

Demographic Influence on the Perception of E-Psychotherapy among Clinical Psychologists in South-East Nigeria

¹ Nkwam C. Uwaoma

nkwams@yahoo.com

² Lois Chioma Uhiara

uhokalois@yahoo.com

³ Richards E. Ebeh

richebeh@gmail.com

^{1,2,3}Department of Psychology, Imo State University, Owerri

Abstract

This study examined the influences of age, gender and years of experience on the perception of e-psychotherapy among clinical psychologists within South Eastern Nigeria. 51 practicing clinical psychologists (26 males and 25 females) within the age range of 28 to 56 years ($M = 42.37$, $SD = 5.56$) were used for the study. An e-psychotherapy scale was employed to elicit data for the study. The survey research design, independent sample t-test and Analysis of Variance were used for data collations and analysis. The findings revealed that South-East clinical psychologists significantly have a positive perception of e-psychotherapy and gender and years of practice have significant influence on e-Psychotherapy. However, age influence on e-psychotherapy did not reach a statistical significance. It is, therefore, recommended that clinical psychologists in Nigeria would perform more effectively using e-psychotherapy.

Keywords: *Clinical Psychology, e-Psychotherapy, Psychotherapy, Years of Experience, South-East Nigeria*

Introduction

Psychotherapy is a therapeutic interaction or treatment contracted between a trained professional and a client, patient, family, couple or group. It includes any systematic methodology based on some models of personality intended to achieve desirable changes in thinking, feeling and behaviour (Corsini, 2002). Traditionally, psychotherapeutic sessions are carried out with the therapists and the clients being physically present.

However, within the last two decades, the concept of e-psychotherapy is gradually

gaining grounds among clinical psychologists. This is being facilitated with the attendant exponential growth in information and communication technologies. Uwaoma (2014) defines e-psychotherapy as the use of telecommunication technologies to provide distance and non-physically face-to-face psychotherapeutic services to individuals in crises, supplement psychotherapy and increase treatment compliance and motivation among individuals with history of psychopathology. Mallen and Rogel (2005) define e-psychotherapy as any

delivery of mental and behavioural health services, including but not limited to therapy, consultation and psycho-education by a licensed practitioner to a client in a none face to face setting through distance communication technologies such as the use of e-mail, telephone, chat, video conferencing, virtual reality technology, webcam or any combination of these.

Several terms are used synonymously with the term e-psychotherapy. Some of these terms include online therapy, e-therapy, online counselling (Manhal, 2001), cyber therapy, (Suler, 2000), internet therapy (Rochlen, Zack & Speyer, 2004), e-mail therapy (Shapiro & Schulman, 1996), e-counseling (Tate, Jackvony & Swing, 2003) and internet counselling (Pollock, 2006). Convenience, accessibility, timeliness and anonymity are important factors that encourage the usage of e-psychotherapy. It allows both the clinician and the client adequate time to compose a thought or question that precisely reflects the concern or issue (Tate & Zabinski, 2004). With e-psychotherapy, there is no pressure to think quickly and clients can send messages whenever they feel the need to or are interested in therapy (Bailey, Yager & Jensen, 2002). It can be accessed from anywhere in the world having internet access. There are no difficulties in having to schedule a particular appointment time because the therapist and client do not have to be present at the same time (Suler, 2000).

The anonymity provided by e-psychotherapy may also be beneficial. E-psychotherapy being an “invisible” client can reduce or eliminate the stigma associated with seeking mental health services (Suler, 2000). It may also be easier for patients to disclose information about themselves through the computer since certain social markers such as age, gender and ethnicity are removed (Tate & Zabinski,

2004). Honest conducts may also increase as clients may feel less defensive and vulnerable when they cannot see the therapists (Maples & Han, 2008).

