Therapists' and counsellors' perceptions and experiences of offering online therapy during COVID-19: a qualitative survey

Abstract

Objective: To understand counsellors' and therapists' perceptions and experiences of working online during the Coronavirus pandemic (COVID-19). **Method:** 590 clinicians, mostly UK-based, responded to an online qualitative survey, which allowed data to be gathered from a broader range of participants than is typical for qualitative interviews or focus group studies, and provided a wide-angle lens. The survey generated over 130,000 words, on which a 5-staged framework analysis was conducted. Seven superordinate themes were identified. **Results:** In this paper, three of these superordinate themes specifically addressing online therapeutic practice with individual adult clients are presented, including: (1) the challenges of maintaining the traditional therapeutic frame; (2) dilemmas related to online practice; and (3) changes to the relational aspects of therapy and how these are experienced in the digital environment. Therapists' accounts addressed the diverse ways in which the online space changed how they thought about the therapy relationship and their interactions with clients. Respondents described instances where online therapy had been beneficial for facilitating and cultivating the therapeutic process and relationship as well as how online therapy could have a potentially disruptive impact on therapeutic practice. **Implications**: For practitioners who continue to deliver therapy solely online and/or offer hybrid services, this study identifies the specific knowledge and skills required for effective and safe online therapeutic work.

Keywords: Online counselling, online psychotherapy, COVID-19, practitioners' experiences, qualitative survey research

Public Significance Statement

This is the largest qualitative study to date on counsellors' and therapists' perceptions and experiences of delivering online counselling and therapy during the pandemic and provides clear insight into the perceived potential gains, losses and differences of working in this way. On the basis of this paper's findings, recommendations are offered on how to facilitate effective and safe online therapy.

Introduction

The Coronavirus pandemic (COVID-19) prevented many counselling and psychotherapy services from being offered in-person due to the threat to both therapists' and clients' health. Consequently, most mental health services and private practitioners responded to COVID-19 by moving their practices online, working with patients through a range of technologically mediated applications or tools, including but not limited to video-conferencing, audio-conferencing, text-based services, online chat/messaging, e-platforms and telephone. These online therapy services could be delivered synchronously (i.e., take place at the same time via live chat, for example), asynchronously (i.e., not take place at the same time via email, for example), or a blended approach. This mass shift - and the subsequent recognition that working remotely is possible - has led to the assumption that, post-pandemic, online therapy will form part of the standard offer for most therapy services and practitioners (Smith et al., 2021; Thomas et al., 2021; Hanley, 2020).

Pre-pandemic research on online therapy was largely undertaken with populations unable to attend in-person therapy, such as those who: live in rural settings (Scogin et al., 2018; Saurman et al., 2011); feel anxious about social interaction (Yuen et al., 2013); have mobility issues (Choi et al., 2020); and/or prefer online over in-person services (e.g., young people) (Prescott et al., 2017). Up until the pandemic, online therapy was perceived as being more appropriate for use with milder clinical presentations (Topocco et al., 2017) and within the cognitive behavioural therapies (Berryhill et al., 2019a, 2019b). A growing research base indicated that online therapy interventions could be equally as effective as in-person therapy (Castro et al., 2020; Karyotaki et al., 2018; Coughtrey & Pistrang, 2018; Barak et al., 2008) and that the therapeutic relationship remained strong in online practice (Norwood et al., 2018; Berger, 2017; Mishna et al., 2015; Simpson & Reid, 2014). Studies have also reported that clients can form trusting relationships just as quickly with a therapist online as in-person (Ersahin & Hanley, 2017; Fletcher-Tomenious & Vossler, 2009). Treanor (2017) found that, over a longer period, relational depth was possible with clients in video counselling, and Scharff (2012) has discussed extensively how relational work in the transference and countertransference remains possible in the virtual setting. Online clients have been reported to exhibit fewer inhibitions in disclosing intimate information online (Mishna et al., 2015) and to demonstrate a higher degree of autonomy (e.g., where/how to appear on camera) (Drum & Littleton, 2014; Gibson & Cartwright, 2014; Simpson & Reid, 2014).

However, there were also studies indicating less favourable outcomes. Cooper (2017) has discussed how, for many therapists, it is more difficult to pick up unconscious elements online, and thus to fully utilize transference and countertransference material. Theory and research on the phenomena of physiological co-regulation in therapy dyads (Kleinbub, 2017) has suggested that reduced access to non-verbal information might have a negative impact on therapeutic

relationships online, with some therapists reporting that they feel less attuned to their clients (Gilmore & Ward-Ciesielski, 2019; Hoffman et al., 2020; Interian et al., 2018; Succala et al., 2013). Furthermore, online therapy has been reported to increase levels of client self-consciousness, exacerbated by clients being presented with an image of themselves on screen (Balick, 2014). Technical failures (e.g., loss of WiFi connection) can also disrupt the sense of contact between the therapist and the client (Cipolletta et al., 2018; Interian et al., 2018). Working with risk is another online challenge, particularly when therapists are working with suicidal clients (Gilmore & Ward-Ciesielski, 2019) and/or managing potential breaches of client confidentiality (Hertlein et al., 2015; Russell, 2015).

