Online counseling – the role of resilience, general satisfaction and counselor abilities over trust in personal capacity to make decisions

Accepted 22nd January, 2016

ABSTRACT
The present study is focused on describing and investigating the psychological potential of personal resilience and how beneficiaries of an online counseling service perceive a counselor (for example, trust, empathy, clarity and useful information) over the capacity of trusting personal decision after discussing with a helpline counselor. The data were collected during the activity of the “I choose to live” helpline service that trains students to become a helpline counselor in order to prevent depression and risk of suicide. The preliminary results show that these abilities of the counselor do have a significant psychological potential that explain the process of empowering the beneficiary, along with his personal level of resilience. Moreover, deeper analysis shows that resilience mediates the relationship between the abilities of a counselor and the level of trust in personal decision after talking with a helpline counselor. Final conclusion illustrates that only clarity, useful information and general satisfaction group into a complex and valid model. Fit indices are presented and described here in order to assess the model as valid. Discussion concern the effectiveness of online counseling for crisis needs of the people.

Key words: Online counseling, resilience, trust in personal decision.

INTRODUCTION
There has been a lot of debate on the scientific ground concerning online therapy and its effectiveness (Mallan et al., 2005), most of the scholars discussing about limits and how this could be ethically and deontologically organized, mostly because of its anonymous character and diverse formats (for example, video conference, chat, e-mail, blogs and telephone etc.). Moreover, most of these services rely on people that are usually students and volunteers and although there are many advantages, there are also limits that come with this kind of service. Although, research usually seeks to prove that interventions have an effect over reducing the intensity of symptoms that are specific to depression or other psychological problems, there are not any information concerning how this kind of interventions would empower people to trust their own decision, although, they suffered and have failed in the past. The main goal of this study is to explore if this assumption has any real base for people that solicited online counseling.

On one hand, these systems facilitate immediate access to diverse ways of help and on the other hand, there is an international need for prevention of depression and risk suicide that the WHO (Organization, 2015) argued in the last years because depression is considered to be the second debilitating cause in the world by the time we get to 2030. Moreover, depression is strongly associated with suicide risk, bipolar disorder and other pathological personality problems (DSM-IV, 2000). This is highly relevant because behavioral patterns that are associated with this kind of problems usually interfere in daily activities and social interactions. Major depression is also considered a crisis condition, in which people experience low mood and loss of interest in pleasurable activities and it is associated with a high level of suicide risk.

Online therapy or counseling is a new domain and its
applications are wide, diverse and favored by more than confidentiality rights for the beneficiary, a characteristic that it is common with face-to-face therapies. For example, anonymous characteristic is an advantage and is known for its positive effects in therapy. Other sources argued the effectiveness of proactive telephone counseling and conclude that there are consistent, but small, evidence of positive results and that this way of help increases chances of quitting smoking compared to a minimal intervention such as providing standard self-help materials, or brief advice, or compared to medicine (Stead, Hartmann-Boyce, Perera and Lancaster). Even more, online counseling has proved direct or indirect effects over different problems (for example, smoking, weight problems and caring for people with psychiatric problems).

When studying the effectiveness of cognitive therapies in general, results usually show that there is an immediate and stable improvement for the client or beneficiary (Johnsen and Friborg, 2015) but results also showed that this type of therapy is falling for treatment for depression. Moreover, the results showed that there are specific factors that are responsible for improving one’s condition: client factors, therapist factors, the so-called common factors and specific techniques factors. As authors point out, the common factors, meaning the context of the therapy, the client, therapist and the relationship between them usually explain almost 50% of the total treatment effect. This category also includes plausible explanation for the problems and even specific techniques that the model or therapy uses. On the other side, there are numerous studies that bring insights and reliable results that these therapies are effective both on short terms and for long periods of time in various situations (Shinozara et al., 2013; James et al., 2015; Barbato and D’Avanzo, 2006; Orgeta et al., 2014; Ghazi-Noori et al., 2003). Deeper analysis also showed that when comparing different advanced CBT therapies, they seem similarly effective for depression (Hunot, 2013).

