

Constructing Professional Identity Through an Online Community:

Distance Supervision in a Graduate Counseling and a Graduate Marriage and Family Therapy Program

C. Wayne Perry

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Boca Raton

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Abstract

While distance education is solidly entrenched in the American educational scene, clinical training using distance learning technology is not yet so clearly accepted. A review of the literature found very few studies of the use of Internet technology for clinical training. This study used semi-structured interviews combined with Giorgi's method of phenomenological analysis of experiences of students and site supervisors involved in the Amridge University clinical training program. The purpose of the study was to examine the process by which master's degree students are able to construct their professional identity in a virtual environment. Both supervisors and students reported phenomenological evidence that professional identity can in fact be constructed through group interactions based in an Internet class experience.

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Chapter 1 – Introduction

Need for the Study

Since its earliest days, the entire mental health profession has been predicated on the assumption that trainees do better with clinical supervision than they would by merely taking didactic class work alone (Storm, Todd, Sprenkle, & Morgan, 2001). How this supervision would take place was never in doubt. Supervision would be face to face, just as training and mentoring in professions had always been. In the days of Freud, Jung, and Adler, technology simply did not allow for anything else. For decades, this traditional vision persisted.

Supervision, to be proper, must be conducted with the supervisor and the trainee in the same room. For example, Version 10.1 of the standards of the Commission on Accreditation on Marriage and Family Therapy Education (COAMFTE) specifically stated that telephone supervision was not acceptable and further defined supervision as a face-to-face activity (COAMFTE, 2002). While those standards are no longer the norm, they do document what was, up to that point, the standard in the profession.

The technological revolution has come to the mental health profession. In 2000, Ambrose (2000) published an article in the *American Association for Marriage and Family Therapy (AAMFT) Supervision Bulletin* arguing for the appropriateness of using the Internet for supervision. She cited her three years' experience of using the Internet, specifically email, as an adjunct to her face-to-face supervision. Just four years later, Bernard and Goodyear (2004) in their textbook on supervision also advocated for "e-supervision" as "an excellent adjunct to" face-to-face individual or group supervision" (p. 228). Further, they cited twelve articles from 1999 to 2001 on the feasibility of using the Internet or satellite for therapy or supervision. Like Ambrose, Bernard and Goodyear specifically defined "e-supervision" as taking place via email,

which is, of course, a text-based, asynchronous medium. Ambrose's article was not one of the ones they cited, and as a further brief scan of the literature will show, there were many more.

The American Counseling Association published an entire volume dedicated to the delivery of educational material via the Internet (Bloom & Waltz, 2000). Though this volume focuses far more on counseling and didactic coursework delivered via various technological modes than it does supervision, it still stands as a mark of how things were changing in the early part of this current century. This is all the more impressive since, as Bernard and Goodyear (2004) claim, the majority of psychotherapy was delivered in a manner Sigmund Freud and the other early pioneers would have recognized: face to face in the same room as the client.

Southern Christian University (as it was then known – now Amridge University) began using technology for its clinical training programs in 1996. Though the practicum classes did not count toward the students' hours for licensure due to reluctance of license boards to accept supervision delivered, first via video tape, and later through streaming video on the Internet, the students still received what would be recognized as group supervision if the participants were all in the same room. I was the one who instituted these distance-based practicum programs at Southern Christian University, and I can testify that the substance of these classes was essentially the same as I would have conducted in a traditional group supervision session. As technology improved and real time interaction became more possible, and especially as two-way video became more feasible and reliable, this isomorphism with traditional supervision became even more pronounced.

Yet, with all of this interest and with the various attempts at using the Internet as a means of supervision, there have been practically no studies of the effectiveness of doing so. Lahey's (2008) dissertation is one of the very few. Lahey compared the supervisor's working relationship

in a traditional setting with the supervisor's working relationship in a distance learning setting. She found no significant differences in the working relationship in the two modalities. This will become important later in this dissertation due to the similarity between the program Lahey was investigating and the program this author is investigating. At this point in the paper, what is most significant is that there is a need for much more research into this area. The many articles supporting the concept show that the interest is there. The current paucity of research shows that the need for a study of the effectiveness of doing supervision using distance learning technology is there.

