Delivering Online Therapy During COVID-19: Counselling Psychologists' Experience.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed:

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Abstract

The utilisation of online therapy has flourished in recent years, with the need for flexible and remote delivery of therapy substantially increasing due to the COVID-19 pandemic. This present study aimed to explore counselling psychologists' experiences of delivering online therapy during COVID-19 in Aotearoa New Zealand. A thematic analysis of eight interviews with registered counselling psychologists in Aotearoa New Zealand revealed themes around the challenges and benefits of online therapy, and the impacts of online therapy on the therapeutic relationship - a hallmark component within the clinical practice of counselling psychology. Counselling psychologist participants identified several general benefits of delivering online therapy, both in relation to meeting the needs of certain client demographics and in attending to participants' own self-care during the pandemic. However, participants also identified ethical, cultural and relational challenges and complexities unique to delivering online therapy within a pandemic and lockdown environment. The benefits and challenges reported by participants in this study were consistent with those reported in the international literature. The findings of this study suggest that despite the reported challenges, counselling psychologist participants viewed the aims and values of the counselling psychology discipline to fit with the ongoing integration of online therapy into clinical practice. Whilst the findings of this study are limited by its small sample size, it is the first study that specifically assessed counselling psychologists experience of delivering online therapy during COVID-19 in New Zealand from a practice-based lens.

Chapter One: Introduction

Aim

The aim of this current study was to explore and document the experiences of counselling psychologists delivering online therapy in New Zealand during COVID-19. Further aims were to develop an in-depth and context-based understanding and exploration of the complexities inherent to delivering online therapy within a COVID-19 context in New Zealand, and how online therapy is perceived to be integrated into the counselling psychology discipline. Findings from this study may inform future research and training of counselling psychologists to enhance the integration of online therapy within the clinical practice of counselling psychology.

Issue and Context

The utilisation and development of technology-delivered psychological interventions has flourished in recent years (Kraus et al., 2010; Richards & Viganó, 2013) with the need for remote and flexible delivery methods being catapulted due to the COVID-19 pandemic. The United Nations developed a policy on 'COVID-19 and the Need for Action on Mental Health' which emphasised the necessity for extensive availability of emergency mental health and psychological support to support a societal recovery from the COVID-19 pandemic (United Nations, 2020). Although the necessity of mental health services during the pandemic is clear, the infectious nature of the virus and the presence of intensive community transmission has led to the closing down of face-to-face mental health facilities across the globe (United Nations, 2020). In Aotearoa New Zealand, most mental health facilities cannot operate face-to-face during Alert Levels 4 and Level 3 due to regional or nation-wide lockdowns. This backdrop has propelled the need for remote mental health services to continue to be a part of the COVID-19 health response (Malathesh et al., 2020) but required a rapid shift in their mode of delivery.

Against the backdrop of COVID-19, internet and computer-based technologies have emerged as the primary tool to continue the provision of mental health services by a range of mental health professionals including psychologists. These may include the use of video communication technology, audio calling, emailing, messaging and internet or app-based interventions to offer services similar to face-to-face consultations (Zur, 2020). What was previously considered a peripheral service has transformed into the only medium where psychologists can continue to provide clinical services of assessment, diagnosis, and treatment. Such online tools can be classed under umbrella terms of telehealth, e-therapy,

online therapy, or tele-counselling which adopts the use of digital technologies to provide remote psychological services. For the purposes of this study, we will be using the term online therapy to refer to videoconferencing platforms such as Zoom and Microsoft Teams.

Online therapy via videoconferencing is the technology platform of interest for this study. Videoconferencing offers clients the benefits of continuing therapy remotely, saving time and money otherwise spent for travel, while allowing for synchronous interactions of speech and body movement in real time (Simpson, 2009). As opposed to in-person therapy, through online therapy, the client and therapist use the Internet to communicate with each other in real time (Sucula et al., 2013). As online therapy occurs in an online environment, online therapy is not defined as a form of therapy but rather as a means to deliver therapy (Sucula et al., 2013).

The efficacy of online therapy has been extensively compared to that of face-to-face consultations; primarily from the perspective of the therapeutic alliance – a hallmark component of successful therapy across all psychological disciplines (Cook & Doyle, 2002; Leibert et al., 2006; Vogel et al., 2007). The working alliance in video therapies has been shown to be high (Norwood et al., 2018) and comparable to the alliance in face-to-face therapies (Bouchard et al., 2000), especially when rated by clients (Ruwaard et al., 2009). Furthermore, numerous studies have indicated that technology-based therapeutic tools are effective in treating a variety of mental health presentations including: mood disorders, eating disorders, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder and chronic pain (Beinter et al., 2011; Loucas et al., 2011; Sloan et al., 2011; Pozza et al, 2014 & Varker et al., 2019).

Despite the empirical support for the efficacy of online therapy, several studies conducted in the United States of America, Northern Europe and the United Kingdom have voiced concerns and reluctance towards online therapy usage from therapists prior to the COVID-19 pandemic. Clinicians generally expressed concerns relating to the ethical, technological, and relational element of delivering online therapy. Their reluctance towards online therapy was linked to a lack of training and empirical evidence on the effectiveness of online therapy; ethical, risk management and confidentiality concerns and occurrence of technological glitches, among other issues (Carper et al., 2011). Further studies have documented the view held by therapists towards online therapy and concerns related to the development of positive therapeutic relationship online (Jerome & Zaylor, 2000; Rees & Stone, 2005; Wray & Rees, 2003). The above factors manifested into a generally neutral, conservative, or negative view towards integrating online therapy into clinical practice (Geller,

2020). Other factors such as the clinician's age, competency of technology use and awareness of the various technology-based tools were also found to be influential in shaping clinicians' views towards online therapy (Perle et al., 2013). The majority of the above cited literature has been undertaken within an international, pre-COVID 19 context with participants mainly representing the psychotherapy component of psychological practice.

Despite the reported pre-pandemic attitudes and experiences of online therapy among psychotherapists, there is a lack of contribution specifically from a counselling psychologist discipline, which is surprising given its strong emphasis on the therapeutic relationship (Manthei et al., 2004). Although there are theoretical overlaps among disciplines, counselling psychology adopts a unique focus on applying psychological knowledge and research at individual, group, and organisational levels (Manthei et al., 2004). Counselling psychologists embrace a range of evidence-based and alternative therapeutic approaches and acknowledges the role of phenomenological perspectives, developmental and contextual factors which influence the atypical and typical problems experienced by individuals (Manthei et al., 2004). Overall, the discipline adopts a strength-based approach in educating, empowering, and enabling clients to enhance their personal, social, educational, psychological, and vocational functioning (Gibson et al., 2004). Given that counselling psychology is an emergent scope of psychological practice in New Zealand, this prompts the need to understand how clinicians within this discipline are experiencing and responding to delivering online therapy in a COVID-19 context.

Research focused on how the COVID-19 context has increased therapists use of online therapy, and any subsequent shifts in clinicians' views or experiences has been explored in international studies (Aafjes-van Doorn et al., 2020; Békés & Aafjes-van Doorn 2020; Békés et al., 2020; Humer, 2020; Geller, 2020 & McBeath et al., 2020). However, this literature is saturated with the perspectives of psychotherapists and does not represent a New Zealand COVID-19 context. Some authors suggest that psychotherapists' attitudes towards online psychotherapy can be influenced by their past experiences, their therapeutic modality, clinical experience, previous experiences and/or training with online therapy, their geographic location and their experience with their transition during the pandemic (Békés & Aafjes-van Doorn, 2020).Additionally, the preparative strategies, complexities and challenges of delivering online therapy, adaptive strategies and overall experience of online therapy for psychotherapist was found to influence their overall attitudes towards online therapy (Békes & Aafjes-van Doorn, 2020). As the counselling psychology discipline emphasizes a contextual focus within clinical practice, it signals a need to research how the broader context of the pandemic and the unique cultural and geographic context of New

Zealand has influenced the online therapeutic delivery of counselling psychologist and their experiences delivering online therapy to clients in New Zealand. This is further relevant as the national COVID-19 pandemic response in New Zealand varied quite drastically compared to other parts of the world.

Both in New Zealand and internationally, many therapists had to suddenly provide video therapy during the pandemic without receiving access to formal training or support, and without much time to prepare for the transition (Aafjes-van Doorn, Békés & Prout, 2020). Although videoconferencing platforms allowed therapists and clients to continue ongoing treatment, it is unclear how this shift to online therapy was experienced by counselling psychologists in New Zealand. It is of interest in this study to explore the counselling psychologists' views of online therapy in depth, as for many therapists, these initial experiences gained during the pandemic may shape their future attitudes about video therapy and impact their future online therapeutic work (Aafjes-van Doorn, Békés & Prout, 2020).

Research into counselling psychologists' experience of delivering online therapy in New Zealand during COVID-19 is both relevant and timely. Despite the lack of local studies exploring this topic, research into this area will provide a practice-oriented understanding into the experiences of counselling psychologists and how the discipline impacts their delivery, views, and ideas about the ongoing integration of online therapy as part of their clinical practice.

Outline of Practice Research Project

Chapter two presents a literature review on counselling psychology and online therapy, and an analysis of literature on the research, practice, and integration of online therapy within counselling psychology and psychological practice as a whole. Chapter three covers the qualitative descriptive approach to research and data-analysis as applied by the primary researcher. A comprehensive overview of the methods and process of thematic data analysis utilised in this study is also included. Chapter four outlines the reflexivity and rigour process that the primary researcher has engaged in, as well as providing an outline on the post-positivist epistemological standpoint overarching this study, and how this interacts with the researchers' stance on subjectivity and adoption of a qualitative descriptive research design. Chapter Five presents the seven themes emerged in relation to counselling psychologists' experiences of delivering online therapy during COVID-19 and how this relates to their clinical practice. Lastly, chapter six presents a discussion of results within the context of existing literature. The chapter concludes with describing the limitations,

implications, recommendations, and possible future research directions emerging from this study.

Chapter Two: Literature Review

Given the focus of this research topic on counselling psychology, there are various areas to be explored in this literature review. This literature review will be organised across four areas of: 1) pre-pandemic views towards online therapy, 2) general considerations for delivering online therapy, 3) delivering online therapy during COVID-19 and 4) Counselling Psychology in New Zealand. This chapter commences with a brief introduction to online therapy.

Introduction to Online Therapy

Research on the delivery of therapy in online settings (including text and email-based deliveries has spanned across the last 40 years (Smith et al., 2021). The methods and technology used for the delivery of therapy has evolved substantially over this period. Webcams first appeared in the early in 1990's, Skype emerging in the early 2000's and high speed-internet was distributed to many parts of the world over the last 15 years (Smith et al., 2021). This rapid evolution in technology has paved way for synchronous communication platforms online, and consequently provides a method for psychologists to continue delivering therapy during the COVID-19 pandemic (Smith et al., 2021). For mental health practitioners, choosing a technology which greatly replicates the in-the-room therapeutic experience was understandably of interest. Due to the synchronous nature, online therapy via videoconferencing platforms has emerged as the method which replicates the face-to-face therapeutic experience most closely (Smith et al., 2021). It is for this reason that online therapy via videoconferencing has been chosen as the sole mode of delivery of interest for this present study.

It is important to note that despite the strong evidence-base for online therapy, there are limitations in the area of video therapy specifically. A lack of clarity and variations in definitions related to virtual therapeutic modalities across studies may paint an incomplete picture on the effectiveness and knowledge base surrounding online therapy (Smith et al., 2021). With this consideration in mind, the following section will summarise the literature on clinicians views and experiences towards online therapy in a pre-pandemic context.

Pre-pandemic views towards online therapy

The literature on pre-pandemic views towards online therapy has predominantly emerged from a psychotherapy perspective. Multiple studies have proven the efficacy of online therapy for multiple mental health presentations (Bèkés & Aagjes-van Doorn, 2020;

Russel, 2018, Thomas et al., 2021). From a practitioner's perspective, online therapy was deemed effective for the delivery of cognitive and behavioural interventions for integrating various therapeutic activities into client's everyday lives using online therapy (Barnett et al., 2021 & Thomas et al., 2021). Furthermore, clients rated the level of satisfaction with online therapy as favourably as face-to-face therapy (Bouchard, 2000; Norwood et al., 2018; Ruwarard et al., 2019).

Despite the proven efficacy and high ratings of online therapy, questions remain on the generalisability of the pre-COVID 19 evidence base, as majority of it comes from a Cognitive Behavioural Therapy approach (Smith et al., 2021). There is limited evidence on the efficacy of other therapeutic approaches online, and much less is known about outcomes for clinicians who adopt a humanistic, person-centred approach (Smith et al., 2021). These values are particularly pertinent to a counselling psychology approach, which will be discussed in a later section, however the lack of focus on a person-centred therapeutic online delivery does suggest that the current literature may not be fully generalisable to a counselling psychologist demographic.

Furthermore, pre-COVID 19 research is primarily focused on client populations who face challenges attending face-to-face therapy. The communities that were primarily focused on included older home-bound adults (Choi et al., 2020), clients with social anxiety (Yuen et al., 2013), clients with medical conditions (Lleras de Frutos et al., 2020), clients living in rural or remote geographical areas (Scogin et al., 2018); and for clients where it was difficult to find an appropriately qualified therapist (Zheng & Gray, 2014). While existing research advocates the value of online therapy for communities who may need to access therapy remotely, less is known about the experience of online therapy when both client and therapist are navigating the same contextual environment which restricts face-to-face interaction - such as the COVID-19 pandemic.

The therapeutic relationship

One of the most contentious issues related to clinicians' views of online therapy is the impact of the screen on the therapeutic relationship and alliance, which is significant given that they are the key drivers of effective therapy outcomes alliance (Bordin, 1979). Despite the positive empirical support previously cited for the utilisation of online therapy tools, it cannot be assumed that all online therapy use is beneficial – specifically in relation to the tool's alignment with core counselling psychology values. The therapeutic relationship holds a central role within the counselling psychology discipline, yet there is insufficient research from

a New Zealand context on whether this core value authentically translates into an online therapy environment. As the therapeutic relationship is at the heart of clinical practice for counselling psychologists (Kasket & Galbraith, 2016), it holds potential to be de-valued depending on the mode of technology utilized by clinicians. The phenomenological foundations of the therapeutic relationship in traditional face-to-face settings could provide challenges in being translated and replicated in its entirety on a technology-based platform (Sucula et al.., 2012).

Despite the contentious nature of the online therapeutic relationship, multiple reviews have indicated that the online therapeutic modality does not reduce ratings of the working alliance – an important aspect of the therapeutic relationship (Holmes & Foster, 2012; Reynolds et al., 2013; Simpson & Reid, 2014). However, it was concluded that the online therapy environment holds positive potential to develop the therapeutic alliance if particular barriers and challenges on part of the therapist (e.g., their confidence, assumptions, experience) and clients' suitability to online therapy were recognised and accounted for (Simpson & Reid, 2014). Further exploration reveals that although clinicians felt confident in their ability to build a strong therapeutic alliance with their clients in face-to-face therapy; fewer felt confident about this in an e-therapy setting (Sucala et al., 2013). The limited literature on this topic indicates that clinicians who have more experience in online therapy and as psychologists do not necessarily feel confident in their ability to build the therapeutic relationship in an online context (Sucala et al., 2013). Such findings echo the wider call for more training to occur in the online therapy context as most alliance-focused training strategies are a compulsory element of face-to-face therapeutic interactions, however training on building the therapeutic alliance with clients in online therapy is exceedingly rare (Mahue et al).

Overall, the pre-pandemic literature on psychologists' views towards online therapy is saturated with the perspectives of psychotherapists followed by counsellors. Although the efficacy and suitability of online therapy has been identified in the literature, clinicians held concerns on the ability to develop the therapeutic relationship. There are also concerns on the generalisability of these findings, especially their relevance to the unique cultural context of New Zealand.

General considerations for delivering online therapy prior to and during the pandemic

This section will outline the commonly cited challenges and benefits of delivering online therapy reported across literature from both a pre-pandemic and COVID-19 related context.

The commonly reported challenges of delivering online therapy across pre-pandemic and current COVID-19 literature will be discussed first.

Challenges

Despite the previously cited findings on the efficacy and practical potential provided by online therapy, clinicians have voiced concerns on the various challenging aspects that impact their delivery of online therapy. The main challenges identified in the literature by clinicians relates to the impacts of lack of non-verbal cues in an online environment, technological disruptions and necessary ethical and cultural considerations. These factors will be discussed in further detail below.

Absence of non-verbal cues

The process of transitioning to and delivering online therapy is intertwined with the challenge of cultivating presence and trust in the therapeutic relationship (Geller, 2020). Particularly in the time of the COVID-19 pandemic, online therapy places physical distance between the client and therapist, thus limiting the capacity to interpret and display non-verbal forms of communication (Oshni Alvandi, 2019). An element of conveying therapeutic presence to the client involves a synchronization of vocal and bodily gestures such as leaning forward, having an open body posture, using a prosodic vocal tone, and conveying soft facial features (Geller, 2017; Ogden & Goldstein, 2019). Similarly, one mechanism of generating trust in the therapeutic relationship relates to non-verbal interpretations of physiological rhythms and bodily movements between client and therapist (Geller, 2017). This is usually expressed through the form of mutual eye gaze between client and therapist, and therapists mirroring clients' facial expressions and gestures (Geller, 2017; Marci et al., 2007). The online therapy medium introduces limitations in attuning to clients' facial expressions, gestures, and posture, and consequently restricts the ability to form an accurate interpretation of markers of clients' emotional states (Oshni Alvandi, 2019).

A commonly concern cited among clinicians in both pre-pandemic and COVID-19 literature is the increased difficultly to convey feelings of warmth and empathy towards the client in an online environment - due to the bidirectional filtering out of subtle non-verbal cues (Békés et al., 2020) To compensate for this missing element of communication and to facilitate the empathetic space online, Grondin et al (2019) have endorsed techniques of exaggerating nonverbal behaviours and verbally clarifying clients' affective states. Psychologists are also encouraged to engage in educative strategies of communicating the importance of reducing

distractions to their clients and practicing focused attention themselves (Békés et al., 2020; Grondin et al., 2019).

This literature confirms that the lack of non-verbal cues in online therapy may restrict the non-verbal feelings of trust and connection that is usually generated in face-to-face therapeutic settings. Following the theme of challenges in delivering online therapy, the next section will outline the reported impacts of technological disruptions.

Technological disruptions

Inherent to the challenges of delivering online therapy during or before the pandemic is the occurrence of technical problems during sessions (Lee, 2010). Technological disruptions, paired with a lack of training and engagement in online therapy holds potential to impact levels of therapeutic presence, the therapeutic alliance, and the flow of the session (Brahnam, 2014; Oshni Alvandi, 2019; Geller, 2020). While technical glitches are inevitable, the occurrence of technical disruptions may leave the client feeling confused or unheard (Lee, 2010; van Kessel et al., 2016). Conversely, technical issues on the client's part raises questions for the therapist on how the client is doing, their level of engagement in the session and occupies time (Rummel & Joyce, 2010). Such technological challenges may also be heightened for therapists who are unfamiliar with videoconferencing platforms and who have not engaged in adequate training on conducting online therapy (Schoenenberg et al., 2014).

Ethical considerations

Following the technological concerns, the inclusion of online therapy into the clinical practice of psychology has invited ongoing salient ethical concerns which continues to be a controversial area across pre-pandemic and current COVID-19 related literature (Perle et al., 2011; Békés et al., 2020; Connolly et al., 2020). To address and combat some of these risks, the New Zealand Psychologists Board (NZPB) has developed a guideline for psychologists titled The Practice of Telepsychology (2012). Primary ethical concerns arising from this discussion relate to protecting clients' privacy, confidentiality, boundary maintenance and risk management (Corey et al., 2011; Mallen et al., 2005; van Kessel et al., 2016). These considerations will be elaborated on below.

Risk management

One of the most pronounced concerns relating to solely delivering online therapy relates to risk management. Psychologists in New Zealand are prescribed to the ethical code of conduct developed by the New Zealand Psychologists Board (2012). The Code of Ethics (2012) emphasises each psychologist's responsibility to mitigate risk to the best of their ability irrespective of their mode of therapy delivery.

As the main mode of psychological service delivery online is through Internet video or audio, challenges arise in knowing the identity and location of the client (van Kessel et al., 2016). Psychologists are therefore required to consider which clients would be suited for online services, outline emergency procedures and identify risk factors, and identify local mental health services near the client (Lee; 2010; Rummell & Joyce, 2010; van Kessel et al., 2016). Explicit conversations may need to occur with client and therapist on what types of behaviours would indicate an emergency for the therapist to manage – these include direct threats to physical or psychological safety; abrupt termination of an online session or indirect references to suicide or self-harm (Rummel & Joyce, 2010 in van Kessel et al., 2016).