Adolescents and young adults have also been identified as a population that has the potential to benefit from e-psychotherapy (Skinner, Biscope, Poland & Goldberg, 2003). An advantage of this group is their familiarity with computers and the internet and their willingness to utilize technology in new ways (Skinner, *et al.*, 2003; Stofle, 2001). Also, other individuals most likely to benefit from e-psychotherapy include individuals with body weight issues (Harvey-Berino, Pintauro & Gold, 2002), drinking problems and panic disorders (Klein & Richard, 2001) and persons located in remote areas (Suler, 2000; Stofle, 2002).

However, in Africa and especially in the eastern part of Nigeria, many clinical psychologists are not applying e-psychotherapy in their therapeutic sessions. Considering the experiences gained in their practice of psychotherapy, their ages, gender and experience in the use of ICT, e-psychotherapy in eastern Nigeria needs to be given much more seriousness so that psychotherapists can handle more patients irrespective of their locations.

Perception of e-Psychotherapy

The acceptance of e-psychotherapeutic interventions among therapist has churned out mixed findings among researchers. Wells, Mitschell, Finkelhor and Becker-Blease (2007) in a survey of 2,098 social workers, psychologists and other professionals regarding the use of internet as part of professional mental health practice found only a little over 2% of the sample employing the internet to provide online therapy. Maheu and Gordon (2000) identified that 63% of the therapists sampled described their online services as

“education” or “advice” while only 18% described them as therapy or counselling. Chester and Glass (2006) in their survey of individuals (n=67) who provided counselling services on the internet, presented a picture of online counsellors as primarily western-based, relatively experienced, cognitive behavioural therapists or eclectic practitioners. They further identified that 19.6% of professionals conducted therapy online while nearly half the respondents combined online and face-to-face therapy. The use of e-mails were the most popular technology used in 71% of all online therapies with chat the most common.

Another survey by Heinlen, Welfel, Richmod and O’ Donnell (2003) examined a sample of e-therapy websites. 44 websites that claimed to have at least one psychologist licensed in the United States and that offered e-therapy as a substitute for face to face or voice to voice contact were evaluated. The majority of websites (84%) provided services through asynchronous e-mail. The other primary means of service delivery was synchronous communication through chat with almost half of the websites offering individual chat sessions and two sites offering group chat.

Cloud and Peacock (2001) explored the utilization of a pilot website developed to offer anonymous, confidential and fully automated screening and intervention therapy for clients. Ten thousand people visited the site during a trial period of 172 days. Amazingly, more than one fourth (n=2,813) of the visitors took the screening assessment. Notably, majority of those who completed the screening for drinking problems had not been professionally diagnosed. The study suggests that an increasing number of people with problems are comfortable in seeking help on the internet. King, Bambling and Thomas

(2007) investigated the impact of online versus telephone counselling for adolescents. They revealed a modest and significant collaboration of subscale scores and post treatment distress in the online counselling when compared with telephone counselling.

Mora, Nevid and Chaplin (2008) offered another perspective on attitudes of members of a state psychological association regarding the use of internet based therapies. Psychologists in the sample did not express strong levels of endorsement of online therapies nor did they express strong interest in using online interventions or receiving training to use these therapeutic modalities. The respondents did express concerns about the limitations of online interventions with respect to lack of accessibility to nonverbal behaviour of patients, difficulties establishing working alliances and lack of legal guidelines. On the other hand, the respondents on the average recognized that online therapy offers some advantages such as meeting needs of patients in rural areas and patients with disabilities who may have difficulty participating in face to face therapy.

Wangberg, Gammon and Spitnogle (2007) examined the use of and perception of Norwegian psychologists towards e-media such as e-mail and mobile text messaging in interaction with clients (e-therapy). A total of 1,040 (23%) members of the Norwegian psychological association responded to a questionnaire. The findings indicated that the overall perception towards e-media in therapeutic communication between therapists and client was unacceptable. 31% believed that it could work as the only form of communication while 64% believed that it would only work as a supplement to face to face consultation. Regarding text messaging (SMS) communication, 40% of the psychologists

said that they would use it themselves, 48% said that they would not use it themselves but accept others using it and 11% found such communication unacceptable. Perceptions towards e-therapy were associated with theoretical stance.