Research on online therapy undertaken since the start of the pandemic has presented an equally mixed picture. On the one hand, there is evidence of enhanced therapist-client authenticity, increased emotional connection, higher levels of client disclosure and positive shifts in power dynamics, with clients having more control over the virtual therapy environment (e.g., Békés & Aafjes-van Doorn, 2020; Békés et al., 2020; Feijt et al., 2020; McBeath, du Plock & Bager-Charleson, 2020; McKenny et al., 2021). On the other hand, several studies have reported therapists finding it more difficult to read clients' emotions, express empathy, observe non-verbal information and maintain the therapeutic frame (e.g., McKenny et al., 2021; Smith & Gillon, 2021; Aefjes-van Doorns et al., 2020; McBeath, du Plock & Bager-Charleson, 2020; Feijt et al., 2020). Clients have been reported as less engaged and more distracted (Barker & Barker, 2021) and as struggling to find a confidential place to have therapy (Aafjes-van Doorn et al., 2020; McBeath, du Plock & Bager-Charleson, 2020; Békés et al., 2020). Studies have also identified concerns around client safety online including therapists' difficulties in assessing potential risk

and/or client suitability for online work, especially for those who are severely traumatised (Feijt et al., 2020; Khan et al., 2021; Smith & Gillon, 2021; McKenny et al., 2021).

The mixed research findings suggest that there are both positives and negatives to online therapy. However, the small samples used in studies since the pandemic reduce confidence in the findings. Our study aimed to utilise a large sample to qualitatively understand therapists' perceptions and experiences of online working, with a focus on the potential benefits, drawbacks and implications for practice.

Methods

Ethics

The study [HREC/3724/Moller] was reviewed and approved by the Open University Human Research Ethics Committee. All participants provided voluntary and informed consent.

Qualitative online survey

We designed and used an online qualitative survey (Braun & Clarke, 2013; Braun et al., 2021). This method is ideally suited for investigating under-researched topics, which online therapeutic practice was at the time of the study. A qualitative survey allowed us to collect data from a larger sample and broader range of participants than is typical for qualitative interview or focus group studies. It also enabled us to recruit from a geographically diverse population, provide a wide-angle lens on the topic – particularly useful for when, as in the current study, perspectives from diverse groups within a population are sought – and generate rich and detailed data (Braun et al.,

2021). As responses to the survey were anonymous, this potentially encouraged respondents to give less socially desirable and more candid answers due to online disinhibition (Suler, 2004).

For our study, we defined online therapy as psychological therapy provided synchronously through video-conferencing software or audio-only/telephone. We excluded all text-based services (synchronous or asynchronous). All types of counselling and therapy were included in our definition (e.g., integrative, person-centered, humanistic, psychodynamic, CBT etc.). We included both trainees and registered therapists. We asked respondents to reflect on and describe their general experiences of working online before asking more specifically for their views on how online counselling compares to in-person counselling and their views on what learning/training or types of knowledge would be helpful in delivering online counselling more safely and effectively. Respondents were encouraged to describe specific instances of online interactions with clients to illustrate their experiences, while being asked to maintain the anonymity of the client(s). Our survey questions focused on four main areas: (1) positives of online working, (2) challenges of online working, (3) differences between online and in-person therapy, and (4) support/training needed for online working. **Appendix 1** shows the survey questions in full.

Recruitment

The online survey was undertaken nine months into the pandemic when therapists had fully transitioned to online working and online practice had become more normalised. The survey was live from November 2020 and closed in February 2021. COVID-19 restrictions were in place throughout this period in the UK with England entering its third lockdown on 6th January 2021. We worked with several of the main UK professional bodies for psychological therapies and

national counselling organizations[1] to promote the survey. The survey was advertised through the websites, social media channels, member e-bulletins and professional magazines of these organisations.

Participants

Of the 590 respondents, 82% were female, and 81% were aged between 45 and 74 years. In terms of ethnicity, sexual orientation and disability, respondents mostly identified as white (49%), heterosexual (47%) and non-disabled (48%) respectively, but for all three of these demographic categories, 44% of respondents did not provide information. In terms of theoretical modality, respondents mostly identified as either integrative (41%) or person-centered (27%). Forty-eight percent (48%) of respondents worked in private practice and 20% within the voluntary sector. Most respondents (84%) were new to or inexperienced with online therapy, and 42% of respondents had 11 years or more experience in the field. Respondents practiced in England (79%), Scotland (8%), outside of the UK (5%), Wales (4%) and Northern Ireland (2%). **Table 1** shows the personal demographics and professional characteristics of the respondents in full. The profile of the participants is broadly in line with the wider demographics of the profession, being majority female, older and white, and most practitioners identifying as integrative or person-centred (BACP, 2022).[2]

[1] These included: the British Association for Counselling and Psychotherapy (BACP), the UK Council for Psychotherapy (UKCP), the British Psychological Society (BPS), the British Psychoanalytic Council (BPC) and Counselling and Psychotherapy in Scotland (COSCA), Relate, Tavistock Relationships, and the Counselling and Psychotherapy Central Awarding Body (CPCAB).

[2] BACP's Workforce Mapping Report October 2021 to September 2022 indicates that 81.88% of the workforce is female, 88.38% are white, the majority are between the ages of 45 and 65 years (28.86% 45-54; 36.49% 55-64), and most practitioners identify as integrative (40.66%) or person-centred (30.87%).

