Brief Communications

E-Counseling in Psychosocial Cancer Care: A Survey of Practice, Attitudes, and Training Among Providers

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Abstract

Objective: In the cancer setting, e-counseling interventions may be uniquely beneficial as they spare patients the cost and burden of traveling to a hospital or clinic for psychosocial care. However, the prevalence of e-counseling among psychosocial cancer care providers is unknown, as are the training needs with regard to e-counseling among this group of professionals. Thus, our group conducted an online professional training needs assessment with psychosocial cancer care providers. **Subjects and Methods:** Participants (n = 120) were recruited from the listservs of the Health Psychology Division of the American Psychological Association, the Society of Behavioral Medicine–Cancer Special Interest Group, the American Psychosocial Oncology Society, and the Association of Oncology Social Work. All completed a 14-item online survey. **Results:** Although 84% of participants stated that e-counseling could be important to their clinical work with cancer patients and survivors, 88% reported that they did not have the skills to effectively conduct e-counseling, and 81% reported that there were no adequate e-counseling educational opportunities. When asked about future training opportunities, participants reported a preference for online training versus live training ($p < 0.001$). **Conclusions:** Overall, the results highlight the need for online training programs in e-counseling for psychosocial cancer care providers. The training of psychosocial cancer care providers in e-counseling is a critical first step towards increasing implementation of e-counseling interventions and using the Internet to deliver effective interventions to cancer patients in need.

Key words: e-health, telehealth, telepsychiatry

Introduction

Over 1.5 million people in the United States will be diagnosed with cancer this year¹ and will endure suffering associated with cancer and its treatment.^{2–4} In response, psychosocial counseling techniques for individuals living with cancer have been developed and have been empirically shown to be efficacious in reducing cancer-related symptoms, side effects (pain, nausea/vomiting, fatigue), and emotional distress, as well as in improving quality of life, personal meaning, and dignity.^{5–13} Traditionally,

these psychosocial interventions have been delivered “live” (face-to-face) by nurses, social workers, psychiatrists, and psychologists. However, meta-analyses have revealed that e-counseling, defined as the use of the Internet to deliver psychosocial interventions, is effective for many symptoms faced by cancer patients/survivors including panic attacks, posttraumatic stress disorder, negative body image, depression, pain, and anxiety.^{14,15} Additionally, e-counseling is noted for its convenience and accessibility^{16–19} and can be a boon to cancer patients/survivors with limited access to face-to-face psychosocial services (e.g., rural patients),^{16–19} limited mobility, transportation difficulties,^{16,17,20} and/or scheduling restrictions.^{19,21} Yet despite the potential benefits of e-counseling in the cancer setting, to our knowledge, there are no data on the prevalence of e-counseling practice among psychosocial cancer care providers or the e-counseling training needs of such providers. Therefore, we conducted an online survey to understand the state of e-counseling practice and training in cancer care.

Materials and Methods

PROCEDURE

To recruit participants, an e-mail invitation was sent to the listservs of the Health Psychology Division of the American Psychological Association, the Society of Behavioral Medicine–Cancer Special Interest Group, the American Psychosocial Oncology Society, and the Association of Oncology Social Work. This e-mail described the survey, stated our interest in surveying the state of e-counseling practice among psychosocial cancer care providers, and contained a hyperlink to www.Zipsurvey.com for the online survey.

STATISTICAL ANALYSIS

Survey data were analyzed using SAS version 9.2 (2009) (SAS Institute, Cary, NC). A paired sample *t* test was used to examine differences in preferences for live versus online e-counseling training. A total of 134 psychosocial cancer care providers responded to our online survey from March–April 2011, of whom 120 had complete data. All statistical analyses were conducted on these 120 complete cases.

PARTICIPANTS

Table 1 highlights characteristics of the participants.

MEASURES

The 14-item survey assessed professional characteristics, e-counseling practice with cancer patients/survivors, attitudes towards e-counseling and e-counseling training, availability of e-counseling training, and motivation to learn e-counseling. In the survey, e-counseling was described as counseling conducted between a client

Table 1. Demographics of Respondents (n = 120)

	VALUE
Profession	
Psychologist	62%
Social worker	16%
Nurse	10%
Psychiatrist	2%
Chaplain	2%
Other	8%
Work site	
NCI-designated CCC	40%
General hospital with a cancer clinic/program	29%
Academic cancer center (not NCI-designated)	20%
Private practice	6%
Group oncology practice	5%
Theoretical orientation	
Cognitive-behavioral	63%
Eclectic	19%
Family systems	6%
Psychodynamic	5%
Humanistic	4%
Other	3%
Years licensed	
Mean	12.05
Standard deviation	10.82
Range	1–45
CCC, Comprehensive Cancer Center; NCI, National Cancer Institute.	

