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Shereen Khan [a], Jennifer D. Shapka[b] and Jose F. Domene [c]

aHealth and Counselling Services, Simon Fraser University, Burnaby, Canada; bDepartment of Educational and Counselling Psychology, and Special Education, University of British Columbia, Vancouver, Canada; cWerlund School of Education, University of Calgary, Calgary, Canada

ABSTRACT

The study provides insight into counsellors' experiences of counselling clients online. The foci include (a) counsellors' experience of negotiating the therapeutic relationship online, (b) their experiences of utilising and adapting their clinical skills to assess clients in an online capacity, and (c) ethical issues associated with practicing online. Open-ended interviews were conducted with 3 counsellors located in Canada and 1 in the United States. Narrative analysis revealed eight major themes: convenience, therapeutic alliance, online counselling skills, assessing client suitability, reaching diverse clients, assessing client satisfaction, legal and ethical concerns, and personal and professional goals.

The growing availability of online counselling is changing the way people seek information about and receive treatment for their problems (Mishna, Bogo, Root, & Fantus, 2014; Russ, 2012). Online therapies, which involve using text or audio/visual tools to connect the client and counsellor at a distance, have gained recognition as a legitimate method of engaging in psychotherapy (Calkins, 2021; De Jaegere et al., 2019; Evans, 2014; Gaggioli, 2018; Hanley & Anthony, 2006; Rains, Brunner, Akers, Pavlich, & Goktas, 2017).

Information and communications technologies (ICTs) have transformed our capacity for communicating with each other. People now have the opportunity for asynchronous virtual communication by e-mail, text messaging, and use of apps. They can engage in synchronous virtual conversations by using secure and encrypted chat and video platforms (e.g. Skype, Facetime, Zoom). As such, it is not surprising that there has been a rapid increase in the number of individuals who seek mental health information and/or online therapy through these communication tools. Concurrently, more counsellors and psychotherapists are now offering ICT-based therapy services (Lintvedt, Sørensen, Østvik, Verplanken, & Wang, 2008; Luxton, Pruitt, & Osenbach, 2014; Mattison, 2012).

Nonetheless, online therapy is limited as it is not suitable for everyone or all mental health concerns (Apolinário-Hagen, Fritsche, Bierhals, & Salewski, 2018; Ersahin & Hanley, 2017; Evans, 2014). Although the literature on online therapy continues to grow, there is a lack of qualitative research illuminating the nuances of online therapy and how the therapeutic relationship is established in an online setting. Moreover, despite the increasing popularity, this growing service modality remains complex and controversial (Callahan & Inckle, 2012; Mallen, Vogel, & Rochlen, 2005; Sanders, 2019). Stoll, Müller, and Trachsel (2020) provide a review of ethical issues with online therapy. They analysed 249 articles and found 24 pro and 34 counter arguments for online therapy. This article was published weeks preceding the global pandemic that caused most or all

in-person counselling and psychological services to a halt and many counsellors for the first time were venturing on to the online platforms.

Understanding the experiences of counsellors who work with online clients is, therefore, important to add to knowledge about counselling and psychotherapy. The current study addressed this gap by examining how four counsellors storied their experiences of online therapy practice in an exploratory, qualitative manner.

Developing a therapeutic alliance online

Despite the increased availability of online counselling, most of the existing literature on the topic has been descriptive and quantitative. Many studies have been conducted to evaluate the acceptance and effectiveness of Internet based guided cognitive behaviour therapy (iCBT) (Hadjistavropoulos & Pugh, 2012; Menzies et al., 2019; Pugh, Hadjistavropoulos, Klein, & Austin, 2013). Also, the existing literature does not adequately differentiate between the forms of ICTs, such as text messaging versus video chat, that are used in online therapy. However, the existing work does provide some information about how counsellors experience this phenomenon. For instance, a study by Mishna, Bogo, and Sawyer (2015) found that counsellors who were working online reported a higher overall degree of satisfaction than their face-to-face counterparts. Counsellors reported that one of the primary benefits of an online environment was the client's perception of emotional safety, which was linked to a perception of reduced proximity to the counsellor (Bambling, King, Reid, & Wegner, 2008; Richardson, Reid, & Dziurawiec, 2015). Indeed, clients reported that they felt more comfortable communicating sensitive information due to the increased sense of privacy associated with online therapy as compared to face-to-face (Ersahin & Hanley, 2017). This was particularly notable for younger clients, who tend to feel very comfortable communicating virtually (Dowling & Rickwood, 2014; Hecker & Murphy, 2015; Sadeh-Sharvit, 2019; van Rijn, Cooper, & Chryssafidou, 2018).

Reduced proximity has also been cited as a concern for online therapy because it is often associated with a decreased sense of connection to the client, and particularly for text-based therapies (Mishna et al., 2015). For example, Hertlein, Blumer, and Mihaloliakos (2015) found that counsellors in their study had concerns about the feasibility of maintaining proper therapeutic relationships with clients. Researchers have argued that since counsellors are trained to pay attention to subtle emotional cues and nonverbal behaviours, assessment in online therapies might be negatively impacted by the absence of these cues (Barnett, 2005; Luxton et al., 2014; Mallen, Jenkins, Vogel, & Day, 2011). This means that counsellors must develop a therapeutic relationship in a different manner when working online (Murphy & Mitchell, 1998; Williams, Bambling, King, & Abbott, 2009).

Traditionally, the therapeutic relationship has developed during face-to-face interactions, with the resulting intimacy and discussions often being credited for the client's personal change and progress (Horvath & Bedi, 2002; Wampold, 2001). To that end, numerous studies have shown that a trusting, caring, respecting, and goal-oriented relationship between a client and a counsellor is the most influential component of successful therapy (e.g. Duncan & Miller, 2000; Horvath & Bedi, 2002). In exploring online therapy, researchers have argued that some tools and techniques can be utilised to counteract the loss of a face-to-face connection that is associated with online therapy. Murphy and Mitchell (1998) have suggested using emotional bracketing and descriptive immediacy to ensure a positive connection. Emotional bracketing, or writing down inner thoughts, enables the client to grasp better what the counsellor is thinking in a text-based setting. Descriptive immediacy or writing down descriptions of counsellor's actions as they relate to the client, allows the client to grasp the tone of the counsellor by creating "visual" cues. Finally, time presence, or writing as if the client and counsellor are both interacting in the present helps to enhance the therapeutic relationship (Murphy & Mitchell, 2009). Ragusea and VandeCreek (2003) have argued that using emoticons and changing the font, size, or colour of text to denote changes in tone can help develop a rapport online.

Empirical research exploring relationship-building in online therapy has begun to emerge. One study by Mallen et al. (2011), which involved 54 counsellors-in-training who had conducted one synchronous text-based online session with confederate clients, found that participants used many of the same clinical skills that they would have used in a face-to-face session to develop the therapeutic alliance. The most common method was the use of questions to explore the clients' issues in greater depth. They also found that rapport-building skills, such as self-disclosure and immediacy, were used more often in online settings to compensate for the lack of visual cues (Mallen et al., 2011). Sanders (2019), in a phenomenological study of webcam facilitated versus face-to-face counselling, found that it was not necessary for counsellor and client to share a physical space for co-creation of knowledge that facilitates client transformation. Similarly, Vernmark et al. (2019), found that therapeutic alliance can be developed in blended cognitive behaviour therapy (bCBT) that utilises a combination of Internet based modules and face-to-face therapist sessions. The role of the therapeutic alliance appeared to be of significance in predicting chances in depression scores during treatment. Furthermore, Baccon, Chiarovano, and MacDougall (2019), provide preliminary evidence to suggest that virtual reality (VR) has the potential to rival face-to-face communication and be as effective in facilitating self-disclosure in clients.