Statement of the Problem

According to Internet World Stats (2009), 73.1 percent of households in North America had access to the Internet in 2008, a 218 percent growth from the number of households with Internet access in 2000. This increase in the number of households with Internet access roughly parallels the shift from dial-up to cable and DSL as the primary means of accessing the Internet (see Definitions later in this chapter for definitions of these terms). In turn, these shifts in technology create a totally new situation from the one envisioned by earlier authors. When Ambrose (2000); Fialkov, Haddad, and Gagliardi (2001); and Bernard and Goodyear (2004) were writing, they suggested using email as the primary mode of Internet supervision. As the search of the literature in Chapter two shows, at the time of their writing, Internet and satellite video were too expensive and the Internet connections were too slow to be practical for video to be considered. That is no longer the case. Even a cursory glance at any store counter full of new laptop computers will verify that the vast majority of laptops now come with a webcam fully integrated into the monitor. More desktop computers are coming similarly equipped. Technologically, the dream of providing interactive education, including clinical education, via

Internet is more possible than it has ever been. “Face to face” supervision may take on a completely new meaning.

The question now is, is using this technology an effective means of providing supervision as a part of a university’s program? To further clarify the problem, a brief statement of context is in order.

Currently, Amridge University offers a master of arts (MA) in marriage and family therapy (MFT), and a master of arts (MA) in professional counseling. The university offers 31 other degree programs, for a total of 33 degree programs. Amridge University offers all of these online, and simultaneously offers many of them on campus. All degree programs at Amridge University are accredited by the appropriate regional accrediting body, the Commission on Colleges of the Southern Association of Colleges and Schools (see the statement of accreditation retrieved from <http://www.amridgeuniversity.edu> on 1 May 2009). However, this study focuses only on the two license-track programs already listed.

Though at the time of this writing neither the MA in MFT nor the MA in professional counseling were accredited by COAMFTE or by the Council on Accreditation of Counseling and Related Educational Programs (CACREP), respectively, Amridge University’s two license track programs do closely follow the standards of those accrediting bodies. For that reason, all students involved in the clinical training portion of their degree program work with a site supervisor who is physically located in their area. In keeping with traditional practice to satisfy current requirements of most license boards, this site supervision takes place face-to-face in the same physical room. The student intern also meets face-to-face with clients in the student’s local area. By actual count, in the Spring 2009 semester, there were 34 students from 17 states involved in

some phase of clinical training. From my experience, this is a decrease from the more typical average of approximately 50 students per semester.

Using guidance provided by Amridge University, students locate a clinical training site and a site supervisor in their home area (generally defined as being within a 50 mile radius of the student's home). Ideally, site supervisors will be AAMFT Approved Supervisors or Supervisor Candidates for MFT student interns, or state license board-approved supervisors for professional counseling students. When the ideal is not possible, site supervisors must meet three criteria and provide verification of doing so to the Amridge University Clinical Training Director: a) be a licensed mental health professional; b) have at least five years' experience as a licensed mental health professional; and c) hold at least a master's degree in a mental health discipline acceptable to the state license board.

All Practicum (first semester) students meet together in one class each week, and all Clinical Training (second and succeeding semesters) students meet together in a different class each week. These classes are conducted online via streaming Internet video so that the instructor and all participants can interact with each other visually and auditorially in real time. Additionally, the University records these classes so students may review the class interactions later. The Clinical Program Director assigns students to groups of no more than six, usually three or four, students for presentations, and twice each semester individual students make presentations of their case materials to other students. Numerous safeguards are in place to protect client confidentiality.

The first purported advantage of this process is that students can interact with students from other regions of the country. Through vicarious learning, they experience more different cultural contexts than might be available in their home area. Thus, multicultural education and

sensitivity become, at least potentially, more existentially real for students. The second purported advantage of this process is that students get to experience a much broader range of presenting problems than might otherwise be possible. Students perform their clinical work in a wide variety of settings, ranging from inpatient mental health facilities to prisons to domestic violence shelters to outpatient drug and alcohol treatment centers. By discussing presentations from settings which are much different from the student's own setting, the interns potentially gain a broader appreciation of the full range of presenting problems they may potentially experience as licensed mental health professionals. The third purported advantage of this process is that all students receive supervision from at least two different supervisors – their clinical training instructor and their site supervisor(s). Though the supervision received in class does not, as of the writing of this study, count as supervision hours toward licensure in most states, the process is the same as stated in the COAMFTE and CACREP standards, except that the class meets face to face via webcam rather than by being in the same room. At least theoretically, then, the benefit to the students should be the same. Again the question arises, is using Internet technology an effective means of providing supervision as part of a university's clinical degree program?