Table 2. E-Counseling Attitudes (n = 120)

QUESTION	PERCENTAGE
How important is e-counseling for your work with cancer patients and survivors?	
Extremely important	21%
Very important	15%
Important	20%
Somewhat important	28%
Not at all important	16%
Would you apply e-counseling skills in your current work setting if you had these skills?	
Yes	84%
No	16%
How informed do you presently feel about e-counseling?	
Extremely informed	2%
Very informed	4%
Informed	8%
Somewhat informed	33%
Not at all informed	53%
Do you feel that you presently have the skills to effectively conduct e-counseling?	
Yes	12%
No	88%
How important is it to you to learn e-counseling skills?	
Extremely important	29%
Very important	20%
Important	22%
Somewhat important	21%
Not at all important	8%

and a therapist, via the Internet, which could involve communication modalities such as e-mail, chat, or videoconferencing.

Results

CURRENT E-COUNSELING PRACTICE

Four percent of participants currently offered e-counseling to cancer patients/survivors.

E-COUNSELING ATTITUDES

Table 2 gives details on e-counseling attitudes.

TRAINING OPPORTUNITIES

Eighty-one percent reported no adequate opportunities for e-counseling training, 12% said opportunities are somewhat adequate,

7% said opportunities are adequate, and no participants reported that opportunities were "more than adequate."

DESIRED E-COUNSELING TRAINING MEDIUM

Ninety-three percent were at least somewhat motivated to participate in online training in e-counseling (8% somewhat motivated, 22% motivated, 24% very motivated, 39% extremely motivated). Ninety percent of participants indicated that they would be at least somewhat motivated to participate in live training in e-counseling (21% somewhat motivated, 36% motivated, 20% very motivated, 13% extremely motivated). A mean comparison indicates that in this sample, online training was preferred relative to live: live mean = 2.94, online mean = 3.87, $t(1,119) = 9.48$, $p < 0.001$.

OPEN-ENDED QUESTION

Participants reported a belief that e-counseling would be beneficial for patients with travel issues, who are too sick to travel to the hospital, living in rural areas, and who work and cannot come for treatment during business hours. Furthermore, participants indicated that e-counseling would likely improve continuity of care when cancer patients transition from active treatment to survivorship.

Discussion

Results indicate that only 4% of psychosocial cancer care providers surveyed conduct e-counseling with cancer patients/survivors, despite the fact that e-counseling is viewed as an important tool for clinical work with this population. This discrepancy may be due to the finding that 88% of the sample believed they did not have the necessary skills to conduct e-counseling and that 81% reported feeling there was no available e-counseling training for psychosocial cancer care. Based on these results, as well as the finding of provider preference for online training, we recommend the development of effective e-learning training programs in e-counseling for psychosocial cancer care providers. It is our opinion that such a course should focus on training in five foundational competency areas: Scientific knowledge (i.e., the empirical basis of e-counseling for cancer), legal compliance in e-counseling for cancer, ethical conduct in e-counseling for cancer, therapeutic relationship development in e-counseling for cancer, and culturally sensitive e-counseling for cancer. Training in each area should begin broadly and then focus on e-counseling issues unique to cancer patients and survivors (e.g., privacy issues and disclosure of cancer status).

Like any study, this has limitations. First, we do not know how many members of each listserv there are, the total number of e-mail recipients, or how much overlap there is between listservs. Consequently, we cannot report a response rate for these data. Second, the survey was designed to keep participant burden to a minimum by tightly focusing on professional attitudes, experiences, and characteristics. Future work is needed to extend these findings and to explore whether individual difference factors (e.g., sex, ethnicity, attitudes towards computers, computer anxiety, Internet self-efficacy, baseline level/patterns of Internet use, and available information technology support) may influence success with online training.²² Third, the majority (62%) of the respondents were psychologists. Future research is required to better understand the attitudes of other professional groups, as well as between-profession differences. Fourth, we did not inquire about how respondents perceived privacy and confidentiality using e-counseling and whether that was a barrier to e-counseling usage. Future research should explore this issue.

In sum, despite e-counseling's promise for improving the reach of psychosocial cancer care and psychosocial care providers' interest in e-counseling, few psychosocial cancer care providers feel trained to deliver e-counseling. It is critical that this training-practice gap be overcome to increase implementation of e-counseling and thus

ensure that psychosocial interventions are made available to cancer patients in need.

Acknowledgments

This work was supported by the National Cancer Institute at the National Institutes of Health (grant numbers K07 CA131473, R25 CA129094, and R03 CA159530). We would like to acknowledge Ms. Karen Clark, Program Evaluation Manager at City of Hope, for her assistance in administering the survey, as well as all of the participants for their informative and thoughtful responses.

Disclosure Statement

No competing financial interests exist.

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Received: July 11, 2011

Revised: August 23, 2011

Accepted: August 23, 2011