Privacy and Confidentiality

Engaging in online therapy presents privacy and confidentiality concerns for client and therapist, as cited in literature prior to and during the pandemic (APA, 2013; Lee, 2010; Mallen et al., 2005; NZPB, 2012). The utilization of message threads prior to or during a session – e.g. chat features on video-conferencing platforms, emails, or texts, tend to leave digital traces (Manhal-Baugus, 2001; Perle et al., 2011). The nature and use of this communication itself is subject to human error (e.g., potentially forwarding information to the unintended client, incorrectly noting email addresses or numbers, undelivered messages) however both parties may also be vulnerable in accessing websites which are inadequately secured (Lee, 2010 in van Kessel et al., 2016). On a technical front, therapists must engage in additional procedures to safeguard the privacy and confidentiality of client material such as only using data-encrypted and trusted videoconferencing and messaging platforms; using password protection when recording and storing online files; firewalls and ensure secure Internet connection to prevent the possibility of unintended hijacking of sessions, eavesdropping or recordings of sessions (Kolmes & Taube, 2012). Privacy and confidentiality may be disrupted if both parties are living in a shared space where other people or pets may enter the room while therapy is in session (Smith & Gillon, 2021).

Boundary maintenance

Maintaining professional boundaries when delivering online therapy presents an ethically challenging area for psychologists to navigate (van Kessel et al., 2016). Providing or engaging in therapy from one's own home holds potential for increased distractions and blurred boundaries in relation to professional characteristics in session, as well as loosened categorisation of personal and professional time (van Kessel et al., 2016). The unprecedented crisis of the COVID-19 pandemic was linked to therapists' loosening their boundaries in session (Békés et al., 2020). Given the lack of physical presence and cues in an online medium, therapists' have reflected on their compensatory strategies of engaging in increased self-disclosure and loosening of boundaries in online sessions (Békés et al., 2020). Psychologists are encouraged to establish clear distinctions between their personal and professional lives and dedicate an office space and set hours as initial precautionary strategies (van Kessel et al., 2016). Alongside the ethical concerns raised, there are also cultural considerations relevant to online therapy which will be discussed next.

Cultural considerations

Although there is limited literature in this area relevant to a New Zealand context, it is clear there are complex cultural factors to be considered before engaging in online therapy with a client in both pre-COVID and current literature. Online therapy may be perceived by clients as the therapist entering their personal space (Crowe et al., 2020), thus fusing personal and therapy space into one. Tied into the notion of entering a therapy space is the Māori concept of *manaakitanga*, which relates to the *tikanga* (protocols) established around the process of invitation and entering another person's space (Crowe et al., 2020). The online medium may not always make it feasible for Māori clients and clinicians to authentically engage in this process, and similarly various cultures will have unique protocols around welcoming others into private spaces which need to be considered (Crowe et al., 2020).

Finally, a pertinent consideration is the incorporation of cultural frameworks in online therapy and how the relational and spiritual elements can be maintained online. To illustrate - Pasifika worldviews adopt a relational, collective perspective which can be characterised through the concept of vā, prominent across many Pacific languages. Vā refers to the dynamic, relational space between persons, context, and time (Fa'aea et al., 2021). The dynamic, interpersonal process in the vā also manifests in social relationships based on genealogical connections, status and hierarchy - but is also grounded in the context in which the relationship is functioning (Kingi-'Ulu'ave et al., 2016). Given the importance of nurturing the vā across Pasifika cultures, attention needs to be paid on how the vā is created and maintained in an online context.

In sum, this section covered general practice-based challenges reported in literature that are commonly faced when delivering online therapy. The next section will summarise the reported benefits of online therapy as presented in pre-pandemic and current COVID-19 related literature.

Benefits

Accessibility

One of the key advantages of online therapy identified in existing literature is its ability to provide therapeutic services for individuals who face difficulties and barriers accessing face-to-face therapy (Godine & Barnett, 2013; Grondin et al., 2019; New Zealand Psychologists Board, 2012). Groups experiencing such barriers may include people who have disabilities (New Zealand Psychologists Board, 2012), people who are isolated and withdrawn and for some specific client populations (New Zealand Psychologists Board, 2012). Existing literature asserts online therapy's suitability to specific client needs, such as those experiencing anxiety or mood-based disorders, who may find the connection and close contact in face-to-face therapy to be overwhelming (Reynolds et al., 2013).

Furthermore, the time and cost-effective nature of online therapy is cited to be more convenient for clients and therapists who do not have to travel a distance to receive or deliver therapy (Manhan-Baugus, 2001). Finally, Mallen and Vogel (2005) reported that online therapy holds potential to promote wellbeing to populations who are particularly marginalized.

Culturally appropriate

Online therapy services have also been cited to be a mode of therapeutic delivery that may be more culturally attuned to the needs of certain groups. This typically refers to client groups who are considered to be fluent and comfortable with online services and technology in general such as university students, millennials, gamers, information technology professionals, technologically advanced individuals and people who use the internet frequently (New Zealand Psychologists Board, 2012)

Delivering online therapy during COVID-19

This section will synthesise more recent international literature published on clinicians experiences of delivering online therapy specifically during COVID-19. This section will cover unique aspects of the online therapy experience which are shaped more broadly by the pandemic. The literature has been categorised into the following areas: how clinicians prepared for the transition to online therapy, clients' perceptions of online therapy, self-reflective insight, wellbeing of psychologists, and the impacts of working from home on clinicians. These areas will be elaborated on below.

Preparing for the transition to online therapy

The first lockdown in New Zealand came into effect during March 2020. The announcement provided limited time for New Zealanders to prepare to live their lives at home for an indefinite period and only enter public or work settings if essential. It is of interest in this study to observe any commonalities in the personal or organisational preparations made by counselling psychologists to continue their service delivery online. Although there is no research on this topic within a New Zealand context, research conducted by Ledesma and Fernandez (2021) explored the experiences of eight psychologists in the Philippines who had conducted online therapy during the pandemic which is of relevance to this present study.

In the transition to online therapy, primary preparative strategies reported by Ledesma and Fernadez (2021) consisted of psychologists arranging their living and home-office spaces to make it conducive to online therapy. Psychologists had to negotiate for a private space in their homes if they were living with others, purchase equipment to maximize the safe and confidential nature of the space (e.g. headphones) as well as choosing a space where the client could feel that it was a therapeutic setting (Ledesma & Fernandez, 2021). Participants in Ledesma and Fernadez's (2021) study described that making these arrangements was stressful for participants, due to the urgency and pressure they felt to provide a comfortable online space for clients with limited time. Psychologists in this study also consequently stopped seeing new clients while transitioning to online therapy (Ledesma & Fernandez, 2021) to manage their initial caseload during this adjustment period.

Clients' perception of online therapy

A further consideration outlined within a COVID-19 context is whether the therapeutic progress or therapeutic change experienced by the client is impacted through online therapy. Studies reviewed by Simpson (2020) reveal clients are generally highly satisfied by an online therapeutic approach, with some clients preferring the online setting due to less

embarrassment and increased safety in the environment. Most clients in McBeath et al's (2020) study were open to exploring their feelings online, which pleasantly surprised the therapists and helped both parties settle into a new way of relating.

These findings may be explained by pre-pandemic literature, suggesting that online therapy presents the absence of physical cues which provided for a less distracting experience (Suler, 2004). Furthermore, a newer sense of intimacy afforded by online therapy has been observed – notably that the online medium reduces feelings of embarrassment and increases comfortability in disclosing personal information for the client (Smith & Gillon, 2021). Overall, despite relational concerns cited on the clinicians' part, it appears that clients generally are receptive to online therapy and rate this mode of therapy in a comparable manner to face to face therapy (Simpson, 2020).

Self-Reflective Insight

Another key subordinate theme relevant to delivering online therapy during COVID-19 emerges from Smith and Gillon's (2021) study on therapists' experience of providing online counselling. Participants in this study were registered with a professional counselling or psychotherapy body in the United Kingdom. Therapists in this study experienced a degree of self-consciousness while delivering online counselling and reflected on how this impacts the therapeutic relationship (Smith & Gillons, 2021). The longevity of online sessions prompted reflection among participants and how they conducted themselves in their practice; and if this influenced the therapeutic relationship (Smith & Gillions, 2021). The therapists reflected on how they integrated their own experiences, thoughts, feelings, choice of words, humour and personality and how these enhanced therapeutic outcomes in an online context (Smith & Gillons, 2021). These self-reflective insights fostered increased confidence and security in the therapists' sense of self and was said to strengthen the therapeutic relationship with clients (Smith & Gillons, 2021).

Similarly, self-reflexive insight is a value embedded into the clinical practice of counselling psychologists. Although a subsequent section will elaborate further on the counselling psychology discipline, reflexivity requires an awareness of the clinician's own experiences, values, beliefs and interests and social identities and how this has shaped the clinician's research and practice (Willing, 2001 in Thorpe, 2013). These findings suggest that online therapy, specifically during the COVID-19 context, may provide additional opportunity for clinicians to engage in self-reflexive practice.

Wellbeing of psychologists

The unprecedented nature of this pandemic has had severe impacts on the social, relational, occupational, and physical health and functioning of communities worldwide. It is known that psychologists are not exempt from the effects of the COVID-19 pandemic and will have been exposed to similar health risks, social isolation, economic uncertainty, and grief as their client population (Vostanis & Bell, 2020). In a discipline where the self is the primary working tool, the personal lives and circumstances of the clinicians' is expected to influence their available emotional reserves (Nissen-Lie et al., 2013 in Ledesma & Fernandez, 2021). Studies within a COVID-19 context suggests that personal wellbeing of psychologists during the pandemic requires examination, as COVID-19 has increased the demand on clinicians (Bell et al., 2021). Crises such as COVID-19 can heighten the severity of clients' symptoms, which consequently increases the need for more of clinician's time, energy, and attention (Bell et al., 2021). This increased demand can be exacerbated if clinician's themselves are facing challenges in coping with the pandemic and its associated restrictions, as they are equally exposed to the effects of the pandemic and might experience adversity (Bell et al., 2021).

Research conducted by Ledesma and Fernandez (2021) highlighted that psychologists' felt they 'lacked energy for therapy' (p.4) and found they were unable to conduct the same amount of therapy as they were delivering prior to their lockdown (Ledesma & Fernandez, 2021). These psychologists attributed some of their fatigue to the experience of coping with quarantine restrictions themselves, which compounded the challenges in attending to other aspects of their life, including delivering therapy (Ledesma & Fernandez, 2021).

Working from home

Within online therapy and COVID-19 literature, the impacts of working from home for clinicians is frequently cited. The COVID-19 pandemic and the social distancing guidelines promulgated in response have forced many psychologists to transform their personal homes into working spaces (Békés et al., 2020). Psychotherapists from McBeath et al's (2020) study reported the challenges and stressful nature of establishing a private, confidential space within their home to deliver online therapy during a lockdown.

Additional practical challenges touch on the increased time spent on electronic devices when working from home. Furthermore, the excessive or increased screen time required due to conducting online therapy from home was found to contribute to feelings of disconnection

and exhaustion for clinicians, particularly if there was limited engagement with non-screen activities and connections (Aafjes-van Doorn et al., 2020; Geller, 2020). Many therapists reported feeling increasingly tired when solely delivering online therapy (Békes et al., 2020; Geller, 2020). Increased physical strains on the body - notably the head, neck and shoulders were nominated as ongoing daily challenges for some psychologists when using videoconferencing platforms of Skype or Zoom (Békés et al., 2020; McBeath et al., 2020). In efforts to provide continuity of service and maintain routine, therapists' were recommended to schedule themselves as they would if in the office; however more time may be required in between sessions for therapists to restore their energy and wellbeing (Geller, 2020).

To summarise, this section explored the literature focused on factors impacting clinicians' experience of online therapy during COVID-19 specifically. Although this literature was conducted in COVID-19 environment, it is unclear how the impacts of a regional or national lockdown, like those enforced in New Zealand, are impacting the ways counselling psychologists are responding to the demand of online therapy. As the above cited studies have been undertaken with a psychotherapist sample, it signals a need to understand how counselling psychologists, who place value on the role of context and environment in therapeutic practice, have been impacted by the effects of the COVID-19 lockdowns and transition to working from home. The final section of this chapter will summarise the literature on the discipline of counselling psychology in New Zealand to provide a sound understanding of the discipline's values.

Counselling Psychology in New Zealand

Counselling psychology is a discipline focused on the utilization and application of psychological knowledge and research at an individual, group and organizational level (Manthei et al., 2004). The scope utilizes various approaches including preventative and educational programs to empower and enhance clients experiencing problems in their daily functioning. The discipline is inspired by a phenomenological perspective which takes developmental and ecological factors into consideration when working with the client (Cooper et al., 2002 in Manthei et al., 2004). Counselling psychologists also show professional commitment to the use of empirical evidence to inform their formulation and interventions (Manthei et al. 2004). The values described in this section are inherent to the clinical practice of counselling psychologists regardless of the mode of therapy delivery (face-to-face or online).

Scientist-Practitioner Model

The scientist-practitioner model is a foundational training and educational element for counselling psychologists (Milton, 2010). The model marries science with psychological practice and encourages the advancement of research that is best applicable to practice (Murdock, 2006). Commitment to this model is demonstrated in various aspects of professional behaviour for counselling psychologists including the type of information that is gathered from a client; the administration and interpretation of psychological test results and monitoring of treatment and program evaluation (Manthei et al., 2004). Overall, the model promotes the ongoing use of empirically supported methods in attempting to obtain objective information from clients (Manthei et al., 2004).

Core Values

Within the literature, counselling psychology principles are frequently defined as having a 'humanistic value-base' (Joseph, 2008) due to the overlap in core values of humanistic and counselling psychology. Key principles of counselling psychology follow a prioritisation of the client's subjective experience, a focus on the empowerment of clients and facilitating growth (versus a focus on treating pathology), and a commitment to non-hierarchal therapeutic relationship which does not position the therapist as the expert (Cooper, 2009). The discipline is grounded in a relational framework, framing the therapeutic relationship as the pillar of counselling psychology (Douglas et al., 2016). The therapeutic relationship or the therapeutic alliance can be defined as the ways in client and therapist think, feel, and relate to each other (Gelso & Carter, 1994).

Looking specifically at an online context, studies exploring the therapeutic alliance in online therapy settings in the last 23 years have been conducted with various technologies and clinical groups, proving it difficult to accurately make comparisons to in-person dynamics (Simpson et al., 2020). However, a clear trend across these studies showed high ratings of therapeutic alliance in video therapy, specifically in relation to the bond and presence between client and therapist, which were commensurable with in-person consultation ratings (Simpson & Reid, 2014).

Additionally, counselling psychologists in Aotearoa New Zealand are committed to principles inherent in The Treaty of Waitangi/Te Tiriti ō Waitangi (1840), the founding document of New Zealand (New Zealand Psychological Society, 2012). The bicultural context of New Zealand requires context-specific interpretations of psychological theory and practice

(Durie, 1997) which advocates for the empowerment of Māori health, and an embracement of multicultural perspectives.

Online therapy and counselling psychology

Research on the interactions between the discipline of counselling psychology and online therapy is severely limited in New Zealand, with no studies being undertaken in this context. However, recommendations and considerations for counselling psychologists have been put forward within a New Zealand context (New Zealand Psychologists Board, 2013; Thorpe & Farrell, 2016; van Kessel et al., 2016). Within this literature, Thorpe and Farrell (2016) encouraged counselling psychologists to critically evaluate the appropriateness of online tools when used as an adjunct to routine face-to-face therapy. This is attributed to the scientist-practitioner method, as well as understanding that the integrity of the therapeutic relationship being developed online is influenced by counselling psychologists' own reflections and therapeutic skills. In these recommendations, the authors suggest that a reflexive and critical approach is required on part of the counselling psychologists prior to their delivery of online therapy (Thorpe & Farrell, 2016 & van Kessel et al., 2016).

Moving to an international context, despite the rich international research on online therapy use among psychologists in general, there are only four American studies which explore this topic with a counselling psychology focus. Three of the studies were conducted by Mallen and colleagues in an Iowa State University setting in 2005 (Mallen & Vogel, 2005; Mallen, Vogel & Rochlen, 2005; Mallen et al., 2005) which will be briefly summarized.

Mallen and colleague's (2005) assert counselling psychology's unique framework provides a useful position to understand and examine professional and research issues related to online therapy. The core values of counselling psychology and the subscription to the scientist-practitioner framework grants counselling psychologists to begin the process of formulating and responding to questions about the limitations, ethical considerations, procedures, and scope of online therapy (Mallen et al., 2005).

To follow, the preventative focus of counselling psychology is also believed to make it suitable for an online therapy platform. Mallen and colleagues (2005) argue that as clients are able to access readily available psychological help throughout the day, either through the form of therapy, psychoeducational resources or self-regulative strategies, this increases the accessibility of such resources for clients.

Psychologists' theoretical approaches towards online therapy

Although counselling psychology perspectives are lacking in this space, a body of research has explored the impacts of psychologist's theoretical approach and their attitudes towards online therapy. Clinicians who subscribe to cognitive-behavioural and systems-oriented approaches were found to have higher utilization and endorsement of e-therapy compared to clinicians who were psychoanalytically and existentially oriented (Mora et al., 2008; Perle et al., 2011). Although the counselling psychology discipline incorporates various therapies in clinical practice, counselling psychologists in New Zealand are predominantly trained in cognitive behavioural therapy (CBT) and systematic therapy (Du Preez et al., 2016). Counselling psychologists in New Zealand who were formally trained in CBT could potentially be more likely to endorse the use of online therapy in their practice.

Overall, the counselling psychology discipline is defined by its client-centred, holistic and contextual approach towards clinical practice. The literature on the dynamic between online therapy and counselling psychology is severely limited at both a local and international level. The limited research in this area suggests that the core values of counselling psychology places counselling psychologists in a unique position to evaluate an online mode of delivery and be responsive to clients' needs.

Gaps in literature

There is a noticeable underrepresentation of counselling psychology perspectives surrounding online therapy on a global scale (Mallen & Vogel, 2005; Mallen et al., 2005). Furthermore, there is a lack of research exploring counselling psychologists' experiences of delivering online therapy in general, but more so lacking in the context of COVID-19 and within New Zealand. Research exploring the experiences of counselling psychologists delivering online therapy during COVID-19 is both necessary and relevant for a number of reasons. Firstly, the contribution of the counselling psychology discipline's views towards online therapy was only represented across four American studies in a pre-pandemic context. These studies were conducted by Mallen and colleagues within an Iowa State University, where the geographic and cultural contexts may not be generalisable to a New Zealand context (Mallen & Vogel, 2005; Mallen, Vogel & Rochlen, 2005; Mallen et al., 2005).

To follow, online therapy has been reported to increase access to mental health services attend to the cultural needs of some clients (McKay et al., 2013; New Zealand Psychologists Board, 2012). Although the international literature presents hope for the ability

of online therapy to promote increased utilization of mental health services in circumstances where face-to-face therapy is not feasible, there is a severe gap in knowledge relating to a local New Zealand context. In New Zealand, Māori and Pasifika communities are overrepresented in mental health diagnostics (Mental Health Foundation, 2014) and encounter systemic and cultural barriers in accessing mental health care services (Atarea-Minster & Trowland, 2018; Russel 2018). Previous research suggests that the usage of mobile technology is high among Māori (Te Punini Kōriri, 2013), which signals the need to conduct research into online therapy, a modality which is considered to more cost-effective and easier to access than traditional face-to-face therapy (Hilty et al., 2013). Furthermore, the contextual and holistic focus within the counselling psychology discipline (Manthei et al., 2013) requires counselling psychologists to attune to the cultural contexts of their clients. There is currently no research exploring how cultural safety is managed or experienced in online therapy from a counselling psychology, New Zealand context.

The deeply held ethical, technological, and relational concerns related to online therapy have been widely published. In a pre-pandemic context, clincians' concerns on the development of the therapeutic alliance online have also been widely pronounced (Rees & Stone, 2005). The COVID-19 pandemic has urged many clinicians to utilise and deliver online therapy despite having varied experience and training in online therapy (Simpson et al., 2020). Within this context, it may be assumed that concerns on the therapeutic relationship in online therapy may become heightened during a time where the transition to online therapy is rapid and often the only mode of delivery (Sammons et al., 2020). There remains a gap in understanding how counselling psychologists responded to this rapid shift to online therapy during COVID-19 in New Zealand, where the government response was characterised by weeks or months of lockdowns. Within this rapid shift, the strategies employed by counselling psychologists to adapt to this change and mode of delivery is also unknown and would benefit from exploration. It is also unknown whether the hesitancy towards the development of the therapeutic relationship online translates into a New Zealand counselling psychologist population.