Purpose of the Study

Though the technology used has evolved over time at Amridge University, this basic process now is the same as it was in 1996 when the clinical work began. Yet, to date there has been no research to investigate the efficacy of the process. This study provides that investigation. Specifically, this study seeks to answer the following research questions.

Research Question One: What is the phenomenological experience of the students involved in the clinical training process at Amridge University? Do the students engaged in the process find it helpful? Do they find that the purported benefits translate into actual benefits in

their, the students', own experience? How well prepared and trained do they feel compared to other student interns they encounter? The assumption behind this research question is that if the process under investigation is in any sense valid, there will be some degree of perceived benefit on the part of those undergoing the process.

Research Question Two: What is the phenomenological experience of the site supervisors involved with student interns at Amridge University? How well prepared do these supervisors perceive the Amridge students compared to other student interns these supervisors have known and/or supervised? How helpful do the supervisors perceive the connections with Amridge University to be, especially given the issues of distance and even time zones? The first assumption behind this research question is that the supervisors will, by virtue of their experience as licensed mental health professionals, have a broader gaze than the students. This broader gaze will, in turn, give them a larger basis from which to make judgments. The second assumption behind this question is that if the process under investigation is in any sense valid, the supervisors will perceive some degree of similarity between the quality of student interns at Amridge University and other student interns they have known. While this current study will not seek to quantify any similarity uncovered, I will attempt to capture the subjective experience of supervisors who experience that similarity.

Research Question Three: What phenomenological evidences of growth in professional identity are evident as a result of this process? To what degree do student interns perceive themselves as more competent, more "at home", in their chosen profession? To what degree do they attribute the Amridge University clinical training process a help to that growth? To what degree do supervisors perceive their student interns have grown in their identity as mental health professionals? The underlying assumption behind this research question is that a primary purpose

of graduate clinical training is growth in professional identity. Basically, growth professional identity represents a dynamic epistemological shift from what one was previously to “professional.” This professional identity goes beyond a mere focus the actions one does to encompass a way of identifying with a profession’s ways of seeing and treating problems (Wilcoxon, Remley, Gladding and Huber, 2007). The basis of this assumption is spelled out in the Review of the Literature chapter of this study. If growth in professional identity is a primary purpose of graduate clinical training, then it is reasonable to conclude that the Amridge University clinical training process, if it is valid, will contribute in some measure to the perceived growth in professional identity on the part of the student interns.

Delimitations

Lahey (2008) described a very similar process in use at Regent University. They, too, make use of site supervisors who are geographically located near the student intern while also employing university faculty to conduct the practicum/internship classes. A reasonable assumption would be that other universities employing distance-learning technology to their clinical training programs would also deploy a similar process. Nevertheless, this study is not a comparison with other university programs, either distance-learning based or more traditionally based. This study focuses only on the experience of Amridge University students and their site supervisors.

For reasons that the author spells out in more detail in the next section, and in even more detail in the Methodology chapter of this study, this is a qualitative study. There is no attempt to quantify or numerically express any of the results. The focus is solely on the student interns’ and the supervisors’ phenomenological experience of Amridge University’s clinical training process.

Moreover, this is not a longitudinal study in the truest sense of that term. This study is based on the experience of one semester's aggregate of clinical training students. The longitudinal aspect (i.e., the answers to the growth in professional identity question) will come from the selection of students who have already experienced the beginner and intermediate phases of development, and are now in the advanced stage (Nelson, 1999). In other words, the participants will be those who have experienced the full extent of the clinical training program at Amridge University and will have had approximately one year of lived experience on which to reflect.

Methodology

Conceptually, this study is grounded in the Individual Psychology of Alfred Adler. Adler called his system "Individual Psychology" because he believed we each respond individually and idiosyncratically to life experiences (Sweeney, 1989; Wood, 2003). Therefore, Adler made very few generalizations, and methodologically this study will follow suit in making few generalizations. Adler believed that each of us uniquely constructs a "private fiction" which becomes the guiding principle of the person's life (Sweeney, 1989). He called it a "private fiction" because it does not matter whether, objectively speaking, the constructed narrative is true or not. The person will respond as though it were true regardless of the objective facts. Though Adler did not, of course, use the term "social construction," the concept of private logic is very similar to the construction of meaning and "reality" proposed by Gergen (1999) in his discussions of social constructionist thought. The person's private logic becomes codified into habitual methods of behaving, which Adler referred to as the person's "style of life" (also called more simply "life style" by many modern Adlerian therapists (e.g., Maniaci, 2002)).