Table 1: Participants' Profiles

Gender	**n**	**%**
Female	484	82
Male	106	18
Total	*n=590*	*100*
Age	**n**	**%**
24 or younger	1	<1
25 to 34	10	2
35 to 44	46	8
45 to 54	74	13
55 to 64	131	22
65 to 74	61	10
75+	6	1
No information:	261	44
Total	*n=590*	*100*
Online Therapy Experience prior to Covid-19	**n**	**%**
Yes, as part of regular practice	79	13
Yes, occasionally	141	24
No	352	60
No information:	18	3
Total	*n=590*	*100*
Type of Organization	**n**	**%**
Private Practice	433	47
Third/Voluntary Sector	180	20
Workplace/EAP	68	7
Others	241	26
Total	*n=922**	*100*
Primary Theoretical Model	**n**	**%**
Integrative	239	41
Person-centred	162	27
Humanistic	64	11
Psychodynamic	60	10
Other	65	11
Total	n=590	100
Work Experience	**n**	**%**
Currently still in training	40	7
0 to 1 years	34	6
Up to 2 years	44	7
2 to 5 years	104	18
6 to 10 years	114	19

*Participant could select more than one option

11 to 20 years	154	26
More than 20 years	95	16
No information:	5	1
Total	*n=590*	*100*

Sexual orientation	**n**	**%**
Bisexual	20	4
Gay men	7	1
Gay woman/lesbian	6	1
Heterosexual/straight	277	47
Prefer not to say	17	3
No information	263	44
Total	*n=590*	*100*

Disability	**n**	**%**
Yes	42	7
No	283	48
Prefer not to say	5	1
No information	260	44
Total	*n=590*	*100*

Ethnicity	**n**	**%**
White	292	49
Mixed/multiple ethnic groups	6	1
Asian/Asian British	9	1.5
Black/African/Caribbean/Black British	2	0.5
Other ethnic group	11	2
Prefer not to say	10	2
No information	260	44
Total	*n=590*	*100*

Location of practice	**n**	**%**
England	504	79
Scotland	52	8
Wales	27	4
Northern Ireland	11	2
Outside the UK	29	5
Other	14	2
Total	*n=637**	*100*

**Participant could select more than one option*

Data analysis

The survey generated around 130,000 words. All participants provided at least one response to one of the qualitative items: 95% provided an answer to the 'experiences of online therapy' question, 69% to the 'positives of online therapy' question, 71% to the 'challenges of online therapy', 59% to the question about 'differences between in-person and online therapy' and 54% to the question about 'resources, learning and knowledge' that would support online working. We conducted a Framework Analysis (FA) on the dataset, a flexible and systematic approach particularly suitable for large datasets and heterogeneous samples, such as ours (Richie & Spencer, 1994; Gale et al., 2013; Parkinson et al., 2016). We did not use any qualitative analysis software, such as NVivo, because some of the research team did not have access to and/or prior experience of using such systems. Our first step was to create four datafiles in Microsoft Excel, each containing data extracts relating to the four main survey questions: (1) 'positives of online working', (2) 'challenges of online working', (3) 'differences between online and in-person therapy', and (4) 'support/training needed for online working'. We allocated additional data extracts from the more generic survey questions (i.e., What is your experience of providing therapy online?) to the most appropriate of these four datafiles. Two researchers reviewed the datafiles relating to the 'positives' (WF, AV) and 'negatives' (WF, NM) of working online, because the volume of responses for these two datafiles were substantially larger than the responses for the other two datafiles. Only one researcher reviewed the datasets relating to 'differences' (JR) and 'support/training needed' (JP). Each researcher familiarized themselves with their allocated data corpus, by reading all the responses and listing initial ideas and patterns in the data (stage 1). Each researcher then presented their emerging impressions of their data for

sense-checking by the other researchers before coding the first 100 responses in their datafile. Once the first 100 responses for each datafile were coded, all five researchers collectively reviewed their coding, reconciled any differences through discussion and collaboratively agreed whether the initial codes might be merged, renamed, refined, deleted or grouped into higher-order categories (stage 2). This debriefing and triangulation with the other researchers allowed collective theoretical and reflective thoughts to shape the emerging analytical framework. Each researcher then indexed all the remaining responses in their dataset (stage 3), that is, labelled and coded portions of the data that aligned to the codes agreed as part of the analytical framework. Each researcher then placed the indexed data into thematic charts that consisted of the main themes and subthemes from the analytic framework (stage 4). The fifth and final stage involved each researcher identifying extracts that they felt were particularly meaningful and/or captured the essence of a theme/subtheme by providing strong, illustrative data examples. All respondents were allocated an individual identifier, thus ensuring we used extracts from a wide range of participants in the subsequent writing-up.

Reflexivity

While three of the team are both active therapists and researchers working within counselling, psychotherapy, and higher education settings, two are post-doctoral researchers within the field (and not clinicians). Throughout the process, we remained cognisant that the survey responses provided an approximation of the reality of therapists' actual experiences. Throughout the research process the authors continuously reflected on their own perceptions and experiences of online therapy to detect ways in which their personal histories and professional experience might impact their perception of the data. One researcher was potentially positively biased towards online

therapy due to their own experience as an online therapy client before the pandemic. Other members of the research team were aware of the influence their own positive and challenging experiences of providing therapy online via video or phone might have had on their views.

Results

For the most part, respondents provided detailed, balanced responses, and recognized that working online could be both challenging and enabling. Many respondents noted that their attitudes to online working had changed because of the forced migration to digital working during the pandemic and acknowledged their initial biases against this way of working. Respondents often expressed surprise at how quickly they had adjusted to working virtually and there was a common perception that online working had been beneficial for most clients. While most counsellors reported that they now felt competent at working virtually, there remained a broad preference for returning to in-person therapy post-pandemic, though some stated that they would continue to offer some form of online therapy after the pandemic, alongside in-person therapy. While a minority in terms of respondents, some counsellors reported little to no benefits of online therapy and were highly critical of this way of working. Similarly, a few practitioners reported becoming full 'converts' of virtual working and did not want to return to in-person therapy. Some respondents were already familiar with working online before the pandemic and so online working had been less problematic for them.