Furthermore, pre-pandemic studies described online therapy as a solution for clients living in rural or remote areas or faced other health-related barriers to attend face-to-face therapy (Thomas et al., 2009). However, the unprecedented circumstances ignited by COVID-19 brought the need for online services into the 'mainstream' (Simpson et al., 2020). Even prior to the pandemic, the use of technology has infiltration many aspects of daily life, and consequently developed a culture which is tolerant and engaged with technology use, including the sphere of mental health (Weitz, 2018). There is currently no research from a

New Zealand counselling psychology perspective on how counselling psychologists view the ongoing integration of online tools as part of their clinical practice and their discipline. There is a timely and relevant need for research within this space, given that the risk-benefit ratio of the COVID-19 pandemic ratio has tipped in favour towards online therapy, partly because clinicians are also presented with the same risk as their clinicians (Simpson et al., 2020). This was suggested produce a shift in the views and experiences of therapists towards online therapy (Webster, 2020), and much less is known about how counselling psychologists in New Zealand perceive these rapid changes in online therapy usage aligning with the discipline as a whole.

Counselling psychology is an emerging scope of practice in New Zealand (Stanley & Manthei, 2004; Du Preez et al., 2016). The intertwined nature of technology into daily life and the uncertainty surrounding the COVID-19 pandemic makes it likely that online therapy may continue to cement its place into the clinical practice of mental health organisations in New Zealand. The integration of online therapy into counselling psychologists' clinical practice may raise the public profile, standing and awareness of the counselling psychology discipline in New Zealand. Striving to provide consumers with high-quality services that are in line with global trends is considered to potentially help the professional identities of counselling psychologists (Stanley & Manthei, 2004; Du Preez et al., 2016).

The shared experience of navigating a global pandemic and nation-wide lockdowns in New Zealand can give light to new ways of moving forward in the psychology profession by providing a unique opportunity for professionals to respond to individual and societal needs (Vostanis & Bell, 2020). Conducting research on the experiences of counselling psychologists delivering online therapy in New Zealand provides insight into how counselling psychologists have navigated and responded to this contextual shift both online and during COVID-19.

Rationale

As the need for online therapy continues to increase within a COVID-19 environment, there is a clear need to understand how different psychological disciplines adapt and respond to the integration of online therapy into clinical practice within a New Zealand COVID-19 context. More specifically, the gaps in literature point to the value of exploring the experiences of New Zealand counselling psychologists who are delivering online therapy during COIVD-19, given the emphasis on the therapeutic relationship within this growing psychological discipline. The growing evidence on the challenges and benefits of online therapy delivery for

psychologists internationally highlights an interest in understanding these experiences within the emerging scope of counselling psychology in New Zealand.

For these reasons, this present study attempts to answer the following research questions:

1. What are the experiences of New Zealand counselling psychologists delivering online therapy during COVID-19?
2. What are the challenges, benefits and considerations outlined by New Zealand counselling psychologists when delivering online therapy during COVID-19?

The aim of this current study is to explore the experiences of counselling psychologists delivering online therapy during COVID-19 in New Zealand. Findings from this current study aim to fill a gap in the literature on online therapy and counselling psychology internationally and within New Zealand. This introductory study will provide insight into how counselling psychologists respond and utilise online therapy within the context of the COVID-19 pandemic; the skills or strategies utilised; and how counselling psychologists may view the integration of online therapy into counselling psychology moving forward. Exploring the experiences of counselling psychologists in New Zealand may contribute to a localised understanding of how online therapy may be used in New Zealand, how it is utilised and impacted by COVID-19, as well as any potential limitations. Findings from this study may potentially inform future research and training surrounding online therapy and counselling psychology, and would also further cement the counselling psychology discipline within New Zealand.

Summary

This chapter reviewed the literature concerning online therapy in a pre-pandemic and COVID-19 context. The limited literature surrounding the overlap between pre-COVID 19 and current COVID-19 contexts has been considered and reported. An overview of the counselling psychology discipline in New Zealand, and limited literature on the interaction between online therapy and counselling psychology was presented. Gaps in literature have also been identified and the chapter concluded with the rationale for this study. The following chapter will present the methodological decisions implemented throughout the course of this research.

Chapter Three: Methodology and Methods

Introduction to Methodology and Methods Section

This section will outline the qualitative descriptive methodological framework chosen to conduct this research. The counselling psychology approach to research and the chosen epistemological approaches will also be mentioned. The process of participant recruitment and participant demographic information will also be provided. The section concludes with the chosen data collection method and data analysis approach employed in this study.

Methodological Framework

This study utilizes a qualitative descriptive approach to understand counselling psychologists' experiences of delivering online therapy during COVID-19. This approach views people as self-interpreting beings who understand and relate phenomena to their personal significance. The interpretation of phenomena may also be influenced by a critical life event, the development of a meaningful relationship or utilisation of a significant object (Smith et al., 1995).

This research was grounded by a post-positivist philosophical framework. Rooted in an ontological assumption that reality exists, a post-positivist framework understands reality as socially and culturally constructed (Grant & Giddings, 2002). This framework acknowledges that multiple realities may blossom and can only be known in a probabilistic and imperfect manner (Grant & Giddings, 2002). Post-positivism understands knowledge to be context and value-bound and therefore does not claim objectivity in the research process (Grant & Giddings, 2002). Instead, the post-positivist stance positions the researcher and participant as inter-related (Grant & Giddings, 2002).

The tenets of a post-positivist approach synchronises well with the methodological framework of Qualitative Descriptive (QD) research. Drawing on the general tenets of naturalist inquiry, both approaches hold a shared position that knowledge is bound by values, context and influenced by bias (Sandelowski, 2000). Finally, both approaches recognise the active role of the researcher and their value-bound interpretations (Sandelowski, 2000). Lastly, naturalistic inquiry and a post-positivist approach affirms the researcher-participant relationship as interrelated (Wolcott, 1990), which is particularly relevant to qualitative research.

A qualitative methodology was most deemed most appropriate for this study for various reasons. Qualitative methodologies adopt an exploratory focus towards the topic of inquiry (Magilvy & Thomas, 2009). Unlike quantitative methodologies which produce numerical quantities and outcomes, qualitative methodologies align with this current study's aims through understanding phenomena and everyday experiences in profound detail (Magilvy & Thomas, 2009). As the primary focus of this study was to understand the unique experiences of counselling psychologists, a low-inference interpretation of data that is granted by QD methods was selected as an appropriate method. Although the description of data cannot be free of researcher interpretation, a QD approach encourages the researcher to stay closer to the data, words, and events described by participants compared to other ethnographic or narrative approaches (Sandelowski, 2000).

Additionally, a post-positivist approach secures the researcher into the role of a learner rather than a tester (Agar, 1988). Researchers regard themselves as people who learn and conduct research among others, opposed to conducting research on others (Wolcott, 1990). This perspective mirrors the view in counselling psychology where the psychologist is not positioned as the expert but instead values the relationship between client and therapist, recognising the client as an active agent in the inquiry process (Manthei et al., 2004).

Although deemed less interpretive compared to other approaches, a qualitative descriptive method was selected over phenomenological or grounded theory description which typically entail a survey or pre-structured means to obtain data (Sandelowski, 2000). This method was also selected due to its congruence with the practice of counselling psychology (Coyle, 1998; Thorpe, 2013). The characteristics of qualitative research has been defined as a process of focusing on the experiences of participants in an prescriptive, contextualised, detailed, open and flexible manner (Coyle, 1998). These characteristics overlap with the clinical practice of counselling psychology whereby the above qualities and skills are applied to honour a client-centred therapeutic approach (Coyle, 1998)

Thorpe (2013) further argues that the process of conducting qualitative research indirectly supplements the development of many of the fundamental psychotherapeutic skills which are needed by counselling psychologists and counselling psychology students. Thorpe (2013) describes that conducting qualitative research prompts students to develop psychologically sophisticated insights into their own worldview and personality. Qualitative research engagement is said to involve a stance of openness, curiosity, respect and empathy towards the participants' lived world (Thorpe, 2013). This stance is also congruent with the values of the counselling psychology discipline, while the experience of developing intellectual

rigour and trust into a complex research process is described to be highly transferable into a therapeutic context (Thorpe, 2013).

It is for the above reasons a QD research design was employed for the current study as the fundamental aim is to describe the experiences of counselling psychologists delivering online therapy in detail and fill in the gap in literature specific to a New Zealand COVID-19 lockdown context. Consistent with QD aims, this research seeks to communicate in everyday terms a comprehensive summary of the phenomena of online therapy during lockdown. Descriptive validity is sought in QD research through accurately describing events so that another researcher would be in agreement of the account if they were to describe the event themselves (Maxwell, 1992). Furthermore, interpretive validity is achieved in QD research through accurately describing the meanings ascribed to such events by participants (Maxwell, 1992). Methods of low inference interpretation are utilised to stay close to the data and description of events, as described by the words of the participants (Sandelowski, 2000). This is done without attaching a conceptual, philosophical, or abstract viewpoint from the researcher (Sandelowski, 2000).

Qualitative descriptive research can be categorised as a method and a methodology (Lambert & Lambert, 2012). The aim for data analysis in this current study is to produce an in-depth description of the events and experiences of our counselling psychologist participants. Qualitative descriptive methods have been endorsed as the method of choice for research aiming to describe a phenomenon or event through a comprehensive summary in everyday terms of the phenomenon or event (Sandelowski, 2000; Magilyy & Thomas, 2009).

Although other methodologies and theoretical frameworks were considered, particularly a critical realist framework, these were ultimately ruled out for the following reasons. The epistemological position of critical realism was initially considered to be appropriate for this research for a few reasons. Adopting a reflexive philosophical stance, critical realism asserts that reality exists, mostly in a manner that is independent from our awareness and knowledge (Archer & Lawson, 2013). The ontological and pluralistic beliefs of critical realism run closely to the aims of this study and are consistent with a counselling psychology approach which recognises the value in everyone's perspective (Danermark et al., 2001). While recognising the importance of a critical perspective in relation to the counselling psychology paradigm (Milton, 2010), it is important to note that the aim in the current study is to explore the experiences of counselling psychologists delivering online therapy during COVID-19, rather than gain a critical perspective. It was also considered that

the counselling psychology training (particularly in the scientist-practitioner model) of the researcher and participants would weave in critical perspectives of some level organically.

Participant recruitment

Potential participants had to be registered counselling psychologists or intern counselling psychologists who had experience delivering online therapy in New Zealand during COVID-19 from March 2020, when New Zealand entered the first national Level 4 lockdown. Our aim was to recruit participants through an online forum available to the counselling psychology workforce. We first posted our study advertisement flyer (Appendix A) to The New Zealand Psychological Society Institute of Counselling Psychology Facebook Group. One participant contacted the primary researcher via email after seeing the flyer. Due to a low response rate from the Facebook advertisement, the same version of the flyer and participant information sheet (Appendix B) was emailed to The New Zealand Psychological Society to be included in their monthly newsletter.

Following these recruitment efforts, the primary researcher used snowball sampling – a process involving spreading word of this study through drawing on social networks of people and acquaintances to recruit suitable participants (Heckathorm, 2011). This involved contacting relevant mental health organisations in Auckland who were known to employ counselling psychologists within their team, and were asked to advertise our study by means of a staff newsletter or weekly staff update. In response to these recruitment efforts, five participants contacted the primary researcher via email. The fourth and eighth participants were recruited through the primary and secondary researcher's snowballing efforts. All participants were emailed a copy of the Participant Information Sheet and Consent Form (Appendix C). An interview time was scheduled over email. As the interviews would take place on Microsoft Teams, participants electronically signed the Consent Forms before commencing the interview. A total of eight participants took part in this study.

Data Collection

The method of data collection in this research was through semi-structured interviews (SSI). The SSI's lasted approximately an hour in length, which is the recommended length in order to minimise fatigue for both the interviewer and participant (Adams, 2015). The harmony between spontaneity and structure granted by semi-structured interviews was the reason it was deemed the most appropriate method for this research (DiCicco-Bloom & Crabtree, 2006). Interview questions were designed specifically in a broad and open-ended manner to

provide participants with the opportunity to explore relevant topics that may not explicitly be accounted for within the interview. In order to satisfy the aims of the research question, several standard areas were covered – including the participants' views and experiences of delivering online therapy during online therapy, as well as understanding the impacts of the COVID-19 lockdown. On the other hand, there was the aspiration to explore interesting and meaningful avenues which may arise spontaneously in the interview process but may not have been explicitly dedicated to in the interview questions. Adopting a semi structured approach with open-ended questions was considered to cater to both of these aspirations.

A list of interview questions (Appendix D) were prepared prior to the interview process. Questions were informed by current research and literature on online therapy, counselling psychology and the impacts of the COVID-19 pandemic, and were finalised in consultation with the primary researcher and the primary and secondary supervisor. Initial questions such as "how did you prepare for the transition to online therapy?" welcomed the participants to generally describe and reflect on their process, how they felt, and any organisational preparations that were made. From here, the researcher followed up with questions that were broad in nature but directly related to the purpose of the research, such as "describe your experience of delivering online therapy during COVID-19". The intentional pattern of open-ended, broad questions allowed for participants to elaborate on their answers and attune to their unique personal, organisational and environmental contexts – whilst allowing the discussion to be relevant to the research questions.

All interviews were conducted on Microsoft Teams. This was to allow participants to save on travel time, transport and parking – as well as to ensure interviews could proceed safely regardless of any COVID-19 alert level restrictions. The interviews were audio-recorded digitally. Participants consent was sought and obtained for the audio recording through the Consent Form (Appendix C). The primary researcher then transcribed each interview word-for-word to prepare for analysis. Transcripts were checked multiple times to ensure accuracy, with each participant also being offered their transcript for them to review. Data analysis commenced upon completion of all interviews and transcription.

Approach to Thematic Analysis

As a qualitative descriptive design was employed as the framework for data analysis in this research, qualitative thematic analysis is one of the recommended methods of analysis under this approach (Vaisomoradi et al., 2013). Thematic analysis is a method of systematically identifying and categorising meanings (themes) inside data (Braun & Clarke,

2012). This analytical method which focuses on meanings (themes) across a data set allows the researcher to engage in sensemaking of the meanings, experiences and reality of participants (Braun & Clarke, 2013). The inductive nature of this approach facilitates an organic development of themes relative to the data (Braun & Clarke, 2013). This was fit for the current study as codes were generated based on the data obtained, rather than imposing preconceived notions of the researcher. The focus within the data analysis was to obtain detailed and rich accounts of counselling psychologists' experiences delivering online therapy during COVID-19, instead of communicating a complete account of everything discovered in the data.

In this study, themes were identified when collective data across the data set were interrelated and significant in relation to participants' views and experiences related to online therapy. Therefore, themes emerged in this research when specific events, experiences or views were significant or shared between at least two participants. An in-depth description of predominant themes arising from participant interviews is written in the findings and discussion chapters.

Data Analysis

Braun and Clarke's (2013) six-phase thematic analysis was employed in this study as follows:

Phase One: Immersion in the data.

The purpose of this phase was to become familiarised with the data through process of in-depth immersion in the data (Braun & Clarke, 2013). This process began with listening to the audio recordings of interviews and reading the transcripts of interviews to prompt the note-taking process. Notes were taken on potential theme which were based on emergence of participants' experiences, views, strategies or approaches in relation to delivering online therapy.

Phase Two: Generating initial codes.

The second phase was the beginning of the systematic analysis of the data using a process of generating codes. Codes assist in identifying and providing a label for features in the data that are relevant to the research question (Braun & Clarke, 2013). The researcher generated codes by identifying interesting, relevant and meaningful aspects of the data which

were shared across participants (Braun & Clarke, 2013). A process of identifying similarities and differences between participants' experiences of delivering online also began, whereby corresponding codes were grouped together. Notes were also made in relation to the codes.

Phase Three: Generating themes.

This phase marked a shift from generating codes to generating themes. A theme refers to a label which captures important aspects of the data in relation to the research question and represents some level of shared responses or meanings within the interviews (Braun & Clarke, 2013). The codes from Phase Two were organised into potential themes. The themes were still developed in a descriptive manner to stay close to the meaning and content of the participants' descriptions. Themes also corresponded to words used by the participants, or meanings they had attributed to their experiences.

Phase Four: Reviewing Potential Themes.

This process acted as a form of quality checking to ensure the potential themes aligned closely with the content and meaning of the data set, remained relevant to the research question, and reflected wider discourse (Braun & Clarke, 2013). In order to uphold external heterogeneity and internal homogeneity, a process of altering, keeping and discarding themes was required (Patton, 1990). A theme was considered to be valid if it was distinctively varied from other themes, whilst also containing subthemes within the theme that were related to each other. This phase prompts an interactive and reflexive process, where data sets were reconsidered to prompt new insights or relevance to a theme. To add to the rigour of the data analysis process (Braun & Clarke, 2006), a cross checking consultation with the primary and secondary supervisor was conducted to ensure accurate representation of the data.

Phase Five: Naming and determining themes.

Each theme and relevant data extracts were re-read alongside allocating relevant and concise titles to themes and sub-themes. Care was taken to ensure the naming of the themes was close to the participants' own words as possible. The selected themes were chosen to represent central concepts to the phenomenon of delivering online therapy in a COVID-19 and clinical context.

Phase Six: Producing the report.

The report began with analysing themes individually, with supplementary evidence from the data set through the forms of excerpts being used to clearly demonstrate the theme and its meaning in the participants own language. The findings were grounded in discussions related to the research question, reference to literature, cultural and ethical factors, and implications of this research.

Summary

This chapter covered the methodological design of this research, and the rationale behind the epistemological, qualitative and methodological approaches of this research process. This chapter also detailed the process of participant recruitment, data collection, data analysis and the demographic information of the participants. The following chapter will describe the researcher's reflexivity, rigour and ethical issues.

Chapter Four: Reflexivity, Rigour and Ethical Considerations

Introduction to Reflexivity, Rigour and Ethical Considerations

This section details the reflexivity, rigour and ethical considerations relevant to this current study. The importance of reflexivity and rigour within a qualitative research design will be discussed, with supplementary discussion on how Thorpe's (2013) three aspects of reflexivity was incorporated in this study. Finally, an overview of the brief ethical considerations presented by AUTEC or the primary researcher will be mentioned.

Reflexivity

Reflexivity refers to the process of self-awareness on part of the researcher in understanding how their position and perspective may colour the process of data collection, analysis and reporting (Thorpe, 2013). Reflexivity is especially relevant for qualitative designs as researchers are found to experience a heightened level of personal engagement in the data collection (Parker, 2005). For these reasons, it is important to disclose the reflexivity process and how the position of the primary researcher flavours this study. The post-positivist stance adopted towards this research also prompted a continuously reflexive research position. This was permeated through the selection of semi-structured interview questions, understandings of counselling psychology and online therapy, and the interrelation between the researcher and the participants. Finaly (2002) described the need for reflexivity to be accounted for across all the various stages of research, starting from the development of the research topic and progressing to the stage of data analysis. To provide more detail, Thorpe's (2013) 3-part outline of reflexivity in qualitative research will be explored in relation to this study.

Three forms of reflexivity

Thorpe (2013) states the three forms of reflexivity exist at an epistemological, personal and psychological level. Each of these forms and their relevance will be outlined below, beginning with the epistemological and personal level. Epistemological reflexivity refers to the researcher's understandings and reflections on how the analytical and methodological choices are influenced by the researcher's assumptions, values, knowledge, and crafting of the research topic (Willig, 2001). Personal reflexivity relates to the influence of the researcher's values, identities, beliefs, and experiences on the research process (Willig, 2001). A third form of reflexivity at a psychological level is presented in Thorpe's (2013) commentary and is

described as one of the channels through which qualitative research can enhance the therapeutic practice of counselling psychology. This type of reflexivity pushes clinicians to understand their manifest and latent processes, their past experiences, and psychological backgrounds and how these may permeate their choice of research topic, data collection, and data analysis. Furthermore, Winnicott's (1949) findings state that psychological research is often undertaken to either deepen or resolve an important or specific conflict relevant to the researcher. Engaging in psychological reflexivity requires an honest and curious commitment towards examining how the researcher may feel if their data does not conform to their expectations or hopes, and how their subjectivity is impacting the research process (Thorpe, 2013). Engaging in supervision is one way to encourage this process.

Reflexivity in this present study

Research topic choice

The decision to research the experiences of counselling psychologists' delivering online therapy during COVID-19 was based on the researcher's personal interest and academic background. Being a counselling psychology student and engaging with online mental health applications prompted the researcher's interest to study this phenomenon in a deeper manner, in a way that was more relevant to the current cultural context of the COVID-19 pandemic in New Zealand. The past two years of the COVID-19 pandemic instigated a personal uptake in the researcher's use of technology, whether it be the delivery of classes online, remote working or using videoconferencing platforms to connect with friends and family. A high level of literacy and familiarity as a consumer of videoconferencing mediums also sparked the researcher's interest to understand how this online medium translates into a therapeutic space. The researcher's interest in studying counselling psychology specifically was built upon an already existing background in psychology throughout their bachelors and honours years at the University of Auckland. The researcher's experience volunteering with mental health organisations and learning about the holistic, person-centred, phenomenological, scientist-practitioner and critical perspectives embedded in the counselling psychology discipline led the researcher to study this pathway at an honours and Masters level at AUT. Therefore, the researcher's interest in the counselling psychology scope and how it adapts to different mediums and contexts, such as online therapy and COVID-19, shaped their interest and shaping of this research topic.

