Technology and counselling in Africa: Reflections from MSc counselling students at a selected university in Zimbabwe

4 authors, including:

Jeofrey Mtemeri
Great Zimbabwe University

7 PUBLICATIONS **18** CITATIONS

SEE PROFILE

Julia Mutambara
Midlands State University

15 PUBLICATIONS **80** CITATIONS

SEE PROFILE

Emmanuel Maziti
Great Zimbabwe University

4 PUBLICATIONS **1** CITATION

SEE PROFILE

Some of the authors of this publication are also working on these related projects:

Family and Parenting View project

Prevalence of depression amongst university students during the 2nd wave of the Covid 19 pandemic in Zimbabwe View project

ORIGINAL ARTICLE

WILEY

Technology and counselling in Africa: Reflections from MSc counselling students at a selected university in Zimbabwe

Jeofrey Mtemeri[1] 🔘 | Yvonne Madhovi[1] | Julia Mutambara[2] | Emmanuel Maziti[1]

[1]Faculty of Social Sciences, Great Zimbabwe University, Masvingo, Zimbabwe

[2]Midlands State University, Gweru, Zimbabwe

Correspondence
Jeofrey Mtemeri, Faculty of Social Sciences, Great Zimbabwe University, Masvingo, Zimbabwe.
Email: mtemerij@gmail.com

Abstract

Counselling is a field that is growing in Africa. The aim of this study was to explore the effectiveness of technology-mediated counselling in an African setting. The use of technology in counselling needs to be pursued and commercialised as technology use has potential to grow the field of counselling. The study made use of the qualitative research approach and the phenomenological research design. Data were collected through semi-structured interviews. Participants of the study were purposively selected as the researchers required experienced counsellors. Data were thematically analysed. Results of the study revealed that virtual counselling was already in place in Zimbabwe. Virtual counselling allowed counsellors to reach clients from remote areas through phone calls, short message service (SMS), WhatsApp and video calling. The results also revealed that a variety of challenges were encountered. Problems of connectivity, poor network, delayed feedback and infringement of privacy were highlighted by counsellors. The study concluded that improving the counselling standards in virtual counselling may eradicate some of the challenges. It is recommended that counsellors be trained to improve on virtual counselling competency and accountability.

KEYWORDS
connectivity, short message service, technology, virtual counselling

1 | INTRODUCTION

Since the introduction of counselling and internet in counselling in 1990s, technology use has become pervasive, with people conducting a good portion of their lives online or using technological gadgets. It is no wonder then that technology use has begun to be applied to the provision of counselling and psychological interventions. Technology may be defined broadly to include all computer hardware and software, telecommunication products and Web-based information (Epstein & Bequette, 2013). Such a broad definition encompasses most electronic gadgets, applications such as instant messaging platforms, and Web-based social networking platforms such as blogs, social networking sites and virtual worlds (Mullen et al., 2014). The terms e-counselling, virtual counselling, cyber counselling, online counselling and Internet counselling are used interchangeably to describe Internet-based counselling applications (Beidoglu et al., 2015).

This article examines the use of technology in counselling, with a particular focus on distance counselling, as well as information sharing and communication including online support forums and professional networks. Distance counselling, or online counselling, is the term that refers to counselling that is delivered using computer-mediated communication (Deslonde & Becerra, 2018; Richards, 2013) as opposed to the traditional face-to-face

counselling relationship. Depending on the type of communication method chosen, this counselling may be asynchronous or synchronous. Asynchronous distance counselling is characterised by a time delay between the client's communication and the counsellor's response (Richards, 2013), for example communication using emails or text messages. On the contrary, synchronous distance counselling takes place in real time, for example using videoconferencing or live chat platforms (Richards, 2013).

Distance counselling has been offered as asynchronous therapy through email since as early as 1995, and just after this, synchronous e-therapy evolved as technological advancements created the opportunity for real-time communication (Richards, 2013). Since then, it has been widely embraced because of its many strengths, among which are the convenience it offers clients by saving them the time and effort required to go to a facility that offers counselling (Griffiths et al., 2006), and its flexibility in allowing clients to access the service on demand. Richards (2009) reports that most submissions to a university online counselling service he studied were outside working hours or on weekends, reflecting clients' need and appreciation for access to counselling services at times other than usual working hours.