The Themes

The qualitative analysis yielded seven superordinate themes (see **Appendix 2** for full list of superordinate themes and subthemes). The authors recognise that these themes were not clear cut

but often interconnected and overlapped in complex ways. Because of space restrictions and given that the focus of the paper is on informing online therapeutic practice with individual adult clients, we decided in this paper to explore three superordinate themes that specifically addressed therapeutic practice (see **Table 2**). We excluded themes 4 and 5 as these centred on the positive and negative impacts of online working on individual therapists themselves (e.g., financial gains, or feeling isolated); theme 6 was excluded because it addressed clinical work with children, couples and families, rather than with individual adults; and theme 7 was excluded because it focused on support/training versus practice.

Table 2: Superordinate themes linked to differences in therapeutic practice/processes online and sub-themes

Superordinate themes linked to practice	Subthemes
1. The challenges of maintaining the traditional therapeutic frame	1. Therapeutic frame is more difficult to maintain 2. Client confidentiality 3. Technological issues 4. Contracting and administration 5. Insights into clients' home and lives 6. Beginnings, endings and reflection time
2. Dilemmas related to online practice	1. Online disinhibition 2. Non-verbal communication 3. Presence 4. Risk and safegaurding 5. Working with trauma
3. Changes to the relational aspects of therapy in the digital environment	1. Therapeutic relationship 2. Power dynamics 3. Emotional containment/connection 4. Relational 'distractions' 5. Transference and countertansference 6. Working creatively

Superordinate Theme 1: Challenges of maintaining the traditional therapeutic frame

Respondents described the ways in which the traditional therapeutic frame could be disrupted when delivering therapy online. Therapists identified boundary violations specifically related to spatial concerns (i.e., the physical boundaries of therapy are different online than in-person), as well as threats to the frame from physical intrusion (e.g., clients being overheard or not being alone), equipment or technological failures, inadequate contracting/re-contracting with clients in relation to the online environment, expansion of the frame into clients' homes, and the potential blurring of the start/end of sessions.

Therapeutic frame is more difficult to maintain. Therapists reported that the physical boundaries of the therapy session were blurred when working online.

> It is sometimes difficult to maintain the boundary in the same way as face to face … With online, the client decides how he will meet and where he will meet with his therapist (i.e., location) … One client moved from room to room each week, and this made it more difficult for him to feel safe and contained.

Therapists reported not always being able to support or comfort clients online in the same ways they might within the traditional 'in-person' therapeutic frame.

> A client got really upset and had no immediate access to tissues/water which really discomforted them (and me …). While I don't tend to offer a client a tissue unless they are actively seeking one, there is always a glass of water and box of tissues next to them in the therapy room.

Client confidentiality. It was not uncommon for respondents to express concern about client confidentiality, a key part of the therapeutic frame, being compromised online.

> It is far easier to provide an appropriate environment when meeting face-to-face, but some clients have great difficulty providing similar for themselves (e.g., single parents, people in abusive relationships or where the home environment isn't the safest place for them). These clients … do need face-to-face counselling to feel free to engage.

Confidentiality could be difficult for clients who wanted to talk about the people they lived with.

> One of my clients lives at home with a parent who is a significant part of the reason he is attending counselling. He has not told his father he is attending counselling… His father … is always in the house during our sessions. All of this affects how loudly the client can speak and inhibits how much he can say.

The dataset provided many other examples of how difficult it could be for clients to access a confidential and safe therapy space at home, with clients often having to compete for rooms with family members, partners, children, housemates, and pets. Counsellors' accounts suggested that some clients often found creative solutions to this problem by accessing therapy in the park, from the car or from the garden. These creative responses were not always successful, however.

> The client was sitting in his car for confidentiality and privacy, using his mobile phone for the session, when a police car pulled into the car park … A policewoman came to my client … My client responded that he was having a therapy session, the policewoman told him he was not allowed in the car park.

Technological issues. Counsellors described the ways in which technical aspects affected their ability to work consistently within the frame, including issues with lighting, audio quality, time lags, screen freezes and working with the camera. Typical comments included: "Technology issues cause problems with communication (visuals and audio freezing). I sometimes feel at a distance rather than being with the client … The tech issues often make the sessions feel disjointed." Some counsellors reported that poor internet connection disrupted their sense of attunement and relational contact with clients.

> I recently was seeing a new client online and their internet connection was very poor, and it got very difficult to follow what the client was saying. It disrupted the flow of the conversation and made me feel less present.

Contracting and administration. Counsellors reported that contracting, part of the wider therapeutic frame, needed to be reformulated for online practice.

> I decided to do a complete overhaul of my counselling contract ... The revised contract … covers much of the changes explicitly, covering responsibilities of each of us, expectations about working online, issues of data protection and so on. I also decided to include points of

> information … including the possibility of inhibition, why I chose the video conferencing platform I use and what will happen if our technology fails.

Our data suggested that working online required counsellors to do more extensive administrative work including preparing ahead of sessions and providing relevant instructions to clients.

> Setting up the session for the counselling process online is more involved as it needs to be explained to the client about getting time and space alone for confidentiality, not to be disturbed and how it is different from face to face.

Insights into clients' home and lives. Working from home provided information about clients that would not usually be available to therapists within the in-person frame. While this can provide new insights for practitioners which can be beneficial for the therapeutic work, it also means that more challenging and/or disturbing material may emerge in sessions.