Epistemological and personal reflexivity

Engaging in close to three years of counselling psychology training has influenced the researcher's development of a critical, phenomenological, and ontological approach towards therapeutic practice and research. This multifaceted personal worldview understands the researcher-participant relationship to be interrelated in nature meaning that the researcher does not position themselves as the expert, but adopts a curios and open lens in both relating, connecting and learning with the participant. The researcher views knowledge to be context and value bound but also to be socially constructed and multiple in nature. This stance alludes to a more critical counselling psychology perspective, which holds potential to have an overly critical tone especially in the data analysis stage. Being aware of this potential bias and an awareness that the criticalness is more suited to the mode of delivery itself (online therapy) – the researcher consulted with supervisors and literature on online therapy to help ensure a balanced approach was maintained.

The researcher's interest in online therapy from a counselling psychology framework was influenced by both a practice and research-based approach. Within a therapeutic context, the researcher witnessed the value and potential of an online platform when delivered appropriately. In contrast, the researcher also observed the harmful ways in technology impacts people and their relational and psychological health. The critical view maintained towards technology may be influenced by the immense value the researcher place on real life, face to face interactions both on a personal and professional level, and particularly in relation to those struggling with mental health difficulties. The researcher has also observed the detrimental effects that technological influences have on modern day culture, specifically that of internet addiction and social isolation (Block, 2008). Furthermore, the researcher has received training under the scientist-practitioner model in counselling psychology which also encourages an element of maintaining a critical perspective (Manthei et al., 2004). From a cultural perspective, the researcher's value placed on connection and community drives their longing for 'real-life' connections to be resurged in the modern-day environment.

Furthermore, in relation to a counselling psychology perspective, the researcher aligns with the belief that the therapeutic relationship holds a fundamental role in achieving positive mental health outcomes and meaningful therapy (Geller, 2020). Although the researcher agrees with the idea that that the therapeutic relationship, rapport, and trust can be built through an online medium through an abundant expression of warmth and empathy – their experience as a phone counsellor for a mental health helpline highlighted the difficulty in

replicating the face-to-face therapeutic relationship. Returning again to the COVID-19 pandemic, although videoconferencing technology was a revolutionary method of staying connected to others during a time of social isolation, communication on this platform did not replicate the essence and nature of a face-to-face relationship in the researcher's experience. This section highlights the researcher's need to resolve the conflict and understanding towards online therapy and counselling psychology, as this sense of conflict is one of the influencing factors when selecting a research topic as suggested by Winnicott (1949).

Despite this position, the researcher's work experience, high usage, and interest in the digital realm may present a potential bias towards an overly positive perception of technology and online therapy. Although this may be balanced by the critical view they have also developed, the researcher's interest in the function and potential of technology in the mental health landscape in New Zealand is strong. The underfunding of services and the need for people to access mental health support has heightened during the COVID-19 pandemic, which is why the researcher fully endorse the use of technology to increase mental health access for New Zealanders. Upon reflection, this positive bias may have manifested in the researcher's initial implicit assumption that the integration of online therapy into the clinical practice of counselling psychology would only be a positive transition. This assumption could be attributed to being a novice researcher and having limited in-person clinical experience in a psychological setting. Once aware of this bias, a critical lens was integrated into this study through engaging in literature and interview questions that also spoke to the challenges and complexities of integrating online therapy into clinical practice. This was one of the methods utilised to present a more balanced view of online therapy.

There are additional biases which may have coloured the research outcomes in terms of the positive/damaging binary created in relation to technology and counselling psychology. The researcher's academic, experiential, and critical understandings of online therapy was present during the pre-research stage, allowing them to approach this topic with a level of familiarity. In spite of this, there are many areas where the researcher held a gap in knowledge, such as understanding what online therapy is like for service users and how psychologists navigated the online medium. As the researcher is a counselling psychology student, they were aware that their competence are not fully formed in this area, and holding this awareness served as a reminder to seek further elaboration from participants during the data collection process. On a different vein, the researcher's literacy in technology use and background may help in understanding a common language when participants discuss their experiences with online therapy, as well as reducing the possibility of making technological blunders during the data collection process.

Lastly, the researcher found that their status as an AUT counselling psychology student facilitated establishing rapport with participants through establishing a shared understanding of their professional demands. This also helped build engagement throughout the data collection stage. Furthermore, the shared experience of living during the COVID-19 and the lockdowns was a facilitative factor in building rapport and connection through the interview process. The researcher quickly learnt that participants understood online therapy practice as an additional element of their clinical practice, but it was not something that defined their professional identities. Furthermore, there was great variation in the participants' client base, their organsational features, and how they responded to the COVID-19 pandemic. This insight encouraged the researcher to take a more fluid and flexible approach to the interviews through broadening the researcher's view of what was important to participants.

Psychological reflexivity

The researcher's decision to research counselling psychologists' experience of delivering online therapy during COVID-19 was rooted in their own interest and experiences. The researcher endorses the value and potential presented by integrating online therapy into clinical practice when and where it is appropriate. Furthermore, coming to nearly two years of living /studying and working during the COVID-19 pandemic, the researcher was interested to understand the online experience more deeply from the perspective of counselling psychologists as well as gain personal insight. Additionally, the researcher's experience and usage with e-therapy platforms of mindfulness or meditation apps provided a glimpse into the way mental health support is delivered in the online space. The researcher found these online tools to be helpful in reducing stress during the lockdown period, but felt the absence of the relational component that would be present in face-to-face services. The researcher also comes from a generation where technology usage is engrained into various aspects of daily living and finds the online space comfortable to navigate and relate to. However, the COVID-19 pandemic provided greater insight into how the use of online services present challenges and barriers to achieve a sense of authentic connection in the mental health space. This prompted the researcher's interest both personally and as an aspiring counselling psychologist to learn more deeply about how routine therapy is delivered in an online context, that too within a time where social distancing regulations result in online therapy being the only mode of service delivery.

Rigour

Establishing rigour within the research process is a critical element when undertaking qualitative research. It is widely published that traditional standards of reliability and validity, as rooted in a positivist perspective, may not translate accurately into qualitative studies (Thomas & Magvily, 2011). Therefore, it is generally accepted that qualitative researchers utilise different techniques to enhance scientific rigour, compared to those used by quantitative researchers (Baillie, 2015). The most pertinent methods as stated by Lincoln and Guba (1985) are dependability, transferability, authenticity, credibility, and confirmability.

The first component, dependability, is interpreted as the qualitative translation of achieving reliability within the study (Thomas & Magilvy, 2011). This is achieved through the researcher providing rich written descriptions of the research process, which allows other researchers to follow the processes outlined and determine if similar results can be achieved in a different context to that of the original study (Thomas & Magilvy, 2011). In the current study, an accurate description of the research methods was provided ensuring dependability and transparency of research is achieved (Baillie, 2015).

The second premise, transferability, refers to the ability of study findings to be applied to other comparable populations (Thomas & Magilvy, 2011). Providing in-depth descriptions of participant demographics and the geographic confines of participants has been cited as a strategy to ensure transferability (Thomas & Magilvy, 2011). In the current study this was addressed by providing detailed descriptions in the participant recruitment and participant demographics sections.

The third principle, credibility, speaks to ensuring researchers capture and present participants perspectives in an accurate manner, making the findings credible in the instance that someone else would be able to make sense of the same data (Thomas & Magilvy, 2011). Triangulation is cited as a successful strategy in ensuring credibility (Milne & Oberle, 2005), and the method of triangulation most relevant to the current study is that of using multiple investigators (Denzin, 1978) through checking and cross-checking the codes and themes generated with the supervisory team. Credibility was also enacted during the data collection process as the primary researcher attempted to reduce or resolve ambiguity in participant responses through seeking verbal clarification in the interviews, as well as providing participants with a copy of their transcripts and initial themes gathered from their interview. Such strategies help minimize opportunities for data misrepresentations, which can otherwise weaken the aims of qualitative research (Long & Johnson, 2000).

The final criterion of confirmability can be achieved once strategies to ensure dependability, transferability and credibility are established (Thomas & Magilvy, 2011). The process of qualitative research also requires ongoing self-reflexivity and awareness on part of the researcher towards all aspects of the research process (Long & Johnson, 2000). In addition to the strategies discussed above, the primary researcher also wrote personal insights, reflections, and ideas during the transcription of the participant interviews – which were referred to during the data analysis process.

Ethics

Ethical approval was granted for the present study by the Auckland University of Technology Ethical Committee (AUTEC) on the 26th of May 2021 (Appendix E). The most prominent ethical considerations concerning this study relate to ensuring participants privacy and confidentiality.

Privacy and Confidentiality of Participants

As the semi-structured video interviews do not provide for participant or research anonymity in this study, certain procedures were followed to maintain the privacy and confidentiality of participants. Participants were provided with an information sheet (Appendix B) which detailed the purpose of the study, the voluntary nature of participation, the rights for participants to withdraw from the study at any time and to request access to their interview transcripts. Participants read, signed, and returned the Consent Form (Appendix C) via email prior to commencement of the interviews. As all participants were English-speaking, no issues were presented in their ability to understand and provide informed consent. To further protect the confidentiality and privacy of participants, all personally identifiable information was removed during the data analysis and reporting process. Participants also received a copy of their transcripts to provide further approval of the information recorded. The primary researcher held sole access to the interview recordings and raw data. The primary and secondary supervisors only engaged with the data during the data analysis stage. Participants' data was stored on a password encrypted device and will permanently deleted after six years.

Minimisation of Risk

AUTEC and the research team did not identify any risk factors, psychological or physical in nature, that would harm the participants in this study. No deception was involved in this research and there were no participants who identified with any vulnerable categories.

Conflicts of Interest

As the community of counselling psychologists is relatively small in New Zealand, the primary researcher may meet participants in a later stage of their training and career. The professional nature of the research topic and discussion with participants proved that this was not anticipated to be an issue.

Summary

This chapter discussed the researcher's processes of reflexivity, rigour and ethical considerations. The following chapter will present the results of this research.

Chapter Five: Findings

Demographic information

Seven of the eight participants identified as female, with one participant identifying as male. Seven participants resided and practiced in the Auckland region, with one participant recently relocating to New South Wales, Australia. Participants were aged between 26 to 56 years old. Five participants identified as New Zealand European, with the remainder identifying as Tongan European, Māori and Taiwanese, respectively. Seven participants were registered counselling psychologists, with one participant registered as an intern psychologist. Five participants worked for a non-for-profit trust, one participant worked for a government agency, another participant was employed in a primary healthcare organisation, and the final participant worked in private practice. The length of participants' registration ranged from six months to eight years.

Introduction to themes

Seven themes were identified from the thematic data analysis conducted from the eight interviews: 1) ideas about online therapy prior to the pandemic, 2) getting prepared, 3) helpful aspects, 4) challenges, 5) participants' perception of clients' experiences of online therapy during COVID-19, 6) finding ways to manage and adapt, 7) fit between counselling psychology and online therapy. These themes and relevant sub-themes have been presented in Table 1. Participants' names have been replaced with a participant number to protect their privacy.

Table 1: Summary of themes and sub-themes

Themes	Sub-themes
1. Ideas about online therapy prior to the pandemic	1.1 Not the preferred option 1.2 Hesitant
2. Getting prepared	2.1 Finding a space 2.2 Catching up with technological platforms
3. Helpful Aspects	3.1 Maintaining connection 3.2 Seeing clients in their own space 3.3 Increased opportunities to engage with families 3.4 Increased accessibility 3.5 Feeling more relaxed online 3.6 Less office distractions Work-life balance
4. Challenges	4.1 Technical Issues 4.2 Ethical issues 4.3 Cultural considerations 4.4 Different processes 4.5 Pausing therapy 4.6 Delivering therapy in one's personal space 4.7 Seeing self on screen 4.8 Online therapy is more tiring
5. Participants' perspective of clients' experiences of online therapy during COVID-19	5.1 Depends on the client and context 5.2 Transition to online therapy for clients
6. Finding ways to manage and adapt	6.1 Being open and flexible 6.2 Increased use of online resources 6.3 Consulting with experienced psychologists' and supervisors 6.4 Access to training and resources 6.5 Staying connected with colleagues

7. Fit between counselling psychology and online therapy	7.1 Client-centred and contextual 7.2 Provides options

Theme One – Ideas about online therapy prior to the pandemic

The first theme reflected participants' ideas about online therapy prior to the COVID-19 pandemic. All participants agreed with the view that although online therapy was a useful medium to deliver therapy, it was not the preferred mode of delivery prior to their delivery during the pandemic. Within this theme, participants' views have been divided into two subthemes: 1) not the preferred option and 2) hesitant.

Sub-theme 1.1 Not the preferred option

Most participants (7 out of 8) agreed that prior to the pandemic, participants held an apprehensive view towards online therapy and its ability to work effectively.

> *"My ideas of it [online therapy] were just that...it's not the preferred method and like that's something that we were all like 'it's not the ideal' and again we kind of all had ideas of 'it's not going to work', its going to fail, there's going to be all these different issues that are going to pop up from it' so that was the initial idea. Those did change over time as we became more familiar and got used to it… because it became compulsory we became used to it and it sort of again, implementing our own learning from it" (P3)*

Only one participant - who was actively engaged in online therapy for nearly a decade prior to the pandemic - held positive views about online therapy prior to the COVID-19 pandemic. The remaining participants expressed the view that pre-pandemic, online therapy was an adjunct to their clinical practice in instances where face-to-face therapy was not possible, rather than being the preferred mode of delivery.

> *"So in general, I saw Zoom [therapy] as being a solution for a problem. You know, like, it was a second best option that was useful when you know, someone had a problem, and they couldn't leave the house or they had trouble with I don't know getting childcare or, you know, it was a way to solve a problem, but not a preferred ideal option" (P5)*

Two participants reflected on how their theoretical philosophies may have influenced their ideas about online therapy prior to the pandemic. One participant expressed their originally 'traditional' view that the therapeutic relationship could not be translated into an online space.

> *"I was very traditionalist and because I also work from probably a more psychotherapeutic-based philosophy. I work a lot with being in the present moment in the session, being with the feeling and attachment...all of that. Yeah, so I was very kind of anti-online approaches…yeah. I was very anti [online therapy]. I was one of those people who would say "No, it's not the same, you have to be in the room, you have to feel!" you know? And you know, to some extent I still believe that being in a... nothing can match being in the room with someone. To some extent I still believe that but I'm not anti-online therapy anymore, yup. I've made the space for that, you know, in my understanding of what good therapy can be. There's now a space where I can see the value of online therapy which I couldn't before" (P4)*

Sub-theme 1.2 Hesitant

Four participants indicated their hesitancy to conduct initial assessments with clients through online therapy. The participant below touched on an organisational hesitancy within their clinical team to meet clients for the first time through video sessions.

> *"I was always like "Oh god, I've got to see someone on Zoom" you know, like… I don't know how that's going to go. Or lots of people in the clinic would say they don't do NA's (Needs Assessment sessions) over Zoom" (P6)*

Another participant felt hesitant to see new clients online as it was difficult to nurture the relationship from a Pasifika model of care:

> "*Most of our clients are Pasifika or Māori. So, are you familiar with teu le vā? (nurturing the relationship)? Yeah, so it's really important to establish, and trying to establish that on Zoom can be challenging. And therefore, I'm okay with clients…already existing clients that I have already been working with in person because it [the vā] does translate quite organically into this new environment and this new space" (P8)*

Another participant elaborates, stating that the hesitancy is not just related to the length of the assessment but the increased input required on part of the psychologist, especially when meeting the client for the first time in an online space.

> *"Yeah, yeah. As part of our organisation we obviously don't just do therapy but we also do assessments. And a lot of us have been hesitant to do two or three hour assessments even on video. I have a feeling that's just not because of the length of time on screen, even though that is a thing, but the fact that with assessments, it's generally the first time you see them [clients]. With our current clients, we've already seen most of them face to face. Whereas with assessments it's a lot more investigation, lot more questions…yeah so I think it takes a lot more emotional investment to make the client comfortable, first and foremost, but also maintain that level of friendliness versus professionalism online. You can't offer them a glass of water like you can at the office. You have to think about other ways to build that relationship especially if it's the first assessment session" (P7)*

Participant eight acknowledged that despite their initial hesitancy to take on new clients online, the circumstances of the lockdown implied that online therapy will become part of the 'new normal':

> *"However, I tend to not take on new clients while we're in lockdown…I get referrals all the time but I'd rather, at least establish some sort of therapeutic relationship in person first. However, going forward…I'm going to have to change my way of thinking, because this may be a bit more common, the new normal, you know, is the online therapy (P8)*

This theme presented participants' pre-pandemic views towards online therapy. These included ideas of online therapy not being the preferred mode of delivery, with some holding traditionalist concerns on the ability to develop the therapeutic online. The second sub-theme reflected the hesitancy shared by some participants to meet new clients online and develop the therapeutic relationship. The next chapter will discuss ways in which participants have prepared for the transition to online therapy during COVID-19.

Theme Two – Getting prepared

Engaging in preparation strategies for delivering online therapy emerged as a theme across all interviews. Most participants stated that preparations occurred at an environmental, client-based, and practical level, which is reflected in the following subthemes: 1) finding a space, 2) informing clients and 3) catching up with technological platforms.

Sub-theme 2.1 Finding a space

Majority of participants (7 out of 8) spoke about the immediate process of finding and establishing a private space within their home from which to work. The announcements of lockdowns at short notice left limited time for psychologists to make their spatial preparations. Various factors were taken into consideration when arranging a space, including the size of the room, whether the room is conducive to therapy, and the likelihood of being overheard if conducting therapy in a shared space.

> *"I think there's sort of a rush to figure out where you do it [online therapy] from right? I remember when I was living in Auckland, I lived in a flat with a bunch of friends and I had a tiny room and I was like "where I am going to do therapy from?!". Yeah it was way too small, I literally had a bed and I was like "how can I frame this computer so I don't have anything in the frame that's not conducive to therapy...like a bed?!" (P3)*

Due to the various lockdowns that have occurred in Auckland since March 2020, some participants have been able to change their living environment across this period. Two participants touched on how they have developed a sense of familiarity or routine on how to

adequately prepare a space due to their experience being in multiple lockdowns. As most participants lived with others during the lockdowns, the preparation process also involved having to negotiating for private space to conduct therapy, alongside purchasing additional equipment such as tripods, Zoom premium packages, and computer stands to enhance the online experience.

> *"The other thing to consider was…what sort of space I was going to be working in from home. At that time of the first time I was flatting and so it was...how do I have a private and confidential space to be able to even deliver online therapy, which ended up being in my bedroom that I share with my partner. And so it was a bit of a bit of a juggle trying to figure out like the logistics of everything…but then the next lockdown I was able to use a flatmate's bedroom who had moved out so that was it empty. So that was exponentially better. And then the lockdowns this year we've been in our own home and I've got my own office. So, each one has kind of gotten a little bit better and as we're more, I guess used to it or prepared for it" (P5)*

Sub-theme 2.2 .Informing clients

All participants commented on the fairly urgent process of informing clients firstly of the lockdown but also that therapeutic services will continue remotely. This form of communication was mostly done through texting or emailing clients. One psychologist was also conducting group therapy, which was also scheduled to continue virtually via Zoom. Most participants commented on the need to emphasise that services were still available online for clients to access if they wished to, and doing so provided a sense of continuity for clients and themselves.

> *"I think in lockdown I generally let my clients know that phone and video sessions are available. So "just let me know if you want to continue as per usual" for example, Thursdays at 2 o'clock or you want to just reach out when you need it. So a lot of my clients, in the first two weeks I just check in with them via text. On the day of the lockdown I text them that "We've heard that it's gonna be Level 4 for two weeks, here's my time availability". I still don't work on weekends [during lockdown] so "Monday-Friday, blah blah blah, if you want to get in touch with me" (P7)*

Sub-theme 2.3 Catching up with technological platforms

The third form of preparation shared across all participations was becoming familiar with videoconferencing platforms, either Zoom or Microsoft Teams, and learning the various tools included within the platform. The training was either led by the organisation or initiated individually by clinicians practicing or watching demonstrational videos. The main skills learnt were how to send and test a virtual meeting link to clients, how to share one's screen during an online session, and using the whiteboard features.