It is because of this fundamentally social constructionist, Adlerian epistemology that I, in my role as the Clinical Training Director at Amridge University, specifically encourage student interns to construct their own professional identity. They are to do so based on the formal, didactic course work in the various theories of therapy, combined with the experiential learning of clinical training. Students are not required to master only a single theory of therapy. On the contrary, I strongly encourage students to knowledgeably and comfortably employ a variety of theories of therapy. The student selects which theory to use with which client based on the student's own emerging professional identity (i.e., what best fits "me") and the needs of the client the student intern is working with. Totally in keeping with the principle of equifinality – there are many "right" paths to the same end (Hansen, 1995; Cummings, Davies, Campbell, 2000) – students learn there are many "right" ways to work with clients. Therefore, the methodology of this study must be respectful of these multiple "right" paths.

The chosen methodology is a qualitative, phenomenological inquiry to inductively construct answers to the research questions. Phenomenology describes the meaning for several individuals of a common lived experience, or phenomenon (Creswell, 2007). It seeks to understand the commonalities of the experience without violating the individual nature of the lived experience (Dhal & Boss, 2005).

The basic process for data analysis follows the classic procedure given by Giorgi (1895). I solicited participants in the study from students in the Spring 2010 [January – April 2010] class of Clinical II or Clinical III (see the Definitions for these terms), and their site supervisors. To be selected for the study, both the student intern and the supervisor must agree to participate, and participation for both is purely voluntary. Early in that semester, I conduct telephonic interviews with each participant, both student and site supervisor. Then I will record these interviews and

have them transcribed for later analysis. Once the analysis is complete, I will email each research participant a copy of the results for feedback and confirmation of the validity of the conclusions (Dhal & Boss, 2005). I will then take the data, as confirmed and/or modified by the participants, and write the final document on which I will base my answers to the research questions.

Definition of Terms

One of the core concepts of this study is the concept of “professional identity.” In keeping with the Adlerian/social constructionist framework of this paper, I define professional identity to mean a set of values, attitudes, skills and concepts which enable the person to say, “This is who I am as a therapist (or counselor). This is what I am trying to do and to be in the world” (Winslade, 2003). Thus, one’s professional identity incorporates the overarching narratives of the profession with the person’s personal narrative to form a coherent private logic (or narrative) which guides the person’s actions as a professional. Further, the professional identity is consistent with the person’s personal identity – who I am as a person. This coherence between personal and professional identities is critical. Studies of the factors that contribute to effective therapy show that the person of the therapist accounts for approximately 45 percent of the change during therapy, while the accurate application of skills accounts for only 15 percent of the change (Hubble, Miller & Duncan, 1998).

The world of distance learning has its own vocabulary, and Amridge University has developed a specific vocabulary to talk about its clinical training program. The following operational definitions apply throughout this study.

- Clinical training program – the entire experiential process of clinical training at Amridge University. It normally requires 50 weeks of work, during which students will complete at least 500 hours of client contact plus 100 hours of supervision by their site supervisors

of that client contact. The clinical training program also requires weekly participation during the academic semester, either in the physical classroom or via Internet , in the appropriate three-hour class with the University Clinical Training Director.

- Practicum – the first of the three required semesters of the clinical training program.
- Clinical I and II – the second and third semesters, respectively, of the clinical training program. Students who do not reach the required minimum of 500 hours of client contact by the end of Clinical II can take Clinical III until they do reach that minimum. These classes may also be referred to as “internship” to maintain commonality with university programs which do not use the Amridge University vocabulary.
- Intern – a student enrolled in the graduate degree program in either MFT or professional counseling. Interns have not yet graduated from the university. In the Amridge University vocabulary, an intern may be either in practicum or in one of the internship courses.
- Basic Skills Evaluation Device (BSED) – A device developed by Dr. Thorena Nelson and used by many COAMFTE-accredited schools to evaluate student growth and competence in certain critical skill areas. The BSED features prominently in the Amridge University system of evaluating student progress during the clinical training program.
- Cable – a means of connecting to the Internet provided by a cable service company. Cable is by definition a broadband means of connecting to the Internet (see below).
- DSL (Digital Subscriber Line) – a means of connecting to the Internet provided by a telephone company and using the standard telephone lines. DSL is another broadband means of connecting to the Internet , though typically not quite as fast as cable.

