



## The Validity And Reliability Of The Turkish Version Of The Online Counseling And Face-To-Face Counseling Attitudes Scale

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### ABSTRACT

The purpose of this study is to examine the validity and reliability of the Turkish version of the Online Counseling Attitudes Scale (OCAS) and Face-to-Face Counseling Attitudes Scale (FCAS) (Rochlen, Beretvas, & Zack, 2004). OCAS and FCAS loaded on four factors and the factors were named Value of Online Counseling (OC-V), Discomfort with Online Counseling (OC-D), Value of Face-to-Face Counseling (FC-V) and Discomfort with Face-to-Face Counseling (FC-D). The results of confirmatory factor analysis indicated that the four dimensional model was well fit ( $\chi^2=323.61$ ,  $df=157$ ,  $p=0.00000$ ,  $RMSEA=.056$ ,  $NFI=.94$ ,  $CFI=.96$ ,  $IFI=.96$ ,  $RFI=.92$ ,  $GFI=.91$ , and  $SRMR=.071$ ). Factor loadings ranged from .47 to .88. The internal consistency coefficients of four subscales were .84, .80, .88 and .78. Overall, findings demonstrated that OCAS and FCAS may be used as a valid and reliable instrument in order to assess attitudes toward online counseling and face to face counseling of individuals.

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#### Keywords:

Online counselling, attitudes, validity, reliability, scale adaptation

### 1. Introduction

Online Counseling is defined as any delivery of mental and behavioral health services, including but not limited to therapy, consultation and psycho-education, by a licensed practitioner to a client in a non-face-to-face setting through distance communication devices for instance, the telephone, fax, asynchronous e-mail, synchronous chat, and videoconferencing (Mallen, & Vogel, 2005; Rochlen, Zach, & Speyer, 2004; Rochlen, Beretvas, & Zack, 2004). Online counseling is different from other types of computer-related services in that it includes direct communication between a counselor and at least one client and the communication is specifically tried to address mental health concerns, analogous to a "talk therapy" procedure that might be conducted face-to-face in a mental health professional's office (Rochlen, Beretvas, & Zack, 2004). We explain simply online counseling in which you would interact with a counselor via the Internet and face-to-face counseling where you would go to a counselor's office.

Since the advent of online counseling, there has been considerable debate over the effectiveness of online counseling versus traditional face-to-face counseling. Some professionals try to argue online counseling out of existence; others seem to have limitless enthusiasm for this latest development in the interface of counseling and technology (Shaw & Shaw, 2006). Disadvantages of online counseling involve maintaining confidentiality over the Internet, delivery of online counseling services by unqualified practitioners as well as important concerns regarding confidentiality, in emergency situations, the inability to directly intervene in a crisis the lack of nonverbal information such as facial expression, tone of voice, and body language, the dangers of offering online services over state jurisdiction lines, the lack of efficacy studies of online counseling services, the difficulty of developing a therapeutic relationship with a client who is never seen face-to-face and the lack

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of therapeutic control, the lack of visual cues (Barak, 1999; Murphy & Mitchell, 1998; Sampson, Kolodinsky, & Greeno, 1997; Rochlen, Beretvas, & Zack, 2004; Shaw & Shaw, 2006).

As for the Advantages of online counseling, advocates for online counseling emphasize such benefits; potential utility in reaching populations that cannot or will not traditional mental health services the convenience of the service, accessibility of services to clients who are in geographically isolated areas, are physically disabled or seriously ill and cannot leave home, would ordinarily not seek traditional counseling, would feel more comfortable expressing themselves in a written format, the ease of record keeping, and the possible decreased costs related with providing these services (Barak, 1999; Murphy & Mitchell, 1998; Rochlen, Beretvas, & Zack, 2004; Shaw & Shaw, 2006).

An attitude may be explained as a positive or negative evaluation of people, objects, event, activities, ideas, or just about anything in environment this is generally referred to as the attitude object. Social psychologists research attitudes in terms of three parts: cognitive, affective, and behavioral. Attitudes are shaped by our experiences or observing experiences, serve to guide our future conducts and can be used to predict behavior (Kağıtcıbaşı, 1999; Köklü, 1995).

