

2021

Counselor Educator, Supervisor, and Practitioner Perspectives on Distance Counseling and Telemental Health Training and Practice

Heather C. Robertson

St. John's University - New York, robertsh@stjohns.edu

Ryan Lowell

St. John's University - New York, ryan.lowell18@my.stjohns.edu

Follow this and additional works at: <https://digitalcommons.sacredheart.edu/jcps>



Part of the [Counselor Education Commons](#)

Recommended Citation

Robertson, H. C., & Lowell, R. (2021). Counselor Educator, Supervisor, and Practitioner Perspectives on Distance Counseling and Telemental Health Training and Practice. *Journal of Counselor Preparation and Supervision*, 14(3). Retrieved from <https://digitalcommons.sacredheart.edu/jcps/vol14/iss3/3>

This Empirical Research Article is brought to you for free and open access by DigitalCommons@SHU. It has been accepted for inclusion in Journal of Counselor Preparation and Supervision by an authorized editor of DigitalCommons@SHU. For more information, please contact ferribyp@sacredheart.edu, lysobeyb@sacredheart.edu.

Counselor Educator, Supervisor, and Practitioner Perspectives on Distance Counseling and Telemental Health Training and Practice

Abstract

As distance counseling and telemental health practices continue to grow, it is unclear how counselor training programs are responding to the change or how frequently supervisors and practitioners utilize distance modalities. Counseling professionals (N = 103) were surveyed to examine their perceptions of distance counseling training and practice. Respondents indicated multiple roles as Counselor Educators (CE, n = 74), Counseling Supervisors (CS, n = 61), and Counseling Practitioners (CP, n = 86). The majority of CE expressed dissatisfaction with amount of distance counseling content in their training program yet felt confident to teach distance counseling and TMH concepts. Personal experience with distance supervision or distance counseling was low among CS and CP, although these groups exhibited high confidence in practicing distance supervision and distance counseling. Nearly all respondents had sought additional professional development training in distance counseling and/or TMH. The findings emphasize a need for consistency in TMH professional development training, as well as opportunities to infuse distance counseling content into student training programs and curricula.

Keywords

distance counseling, telemental health, training, counselor educator, counseling supervisor, counselor

Author's Notes

This research was partially funded by a grant from the North Atlantic Region Association for Counselor Education and Supervision (NARACES).

Distance counseling and telemental health (TMH) have been referred to as cyber counseling, online counseling, e-therapy, e-counseling, telecounseling, telepsychology, technology assisted counseling, web-based counseling, and many other terms (Ostrowski & Collins, 2016). The American Counseling Association (ACA) uses the term “distance counseling” (p. 17) in its 2014 Code of Ethics. The American Mental Health Counseling Association (AMHCA) uses the terms “telehealth” and “distance counseling” (p. 10) in its 2015 Code of Ethics, and later published a white paper on the use of “technology assisted counseling” (2017, p. 1). The American Psychological Association (APA) publishes guidelines for practicing “telepsychology” (2013, p. 791). While these terms differ, each of these organizations agree that counseling no longer encompasses only face-to-face (F2F), live counseling, but includes distance modalities, such as telephone, video conferencing, email, text messaging, chat, mobile applications (“apps”), and online forums.

Most recently, the term telemental health (TMH) has been widely utilized to encompass the use of technology across mental health counseling professions. It is important to recognize that strictly using the term “telemental health” or “TMH” in practitioner literature and research may unintentionally exclude counselors who utilize distance practices but view mental health counseling as beyond their scope of practice. Counseling practitioners, such as school and career counselors, are utilizing technology in their counseling practice which does not include mental health counseling (Harris-Bowlsbey & Sampson, 2005; Steele et al., 2015; Venable, 2010; Wilczenski & Coomey, 2006). Like other professional counseling organizations, the American School Counselors Association (ASCA, 2010) and the National Career Development Association (NCDA, 2015) have updated their most recent codes of ethics to include content on distance counseling and the use of technology in counseling. In order to include all counseling specialties,

the terms distance counseling and TMH will be used throughout this manuscript to describe counseling delivered via distance modalities.

Efficacy

Distance counseling, in various formats, has been available since the first telephone hotlines were developed in the 1950's (Centore & Milacci, 2008). Videoconferencing in psychiatry began in the 1950's, and quickly expanded to most diagnostic settings (American Psychiatric Association, 2019). There is evidence that use of distance practices and TMH is effective with many populations and clinical foci. In fact, the American Psychiatric Association (2019) states, "Telepsychiatry is equivalent to in-person care in diagnostic accuracy, treatment effectiveness, and patient satisfaction; it often saves time, money and other resources" (para. 1).

Distance counseling and TMH are effective in reducing mental health symptoms with a variety of populations, including veterans (Whealin et al., 2015), children (Gloff et al., 2015; Stephan et al., 2016), rural populations (Lambert et al., 2016), and older adults (Hobbs et al., 2018). In addition to its effectiveness with various populations, TMH is effective in treating more specific clinical foci, including anxiety (Dryman et al., 2017), depression (Andersson et al., 2013), Attention Deficit Hyperactivity Disorder (ADHD) (McCarty et al. 2015), Obsessive Compulsive Disorder (OCD) (Stubbings et al., 2015), and Post Traumatic Stress Disorder (PTSD) (Acierno et al., 2016; Whealin et al., 2015). Overall research demonstrates wide applicability, utility, and effectiveness of TMH practice. TMH has not been found to be superior to F2F interventions. However most studies have found TMH interventions are as effective in reducing symptoms as F2F (Acierno et al., 2016), specifically when counselor facilitated (Newman et al., 2011; Huskamp et al., 2018) and certainly more effective than no treatment at all or those on a waiting list (Lorian et al., 2011; Gross et al. 2017). Despite this evidence of effectiveness, practitioners' attitudes

towards TMH still vary. Earlier studies indicate that mental health counselors believed TMH had more disadvantages than advantages (Centore & Milacci, 2008). More recent studies indicate that attitudes have improved among psychologists and psychiatric nurse practitioners (Baird et al., 2018; Perle et al., 2012; Simms et al., 2011). Varying practitioner attitudes may contribute to hesitation to utilize distance counseling and an expressed a need for additional training.

Practitioner Attitudes

Practitioner attitudes towards TMH have changed over the last decade. An earlier study of 854 mental health counselors (MHC) found that most MHC self-reported negative attitudes towards email counseling, video conference counseling, and text counseling, and only reported positive attitudes toward telephone counseling (Centore & Milacci, 2008). However, as technology continues to evolve and emerge, with more advanced technological systems becoming more common and easy to use, practitioner attitudes improve as well. More recent studies of psychologists and psychiatric nurses indicate that the majority of mental health practitioners view TMH interventions favorably (Baird et al., 2018; Cipoletta & Mocellin, 2018; Perle et al., 2012; Simms, et al., 2011). In certain studies, cognitive behavioral modalities were considered most appropriate for use in TMH settings (Perle et al., 2012) and videoconferencing was rated more favorably than other modalities, such as email, chat, or text (Cipoletta & Mocellin, 2018). However, improved attitudes have not necessarily increased practitioner utility prior to 2020.