Distance counselling in the United Kingdom also improves access to counselling services for people who would otherwise not have access to counselling, such as remote populations or people with disabilities (Richards, 2013). Griffiths et al. (2006) and Deardorff (2010) add that this form of counselling may also be better suited to isolated or stigmatised groups as it is done in a setting of one's choice, thereby affording more privacy. Distance counselling also offers more anonymity than face-to-face therapy (Geldard et al., 2015) and so may be preferred by clients with sensitive issues such as sexual problems (Wright et al., 2008). As stated by Geldard et al. (2015), the increased anonymity tends to encourage disclosure. Deardorff (2010) further propounds that Internet-based treatment is cost-effective and it is convenient for clients with mobility and transportation issues.

Despite its usefulness, there have been concerns around the difficulty of monitoring the quality of counselling services offered online and the potential for misuse of online counselling to take advantage of vulnerable and naive users (Blanchard et al., 2016; Richards, 2013). This is because verification of a counsellor's identity and qualifications is more difficult online. Identity verification of clients is also a concern, especially with text-based therapies. Geldard et al. (2015) emphasise that online counsellors need to verify the identity of their clients at the start of the counselling relationship to ensure that the service they are offering is suited to the client's age and that parental consent is not required. They suggest that this be done by arranging an initial face-to-face or videoconferencing session and should be supported by a gathering of the client's contact details, such as their physical address and phone number.

In addition, while videoconferencing preserves the visual and vocal cues that form an integral part of the face-to-face counselling relationship (Geldard et al., 2015), the loss of vocal and visual cues in text-based therapies has been cited as a weakness in online counselling by some authors, as they say it may lead to misinterpretation

---

Implications for practice

- Postmodern counsellors must fully utilise virtual counselling as it allows them to cover a broader geographical location.
- When using technology in counselling, counsellors must assure their clients on issues of privacy and maintain an international standard of practice where ethical issues are observed.
- Counsellors should also take their time to understand clients' feedback so as to avoid misinterpretations.

---

of messages and emotions (Barak et al., 2009; Richards, 2009). However, Richards (2009) proceeds to highlight the therapeutic benefits of writing as an advantage as it allows clients to construct their story and, in the process, externalise the experience so that they can reflect on it and gain perspective. Wright et al. (2008) concur with this and point out that in New Zealand, writing has been used traditionally in therapy in the form of unsent letters and journaling and it helps clients explore their stories and express their feelings. Asynchronous online therapy may therefore pose an opportunity for clients who prefer to express themselves in writing to engage with counselling services.

Another significant consideration in online counselling concerns information security and privacy protection. Epstein and Bequette (2013) put forward that counsellors who decide to engage in online counselling should put measures in place to protect their clients' privacy, such as using secure storage and utilising passwords and encryption, as well as keeping a backup of electronic client information and files. Wright et al. (2008) also suggest that online counsellors be conversant with safe information transfer mechanisms online, such as the use of the 'https' protocol. According to Stifel et al. (2012), in the United States, details on how information will be stored and transmitted, as well as the risks to privacy, should be shared with the client at the start of online counselling in order to facilitate informed consent. In addition, Geldard et al. (2015) encourage counsellors to share with their clients the steps they can take to protect their own privacy, such as using password-protected devices.

There is a need to set out clear expectations on response times in online counselling. According to Geldard et al. (2015), the counsellor should communicate to the client when they will be available to read and respond to the client's communication and when synchronous sessions could be scheduled at the onset of the counselling session. Online counsellors should always provide emergency contacts and protocols to clients for situations where emergency assistance is needed (Barak et al., 2009), especially for asynchronous counselling platforms where there may be a delay between the client's communication and the counsellor's response (Stifel et al., 2012). It is worth noting that online counselling may not be suitable for all types of clients and problems and the counsellor should take into consideration the client's technical skills in using

technology, their writing skills in the case of text-based therapy, and check for the presence of extreme pathology, which may hinder the effectiveness of online counselling (Barak et al., 2009). Stifel et al. (2012) reiterate the need to consider the client's unique situation, highlighting that online counselling may not be suitable for suicidal clients, for example.