Although the clinical skills used during online sessions appear to be similar to those used in face-to-face sessions, e-therapy creates unique challenges that are not present in traditional therapy. Providing clients with clear instructions regarding technology-use during a session, as well as guidelines for all therapy-related electronic interactions, is therefore recommended (Wilcoxon, 2015). Indeed, Mallen et al. (2011) have argued that counsellors need to explicitly indicate their understanding of the client's emotional responses to compensate for the lack of visual cues. This point has been emphasised in other research on empathetic understanding while using a text-based form of online counselling (Haberstroh, 2009; Wilcoxon, 2015; Williams et al., 2009). The current study, which focussed on counsellors' experiences with online therapy, provides further insight into how counsellors develop this alliance with their clients, including the specific actions they take to achieve this.

Legal and ethical considerations

There are several distinct legal and ethical considerations when conducting online therapy. First, there is a minimal consensus about training and competency requirements for practicing online therapy. Graduate-level counsellor education programs typically provide little or no guidance on how to provide counselling in an online setting, although various continuing education training and certification options for cybercounselling and tele-mental health exist. Some universities have begun to offer online counselling post-graduate certificate programs. University of Toronto's Cybercounselling Skills and Therapy Online are examples of such programs. Counsellors can also get trained via the Centre for Credentialing and Education (CCE) as a Board Certified-TeleMental Health Provider, which replaces the previous certificate Distance Credentialed Counselor. Finally, counsellors can obtain a Specialist Certificate in Cyberculture through the Online Therapy Institute. Although, limited training opportunities exist, currently, the Canadian Counselling and Psychotherapy Association's Standards of Practice (2019) have released comprehensive guidelines for the uses of technology in counselling and psychotherapy and recommend clinicians have online-specific training before engaging in online therapy services. Other Canadian certifying and regulatory bodies are catching up to the competency and curriculum requirements for online counselling but are lacking mandatory training requirements for practicing online, beyond the general ethical principle of only practicing within one's scope of expertise. Nonetheless, the British Association for Counselling and Psychotherapy (BACP) has raised the standard of ethical guidelines by providing a comprehensive framework for delivering effective counselling using the telephone and online counselling. The BACP Training Curriculum for Telephone and E-Counselling provides a consistent minimum standard, that high lights the best practices to which practitioners should be trained.

Chipise, Wassenaar, and Wilkinson (2019) and Clay (2017) reason that clinicians need to be competent in the use of computers and technology, if they are to be competent in online therapy, suggesting that mandatory courses be taken on how to protect confidential information online. Hilgart, Thorndike, Pardo, and Ritterband (2012), proposed that online therapy should be mainstreamed into professional training programmes to produce competent practitioners. This remains a concern for the profession in 2020. In the years to come we will witness the impact of all clinicians having to adjust their pracitices to an online format during the COVID-19 Pandemic.

Second, at a societal level, there are equity concerns about access online counselling since not everyone has access to a computer (Dever Fitzgerald, Hunter, Hadjistavropoulos, & Koocher, 2010; Gamble, Boyle, & Morris, 2015; Harris & Birnbaum, 2015; Sadeh-Sharvit, 2019). A related concern is the ability to provide adequate care in an emergency when clients and counsellors are separated by geographical distance. Moreover, in the event of imminent harm, an online modality limits the counsellors' ability to intervene and report due to geographical constraints. Kotsopoulou, Melis, Koutsompou, and Karasarlidou (2015) have recommended that clients and counsellors meet face-to-face before electronic sessions begin to ensure suitability for online therapy. According to these authors, a face-to-face assessment allows for the screening of potential severe mental health issues that may escalate during therapy. A face-to-face meeting also provides a higher degree of assurance that potential clients have been examined by a medical doctor and do not have underlying physical maladies that may be impacting their mental state (Kotsopoulou et al., 2015). Unfortunately, this recommendation is not possible when the provider and client are in different cities, provinces, or countries.

A third ethical concern regarding online therapy is the issue of anonymity. The concern that counsellors and clients could easily misrepresent themselves online brings up the question of how to verify identities online. Again the recommendation is to have an initial face-to-face meeting (Kotsopoulou et al., 2015) or that online counselling be used as an adjucnt to face-to- face counselling and not stand alone (Chipise et al., 2019). Related to this are privacy concerns and the possibility that the technologies used to conduct therapy online allow sessions to be easily recorded without the counsellor's and/or client's knowledge. Security is also a concern, as storing and transmitting confidential data electronically, or using unsecured communication platforms means there is an increased risk of a security breach. It has been recommended that both the client and the counsellors are aware of, and plan for this possibility, including implementing security provisions, using pseudonyms, and other such security measures (Reamer, 2018).

Finally, online therapy data may also be subpoenaed for legal reasons. Because of the unique concerns related to electronic therapy, it is recommended that counsellors frequently review the procedures they have in place to protect against the risk of unauthorised data access (Reamer, 2018). These procedures become particularly important when engaging in cross-jurisdictional therapy. It is strongly recommended that counsellors keep apprised of the laws in both their jurisdiction and their client's jurisdiction (American Psychology Association, 2013; Australian Psychological Society, 2017; Canadian Psychological Association, 2017; Canadian Counselling and Psychotherapy Association, 2015). To date, there has been little empirical work exploring how counsellors are dealing with the ethical and legal challenges associated with online therapy.

Professional organisation guidelines and policy statements

Although online therapy has become a more prevalent modality for conducting therapy over the past decade, guidelines for e-therapy are still being developed by various governing bodies, including the American Psychological Association (APA), the National Board of Certified Counselors (NBCC), the British Association for Counselling and Psychotherapy (BACP), the Canadian Counselling and Psychotherapy Association (CCPA) and Canadian Psychological Association (CPA). These professional organisations have taken different approaches and focussed on various aspects of online therapy. For example, BACP and APA expect counsellors to follow the same guidelines in offline and online

sessions. The APA guidelines released in 2013 did, however, provide recommendations for psychologists providing e-mental health services regarding their technological competence, standards of care, informed consent, privacy, confidentiality of data, secure disposal of data, as well as about obeying local laws and being aware of laws in different jurisdictions (American Psychology Association, 2013).

In contrast to APA, BACP, NBCC and CCPA have created guidelines specifically for online counselling. The comprehensive guidelines cover areas of privacy, data protection and record keeping as well as counsellor competence and risk management. They further, recommend that every counsellor who provides online services should state their credentials on a relevant website; that counsellors should verify the identity of their clients (although it is not explicitly mentioned how this is best accomplished); that the counsellor should provide a means of offline contact to the client; that the counsellor should obtain emergency contact information from the client, and that the counsellor should inform the client about how encryption affects privacy, where therapy data will be stored, how long therapy data will be stored, and how to mitigate a lack of visual data during sessions (Kotsopoulou et al., 2015).