Online counseling services and online mental health services are being accessed in a variety of formats and are expected to developed in the future (Norcross, Hedges, & Prochaska, 2002) and online counseling is a field that has seen increase for ten years (Barak, Hen, Boniel-Nissim, & Shapira 2008). Researchers have tried to reveal clients' attitudes toward seeking help in relation to various demographic, psychological, and cultural variables. One of the most glaring reasons for the omission of this information is a lack of research instruments designed to measure the public's perceptions of online counseling services. This scale exhibits attitudes toward online counseling and a comparable measure of attitudes toward face-to-face counseling services. The public's perceptions of online counseling may help to display or explain clinician's perspectives on the need and demand for such services (Rochlen, Beretvas, & Zack, 2004).

Internet-based treatment programs frequently integrate cognitive-behavior therapy principles, are structured, and have an evidence base. Internet-based treatment programs usually also contain rigorous assessment process prior to commencement of treatment to ensure that the consumer has the clinical disorder that the program treats. Online counseling with online cognitive behavioral therapy deal with; anxiety and depression (Topolovec-Vranic et al., 2010; Graaf et al., 2009; Sethi & Campbell, 2010; Newman, Consoli, & Taylor, 2006; Warmerdam, Stratena, & Jongma, 2010; Graaf et al., 2011; Beattie, Shaw, Kaur, & Kessler, D2009), obsessive-compulsive disorders (Moritz, Wittekind, Hauschildt, & Timpano, 2011; Wootton et al., 2011), alcohol problem (Postel, De Haan, & De Jong, 2010; Blankers, Koeter, & Schippers, 2011), sexual disorders (McKee, 2004), suicidal ideation (Greidanus & Everall, 2010), eating disorder (Fichter et al, 2012), Panic disorder (Pier et al, 2008; Austin & Kiropoulos, 2007; Advocat & Lindsay, 2009), Posttraumatic stress disorder (Kleina et al., 2010), Social phobia (Berger et al., 2011), Sexual abuse (Littleton et al., 2011) such as various mental problems outcomes.

*The Online and Face-to-Face Counseling Attitudes Scale* (Rochlen, Beretvas, & Zack, 2004): The result of exploratory factor analyze of OCAS consist of two factors, and factors explained 64.6% of the variance in the responses to the 10 items and an interfactor correlation of-.52. The two FCAS factors together explained 62.2% of the variance in the responses to the 10 items and a correlation between the components of-.59. The factors were named Value of Online Counseling (OC-V) and Discomfort with Online Counseling (OC-D). The OC-V subscale represented the general feelings of participants toward the utility of online counseling, including their perceptions of how they and others would benefit from online counseling. The OC-D subscale represented participants' emotional feelings and reactions regarding their ease and comfort associated with using online counseling services. Example of items assessing each of these two factors include "Using an online counseling would help me learn about myself" and "I would dread explaining my problems to an online counselor" for the OC-V and OC-D subscales, respectively. The same base set of 10 items was selected to assess each of the FCAS factors. These factors were similarly named Value of Face-to-Face Counseling (FC-V) and Discomfort with Face-to-Face Counseling (FC-D). Again, each "Using a face-to-face counseling would help me learn about myself" and "I would dread explaining my problems to a face-to-face counselor". And the result of confirmatory factor analysis (CFA)  $\chi^2=265,49$ ,  $p<0.05$ , RMSEA=.057, CFI=.96, TLI=95, and SRMR=.57. The pattern coefficients were strong and significant ( $p<.001$ ). Factor loadings ranged from.520 to .921. The Result

of multiple Group CFA  $\chi^2=601,52$ ,  $p<0.05$ , RMSEA=.041, CFI=.95, TLI=.95, GFI=.96, and SRMR=.77. Internal consistency estimates ranged from .77 to .90 over multiple studies for scores on both the Online Counseling and Face to Face Counseling subscales, and test–retest correlations of .70 to .88 were observed over a 3-week period on both subscales. Responses are made on a 6-point Likert scale (1-strongly disagree, 6-strongly agree).