- Bandwidth - the transmission capacity of a computer network or other telecommunications system. Video-based instruction and supervision systems require more bandwidth, that is, more capacity to carry large amounts of data.
- Broadband – the ability to transmit successfully multiple bits of data simultaneously. Though there does not appear to be a precise definition, for the purpose of this paper, broadband is defined as the ability of a computer system to successfully transmit and receive at least 200,000 bits of information per second. A standard telephone dial-up connection would transmit and receive only around 56,000 bits per second and therefore would not meet the definition of broadband. By contrast, most DSL and cable systems would meet the definition, as would many WWAN (wireless wide area network – i.e., cellular data, now commonly referred to as 3G for third generation) networks. Some satellite systems would meet the broadband definition for upload capacity, though most would meet it for download capacity.
- Webcam – a device designed to take video images and transmit them to a computer, where these images can in turn be sent out over a computer network and received by others connected on the network. In many laptop computers, the webcam is physically and electrically integrated into the computer. In other computers, the webcam is an external device, usually connected to the computer through a USB (universal serial bus) port.
- Asynchronous communication – communication which takes place not necessarily at the same time. Email and posts to blogs (web-logs) would be just two examples of asynchronous communication. A primary advantage is that participants do not have to

arrange to be present at the same time, and therefore schedules and time zone differences become less significant.

- Synchronous communication – communication at the same time. This is also called “live” communication. Chat rooms and webcam conferences are just two examples of synchronous communication. A primary advantage of synchronous communication is that interaction can flow more naturally and rapidly than is possible via asynchronous communication.
- Online Community – a pattern of relationships formed primarily or exclusively through interaction, synchronous or asynchronous, via the Internet .

Organization of the Paper

This introductory chapter has provided an argument for the need for the study, and a broad overview of the study. Succeeding chapters provide much greater detail about the areas that have only been touched on in this introduction.

Chapter 2 contains a Review of the Literature. In this chapter, I examine some of the recent literature on distance learning, on supervision, on supervision by distance and on professional identity. An integral part of this chapter is an analysis of the sources cited in terms of their contribution to the task at hand and the author’s evaluation of the adequacy and importance of the source to the field.

Chapter 3 is the Research Methodology chapter. This chapter gives full details of my frame of reference, and of the methodology employed in this study. Readers who carefully study Chapter 3 should easily be able to replicate this research, should they so desire.

Chapter 4 contains the Results of the study. In this chapter I present the various meaning units discovered during the research, and suggest some general conclusions about commonalities

that I discovered in the process of this research. This chapter will answer the research questions proposed in the Introduction.

Finally, Chapter 5 presents some discussion regarding the findings presented in Chapter 4, as well as some suggestions for further research. It should be a fitting conclusion to this piece of research.

Chapter 2 – Review of the Literature

Since one of the aspects of this research is distance education, this review of relevant literature begins with a brief look at some of the representative literature on distance education. The next section focuses on supervision in both marriage and family therapy and in counseling. The third section briefly reviews the relevant literature on professional identity. Finally, this chapter concludes with the author's phenomenological experience of distance education.

*Distance Education In the U.S.**Brief History of Distance Education.*

There are some claims that distance education in the United States can be dated to the late 1700s, in the early days of America's existence as a new nation (e.g., Wilson, 2002; *The Book of Discipline*, 2008). While there may be some argument that distance learning, in any form we would recognize it, goes back quite that far, there is general scholarly agreement that it can be legitimately dated to the Nineteenth Century in America. In 1873, Anna Ticknor started a correspondence education for women of all classes of society which eventually reached 10,000 women over its 24 year history (Nasseh, 2006). In the same year, Illinois Wesleyan University began offering correspondence, non-resident courses leading to bachelor's, master's, and doctoral degrees. This was the first higher education institution in the USA to offer courses for credit that were taken by correspondence (MacKenzie, Christensen, & Rigby, 1968). In 1881 William Rainey Harper, a professor of Hebrew at Yale University, created a correspondence course in Hebrew for Baptist Theological Seminary in Illinois, and in 1883, he founded more correspondence work through the Chautauqua College of Liberal Arts (MacKenzie, Christensen, & Rigby, 1968). Later, in 1892, Harper began the University of Chicago's Extension Division (Morabito, 1999). By 1915, the popularity of distance education had grown to the point that the

National University Extension Association was formed to both broaden the application and acceptance of correspondence distance education, and to establish universal policies for accepting such course work for credit (Nasseh, 2006).