> I've … had a client who was able to show me the wall where he hits his head when he is in distress. This made it possible to talk about it in greater depth than … had I not been able to see the actual wall. Another client was able to share artwork of his very distressing intrusive thoughts to 'show me' what was going on in his head … Although he might have described them and his thoughts in face-to-face sessions, the images were far more powerful 'in the flesh'.

Some participants talked about clients who felt uncomfortable with therapists being able to access their private space/private lives.

> I am aware of the shift in the space observed between me and clients … they are part of my physical space, and I am part of theirs and observing things which could be private for them such as their bedroom.

Beginnings, endings and reflection time. Managing beginnings and endings, key aspects of the therapeutic frame, were reported to be different online (e.g., loss of 'small talk' at start of sessions and the diminished experience of welcoming and saying goodbye to clients). One respondent commented: "With online, it is harder to get the client settled as they are responsible for their own surroundings. Endings feel more abrupt… and it feels like I am dismissing the client."

Some counsellors had introduced new elements into their practice to soften endings.

> I have started and ended sessions differently, with a brief breathing exercise or a 'check in' … and ending slowly, checking what the client is going to do immediately after the session to pace the transition from the home setting and counselling.

Likewise, counsellors expressed concern over whether clients had sufficient space to decompress and/or process their online sessions before returning to their private lives.

> I wonder about the loss of the transition time for clients … The time they would spend travelling to and from my counselling space – do they reflect as much/the same? ... I have to trust them to do the reflective work outside of sessions.

Superordinate Theme 2: Dilemmas related to online practice

Respondents were aware of and reported several dilemmas related to online practice, including how they: managed changes in client identities and behaviours because of online disinhibition; adjusted to the psychological, physical and emotional differences of meeting virtually (e.g., heightened awareness of non-verbal cues, variance in levels of attunement); and navigated risk assessment and/or emergency planning for more vulnerable clients.

Online disinhibition. Many counsellors reported that online disinhibition could have a freeing effect on the way their clients interacted with them in the online environment, with some clients being more open and disclosing personal thoughts and feelings more readily.

> I have been surprised to discover that the disinhibition created by telephone work and the attention to seeing the client close-up on Zoom has enhanced my experience of the client and, at times, allowed them to be more vulnerable and connected to their feelings.

Many practitioners reported that clients often behaved less formally because of online disinhibition, with clients wanting to communicate more outside of therapy sessions. As one

respondent explained: “People want to contact me more frequently by email, text, what’s app. The familiarity [of online] is quite annoying/frustrating, as this did not happen before.”

Counsellors reported multiple examples of online disinhibited behaviour including clients attending their session while cooking dinner, doing the washing, walking the dog, answering the door, travelling in a taxi, being half-naked, vaping, baby-sitting a grandchild, watching TV, shopping, lounging in bed, answering a friend’s text, having a bath, bringing pets, using the toilet, cleaning, drinking a beer, driving, and doing homework.

Non-verbal communication. Many counsellors referred to a significant sensory deficit online and discussed how subtle, non-verbal communications could be lost or were less visible. As one respondent commented: “I am not … able to use non-verbal reading skills as much (e.g., if a client is perspiring, fidgeting, upset). It is sometimes difficult to know because of the picture quality.”

Practitioners reported that they often had to pay increased attention to facial expressions and tone of voice but sometimes found that this could be helpful therapeutically.

> People … work closer to a device and so facial expressions can be much clearer and eye movements and micro-expressions can be much easier to see … I also find the sound of voices very much emphasized, which can be of great help.

Presence. Issues of physicality and embodiment were at the forefront of many counsellors’ concerns about maintaining a virtual therapeutic presence. One respondent stated: “I miss that

physical presence a great deal during periods of only working online ... We are embodied beings and I believe physical presence is important to us."

Other counsellors, however, reported that the sense of presence and connection to clients online was potentially "more intense," "more intimate" and "even strengthened."

Risk and safeguarding. Working virtually amplified challenges around managing safety, with some clinicians feeling much more responsible for clients' welfare online. A typical response was: "You never truly know whether … an individual is alone in the room or … someone is with them or listening to them, or how safe they are when the session finishes."

Some respondents reported that online working could sometimes make it easier to spot safeguarding issues: "We may see or hear something during an online session … which gives rise to concern and be very conducive to opening-up a conversation about safeguarding."

Working with trauma. Online therapy was perceived by some therapists as less safe and/or less appropriate when working with traumatised clients.

> Body language and silent cues are … easily missed online and sometimes when someone is in such a fragile state it is the quiet physical presence of a benign other person that is required to help someone recover and regain control of themselves.

Other therapists, however, had experienced online therapy as facilitative of work with trauma.

> I had been working with a severely traumatized client and they made more progress working on-line from their home. They were able to share with me that entering the therapy room had been re-traumatizing and they were less able to engage and would suffer flashbacks in sessions. This didn't happen working remotely.

Superordinate Theme 3: Changes to the relational aspects of therapy

The digital environment seemed to instigate changes in how therapists experienced and perceived working relationally with clients, with respondents identifying changes not only in the therapeutic relationship itself, the power dynamics with clients and working creatively but also in how they used the relationship online to emotionally connect, relate to and understand clients.

Therapeutic Relationship. Some therapists thought the online medium could intensify and enhance the therapeutic relationship, increasing client trust and openness.

> Clients seem to be more in touch with their vulnerability, expressing intimate concerns more freely. It seems that trust between me and my client evolves faster during online encounters. The human connection seems to come about quicker.

However, other therapists reported having to work harder to maintain connection with clients.

> When we first went virtual one of my clients reverted to defenses ... It felt as if there was a barrier between us, she could now hide things which she had been working towards openly … It has taken several weeks to return to the same level of openness and trust we had before the lockdown.