Practitioners tend to utilize TMH at varying rates. Centore and Milacci (2008) found that a majority of counselors surveyed (75%) surveyed had engaged in telephone counseling. Baird et al. (2018) found that most practitioners surveyed (63%) used TMH, with 85% of those individuals using TMH in rural settings. Yet other studies indicate small percentages of practitioners having had any experience using TMH, with respondents' experience rates as low as 14 or 18% (Cipoletta

& Mocellin, 2018; Simms et al., 2011). Thus, while practitioner attitudes toward distance counseling are improving, they were not necessarily utilizing these modalities at higher rates (Huskamp et al., 2018). One explanation for limited utility of TMH practices may be lack of training. Consistently, practitioners express uncertainty on TMH guidelines and a desire for additional training in distance modalities (Baird et al., 2018; Centore & Milacci, 2008; Cipoletta & Mocellin, 2018; Perle et al., 2012; Simms et al., 2011). Despite the existence of formal TMH training programs, such as the Board Certified Telemental Health Provider (BC-TMH) (Center for Credentialing and Education, 2019), practitioners report lack of standardized training in curricula and inconsistent practice guidelines (Baird et al., 2018).

Training in Mental Health Professions

There has been limited research on the training of distance counseling and TMH within the counseling profession, when compared to psychology and other helping professions. Recommendations include formal training for practitioners engaging in TMH or distance counseling (Centore & Milacci, 2008). In a study of psychiatric nurses, 71% of respondents indicated that they had no formal training in TMH, and 70% believed that they would benefit from such training. However, 63% of respondents reported having previously delivered TMH services (Baird et al., 2018), indicating that mental health practitioners are engaging in distance modalities without formal training. This gap in delivery of TMH and reported training is alarming, especially given the recent rise in TMH use.

Psychologists have begun to advocate for the inclusion of TMH within their professional training programs. Colbow (2013) cites evidence of TMH effectiveness and increased utility in an argument to incorporate formal TMH training in psychologist education programs. Colbow provides limitations and advantages to various training programs, including in-person and online

continuing education, organization specific training, integration into current coursework, and a distinct class on TMH. He proposes a curriculum that includes history, research, relationships, ethics, laws, environment, technical training and a lab component (p. 161); he also advocates for students' direct exposure to these modalities before practicing or researching TMH interventions. Despite these efforts, Glueckauf et al. (2018) found that in a sample of clinical psychologists, 39% reported a lack of sufficient personal training and 24% reported a lack of available training programs. In addition, 90% agreed that practitioners should receive training regarding technical issues in TMH. Psychiatrists have also advocated and effectively implemented TMH training in student training programs (Alicata et al., 2016; Glover et al., 2013; Hilty et al., 2015; Hoffman & Kane, 2013; Pullen et al., 2013; Sunderji et al., 2014). Alicata et al. (2016) and Hilty et al. (2015) propose curricula for embedding telepsychiatry into training and residency programs.

TMH Training in Counseling

Counselor education programs, while not as vocal as those in the field of psychology and psychiatry, have proposed methods which embed TMH in counseling education training. Anthony (2015) proposed that training is needed to transfer skills used in a F2F setting to an online forum. Based on digital culture and the global community, Anthony advocates that counselors who wish to practice online counseling should obtain post-graduate training after learning foundational in-person counseling skills. Some examples of post-graduate training include the Board Certified Telemental Health Provider (BC-TMH) offered by the Center for Credentialing in Education (CCE). Prior to offering the BC-TMH, CCE offered the Distance Credentialed Counselor (DCC). The DCC credential was discontinued in 2018, although DCCs who did not wish to transition to the BC-TMH had the option to maintain their DCC through expiration (CCE, 2018). Others

advocate for distance counseling training within traditional counselor education programs (Haberstroh et al., 2008; Kozlowski & Holmes, 2017; Trepal et al., 2007).

Trepal et al. (2007) provide strategies for counselor educators to teach online counseling skills. Trepal and colleagues (2007) assert that while formal training programs exist, “few counselors and counselor educators have been formally trained and certified in online counseling” (p. 267). They provide the reader with strategies to adapt traditional F2F counseling procedures to online environments, including informed consent, therapeutic silence, nonverbal feedback, communicating emotion, effective use of questioning, reflection, and closing the session. Similarly, Kozlowski and Holmes (2017) present a model for counselor educators to teach online group counseling skills in a traditional counselor education program. Another training approach is to embed activities in specific courses that expose students to distance modalities. Haberstroh et al. (2008) describe an embedded activity within an internship in which students engaged in five message-based sessions with a client throughout the semester. Student reflections upon completion of the exercise demonstrated learning in areas such as technological barriers, absence of visual and verbal cues, and others.

These three examples: post-graduate training, teaching specific skills, and embedding experiential activities in courses, represent three possibilities for professional counselors to gain TMH skills, while not specifically advocating for counselor education curricular changes. The Council on the Accreditation of Counseling and Related Education Programs (CACREP) requires accredited counselor education programs to address the *impact* of technology on the counseling process (CACREP, 2016, Section 2.F.1.j.), but comes short of explicitly directing counselor education programs to provide training in telemental health (TMH) and distance counseling. Thus, counselors from traditional training programs, including Clinical Mental Health, School, Career,

Addictions, Rehabilitation, and others, may not adequately address aspects of distance counseling and TMH. With the recent increase of TMH services resulting from the COVID-19 pandemic, it is anticipated that CACREP may expand its inclusion of TMH content in counselor education programs.

Relevance to the Profession

In early 2020, the counseling profession, along with virtually every other industry worldwide, was shaken by a global pandemic due to the outbreak of a novel human coronavirus known as COVID-19. The pandemic, reaching every country in the world, forced businesses to shut down and individuals to work from home, if able to do so. Mental health counselors were essentially forced to conduct their sessions via TMH, regardless of prior experience, training, or education. State governments temporarily allowed for TMH to be billable by most agencies, regardless of prior experience, training, etc. as both clients and counselors were unsure of how to proceed. Brief online trainings quickly became available and within weeks, most counseling sessions were conducted via TMH. While the pandemic continued, many businesses made the decision to switch to employees working from home permanently (Levy, 2020). This unprecedented event effectively changed the way the world operates, and while TMH attitudes had already begun to increase prior, the COVID-19 pandemic left others in the profession with no choice but to engage in TMH. The COVID-19 pandemic has inserted TMH as an unavoidable reality in the field of mental health counseling. Although F2F counseling will continue to be an option, TMH has become more relevant due to this worldwide event. As TMH is becoming more widely used, it is imperative that we ensure counselors are being trained correctly. As with F2F counseling, proper training, education, and experience are all necessary to deliver effective treatment in a TMH setting.

