Online therapy:
what we know now

What does research tell us about the experience of remote counselling for both clients and therapists – and what is still unknown? **Jeannette Roddy**, **Naomi Moller**, **Wayne Full** and **Andreas Vossler** share their findings

It is nearly three years since lockdown measures against the transmission of COVID-19 were eased across the UK and we could return to in-person counselling. Since that time we have continued to adjust to a new normal in terms of counselling provision, one in which remote counselling via video platforms is now typically part of a standard service and private practice offer. Yet while the pandemic spurred on both research and practice in remote therapy, we would argue that the profession is still learning about remote delivery, with much as yet unknown.

According to meta-analytic reviews of pre-pandemic research, remote therapy is as effective as in-person.[1] A study comparing pre-pandemic in-person therapy to remote work during the pandemic found some improvements in symptoms of anxiety and depression, and no worsening of outcomes, for more than 5,000 clients who completed IAPT (now NHS Talking Therapies) therapy.[2] A similar study also found no difference, except that recovery seemed to be faster in remote therapy.[3] Yet we still don't really know how outcomes compare when people are free to choose between remote and in-person therapy, or if these findings hold true for all presenting issues or client groups. We also don't know from this type of research whether practitioners have to work differently online in order to get those 'as good as in person' results.

There has been a lot of research on how practitioners experienced the switch to remote provision but not, as yet, much research on the client experience. Much of

the work that has been done is focused on the experience of a forced shift to remote working. For example, one study that interviewed clients who had gone back to in-person working post-pandemic found that they mostly saw the online therapy as 'less than'.[4] However, there is not enough research so far to suggest that we should encourage clients to opt for in-person if online is more convenient for them.

Although video counselling is increasingly part of a standard service offer, we would also argue that services lack an empirical basis on which to decide whether there are some clients who should never/always be offered remote counselling. Additionally, hybrid counselling, where a client might usually work in person but occasionally online, is under-researched - is a 'whatever suits' approach good enough?

Whether video counselling is inclusive is another significantly under-researched area, yet counsellors have an ethical imperative to think about the inclusivity of their practice, including their remote practice. It seems likely that video counselling may be less accessible to some populations due to digital exclusion, including issues such as not having an internet-enabled device or not having

enough data for a 50-minute weekly video session. Alternatively, remote counselling might actually help some populations access counselling who were unable to do so before - for example, people with chronic illness and disability. This has always been a key rationale for remote therapy, yet there is limited research evidence to support this.

While there is much that we do not know, it is also worth considering what we do know from the published research. We, the authors, have conducted one of the largest online qualitative studies ever. Taking place during the pandemic, 590 therapists responded to a qualitative online survey, providing more than 130,000 written words. This allowed a detailed exploration into counsellors' lived experiences, both positive and negative, of online working, given the relatively new experience of online working to many therapists.[5] A second project completed a literature review of therapists' experiences of video therapy both prior to and during the pandemic, and provided further insight into therapist views of online working.[6]

We also interviewed Marianne Guthzeit, Clinical Lead, and Nicola Arceri, Deputy Clinical Lead, of Sunderland Counselling Service, to explore the reality of video

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counselling in a general counselling environment from a service perspective. While the service suggests online working is the next preferred option after in-person work, only five per cent of clients in this service chose video therapy, with more opting for telephone.

Looking at our different pieces of research, we identified areas of commonality and difference, which we share below.

Areas of commonality

Digital know-how: There was clear recognition of the challenges of internet working for those who were less familiar with computers, apps and the internet. Clear information sheets were needed for clients to make them aware of how the therapy would take place, what sort of arrangements might be required at home such as a private, safe space, free from interruptions from family members, and voice-based apps such as Alexa, as well as covering technical issues such as client technical understanding, or any software that needed to be downloaded. Simple and straightforward instructions can be very helpful in supporting clients into an online environment. However, these are still not generally available and would benefit from development.

Client and counsellor safety: There was general agreement that some clients may be less suitable for online working, such as those with suicidal ideation and intent, living with an abuser, or experiencing trauma. However, the views expressed were diverse, from those preferring risk management, to those wanting to mandate in-person sessions only. There is evidence to support both perspectives, but further research is needed to help establish reasonable boundaries. It was also noted that clients who potentially posed a risk to a counsellor in person could be seen remotely, ensuring client and counsellor safety.