Power dynamics. Some counsellors reported a decisive shift in power relations between the therapist and client online, with some clients appearing more in control.

> I have sensed that clients feel somewhat more empowered … There is no longer familiarizing themselves with where the counsellor's room is or what it might be like there. They are already comfortable in their home or own surroundings. They have the freedom to end the session more easily.

Other accounts emphasised how online therapy had made the therapeutic relationship more "equal", "even", "human" and "levelled up". As one therapist described: "What has surprised me about online working is that it feels more equitable to me - so the power balance is better."

Many therapists, however, struggled with changes in power dynamics, and felt they no longer controlled the therapeutic process: "I began to find it very destabilizing and challenging not to be able to control the time and the space, the frame … I felt quite rocked by how to work with this."

Emotional containment/connection. Online working could feel less relational to some counsellors: “Presence, the sense of being together, and of contact being felt between two people … cannot be replicated online.”

Some therapists reported it was more challenging to provide emotional containment online, especially when working with clients with complex emotional needs.

> When clients are distressed and at the edge or beyond their window of tolerance … being able to offer containment to process their experience is much more difficult, particularly as they can just exit the session by a click of a button. Had this been face-to-face, I can use the space to create containment and foster affect regulation.

Relational ‘distractions’. Participants reported that moments of relational connection could be disrupted due to technical difficulties or issues with connectivity, making sessions feel disjointed.

> It can be frustrating that, at the most sensitive moment, the screen can freeze, the words and picture become misaligned, or the connection is simply not very good and an important moment for connection or understanding can be lost.

There were also comments about how the difference in eye contact in video therapy, described by one respondent as “the subtle misalignment of eyelines on screen,” negatively impacted the sense of connection between client and therapist. Other counsellors commented on how “looking directly at the camera can be unnerving at times” for both therapist and client. Similarly,

counsellors had to contend with close-up images of clients' faces on-screen, which could be "disconcerting" for both therapist and client. Some counsellors reported having to manage clients who were distracted by their own image on-screen rather than giving full attention to the session.

Transference and countertransference. Some practitioners found that online working could enhance clinical work with the transference and countertransference: "I find no difficulty with transference and countertransference issues … some clients have been more able to express transferential feelings than I would have expected."

However, this view was not shared by all therapists: "I like to work in the third space that is created … and I want to have access to the transference and countertransference which I find easier to pick up face to face."

Working creatively. Several therapists described it as less easy online to use creative methods to 'connect' with clients and reported having to adapt their creative style.

> As someone who often uses creative resources during my work it was a little challenging to adapt. For example, I would often provide my clients with pre-cut bits of paper to write on and a jar/box to put these notes in. With online therapy, I have had to ask my clients to obtain their own jar/box so we can't immediately do this work … activities have taken a bit more planning.

Many counsellors, however, described having experienced unexpected relational breakthroughs in the virtual environment with the use of specific creative therapeutic techniques.

> One truly positive experience online … was when a client mentioned … that she liked to draw … we worked together to identify a theme in each session and then the client would work on a piece of art to help her think about this [theme] and bring it more clearly into her conscious understanding … We would … explore her artwork and help her derive a meaning from this.

Discussion

With almost 600 respondents, this study is, by far, the largest qualitative study to date on counsellors' and therapists' perceptions and experiences of delivering online counselling during COVID-19. It provides a unique snaphot of how counsellors and therapists worked during a challenging time and how their practice had to adapt. As the study was conducted nine months into the pandemic, we gained an understanding of the practice of online therapy based on therapists' actual experience (versus their assumptions) of online working and consequently, we obtained a clearer insight into the perceived potential gains, losses and differences of working in this way. As the results indicate, surveying a large and heterogenous sample of counsellors and therapists, many of whom were initially doubtful about online therapy, resulted in a wide range of reflections and perspectives being gathered. One of the most striking features of the data was that there was a great deal of therapist opinion – and not just accounts of experience.

As might be expected, there were ambiguities across the dataset: one counsellor's 'pro' was another counsellor's 'con'. While our study design did not allow systematic analysis of

moderating factors related to participant characteristics, the survey data suggests that therapists' responses to online therapy seemed to depend on factors related to their prior experience of online therapy, the specific counsellor's way of working and modality. As most participants in our study identified as integrative or person-centered therapists, we reflected in our regular researcher debriefs, to what extent psychodynamic and/or body-centered therapists, who rely more heavily on non-verbal information (which is less accessible on screen), find online provision appropriate for their work. In line with the United Kingdom Council for Psychotherapy (UKCP) guidelines for working remotely (2021), we also considered how some modalities might need to re-appraise or adapt some of their techniques, theoretical perspectives and interventions for effective virtual work (e.g., use of hypnosis, EMDR, work in the transference, use of couch).

Our study confirms and adds weight to the findings of several research studies that have been published on online therapy, pre- and post- pandemic, particularly around issues related to the therapeutic frame, online disinhibition, technology failures, confidentiality, working with interruptions and the reduced access to non-verbal clinical data. Our data suggests that online counselling can impact adversely on the traditional therapeutic frame, hindering therapists in creating a boundaried and safe space for therapeutic work. This finding is consistent with studies which found that therapists' anxieties over maintaining therapeutic boundaries and keeping the frame were heightened when working online (McBeath, du Plock & Bager-Charleson, 2020; Smith & Gillon, 2021; McKenny et al, 2021). Our findings also align with studies that reported some clients struggled to find suitably safe and confidential places where online therapy could take place (Aafjes-Van Doorn & Békés, 2020; McBeath, du Plock & Bager-Charleson, 2020; Békés et al., 2020). Furthermore, our study was not alone in identifying that there were several

potential sources of technological disruption that affected the frame for both therapists and clients (Aafjes-can Doorn & Békés, 2020; Békés et al., 2020).