The current study

The current study adds to the limited literature about online therapy and focuses on counsellors' experiences with using an online modality. This study was situated in a social constructionist epistemology and used a narrative approach for its methodology. Providing one's narrative is considered a core psychological and social process, as well as a concept that can help to examine the relations among experience, meaning, and social structures (e.g. Mishler, 1986; Polkinghorne, 1988; Sarbin, 1986). In particular, narrative research is useful for understanding participants' subjective experiences with social phenomena as it "eschews certainty" (Trahar, 2008, p. 262) and acknowledges that the social world is multifaceted and interpreted differently by different narrators. As such, to understand how the counsellors experienced online therapy from a narrative perspective, this study was informed by three guiding questions:

1. How do counsellors negotiate the therapeutic relationship in online counselling?
2. How do counsellors use their clinical skills to engage and assess online clients?
3. What ethical guidelines do counsellors follow when conducting online counselling?

Method

Participants

This section describes the four counsellors who agreed to share their stories in this study. In agreement with the participants, I have used pseudonyms and removed other identifying information to maintain their confidentiality. Four counsellors were recruited using two approaches: (a) purposeful sampling such as posting announcements on professional counselling association websites and e-mail lists; and (b) snowball sampling such as asking online therapy counsellors to refer potential participants to the study. Out of the ten counsellors who responded to the recruitment, two dropped out due to a busy schedule, two were involved with online group therapy but not individual counselling, and two counsellors did not meet the minimum level of education for participation, which was a master's degree.

The sample size was determined using a multitude of factors: epistemic underpinning, type of analysis, research objectives, as well as practical considerations such as time and resources available to the participants and researcher (Morse, 2000). Saturation also helped determine the sample size. According to Emmel (2013), saturation has been reached when there are no new insights or data codes. Bonde (2013) and Morse (2015), however, warn that there are no specific recipes for reaching

data saturation. Nonetheless, Bonde (2013) and Hennink, Kaiser, and Marconi (2016) provide the following general parameters for determining data saturation: (a) the *scope* or nature of the study, which was to gain insight and understand the experiences through narratives; (b) the *homogeneity of the sample* and the population being relatively small that meet minimum criteria to practise online therapy; (c) the *experience of the qualitative researcher* in interviewing and analysing data; (d) the *resources*, time, budget, and unavailability of participants influenced the researcher's decision for fewer interviews; and (e) the *audience* of fellow researchers and clinicians who would read, judge and evaluate the trustworthiness of the data. A combination of these factors was used to determine the sample size for the present study. As the participant interviews were analysed, many of the same categories and themes emerged repeatedly. Thus, after the analysis of the fourth interview, it was decided that additional interviews were likely to yield similar themes. At that point, it was deemed that there was sufficient saturation of data for an exploratory, descriptive qualitative study with a relatively homogenous group of experienced counselling professionals.

All four counsellors who took part in the study were Caucasian. They were between the ages of 53–73 (*M* = 62.5). Three of the counsellors were based in Canada and one in the United States. Three had master's degrees, and one held a doctorate. Their clinical experience ranged from 18 to 33 years in practice (*M* = 27 years), and their online therapy experience ranged from 4 to 10 years (*M* = 8 years). All the participants had experience with conducting psychotherapy in face-to-face settings before they began working online, and their practices were not exclusively online.

Ben's profile

Ben has a master's degree and has been a mental health clinician in the United States for over 15 years. He began online therapy to supplement his monthly income. He had initially intended to build a mental health website to provide information for people. However, once he started looking into online therapy, he felt that having a practice online was a better fit for him. He has been an online counsellor for over six years and uses a combination of e-mail and text-based chat for therapy. Ben views online therapy as another point on the continuum of services available to individuals. His therapeutic approach is primarily mindfulness-based cognitive behavioural therapy. He has worked with clients from around the world. Half of his client-base is high functioning individuals who work in high-level positions within international organisations such as the UN or re-settlement programs around the world. The other half are clients from the United States who find the information about his work appealing.

Francine's profile

Francine has a master's degree and was a practicing counsellor for over 15 years when her work motivated her to explore the intersection of technology and helping work. She sought specific training in online counselling, completed two levels of training in 2005, and began practicing online the following year. She is an affiliate counsellor with a major provider of online therapy services. She offers a combination of videoconferencing and e-mail counselling. Her approach draws from a variety of approaches and resources, including CBT, clinical intervention resources from Australia, and mindfulness. She has clients in Canada and other countries but has chosen not to work with clients in the US because of legal issues. At the time that we spoke, she suspected she would also discontinue working with clients in Quebec, Ontario and the Maritimes due to uncertainty with the legality as counselling has become regulated in those jurisdictions.

John's profile

John's highest educational credential is a doctorate in psychology. Also, he is a semi-retired counsellor in his 70's who enjoys working with clients and keeping his counselling skills sharp by offering sex therapy and sex therapy training online. After a colleague introduced him to Skype four years ago, he decided that practicing online was far preferable to his monthly commute into a major urban centre to continue providing his specialised therapy services on behalf of his professional colleagues. He has

taught himself how to use video conferencing software and has not received any specific training in conducting therapy online. He has since been practicing exclusively through Skype. According to him, he likes working via Skype because far more people can access his specialised services around the world, regardless of geographic or cultural constraints. Among other approaches, John uses the Kinsey interview method. Although most of his clients are from North America, he continues to work with clients from around the globe, in countries such as Saudi Arabia.

Carl's profile

Carl has a master's degree and is a social worker who has been practicing in the field for over twenty years. He began offering online therapy in 2003 and did so for two years before seeking formal training in using this modality. He completed the training and started his own full-time online therapy practice, offering most of his sessions via e-mail. He now oversees the clinical management for the e-counselling program offered by his employee and family assistance program (EAP) organisation. He also teaches online therapy through a training institute. Although Carl has primarily conducted his online practice using the modality of e-mail, he has been exposed to chat in his clinical role with EAP. His work draws from a variety of sources and exercises, including CBT, narrative therapy, and behaviour tracking. He has worked with clients all over the world but says the majority of them have been in Canada and the US. However, more recently, he has decided to stop working with clients in other geographical areas as there are too many unknowns when it comes to handling emergencies, data security, and being knowledgeable about the local resources and referrals in the client's geographic location.
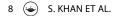
Data collection

After obtaining the institution's ethical approval, the primary researcher collected data using individual semi-structured interviews conducted via videoconferencing. At the start of each interview, the study was reintroduced, the letter of consent was revisited, and any questions that the participants had were answered so that they felt comfortable sharing their stories. The co-construction of the narrative began at the time of the interview process as participants responded to and shared their experiences with the researcher. This is in line with Morse and Richards (2002), who posited that constructing data is an ongoing collaborative process in which the researcher and participants interactively negotiate data; the data are rarely fixed, and never completely replicate what is being studied. The primary researcher of this study (and first author) took on the role of the narrator of the stories that were shared. "The narrative researcher takes up a dual consciousness – performing the story as narrator and reflecting on the story being told as researcher, continually moving between these and other subjectivities as the conversation unfolds" (Arvay, 2003, p. 166).

Data analysis

The transcribed interviews were read, interpreted, and analysed by using a combination of the narrative collaborative method (Arvay, 2003), as well as narrative data analysis of personal stories approach by Fraser (2004). This comprised five phases:

Phase one

The first step in analysis was multiple reading and interpretation of the transcript on four levels, as outlined by Arvay (2003): Reading for content; reading for the self of the narrator, paying attention to who is telling the story; reading for the relevance to the research question; and critically reading for relations of power and culture. After reading the transcripts, a preliminary individual narrative from each participant's interview was created, which resulted in four individual narratives.