Online counseling plays an important role in offering help to people but it is possible that the coordinates of how therapies work are different in this case and that these relationships need to be explored in order to understand and better organize this kind of activity with the purpose that this does not become a semi-professional line of help due to lack of data regarding effectiveness and strengths.

Specificity for helpline counseling ‘I choose to live!’

The general background of theories and strategies or techniques relies on cognitive and rational therapy but also on short therapies in order to assess and impact personal crises of the beneficiaries. Another theoretical resource that underlie this approach consist of general principles that Beck (McGinn, 2000) described as being the mechanism of developing depression and maintaining negative thoughts for long periods of times. The causes of these thoughts are found in early childhood or are caused by traumatic events that happened in a certain point in life (for example, death of a loved one, failure, etc.). These negative thoughts are linked directly to people’s actions and usually develop into maladaptive patterns that interfere in daily activities and foster failure in almost every experience that they have. All in all, the service is concentrating effort to prevent depression and suicidal risk due to the fact that there are international alerts within this specific problem (Organization, 2015), that consider depression is going to be one of the biggest problems and demotivate one to enjoy life and even in work related settings (Bickford, 2005).

The helpline service „I choose to live” is a part of the Sf. Damian Association (Damian, 2015) projects and it is purposed to offer emotional and moral support for those that face depression, crises and suicide risk. It addresses both direct beneficiaries and people that wish to help one another in their psychological sufferance. The main principle of the service is to listen, explore and value the feelings of someone that seeks for help. Similarly, other sources, telephone counseling and through other online devices usually referred to eliciting one’s concerns, listening, and providing support, information or even educational advices relevant for the problems are felt and discussed at that moment (Lins et al., 2014).

The protective factors are usually considered to help in changing one’s crisis state concerning the existence of good relationship with people around, normal physical and psychical development over years, the presence of pleasant activities, adaptive thinking and a balanced rhythm of life (DSM-IV, 2000). The general purpose for this service is to become a real support line for people that need to be listened or need psychological help in order to overcome a personal crisis moment. In order to achieve this purpose, the general goals are to encourage theses individuals to seek for professional help or meet people around to empower them should in case they feel insecure.

MATERIALS AND METHODS

Purpose of the study

The purpose of the study is to investigate and describe whether counselor abilities as perceived by the beneficiary and resilience as an individual factor could boost and enhance one’s capability of decision or personal empowerment. In other words, this article seeks to describe whether counselor abilities as perceived by the beneficiary and overall satisfaction with the online services have a psychological potential explanation for personal resilience and personal trust in one’s capacity to make decisions. Thus, the main assumption is that online counseling fosters resilience and personal empowerment.

Considering the theoretical background presented and the specific of the helpline service in acquiring certain
abilities, the present study seeks to investigate and describe how certain perceived abilities of the counselor like trust, empathy, active listening, clarity and useful information could foster resilience and personal empowerment. Moreover, resilience is also presumed to mediate between these abilities and personal trust in one’s decision, meaning it could explain successful adaptation to adversity. According to scientific literature in psychology, personal ability to bounce back from stress has psychological potential for functionality (Julian and Xiaodong, 2014) and this is investigated and described for beneficiaries from the helpline service. The basic assumptions formulated wish to strengthen the relevance and effectiveness of this kind of services, especially for those that emphasize the importance of prevention.

Participants and procedure

Two hundred and ninety-three (293) participants voluntarily completed a feedback and evaluation questionnaire for the online service that they have recently received through telephone, mail or online chat from a helpline counselor. From the total number of participants, the majority of them (98.3%) answered that this was the first time they solicited a form for online counseling and just 1.7% answered that they have previously asked for online help for psychological support. When asked for the main reason for seeking online helps, 22.9% answered that it was because they needed someone to listen to them, 42% that they needed help to be helped to get out of a deadlock and 35.2% because they want to learn how to deal with their own problems.

The participants are a part of the 2,820 beneficiaries of the helpline services “I choose to live” that were seeking for online help regarding depression, suicide attempts and psychological crises. All of them benefited from a form of online psychological counseling through telephone, mail or chat from a helpline counselor. The data were collected between October, 2014 and November, 2015 and the helpline service had enrolled 52 volunteers as helpline counselors and a psychologist as a coordinator. All of the helpline counselors benefitted from training that constituted twenty hours of theoretical preparation, weekly debriefings and practical training with the coordinating specialist.