However, some findings seemed more prominent or foregrounded in our research compared to other studies. This includes the suggestion that the practice of contracting requires significant re-consideration if therapy is provided in an online setting; that working online can sometimes amplify the challenges around managing risk and safety; that practitioners can hold divergent views about therapeutic work with trauma issues online (i.e., less safe/appropriate vs. facilitative); that it can be more challenging to provide emotional containment online; and that adapting practice to find creative ways of working online can lead to unexpected relational breakthroughs with some clients.

Our findings raised a range of further-reaching questions for which the findings did not provide a conclusive answer. We remain unclear as to whether remote therapy provision is suitable and effective for different clinical presentations, especially trauma. Our findings point to the difficulties some clients may have in accessing online therapy, either because of lack of private space due to crowded living conditions and/or digital exclusion (i.e., unequal access and ability to use digital technology). This raises the important question if, and to what extent, the shift to more online provision could risk an exclusion of certain clients from therapeutic services. Linked to this are wider issues of Equality, Diversity and Inclusion (EDI) such as whether specific online platforms are facilitative for disabled clients. When working with deaf clients, for example, therapists might need to consider whether the online tool they are using has subtitles or live text facility. When working with those who are visually impaired, a third person - such as a support worker/carer/interpreter - may need to be present. Therapists might also need enhanced knowledge of technological/software support aids that widen access for those clients with

language or learning difficulties. Additionally, therapists should be assessing client suitability for online, based on the technologies being used and clients' technological literacy, as well as developing competence in referring clients to in-person providers where necessary.

Implications for therapeutic practice

The findings have underlined some implications for therapeutic practice with individual adult clients.

Challenges to maintaining the traditional therapeutic frame

As video therapy appears more vulnerable to breaches of the therapeutic frame, counsellors may wish to include a discussion in their contracting with clients about how they are going to achieve an interruption-free space, including how therapy will happen if the primary digital platform fails. Professional bodies increasingly require therapists to actively take steps to ensure their own home connectivity (i.e., WIFI provider) and technical equipment (i.e., laptop being used) are suitable for clinical work. When contracting with clients, therapists should cover how working online differs to in-person (BACP, 2021). Additionally, counsellors will need to manage other potential sources of distraction for themselves and their clients, which might mean moving to audio-only (phone) if that is easier for a client and/or switching off the option of having their own image on the screen (possible on some online platforms) and/or using a sticky note to cover up the self-image on screen. Furthermore, therapists may need to practice being comfortable looking directly into the camera or keeping a steady gaze especially at moments of distress for clients to ensure attunement (Grondin et al., 2020) and to maintain an appropriately safe online

frame. Given the unprecedented access online therapy can provide into clients' home life, therapists might wish to leverage the potential benefits by encouraging clients to use elements of their home environment (e.g., objects, pets) to facilitate emotional regulation or to increase their own insight into clients' daily lives. The findings also suggest that counsellors may wish to introduce some rituals to mark the beginnings and endings of their sessions, such as guided meditative or grounding exercises to round off sessions or encouraging clients to go for a walk after sessions to allow processing time.

Dilemmas related to online practice

Therapists are learning, in their different ways, how to harness more effectively both the positive and negative aspects of online disinhibition. Counsellors had various responses to clients' disinhibited behaviours (e.g., clients engaging in the session while doing housework), with some therapists perceiving these behaviours as clinically meaningful and, therefore, as tolerable while other therapists were less tolerant. Given the prevalence of disinhibited behaviours online, the findings suggest counsellors should strive to proactively manage disruptive behaviours through contracting. This could potentially include a conversation with clients early in therapy to foster a shared understanding of what engagement in online counselling should/should not entail and to introduce clients to the concept of online disinhibition. At the same time, our findings confirm previous research (e.g., Mishna et al., 2015) in showing that online disinhibition can have a 'freeing effect' which can 'speed up' the therapeutic process and provide counsellors with more immediate emotions and insights to work with. To harness these effects, counsellors might use a slower pace which can help to leverage disclosure, deepen insight, and create relational depth when working online with clients (Treanor, 2017). Concerns about the lack of non-verbal data and

interpersonal cues in online therapy suggests that counsellors may need to consider what subtle adaptations they could make to maximize emotional and somatic attunement with their clients. Geller (2020) has suggested several techniques that might facilitate attunement and presence in online counselling including: therapists being more facially expressive; making more exaggerated gestures than they would otherwise; using a larger screen; sitting further from the camera to ensure that more of their body is visible to the client; and paying attention to clients' facial micro-expressions (potentially more visible in online therapy). Those therapists who seemed less confident about their capacity to judge risk and manage their safeguarding concerns within virtual contexts may, in line with recommendations by DeLuca et al. (2020), address risk online through initial contracting and through conducting more systematic and frequent risk assessments.

Changes to the relational aspects of therapy in the digital environment

The varied perceptions and experiences of therapists suggests that the therapeutic relationship can be built in phone and video therapy and that relational attunement is possible online but may require counsellors to make subtle adaptations to how they work. Therapists may need to consciously identify what is more challenging for them in creating relationships online and then seek to implement adaptations to how they might practice more effectively as a result. Smith and Gillon (2021) recommend that therapists enhance online connection through continued honing of their listening and attentiveness skills. Participants identified power dynamics as another key relational issue. Through supervision and peer support, therapists may want to explore whether a shift towards a more equal relationship aligns with their own therapy style and theoretical foundation (e.g., whether it complicates working with the transference). Despite some skepticism, the data suggests the potential for creative adaptation when therapists work online. There is an

opportunity for therapists to think about and reflect on their levels of creativity, flexibility and resourcefulness when working remotely.