Phase two

This step involved reviews of the themes by peers. The peer reviewers consisted of an assistant professor and a fellow graduate student with experience in qualitative research and thematic analysis. The data were reviewed for accuracy, plausibility, and practical value.

Phase three

This step involved the writing process. Arvay's (2003) technique was used, which is described as blending the narratives into a storied form and engaging in the academic narrative writing of weaving together the stories to relate them to the research questions posed.

Phase four

Step four involved conducting a cross-narrative thematic analysis to search for patterns and themes that were common among the participant stories. Common themes were clustered and categorised; counterintuitive and inconsistent findings were also identified and addressed (Fraser, 2004; Worthington, 1996). The data were further analysed with constant comparison across narratives to develop groupings in similar concepts of participants' perspectives (Creswell, 2002, 2013). This interpretive analysis was also guided by the protocols developed by Braun and Clarke (2006), which encourages the search for themes, main points, and areas of disagreement or juxtaposition.

Phase five

This final step involved the collaborative, reflexive discussion between the researcher and the peer reviewers to explore the meaning of the interpretation, as well as the sharing of the final narrative. This was done to ensure that the participants' stories were portrayed in their fullest form.

Validation process

Several approaches were used to increase the trustworthiness of the research process. First, the participants engaged in a member-checking process to assess the completeness of their narratives. Secondly, the primary researcher practiced self-reflexivity and transparency throughout the research by recording in a research journal questions, ideas, and assumptions as they arose. The primary researcher also consulted with peer reviewers and colleagues throughout the study to maintain accuracy and rigour. Finally, consensual validation was achieved by asking peers to review the results of the analysis: an experienced graduate student and an assistant professor, both experienced in qualitative methods, who were not otherwise involved in the study reviewed the narratives for persuasiveness (how plausible and convincing the narratives are), coherence (evidence of thick descriptions that are understandable), resonance (how the experiences relate to their clinical practice) and pragmatic usefulness (how can the findings be used in the field and for practice?) (Riessman, 1993).

Findings

The analysis process revealed eight major themes: Increased convenience, facilitated therapeutic alliance, distinct online counselling skills, assessing client suitability, reaching more clients, assessing client satisfaction, distinct legal and ethical issues (client identity, privacy and confidentiality), and facilitating personal and professional goals. Out of the four narratives, three shared 100% of the themes. However, one individual participant's narrative did not contain two of the themes (online counselling skills and assessing client suitability). Findings also suggest that the various mediums of communication (e-mail, chat, and audiovisual) offer considerably different benefits and challenges for conducting online therapy.

Theme 1: increased convenience

One of the major draws to online therapy noted by all participants is the convenience and ease of being able to work from wherever they are located. Other forms of convenience that participants described include time, as many online clients were busy professionals who did not seem to have time to attend therapy during "business hours". Further, the convenience of asynchronous e-mail communication that provides time for reflection and responding at one's own pace was also identified as a benefit. This is an interesting finding that is in line with the rising costs of office-space and many businesses opting for shared spaces and/or work-from-home solutions. For the participants, the relatively easy and inexpensive set-up made online therapy appealing and convenient.

> Carl, a licensed professional counsellor, stated, "I had a client once who was sitting in his car outside an office building, connected through the wifi in the office and Skyping with me. I have an appointment today at 9:30 pm - that's a working single mom who said, "Can I talk to you after I put my kids to bed?" There was no way she could fit in an in-office appointment like this. Now, in [city name omitted for confidentiality reasons], the traffic's horrible, you don't want to get out and drive to the counsellor's office. The convenience of being able to do it from home, it is just great."

Theme 2: facilitated therapeutic alliance

Participants in this study revealed several characteristics of online therapy that can facilitate the development of a therapeutic alliance. For example, the lack of physical contact with the counsellor can act as a catalyst in bringing out the issues that a client may not bring up for several sessions in a face-to-face environment.

> Francine, a registered social worker, reported, "For some people, they seem to be able to really tell me really deep things very quickly than normally you'd be getting it face-to-face so. And I can sense those shifts in terms of how they write, or how they address me back. "Ok, I just told this person all these things," and the response they got from me, they can feel like, "Oh, oh, it's ok, oh, it's not something terribly wrong with me, they can help, there are things that we can do, there are some ways that this can be resolved. There's some practical information that I'm getting, and so I feel this can help me even more."

Further, participants noted that the pace at which sessions are scheduled or e-mails are exchanged can expedite the therapeutic relationship and that clients and counsellors can start working towards a collaborative goal from the initial phase. Some participants also perceived text-based online counselling (i.e. the ability to re-read, take time to reflect an edit responses), as having an advantage over working in a face-to-face context.

Theme 3: distinct online therapy skills

According to the participants, the competency required for online counselling is not simply an extension of foundational counselling skills such as active listening, empathy, and building rapport. Although these are important, they have to be expressed in different ways in an online environment. Moreover, participants noted that there are further distinctions, depending on the kind of online environment. For example, a text-only modality offers the benefits of reflection and editing.

In contrast, audio-only allows for more focussed attention to the spoken words, the silences, the subtle changes in tone and breathing. Although videoconferencing with software like Skype provides for both the audio and visual, the visual is usually only from the neck up. During a session, the client could be tapping their foot or picking at their fingernails (body language that may indicate they are feeling annoyed/anxious). Yet, they might verbalize something different (e.g. "Oh that doesn't bother me".), and the online counsellor may miss the discrepancy because the feet and hands are not visible. Thus, online counsellors are attuned to change in the client's presentation and will use questions to

clarify what is going on for the client at the moment. The participants (names used are aliases) describe their skills in this regard:

> Carl stated: "The asynchronous, or the e-mail type of platform allows the counsellor and the client time to think about what they want to write, to really process it, to really create it, and then to deliver it, whereas with chat, it's spontaneous, it's live. In a way, it's like being with a client in a room. Of course, you're not with them in the room, but you have to think on your feet, you have to think quickly, and in that sense, with the audio and the visual, you can't worry too much about how your text is looking. You don't want it to look scrambled, but on the other hand, you can't put the kind of attention that you would when creating a carefully scripted e-mail exchange. There's a big difference there."

Further, participants noted that the ability to decipher the meaning within the typed words calls for special attention and being attuned to the client. Also, not being afraid to ask for clarification so as not to misinterpret the client is important.

> Ben describes, "In terms of the asynchronous (text only) format … we check it out. If somebody writes something that is hard to understand, what they're actually saying and we don't want to misinterpret. We write back and say, "I need to check something out with you. When you wrote this, did you mean this, or did you mean something else?" The language, the way they use it, sure, we're going to be a little bit more challenged in these conditions, because we're relying totally on the written word in this type of modality of service."

Participants noted that trying to create a presence can also be challenging for the counsellor. The anxiety of not being able to reach the client can be based on the counsellor's performance anxiety, as well as concerns about being able to fulfil their ethical duties.