The 293 participants were also asked to fill in their gender and age, but this was an optional question. Out of all the beneficiaries, 66.9% are females, 30.7% males and 2.4% did not answer this question. The age of the beneficiaries ranged from 10 to 65 (M = 27, SD = 11, 98) and a percent of 19.1% refused to write their age. After the conversation with the helpline counselor (telephone, mail or chat), the beneficiaries were informed that they can give a feedback for the helpline service and complete a very short questionnaire.

Instruments

General satisfaction with the helpline service, trust in the counselor, empathy of the counselor, active listening of the counselor, clarity of the counselor and useful information given by the counselor assesses the perception of the beneficiary regarding these aspects. Every aspect is evaluated with the help of a general question (for example, to what extent did you trust the helpline counselor to discuss about your problems? “To what extent do you feel that the helpline counselor listened to your problems?”). All of the questions were listed and assessed with the help of five point Likert scale (1-very little to 5-very much).

-Resilience (Smith et al., 2008): This comprises 5 items on a five point Likert scale from 1 – totally disagree to 5 – totally agree. Overall, the scale evaluates the capacity to recover from a difficult and stressful event and previous analysis show a good internal reliability and it is a solid theoretical construct (Luthar et al., 2007).

-Trust in personal decision after discussing with a helpline counselor is also a general evaluation about one’s feelings in deciding things based on their personal resources (“To what extend do you feel that you can now make decisions much easier”). The question was listed and evaluated with the help of a five point Likert scale (1-very little to 5-very much).

RESULTS AND DISCUSSION

According to theoretical background, online counseling is presumed to foster resilience and resilience (Mallen et al., 2005) is considered to stimulate personal empowerment or physical health, meaning that personal strength is considered a mediator for ensuring personal functionality. The present investigation tests these possible relationships with an emphasis over resilience as being significantly associated with counselor abilities to offer guidance and general satisfaction of the beneficiary with the service.

The first step in conducting the analysis was to investigate and describe the nature of the correlations between variables. In the table below are listed the basic statistic inventory and correlations between the principal variables as shown in Table 1.

Results showed that trust in personal decision is strongly positive and significantly related to trust in the counselor, empathy, active listening, clarity, useful information and general satisfaction with the helpline service. Resilience on the other hand, is rather significant and positively associated with satisfaction and trust in personal decision, but the coefficients are small. Results indicated that counselors’ abilities are indeed of relevance because it is possible that they have a positive impact over the process of evaluating one’s personal capacity to trust their sense
Table 1. Means (M), standard deviations (SD) and correlation of variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>3.38</td>
<td>1.29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathy</td>
<td>3.55</td>
<td>1.32</td>
<td>0.55&quot;</td>
<td>0.80&quot;</td>
<td>0.80&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active listening</td>
<td>3.44</td>
<td>1.35</td>
<td>0.60&quot;</td>
<td>0.80&quot;</td>
<td>0.80&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity</td>
<td>3.45</td>
<td>1.32</td>
<td>0.64&quot;</td>
<td>0.75&quot;</td>
<td>0.80&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Useful information</td>
<td>3.31</td>
<td>1.26</td>
<td>0.63&quot;</td>
<td>0.68&quot;</td>
<td>0.77&quot;</td>
<td>0.86&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust in personal decision</td>
<td>2.90</td>
<td>1.32</td>
<td>0.52&quot;</td>
<td>0.44&quot;</td>
<td>0.57&quot;</td>
<td>0.64&quot;</td>
<td>0.73&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>3.87</td>
<td>1.23</td>
<td>0.47&quot;</td>
<td>0.36&quot;</td>
<td>0.46&quot;</td>
<td>0.54&quot;</td>
<td>0.55&quot;</td>
<td>0.53&quot;</td>
<td></td>
</tr>
<tr>
<td>Resilience</td>
<td>2.64</td>
<td>0.75</td>
<td>0.02</td>
<td>0.01</td>
<td>0.04</td>
<td>0.01</td>
<td>0.09</td>
<td>0.22&quot;</td>
<td>0.15&quot;</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).**

Table 2. Test of normality distributions.