A second common use of technology within the counselling profession is for purposes of information sharing and communication. Mullen et al. (2014) refer to this as the most basic use of technology in counselling. Geldard et al. (2015) point out that there are no limits on who posts information on the Internet. Because of that, there is information online concerning mental health that is neither accurate nor helpful. There is a need for counsellors to provide evidence-based information that clients and potential clients can access in order to increase awareness concerning mental health issues (Geldard et al., 2015). With its worldwide reach, the Internet is a significant information distribution channel (Mullen et al., 2014); a fact that counsellors need to take advantage of. Richards (2013) suggests that information may be disseminated through online materials such as podcasts or videos, as well as blogs and articles. Mullen et al. (2014) added Facebook pages for counselling organisations as another option, as well as webinars with live speakers.

Technology has also been applied in various other ways in counselling. Richards (2009) refers to the use of virtual reality in counselling sessions and the use of games in psychological treatments. Virtual reality is a combination of hardware and software to create synthetic but life-like experiences (Richards, 2013). An example of this application is the 3D computer game Personal Investigator, which may be used for adolescents with depression, anxiety and other behavioural problems and is premised on solution-focused therapy (Richards, 2013). According to Geldard et al. (2015), virtual reality may also be used for identity exploration through activities such as creating an avatar and a virtual world. This may be done in tandem with face-to-face counselling, where the counsellor and the client then discuss the aspects brought out through virtual world creation. However, Richards (2013) cautions that an excessive use of virtual worlds and games may lead to an over-reliance on them at the expense of deteriorating face-to-face interactions and relationships.

Computer programs and multimedia that deliver psychological interventions are also gaining popularity (Wright et al., 2008), though these are still rarely found in the Zimbabwean context. They may take the form of self-administered programs or multimedia such as videos that deliver interventions (Richards, 2013). An example of this is the program 'Beating the Blues' for patients with anxiety and depression. Geldard et al. (2015) explain that this program has eight sessions, which use filmed videos of people applying cognitive behavioural therapy techniques, a voice-over guide, online exercises and homework tasks. According to Barak et al. (2009), in Australia, Web-based programs have also been used to deliver cognitive behavioural therapy for clients dealing with insomnia and social phobia. They go on further to explain that these interventions may be entirely self-guided or sometimes offer human support in the form of feedback, guidance and support from a counselling professional (Barak et al., 2009).

Counselling practice that utilises technology is guided by the same ethical principles that undergird the counselling profession, though the application and considerations related to these principles may be unique in the context of technology. While there was initially a limited body of legal and ethical guidelines for the use of technology in counselling (Mullen et al., 2014), a number of organisations such as the Australian Psychological Society (APS) and the British Association for Counselling and Psychotherapy (BACP) have since developed guidelines for the use of technology in counselling (Geldard et al., 2015). Organisations such as the International Society for Mental Health Online (ISMHO), which was formed in 1997, have also arisen in response to the need to support counsellors in the use of technology (Wright et al., 2008).

Counsellor awareness of, and competence in, technology use is a necessary ethical issue to address in this relatively new form of counselling. According to Mullen et al. (2014), awareness among practitioners of the potential uses of technology in counselling, as well as the associated advantages and risks, is often limited. This has a negative bearing on their competence and confidence in their ability to use technology in their own practice and is potentially a significant reason for the limited recorded use of technology in counselling within the African context (Oraegbunam, 2009). Wright et al. (2008) emphasise that there is a need for counsellors to be trained to gain the knowledge and skills specific to the use of technology within a counselling context and this need for training is seconded by Barak et al. (2009). Related to this is the need for counsellors to keep abreast of ethical guidelines and recommendations in the area of technology use, as mentioned by Richards (2013). This is especially necessary due to the accelerated rate at which technology is advancing.

Counsellors using technology in counselling need to clearly outline the boundaries that apply within the counselling relationship. Technologies such as phones, email and social media tend to be viewed as personal, and Geldard et al. (2015) emphasise that the counsellor must state clearly at the outset what the client can expect with respect to response times, length and quantity of contacts, and scheduling. For example, for email counselling, the counsellor may inform clients that their emails will only be read and responded to during normal working hours in order to maintain professional boundaries (Stifel et al., 2012). These boundaries, outlined before clients give their informed consent, help to maintain professionalism and prevent inappropriate dual relationships that may arise as a result of technology use (Mullen et al., 2014). Another boundary to consider is personal social media connection with clients. With respect to this, Mullen et al. (2014) suggest that counsellors discuss and explain their position to clients and then use social media only for mass communication concerning general issues, and strive to avoid sharing controversial personal opinions that may reflect negatively on their profession and their organisation.