> *"Personal preparation was I guess...for me it was just learning Zoom. Learning how to get into something, get out of it, do all those things. Sometimes having to Zoom in with colleagues who are in the [Zoom meeting] room, making sure we know how to do all the annotations - stuff like that. Yeah it was really all that learning so I'm relatively familiar with it, in terms of videoconferencing and stuff like that from the Skype days you know? For me it was like that but I know some of the other clinicians struggled with catching up with technology and being able to get all the ins and outs of it" (P2)*

One participant delivered both one-to-one and group therapy sessions over the lockdowns: "*We did both group and one-to-one sessions over Zoom, so we needed to check that out and make sure that it was really secure in that way." (P2)*

Participants' level of confidence and competence towards technology use was an influential factor in how much time was spent learning these tools. Most participants were fairly experienced with navigating videoconferencing tools due to personal usage outside of the their profession. Majority of participants (6 out of 8) had experience with online therapy prior to the COVID-19 pandemic which ranged from delivering occasional sessions online to exclusively working online before their current positions. One psychologist who had vast experience in conducting online therapy also delivered training to other members of their organisation as part of their preparation process: "*I feel like I've done online therapy for ages and I'm pretty okay with it. And I've done trainings myself for other therapists…yes, yeah, back in New Zealand. I trained my whole team because of my research, yeah" (P5).*

In conclusion, this theme outlined the main preparation processes that participants engaged in prior to delivering online therapy. These were categorised through processes of establishing a suitable working space at home, initiating prompt communication with clients on the continuation of psychological services throughout lockdown, and through engaging in self-training on using videoconferencing platforms. The next theme will discuss the helpful aspects of online therapy as identified by participants.

Theme Three– Helpful Aspects

This chapter explores the helpful aspects of delivering online therapy identified by the participants. These factors have been divided into the subthemes of: 1) maintaining connection, 2) seeing clients in their space, 3) increased opportunities to engage with families, 4) increased accessibility, 5) feeling more relaxed, 6) less office distractions and 7) work-life balance.

Sub-theme 3.1 Maintaining Connection

Three participants reported their abilities to develop deep, meaningful and authentic connections with their clients in an online space. Although they acknowledged that the online medium does impact the nature of the work, these participants felt that delivering online did not hinder their ability to develop the therapeutic relationship.

> *"As I've said, as it's [online therapy] gone along, there isn't real impairment in the therapeutic alliance that can form online. One can still maintain empathy, congruence, and connection with a person online. So I don't think that should be a problem either in terms of our [counselling psychology] paradigm" (P6)*

Two participants recounted instances of deeply emotionally vulnerable moments that they have experienced with clients when delivering online therapy: "*In a similar vein, there was another client who cried, you know, was affected deeply in one of our sessions and yeah, that was surprising*, *the level of connection that could be achieved" (P4).* This often surprised participants as this level of connection was previously considered to be something that was typically achieved only through face-to-face connection.

> *"It surprised me how...how deep a connection I could still have with some of my clients. It surprised me that I could be affected by them, and they could be affected by me in such a deep way [online]. I remember one session where I found myself so affected by a client, I had tears in my eyes and that happens to me sometimes in face-to-face work but I didn't expect that to happen on online" (P4)*

Another participant echoed this realization through recounting a session where they witnessed their client who was originally emotionally distanced and apprehensive towards therapy, surprisingly experience a break-through moment and cry in their online session.

> *"I guess this is a story that's just a testament to the fact that it doesn't really matter whether you're on Zoom or not, or whether you're in the room, but it's possible still to have a really, really intense emotional and deep experience. So I met this client on Zoom…I shared something with him in the vein of compassion focused therapy and I don't know, something I said or whatever just flipped a switch. And then he was absolutely overwhelmed with tears, crying and emotional… this was a breakthrough moment. It was deep, it was profound. It was like, woah! And here I was on Zoom having to deal with it, like having had my first most intense session with a middle aged man crying you know, like, can you imagine how big it is for him to be crying like that?! So that was weird and challenging and amazing. And to feel that happening inside of a Zoom context. I thought okay, it's all still possible. Everything's still possible [online]" (P5)*

Two participants also commented on the ways online therapy may uniquely facilitate connection for clients with unique communication needs: *"I remember I had a teenager who*

was on the autism spectrum and, phone conversations, I realised was so much better than face to face or video because he doesn't have to do eye contact… he's a lot more expressive, you know, in terms of his tone his voice" (P7).

Lastly, another participant suggested that the online medium may be a facilitative factor in enhancing connection with clients. They hypothesised that the space between themselves and the client provided by the screen actually made it easier for some clients to be more emotionally open.

"Then also, there was one particular client that I work with and in some way it was almost like, by being online...he struggles with connection and he gets quite overwhelmed if there's too much connection. So actually, by being online it helped him to open up almost a bit more, which was interesting just having that slight distance actually helped him open up more. Yeah those were surprising" (P4)

Sub-theme 3.2 Seeing clients in their own space

More than half (5 out of 8) of the participants reported a new level of intimacy granted by seeing clients engage in therapy within their own home environment through online therapy.

> *"You know, I feel also a real awareness somehow there is, you know, you lose the intimacy of being in a room with someone that somehow now there's this other intimacy that's there in that I'm talking to a person inside their own home, and they're seeing me inside my own home. So, so it's like, we're penetrating into another part of each other's lives that we wouldn't normally see" (P4)*

This glimpse into the client's physical environment also presented an opportunity for participants to witness more spontaneous and "human" moments of connection within the session which may not be provided through face-to-face therapy.

> *"I guess I found it easy to slip into the clients daily life, yeah, and feel quite comfortable. You know, feeling quite comfortable like I'm quite well and flexible, like for instance if their pet dog came up to the screen and was wanting their attention... and I quite enjoyed those moments. Those kind of human moments. Like I wasn't someone who was like "Oh that's like messing up the, you know the structure of the therapy or that's getting in the way" like I was someone... I'm someone who can enjoy those personal human moments with my clients. And you know, it doesn't all have to be structured and planned and, you know, sometimes you can just have a bit of human conversation with your client" (P4)*

Furthermore, participants reflected on whether clients felt more comfortable, both physically and psychologically, when engaging in online sessions within their own space*:" I wonder if as well, that client might feel maybe they're more comfortable in their own space, they're in their*

own room, or they're in their bedroom or their house. So maybe they're actually more comfortable, more relaxed, in terms of where they are environmentally" (P8).

By seeing clients in their own home during lockdowns, participants also questioned whether their clients were more physically comfortable due to dressing in a more casual, relaxed manner, paired with being in a familiar environment. This new insight was also reported to be a point of conversation in session, where participants were seeing a more relaxed version of their clients which they could compare to their face-to-face sessions.

> *"It kind of makes you think about are there social norms or social expectations that actually comes in the way for the quality of the therapy, you know? If our clients are able to wear their home clothes when they are in session, instead of having to dress up to come to an organisation, do I get to see them being more real? And, you know, I can use that and ask them, for example, "hey John, This is the first time I'm seeing you. You're very comfortable and very relaxed, is this how you are most of the time, or, you know, is it just because it's lockdown?" or yeah. Is it a point of comparison as well I guess" (P7).*

Sub-theme 3.3 Increased opportunities to engage with families

One participant in this study who works primarily with children and youth reported that although online therapy is not typically catered towards this demographic, there are benefits in relation to being able to engage the family of the clients more in online sessions, especially during lockdown. Participants could easily communicate with the client and their families simultaneously, which is usually not possible in face-to-face sessions as families may be occupied with other commitments and would require a separate time to consult with clinicians. Given that families are in lockdown together, Participant Five reports that the increased opportunity and time granted by lockdown gives way for families to promptly implement techniques or skills that have been recommended by participants in online sessions.

> *"Again, it's like every client is different. I'd say the ones that I was able to support the family a lot more and the family was engaged in seeking support and wanting support was great. Because often it would get like... in the moment challenges that were happening and very practical strategies to try and manage those that could then, you know, have got all this time to put it in place. Because they're with the child all day rather than having the child go to school and then come home and they're rushed and all that kind of thing as barrier. So for stuff like that, I would say that there was an improvement and especially for, sort of like a focus was on connection and spending time with the child and making them feel loved and supported. Yeah, that could have a really positive change" (P5)*

The increased opportunity to actively engage with families was reported by two participants to positively impact the clients. For participants who work frequently with family system

approaches, lockdown settings and the online medium provided increased opportunity to engage other family members into the session and offer support to the families directly.

> *"You're [psychologists] a bit more accessible to a lot of families and clients who, you know, can really struggle to come in [to the clinic]. So, with children and youth work, a lot of it is centred around like system work as well so working with the families and caregivers, and providing them support. So, yeah, being been more accessible to them. I know in the first lockdown I had a lot more children clients, and so it would be phone calls with parents, which could range from being supporting them with behavioural challenges to just being a place for them to vent so it sort of became almost more about them [parents]. Yeah, which again is not necessarily my role but you sort of adapt. And, yeah, providing support to the parents ultimately has a knock on effect of providing support to the children and the clients. Yeah, the benefits of that, and even like being able to include siblings in sort of family sessions which you wouldn't normally because they'd have to come out of school and that kind of thing so yeah, the accessibility benefits was probably the most surprising" (P5)*

Sub-theme 3.4 Increased accessibility

All participants reported the increased ability to access and provide services with clients through online therapy, especially during the pandemic where face-to-face services were not possible. All participants discussed the benefits of clients being able to save on time and money related to transport and parking costs, for populations in remote or rural areas, and for clients with any medical or disability concerns. Three participants' also commented that the time, money and energy saved on attending in-person sessions actually allowed more time for therapists' to attend to their own self-care.

> *"It [online therapy] gives access to so many populations that might struggle to get to face-to-face [therapy]. It's cheaper, it's more time efficient so it's really good for therapists self-care, just being able to do it from home without travelling somewhere. We can use that extra time to look after ourselves. Yeah, it's amazing because it gets through those barriers that a lot of people struggle with like the stigma of therapy, actually getting petrol in their car to make it to therapy, those in rural areas or people with disabilities who struggle to get into the clinic. It's wonderful" (P3)*

Sub-theme 3.5 Feeling more relaxed

Half of the participants reported feeling more relaxed when delivering online therapy. This was attributed to online sessions having a more 'casual' feeling to them, the increased physical comforts granted by wearing more comfortable clothing, and being in one's home environment.

> *"I have to say, maybe not a medium per se, but just coming back to you know, for whatever reason that I feel a lot more relaxed, and I mean it's [therapy] always formal*

but it feels slightly less informal this way. And I think that's really interesting for me as a therapist to reflect on because you know when you have to be really professional you know in your office you wear a blazer, you wear your trousers, whatever it sometimes encourages kind of like compartmentalization of identity. You know, so that when I come home I take off the blazer, you know, I can just be me, who's running around like a kid was my partner. But when I'm doing sessions online, you know, I will still try to appear to look professional, but actually because I'm doing it from home. I also care about my own comfort a lot more" (P7)

"Well, me as a therapist, at first I had it in my head like, "I'm going to be professional, I need to feel professional, I need to dress professional", and all of that from head to toe as if this client was in my clinic. Now, [online] I wear a nice top and shorts or slippers (laughs)…I'm surprised because it doesn't change how I feel, because all I see on the camera is my top half.. So I see a professional, and I just completely forget that actually I've got slippers and track pants on or something like that, so that surprised me…but physically, physically I feel more comfortable" (P8).

Furthermore, there were two participants who found lockdowns to be a more pleasant experience due to their introverted nature and valuing of spending time at home. For these participants in particular, the wider contextual environment of lockdown itself was considered to be one of comfort, rather than one of distress.

"I think that I generally feel more relaxed. Probably because online, I don't know whether it's just me, it actually feels a lot more casual…it's more friendly in some ways, because this is the same medium, you know, maybe we'll talk to our friends and family right. So yeah, so I think there's something I've kind of noticed that I'm a lot more relaxed but that could also be because every time I have to do online sessions, it also happens to be a lockdown and I'm a lot more relaxed lockdown. Because, you know, I mean, I'm introverted. I love being at home, I love having spare time to do stuff" (P7). Sub-theme 3.6 Less office distractions

As participants were working from home during lockdowns, two participants reported the increased opportunity for them to engage in research, up-skill, have more time for note-taking or other aspects of their role which they may not always have time for when they are in the office.

"I think one thing I've noticed is that I would take a lot more notes [online]. So when I'm in session face to face with my clients I'm focusing a lot on what they say, I mean I always bring in like a pen and a pad anyways. Sometimes we don't get to start writing things down [in-person]" (P7)

"I guess that I'm always…because it's all online, everything's here, and I don't physically have to go anywhere now, it's easier for me to sit here and be able to write my notes up straightaway after the client [eaves] and then prepare for the next one. It can be more fluid, whereas before [lockdown] you're going in and out and getting clients, saying goodbye to clients, bringing clients in" (P8).

One participant reported that the lack of frequent, spontaneous interactions with colleagues when working remotely during lockdowns actually provided more time for them to attend to other parts of their role.

> *"Definitely and again, I think different psychologists will have different experiences working for an organisation. Sometimes being in the office, the human interactions can actually be too much, so sometimes other people take up too much of my time. And because I'm more of a senior clinician, part of my role is supposed to be doing research related to, you know, sex offending. But normally, I actually just never get any time because I'm in the office, and suddenly come lockdown, I can actually get to, you know, go on ProQuest or whatever, and actually do a lot of the work that is related to client work, but I can't do otherwise because of time constraints" (P7).*

Sub-theme 3.7 Work-life balance

For two participants, delivering online therapy during the COVID-19 pandemic offered more time to attend to their own self-care. The increased time spent attending to their own health and wellbeing during lockdown was believed ultimately to positively impact their therapeutic work as well.

> *"I think it's [online therapy] wonderful. It's so wonderful because I mean selfishly * laughs * lifestyle is so important to me…as a person and as a psychologist, for me to do the best job for my clients I need to be happy and engaged in myself care. So it [online therapy] means I can live next to the surf and surf more and be happier in living a full life, therefore I'm a better therapist because I put my health first, especially at the moment during COVID so I love it" (P3)*

For one participant, a remote-working lifestyle during the pandemic prompted wider reflections on their priorities and views towards balancing their personal and professional life.

> *"It's quite different because in lockdown…for me it feels like when I go to work, we're usually at the office 40 hours a week, it feels like work is the main part of your life. But when you're locked down, you realise that actually work is part of personal life and it's actually kind of the other way around. You know, obviously there are a few perks like, I don't have to wake up early because I don't have to drive to the office, I don't have to prep lunch, so it cuts out a lot of time. But I think the challenge professionally is, the clinical skills and knowledge aside, it forces you to confront yourself as a person. Like, you know, this is your life and this is the job you have chosen to do, and now this job is in your home" (P7)*

To summarise, this theme narrated the various factors which were deemed helpful for participants' delivery of online therapy during the pandemic. Participants reported the ability to maintain and develop the therapeutic relationship and connection with clients in an online setting, and the intimacy granted by seeing clients in their own space. Some participants, primarily those working with child and youth, cited the advantages of being able to connect

with clients' families during lockdowns and online sessions. The remaining sub-themes explored the accessibility benefits granted by online therapy, followed by participants' reflections on feeling more relaxed and comfortable in online sessions. The theme ended with reflections on the impacts of lockdown and online therapy prompting more time to therapists to attend to their own-self-care and values towards work-life balance. The next theme will detail the challenging aspects of delivering online therapy during the pandemic as outlined by participants.

Theme Four – Challenges

The fourth theme describes the challenging aspects of delivering online therapy during the COVID-19 pandemic as outlined by the participants. All participants agreed that limitations and challenges do exist within the online medium. These challenges have been categorised into sub-themes: 1) technical issues, 2) ethical issues, 3) cultural considerations, 4) different processes, 5) pausing therapy, 6) delivering therapy in one's personal space, 7) seeing self on screen and 8) online therapy is more tiring.

Sub-theme 4.1 Technical Issues

All participants identified that technical issues were a major limitation of delivering online therapy. Regardless of the level of competency the participants had towards using online videoconferencing platforms, the challenges were related to poor internet connection especially in instances where clients were disclosing sensitive or vulnerable information:

> *"Yeah tech issues, absolutely. So I experienced a few at my house where the internet would cut off and in fact that happened here at the clinic a few times. There's also nothing you can really do if that happens on the client's end so that was a real struggle. That's I think especially challenged if say, someone is in the middle of disclosing something that might be related to risk, or just is really triggering or deeply uncomfortable for them, or a moment that is really vulnerable for them, and technological get in the way - that's a huge problem" (P2)*

> *"The main challenges were probably... I mean, technical challenges, like, you know, internet not working fully. Having those challenges where you or your client's internet is slow and then you could miss whole parts of the conversation. That was definitely one of the biggest challenges because I find if that happens a lot in the session, that really disrupted the connection and the flow of the session. And also depending on the client... like I had one client where that triggered his own stuff around not being heard and people not listening to him. There was one particular session where the internet was really bad and I had to keep saying "can you pick repeat that, it's dropped down again". It triggers sometimes people's own stuff" (P4)*

> "*I guess making sure you have the appropriate software and computer systems even stuff like that, you know, may not seem important but is huge. When you're in that session, every session is important to that person. Everybody comes in feeling vulnerable at some point and it's instead so providing the technology that enables us to support them, you know, not adequately but exceptionally, you know, so that you're not going to have mishaps of freezing and lagging and stuff like that, because it can be so can be so disheartening for people in the session. So that's a biggie for me" (P8)*

Sub-theme 4.2 Ethical Issues

All participants cited ethical considerations as a challenge of delivering online therapy. The ethical issues relating to clients' privacy, confidentiality and risk were mentioned multiple times by all participants. Especially during the context of the COVID-19 lockdown, ensuring clients had a confidential space within their shared homes to engage in therapy was a challenge mentioned by all participants. Participant Two discussed how online sessions are impacted when clients are not in a private space:

> *"Another sort of dilemma was that clients needed a confidential space. Like we as psychologists could have our own confidential space but we were very well aware that they [clients] were in their cars, they were in houses with other people around, and that affects how I delivered therapy with them. In terms of reflecting to them, being cautious of what I reflect back, the nature of what I reflect back in case between them saying it and me reflecting it, somebody might have walked in. And we did always ask clients 'hey is there anybody in the room?' and that was always a changing thing - sometimes they would say no and then at some point somebody would come in" (P2).*

Two participants commented on the risk implications involved when clients are living in an abusive environment during lockdowns where their privacy and safety is not guaranteed:

> *"Another barrier is losing clients because say, they're in an abusive relationship and their husband is at home in lockdown. They cannot talk to me. So I do have ones [clients] like that. I have ones [clients] who have children so they can't focus and so we don't have therapy. I have clients that during lockdown - we don't have any therapy at all. You know, and I know they're struggling. I know they're struggling but we can't do online [therapy] because of the home situation, and this is not safe for them" (P8).*
> *"And then privacy [concerns] as well because I noticed in lockdown everybody's at home so my clients are having to talk really quietly or not being able to be totally authentic and honest because someone might hear. And just...I had a client in a domestic violence relationship to a degree, he was quite controlling of her [the client] so she wasn't able to go for a walk to chat with me, so it was hard to know if she was okay" (P3)*

On a related thread, Participant Two touched on risk concerns relevant to online group therapy sessions, referencing back to the impact of technical glitches in this setting: "*Yeah so technical*

glitches were a thing but particularly in terms of delivering therapy, [challenges] was around risk. If a client drops off [the video], particularly in group, we're not sure if something has triggered them in group [therapy], whether you know…something sort of happened, whether they shut their camera off for a few seconds to get something. So that was a big sort of ethical type dilemma."

Participants also outlined certain mental health presentations which were not suitable for online therapy modalities due to risk and safety concerns. These included clients with severe distress, complex trauma, personality disorders, self-harm tendencies or presenting with harm to others. Participant Three commented on the ethical dilemma they are often caught in when wanting to offer support to vulnerable clients during lockdowns but faced with difficulties in managing risk online:

> *"Yeah um challenges are just with trickier clients. I remember in New Zealand just having clients with borderline [personality] or really severe self-harm who were super isolated and are not really appropriate for video sessions or technology-based sessions but I guess it's a push to see everybody. Also they're really isolated so you want to check in on and them and give them the support. But once I had a borderline client like light stuff on fire in front of me and then the same client...the same day they were doing therapy in their car, so she wasn't where she was meant to be at home. I was like "where are you?" getting that information, and she was about to attempt suicide you know, in that session, so I had to call the police. Just stuff like that that where there are risk issues outside of your control. So on reflection, I already knew she wasn't appropriate for video sessions but um there's sort of a push from the clinic to be seeing everybody. She was fine [the client], the police were there, they were amazing actually but stuff like that is much more difficult to manage risk" (P3)*

> *"Yeah, I guess that lack of control. So when you're with a really risky client, I've had moments where I'm like 'I have no control over what you do right now!' which, where as if you're in the room with them, there's always someone else in the clinic and you can manage it. But when you're watching someone over video there's not much you can do if they're attempting suicide or doing risky behaviour. I've had that experience, yeah, where you're like 'ah!' and you just have to roll with it and manage it" (P3).*

Sub-theme 4.3 Cultural Considerations

Participants raised three main considerations relating to incorporating cultural safety within their delivery of online therapy, these being: saying one's *pepeha*; nurturing the *vā* when working with Pasifika clients; and the differences in technological literacy between older and younger client demographics. Participant Two presented the observation that online therapy presented challenges in establishing cultural connection with clients:

> *"So, yeah, that was actually a really big challenge and a really big manoeuvre that I had to sort of go about that, how to deliver that cultural safety, cultural competence. A large part of that is that I sort of do an informal version of my own pepeha at the start of each session, even if it is with an NZ European client or a non-Māori speaking client. I still introduce myself, where I am from, all that and again it's part of that relationship building and connecting with the client. But again in terms of that it was very difficult to connect with that with the client and form that connection which was a big part of being able to share that culture. I noticed a lot of clients wanted to skip over that part of it, so for me it was really difficult like 'right, how do I facilitate an environment where they could feel comfortable bringing that cultural element into the session?'" (P2)*

> *"Working with Pacific and Maori we're very much into storytelling and need to see things or need to be involved in things like get them up on a whiteboard or, or, you know, sharing things, and that is difficult [online]" (P8)*

Participant Eight concluded with an observation on the lack of contact with Māori and Pasifika male clients throughout the most recent lockdown starting in August 2021: *"For my Pasifika and Māori males [clients], we actually haven't been meeting online, on Zoom, during the lockdown. Because…for many reasons, but I think again, it might be a privacy and confidentiality thing for them. Maybe people don't actually know that they're going to see someone [therapist]."*

On a different thread, three participants recalled their observations on how older clients would require more preparation time to engage in online therapy, compared to younger clients, mostly high school or university students, who were generally described as being very comfortable with online therapy.