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Variable</th>
<th>Kolmogorov-Smirnov&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Shapiro-Wilk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Statistic Df Sig.</td>
<td>Statistic Df Sig.</td>
</tr>
<tr>
<td>1</td>
<td>Trust</td>
<td>0.184 293 0.000</td>
<td>0.898 293 0.000</td>
</tr>
<tr>
<td>2</td>
<td>Empathy</td>
<td>0.212 293 0.000</td>
<td>0.858 293 0.000</td>
</tr>
<tr>
<td>3</td>
<td>Active listening</td>
<td>0.198 293 0.000</td>
<td>0.871 293 0.000</td>
</tr>
<tr>
<td>4</td>
<td>Clarity</td>
<td>0.209 293 0.000</td>
<td>0.874 293 0.000</td>
</tr>
<tr>
<td>5</td>
<td>Useful information</td>
<td>0.206 293 0.000</td>
<td>0.877 293 0.000</td>
</tr>
<tr>
<td>6</td>
<td>Trust in personal decision</td>
<td>0.191 293 0.000</td>
<td>0.897 293 0.000</td>
</tr>
<tr>
<td>7</td>
<td>Resilience</td>
<td>0.078 293 0.000</td>
<td>0.985 293 0.003</td>
</tr>
</tbody>
</table>

In order to account whether these abilities have an impact on the magnitude of relationship between resilience and trust, some minimal conditions were investigated: normal distribution, and whether there are extreme values in the data. Considering the normal distribution of the variable, results showed that this assumption did not account for future analysis and normalizations computed calculations need to be done. The results are also shown below in Table 2. Deeper analysis showed that none of the cases need to be deleted because of being extreme. The normalization of data was computed with a logarithmic transformation of the set of data for each of the variables.

Furthermore, moderation relationships were tested within the set of data using SPSS software and also standardizing the scores of the variables. Results showed that there is no moderation effects from any of the abilities of the counselor that the beneficiaries perceived: trust in the counselor (R2=.335; F(1,293)= .65; p=.42), active listening (R2=0.007; F(1,293)=3.56; p=0.06) empathy (R2=0.001; F(1,293)=0.046; p=0.83), clarity (R2=0.004; F(1,293)=2.47; p=.16), useful information (R2=0.001; F(1,293)=0.28; p=0.593). Thus, the model accounts for about 59% of the variance of the dependent variable - trust in making a personal decision after talking with a helpline counselor. Results showed that there is a complex and valid model that predicts trust in personal capability to make decision.

The overall model was tested using regression with multiple predictors' analysis in order to assess the power of explanation for this model. Results showed that there a very good coefficient for explaining the variance of the dependent variable (R2=.59; F(6,293) = 68, 58, p > .001, R2 Adjusted = 0.58). Thus, the model accounts for about 59% of the variance of the dependent variable - trust in making a personal decision after talking with a helpline counselor (Table 3). In order to assess the mediating role of resilience as an individual factor, AMOS Graphics was used and analysis tested whether relationships are significant and if the model proposed is valid as a whole. In order to assess the models, a fitness index was considered (Byrne, 2010): a) chi-square not significant and as lower as possible, b) that they can make decisions for themselves. Thus, two types of presumptions were tested as being important:

a) Whether counselor's abilities as perceived by the beneficiaries and resilience predicts trust in personal decision after discussing with a counselor.

b) Whether there is a mediation effect of resilience between counselor's abilities, general satisfaction and trust in personal decision after discussing with a counselor.
Table 3. Estimated values of the multiple regression analysis for predicting model of the dependent variable trust in personal decision (N = 293).