There has been limited research aimed at the infusion of distance counseling instruction into Counselor Education curricula, despite the increased attention on the emergence of distance counseling. It is unclear if counselor educators would advocate for curricular changes. There is a dearth of literature addressing counselor educator perceptions of teaching TMH or receiving training in distance modalities. Since many counselor educators have a secondary supervisory role, or a tertiary counselor role, it is important to distinguish their perceptions as educators, supervisors, and clinicians toward distance counseling practice and training. It is unknown if counselor educators have received training in distance counseling, and if they feel confident to address this topic within their curriculum. In addition, it is unclear as to whether supervisors are utilizing distance supervision, or if they have been trained in this practice. Finally, it is unknown what percentage of counselors and supervisors engage in distance counseling and distance supervision, as well as if the training they received adequately prepared them to practice in this modality.

This exploratory study aims to address this deficit by surveying counselor educators, counseling supervisors, and counseling practitioners, to specifically address the following research questions:

- 1) To what extent are counselor educators (CE) teaching distance counseling concepts?
- 2) To what extent are counseling supervisors (CS) utilizing distance supervision?
- 3) To what extent are counseling practitioners (CP) utilizing distance counseling?
- 4) To what extent are counselor educators (CE), counseling supervisors (CS), and counseling practitioners (CP) trained in distance counseling?

The survey was exploratory in nature, and was designed to evaluate the distance counseling and TMH training and practice of CE, CS, and CP.

Method

Participants

One hundred and thirty-two (132) respondents, identifying as Counselor Educators (CE), Counseling Supervisors (CS), or Counseling Practitioners (CP) agreed to participate in the study, however survey attrition resulted in approximately 103 usable surveys.

Demographics. Respondents were primarily female (83%), White (74%), aged 30-39 (30%), and had obtained a master's degree in Counseling from a CACREP Program (43%). Table 1 outlines the demographic characteristics of the participants. The majority of respondents were located in the northeastern region of the U.S. (n = 44, 43%), with representation from the south (n = 20, 18%), midwest (n = 17, 16%), southwest (n = 7, 7%), west (n = 6, 6%), and mid-Atlantic regions (n = 6, 6%).

Table 1*Demographic Profile of Participants*

	Total N = 103	%
Gender		
Female	86	83.5
Male	15	14.5
Prefer not to answer	2	2
Nonbinary	0	
Prefer to self-define	0	
Race (may select multiple answers)		
American Indian or Alaskan Native	1	1
Asian	5	4
Black or African American	11	10
Hispanic or Latino	16	14
Native Hawaiian or Other Pacific Islander	0	
White	74	74
Prefer not to answer	5	4
Age		
20-29	18	17.5
30-39	31	30
40-49	22	21
50-65	26	25
over 65	4	4
Prefer not to answer	2	2
Education		
Masters in Counseling CACREP	44	43
Masters in Counseling non-CACREP	6	6
Masters non-Counseling field	4	4
Doctorate in Counselor Ed CACREP	36	35
Doctorate in Counselor Ed non-CACREP	10	10
Doctorate non-Counseling field	3	3%

Professional roles. Respondents indicated professional roles as CE, CS, and CP, and were able to select multiple roles that aligned with their professional identities. Specifically 74 respondents indicated that they have a Counselor Educator role, with nearly 69% indicating that CE was their primary role. The majority of CE worked as full-time, tenured faculty in on-campus settings (28%). Most respondents had been in the CE role for over ten years (39%), yet a near equal number had been a CE for less than five years (37%). The majority of CE (68%) taught primarily in on-campus programs, as compared to online programs (32%). Sixty-one (61) respondents indicated a Counseling Supervisor role, with 67% indicating that their CS role was a secondary role, and 19% indicated that CS was their primary role. The majority of CS indicated that they worked as faculty supervising students during field work (30%), and that they had been a supervisor for five years or less (39%). Forty-one percent (41%) had earned their Approved Clinical Supervisor (ACS) credential, while 39% indicated having a state supervisor credential in counseling or social work. Nine participants (20%) indicated having another supervisory credential. Eighty-six (86) respondents indicated a role as a Counseling Practitioner, with over half (61%) identifying CP as their primary role. The majority of CP indicated working in private practice (38%), and over half (53%) had been a CP for 6+ years. Table 2 outlines the professional characteristics of the respondents.

Respondents represented a variety of professional counseling roles and certifications, including licensed professional counselors (33%), certified school counselors (9%), substance abuse counselors (5%), Nationally Certified Counselors (23%), Certified Rehabilitation Counselors (4%), Approved Clinical Supervisors (7%), Distance Certified Counselors (4%), Board Certified Telemental Health Providers (3%), and Other credentials (8%). Respondents were able indicate multiple credentials and certifications on the survey.

Table 2.*Professional Identity, Work Experience, and Work Setting*

Counselor Educators (CE) (n = 74)	Primary Role	Secondary Role	Tertiary Role	
	51 (69%)	18 (24%)	5 (7%)	
CE Years of Experience	0-5	6-10	10+	
	23 (37%)	15 (25%)	24 (39%)	
CE Work Setting – primarily on campus	FT Tenured	FT Tenure track	FT Non- tenure	PT
	17 (28%)	10 (17%)	6 (10%)	8 (13%)
CE Work Setting – primarily on online	FT Tenured	FT Tenure track	FT Non- tenure	PT
	3 (5%)	3 (5%)	6 (10%)	7 (12%)
Counseling Supervisors (CS) (n = 61)	Primary Role	Secondary Role	Tertiary Role	
	12 (19%)	40 (67%)	9 (15%)	
CS Years of Experience	0-5	6-10	10+	
	23 (39%)	16 (27%)	20 (34%)	
CS Work Setting	Faculty Spvr.	Mental Health	K-12 School	College Higher Ed
	35 (30%)	13 (11%)	5 (4%)	11 (9%)
	Govt./Non Profit	Private Practice	Contract Supervisor	Pro bono / Other
	11 (9%)	21 (18%)	12 (10%)	9 (8%)
Counseling Practitioners (CP) (n = 86)	Primary Role	Secondary Role	Tertiary Role	
	53 (61%)	16 (18%)	17 (19%)	
CP Years of Experience	0-5	6-10	10+	
	39 (47%)	17 (21%)	26 (32%)	
CP Work Setting	MH Outpatient	MH Inpatient	K-12 School	College Higher Ed
	34 (27%)	5 (4%)	8 (6%)	9 (7%)
	Gov't	Non-Profit	Private Practice	Other
	3 (2%)	14 (11%)	47 (38%)	4 (3%)

Note: Respondents able to select multiple options; response totals greater than displayed n.