> Francine notes, "Once this woman said to me, 'I was wondering what I'm going to do when I start crying when I'm on Skype'. "And then shortly after that, she said something or I asked her a question, and she just burst into tears. It was a very intimate moment still, even though we were on camera, even though she's not in the room with me, so I can't convey to her as much as I would if the person was in the room. You know, "I really hear you," or "I'm here." I had to make little noises to indicate the connection hadn't gone dead on her. And at the end, she was like, "Wow, I didn't expect to do that, and that was actually ok, and I feel just as heard as if I'd been in a counsellor's office having this tearful moment, or expressing this hurt."

Theme 4: assessing client suitability

The counsellors' narratives suggested that online therapy is not a replacement for face-to-face therapy but offers an alternate choice in treatment. At the same time, they also suggest that online counselling is not for everyone. Certain individuals will self-select to use this service based on their preferences. Participants recommended initial assessment as a crucial component when working with clients online. Risks versus benefits can be evaluated with clients before engaging in a therapeutic relationship. The narratives also suggest that clients must be made aware that counsellors are physically at a distance, potentially work in different time zones and, as a result, may not always be available if the client has immediate needs.

> Ben indicated, "When it comes to assessing client suitability, there is a screening questionnaire that I have them complete, and some of the questions deal very specifically with risk issues. I say on my website, when people are just reading about me and about cybercounseling, that it's not for everyone. And I explain the situations where it wouldn't be appropriate. I talk specifically about clients who may be suicidal, or in psychiatric crisis. I tell them upfront that, if you go into crisis and you send me an e-mail that you're in crisis, I can't actually physically get that e-mail right away. It may take a few days depending on when I access my e-mails, and what I do with them. They need to understand that there isn't the immediate kind of action available if they need it. We can prepare them for that; we can explain it. We can have it on our websites; we can have them sign a consent form."

The participants also suggest that counsellors starting to work online may take on more than their capacity to practice if they do not carefully screen clients for suitability. Ben shares his experience in realising the importance of assessing client suitability for the modality of online counselling:

> According to Ben, "I remember when I first began my online practice and was desperate for clients like any new counsellors in private practice … I soon realized I didn't want to be in this situation and having to deal with

someone who is unstable, needs to be in an intensive outpatient program (IOP) or partial hospitalization. That is when I think the lack of non-verbals can really hurt because when you are working with someone who cannot regulate their emotions, you can't really be on top of everything. To assess client suitability, I have them fill out two questionnaires for intake prior to even considering taking them on as clients. If they have information missing, I will tell them we can't work together. The intake forms can be very comprehensive from collecting history, family, and current life functioning information to assessing substance use and suicidality. I am looking to ensure that people are stable for online therapy."

Theme 5: reaching more clients

Participants noted that online therapy provides a means of reaching people who may otherwise experience barriers to accessing mental health services, due to its convenience, accessibility and perceived privacy. It is particularly appealing to clients such as those living in rural communities where a clinician is not available locally, or in locations where it is difficult to find specialised services. It may also be appealing to anyone with anxiety related to the stigma associated with seeing a counsellor (for example, being worried about coworkers, neighbours, or community members seeing them access mental health services).

> Francine shared, "Clients have shared that they are really glad they're doing it this way because they may be too embarrassed or ashamed to face someone in person. Or they live in such a small town that there are too many other elements of concern for them. And one woman did actually say, 'I'm just glad you can't see me because I'm so ashamed of how I look.' But she was able to start to move through that too, 'Oh, counselling might be ok.' Because she was so afraid of judgment, online counselling seemed to be able to move her into a place where she might actually be able to walk into an office and talk to a person in regards to the self-esteem and body image concerns."

Several participants elaborated on the experience of working with diverse and geographically distant clients as a positive experience.

> John explained, "I'm able to reach people who before did not have access to these services and now because of technology they do. Something really interesting is that I'm from a Jewish background, and for the first time last week, I saw a client from Saudi Arabia. What are the chances of that happening without Skype?"

Ben described the value in online therapy for clients who travel for work or are posted in rural locations such as in the military:

> "I have worked with clients from Korea, China, Africa, Europe and the Middle East. Most people I work with are functioning professionals. It is usually English speaking people who cannot find the mental health help they need locally because they are either in a foreign country or they don't feel comfortable with the services available locally, so they come online and find me and like what they see when they read about me on my website. I have had some clients who travel a lot, whether working for the military or the UN, moving from one state to another so they have continuity of care with me. Some of my clients just like to have a counsellor who can be easily accessible, and they can talk things out with."

Theme 6: assessing client satisfaction

According to the participants, some of the ways that counsellors infer client satisfaction is when they book a second appointment and when they provide feedback about the service and convenience.

> John stated, "when measuring success, I think what is really telling is when a client makes the second appointment. It indicated to me that they've been comfortable with the technology, and there's therapeutic alliance, there's a relationship that they want to come back and have a second session. To me, that's what success is".

> Ben added, "The client feedback has generally been very good. A client once said to me this is the coolest thing, 'I am here on a Sunday morning in my pyjamas getting therapy.' My clients have thanked me. When people go out and look for help, there are many choices, and this just happens to be one of them. For the right person, online therapy can be the perfect choice".

Another important concern is being comfortable with computer hardware and keyboarding skills. Counsellors have to be comfortable with an online modality, and some participants also posited that a client who has experience using ICTs would benefit more from online therapies. They won't be distracted having to learn new technology, but they will also have an understanding of the norms, expectations, and limitations of computer-mediated communication.

> Carl illustrates, "I think what distinguishes those who really can use it to the optimum, are people who are good writers, people who have the ability or the inclination to be reflective, to think, as opposed to spontaneously venting. The client might be venting. They're just typing away everything that's on their mind. Thus a person who's a bit savvier around computers, more articulate, will benefit more."

Theme 7: distinct legal and ethical issues

Participants expressed concern about the potential legal and ethical issues. Because these issues have not been well defined, participants have resorted to self-regulation and making up their own rules to protect themselves and their clients. It appears that the absence of a unified professional regulating body for the practice of online counselling seems to be contributing to the rise of a generation of clinicians who develop and practice under their guidelines.

Two categories fell under this theme: (a) client identity, and (b) privacy and confidentially.

Client identity

Some clients may try to maintain their anonymity by using aliases or resorting only to text communication and avoiding visual contact. Individuals can use aliases to access online counselling or to conceal their age when it comes to giving consent for counselling. The counsellors in this study reported taking special care and precaution when working with clients online. For example, they ask for information such as full names and addresses as they try to confirm the identity of the clients. Some choose not to work with anonymous clients in their private practices.

> Carl stated, "We need to make sure that when they register, we have proper contact information. Could someone be masquerading as someone else? Why not? And it's an interesting question. We could argue that when people come to see us, they could be saying that they're John Smith, when in fact, they're not John Smith. They're someone else. We gather information. We get a phone number, an address, but do we know at that moment that what they're telling us is accurate? But isn't this also true of in-person counselling? There are a lot of questions that anyone going into practice online need to be aware of. Screening, registration, ensuring as best as we can proper identity, providing a secure–I would add encrypted–a way in which to communicate with our clients, is critical."

Privacy and confidentiality

Privacy and confidentiality are central tenets to counselling that are continuously questioned in current and emerging literature about online therapy, and they appeared in these narratives. The concept of confidentiality was a common concern that the counsellors in this study grapple with, both online and in person.