<table>
<thead>
<tr>
<th>Model 1</th>
<th>Unstandardized coefficients</th>
<th>Standardized coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Standard error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>-0.388</td>
<td>0.236</td>
<td>-1.644</td>
<td>0.101</td>
</tr>
<tr>
<td>Resilience</td>
<td>0.285</td>
<td>0.068</td>
<td>4.214</td>
<td>0.01**</td>
</tr>
<tr>
<td>Trust</td>
<td>0.114</td>
<td>0.053</td>
<td>2.169</td>
<td>0.031*</td>
</tr>
<tr>
<td>Empathy</td>
<td>-0.198</td>
<td>0.067</td>
<td>-2.970</td>
<td>0.003**</td>
</tr>
<tr>
<td>Active listening</td>
<td>0.086</td>
<td>0.075</td>
<td>1.148</td>
<td>0.252</td>
</tr>
<tr>
<td>Clarity</td>
<td>0.105</td>
<td>0.088</td>
<td>1.194</td>
<td>0.234</td>
</tr>
<tr>
<td>Useless information</td>
<td>0.663</td>
<td>0.084</td>
<td>7.878</td>
<td>0.01**</td>
</tr>
</tbody>
</table>

*p < 0.05. **p < 0.01.

Figure 1. Mediational model of trust in personal decision after discussing with a helpline counselor (Chi-square = 0.56, p = 0.812, RMR = 0.002, GFI = 0.99, AGFI = 0.99, CFI = 0.99 and RMSEA = 0.001).

Congratulations researchers have severally emphasized on the role of positive reinforcement for someone’s psychological health, especially when facing a difficult time (Rutter, RMSEA = 0.374. After analyzing the significance of the regression weights of the variables, three of the abilities were omitted in the second model due to the fact that they are not significant (p > 0.05): empathy (p = 0.971), active listening (p = 0.598) and trust in the counselor (p = 0.415). A second model computed that is considered appropriate is described in Figure 1. The general indices for evaluating the model are illustrated and the model showed that there is a high psychological potential to explain how people feel about trusting in their own personal decisions after talking with a counselor.

Conclusions

Resilience researchers have severally emphasized on the role of positive reinforcement for someone’s psychological health, especially when facing a difficult time (Rutter,
The main assumption is that people that have developed this ability are more capable to return to a normal state (for example, balanced emotional state, functionality, health) when confronted with surprising events compared to those that score low on this kind of ability. The present study followed directions that many scientist have pointed out (Mallen et al., 2005), that online counseling is responsible in having positive outcomes when facing difficult periods of times. Results support this idea especially in the relationship of the counselor's abilities as perceived by the beneficiaries due to high correlations coefficients that are positive and significant.

Usually, scholars debate whether the effectiveness of the online counseling systems could be considered as reliable but most of the main goal of an online system is to prevent people from acting irrational during a crisis moment and to reinforce them with personal trust that they are capable of making a personal decision and act according to their good intentions. Although, most of the researchers encourage others to study how this systems work and its effectiveness, it is clear that there are some challenges that are hard to overcome: the problems that people search an answer for are usually not clear or they are in the middle of the treatment and seeking help convinces them to give up or continue with the treatment. Thus, one of the most important roles of this system is to inform people and help them persist in their actions towards health improvement, although, sometimes they feel worse than when taking the treatment. One of the difficulties that the online counseling faces is that therapies usually work based on short or long-term goals that the therapist and the client establish at the beginning. Thus, they both have a certain direction towards tangible results. An online counseling systems usually works with crisis goals like active listening in order to socially validate the person, practical solutions or advices, and moral support to follow ones desires or choices, balancing situations and hard times in life, making hard choices in life.

Another challenge or limits of this study could be considered the fact that it uses mostly general evaluation of the level of satisfaction with some aspects of the helpline system, leading to narrowed results and leaving too little space for interpretation and insight. Moreover, the study is based on the intervention of numerous helpline counselors, not just one. Thus, the interventions are different and this could be an advantage because the volunteers received formal training on how to give help. This could also be an advantage or strength in arguing the relevance of an online counseling system since the results are not the product of the implication of just a counselor but rather of a complex online system that uses both the abilities of a counselor and the resources of the beneficiaries.

Resuming, the study is also sensitive to comments that it is general and the first model is too large to be of practical use. Although, this could be a limit, it is also a strong point that from these psychological aspects some might be considered of great relevance (for example, utility of information, clarity and satisfaction). These aspects should be explored even more with more extended measures and not just general evaluations.

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