Survey Design

A confidential, secure, online survey was developed using a university-sponsored Qualtrics platform for Counselor Educators (CE), Counseling Supervisors (CS), and Counseling Practitioners (CP). Specifically, the instrument included 37 questions in six primary areas including 1) informed consent, 2) questions on teaching distance counseling, 3) questions on practicing distance supervision, 4) questions on distance counseling practice, 5) training, and 6) demographic questions. Questions were branched using skip logic such that individuals not identifying with a counseling role (e.g. CE, CS, or CP) would be directed to the next section of the survey. The survey included both Likert scale and open ended responses. The survey contained no identifying information. As the study was exploratory in nature, no standardized instrument was utilized to collect data. Individuals were offered an incentive to enter a drawing to win one of four Amazon gift cards using a separate survey platform (Survey Monkey) to enter their information for the drawing.

For the purpose of this study, distance counseling was defined as follows:

Definitions:

Distance counseling is also known as telemental health, e-therapy, cyber counseling, and other terms. In this study, *distance counseling refers to counseling services provided by a qualified practitioner in non-face-to-face settings, such as videoconferencing, web video platforms, telephone, email, messaging, text, and chat*. Distance counseling services are provided via confidential forums, utilizing encryption and other security features, *NOT to include the use of social media platforms or online self-help practices*. Individuals providing distance counseling, or telemental health services, may be licensed or certified counselors, social workers, psychologists, psychiatrists, or other qualified helping professionals.

Procedure

Respondents were solicited through three primary snowball sampling (Naderifar et al., 2017) mechanisms, as well as a personal email to counseling alumni and site supervisors at the university. First, a direct email was sent to program directors for all Council on the Accreditation of Counseling and Related Education Programs (CACREP) posted on the CACREP website requesting completion and distribution to their faculty. Second, request for participation was posted to the Counselor Education and Supervision Listserve (CES-NET), which as of January of 2017 had over 3,400 subscribers (CESNET, 2019). Three requests were made via CES-NET between January and April of 2019, spaced approximately one month apart. Finally, requests for participation were posted to the American Counseling Association (ACA) Connect Interest Network, "Call for Study Participants." Concurrently, a posting referencing the "Call for Study Participants" request was posted in the "Counseling and Technology Interest Network." These posts were synchronized with the timing of the CES-NET postings.

A total of 132 respondents agreed to the informed consent, however attrition throughout the survey process resulted in approximately 103 completed surveys. Surveys were completed from 74 Counselor Educators (CE), 61 Counseling Supervisors (CS), and 86 Counseling Practitioners (CP), recognizing that individuals may assume multiple roles as a CE, CS, or CP. The research was funded by North Atlantic Region of the Association of Counselor Education and Supervision (NARACES). The research was approved by the university's Institutional Review Board (IRB).

Data Storage and Analysis

Data from completed surveys ($N = 103$) was stored in Qualtrics, and downloaded to secure computers with password protections. Summary report data was downloaded from Qualtrics and

cleaned in Excel, where descriptive statistics and overall findings were reviewed. Descriptive statistics and summary report data were examined by three individuals, including the two authors, and an additional researcher who provided a cursory review of the data. General findings and descriptive statistics are reported in this manuscript, and did not include statistical analysis based on the small sample size, and the use of nonstandardized measures.

Results

Results are described for all three groups identifying as Counselor Educators (CE), Counseling Supervisors (CS), and Counseling Practitioners (CP). As noted, single respondents may have provided answers for multiple roles. Detailed analysis of open-ended responses were not conducted for this manuscript. It should be noted that the survey was conducted in 2019, prior to the COVID-19 pandemic, which may account for the low response and utility rates for distance counseling and TMH teaching, supervision, and practice.

Counselor Educators

In order to address the research question: “To what extent are counselor educators (CE) teaching distance counseling concepts?”, CE (n = 74) were asked to identify how students in their master’s programs received training in distance counseling. The majority of respondents indicated that distance counseling was not intentionally included in the program, or was only included based on instructor preference/interest. CE were asked to “Please indicate any training your master’s students receive in providing distance counseling,” with the following curricular options, (a) Distance counseling content infused into counseling courses based on instructor preference/interest (26%), (b) Not intentionally infused in curriculum via course objectives (26%), (c) Distance counseling content intentionally infused into counseling curricula indicated via course objectives (15%), and (d) Required readings in distance counseling (14%). Other options included:

Individual stand-alone class on distance counseling (elective/optional) (5%), individual stand-alone class on distance counseling (required) (1%), assignments and activities measuring students' distance counseling competence (4%), and other (7%). It should be noted that the majority of CE indicated that they teach in on-campus program which may have impacted the TMH content addressed in their program's curriculum.

CE were asked "If you indicated that distance counseling content was intentionally infused into the curricula, which specific courses address distance counseling content?" CE indicated that distance counseling content was most likely to be included in Orientation and Ethical Practice (36%), Counseling and Helping Relationships (18%), Field Work (9%), and Other (12%). CE identified other courses addressing distance content, including Social and Cultural Foundations (5%), Career Development (6%), Assessment (5%), and Research (1%). No CE indicated that distance content was included in Human Growth and Development, which is noteworthy being that some populations may be less likely to benefit for distance interactions, specifically those whose cognitive, developmental, socioeconomic, and technical abilities do not allow them to effectively interact in the technology.

CE were asked to what extent they were satisfied with the training that their students received in distance counseling. The greatest percentage of respondents were either "somewhat dissatisfied" (37%) or "neither satisfied nor dissatisfied" (33%). Only 16.7% of respondents indicated that they were "extremely satisfied" (1.7%) or "satisfied" (15%), while another 13% indicated that they were "extremely dissatisfied." In addition to their dissatisfaction, CE estimated that very few alumni were using distance counseling. When asked "To what extent do you believe that your Counseling program's graduates/alumni are engaging in distance counseling?" the majority indicated "Less than 10% of cases" (56%) or "Don't know" (18%).