> Ben explained, "No one has ever really asked much about the confidentiality or had privacy concerns. Most people find my website and read the confidentiality statement before we begin therapy. The reality is that people can hear through the walls where I worked, phones can be tapped, and medical files can be stolen. I don't perceive the online risk as being any different. I tell clients in the (intake) questionnaire that they do not need to write identifying data on the forms; they can supply their names and addresses separately so the questionnaire wouldn't have any identifying information if someone got a hold of it. Clients seemed more concerned about confidentiality at my workplace than online. Clients worry about their medical and mental health records in the hospital and how safe those records are."

Theme 8: facilitating professional and personal goals

Participants noted that the affordance of online therapy means that therapy is no longer limited to specific geographic locations or traditional office hours. Participants also noted the associated convenience and flexibility. It appears that online therapy may lead to more career satisfaction now that counsellors can work as much or as little as they wish, continue to practice beyond retirement, and potentially travel or relocate without losing their client base and having to rebuild a practice.

> Ben explained, "My goal in two years is to buy an RV and have satellite Internet so I can provide online therapy from wherever I may be. I got into online therapy when the incentive program at work ended to supplement my income, but it really is also my retirement program. As a counsellor on the road, then I just have to keep my time zones straight. I have some clients now that are 13 hours ahead to 3 hours behind."

Discussion

The current study illuminates the experiences of counsellors who use their clinical skills to assess and assist clients over the Internet. The findings may begin to help dispel the stereotype of untrained, hapless quacks offering incompetent help online, as portrayed in popular shows such as "Web Therapy". In contrast, the current study reveals that some who practise online therapy are experienced clinicians who take their roles and the impact of their work very seriously. Out of the four counsellors, two had obtained additional training in cyber-counselling skills.

Further, the findings from this study revealed that, from these counsellors' perspectives, the therapeutic alliance could effectively be developed online. Moreover, the findings also suggest that therapeutic alliance can be established in numerous online modalities, such as videoconferencing, text-based chat, and email. One of the concerns with online therapy has been whether a therapeutic alliance can be established between a client and counsellor in the absence of nonverbal cues (Cook & Doyle, 2002; Leibert, Archer, Munson, & York, 2006; Sanders, 2019). This study reveals that therapeutic alliance can, indeed, be developed in online contexts, at least when it is practiced by experienced therapists. These findings are consistent with a growing body of research exploring alliance-formation in synchronous online counselling (Hanley, 2012; Knaevelsrud & Maercker, 2007), e-mail therapy (Cook & Doyle, 2002; Dunn, 2012), as well as videoconferencing (Backhaus et al., 2012; Stefan & David, 2013). Indeed, research has begun to suggest that the quality of the therapeutic alliance in online therapy can be similar to face-to-face counselling (Anderson et al., 2012; Hanley 2012; Hanley & Reynolds, 2009; Reynolds, Stiles, Bailer, & Hughes, 2013; Sanders, 2019).

Further, Murphy and colleagues (Murphy et al., 2009; Murphy, Mitchell, & Hallett, 2011) found client satisfaction of online therapy to be similar to face-to-face counselling. In a comparable study, Zeren (2015), reported clients pursued support or similar presenting problems and reported remarkably similar satisfaction on both face-to-face and online counselling. Participants in the current study reported that despite challenges that are unique to online therapy, such as technical difficulties and the absence of visual-cues, counsellors could develop a good working relationship. They were able to stay present and attuned to the client's emotional state and provide an emotionally engaging and confiding relationship with their clients. These counsellors negotiated the therapeutic relationship in online counselling on a case-by-case basis with factors such as technological literacy and client jurisdiction, changing how they navigated the relationship with each client. Although there were worries by clients that a strong client-counsellor bond could not be made online, it is clear from these participants' narratives that they believe that a strong and functional therapeutic relationship can be established and maintained in an online setting.

The skills required of counsellors in online settings are similar to the skill sets used in face-to-face sessions. Synchronous video chat mediums align most closely with the skills used in traditional therapy, as there is less need to compensate for the lack of visual cues. However, counsellors must be mindful that even with video chat, they cannot observe the entirety of the client and thus may be missing key client information. Further, counsellors cannot convey the same sense of presence

in an online setting when compared to a face-to-face session. The information gathered from the narratives in this study revealed differences in the depth of responses between synchronous and asynchronous mediums with asynchronous communication eliciting more thoughtful responses than synchronous communication. Because of the instantaneous nature of asynchronous mediums, the participants experienced that they and their clients replied with less spontaneous, more thought-out ideas in these modalities than when they used synchronous mediums for conducting therapy.

The narratives also revealed that, when using text-based mediums where there is no indication of verbal tone, the participants required compensatory skills. Previous studies suggest that three compensatory techniques which may be used in text-based setting are emotional bracketing, emotional immediacy, and time presence (Murphy & Mitchell, 2009). The narratives in the present study underscore the idea that online therapy skills, while similar to face-to-face therapy skills, also require adjustments to be effective in any online setting.

Moreover, one of the main findings of this study was that these four counsellors felt that the convenience of online therapy is a major benefit for practitioners and clients as well. Convenience has been cited, indeed, as one of the major benefits of online therapy in the literature (Chester & Glass, 2006; Mishna, Tufford, Cook, & Bogo, 2013; Richards & Viganó, 2013). In the narratives, the participants' specific descriptions of the conveniences of online therapy included being able to provide therapy from the comfort of their own homes, being able to work while travelling, and being able to offer flexible hours by working on weekends and later in the evening to accommodate their clients.

Assessing client suitability also emerged as an important theme in the narratives, suggesting that, despite its potential benefits, online therapy modalities may not be suitable for everyone. All the participants in this study appeared to take ethical precautions when practicing online and were careful not to put themselves in a compromised situation with an unsuitable client. The concerns raised by the participants reflect Suler's (2001) recommendation that counsellors assess clients' amenability to online therapy in various domains, including communication style, assessment preferences, comfort with using a computer, presence of personality disorders, suicidality, concurrent mental health treatment and history, as well as disabilities and chronic medical conditions that may interfere with their ability to engage in online therapy. Notably, one of the primary concerns that the participants in this study had about assessing suitability was ensuring they could conduct accurate assessments of their clients. This is consistent with other authors, who have argued that assessment is an essential online therapy competency (BACP, 2019; CCPA, 2019; Finn & Barak, 2010; Mishna et al., 2013).

From a social justice perspective, one of the overarching goals of the profession of counselling and psychotherapy is to be able to assist individuals who are outside of the mainstream and in need of support (Hilty et al., 2013; Mallen et al., 2005; Mattison, 2012). This study suggests that online therapy provides one way of meeting this objective. Although all the participants in the study operated out of their private practice, the potential to reach diverse populations via technology is a real possibility. This modality may be particularly beneficial to clients living in remote or rural communities (Mallen et al., 2005; Rojubally et al., 2013) or who have concerns about privacy. Also, there still exists stigma in accessing mental health services and the anxiety and fear of being vulnerable can be so great that it inhibits people from seeking help (Olasupo & Atiri, 2013; Vogel, Wade, & Hackler, 2007). This may be particularly true of individuals from cultural backgrounds where counselling is less well accepted than in Canada, such as newcomers and international students (Arthur, 2016; Willis-O'Connor, Landine, & Domene, 2016). Online therapy provides a way to avoid this stigma and still help populations that are vulnerable or reluctant to access face-to-face counselling services. Furthermore, Hilty et al. (2013) propose that online therapy allows clients of different ethnic backgrounds to access mental health care from service providers that are from similar backgrounds, thus increasing cultural sensitivity and engagement. Though the potential exists to reach these populations, the present reality is unknown.