Limitations

The pandemic created a context in which neither clients nor practitioners had a choice about working online; this raises questions about how transferable the findings are in the post-pandemic era when clients can choose or avoid online counselling. There is, as yet, limited research on post-pandemic experience of online therapy: a 2023 study examined the experience of clients who transitioned back to in-person therapy after the pandemic (von Below et al., 2023). However, the experience of online therapy might be different for clients who have actively chosen either purely online or 'hybrid' counselling. An additional limitation is that respondents were self-selecting which means that only those practitioners with certain views and motivations may have participated in the study. Most of the respondents were new to or inexperienced with online therapy so the overall tone of their responses was cautious. Furthermore, it is possible that therapists and counsellors working with underprivileged groups were under-represented in the current sample, as a substantial proportion of the participants were working in private practice. While the use of a qualitative online survey resulted in rich and focused accounts by practitioners writing about the specific challenges and potential of online counselling, it was not possible to elicit deeper insights into some of the ambiguities emerging in the data (i.e., could not ask follow-up questions). The data gathered consisted of retrospective accounts of practice (versus observed practice) and the accounts of experience were mixed with statements about perceptions/opinions of online therapy. Future studies should gather client views on online therapy, recruit a more diverse sample of therapists and include text-based therapies, which were excluded from our

study. Research on actual practice would be welcomed to assess if the themes identified in this study hold up when online therapy is directly observed (e.g., transcript analysis).

Conclusion

Our study highlights the ways in which therapists both overcame the challenges and leveraged the potential positives of virtual working during the global COVID-19 pandemic. Their perspectives on specific clinical issues were highly divergent: it is clear that the necessary skills and knowledge for ethical and effective online practice do not automatically transfer from in-person work. Additional learning and training will be needed for therapists and counsellors to be better equipped to work safely, ethically and effectively online with clients in the future and to keep abreast of the opportunities offered for remote counselling by future technological advances (e.g., improvements in the quality of videoconferencing, mixed reality applications and virtual presence technology).

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Appendix 1: Survey Questions

1. **How long have you been providing counselling online?**
    - I have not been providing/do not provide counselling online
        - *If answer = yes person is taken to end of survey*
    - Before pandemic as part of regular practice
    - Before pandemic occasionally offered online and/or phone counselling
    - Only since pandemic made face-to-face therapy difficult/unsafe
    - Other

2. **What is your experience of providing online therapy?** Do you enjoy and/or feel competent practicing online? In your experience, how does online counselling compare to face-to-face counselling (what are, in your view, the comparative strengths and weaknesses)?

3. **Positive experiences of online counselling.** Can you think about an experience of working online where you felt the counselling went really well? Please describe the interaction (maintaining the anonymity of the client(s)); please also say whether you think the online medium contributed (or not) to this good outcome or made things possible that would not be possible in f2f therapy.

4. **Challenging experiences of online counselling.** Can you think about an experience of working online which was challenging for you and/or your clients? Please describe the interaction (maintaining the anonymity of the client(s)); please also say how the online medium contributed (or not) to this challenging experience, or limited what could happen in therapy (as compared to f2f).

5. **Differences in practice.** We are particularly interested in your views on how online practice may differ from face-to-face counselling. For example, what different approaches (if any) are required for:
    - Setting up the counselling process
    - Managing ethical concerns
    - Managing risk
    - Developing and maintaining a strong therapy relationship
    - Any other aspect of practice

6. **Supporting online counselling practice:** What resources, learning or types of knowledge do you think would help your online counselling work? Since starting to work online, what are the most important things you have learned about this way of working (e.g. any key understanding(s) that you wish you had had when you started?) If you are thinking about further training on online therapy, what kind of things would you be looking for in CPD or a course?

7. **Anything else** you think is important to mention/know related to online counselling?

Appendix 2: Superordinate themes and sub-themes

Superordinate themes	Subthemes
1. The challenges of maintaining the traditional therapeutic frame	1. Therapeutic frame is more difficult to maintain 2. Client confidentiality 3. Technological issues 4. Contracting and administration 5. Insights into clients' home and lives 6. Beginnings, ending and reflection time
2. Dilemmas relating to online practice	1. Online disinhibition 2. Non-verbal communication 3. Presence 4. Risk and safegaurding 5. Working with trauma
3. Changes to the relational aspects of therapy in the digital environment	1. Therapeutic relationship 2. Power dynamics 3. Emotional containment/connection 4. Relational 'disruptions' 5. Transference and countertansference 6. Working creatively
4. Practical benefits to practitioners	1. Advantages of working from home 2. More flexibility and convenience 3. Overcoming geographical distance 4. Financial gains 5. Making counselling possible during the pandemic
5. Adverse impact on practitioners	1. Online working more stressful/fatiguing 2. Increased isolation 3. Feeling deskilled 4. Setting up an online 'office'/space 5. Difficulties separating out work from home
6. Issues relating to different client groups	1. Working with couples 2. Working with children and young people
7. Training, CPD and Supervision	1. Different ways of offering online therapy 2. Benefits and constraints of online therapy 3. Online-specific skills and competencies 4. Ethics: contracting, confidentiality, consent, data protection, GDPR, digital footprint