A study on technology use by Rainey et al. (2008) established that the therapists' attitudes towards the use of technology in psychotherapy were mostly positive, but lower when new technologies are introduced. In other words, therapists are more comfortable when using familiar technologies than new ones.

2 | OBJECTIVES

2.1 | The study seeks to explore:

- the applicability of technology use in psychotherapy in an African setting.
- the opportunities for the use of technology in psychotherapy.
- the challenges that affect the use of technology in psychotherapy.

2.2 | Rationale of the study

The study was driven by the high demand for counselling services among people in Africa. It is not possible for counsellors to reach out to all clients in Zimbabwe in particular as resources may not allow the clients to access counselling services that are often given in urban areas. The development of technology globally was seen as a way to alleviate the counselling challenges in Africa. The study was also designed to act as a baseline study for other similar studies in Africa and beyond.

3 | METHODOLOGY

3.1 | Research approach

The current study used a qualitative research approach. This approach allows researchers to study phenomena in their natural setting and also enables researchers to develop and explain social phenomena as seen by people (Denzin & Lincoln, 2000). It was prudent for the researcher to use a qualitative research approach in the current study as it allowed them to explore the phenomena surrounding the use of technology in psychotherapy.

3.2 | Research design

A phenomenological research design was used in this study. The phenomenological research design was the most appropriate for the current study as it permitted the participants and the researchers to explore the use of technology in psychotherapy.

3.3 | Research instruments

The study made use of a semi-structured interview. A semi-structured interview guide was prepared, guided by the objectives.

The semi-structured interviews were suitable for this study as they enabled the researchers to get rich information regarding the use of technology in counselling.

3.4 | Participants

Twelve participants who were purposively selected took part in the current study. The sample was composed of seven female and five male counsellors doing an MSc degree in Counselling Psychology at a selected university in Zimbabwe. Although female participants outnumber male participants, gender is not a critical variable in this study. The participants had at least five years of working experience in counselling.

3.5 | Sampling methods

A purposive sampling technique was used to choose the participants. It enabled the researchers to identify the therapists who participated in the study.

3.6 | Data analysis

A thematic approach was used to analyse data. The thematic approach was suitable for the current study as it allowed the researchers to explore the use of technology in psychotherapy. Themes were derived from the responses given by participants. Manual inductive coding was done following the necessary steps as propounded by Medelyan 2021. After the collection of data, research participants received a copy of the coded themes for validation and adjustments were made.

3.7 | Ethical consideration

The principle of confidentiality was observed in the current study. Pseudonyms were used to identify the participants. Coding of data allowed anonymity of participants. Informed consent was also observed in this study as participants were informed of the purpose and objectives of the study. Participants were also informed that they were free to withdraw at any point during the process of data collection.

4 | FINDINGS

4.1 | Technology use in psychotherapy

Participants of the study revealed that the use of technology in counselling has been embraced in Zimbabwe and most therapists have used it in one way or the other. It was also found that therapists

have counselled their clients through phone calls, video calling, short message service, emails and WhatsApp.

The following verbal quotes confirm the above:

4.1.1 | Participant 7

I have counselled my clients through the use of technology for some time now since I have clients all over the country. I chat with my clients on WhatsApp and text messages because it is cheaper than travelling to my place.

4.1.2 | Participant 5

Use of technology is the in thing in this modern world. My clients prefer calling and talking over the phone. Some of the clients seem to be freer to talk over the phone than face to face counselling.

4.1.3 | Participant 3

I have used quite a number of virtual gadgets in communicating and counselling my clients such as video calling, cell phones and emails. My clients call me even during weekends and even at night if they need to talk with me about something.

It is therefore imperative that the use of technology be developed so as to enhance competitiveness among counsellors. Above all, the promotion of virtual counselling must be promoted to develop distance counselling relationships.

Results of the study revealed that technology use in psychotherapy saves time and money spent on trabsportation, as clients receive counselling from the comfort of their homes or preferred places. Privacy is also guaranteed, especially for those wanting to discuss sensitive issues such as rape and abuse. Clients seem to be more comfortable when counselling is through virtual means.