The majority of CE agreed with the statement “I feel confident teaching distance counseling practices to students in my classes.” Specifically, CE “strongly agree” (21%) and “somewhat agree” (34%), indicating that over half of CE were comfortable teaching distance counseling. Other responses included “somewhat disagree” (19%), strongly disagree (16%), and “neither agree nor disagree” (10%). When provided with the open prompt “Do you feel that masters level counselor education programs should increase training in distance counseling? If so, how?” the majority of respondents agreed, but expressed uncertainty in how to implement training. Others provided examples of how training could be implemented such as targeted lectures, in vivo trials, and role plays, as well as opinions on creating a stand alone class or infusing TMH into the curriculum. A smaller number of CE disagreed, or expressed uncertainty about increasing training in this area. It should be noted that while a majority of CE (81%) reported as full-time (FT) nearly one third of this FT faculty reported as working in a primarily online setting. While this group reflects only one quarter of the entire CE group, it may have influenced the answers to items such as ‘infusion of distance counseling courses based on preference/interest’, being that those who primarily work online are more likely to be comfortable using online formats.

Counseling Supervisors

Counseling supervisors (CS) (n = 61) were asked “How often do you practice distance supervision with the counselors you supervise? Examples include supervision via phone, internet video, video conferencing, email, chat, etc.” Over half of CS indicated that they use distance supervision in less than 10% of their cases (39%) or do not use distance supervision at all (22%). A smaller number used distance supervision in more than half of their supervision cases (15%), while other CS indicated using distance supervision in 10-25% of cases (12%) or 26-50% (12%). Despite their limited use of the practice, CS felt confident in their ability to implement distance

supervision. When asked to indicate their agreement with the statement, “I feel confident providing distance supervision to the counseling students/professionals that I am supervising”, CS “strongly agree” (46%) and “somewhat agree” (36%), indicating that over three-quarters of CS were comfortable using distance supervision. Other responses included “somewhat disagree” (3%), strongly disagree (3%), and “neither agree nor disagree” (8%).

CS responded similarly to CEs when provided with the open prompt, “Do you feel that masters level counselor education programs should increase training in distance counseling? If so, how?” While the majority of respondents agreed, a smaller number of respondents were uncertain, felt it should be optional, or disagreed that distance training should be included at all.

Counseling Practitioners

Counseling practitioners (CP) (n = 86) were asked to what extent are they utilizing distance counseling. Over half of CP indicated that they use distance counseling in less than 10% of their cases (38%) or do not use distance counseling at all (36%). A smaller number used distance counseling in more than half of their cases (3%) with another group indicating that they practice entirely online (7%). Other CP indicated using distance counseling in 10-25% of cases (9%) or 26-50% (6%). It should be noted that this data was gathered in 2019, prior to the COVID-19 pandemic which required the majority of counseling practitioners to transition to online practice. When asked which modalities CP use when engaging in distance counseling, CP indicated preferences for video and telephone platforms, specifically: Telephone (26%), Video/web conferencing via a system purchased for my private practice (21%), and Video/web conferencing through my employer (8%). Other responses included email (7%), text (6.6%), chat/messaging (5%), turn-key internet counseling service, e.g. Better Help, Talk Space, etc. (6.6%), and other (1%).

CP felt confident in their ability to practice distance counseling despite its limited use in their current practice. When asked to indicate their agreement with the statement, “I feel confident providing distance counseling to the clients/students I serve”, CP “strongly agree” (30%) and “somewhat agree” (23%), indicating that over half of CP were comfortable using distance counseling. Other responses included “somewhat disagree” (13%), strongly disagree (9%), and “neither agree nor disagree” (5%). Similar to CE and CS, when CP were asked to respond as to if counselor education programs should increase training in distance counseling, the majority of CP agreed, although some expressed disagreement or uncertainty about implementation.

Training in Distance Counseling and Telemental Health

All groups, CE, CS, and CP, expressed confidence in either teaching, supervising, or practicing distance counseling, despite limited personal experience with the practice. In order to address the research question “To what extent are counselor educators (CE), counseling supervisors (CS), and counseling practitioners (CP) trained in distance counseling?” All respondents, CE, CS, and CP, were asked “What training, if any, have you had in Distance Counseling and/or Telemental Health Practices?” Responses indicated: I have completed informal professional development via journal articles and remaining current on distance counseling issues (34%), I have attended formal professional development training, such as workshops and/or webinars on the topic (30%), I have not had an opportunity to have any training, although I would like to (16%), I completed a formal certification program (e.g. DCC, BC-TMH, etc.) (14%), I have not had an opportunity to have any training, and I am not interested in doing so (5%).

Whether they completed formal, informal, or certificate training programs, overall the CE, CS, and CP respondents were satisfied with the training they received. More than half were either “extremely satisfied” (14%) or “satisfied” (37%) with their training. Another third was “neither

satisfied nor dissatisfied” (34%), while smaller numbers indicated “somewhat dissatisfied” (10%) or “extremely dissatisfied” (4%).

Discussion

This study examined the perceptions of CE, CS, and CP in relation to distance counseling and TMH training and practice. No earlier research could be identified specifically examining Counselor Educator perceptions of distance counseling in CACREP curricula. In addition, this research recognizes the unique multiple roles that counseling professionals may play as educators, supervisors, and practitioners. The findings reveal trends in master’s level training, utility and confidence, and professional development training that warrant attention in the counseling profession.

Counselor educators (CE) expressed a lack of satisfaction with the overall training that their master’s level students receive in distance counseling and TMH. Specifically, 50% of CE indicated dissatisfaction with their program’s training, compared to 16% who expressed satisfaction. Among those programs that do include TMH content, there is inconsistency with both how and where this content is delivered. CE indicated that Orientation and Ethics, Counseling and Helping Relationships, and field work were the most common areas in which distance content is infused. This overall lack of satisfaction with training supports earlier research in which practitioners expressed a need for more training in TMH, as well as concerns about lack of consistency in TMH and distance counseling training (Baird et al., 2018; Centore & Milacci, 2008; Cipoletta & Mocellin, 2018; Perle et al., 2012; Simms et al., 2011). A cursory review of open-ended responses revealed recommendations of in vivo trials, role plays, and other suggested educational activities. These responses support Trepal et al.’s (2007) earlier study on teaching

online counseling skills, as well as Haberstroh et al.'s (2008) use of distance activities in field work courses.

All groups reported low utility of distance counseling among themselves and/or their students. Despite these low utility rates, CS and CP groups expressed high confidence in delivering distance services. Specifically, nearly 60% of counseling supervisors reported using distance supervision in less than 10% of their cases or not at all, but nearly 85% of CS agreed or strongly agreed that they were confident delivering distance supervision. Similarly, approximately 75% of CP reported using distance counseling in less than 10% of their cases or not at all; while over 50% of CP agreed or strongly agreed that they were confident delivering distance counseling. While the CP and CS in this study were not necessarily engaging in practice without training, their elevated confidence with limited experience warrants exploration. These findings are reflective of Baird et al. (2018)'s study in which practitioners were engaging in TMH without formal training.

