- The possibility of bias due to the small sample size negatively affects the researcher's ability to generalise the findings.
- Self-reporting might have influenced the outcome of the research.

6.3 Conclusion

This study sought to find the prevalence and implications of telecommunication counselling. The study objectives were to investigate the effectiveness of using telecommunication counselling, explore the efficiency of using telecommunication counselling, find ethical dilemmas relating to using telecommunication counselling and recommend some ethical guidelines for using telecommunication counselling. This study has found that there are effectiveness and efficiency factors of using telecommunication counselling. The prevalence of using this type of counselling is slowly growing but is not as popular in rural areas. There are some implications of using telecommunication counselling such as ethical dilemmas. More participants agreed that ethical guidelines help in finding the exact parameters of ethical dilemmas. The researcher believes that future qualitative study could go into a more in-depth look at new advancements in telecommunication counselling and likely causes of ethical issues, particularly in rural areas, where psychologists have expressed worries about how to resolve ethical dilemmas. The findings could be valuable for rural practitioners who may feel ethically limited in their decision-making. This could open up the possibility of probing into the specific thinking processes that support critical aspects of ethical decision-making. The findings in the present study integrate well with the theoretical framework social information processing theory. The dynamics that lead to implications of the use of telecommunication counselling are the absence of non-verbal cues and face-to-face as shown in the findings. The lack of non-verbal cues may lead to failure in the development of rapport between client and the mental health practitioner and rise in ethical dilemmas.

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APPENDICES

Appendix A

QUESTIONNAIRE

Prevalence and implications of telecommunication counselling

Section A

1. BIOGRAPHICAL INFORMATION

Mark the appropriate option with an X

1.1 Age

22–29 years	
30–37 years	
38–45 years	
46 years and above	

1.2 Gender

Male	
Female	

1.3 Ethnicity

White	
Indian	
Coloured	
African	
Other, specify	

1.4 Home language

IsiXhosa	
IsiZulu	
English	
Other	

1.5 Marital status

Single	
Married	
Divorced	
Other, specify	

1.6 Religious affiliation

Christianity	
Traditional religion	
Islamic religion	
Other	

1.7 Level of education

Matric	
Undergraduate	
Postgraduate	

1.8 Profession …….

Section B

Could you describe your work setting and the type of work you do/did as a mental health practitioner?

……
……
……

Have you ever practiced telecommunication counselling?

Yes	
No	

Do you believe telecommunication counselling is different from traditional face-to-face counselling?

Yes	
No	

If yes, how is telecommunication counselling different from traditional face-to-face counselling?

……
……
……
……
……

Do you think the use of technology in counselling is effective?

Yes	
No	

Give reasons for your answer.

……
……
……
……

What forms of technology have you used in counselling?

Provide them below.

……
……

Do you know of any ethical dilemmas of using telecommunication counselling?

Yes	
No	

Have you ever come across ethical dilemmas whilst using telecommunication counselling?

Yes	
No	

If yes, could you describe in detail the incident?

……
……
……..

What do you think is the cause for these ethical dilemmas?

……
……
……

Do you find ethical guidelines helpful in determining exact parameters of ethical dilemmas?

Yes	
No	

Would you consider or seek further training if it was made available for telecommunication counselling?

Yes	
No	

……THANK YOU FOR YOUR PARTICIPATION……

Appendix B

REQUEST LETTER

PO Box 15
Northcrest
Mthatha
5099

December 2021

Dear Participant

You are kindly requested to participate in a research project that investigates the prevalence and implications of telecommunication counselling. The research project is in partial fulfilment of a Master of Arts degree (dissertation) under the guidance of the Department of Psychology at Walter Sisulu University, under supervision of Prof S. K. Mfusi.

Kindly do not write your name on the questionnaire as the study is anonymous and confidential. It should not take more than 30 minutes of your time to fill the questionnaire. Please answer the questions accurately and honestly.

For each question, cross (X) the response that best describes your experience, unless otherwise stated. If you have any question about participating in the study or regarding the study, please do not hesitate to contact the signatories.

Yours sincerely

…….

Sinazo Lusiba
Cellphone no.: 071 454 6260

Appendix C

INFORMED CONSENT REQUEST

PO Box 15
Northcrest
Mthatha
5099
December 2021

KSD Municipality
Mthatha
5099

To whom it may concern:

I am a Master of Arts student conducting research on the prevalence and implications of using telecommunication counselling, under the supervision of Prof S. K. Mfusi. Conducting this research will be useful and add value to the existing literature about telecommunication counselling. This study will also help mental health practitioners with knowledge on telecommunication counselling, ethics and ethical guidelines.

The information provided by the participants will be anonymous and confidential. Data provided by participants will not be associated with their names or any other identifier.

Your permission to conduct this research in Mthatha will be highly appreciated.

Yours sincerely

…….

Sinazo Lusiba