Online therapy also can reach marginalised individuals, such as those who identify as Lesbian, Gay, Bisexual, Transgendered or Queer (LGBTQ), as well as other populations who underutilise the mental health care system (Israel et al., 2019; Pachankis, Lelitiu-Weinberger, Golub, & Parsons, 2013). For

example, online counselling provides the possibility of connecting people from a variety of cultures where seeking mental health might not be supported (Hilty et al., 2013; McFadden & Jencius, 2000; Shernoff, 2000). According to James and Prilleltensky (2002), in many cultures, the stigma attached to therapy is so prevalent that a "good person" would not seek help from a mental health professional. Many immigrants hesitate to openly discuss emotional and personal matters with strangers (Green, 2004; Li & Browne, 2000; Sadeh-Sharvit, 2019) and may find the anonymity of online therapy very appealing (Hanley, 2012). Additionally, online therapy may provide increased access to multicultural counsellors and allow clients more therapeutic choices (Guanipa, Nolte, & Lizarraga, 2002; Luxton et al., 2014). The need to connect with culturally competent counsellors is echoed in the development of a new APP (Anaya) that proposes to connect users with licensed professionals that share their values, culture and sensibilities (Kassahun, 2019). Finally, online therapy may also benefit clients who are not able to leave their homes or to travel long distances due to medical or physical limitations. Taken together, it appears that online therapy can make mental health consultations and services more reachable cross-culturally, cross-specialty, and globally. The participants in this study were very much aware of this potential and described taking steps to foster it in their narratives.

The concern with regards to client confidentiality and privacy on the Internet has been articulated in much of the literature (Anthony & Goss, 2009; Baker & Bufka, 2011; Bloom, 1998; Callahan & Inckle, 2012; Chipise et al., 2019; Kraus, 2010; Sude, 2013). Unfortunately, due to the cross-cultural and cross-border accessibility of online therapy, locally or even nationally-based guidelines likely fall short. For example, psychologist licensing is conducted on a state-by-state basis in the United States and province-by-province in Canada. To deliver care legally across state and provincial boundaries, psychologists need to be licensed and registered in all the jurisdictions in which their clients reside (Rojubally et al., 2013). The only exception being the State of Virginia, which permits licensed psychologists in Virginia to practice with clients from another state. Similar restrictive regulation exists for many registered social workers in Canada. The situation for counsellors in Canada is further complicated by the fact that there is no legislation governing the practice of either face-to-face counselling or online counselling in half the country and, in the provinces where the profession is regulated, standards for practice vary from jurisdiction to jurisdiction. Thus, the current licensure and regulatory climate is not responsive or conducive to online therapy practice; the field may require international regulations to be developed soon, which in itself is problematic given that laws and licensures of practice are not international. The highly dynamic nature of the Internet and technologies for online therapy has made it difficult to draft policies. However, the rising and innovative uses of online therapy have made it incumbent upon the field to address regulatory hurdles to practicing online.

Counsellors in this study raised similar concerns. They narrated how they had to navigate much of the online counselling landscape on their own, including learning about software with encrypted delivery systems and establishing their boundaries in regards to the scope of their practice. One participant also challenged the prevailing concerns about confidentiality and privacy in the broader counselling context. Participants described experiencing equivalent concerns that face-to-face clients have at the hospital and agencies. Face-to-face clients are also concerned about the confidentiality of their records, as hospitals and large agencies rely on administrative and clerical staff for billing and record maintenance. For example, in 2014, a Toronto hospital security breach that spurred multiple investigations after the confidential information of more than 8000 patients was stolen and sold to a financial firm (Margison, 2014). Thus, the threats to client confidentiality are not only an online or Internet security concern. Unfortunately, much of the previous counselling literature has not discussed the threats to confidentiality that can occur when using online practice modalities relative to the threats to confidentiality that are also prevalent in face-to-face counselling.

Another concern that has been debated extensively in the literature is the issue of client identity (Callahan & Inckle, 2012; Childress, 2000; Chipise et al., 2019; Kraus, 2010; Suler, 2005). Counsellors in this study had similar questions and concerns regarding identity when they worked online as when they worked with face-to-face clients. However, conducting counselling online did not seem to increase these concerns for any of these participants. In general, they reported using an honour

system regarding identity for both their online and their face to face clients. As such, participants asked for personal information (e.g. full name and mailing address) and took client identity at face value, with no independent background check to confirm the client's identity. There does not appear to be evidence to support the possibility that people hide their identity or personal information in online settings any more than they would in a face-to-face setting. However, the literature does raise the question of how much emphasis practitioners should put on being able to identify potential clients. Although the participants did not describe this as a concern in their narratives, professionally and ethically, practitioners online need to have adequate information and resources to help support an individual who might be in crisis or be at risk for harming themselves and others.

The literature on computer-mediated communication has established that higher levels of self-disclosure are possible with visual anonymity (Joinson, 2004). In fact, several crisis counselling services such as Kidshelp and YouthInBC encourage and permit client anonymity to increase the likelihood that teenagers will access needed mental health information and assistance (Timm, 2011). Thus, the recommendation of treating client identity similarly for online and face-to-face counselling, which was expressed by the participants in the present study, may not fit with research about online communication in general. Suler (2005) argues that online therapy, where clients may choose to mask their identity, could lead to more efficient and effective self-discovery and growth. He argues that the "online disinhibition effect" increases the depth of emotional connection and enables clients to get to the core of their issues faster. However, Childress (2000) and Chipise et al. (2019), point out that there are legal and ethical implications of not verifying client identity, in particular when treating minors without parental consent, or in situations of crisis (suicidal or homicidal ideation) where immediate intervention is required on the part of the counsellor. Evidently, the field has not yet achieved consensus about this issue.

A unique finding of this study was the fact that participants reported that online therapy could help to meet their personal and professional goals. It appears that online therapy may allow counsellors to incorporate flexibility into their work environment–enabling them to work as much or as little as they want (fulltime/part-time, past retirement age, etc.), and wherever they want (e.g. from a home office; while they are travelling; etc.). Also, the findings suggest that the opportunity to help clients cross-culturally and globally may enhance some counsellors' professional experience, confidence, and contribute to their career satisfaction.

Limitations and future directions

Although this study had several strengths, some limitations must also be recognised. First, the attitudes towards online therapy that these participants expressed reflect the fact that they were all experienced online practitioners who were content with practicing online and did not seem to have concerns to discuss. Likely, practitioners who do not practise online therapy or who have tried it and decided not to continue may have more negative experiences and raise different kinds of concerns. Although convenience, accessibility and additional pay are appeals of this modality, practitioners and researchers need to operate from the ethical standards of practice that are set forth by the regulating bodies. For example, to gain informed consent, they should have tools for evaluation and assessment as well as protocols to follow for safeguarding privacy and confidentiality.

Furthermore, counsellors need to stay abreast not only professionally but also regarding the new and emerging technologies and how that impacts the online therapeutic process. Currently, the onus of abiding by ethical policies and procedures are on the individual counsellor as the counselling profession does not have a regulating body in many parts of the globe and, even in Canada, counselling is only regulated in some provinces (Ontario, Quebec, Nova Scotia and New Brunswick). It is recommended that online therapy practitioners pursue additional training and orient themselves to legal and ethical standards before utilising this modality. Given the burgeoning field and evolving

nature of the licensure laws and ethical codes, this study is limited in the timeframe as it represents a snapshot for the current standards of practise.