> "*So in general my clients are pretty well versed with technology but I guess I have a couple of older clients in their 60's and 70's. Yeah so I just let them know that they can call the clinic if they have any difficulties or they can try the [online meeting] link before we begin. So just going into more depth about how to set it up versus with everybody else finds it pretty easy. And then...I mean, for millennial clients and younger clients, technology is great for them because they're all over it" (P4)*

Participant Seven repeats the observation that younger clients were more technologically savvy, and these clients' broader cultural contexts may allow them to be more comfortable with an online mode of delivery: *"A lot of the new clients I'm seeing right now are students in halls of residence and they don't seem to have any problem with being online and doing Zoom sessions. It seems to be so normal and natural for them. Yeah, so maybe that wider cultural idea of being a young person that actually they're very tech-savvy. So actually being on Zoom is very comfortable for them."*

Sub-theme 4.4 Different Processes

Half of the participants described the difference in processes that arose when delivering therapy online, compared to face-to-face therapy. These mostly referred to the unspoken routines that a client engages in during face-to-face therapy which were removed in the online space; how the lockdown itself impacts initial online therapy sessions; and lastly, the limitations in reassuring behaviours that therapists can display online.

Participant Seven reported their observation that clients are unable to partake in unspoken routines and behaviours that would otherwise be present in face-to-face therapy:

> *"So I think, I don't know...I feel that clients might have to adapt a lot more in therapy. I mean there are so many unspoken things when you go to a place - like say a client comes to our organisation [face-to-face]. You know, there's usually a receptionist, they sign in and, you know, without having to say anything, they know that the therapist is there waiting for me, it's the same time every week. You know, online, firstly you have to make sure that you have the link to it and make sure the link is working. You know, wherever you are, I guess you're comfortable enough to be there for an hour because you can't as easily kind of shift and get up and, you know, maybe grab a glass of water or something. It's almost kind of like, you know the clients will have to ask therapists "can I just go and get some water?" or "can I go and close the door?" and stuff, you know, even though those things in, in person, you would just feel like it's so normal so like why not" (P7)*

Participant Eight echoed this observation and commented on the ability to reassure clients face-to-face when they are disclosing sensitive information, however this is not always possible in online sessions:

> *"And I remember doing a series of claims, you know supported assessment, you're going into details of someone's sexual trauma. Do you know what I mean? And when you're in a clinic you can read, or you can offer them a glass of water, you can give them a space you can say "hey, you know, go out and get some fresh air", you know, "let's stop this for a minute and just gather your thoughts". That… you don't do that on Zoom. You can't do that and, and, you know so it challenges things but I guess, again, it's like okay, we know this is how it is. So how are we going to work with that going forward into the likelihood that there'll be another lockdown, yeah".*

Lastly, Participant Seven presented a different observation, commenting on how clients and therapist may require the initial online session to adjust to the online medium and acknowledge the fact that they are in lockdown:

> *"In general, though, I'm finding that it starts off a bit stilted and you kind of comment on the fact that you're on Zoom and apologise and say, "Oh, well, I hope we'll be out of this soon" or whatever. And then you sort of just get on with it? So people… like we're doing now you know...like, it's stilted and awkward to start with, but then you sort of get into the business of what you're there for. I found that… I don't know whether it's coming from me or coming from the clients, but subsequent sessions with people. So the first Zoom session might feel a little bit superficial, but then the subsequent session will start to become deeper again. So it's almost like needing to establish and then develop a new relationship, which is us in Zoom?" (P7)*

Sub-theme 4.5 Pausing therapy

Six participants reported their clients paused therapy either initially for a few weeks during the lockdown, or had decided to pause until a return to face to face therapy was possible. This raised concerns as participants were unable to check in with their clients, particularly those who may be at risk and more vulnerable by being in lockdown. Participant One recalls the response received from some clients when the shift to online therapy due to lockdown was announced: *"There were a number of people who just said flat out "I'll wait until face to face is a possibility, I don't want to do online therapy". So that was quite common."*

Two participants also touched on some clients who did not engage in any therapy throughout the duration of the lockdown and the implications this has post-lockdown for their treatment:

> *"For others throughout the whole lockdown there's been no ability to contact, and everything's on pause, which then means that when you start [therapy] again you kind of gotta get back into the rhythm of everything. Same for if I've got clients that were due to start just as we've gone into a lockdown. I'm a bit more hesitant to try and try and begin therapy with them because it is just so much more effective in person with this age bracket that like it would all just be on pause so therefore there's no improvement" (P5)*

> *"Yeah I think a couple of clients dropped off because they didn't want to see me online. So I guess that impacted them but once I jumped back into the clinic they came and saw me" (P3)*

Two participants reported instances where clients have had to pause therapy during lockdowns due to living in spaces where confidentiality could not be guaranteed. This in turn reduced the participants' client caseloads during lockdown:

> *"It was hard for preparation because there wasn't a lot of time for it. And so it took a lot, the clientele as well. It was hard on them as well so…my workload lightened a lot, lessened a lot. And this was due to clients being in families that they couldn't have confidentiality and things like that" (P8)*

"Because, I mean there's a lot of considerations given to the clients privacy and their comfort as well. So you know, just because I might be fine and I have a space at home to see clients, not all clients are equally comfortable like that. Same as well in the last lockdown, gosh, whenever that was - I had a lot more clients who were happy to use phone calls or video for sessions. But, like, this time around…just because ,you know, my mixed profiles of clients have changed, there are hardly any clients that I continue seeing" (P7)

Sub-theme 4.6 Delivering therapy in one's personal space

Half of the participants reported the challenges of conducting therapy in their personal homes and the impact of combining their spaces of work and home into one. This bought about different challenges including: the difficulty of conducting sensitive work within one's personal space; needing to attend to family needs and household tasks during lockdown; and attending to one's own self-care.

Participant Five opened with an acknowledgement on the difficulty of conducting heavy therapeutic work within one's home environment, and the challenges in 'leaving behind' a session when working from home:

"The other challenge I guess is just personally like being in your home space and doing some quite heavy work. Like, you sort of sitting in people's trauma a lot and in you're in your home, in your space. So I know I personally prefer to go to an office and then have this process of being able to leave that [work] in the office."

Participant Seven echoed a similar observation and commented on the difficulty of having to conduct heavy therapeutic work within one's bedroom if there is not adequate space in the home:

"So, you know some of my colleagues are like "I'm so uncomfortable talking to child sex offenders, you know, in my house" and that's totally understandable. And that's partly why like I guess our company didn't force people to do it if they didn't feel comfortable. I think over time more and more people kind of learn to overcome that, you know they have to sit up a specific room in their homes ,sometimes like a garage where they can, like, that's their workspace. And they will not bring that like into their bedrooms. But we also have a lot of clinicians that, you know, kind of like young people in their 20's like ourselves, and they flat, so they have no choice but to do work and sleep in the same room. For them that has been really hard, and they have to put on a blurred background, because, you know, they obviously don't want the client to see the bed in the background."

Participant One also discussed the impacts of conducting therapy in a household where private space is limited:

"Yeah so having in mind the environment and just how important that is for therapy is really interesting so these [clinic] rooms are set up to be so warm and homely. There

were times when I was practicing, when I was delivering online therapy, where because I had to work from home and the only place that I could guarantee privacy was the garage - which was quite horrible and dark and damp even with the office set up that I had created. I think it was interesting considering how that was going to impact me and also how wherever the client was going to impact them"

Another prominent challenge raised by participants was the conscious effort required to balance work and home demands when working from home during lockdown:

"Other challenges are you really have to motivate yourself and be quite disciplined I'd say in doing the work because you don't have other people around you to encourage you to, again, to have that space. I know that I can get distracted - like if it's a sunny day I'm like "oh got to put the washing on!"….and I'll, like, do little bits around the house to break out the day but then the day might drag on longer. Like again you don't really have a whole lot to do when you're in lockdown and you can keep working… so you've got to be really boundary-d. Yeah, which I guess is another challenge in terms of like your own your own personal self-care and looking after yourself" (P3)

Participant One raised a similar observation relating to the importance of attending to their own self-care especially during the time of the pandemic where healthcare professionals are faced with increased demands:

"The first thing that springs to mind actually is my own self-care during that time…and also just managing my own feelings around the pandemic. There were a few articles I ended up reading just on how carers and healthcare professionals can sort of support themselves and make sure that they are getting support while still delivering therapy. I'd say that's the first one that comes up for me" (P1)

Sub-theme 4.7 Seeing self on screen

A prominent challenge raised by four participants was the effects of seeing themselves on screen when delivering online therapy through Zoom or Microsoft Teams. Participants either found this insight to be distracting during online sessions or felt hyperaware of how they were presenting in session.

Participant Six touched on the distracting nature of seeing themselves on screen during sessions:

"It feels weird that I can see myself as well as the client, and I need to figure out somehow to make that go away. Would be really good not to see myself because normally in a therapy room, you don't have to be constantly seeing this little reminder of what you're looking like. And so yeah, I do find that quite weird" (P6).

Similarly, Participant Eight felt that seeing themselves on screen had directed unexpected attention towards their physical appearance:

> *"Oh, I can see my grey hair, I can see all the physical flaws (laughs) I've hated that! And it's funny because after the first lockdown they said there was a rise in plastic surgery and dentistry. And I'm like, oh my goodness…that's something that I was really aware of, is seeing myself. You know, because you don't see yourself when you're face to face but when you're on Zoom, you have a picture of you in the corner that tells you what your facial expressions look like in, and what you're doing and how the client may be seeing you as well. So I observed what I looked like and, you know, and that was a big, you know, thing that stood out first" (P8).*

Contrastingly, there were three participants who although initially felt uncomfortable by seeing themselves on screen, they were able to gain in-depth insight into how they present themselves during sessions:

> *"Actually, it was really a really cool insight because I could see my face. So this was really interesting like I was able to see my face and see how I was with my clients and my facial expressions. And I realised I actually communicated so much through my face, more so than I realised, so that was a really interesting learning" (P4)*
> *"I saw a lot of myself. So I learnt a lot about how I move my hands, my own body language, sort of how I position myself and that was also a bit of a… always reflecting on when I use my body, when I use my hands, how I physically react to things. So that was specific to me and my experience in the online format" (P2)*

Sub-theme 4.8 Online therapy is more tiring

The final sub-theme reports the experiences of five participants who felt that delivering online therapy was more tiring than delivering therapy face-to-face. This was attributed to increased verbal and non-verbal input on behalf of the participants to accommodate for the lack of visual and non-verbal cues within an online platform. Some participants also commented on the effects of increased screen time when delivering online therapy and their increased levels of fatigue. Three participants either shortened the length of their online sessions or reduced the number of clients they see per day when delivering online therapy during lockdown to help manage this feeling:

> *"I was surprised by how tired it made me feel. Yeah. Yeah, so I've had to cut down my client slots. I'm only seeing three clients a day because I found it very draining. And I was surprised at how I felt like I was doing so much more work, like just sort of in myself, like trying to reach through the computer screen. So I've had to really try to relax, sit back, I've changed rooms, you know. I'm trying to make my space bigger so that I'm smaller on the screen. So there's more space" (P7)*

Participant Two also made a similar comment on the increased input required from therapists despite conducting shorter therapy sessions online:

> *"I think because you again have to put in so much more energy, even if the session is shorter. Because you're trying to read cues, you're trying to encourage engagement, there's a whole lot going on and that you're trying to manage…Zoom fatigue is massive and I think it takes a little bit longer to decompress after. So even though it's a shorter session, it doesn't really feel like that" (P2)*

Two participants also commented on their increased use of oratory input during online sessions in order to prompt engagement with their clients, and how this may have impacted their energy levels:

> *"So a lot of the visual cue that I would otherwise use was particularly difficult to implement in online therapy. So yeah, again that changed a bit of the way I delivered it [therapy] in terms of I had to do it more oratory, using more metaphors than I otherwise would have, and yeah making sure that verbally they are understanding that rather than drawing it up" (P2)*

> *"Yeah, I just felt so drained. I think I noticed that like tension in my head, and in my body. And sort of like this, this sort of leaning in feeling that I have. So I noticed my body get quite tense…Maybe it's the way we talk? So like, I feel like I'm slightly raising my voice right now. Whereas, yeah, like, what would it sound like? How would I talk normally? Yeah, so I don't know, maybe we're sort of talking louder. We're sort of more articulate. We're sort of leaning in" (P7)*

In summary, the fourth theme illustrated the challenging aspects of delivering online therapy within a COVID-19 context as identified by the counselling psychology participants. These challenges were reflected in the sub-themes of: technical issues and their impact on the therapeutic process; ethical issues concerning risk management online; cultural considerations relevant to working with Māori, Pasifika and elderly clients; variations in the processes that occur in an online space; clients' pausing therapy during lockdowns; the impacts of delivering therapy in one's personal space; the distracting nature of seeing self on screen during online sessions and lastly the observation that online therapy feels more tiring. The next theme outlines participants' perceptions of clients' experiences of online therapy during the pandemic.

Theme Five – Participants' perception of clients' experiences of online therapy during COVID-19

All participants reported that their clients' experiences of online therapy were unique to the client and their context. The responses have been organized into the subthemes of 1) depends on the client and context and 2) transition to online therapy for clients.

Sub-theme 5.1 Depends on the client and context

Four participants reported that the level of acceptance towards online therapy and the progress of their clients when engaging in online therapy highly depends on the unique context and nature of the client. Five participants touched on the observation that online therapy is more suited to certain mental health presentations than others.

> *"I think overall...in general it [client progress] didn't change or progress significantly [online]. I think most clients made progress at much as same level as they would have been face to face, although there are a couple of exceptions to that. What I found was that for clients with a bit more of a borderline presentation struggled more [online], and probably didn't make as much progress. But clients that were more on that kind of healthy, neurotic end of the spectrum can function quite well and made progress" (P4)*

The notion that clients presenting with high risk, post-traumatic stress disorder (PTSD) and borderline personality presentations were less suited to online therapy was an understanding that was shared across six participants. Three participants spoke about their clients with social anxiety who have had varied experiences of online therapy during the pandemic. One participant discussed the difficulty in measuring the progress of socially anxious clients within the context of the COVID-19 pandemic.

> *"I think one of the things that is coming up for me is that outside of the zoom sessions was the fact that we were in a lockdown…We know that anxiety and avoidance goes hand in hand right? There are a lot of people who felt that their anxiety was dropping because they no longer had to expose themselves certain situations that were actually causing their anxiety. So…there are a number of people who maybe had social anxiety who were feeling a lot better because they didn't have to...there were no social situations for them to be in but there was also no pressure for them to be exposing themselves to those situations. I mean we might go through practicing skills [in session]...but they were feeling...some of them were feeling really good (laughs). Yeah so I felt that with some of my clients it was actually kind of hard to measure progress partly because let's say for example you have a client maybe they want to be able to talk to new people more at parties and so the eventual goal down the line is to talk one new person or two new people when they go to parties. There's no way to actually test that goal [in lockdown] and it's going to be really hard to do gradual exposure work as well. We can do some of the skills but some of it...it wasn't just that Zoom therapy was*

> *limiting things, it was the fact that the lockdown itself was limiting measuring progress in therapy. So that was kind of interesting" (P1)*

Another participant shared a similar view:

> *"It's really hard to say. So, I've got a client with severe social anxiety and who also suffered from selective mutism as a child. This is about lockdown again. He was really moving out into the world a lot, and now he's in lockdown you know, so all of that progress that he was making in terms of social connections - has gone online including our sessions. So I feel that for him, he probably is suffering in terms of his progress. He's got less opportunities to practice being social, you know. But I don't think that's just that's not because of our sessions being online, that's because of the pandemic. So again, I think it's really hard to disentangle those two things" (P6)*

Alternatively, one participant reflected on some of the benefits afforded by online therapy for clients who initially struggled with conversing using technology: *"For some clients it was actually a really good experience for them. They were able to progress more because they were able to face their fear around talking on the phone or talking by video" (P4).*

Participant Eight also referenced the increased level of physical comfort granted by online therapy for both client and therapist, and how this impacts the client's experience: *"They [clients] are more physically comfortable in, and, you know, for someone who is having anxiety or PTSD and stuff, being able to be in their own space and their home environment can be really quite helpful for them" (P8).*

Sub-theme 5.2 Transition to online therapy for clients

Although all participants were currently seeing clients online, some reflected on the varying responses received from clients when transitioning to online therapy during the lockdowns. Participant Two commented:

> *"We reflected on it in the team too like it was very surprising how many people made that shift to the online platform or to Zoom. When we first started off we were actually in a bit of a panic that the clients weren't going to do it [online therapy] and for our group members who were already halfway through group - that they weren't going to be able to transition, that they weren't going to continue. Or that the one-on-one clients weren't going to continue but they all made that transition. Well a large majority made that transition really smoothly so that really surprised us" (P2)*

Participant Seven also had a similar experience: *"So, I had had a few clients that were initially not wanting to do a Zoom or not wanting to have a phone call but as time went on, like they*

decided to challenge themselves. They were often quite surprised that it wasn't as bad as they thought it was going to be. Yeah."

Participant Eight reflected that overall, a positive transition and experience of online therapy for their clients was achieved through adaptation from both client and therapist:

> *"I think, overall, it became a positive experience because we made it that way, you know. At first, it could have been seen as you know "it's not in person, it's not as good", but actually we made it work. Between the client and I, we adapted to it because we had to. And we accepted "okay this is the way it is, so how are we going to make the most of the situation?". Knowing that, particularly this [lockdown] is just a time. This is just for this time, you know here."*

There were two participants who reported a noticeable reduction in the number of clients who made the transition to online therapy over the lockdowns. Participant One stated: "*Over those lockdowns, there were a number of people who just said flat out "I'll wait until face to face is a possibility, I don't want to do online therapy". Um, so that was quite common."*

To summarise, this chapter outlined the various perspectives held by participants on their clients' experience of online therapy. While some participants found their clients were receptive to the online medium and reported positive outcomes, other participants noticed a proportion of clients who decided to not engage with online therapy throughout the lockdown. Participants were also in agreement that clients with borderline personality presentations were less suited to online therapy. The next chapter presents the ways in which participants have managed and adapted to online therapy during COVID-19.

Theme Six – Finding ways to manage and adapt

Participants reported various personal and interpersonal strategies and approaches used to manage the challenges of online therapy and adapt to this mode of delivery. These strategies have been categorised into the sub themes of: 1) being open and flexible, increased use of online resources, 3) consulting with experienced psychologists and supervisors, 4) access to training and resources, 5) staying connected with colleagues.