## **2. Method**

### **2.1. Participants**

Participants were 345 (173 were female and 172 were male) university students.

### **2.2. Procedure**

Primarily the Online Counseling and Face-to-Face Counseling Attitudes Scale were translated into Turkish by six academicians. After that the Turkish form was back-translated into English and examined the consistency between the Turkish and English forms. Turkish form has reviewed by five academicians from educational sciences department. Finally they discussed the Turkish form and along with some corrections this scale was prepared for validity and reliability analyses. In this study confirmatory factor analysis was executed to confirm the original scale's structure in Turkish culture. As reliability analysis internal consistency coefficients and the item-total correlations were examined. Data were analyzed by LISREL 8.8 and SPSS 20.0.

## **3. Results**

### **3.1. Construct Validity**

The results of confirmatory factor analysis indicated that the four dimensional model was well fit and Chi-Square value ( $\chi^2=323.61$ ,  $df=157$ ,  $p=0.00000$ ) which was calculated for the adaptation of the model was found to be significant. The goodness of fit index values of the model were RMSEA=.056, NFI=.94, CFI=.96, IFI=.96, RFI=.92, GFI=.91, and SRMR=.071. Factor loadings ranged from .47 to .88. The correlation between the OC-V and OC-D subscales of the OCAS was  $-.40$  ( $p<.001$ ), and the correlation between the FC-V and FC-D subscales was  $-.28$  ( $p<.001$ ) for the FCAS. The correlation between the OC-V and FC-V subscales was  $.37$ ,  $p<.001$ ). The correlation between the OC-D and FC-D subscales was  $.49$ ,  $p<.001$ ).