These responses raise the question as to how their increased confidence has emerged, if not from seasoned professional practice in distance modalities. It is possible that individual professional development training contributed to CE, CS, and CP confidence. Nearly 80% of respondents indicated receiving formal or informal training, including 14% who had earned a credential in distance practice. Approximately 20% of respondents reported having no formal or informal training in distance counseling, yet 15% of those respondents expressed a desire to do so. These findings indicate that at least 80% of respondents sought out specific training on the topic, which may have contributed to their overall confidence in using distance counseling, distance supervision, and teaching TMH.

Implications

Inconsistent professional development training. The fact that 80% of respondents sought out specific training on distance counseling and TMH appears positive. The challenge, however, is that excluding the 14% who completed a formal certificate program, there is no consistency among the training content that these CE, CS, and CP received. Even for those who did attend a certificate program; the content, scope, and depth of training varies. This lack of consistency may impact CE, CS, and CP ability to teach, supervise and/or practice in distance modalities, depending on the protocols and procedures that were included with their professional development training. Thus, it appears that the training dilemma outlined by other helping professions, including lack of formal training in curricula and inconsistency among training programs (Baird et al., 2018; Colbow, 2013), is also present in the counseling profession.

Dissatisfaction with master's level training. It is necessary to examine the 50% dissatisfaction rate among CE regarding distance counseling and TMH content within their master's programs. The CE responses in this study provide a useful starting point on how and where Counselor Education programs can begin to infuse content on distance counseling and TMH. While specific courses are mentioned, several of the open-ended comments suggested infusing distance counseling and telemental health into all CACREP core curriculum courses. The omission of Human Growth and Development as an area to address distance counseling is concerning, based on reports of technology's impact on child and human development (Barth, 2015; Courage et al., 2015; Globokar, 2018). The Counselor Education profession and accrediting organizations such as CACREP are encouraged to examine emerging trends in distance counseling, including where technology practice is addressed in the standards. As a profession, we

must consider how we will adequately prepare the next generation of counselors to serve their clients and students.

Cautious confidence. The confidence of CE, CS, and CP should be viewed with caution. While confidence is essential to effective practice, the lack of distance practice and supervision coupled with high confidence signals a need for reflection. This increased confidence may be based on professional development training or interest in an emerging field. However, the lack of consistency in available training programs requires us to be vigilant about our qualifications and competence. Earlier research (Baird et al., 2018) reminds us that counseling practitioners may indeed be engaging in distance and TMH practice without required training. Adhering to ethical codes, particularly in respect to client welfare, avoiding harm, maintaining boundaries, counselor competence, and the use of technology (ACA, 2014), will assist CE, CS, and CP from mistaking enthusiasm for competence. In addition, specialty counselors such as career and school counselors, must also adhere to the standards established by their professional organizations.

Limitations

This study was limited by a small sample size, which is significant considering the breadth of the mechanisms used to solicit respondents (e.g. CESNET, ACA Connect, etc.). Due to this small size, group comparisons were ineffective to evaluate differences among CE, CS, and CP. These inter- and intra- group comparisons would have added rich detail to the study. The use of survey data as opposed to a standardized measure limits the ability to evaluate reliable and valid group comparisons and correlations. The study was also limited by relatively homogenous sample (e.g. female, White, etc.), and should not be generalized beyond the populations specified in the study. Additionally, the recruitment of participants through electronic and digital means (e.g. list serves, email, online message boards, etc.) automatically attracts respondents who are comfortable

with technology and perhaps more interested in distance modalities than others. Convenience sampling procedures were utilized, as opposed to random assignment. As discussed, 95% of participants had an interest in this topic prior to responding to the survey. Had the survey been randomly assigned to diverse professional counselors, it is likely that results would vary. As addressed earlier, the large number of respondents from on-campus programs may have impacted the degree to which TMH content is included in the curricula. Finally, as stated, the survey was conducted in 2019, prior to the COVID-19 pandemic, which likely significantly impacted the utility rates for distance counseling and TMH teaching, supervision, and practice.

There are opportunities to conduct future research on larger and more diverse populations, that would allow for broader generalization and effective inter- and intra- group comparisons. One example would be a comparison of online and on-campus CE curricula, to (1) examine prospective differences among faculty who utilize distance teaching modalities, and (2) determine the differences in TMH content from online to on-campus programs. There is likely a comfort level among those who teach online to utilize technology for roles, such as counseling and supervision. There are additional opportunities to examine the specific TMH content of training programs and recommended TMH content from those who practice regularly. This feedback could be critical since most respondents in this study did not regularly utilize distance modalities. It should be emphasized that the initial study was conducted and data was received before the COVID-19 pandemic. As mentioned, this pandemic has had radical effects not only on the counseling profession and TMH, but on the world. It can be reasonably surmised that a recreation of the survey any time after the COVID-19 pandemic would yield different results simply because of this major event. Finally, the impact of specific teaching interventions can be examined for their ability to increase TMH comfort, knowledge, and competence.

Conclusion

Research on the efficacy and impact of distance counseling and telemental health continues to grow. Yet counselor training programs are not necessarily preparing students to meet these new demands. Counselor Educators (CE), Counseling Supervisors (CS), and Counseling Practitioners (CP) were surveyed to examine their perceptions of distance counseling training and practice. The majority of CE expressed dissatisfaction with their current training program's content on distance counseling. CE indicated that content is primarily included based on instructor preference or not included at all. Courses that address distance content included Orientation and Ethics, Counseling and Helping Relationships, and field work. The majority of CE felt confident in teaching distance counseling and TMH concepts in their programs. CS and CP reported low personal experience with either distance supervision or distance counseling, but high confidence in practicing distance supervision and distance counseling. Most respondents had sought additional professional development training in distance counseling and others expressed a desire to do so in the future. The study was limited by a small, homogenous sample size and utilization of convenience sampling.

This study was one of the first to specifically examine Counselor Educator perceptions of distance counseling in CACREP curricula, while also recognizing counselor's multiple roles as educators, supervisors and practitioners. The findings echo those of other helping professions, such as psychology and psychiatry, in the plea for consistency in professional development training programs on TMH, as well as opportunities to infuse distance counseling content into student training programs. The counselor education profession and CACREP are called on to examine how we will train future counselors for the increasingly important realm of distance practice. Finally, while the growth of distance counseling may drive increased professional development

and confidence, counselors, supervisors, and educators must be sure to adhere to ethical principles and only practice within their professional competence and training.