Sub-theme 6.1 Being open and flexible

Despite the challenges outlined in Theme Four, all participants reported holding a degree of openness and flexibility in the delivery of their online sessions as a way of adapting to this new medium. These approaches were most relevant to incorporating cultural

awareness into online sessions, especially when working with clients living in shared spaces during lockdown where their privacy may not be guaranteed. The openness and flexibility described by participants related to being more understanding of the social, cultural and environmental barriers the client may be facing when engaging in online therapy:

> *"Just thinking about a particular client and from a cultural perspective - he's a young Indian man and he lives at home. I guess from that perspective he's not comfortable taking calls at home because his family don't believe in mental health. So he's kept his therapy secret from them. So from that point of view, while being very mindful of that and responding to, you know some of the social and cultural difficulties that he has as a young Indian male with quite traditional Indian parents. I guess just being a bit more open and flexible with him. You know, like he had to go and take his sessions outside in the car. So just being a bit more mindful of that and… if he was running late or he couldn't find a spot to park his car he would text me and be like "five minutes late" and [me] just being okay with that because just understanding that, you know, that's a real struggle for him. It's not like he's being five minutes late because he forgets the time but like he's actually got these cultural and social challenges that are real. So in on way that's maybe an example of just being a bit more responsive and understanding" (P3)*

> *"And the client… he's Middle Eastern so sex is like a massive taboo subject. And it's okay, because for him I've met him in real life and I'm like "look, just be comfortable. It's okay if I don't see your face, I kind of know what you look like, if you need to close the door, if you need to do whatever, just do that" (P7).*

Participant Four also reported being open to using other forms of communication to provide support to younger clients who may fear they are being overheard at home:

> *"And same when working with younger people, you know, like I have a young 16-year-old woman who doesn't really want to have sessions at home in case her mum overhears her. So being mindful of that when you're working with young people and finding ways to find ways to get around that. For instance, she just told me today she doesn't want to do online sessions because of her mum possibly overhearing but then my response was like "that's fine. If you want to reach out, like if you want to text me or you want to email me, then please do, and I'll respond to that" because for her that can be more private…So I think we have to really be open to the cultural and the social circumstances."*

Participant Seven also reported a similar flexible approach adopted by their colleagues, where patience and flexibility needed to be integrated into the therapy especially if clients were not initially comfortable with online therapy:

> *"From my colleagues that I know who had Māori clients, they [therapists] are more mindful that maybe some clients don't want to show others their home. So they[clients] just refuse video out right. So I think from the therapist's side, you have to be willing to be more flexible. So a colleague of mine who has a Māori boy as a her client, and he wants to see her face but is not willing to show his face. So she has to be okay with a*

session where he can see her but not vice versa and still continue the session that way. Give them time and then slowly explore...is this shyness or is this another reason because of shame? Maybe he doesn't want to show himself? Does he know the impact this has on her [the therapist] or is this part of his presenting problem? So yeah, over time just slowly exploring with this client and asking "how come you don't want to be on video?" and just being mindful that the first answer the client gives you isn't necessarily the only reason. So yeah, I guess culturally there's that, yeah" (P7).

Sub-theme 6.2 Increased use of online resources

Given the lack of visual cues and resources to draw on during online therapy (e.g. inability to physically use a whiteboard, pen, paper or providing handouts) – three participants reported using more visual resources within their online sessions.

"I think because there's a medium of the screen, it sometimes prompts me to use more visual resources. So, for example you know I can easily share a screen. So sometimes…with this client he's got anxiety issues…and if there is a CBT thing I want to show them or whatever… I've got you know 10 different photos from 10 different therapeutic approaches. So, I can share that with them a lot easier, whereas in session, I might have to actually draw the five part model, for example, whatever. So yeah, so it's kind of allow me to share a lot more visual stuff with clients, you know, and that's a really interesting aspect to explore" (P7)

The process of integrating online resources into sessions was easier for some participants than others:

"Something that we did was we prepared a lot of the content in terms of PowerPoint slides. So that if we needed something we could just go to it, share the file, boom - it was already drawn up so we could just sort of add in bits and pieces that you wanted. But even that was quite difficult to implement sort of as you go along unless you kind of had a clear sort of structured plan and kept to that plan all session. If the plan changed at any point and you wanted to bring in some other thing on the fly, that was very difficult to do" (P2)

Sub-theme 6.3 Consulting with experienced psychologists and supervisors

Five participants reported the value they found in consulting with other colleagues and supervisors when learning to navigate online therapy: *"I think where I started was with ethical considerations and then from there it was also talking to a few of my colleagues who had delivered online therapy before and what their experiences were like" (P1).*Supervisors in particular were consulted due to their vast experience and ability to signal important areas of concern when delivering online therapy:

"I think the most useful resources I've come across so far is one of our external supervisors...he's a very experienced therapist I think 10-20 years plus and I feel like they are the most important resource. They've been doing face to face [therapy] longer,

and I think they would know the pros and cons a lot better than a more newer psychologist. Yeah, and just provide more ideas on what to think of and what to be careful of when building therapy online. So yeah…talking to more experienced therapist's and how they found those differences" (P7).

Engaging in cultural supervision during the lockdown was also considered to be a useful resource for two participants:

"We're very fortunate in that we've got regular cultural supervision, and we've just hired…I think it's a kaianga, which is a cultural advisor…so we're very lucky in that we've got access to that. If there are any sort of concerns that are raised, or we want to consult on anything. Anything again, like it, that feeds into that accessibility. So, it's almost more culturally appropriate and culturally safe" (P5).

Sub-theme 6.4 Access to training and resources

Three participants engaged in some process of learning about delivering online therapy through researching: "*I guess where I started was also…doing some of my own research into preparing to deliver online therapy" (P1).*

Participant Two felt that it was important to build the empirical base for delivering online therapy to inform their practice during the pandemic and beyond:

"So looking beyond that and how we as counselling psychologists adapt to that [online therapy] is that we begin to become familiar or at least build that research basis around what is the effect of building that relationship, building that rapport, how we communicate, how we talk [online]."

There were two participants who developed their own resources to integrate into online sessions. Although preliminary research and existing online resources were helpful for participants, Participant Two raised a view shared by other participants who feel that they do not always have the luxury of time to research or create their own resources:

"The resources would again be...we developed our own PowerPoint slides but resources around that would extremely helpful. In terms of say, culturally appropriate resources that could be adapted to that format. I had a Filipino client and so getting culturally relevant around that was really important - I had to do a lot of that jigging myself to put that together and even then it was...wasn't ideal. But having scientifically researched and discussed sort of models around that and how that can be adapted for when a therapist shares that with their client. Working through that with the client rather than that whole process of us wanting to do it ourselves because again it takes admin time which again isn't always a luxury that clinicians have, particularly in our current climate right now where there's a lot of pressure in the mental health services to get

through as many clients as we can. So developing those things isn't a luxury that we always have but that would be really important."

Majority of participants (6 out of 8) expressed that it would be beneficial for their training to have access to research that summarises the key considerations for online therapy and touches on 'real' elements of therapy:

"Maybe a bit more information and a bit more research, like what you're doing now, would be good, yeah. And just having really accessible resources and information that is clear but not too lengthy. That was something I really noticed during the first lockdown, I didn't have the capacity to read pages and pages of a big journal article about online therapy that might not have even been so relevant to me and my circumstance at the time. Actually it's nice to have not just the main points but also something that's really human and based in that relational way. I'm going to engage much more with that rather than the more technical sense, so I want to hear from real people and real moments. Real therapeutic moments that happened online and how did they happen. Not just the technical ins and outs" (P4)

Sub-theme 6.5 Staying connected with colleagues

Three participants discussed the value of staying connected with their colleagues during the lockdown, especially through the form of informal online catch-up meetings. These were mostly social events where employees gathered to unwind after the end of the working week and virtually share a drink or snacks together.

"This time around with this lockdown, we've scheduled both formal and informal meetings. So formal meetings we talk about the client stuff and the informal meetings - it's Friday afternoon where we bring our snacks and drinks. We just get together and we just chat about life, like, as a team…nothing about work, or like, you know rant about work, whatever (P7).

These participants found connection with colleagues to be beneficial as it encouraged social connection during a time of social isolation: *"You can become quite isolated as a psychologist working from home, it would be good to have more peer groups or connections*" (P8).

As participants did not have spontaneous or frequent overlap with their colleagues when working online, staying connected with each other virtually was one way of alleviating that absence:

"Staying connected to colleagues - it's going pretty well I think at my organisation, you know, having that meeting and the wind down and everything but yeah. There's not that sort of incidental connection and overlap with people [online] so that you can just quickly check in about something or ask about this or that. So connection with colleagues" (P6)

In summary, this theme detailed the most prominent strategies employed by participants when adapting and manging their delivery of online therapy. Participants emphasised the value of maintaining an open and flexible approach to online sessions to account for some of the sociocultural barriers a client may be encountering. Participants also reflected on their increased use of online resources and the value of consulting with supervisors when delivering online therapy. Participants identified the need for accessing more online resources to help with their training and discussed how informal virtual staff meetings was a way to maintain connection with colleagues during the pandemic. The next theme outlines how participants viewed the fit between the counselling psychology discipline and online therapy.

Theme Seven – Fit between counselling psychology and online therapy

The final theme summarises the views that emerged universally among the participants in relation to how online therapy fits within the counselling psychology paradigm. Majority of participants were in agreement that online therapy is congruent with the values of counselling psychology, although some had concerns about the authenticity of the therapeutic relationship in an online medium. Participants responses have been categorised into the sub-themes of 1) client-centred and contextual and 2) provides options.

Sub-theme 7.1 Client-centred and contextual

All participants felt that online therapy was congruent with counselling psychology's emphasis on being client-centred and aware of the client's context. All participants felt they were able to embody this value within online therapy, and gaining insight into the client's environment helped provide more intimate information that would otherwise not be possible if therapy was face-to-face:

> *"So, I think fitting in with counselling psych, there is the option to build that rapport through an online medium, definitely. It does take more effort, but I think it is able to be done. I think it also can be really beneficial in being able to provide holistic support and care. You can see the client in their home environment, you can find out more information that you might not normally. If you're having a video session with a client and there's chaos going on around them - then you get a bit of understanding on what's going on in their world and why they might be having some of the challenges that they are. Again, things that you might not ever get to hold or that's [online sessions] is the only way of finding that information out. Yeah, it can be really great in terms of being able to assess and gather further information that you may not have had access to in a more holistic sort of way. Looking at the environment, who's around them, do they have families that are supporting them to engage in the teletherapy or are the families so overwhelmed with their own things that they are not getting access to online*

schooling or anything? So yeah, getting that kind of information can be really helpful" (P5)

Two other participants felt that online therapy was able to reflect counselling psychology's approach in attending to the client's needs within their particular context. They felt this contextual, systems-focused, and client-centred approach was unique to the counselling psychology discipline, and that online therapy was conducive to expressing these values in session:

"Yeah, I don't think there's any difference in terms of the way that we move between first order and second order approaches [online]. So, we still can deliver skills, tips and tricks and helping manage their difficult thoughts and feelings, but we can still also go deeper and working with more deeply held stuff. Again, back to looking at their context. I just had a needs assessment with a client yesterday… And I was really keen to emphasise with her that she didn't need to pathologise herself as an individual for not coping with what is a really stressful context. So, it was really nice to be able to come from that counselling psychology view and yeah, show her that she as an individual didn't need to make all the changes. That her context maybe needed some tweaking to make her be able to fit in it and live more in a healthier way. So, I felt there was no hinderance in the fact that we were online and me being able to take that view" (P6)

Participant One provided an alternative view where they believe online therapy attends to the contextual needs of the client, whilst acknowledging that the building of the therapeutic relationship may be impaired:

"That is the tricky part, I do feel that there are a lot of counselling micro-skills that build that therapeutic relationship that can get missed through online therapy. Or even just being able to view the person as a whole and for them to view you – I think that can, to some extent, make the relationship a bit more difficult. One thing I would say when it comes to counselling psychology as a scope however is that...another thing that is really important to us obviously is systems and context. That is something that really distinguish us from clinical psychologists especially where they are a lot more problem-focused, but we are going to a lot more person-focused and…focus on a lot more on that relationship but also focus more on the context of the person. I think that when we consider context, that can mean, working in ways that considers the systems people are in. In particular, when we are going through lockdowns, um, there is genuinely a direct barrier to face to face therapy. So in some ways I see online therapy as being a really ethical choice particularly through a pandemic because we are considering systems in which people are now shifting and living their lives and this is removing a barrier to accessing care" (P1)

Participant Four further suggested that holding a client-centred approach is possible through the online medium due to the increased intimacy and insight gained into the client's world. They described the shared process of online therapy as being equalizing in nature:

> *"I think it [online therapy] can fit nicely in to counselling psychology. I think it gives more options for people. So, from that client centred perspective as well - really being responsive to the client and their world. It can fit in very nicely and just having that level of intimacy and seeing a client's world. It's like that thing of...actually maybe changes the dynamic a bit. It's not just them coming to your office like it's like you...working with them almost in their home, you know? Albeit by video but still, there's something kind of equalizing. There's something deeply equalizing about having that shared experience. I'm working from my home, seeing you [client] in your home and that feels like it's a good fit for counselling psychology. That holistic perspective" (P4).*

Participant Six agreed with the above position, adding that online therapy may also further enable taking a phenomenological approach towards therapy: "*In terms of taking a phenomenological perspective with a client, maybe the fact that you are getting to see them in their home or in their workplace setting or you know, accessing them in that other type of intimate way that I was describing earlier…maybe that actually helps you to come alongside them more?"*

Lastly, participants were in agreement that online therapy enabled psychologists to attend to the current context of the COVID-19 pandemic and incorporate these considerations into providing ethical care:

> *"I see it [online therapy] fitting so well because counselling psychology is all about context and flexibility and yeah you're really meeting your clients' needs by providing them with a service that they can do in COVID. So it's really relevant and really important...I think it fits in really well because we're taking on the context and we're saying "we'll adapt and suit it to what's right for you and we'll keep you safe by providing this". So it's quite holistic in that it looks at the big picture and what's going on. And more responsive to what's going on in the world and for our patients. So in some ways I see online therapy as being a really ethical choice particularly through a pandemic because we are considering systems in which people are now shifting and living their lives and this is removing a barrier to accessing care" (P5).*

Sub-theme 7.2 Provides options

All participants were in agreement that the delivery of online therapy - specifically during the COVID-19 pandemic - provided options for clients to continue accessing therapeutic services despite barriers. Although all participants held some reservations about online therapy, all have still incorporated online therapy as part of their clinical practice during the pandemic. Participant Four commented on how online therapy can provide accessibility benefits to some clients and enables the continuity of care despite changes in environmental circumstances:

> *"Yeah I feel fine with it now. So, I do now advertise that I can do online appointments as well and yeah... it's really good and really handy to have that is part of my practice. So, it gives more choices and options for people, you know. It's really great - I have a client who...she's moved out of Auckland to another part of the country and she's decided to continue online with me. So, it's nice that if people want to continue, if they move away or I move away, that doesn't need to be broken. I guess, because I work from that perspective of often doing quite long-term work and I work a lot with attachment. So, from that perspective I find it's really helpful…you know the therapeutic relationships, that attachment doesn't need to be ruptured. It can actually be developed and continued until that person is ready to, you know, leave the nest and end therapy" (P4).*

Participant Two also endorsed the accessibility benefits of online therapy and reflects on the learnings reaped from online therapy which can be transferred to face-to-face therapy:

> *"Yeah um I see counselling psychology adapting to fit this new way of delivering therapy. I think the online format has immense amount of benefit to clients. It's not the optimal thing for certain clients or the 'standard', but for clients who have access difficulties I think it's important…A lot of the feedback that I got was that normalisation was really important for clients and I actually took a lot of that learning of the normalisation and the importance of that onto my 1:1 and face-to-face work now as well. So I think in terms of counselling psychology, it's also about what we can take from doing the online therapy to the 1:1, as well as the 1:1 to online therapy" (P2)*
> *Well, I think that providing online therapy increases accessibility… it's really acknowledging the contextual factors around an individual. Sometimes people don't have the ability to travel or have the time to get into the clinic. So providing them with a way to engage is in line with counselling psychology's sort of systemic values" (P6)*

Lastly, Participant Eight reflected on how the delivery of online therapy promotes the standing of the counselling psychology as an impactful discipline within the psychology field:

> *"I feel like we've always got to prove ourselves still to the other psychologists out there, especially the clinical, to show that actually we can do our work and we can do it well. We are as good as any other psychologists out there and we can actually bring other things that we can offer to do that…keeping that high standard of counselling psychology and not get too relaxed or comfortable" (P8).*

In summary, Theme Seven captured the mostly optimistic views all participants held towards online therapy fitting within the counselling psychology discipline. Although some participants had reservations about the difficulties in developing the therapeutic relationship online, all participants agreed that online therapy enabled them to enact a client-centred and contextual focus. Participants also felt that online therapy provided increased options for clients to continue engaging in psychological services if accessibility or environmental barriers were presented, and that online therapy served as an ethical mode of delivery during the COVID-19 pandemic.

Conclusion

This chapter presented the main findings from this study which explored counselling psychologists of delivering online therapy during COVID-19 in New Zealand. Qualitative thematic analysis was utilised to generate seven main themes and corresponding sub-themes from the eight interview transcripts. Counselling psychologist participants identified a number of challenges and complexities related to delivering online therapy during the COVID-19 lockdowns. Whilst acknowledging the impact of these challenges, all participants agreed that online therapy was congruent with the values and aims of the counselling psychology discipline. The next chapter will discuss these findings and position them alongside existing literature.

Chapter Six: Discussion

Introduction to Discussion section

This study has explored the experiences of counselling psychologists delivering online therapy during the COVID-19 pandemic. The previous chapter outlined the main findings and this closing chapter will discuss the findings in the context of existing literature, whilst providing potential explanations for the findings. This chapter will conclude with acknowledging the limitations of this study, implications of the findings and present recommendations for future research.

Pre-pandemic views of online therapy

The first finding relates to the participants' pre-pandemic views towards online therapy. These views were categorised into two themes - hesitancy towards the ability to build the therapeutic relationship online and viewing online therapy as not the preferred mode of delivery. These attitudes are consistent with existing international literature conducted with therapists in a COVID-19 context, whereby therapists were reluctant to use online therapy prior to the pandemic due to concerns about building a strong therapeutic relationship online (Aafjes-van Doorn et al., 2020; Békés et al., 2020; Geller; 2020).

Recent research has suggested that online therapy is effective in working with clients with various mental health presentations and in developing a positive working alliance with clients (Varker et al., 2019). Geller (2020) finds that like participants in our study, despite this research, therapists tend to hold negative views towards online therapy and the ability to develop a therapeutic relationship online. Some possible explanations for this may include therapists having limited access to resources through literature, training, and experience in delivering online therapy (Geller 2020). Therapists may also hold a fear that they will struggle to attune to clients in an online setting (Hafermalz & Riemer, 2016; Siöström & Alfonsson, 2012). Furthermore, the ethical and technical challenges faced by participants who had previous experience with online therapy prior to the pandemic also influenced their hesitancy to use it as the singular mode of delivery. These challenges will be discussed later in this section, but such concerns are also commonly cited by international psychotherapists as reasons for their reluctance to adopting online therapy methods (Connolly et al., 2020). As the COVID-19 pandemic forced counselling psychologists who have previously been reluctant to quickly move their clinical practice online, this automatic increase and lack of choice In

delivering therapy online may have altered the views of participants to a more positive view of online therapy, as discussed in the findings section.

Overall, the findings emerged from this theme align with international literature conducted with psychotherapists in a COVID-19 context. It is clear from the current study that prior to the pandemic, counselling psychologists shared similar technical, ethical, and relational concerns related to online therapy.

Preparations

A finding which repeatedly emerged from this study is the online therapy preparation strategies that participants engage in which are uniquely influenced by the COVID-19 lockdown environment. Participants reported the following preparations of: speaking to colleagues about their experiences delivering online therapy prior to the pandemic; engaging in their own research regarding online therapy; becoming familiar with videoconferencing tools; preparing a space to conduct therapy at home and promptly communicate with clients about the availability of online services.

Most of the limited literature on preparation processes for online therapy have been conducted with psychotherapists, however the findings of this present study align with this small field of international research (Békés et al., 2020; Ledesma et al., 2020; McBeath et al., 2020 & Smith & Gillon, 2020). The listed studies also assert that psychotherapists prepared for the transition to online therapy by speaking with colleagues and clients, which in turn provided guidance through the transition and provided a sense of reassurance, control and regulation of anxiety for therapists (Békés et al., 2020). One previous study found that the extent to which psychotherapists prepared themselves and their clients for the transition to online therapy during the pandemic, along with past and current experiences of online therapy impacted their overall attitudes towards online psychotherapy (Békés et al., 2020). This suggested that increased preparation; positive views and experiences towards online therapy prior to COVID-19; and positive client experiences corresponded to a more positive attitude to online psychotherapy (Békés et al., 2020).This finding was not replicated in this present study, possibly due to multiple reasons. The findings, as will be elaborated on later, suggest that counselling psychology participants who held hesitant and reluctant views towards online therapy prior to the pandemic, have now experienced a shift in their attitudes to a more neutral or positive view within the pandemic context. This suggests that pre-pandemic views of online therapy did not hold much weight in influencing current views towards online therapy for counselling psychologist participants. Furthermore, the short notice granted by lockdown

announcements meant that counselling psychologists did not have the luxury of time to sufficiently prepare for the transition to online therapy, however their preparation process did not impact their overall views towards online therapy. Furthermore, the age of counselling psychology participants ranging from 26-56 years old meant that most were familiar and comfortable with technology use due to repeated experience and use of telecommunication apps in their personal lives. Over half of the participants also had some experience with delivering online therapy prior to the pandemic, which may account for the lack of anxiety reported to using online videoconferencing tools. Some participants did experience challenges while becoming familiar with online technology use and thus required more time and experience to practice, however these challenges were not severe enough to influence participants' attitudes towards online therapy.

Overall, participants in this study emphasised that learning the videoconferencing tools and informing clients was necessary to do prior to engaging in online therapy. Further preparative strategies consisted of arranging a work space at home, speaking to other colleagues and accessing research or guides related to online therapy.