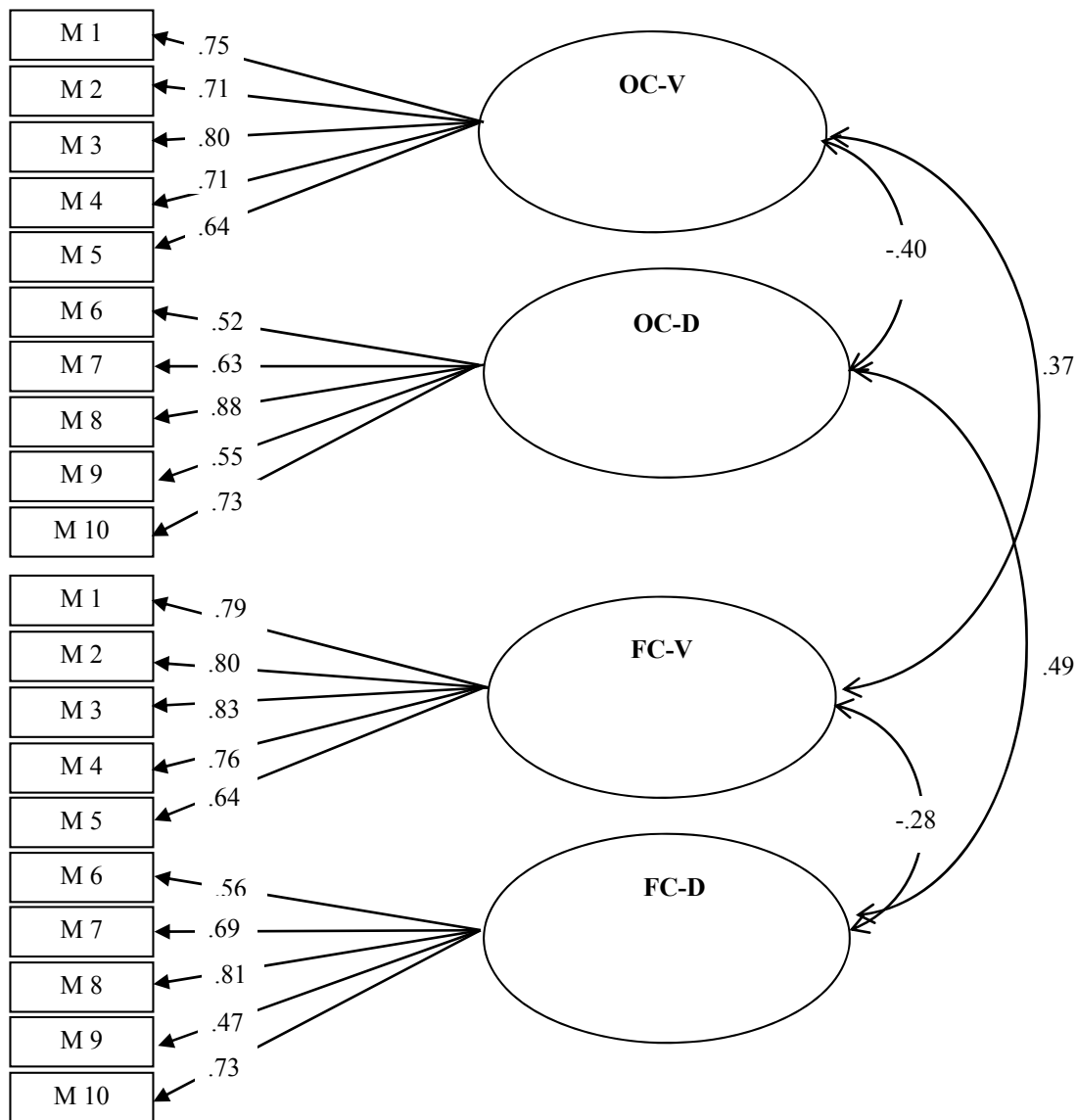


Figure 1: OCAS and FCAS Path Diagram and Factor Loading

### 3.2. Reliability

The internal consistency coefficients of OCAS and FCAS four subscales were OC-V, .84, OC-D, .80, FC-V, .88 and FC-D, .78. The corrected item-total correlations of OC-V ranged from 59. to .70, OC-D ranged from 50 to .71, FC-V ranged from 71. to .73 and FC-D ranged from 43. to .68.

**Table 1: OCAS Item-Total Correlation**

OC-V		OC-D	
Mad. No	R	Mad. No	r
1	.69	6	.50
2	.62	7	.62
3	.70	8	.71
4	.63	9	.49
5	.59	10	.61

**Table 2: FCAS Item-Total Correlation**

FC-V		FC-D	
Mad. No	r	Mad. No	r
1	.73	6	.43
2	.73	7	.61
3	.74	8	.68
4	.71	9	.43
5	.62	10	.64

#### 4. Discussion and Conclusion

The aim of this study was to translate the OCAS and FCAS into Turkish and examine its psychometric properties. Numerous fit indexes are used for the aim of presenting the adequacy of the model tested in Confirmatory factor analysis (CFA). For GFI, CFI, NFI, RFI and IFI indexes, acceptable fit value is considered to be 0.90 and best fit value is 0.95 (Bentler, 1980; Bentler & Bonett, 1980; Marsh, Hau, Artelt, Baumert, & Peschar, 2006). As for the RMSEA, acceptable fit value is considered to be 0.08 and best fit value is 0.05 (Brown & Cudeck, 1993; Byrne & Campbell, 1999). CFA was conducted so as to indicate whether the factor structure of the original form would be confirmed in the Turkish sample. The OCAS and FCAS loaded on four factors. The results of CFA indicated that the model was well fit. Thus, it can be said that the structural model of the OCAS and FCAS which consists of four factors was well fit to the Turkish culture. The internal consistency coefficients of four subscales were high. Overall, findings demonstrated that OCAS and FCAS had high validity and reliability scores (Büyüköztürk, 2004; Tabachnick & Fidell, 1996; Tezbaşaran, 1996) and OCAS and FCAS may be used as a valid and reliable instrument in order to assess attitudes toward online counseling and face to face counseling of individuals and accurate comparisons between the two types of counseling services. Nevertheless, further studies that will use the OCAS and FCAS are important for its measurement force.

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