The following verbal quotes are testimony of the above:

4.1.4 | Participant 3

Clients from remote places prefer counselling through virtual means as it saves bus fares. They also find it suitable during joining and breaking their problems to the counsellor especially when the case is sensitive.

4.1.5 | Participant 12

I save clients from rural areas where my company offers psychotherapy to adolescents and children. Our routine is that we travel to the rural areas twice a week to meet our clients. The intended clients are children and adolescents who would have been abused. So virtual means is the in thing in the postmodern world. My clients call or WhatsApp me each time they need to talk. Adolescents are fond of using technology in addressing their problems.

4.1.6 | Participant 9

My clients are comfortable to share their problems through social media than face to face counselling. They are comfortable to share sensitive issues through phone or social media like WhatsApp.

Apparently, technology has overwhelming advantages for both the clients and the therapists in an African setting. As reflected by participants, one of the best benefits of virtual counselling is providing the much-needed services in areas that may not be accessed easily in terms of geographical location.

4.2 | Opportunities for using technology in psychotherapy

The results of the study revealed that it is very applicable for counselling sessions to be done using technology. Clients from all corners of the country are accessible through virtual counselling. Video counselling, for example, was found to be as effective as face-to-face counselling. It necessitates the counsellor to read body language and other gestures.

The following verbal quotes confirm the above:

4.2.1 | Participant 2

It is very possible to offer counselling through the use of technology such as social media. Clients find it more therapeutic as they have time to think and express themselves. Typing of messages gives clients time to reminisce and delete the messages if they are not captured well and rephrase it which is not always possible with face to face therapy.

4.2.2 | Participant 11

Distance counselling improves access to counselling services for people who have no access to counsellors. Most of the people in Zimbabwe live in the rural areas and sometimes find it difficult to travel to town to meet counsellors. The use of technology in counselling has made it easier for rural people and people from other remote areas to access counsellors.

4.2.3 | Participant 7

Typing the messages in response to the therapist is therapeutic as people have an opportunity to delete and rephrase. With video calling, counsellors can assess gestures and body postures which may communicate the client's emotional state.

Accessibility and cutting of expenses, especially travelling expenses, have been raised as critical in offering therapy using a virtual model. It also emerged that the use of video calling offers a much-needed physical presence to enable the therapist to view body language and other non-verbal gestures.

4.3 | Challenges affecting the use of technology in psychotherapy

Most participants raised more challenges than opportunities. Delay of feedback was cited as one of the weaknesses of using virtual counselling. It was also established that counsellors and clients may not be competent enough in using some of the electronic gadgets. The study further revealed that misinterpretation of issues may arise, especially on media that require typing.

The following responses are attestations of the above findings:

4.3.1 | Participant 9

There is always delay in feedback especially emails and SMS. Clients may take long to respond due to connectivity or lack of data or airtime. Some clients may take long before they respond to the counsellor.

4.3.2 | Participant 1

Typed messages may have more than one meaning so both the client and the counsellor may misinterpret the text.

4.3.3 | Participant 10

Connectivity may delay the counselling as most of the places, especially in rural areas, have poor network. Messages may take longer than expected to reach the destination resulting in delay of help to the client.

Although most of the participants were in agreement that online counselling was the way forward, a number of demerits were raised, as indicated in the quotes above. These include lack of competence on the part of therapists and vagueness of typed responses.

The participants suggested that it can be very expensive for clients to have access to gadgets such as computers or android handsets that are compatible with video calling. Internet connectivity was raised as one of the drawbacks in counselling using virtual media.

The following verbal quotes substantiate the above:

4.3.4 | Participant 1

Some cell phones are not compatible with some virtual media like video calling and e-mails. There are times when you want to see the client during counselling so if the handset is not compatible then video calling may not be possible.

4.3.5 | Participant 3

The use of technology may be too expensive for most of the clients. Data in Zimbabwe is very expensive. Most clients may not have adequate resources in terms of finances hence sessions may be terminated earlier than expected.

In other words, most clients face difficulties in accessing counsellors as most of them do not have compatible gadgets to communicate with the therapist. Connectivity may also hinder progress, as the Internet is unreliable or expensive for clients to use.

Results of the study also revealed that virtual counselling may have issues in terms of privacy.

The following responses attest to the above:

4.3.6 | Participant 2

Sometimes the environment won't be conducive for fruitful counselling to take place. Disturbances may arise during the session and that would affect the smooth flowing of the sessions.