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Digital deprivation: As noted above there can be difficulties for some people in accessing online services. In some cases a remote telephone session may be easier to manage, but this may come with limitations on what the therapist can pick up during a call, if untrained or inexperienced in telephone counselling.

Client benefit: The potential benefits for seeing people who were unable to leave their home due to mental and/or physical health issues were seen as a significant improvement on in-person-only services.

Client behaviour: There were many examples given of clients not adhering to the guidance around preparing for sessions, such as allowing interruptions from family members, taking the session with other people present, or while undertaking domestic tasks. Even when noted and raised with the client, the client did not always

understand why this might be a problem for the work, even when guidance had been provided. This is perhaps something to be addressed through discussion in therapy, rather than rigid implementation of policy.

Financial benefits: There was general agreement that there were cost benefits to counsellors, organisations and clients with online working through the reduction in travel time. Working online also meant that more clients could be seen, as services were no longer limited by the number of counselling rooms available, potentially also increasing access to therapy.

Areas of difference

Technical experiences: The literature recorded difficulties in working with internet connections that dropped, delays in transmission, unclear pictures or sound and the impact on the therapeutic relationship. However, the service provider talked about finding the right platform and using a specially designed encrypted system, which was designed to meet the needs of their service. It is possible that since the pandemic internet provision has become more reliable and faster, improving the experience of both clients and therapists. Research to define an acceptable standard for the technical provision of online working would be useful.

Hybrid supervision: The service provider suggested that it may be helpful to have some supervision sessions in person to allow the supervisor to see the counsellor more fully. Within the literature there was much debate about how well counsellors could use online working for their therapy work but no substantive mention of supervision. Nevertheless, the same issues of how much you can truly 'see' online and whether it is enough within a longer-term supervisory or therapeutic relationship remain to be studied and answered.

Further challenges

There was broad agreement among therapists on the following additional areas:

- Experience matters - the research indicated therapists who were more comfortable working with technology were also more likely to feel more competent in delivering therapy online.
- Adaptation is needed - some therapists felt that the video connection limited the information available to them, reducing their engagement or ability to observe compared to their in-person work. While some were happy to continue working online post-pandemic, others were more interested in either returning to in-person working or a hybrid option.
- Wellbeing is impacted - some therapists reported feeling more tired and drained at the end of a day of online working than they would do in person. It is possible that this is related to their own relationship with technology and their therapeutic style.
- Counselling process is changed - losing the opportunity to chat with the client on the transition to and from the counselling room, or for the client or counsellor to reflect on session content either before or after the session (due to joining immediately after another activity), was seen as a loss. Practice had to be adapted to allow this to happen in a different way.
- Regulation can be challenging - some felt that it was harder to facilitate emotional regulation and containment with a client online, compared with in-person. It is possible that this issue also links directly with the client safety section earlier.

Disagreement

Views differed on the following issues:

- Change of setting - therapists reported seeing more of the client and their home life such as a bedroom, which they felt was intrusive. Other therapists saw advantages in the client being at home and more able to relax and reveal more about what was troubling them.
- Therapeutic relationship - this was seen by some as better online and by others as worse. Equally, the ability to work with transference and countertransference was seen as both better and worse by practitioners.
- Creative potential - for some the online space limited creativity and creative interventions with clients. For others it provided an opportunity to develop new and different ways to facilitate creative work.

Overall it appears there are some therapists who enjoy working online, with others preferring to continue to work in person. Technology can sometimes be challenging for counsellors and clients, yet there is also evidence of people embracing and working well with video therapy. What is clear is that there are many areas of online working that would benefit from further research to consolidate and extend what we currently know or have observed. ■
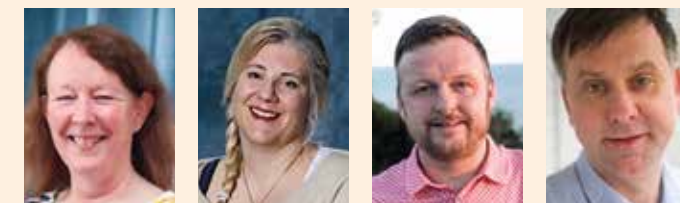
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