Throughout history, changes in technology have led to paradigmatic shifts in educational technology (Frick, 1991). The shift to correspondence education was powered by the ability of more Americans to read and write. This text-based mode of education formed what Taylor (2001) called the first generation of distance learning. The next big shift came in 1933 when the University of Chicago decided to attempt using radio as an instructional medium. There were, at the time, 202 colleges and universities in the United States with a federally-licensed radio station, so the move seemed very appropriate. Unfortunately, the change to instructional radio did not prove to be very popular prior to World War II; only one credit course was offered by that medium (Lin & Atkins, 2007). However, the attempt by the University of Chicago did pave the way for the use of the new post-war technology, television (Nasseh, 2006).

As early as 1953, the University of Houston was experimenting with using television as a medium of instruction. There were other attempts, but it was not until 1962, when Congress set aside a frequency spectrum specifically for educational purposes, that the use of television as an educational medium began to take off. Just five years later, in 1967, President Lyndon Johnson signed into law the Public Broadcasting Act, which authorized the formation of the Corporation for Public Broadcasting, an agency dedicated to the non-commercial use of television (Slotten, 2000). The use of radio, television, and, when technology changed again, video tape to provide educational material forms the second generation of distance education (Taylor, 2001). In this second generation, as in the first, interaction with the instructor was primarily through written correspondence, though some institutions were beginning to make use of telephone to connect

the student and the instructor (Nasseh, 2006). Both the first and second generations of distance learning were solidly asynchronous.

Distance learning in the United States was being influenced by similar advances in other countries. As early as 1946, the University of South Africa (<http://www.unisa.ac.za>) was offering post-secondary degree programs via distance learning. In the 1970s England started the Open University (<http://www.open.ac.uk>) to offer distance learning courses to adults through radio and television, supplemented with print materials, video cassettes, and access to tutors. About the same time, Canada started a very similar program called Athabasca University (<http://www.athabascau.ca>). All of these have continued to expand their offerings as technology, such as the internet, made other options more possible.

The third generation of distance education, the “telelearning generation”, came with the technology to make interactivity in distance education possible. Third generation technology includes the early audio-conferencing and video-conferencing programs, a major technological step forward over previously totally asynchronous models (Taylor, 2001). This generation roughly corresponds to the rise of the personal computer. With the personal computer, synchronous and asynchronous communication became much easier (Lewis, Whitaker, & Julian, 1995). As the Internet matured and technology continued to develop, computers became smaller, more powerful, and less expensive. Combined with increasingly high-speed modems, it was possible for instructors to easily transfer assignments to learners and receive assignments from learners, and then return the graded assignments (Wilson, 2002). In 1984, the first online undergraduate courses in the United States were delivered by the New Jersey Institute of Technology (Newman, 2003).

By 1999, the growth in Internet-delivered distance education had grown to the point that the U.S. Department of Education (USDE) elected to begin a five-year study to determine if this new medium were effective enough to allow Federal funds to be used to fund it. The study, called the Distance Education Demonstration Project, was authorized by Higher Education Amendments of 1998, and involved fifteen accredited post-secondary educational institutions: Capella University (Minnesota, private-for profit), Community Colleges of Colorado (public), Connecticut Distance Learning Consortium (public and private), Florida State University (public), Franklin University (Ohio-private), LDS Church Education System (Utah, Idaho, Hawaii-private), Masters Institute (California-for profit) (no longer participating), New York University (private), North Dakota University System (public), Quest Education Corp American Institute for Commerce/Hamilton College now Kaplan College (Iowa-for profit), Southern Christian University (renamed Amridge University in 2008) (Alabama-private, non-profit), Texas Tech University (public), University of Maryland University College (public), Washington State University and Washington Community and Technical College System (public), and Western Governors University (Utah, Colorado-private, not-profit) (USDE, 25 June 1999). During the five year tenure of the Demonstration Project, participant institutions made reports to the USDE every six months and received periodic on-campus inspections from representatives of the USDE. The end result of the Distance Education Demonstration Project was that both the USDE and the General Accounting Office (GAO) recommended that Congress change Federal law to remove restrictions on the use of Federal funds to support students involved in distance education. (GAO, 2004). Congress subsequently followed those recommendations (the current Federal