References

- Acierno, R., Gros, D. F., Ruggiero, K. J., Hernandez-Tejada, B. M. A., Knapp, R.G., Lejuez, C. W., Muzzy, W., Frueh, C. B., Egede, L. E., & Tuerk, P. W. (2016). Behavioral activation and therapeutic exposure for post-traumatic stress disorder: A noninferiority trial of treatment delivered in-person versus home based telemental health. *Depression and Anxiety*, 33, 415-423. <https://doi.org/10.1002/da.22476>
- Alicata, D., Schropher, A., Unten, T., Aghora, R., Helm, S., Fukada, M., Ulrich, C., & Michaels, S. (2016). Telemental health training, team building, and workforce development in cultural contexts: The Hawaii experience. *Journal of Child and Adolescent Psychopharmacology*, 3, 260-265. <https://doi.org/10.1089/cap.2015.0036>
- American Counseling Association. (2014). *Code of ethics*. <http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf>.
- American Mental Health Counselors Association. (AMHCA). (2015). *AMHCA code of ethics*. <http://www.amhca.org/learn/ethics>
- American Mental Health Counselors Association. (AMHCA). (2017). Recommendations for the use of technology assisted counseling for clinical mental health counselors. *AMHCA White Paper*. <https://www.amhca.org/viewdocument/technology-assisted-counseling>
- American Psychiatric Association. (2019). *History of telepsychiatry*. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/history-of-telepsychiatry>
- American Psychological Association. (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68, 791-800. <https://doi.org/10.1037/a0035001>
- American School Counselors Association (ASCA). (2010). *Ethical Standards for School Counselors*. <http://www.schoolcounselor.org/asca/media/asca/Resource%20Center/Legal%20and%20Ethical%20Issues/Sample%20Documents/EthicalStandards2010.pdf>
- Andersson, G., Hesser, H., Hummerdal, D., Bergman-Nordgren, L., & Carlbring, P. (2013). A 3.5-year follow-up of Internet-delivered cognitive behavior therapy for major depression. *Journal of Mental Health*, 22, 155-164. <https://doi.org/10.3109/09638237.2011.608747>
- Anthony, K. (2015). Training therapists to work effectively online and offline within digital culture. *British Journal of Guidance & Counselling*, 43(1), 36-42, <http://dx.doi.org/10.1080/03069885.2014.924617>

- Baird, M. B., Whitney, L., & Caedo, C. E. (2018). Experiences and attitudes among psychiatric mental health advanced practice nurses in the use of telemental health: Results of an online survey. *Journal of the American Psychiatric Nurses Association*, 24(3) 235–240. <https://doi.org/10.1177/1078390317717330>
- Barth, F. D. (2015). Social media and adolescent development: Hazards, pitfalls, and opportunities for growth. *Clinical Social Work*, 43, 201-2018. <https://doi.org/10.1007/s10615-014-0501-6>
- Center for Credentialing and Education. (2019). *Board Certified Telemental Health Provider*. <https://www.cce-global.org/Credentialing/BCTMH>
- Centore, A. J., & Milacci, A. (2008). A study of mental health counselor's use and perspectives on distance counseling. *Journal of Mental Health Counseling*, 30, 267–282.
- Cipoletta, S., & Mocellin, D. (2018). Online counseling: An exploratory survey of Italian psychologists' attitudes toward new ways of interaction. *Psychotherapy Research*, 28, 909-924. <https://doi.org/10.1080/10503307.2016.1259533>
- Colbow, A. J. (2013). Looking to the future: Integrating telemental health therapy into psychologist training. *Training and Education in Professional Psychology*, 3, 155-165. <https://doi.org/10.1037/a0033454>
- Courage, M. L., Bakhtiar, A., Fitzpatrick, C., Kenny, S., & Brandeau, K. (2015). Growing up multitasking: The costs and benefits for cognitive development. *Developmental Review*, 35, 5-41. <http://dx.doi.org/10.1016/j.dr.2014.12.002>
- Council on the Accreditation of Counseling and Related Education Programs (CACREP). (2016). *2016 CACREP Standards*. <https://www.cacrep.org/for-programs/2016-cacrep-standards/>.
- Counselor Education and Supervision NETwork – Listsrve. (CESNET). (2016). FAQs. <http://www.cesnet-l.net/FAQ/>
- Dryman, M. T., McTeague, L. M., Olino, T. M., & Heimberg, R. G. (2017). Evaluation of an open-access CBT-based internet program for social anxiety: Patterns of use, retention, and outcomes. *Journal of Consulting & Clinical Psychology*, 85, 988-1000. <https://doi.org/10.1037/ccp0000232>
- Globokar, R. (2018). Impact of digital media on emotional, social and moral development. *Nova prisutnost*, 3, 545-560. <https://doi.org/10.31192/np.16.3.8>
- Gloff, N. E., LeNoue, S. R., Novins, D. K., & Myers, K. (2015). Telemental health for children and adolescents. *International Review of Psychiatry*, 27, 513–524. <http://dx.doi.org/10.3109/09540261.2015.1086322>

- Glover, J. A., Williams, E., Hazlett, L. J., & Campbell, N. (2013). Connecting to the future: Telepsychiatry in post graduate medical education. *Telemedicine and e-Health*, 19, 474-479. <https://doi.org/10.1089/tmj.2012.0182>
- Glueckauf, R. L., Maheu, M. M., Drude, K. P., Wells, B. A., Wang, Y., Gustafson, D. J., & Nelson, E. (2018). Survey of psychologists' telebehavioral health practices: Technology use, ethical issues, and training needs. *Professional Psychology: Research and Practice*, 49(3), 205-219. <https://doi.org/10.1037/pro0000188>
- Gross, C. R., Reilly-Spong, N., Park, T., Zhao, R., Gurvich, O. V., & Ibrahim, H. N. (2017). Telephone adapted Mindfulness-based Stress Reduction (tMBSR) for patients awaiting kidney transplantation. *Contemporary Clinical Trials*, 57, 37-43. <http://dx.doi.org/10.1016/j.cct.2017.03.014>
- Haberstroh, S., Parr, G., Bradley, L., Morgan-Flemming, B., & Gee, R. (2008). Facilitating online counseling: Perspectives from counselors in training. *Journal of Counseling & Development*, 86, 460-470. <https://doi.org/10.1002/j.1556-6678.2008.tb00534.x>
- Harris-Bowlsbey, J., & Sampson, J. P. (2005). Use of technology in delivering career services worldwide. *Career Development Quarterly*, 54, 48-56. <https://doi.org/10.1002/j.2161-0045.2005.tb00140.x>
- Hilty, D. M., Crawford, A., Teshima, J., Chan, S., Sunderji, N., Yellowlees, P. M., Kramer, G., O'Neill, P., Fore, C., Luo, J., & Li, S. (2015). A framework for telepsychiatric training and e-health: Competency-based education, evaluation and implications. *International Review of Psychiatry*, 27, 569-592. <http://dx.doi.org/10.3109/09540261.2015.1091292>
- Hobbs, M. J., Joubert, A. E., Mahoney, A. E. J., & Andrews, G. (2018). Treating late-life depression: Comparing the effects of internet-delivered cognitive behavior therapy across the adult lifespan. *Journal of Affective Disorders*, 226, 58-65. <https://doi.org/10.1016/j.jad.2017.09.026>
- Hoffman, P., & Kane, J. M. (2013). Telepsychiatry education and curriculum development in residency training. *Academic Psychiatry*, 39, 108-109. <https://doi.org/10.1007/s40596-013-0006-6>
- Huskamp, H. A., Busch, A. B., Souza, J., Uscher-Pines, L., Rose, S., Wilcock, A., Landon, B. & Mehrotra, A. (2018). How is telemedicine being used in opioid and other substance use disorder treatment? *Health Affairs*, 37, 1940-1947. <https://doi.org/10.1377/hlthaff.2018.05134>
- Kozlowski, K. A., & Holmes, C. M. (2017). Teaching online group counseling skills in an on-campus group counseling course. *The Journal of Counselor Preparation and Supervision*, 9(1). <http://dx.doi.org/10.7729/91.1157>
- Lambert, D., Gale, J., Hartley, D., Croll, Z., & Hansen, A. (2016). Understanding the business