Bambling, King, Reid and Wegner (2008) examined the experience of psychotherapists providing synchronous single session counselling to young people through Kids Help Line, a national Australian counselling service that provides free online and telephone counselling for youths. Data was obtained from two semi structured focus groups attended by 26 participants. Therapists reported the main benefit of the online environment to be emotional safety due to reduced client emotional proximity to the therapists.

Finn (2006) surveyed 384 Pennsylvania social workers working in human services agencies with respect to their email use, perceptions and difficulties. The majority of the social workers believed that it is ethical to use e-mail with clients for non-therapeutic reasons, such as to schedule appointments or provide factual information. However, most respondents (87.7%) did not agree that e-mail is a good means for providing therapeutic process.

Barak, Hen, Boniel-Nissim and Shapira (2003) conducted a comprehensive review and meta-analysis of all of the empirical articles published up to March 2006 (n=64) that examined the effectiveness of online therapy and performed a meta-analysis of all the studies reported in them (n=92). The studies involved clients who were treated for a variety of problems through various internet based psychological interventions, whose effectiveness was assessed by different types of measures. The authors also examined interacting effects of various possible relevant moderators of the effects of online therapy, including types of

therapy, type of problem treated, therapeutic approach and communication modality among others. There was no difference in effectiveness for internet and face to face interventions.

Statement of the Problem

The uses of e-psychotherapies as means of therapeutic interventions have received considerable attention during the past decade with several researchers strongly advocating for its use. Some of these researchers (e.g. Uwaoma, 201; Ebert, Zarski, Christensen, Stikkelbroek, Cuijpers, Berking, *et al.*, 2015; Richards, Richardson, Timulak & McElvane, 2015; Kuester Niemeyer & Knaevelsrud, 2016; Olthuis Watt, Bailey, Hayden, & Stewart, 2016; Zachariae, Lyby, Ritterband, & O'Toole, 2016) had indicated its efficacy in achieving positive behavioural change or symptom reduction, with no clear evidence of superiority or inferiority as compared to face-to-face interventions. Observably, this may not be true among Nigerian clinical psychologists despite the liberalization that has occurred in the Nations' ICT sector within the last 14 years.

Among clinical psychologists in Nigeria, like in other professions, good knowledge of computers, smart phones, tablets and their applications to professional practice is observably very low. Most of these professionals still stick to the old ways of practice. Based on information gathered from interactions with some Nigerian clinical psychologists, there is a wide display of reluctance to applying ICT in therapeutic sessions. One then wonders the cause of such reluctance amongst clinical psychologists, considering the acclaimed effectiveness of this modern method of psychotherapy. Therefore, the researchers consider it most appropriate to evaluate the perception of the effectiveness of e-

psychotherapy among clinical psychologists in South-East Nigeria taking cognisance of the likely contributions of some demographic factors such as the level of ICT experience, gender and age which could influence the perception of e-psychotherapy among Nigerian clinical psychologists.

Purpose of the Study

The purpose of this research is to;

1. assess whether South-East Nigerian clinical psychologists have a positive perception of using e-psychotherapy,
2. examine if the level of ICT experience among South-East Nigerian clinical psychologists influences their perception of e-psychotherapy,
3. investigate whether the age level of South-East Nigerian clinical psychologists influences their perception of e-psychotherapy, and
4. identify if gender differences among South-East Nigerian clinical psychologists influence their perception of e-psychotherapy.

Hypotheses

1. South-East Nigerian clinical psychologists would have a statistically significant positive perception of e-psychotherapy.
2. Experience would statistically influence South-East Nigerian clinical psychologists' perception of the effectiveness of e-psychotherapy.
3. Age would statistically influence South-East Nigerian clinical psychologists' perception of the effectiveness of e-psychotherapy.
4. Gender would statistically influence South-East Nigerian clinical psychologists' perception of the effectiveness of e-psychotherapy.