4.3.7 | Participant 10

> The clients may not be comfortable discussing with someone they have never met. The issue of confidentiality may be infringed as no consent forms would have been filled.

In an African setting, it is not always practical for clients to discuss their problems without interference from the immediate environment as they normally live in extended families; hence, privacy will be compromised.

5 | DISCUSSION OF FINDINGS

Results of the study revealed that counsellors use a variety of technologies in counselling. Such media include phones, emails, social media (WhatsApp), video calling and SMS. This finding is in tandem with Geldard et al. (2015) and Stifel et al. (2012), who asserted that electronic gadgets are useful in psychotherapy. The study further revealed that technology use in psychotherapy saves time and money as clients receive therapy from their places of convenience. The finding is in line with Deardorff (2010), who espoused that Internet-based treatment is cost-effective and it is convenient for clients with mobility and transportation issues.

The study also revealed that privacy is an important factor, especially for clients with cases involving sensitive issues such as rape and abuse. Clients with sensitive issues may not feel comfortable to reveal such delicate information to therapists in face-to-face counselling. Wright et al. (2008) corroborate the above finding when they stated that virtual therapy may be preferred by clients with sensitive issues as privacy is somehow guaranteed.

Accessibility of clients in remote areas was cited as an advantage of using virtual counselling. Most of the people in Zimbabwe, including those in rural areas, may not have cell phones, which allow clients to access counselling services. The finding is in contrast to Richards (2013), Griffiths et al. (2006) and Deardorff (2010), all based in Europe, who affirm that the use of technology in psychotherapy allows clients from all corners of the country to access counselling. Although perhaps less advantageous for clients, video calling was cited as very effective by therapists as it allows reading of nonverbal gestures and body language. The use of video calling was also alluded to by Geldard et al. (2015) and Richards (2013).

The study established a number of challenges, which ranged from connectivity problems, delayed feedback and misinterpretations of written information. The poor network in Zimbabwe might hamper the progress of counselling as feedback may take a long time to get to the destination. Counsellors and clients might misinterpret the written language. Barak et al. (2009), in Australia, and Stifel et al. (2012), in the United States, raised the above concern when they asserted that virtual counselling may delay communication between clients and counsellors. Misinterpretation of messages and emotions is likely to arise, especially when dealing with written information (Barak et al., 2009; Richards, 2009).

Privacy was also raised as a challenge in the current study. Clients' privacy might not be assured when using some electronic devices, especially cell phones. The storage of information might not be foolproof and other users might access the information or records. The issue of lack of privacy when using online or virtual counselling was also raised by Wright et al. (2008) and Epstein and Bequette (2013), when they proffered the way forward by suggesting that counsellors implement measures such as using passwords and encrypting their devices, as well as having some backup devices in the event of viruses and unauthorised entries or theft of the gadgets.

6 | CONCLUSIONS

The use of technology in counselling has been debated in many fora, and debates are still ongoing. In Zimbabwe, the use of technology has been embraced by a number of counsellors in one way or the other. Counsellors have been using phone calls, emails, WhatsApp and, to a lesser extent, video calling. There are a number of benefits associated with e-counselling that counsellors and clients might want to take advantage of. Some of the benefits include accessing clients in remote areas and saving time and money associated with travelling to physically meet the counsellor. However, there are drawbacks of using virtual counselling, which include poor Internet connectivity, delayed feedback, misinterpretations and compromised client privacy. Improving the standards in virtual counselling might surely allow many clients around the country to access counselling services. This would be in the form of training counsellors in the best and most affordable ways of using technology in counselling.

6.1 | Implications for counsellors

Postmodern counsellors must fully utilise virtual counselling as it allows them to cover a broader geographical location. When using technology in counselling, counsellors must assure their clients on issues of privacy and maintain an international standard of practice where ethical issues are observed. Counsellors should also take their time to understand clients' feedback so as to avoid misinterpretations.

6.2 | Recommendations to

6.2.1 | Counsellors

- Counsellors, based in Zimbabwe, highlighted the need for additional training in working online to support the technologically mediated work they are engaged in.

6.2.2 | Government of Zimbabwe

- Policies on virtual counselling to protect both the client and the counsellor be enacted.
- The government should strive to improve Internet connectivity in the country so that clients will be reached without difficulties.