As with all narrative research, this study was not designed to be representative of the entire population of counsellors. Nonetheless, future work should explore how practitioners who do not practice online or have rejected doing so after trying it perceive about this modality, and what their hesitations and concerns are about moving into this modality for practice.

Although it is unlikely that participation in a research study itself would have damaged the reputation of the participants, given that the number of practicing online counsellors in Canada is not very large, confidentiality was promised as part of the process of obtaining informed consent. Therefore, caution was taken to change as much identifying information as possible and, when decisions had to be made between presenting evidence to support the conclusions being made and preventing inadvertently revealing participants' identities, the choice was always made to omit information. The decision to prioritise confidentiality over full inclusion of information may have weakened the study by reducing the number and content of supporting quotations.

The goal of using a narrative methodology is to elicit individual experiences. This means that narrative methodologies do not generate a set of generalisable results or a list of universal recommendations; instead, they produce rich stories and experiences that provide a glimpse into someone's experience (in this case, their online counselling practice). Thus, the current study cannot be used as a universal "how to" list for online therapy, nor a blanket endorsement for online therapy. Instead, it provides insight into the professional experiences of some counsellors online that may resonate with other practitioners in the field, which, in turn, may influence their practice. Reljic, Harper, and Crethar (2013) point out, no matter what format is used or how useful the communication or therapeutic tool is, it will only work for the client if it is adapted to meet them as a person and is responsive to their therapeutic needs.

Although the current study is important and provides foundational knowledge, future work in this field should build on these findings and utilise research designs that can focus on developing concrete recommendations and strategies for practitioners who provide online therapy. Furthermore, future studies could examine the cultural implications of online counselling, as the availability of counsellors across the globe essentially means clients with a standard Internet connection and access to a private computer or other communication devices would have access to the services.

Conclusion

Online therapy is becoming much more commonplace. However, with the technological landscape continually changing, it may take very different forms over time. For example, ten years ago, most online therapy was conducted only via text or e-mail. More recently, videoconferencing has become more common, as high-speed Internet, high-definition cameras, and mobile and wearable technologies have become more accessible and affordable. The Internet offers vast potential, and there remain many uncharted territories. With advances in mobile devices, video-based therapy has become a genuine possibility, as is virtual-world therapy. Russ (2012) found that therapy offices within a virtual world such as Second Life are a viable method for offering mental health information and psychotherapy. A recent randomised controlled trial demonstrated promising results of the use of therapist-led VR exposure therapy in reducing symptoms of public speaking anxiety (Lindner et al., 2019). Advances in virtual reality and augmented reality technologies (Baccon et al., 2019; Garrett, 2014; Yarm, 2014) also have the potential to change the nature of online therapy in the not so distant future. Recently, we have witnessed an exponential growth in the use of mental health APPS such as Head Space, Mind Shift and Calm (Levy, 2020). As well virtual care software such as the Jane App, VirtualCare and Owl Practise are on the rise as clinicians make the shift to online therapy

According to Comtex via Globe News wire (3 September 2020), the global virtual reality exposure therapy market is expected to grow at a CAGR of 35.5% from 2020 to 2026.

There is little doubt that we will see an increase in forms of therapy and human interaction being offered at a distance and online; thus, it is our ethical and professional responsibility in the field of counselling and psychotherapy to engage with and remain knowledgeable about advancements in online therapy technologies.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Shereen Khan, PhD, RCC is a Registered Clinical Counsellor at the Health and Counselling Center at Simon Fraser University, maintains a private practice in Vancouver and provides adjunct instruction at the University of British Columbia and Simon Fraser University. At the university counselling services her focus is on providing mental health counselling as well as supervision of practicum students. Her areas of counselling specialities include relationship, trauma and online counselling. Her teaching portfolio consists of courses in career development, counselling psychology theory and practise, critical thinking, and university transition. Her research interests include use of technology and impact on human development and qualitative research methods.

Dr. Jennifer D. Shapka is a Professor in the area of Human Development, Learning and Culture at the University of British Columbia in Vancouver, Canada. As a developmental psychologist, Dr. Shapka is interested in identifying how contextual factors are contributing to developmental wellbeing for children and adolescents. For the past two decades, Dr. Shapka has explored the impact of what it means for kids to be growing up in a digital age, where technology has infiltrated most aspects of their lives. She is particularly interested in social-emotional and cognitive outcomes, and has published and presented on topics such as parenting around technology, cyberbullying, and adolescent's understanding of online privacy. Her current research focuses on self-regulation around technology.

Jose F. Domene, PhD, RPsych, is a professor of counselling psychology in the Werklund School of Education at the University of Calgary. His areas of teaching include career development, counselling psychology ethics, and qualitative and quantitative research methods. His research interests include relational contexts of career development, intersections of technology and practice, and professional issues in counselling and counselling psychology in Canada. Dr. Domene is also a Registered Psychologist whose clinical work includes a focus on the intersection of career-life and mental health concerns, and on supervision of psychologists-in-training.

ORCID

Shereen Khan 🆔 http://orcid.org/0000-0002-2675-7891
Jose F. Domene 🆔 http://orcid.org/0000-0002-8889-7005

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Appendix: Counsellor Interview Questions

Preamble to interview questions

Thank you for willing to participate in the interview today. This interview should take about an hour and a half and the information you provide will be kept anonymous. I would like you to speak about your experiences in online therapy. I would like to begin by asking you, when and how you got started in providing this service? And how long have you been practising online counselling?

Focus on the online therapy experience

e.g. I want to find out more about counsellor's experiences of engaging in online therapy.

1. What has your experience been like?
2. What words you use to describe your online therapy experience?
3. What does online therapy mean to you?
4. How did you learn about online therapy? Did you receive any training?
5. What mode of communication (email, chat, video conference or both) for online therapy do you use?
6. How do you feel about the absence of audio/visuals?
7. How is it expressing yourself and responding to clients only through text? did you use any techniques to compensate for not being face-to-face?
8. How do you assess client suitability for online therapy?

Focus on online therapeutic relationships

1. What instructions or guidance do you provide to your clients in regard to online therapy?
2. What techniques do you use to build rapport and establish a trusting relationship?
3. Were you able to develop a trusting and collaborative relationship with your client?
4. Did you encounter any technical difficulties while meeting with a client?
5. What do you wish had done differently?
6. Have you experienced any difficulty in terms of your professional ethics?
7. When you are faced with an ethical dilemma online, what do you do?

Encourage discussion of challenges of working in this environment:

8. What do you like/dislike about online therapy?
9. Is it easy to find information about confidentiality and security over the internet from your website?
10. Do you feel online therapy meets your professional goals for counselling?
11. Do you ask for client feedback? What have their feedback mostly been like?
12. How has your online practise changed?

Conclusion

Now that you have had this experience, what suggestions might you have for improving the online counselling services in general? What would you like to see as an added feature?

13. Is there anything else you would like to share with me today?
14. Is there something that I should have asked you that I didn't think to?

Focus on the interview experience

15. How was this interview experience?

Thank you for participating. You will be receiving an email from me soon with some themes and questions and I would be asking you for your availability for a second interview.