METHOD

Participants

Considering the nature of the study and the available number of Psychotherapists within the South-Eastern part of Nigeria, 51 licensed and trained Psychotherapists were drawn for the study. Participants were selected using purposive sampling from all Universities, Polytechnics and health and social service institutions within the South-East of Nigeria. The participants were made up of 26 males and 25 females. Their ages ranged between 28 – 56 years ($M = 42.37$, $SD = 5.56$). In terms of self-reported experience in ICT, participants were made up of 14 beginners, 18 intermediates and 19 experts.

Instrument

The instrument used for data collection was a questionnaire which included a self-developed Perception of E-Psychotherapy Scale (Pe-PS), questions on the participants' gender, age, and level of ICT experience. The Pe-PS is a 15-item inventory designed to assess the perceived applicability, effectiveness and acceptability of e-psychotherapy among clinicians. The scale is designed in a 5-point Lickert format ranging from Strongly Disagree (1) to Strongly Agreed (5). Items of the Perception of the Pe-PS are scored directly and in reverse. The Pe-PS has Cronbach alpha reliability coefficient of .85, a split-half reliability of .76 and with all items having corrected item totals ranging from .31 to .56 indicating that the items had an acceptable internal consistency and measuring the same construct. These exceed Nunnally's (1978) minimum internal consistency cut-off of .70 for determining the adequacy of a measures' internal consistency. The scale also exhibited acceptable face validity among experts, showed a strong single factor loading and had factor correlation matrixes

of .25 to .41 confirming that the Pe-PS shows convergent validity among Nigerian samples.

Procedure

In distributing the questionnaire, efforts were made to get in touch with the Professional body of the Clinical Psychologists within the South- Eastern part of Nigeria (The Nigerian Association of Clinical Psychologists). The body assisted the researchers in contacting most practicing Clinical Psychologists available within this part of the country. In addition, the researchers participated in the 2014 National Conference and Annual General Meeting of the Nigerian Psychological Association (NPA) held at University of Nigeria, Nsukka where most of the questionnaire were distributed to Clinical Psychologists in attendance. Also, the researchers visited some health institutions in the South-East of Nigeria in order to get additional participants for the study. Participants were properly briefed on the purpose of the study and were assured of the confidentiality of their responses.

Design and Statistics

The survey research design was adopted for the study. This is based on the fact that a representative sample of the population of licensed Clinical Psychologists within the South-Eastern part of Nigeria was used as participants in this study. Two different statistics were used for data analysis. Independent Sample t-test was used to test the first hypothesis while hypotheses 2, 3 and 4 were tested with a three-way between-groups analysis of variance. The choice of using Independent Sample t-test statistic for hypotheses one was to enable the researchers identify if there is a significant mean difference in perception scores between South-East Clinical Psychologists with positive perception of e-psychotherapy and those with negative perception of e-psychotherapy. Three-way between-groups analysis of variance was used for the other hypotheses because they comprised of categorical independent variables with levels and a continuous dependent variable.

RESULTS

Table 1: Summary result of Means and Standard Deviation for an Independent Sample t-test for South-East Nigerian Clinical Psychologists’ Perception of E-Psychotherapy

	Perception	N	Mean	Std. Deviation	Std. Error Mean
EPS Total	Negative	15	58.80	9.306	2.403
	Positive	36	75.94	5.138	.856

Table 1: Independent Sample t-test for South-East Nigerian Clinical Psychologists’ Perception of e-Psychotherapy

		T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
EPS	Equal variances assumed	-8.449	49	.000	-17.144	2.029
	Equal variances not assumed	-6.721	17.668	.000	-17.144	2.551

The result in Tables 1 and 2 above show a significant difference in scores for South-East Nigerian clinical psychologists with positive perception of e-psychotherapy ($M=75.94$, $SD=5.14$) and those with negative perception of e-psychotherapy [$M=58.80$, $SD=9.31$; $t(49) = -8.45$, $p=.000$]. However, the magnitude of the differences in the means was small (eta squared=.02). The result implies that South-East Nigerian clinical psychologists significantly have a positive perception of e-psychotherapy.