- case for telemental health in rural communities. *Journal of Behavioral Health Services & Research*, 43, 366–379. <https://doi.org/10.1007/s11414-015-9490-7>
- Levy, A. (2020, May 11). Working from home is here to stay, even when the economy opens. <https://www.cnbc.com/2020/05/11/work-from-home-is-here-to-stay-after-coronavirus.html>
- Lorian, C. N., Titov, N., & Grisham, J. R. (2012). Changes in risk-taking over the course of internet-delivered cognitive behavioral therapy treatment for generalized anxiety disorder. *Journal of Anxiety Disorders*, 26, 140-149. <https://doi.org/10.1016/j.janxdis.2011.10.003>
- McCarty, C. A., Vander Stoep, A., Violette, H., & Myers, K. (2015). Interventions developed for psychiatric and behavioral treatment in the children's ADHD telemental health treatment study. *Journal of Child and Family Studies*, 24, 1735–1743. <https://doi.org/10.1007/s10826-014-9977-5>
- Naderifar, M., Goli, H., & Ghaljaie, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*. 14(3): e67670. doi: 10.5812/sdme.67670.
- National Career Development Association (NCDA). (2015). *NCDA 2015 code of ethics*. http://www.ncda.org/aws/NCDA/asset_manager/get_file/3395.
- Newman, M. G., Szkodny, L. E., Llera, S., J., & Przeworski, A. (2011). A review of technology-assisted self-help and minimal contact for drug and alcohol abuse and smoking addiction: Is human contact necessary for therapeutic efficacy? *Clinical Psychology Review*, 31, 178-186. <https://doi.org/10.1016/j.cpr.2010.10.002>
- Ostrowski, J., & Collins, T. (2016). A comparison of telemental health terminology used across mental health state licensing boards. *The Professional Counselor*, 6, 387-396. doi: 10.15241/jo.6.4.387 <https://tpcjournal.nbcc.org/wp-content/uploads/2016/11/Pages387-396-OstrowskiCollins-TelementalHealth.pdf>
- Perle, J. G., Langsam, L. C., Randel, A., Lutchman, S., Levine, A. B., Odland, A. P., Nierenberg, B., & Marker, C. D. (2012). Attitudes toward psychological telehealth: Current and future clinical psychologists opinions of internet-based interventions. *Journal of Clinical Psychology*, 69, 100-113. <https://doi.org/10.1002/jclp.21912>
- Pullen, S. J., White, J. C., Salgado, C. A., Sengupta, S., Takala, C. R., Tai, S., Swintak, C., & Shatkin, J. P. (2013). Video-teleconferencing with medical students to improve exposure to child and adolescent psychiatry. *Academic Psychiatry*, 34, 268-270. <https://doi.org/10.1176/appi.ap.12040073>
- Simms, D. C., Gibson, K., & O'Donnell, S. (2011). To use or not to use: Clinicians' perceptions of telemental health. *Canadian Psychology*, 52, 41-51. <https://doi.org/10.1037/a0022275>

<https://tpcjournal.nbcc.org/wp-content/uploads/2016/11/Pages387-396-OstrowskiCollins-TelementalHealth.pdf>

- Steele, T. M., Jacokes, D. E., & Stone, C. B. (2015). An examination of the role of online technology in school counseling. *Professional School Counseling*, 125-135. <https://doi.org/10.1177/2156759X0001800118>
- Stephan, S., Lever, N., Bernstein, L., Edwards, & S., & Pruitt, D. (2016). Telemental health in schools. *Journal of Child and Adolescent Psychopharmacology*, 26, 266-272. <https://doi.org/10.1089/cap.2015.0019>
- Stubbings, D. R., Rees, C. S., & Roberts, L. D. (2015). New avenues to facilitate engagement in psychotherapy: The use of videoconferencing and text-chat in a severe case of obsessive-compulsive disorder. *Australian Psychologist*, 50, 265–270. <https://doi.org/10.1111/ap.12111>
- Sunderji, N., Crawford, A., & Jovanovic, M. (2014). Telepsychiatry in graduate medical education: A narrative review. *Academic Psychiatry*, 39:55–62. <https://doi.org/10.1007/s40596-014-0176-x>
- Trepal, H., Haberstroh, S., Duffey, T., & Evans, M. (2007). Considerations and strategies for teaching online counseling skills: Establishing relationships in cyberspace. *Counselor Education & Supervision*, 46, 266-279. <https://doi.org/10.1002/j.1556-6978.2007.tb00031.x>
- Venable, M. (2010). Using technology to deliver career development services: Supporting today's students in higher education. *Career Development Quarterly*, 59, 87-96. <https://doi.org/10.1002/j.2161-0045.2010.tb00132.x>
- Wilczenski, F. L., & Coomey, S. M. (2006). Cyber-communication: Finding its place in school counseling practice, education, and professional development. *Professional School Counseling*, 9, 327-331. <https://doi.org/10.1177/2156759X0500900404>
- Whealin, J. M., Siebert-Hatalsky, L. A., Willet Howell, J., & Tsai, J. (2015). E-mental health preferences of veterans with and without probable posttraumatic stress disorder. *Journal of Rehabilitation Research & Development*, 52, 725-738. <http://dx.doi.org/10.1682/JRRD.2014.04.0113>