6.3 | Limitations of the study

The findings of the current study may not be generalised to the whole of the country, let alone all African states, as the study was carried at a single university in Zimbabwe.

ORCID

Jeofrey Mtemeri 🆔 https://orcid.org/0000-0002-2684-4506

REFERENCES

Barak, A., Klein, B., & Proudfoot, J. G. (2009). Defining internet-supported therapeutic interventions. *Annual Behavioural Medicine*, *38*, 4–17. https://doi.org/10.1001/S12160-009-9130-7

Beidoglua, M., Dincyurek, S., & Akıntug, Y. (2015). The opinions of school counsellors on the use of information and communication technologies in school counselling practices: North Cyprus schools. *Computers in Human Behavior*, *52*, 466–471. https://doi.org/10.1016/j.chb.2015.06.022

Blanchard, A., Prior, F., Barton, J., & Dawson, T. (2016). *Barriers in new health and social care technology implementation in the United Kingdom*. https://www.computer.org/csdl/proceedings/dese/2018. Accessed August 2019

Deardorff, D. K. (2010). Intercultural competence in higher education and intercultural dialogue. In Bergan and van't Land's. *Speaking across borders: The role of higher education in furthering intercultural dialogue*. Council of Europe/International Association of Universities. Invited chapter

Denzin, N. K., & Y. S. Lincoln (Eds.) (2000). *Handbook of Qualitative Research*, 2nd ed.. Thousand Oaks, Calif: Sage.

Deslonde, V. L., & Becerra, M. D. (2018). High school counsellors' influence on low socioeconomic students' college enrollment. *Journal of School Counselling*, *16*(24), 1–29.

Epstein, J., & Bequette, A. W. (2013). Smartphone applications in clinical practice. *Journal of Mental Health Counselling*, *35*(4), 283–295. https://doi.org/10.17744/mehc.35.4.f85k258620765tj4

Geldard, K., Geldard, D., & Foo, R. Y. (2015). *Counselling adolescents: The proactive approach for young people*, 4th edn. SAGE.

Griffiths, F., Lindenmeyer, A., Powell, J., Lowe, P., & Thorogood, M. (2006). Why are health care interventions delivered over the internet? A systematic review of the published literature. *Journal of Medical Internet Research*, *8*(2), e10. https://doi.org/10.2196/jmir.8.2.e10

Mullen, P. R., Griffith, C., Greene, J. H., & Lambie, G. W. (2014). Social media and professional school counsellors: Ethical and legal considerations. *Journal of School Counselling*, *12*(8), 38. http://www.jsc.montana.edu/articles/v12n8.pdf. Accessed on 12 July 2019.

Oraegbunam, N. M. (2009). Applying information and communication technology in counselling practice. *Procedia Social and Behavioural Sciences*, *1*, 1749–1752. https://doi.org/10.1016/j.sbspro.2009.01.309

Rainey, S., Mcglothlin, J., & Miller, L. (2008). Technology: School counsellor attitudes, experiences and competency. *Journal of Technology in Counselling*, *5*(1), 110–118. http://techcouncelling.net/archive/Vol5_1/Rainey2htm

Richards, D. (2009). Features and benefits of online counselling: Trinity college online mental health community. *British Journal of Guidance & Counselling*, *37*(3), 231–242. https://doi.org/10.1080/03069880902956975

Richards, D. (2013). Developments in technology-delivered psychological interventions. *Universitas Psychologica*, *12*(2), 571–579. https://doi.org/10.11144/Javeriana.UPSY12-2.dtdp

Stifel, S. W. F., Brown, J. A., Jimerson, S. R., & Dowdy, E. (2012). Integrating email communication with counselling at school. *School Mental Health*, *5*(2), 110–118. https://doi.org/10.1007/S12310-012-9086-9

Wright, J., Gooder, D., & Lang, S. (2008). A mixed blessing? Using email for counselling psychotherapy at a distance. *Counselling, Psychotherapy, and Health*. Counselling in the Asia Pacific Rim: A Coming Together of Neighbours Special Issue, *4*(1), 54-63.

AUTHOR BIOGRAPHIES

Jeofrey Mtemeri (PhD), Great Zimbabwe University.

Yvonne Madhovi, Great Zimbabwe University.

Julia Mutambara (PhD), Midlands State University.

Emmanuel Maziti, Great Zimbabwe University.