Table 3: Summary of Means and Standard Deviations for Experience, Age Level and Gender on South-East Nigerian Clinical Psychologists' Perception of e-Psychotherapy

Levels	Mean	Std. Deviation	N
Beginner	65.14	14.103	14
Intermediate	70.33	8.260	18
Expert	75.68	5.764	19
25 -40 Years	69.91	13.420	22
41-55 Years	74.06	6.600	17
Above 56 Years	68.25	6.703	12
Male	67.85	9.935	26
Female	74.08	9.759	25

Table 4: Summary of Between-Groups Analysis of Variance for Experience, Age Level and Gender on South-East Nigerian Clinical Psychologists' Perception of e-Psychotherapy

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Experience (A)	603.385	2	301.693	3.962	.028	.185
Age Level (B)	76.977	2	38.489	.505	.608	.028
Gender (C)	598.316	1	598.316	7.858	.008	.183
Error	2665.083	35	76.145			
Total	261630.000	51				

In the results presented in the Tables 3 and 4 above, a between-groups analysis of variance was conducted to explore the influence of experience, age level and gender on Nigerian clinical psychologists' perception of e-Psychotherapy. The results showed a statistically significant main effect for experience [$F(2, 35)=3.96$, $p=.03$] and gender [$F(1, 35)=7.86$, $p=.01$]; with corresponding moderate effect sizes (partial eta squared=.18 and .19 respectively).

The Post-hoc comparisons using the Tukey HSD test also indicated that the mean score for the expert clinical psychologists group ($M = 75.68$, $SD= 5.76$) was significantly different from the beginner group ($M = 68.80$, $SD= 6.18$) in terms of their perception of e-

Psychotherapy. The intermediate group ($M = 70.33$, $SD = 8.26$) did not differ significantly from either of the other groups in terms of their perception of e-Psychotherapy.

Also, the means for gender (Table 3) show that female clinical psychologists ($M = 74.08$, $SD = 12.89$) scored higher than their male counterparts ($M = 67.85$, $SD = 9.94$) in the perception of e-Psychotherapy.

The main effect for age [$F(2,35) = .51$, $p = .61$] and the interaction effects of experience by age [$F(2, 35) = 1.54$, $p = .21$], experience by gender [$F(2, 35) = .42$, age by gender [$F(2, 35) = 1.28$, $p = .29$], $p = .66$ and experience by age by gender [$F(4, 35) = 1.53$, $p = .23$] did not reach statistical significance.

Discussion

The main goal of this study was to examine the influence of age, gender and years of practice on the perception of e-psychotherapy among the psychotherapists within the South-Eastern part of Nigeria. The study unearthed some interesting findings to the developing literature on e-psychotherapy. Therefore, this discussion is based on the tested hypotheses that guided the study as well as the various assumptions made.

Hypothesis I, which predicted that South-East clinical psychologists would have a statistically significant positive perception of e-psychotherapy was accepted. Supporting this finding, Hertlein, Blumer, and Mihaloliakos (2015), in a recent study aimed at gaining insight into the perceptions of technologically facilitated therapy among clinical practitioners and mental health workers, identified strong interest in using e-therapy for therapeutic interventions. Although most participants sampled were not currently using e-therapy, they showed interest in receiving training for, or using, e-therapy in the future. However, they were concerned over its future impact on the therapeutic environment.

This finding contradicts that of Mora, *et al.* (2008) which identified that therapists did not express strong levels of endorsement of online therapies nor did they express strong interest in using online interventions or receiving training to use these therapeutic

modalities. However, Mora, *et al.* (2008) reported that respondents revealed that online therapy offers some advantages such as meeting needs of patients in rural areas and patients with disabilities who may have difficulty participating in face to face therapy. Similarly, Wangberg, *et al.* (2007) found that, overall, the perception of therapists towards e-media in therapeutic communication between therapists and client was unacceptable. However, 64% of respondents believed that it would only work as a supplement to face to face consultation.

Dynamically, South-Eastern Nigerian clinical psychologists are more likely to endorse e-psychotherapy and less likely to hold negative attitudes about e-psychotherapy. The reason for this may be attributed to the enthusiasm amongst them to embrace the opportunities offered by information communication technology (ICT). An average South-Eastern Nigerian clinical psychologist, no doubt, desires to improve his/her skills in service delivery. Embracing information communication technology is the thing in vogue, thus the statistically significant positive perception towards e-psychotherapy.

Also, in second hypothesis, it was confirmed that years in the practice among clinical psychologists influenced their perception of the effectiveness of e-psychotherapy. More experienced clinical psychologists showed stronger positive perception of e-psychotherapy. This finding

concur with Riva's (2000) study which identified that therapists with little experience found online counselling more inconveniencing while beginners lacked the ethics to use it. Stofle (2004) opined that more experienced therapists favoured the use of e-psychotherapy more than less experienced ones. In the opinion of the present researchers, the more experienced clinical psychologists are more exposed and having interacted with varied cases are more realistic than their less experienced counterparts.

Results for hypothesis three showed a statistically significant main effect for gender with corresponding moderate effect sizes (partial eta squared=.19). Female clinical psychologists scored significantly higher than their male counterparts in terms of positive perception of e-Psychotherapy. This finding is in line with the study of Suler (2004) which found that female psychologists that took a passive role in interactions spoke more assertively and frequently in an online environment than males. Also supporting this finding, Dabio (2006) reveals that female therapists reported a more positive view of online counselling than their male counterparts. According to Maheu, and Gordon, (2000), female therapists favour e-psychotherapy due to its safety and isolation. Indeed, female psychotherapists find it easy to communicate online with the clients due to the stigma attached in traditional psychotherapy (McLeod, 2005). Again, the poor boy child education syndrome predominant in the South-East Nigeria has given females greater educational opportunities including ICT facilities.

However in hypothesis four, age was found not to be insignificant to clinical psychologists' perception of e-psychotherapy. This finding disagrees with earlier literature which suggested that older

therapists may be resistant to using online counselling (Chechele & Stofle, 2003). Nevertheless, data from this study suggest otherwise as therapists in the mid-age range showed higher perception for e-psychotherapy, though not significantly. This difference did not alter the perception of e-psychotherapy among the three age levels of clinical psychologists as a therapists age is not likely associated with his/her technological proficiency.

Implications of the Study

Overall, the study was able to identify, clearly that there is a high level of preference among South-Eastern Nigeria psychotherapists for e-psychotherapy. This indicates that these psychotherapists are desirous of the need to change the current face of the practice of e-psychotherapy. With this desire, it is very likely that e-psychotherapy will receive greater interests in the years to come as its accessibility and availability will become wider and far reaching to the ever growing number of clients

The research also identifies that experience and gender of the psychotherapists are important factors that influence their perceptions of e-psychotherapy. However, age of the psychotherapists was found not to be a significantly influencing factor in their perceptions of e-psychotherapy. Finally, the study has provided better insight to growing preference for e-psychotherapy.

Recommendations

Consequent upon this research, the researchers recommend that the Nigerian Association of Clinical Psychologists should organise programmes to enlighten the clinical psychologists and other therapists on the need and effectiveness in the use of e-psychotherapy. Clinical Psychologists who find themselves far away from their clients

or who are engaged in tight work schedules should take advantage of the use of e-psychotherapy.

Furthermore, Clinical Psychologists should ensure that they create good therapeutic relationships among the clients. They should create an atmosphere of confidence during e-psychotherapy so that the therapists/ clients involved will be free to open up and thus reveal some secrets needed in the relationship. Lastly, age of the psychotherapists who are to practice e-psychotherapy should be limited at least to mid-40's to ensure effective counselling.

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