Challenges

The perceived challenges of using online therapy in clinical practice from the perspective of counselling psychologists echo the limitations and challenges of online therapy that have been noted in previous research and contributed to the limited amount of counselling psychology literature in this area.

All participants within this study reported many challenging factors in relation to delivering online therapy, the most prominent concerns being ethical and technical issues. Participants repeatedly expressed ethical concerns related to protecting client safety, risk, privacy, and confidentiality when using online therapy. Participants also noted that online therapy may not be suitable for more vulnerable clients such as clients with borderline personality disorder or complex trauma histories as the clinicians do not have much control to ensure client safety within an online platform. These concerns are discussed in more detail below along with the sub-theme of cultural considerations related to online therapy, and challenges relating to maintaining client's privacy and confidentiality when engaging in online therapy.

The technical and ethical concerns related to online therapy has been vastly published as a limitation of online therapy (APA, 2013; New Zealand Psychologists Board, 2012; Van Kessel, 2016) and within an American counselling psychology scope (Mallen & Vogel, 2005;

Mallen, Vogel & Rochlen, 2005; Mallen, Vogel, Rochlen & Day, 2005). Within a New Zealand context, van Kessel (2016) has identified the following limitations to be carefully considered prior to psychologists delivering e-therapy: risk management, privacy and confidentiality, potential technological failure, and boundary issues. Furthermore, the New Zealand Psychologists Board's guidelines in '*The Practice of Telepsychology'* (2012) also outline the following inherent risks associated with delivering online therapy: technical issues; crisis management; lack of non-verbal cues resulting in misinterpretation; time-related issues (delays caused by technology); and boundary issues. The findings of this current study reinforce these well-established challenges.

Some participants in the current study discussed the ruptures that can be caused when technical issues occur. This was specific to when clients disclosed sensitive information and a technical glitch required them repeat themselves, which can ultimately be a frustrating and triggering situation for both parties. This finding is consistent with previous literature focused on the impacts that technological challenges and glitches can have on the therapeutic relationship, as clients may misattribute the technological glitches or delays to a therapist's lack of presence, rather than the actual technological issues (Brahnam, 2014; Schoenenberg et al., 2014; Oshni Alvandi, 2019). This is particularly important due to the value placed on the therapeutic relationship within counselling psychology, (Manthei et al., 2004) whereby therapists now may have to consider wider forms of ruptures (through technology) that may impact the relationship online.

Another key challenge identified by participants in this study was the impact of conducting therapy from participants' own living spaces during lockdowns. Although participants described feeling more comfortable when working online, there was only one participant who mentioned the need to be vigilant about becoming too relaxed when working from a home environment. A noticeable ethical consideration cited in existing literature mentions that conducting online therapy from home may present fertile ground for violations or loosening of professional boundaries to occur (Crowe et al., 2020; van Kessel, 2016). Interestingly, counselling psychologist participants in this current study did not find this to be relevant to their experience and did not raise this point when commenting on ethical issues. This may be explained by participants' previous understandings and experiences with online therapy prior to the pandemic, their preparation methods discussed earlier, as well as their and organizational and post graduate training.

Participants in this study also reported challenges regarding the different processes that occur in online therapy, mostly related to the process of clients entering and leaving a session.

The perceived changes with in-session processes from this study runs parallel to the findings reported by Crowe et al (2020) who focuses on the clients' perspective. In face-to-face therapy, clients reported undergoing a process of transition and preparation for a therapy session through walking from their car and going into the office or clinic, or having a reflective space in the waiting room post-session before leaving the clinic. This important element of the therapeutic process was perceived to be missed by clients when engaging in online therapy, both in this current study and amongst Crowe et al's (2020) findings. Clients essentially encountered a different 'warm up" and "warm down" process when engaging in therapy from their own home (Crowe et al., 2020). Given the shared experience of the lockdown between client and therapist, this observation may be related to another finding in our study whereby one counselling psychologist participant reported that the first online therapy session consists of commenting on the lockdown, before proceeding with 'actual' therapy during subsequent sessions. This shared commentary and acknowledgement of the COVID-19 restrictions may serve as a "warm up" process for both client and therapist within the online medium.

Participants also reported feeling more fatigued and tired when delivering online therapy which was in alignment with overseas research in a pandemic context (Békés et al., 2020; Gillon & Smith, 2002). International research suggests that therapists' increased fatigue when delivering online therapy may also be related to therapists having to manage their own concerns, demands and wellbeing related to the pandemic, whilst simultaneously supporting their clients to do the same (Békés et al., 2020). This ran particularly true for participants in this current study who were working parents who had to manage their households, and for those who had their own concerns related to the pandemic. Furthermore, a few counselling psychologist participants also cited the physical strains caused by increased screen time due to conducting online therapy and implied a possible sense of cognitive overload from seeing themselves repeatedly on screen.

Cultural considerations

A finding reported by one participant was the observed decline in Māori and Pasifika males engaging in online therapy during the most recent COVID-19 lockdown in August 2021, while another participant reported a tendency for clients to 'skip over' cultural aspects within online therapy. Other participants in the current study reported observations on the challenges presented for some clients where receiving mental health support is not widely accepted in their familial culture, and thus kept secret. The context of conducting online therapy in lockdowns has meant that if clients are unable to secure a confidential space for therapy outside of their home (e.g., their car), then some clients may have chosen to withdraw from

online therapy throughout the duration of the lockdown. One study by Dunn (2018) suggests that online therapy may be more accessible for young males who commonly experience stigma or discomfort when openly expressing their emotions. The findings in this study, specifically related to male Māori and Pasifika clients, highlights that there may be cultural and environmental barriers to safely engage this demographic in online therapy, which requires further consideration. Notably, the considerations about working with Māori and Pasifika clients online were raised by two counselling participants who identified as Māori and Tongan respectively. Some participants reported that their client base was not particularly ethnically diverse, and in which case commented on culture more broadly in terms of age and technology usage in modern society. Some participants were able to reflect on Indian, East Asian, and Middle Eastern clients and how their cultural/familial background impacted their therapy online.

To continue, studies conducted by Simpson et al (2005) and Simpson and Reid (2016) found that clients who are dealing with shame-related issues (e.g., sexual abuse and body-image disorders) may prefer online modalities over others as clients felt less scrutinized and self-conscious on an online platform. These findings contrasted with the experiences of two participants in this current study who primarily worked with clients struggling with sexually harmful behaviour and shame. The counselling psychologists in the current study reported that for such clients, the online environment introduced challenges in disclosing information about their sexual behaviours, due to cultural connotations about this topic being a taboo subject and client's concerns of being overheard. The difference in results may reflect the systemic, contextual focus (Manthei et al., 2004) embodied by counselling psychologists who might be more aware and attuned to the impact of cultural and systemic factors and how they impact a client's level of comfortability online.

Another challenge outlined by participants in the current study was the difficulty in upholding *tikanga (*customary correct procedures) and *te le vā* (nurturing relational space) in online therapy when working with Māori and Pasifika clients. The challenges in nurturing vā with Pasifika communities in online spaces during COVID-19 is not widely researched in a New Zealand psychology context, however, was a noticeable concern cited among tertiary, and online education-focused research (Enari & Matepo, 2021; Falelo, 2021; Refeti et al., 2021). Findings from the current study are consistent with Crowe et al's (2020) who identified that the Māori concept of *manaakitanga,* which relates to the *tikanga* around entering another person's space, is an important element for delivering online therapy. This process of invitation into another's space may not always be feasible within an online platform (Crowe et al., 2020),

and adapting this process is an ongoing training development required to deliver culturally safe therapy online.

To summarise, there are a multitude of ethical, cultural and lockdown related challenges involved in delivering online therapy especially within the context of the COVID-19 pandemic. It can be said that prior to the pandemic, the challenging aspects of online therapy for psychologists dominated the literature more so than the positive elements (Mallen et al., 2005). Although counselling psychologist participants' experiences were mostly consistent with existing literature, these current findings provided a more context-driven account that is unique to a New Zealand context. The next discussion point relates to the helpful aspects of online therapy as outlined by counselling psychology participants.

Helpful aspects

A key finding of this present study was the perceived helpful aspects of online therapy from a counselling psychology perspective. Participants outlined that the primary helpful factors in delivering online therapy were being able to stay connected with clients during the pandemic; receive increased opportunities to engage with clients' families; and feel more relaxed when working online. Some helpful aspects were intertwined with the COVID-19 lockdown context, especially as working from home allowed participants to attend to their own self-care and experience reduced office distractions which allowed them to focus on other aspects of their role (e.g., research and increased notetaking between sessions). Other helpful factors outlined by participants are also congruent with the principles of counselling psychology, these being: being able to see clients in their own space, offer increased accessibility of services to clients, and provide options for accessing support during the pandemic. These perceived benefits of online therapy align with international literature and are discussed next .

Counselling psychology participants asserted that online therapy felt more comfortable and relaxing for themselves and some clients. This experience could be explained by the 'online calming hypothesis' (Reynolds et al., 2013). This hypothesis claims that clients and therapists experience the online therapeutic environment to be more comfortable and less confronting than face-to-face settings, evidenced by lower levels of arousal in online therapy for both parties (Reynolds et al., 2013; Simpson et al., 2020). This hypothesis may also be extended to the finding reported by participants that clients with social anxiety, phobias, clients on the autism spectrum, and clients who typically find close contact and connection to be overwhelming have benefited from the online therapy experience. This finding is supported by

several studies (Reynolds et al., 2013; Bailer & Hughes, 2013; Stubbings et al., 2015) who found that the above-mentioned client demographics experience online therapy to be less threatening than face-to-face therapy. Participants in this study and in existing literature attribute this observation to various other factors, some being that the digital screen allows clients to feel safe from a distance (Marci et al., 2006) and the ability to be more physically more comfortable when wearing casual clothing to online sessions.

Participants in the current study also reported that seeing clients in their home environment provided valuable insight and intimacy to the therapeutic relationship. This replicates findings from existing literature published within a COVID-19 context (Simpson et al., 2020), where therapists are able to witness the living environment that clients have previously described in person. Simpson and colleagues (2020) also suggest that the home environment may enable clients to feel more comfortable experimenting with therapeutic tasks that might have been more difficult within a face-to-face clinical setting, such as mindfulness, meditation or exposure-related tasks. Participants in this current study also reported the effect of pets entering the online session, which was welcomed by the participants, and was also found to provide an additional comforting element for clients that would otherwise be lacking in face-to-face therapy (Simpson et al., 2020).

Lastly, counselling psychology participants reported that time saved on travel and office distractions during lockdown allowed for increased time for work-life balance and attending to therapists' own self-care. This reported helpful aspect is consistent with findings from Ledesma & Fernandes (2021) study, where psychotherapists from the Philippines found that continuing to provide online therapy during the pandemic prompted the psychotherapists to discover the meaning of practicing self-care. In this current study and as reported in Ledesma & Fernandes' (2021) findings, the COVID-19 pandemic served as a reminder for therapists to become more attuned with their emotional wellbeing and self-care. This is particularly important considering that therapists' engaging in their own self-care is an effective strategy to reduce distress, prevent burnout and cope with their job demands (Figley, 2002).

Overall, participants in this study suggested the benefits of online therapy during lockdown pointed to gaining a unique contextual awareness into the client's world and invited opportunities to maintain core therapeutic conditions within an online environment. The next discussion point offers participants' perspectives of their client's experiences of online therapy.

Participants' perspectives of clients' experiences of online therapy during COVID-19

Counselling psychologist participants reported that their clients' experience of online therapy was influenced by their presentation and suitability to online therapy. Participants identified that clients who displayed healthier functioning, struggled with connection, had social anxiety or communication challenges benefited most from online therapy during lockdown. Clients who were perceived as having severe and high-risk (e.g., clients with personality disorders, self-harm tendencies, suicidal ideation, complex trauma) were considered to be less suited to online therapy as participants held major concerns about maintaining their safety online. These findings are consistent with existing literature which identify complex and severe client presentations such as personality disorder, clients with emotional instability, suicidal ideation, or impulsivity to not be suitable for online therapy even within a non-pandemic context (Simms et al., 2011). While the concerns around protecting the safety of high-risk online are legitimate, counselling psychology participants questioned whether the exclusion of these clients accessing online therapy actually protects clients, or if this withholds available psychological support from such clients during a pandemic and lockdown where people are more socially isolated (Békés et al., 2020). Despite these concerns, participants in this study made explicit efforts to communicate to clients that they would continue providing online therapy during lockdowns. Participants' reflections on complex clients and their suitability to online therapy only emerged as an observation after conducting online therapy with them, rather than excluding clients from accessing their services during the pandemic.

Participants in the present study also reported that online therapy may be more culturally appropriate for millennials, high school or university students who have grown up with technology and are comfortable communicating through this platform, which is consistent with the guidelines from the New Zealand Psychologists Board (2012) and research by Mallen et al (2005).

Overall, these findings suggest that more training is required for counselling psychologists to safely manage risk online when engaging with high-risk clients. The context of the COVID-19 pandemic also introduced unique challenges for participants where it was difficult to ascertain how clients were progressing if the online medium was not well suited to them. Increased training, experience and frequent clinical supervision may be some strategies to navigate this area. The next finding will describe the adaptive strategies employed by counselling psychologist participants to facilitate their delivery of online therapy during COVID-19.

Finding ways to adapt and manage

Participants identified unique ways to manage and adapt to online therapy during the COVID-19 pandemic. The key strategy discussed here will relate to participants reporting they maintained an open and flexible approach to online therapy as a way to address some of the challenges introduced by online therapy. Other strategies reported were staying connected to colleagues and supervisors and increasing their use of online resources in session.

Participants agreed that it was essential to remain open, flexible, fluid and understanding throughout online therapy sessions to best meet the needs of the clients. This was especially relevant for participants working with clients who were living in shared homes where clients have had to lower their voice during sessions, turn off their videos, or find alternative spots to attend therapy during the session. Participants' understood the importance of maintaining clients' privacy during the session, and felt that online sessions were particularly difficult for clients who may not be guaranteed privacy at home during lockdowns. This prompted participants to be mindful and adaptive to following along with the spontaneous directions of online therapy which may arise. These reported strategies were consistent with McBeath et al's study (2020), where several therapists reported that working online inspired them to think and work more creatively about their skills and knowledge. Flexibility and adaptability has also been referenced to be a skill of its own, and requires the ability for therapists to reflect on the quality of therapy being delivered and adapt accordingly (Rochlen et al., 2004). The strategies employed by participants in this current study may also be linked back to the importance of self-reflection within the clinical practice of counselling psychology (Thorpe, 2013).

Another strategy employed by participants was integrating more online resources into sessions with clients. This was primarily through sharing PowerPoint slides, worksheets, psychoeducational handouts, sharing their screen to watch a video together or using the digital whiteboard tool in session. Some participants discussed their use of sharing online resources related to Cognitive Behavioral Therapy (CBT) techniques in session, namely drawing the Five-Part Model using the digital whiteboard. This resonates with Mallen et al's (2005) finding that online counselling may be promising for CBT techniques, specifically when understanding client's thoughts and beliefs as clinicians can write and record client's responses verbatim.

Participants also emphasised the importance of staying connected to other colleagues, clinical and cultural supervisors especially during COVID-19 lockdowns. Conversing with colleagues allowed participants to share and learn from each other's experience of delivering

online therapy, while more informal meetings helped buffer the sense of social isolation that may arise when working from home during lockdown.

In summary, participants reported that being understanding of their clients' needs and immediate contexts through remaining open and flexible during online sessions is also part of their practice as a counselling psychologist. As the client remained central in the therapeutic experience, it was necessary for psychologists to be aware and understanding of all the barriers that may arise for clients, both planned and unexpected, when engaging in online sessions. The next theme will conclude with a summary on participants' views on the fit between counselling psychology and online therapy.

Counselling psychology and online therapy fit

A prominent finding of the present study involved participants' ideas surrounding online therapy's fit within the counselling psychology discipline. There is limited literature, more specifically practice-based literature, surrounding the fit of counselling psychology with online therapy. The present finding contributes to this small body of existing literature by providing novel insights, rooted in practice-based experiences, on how counselling psychologists view the relationship between counselling psychology and online therapy.

Findings from the current study showed participants all agreed that online therapy was in alignment with the aim and values of the counselling psychology discipline, although some reported concerns regarding the increased time and effort required to build the therapeutic relationship online. Concerns surrounding the development of the therapeutic relationship have been cited as core limitations of online therapy within the pre-pandemic literature (Connolly et al., 2020). Several studies widely comment on the absence of verbal and non-verbal cues, mirroring of body language, and gestures which are typically lacking in an online therapeutic environment (Békés et al., 2020; Geller, 2020 & Humer, 2020). Although counselling psychology participants in this study asserted that these are relevant challenges in the development of the therapeutic relationship online, the findings did not support the assumption that the loss of verbal and non-verbal cues in an online context detrimentally affected the views and experiences of counselling psychologists towards online therapy. As described in the findings section, participants in this study felt that the therapeutic relationship could be maintained online and that deep, vulnerable, and intimate therapeutic moments with clients can also occur in an online platform. Humer and colleagues (2020) reported a similar stance among psychotherapists in a Northern American context, whereby the challenges in the formation of the therapeutic relationship online were not significant enough to sway the

attitudes and experiences of therapists towards remote psychotherapy (Humer et al., 2020). Similarly, psychotherapists in Békés et al's (2020) study found that even with the uncertainty surrounding the pandemic and the long-standing concerns within the field of online therapy, many psychotherapists reported a positive therapeutic experience and held a more favourable view towards online therapy generally.

Previous studies suggest that therapists' concerns about the therapeutic relationship in video therapy may not necessarily be based on empirical findings (Aafes-van Doorn & Békés, 2020). Studies on the working alliance – a highly researched element of the therapeutic relationship suggests that clients experience video therapy positively, benefit from it and was comparable to in-person therapy (Aafes-van Doorn & Bèkés, 2020; Norwood et al., 2018; Rees & Stone, 2005). The findings in the current study indicated that counselling psychology participants felt the therapeutic relationship could be developed and maintained online, and participants did not hold concerns about this aspect once they had repeated experience delivering online therapy. The majority of participants in this study reported being able to convey a warm, empathetic, client-centred and genuine approach through online therapy and stated that the uncertainty around the COVID-19 pandemic prompted counselling psychologists to incorporate online therapy into their clinical practice.

Participants in this study mainly asserted that delivering online therapy provided options for clients to access mental health support when face-to-face therapy is not permitted during COVID-19 lockdowns, which is in line with the values of a counselling psychology approach. One of counselling psychology's key tenets is to reach and provide support to disenfranchised clients (Mallen et al., 2005). Commenting on the ongoing use of online therapy, all participants were open to including online therapy as an ongoing part of their clinical practice due to the accessibility that it provides for some clients. These results are consistent with existing literature , stating that through online therapy, counselling psychologists can extend their expertise and services to clients they previously could not reach without the need for extensive travel (Mallen et al., 2005). Online therapy is often reported to increase access to mental health services and reduce barriers which may impact client's access (Mallen, Vogel & Rochlen, 2005; McCrod et al., 2015; New Zealand Psychologists Board, 2012). Online therapy is also known for reducing barriers of travel, time and costs, while potential stigma and fear are also found to be greatly reduced in online therapy (Mallen et al., 2005). Furthermore, online therapy is deemed beneficial for clients who were unable to access face-to-face services outside of the pandemic context, such as clients with an illness, lacking transportation, having a disability, living in rural areas, or had child-caring responsibilities (Godine & Barnett, 2013; New Zealand Psychologists Board, 2012). Findings from the current

study - in relation to increasing options for clients to access service - resonates with that of Crowe et al (2020). Crowe and colleagues (2020) agreed that online therapy via videoconferencing platforms provides continuity of care during times of social, economic and health upheaval and allows clients to access regular mental health support during a typically stressful context of the pandemic (Crowe et al., 2020).

A possible explanation for the finding that counselling psychology participants were willing to incorporate online therapy into their practice is perhaps due to the counselling psychology discipline's values on attending to the contextual needs of the client (Manthei et al., 2004). Participants reported that online therapy was a vehicle to become more responsive to the client's needs within their current context of the COVID-19 pandemic. Furthermore, participants understood that the demand for counselling psychologists to provide online therapy will still occur in a post-COVID 19 environment due to participants' social distancing practices, increased travel, and use of technology, which is consistent with Békés and colleagues (2020) findings. Participants in this study agreed that they will likely have to adapt the ways in which they deliver therapy, even if they prefer face-to-face delivery, in order to respond to these societal changes. This shared understanding among counselling psychologists in the current study is consistent with findings reported by Békés et al's (2020) study, whereby psychotherapists in America understood that online therapy is necessary for a post-COVID 19 response. After evaluating online therapy methods through a scientist-practitioner lens, participants in the current study may be more open to providing online services which are more flexible and adaptable to the needs of their client, which ultimately adds to the therapeutic relationship.

Findings from this present study suggest that online therapy may invoke an equalising nature to the therapeutic relationship. Participants linked this to the shared experience of living in a COVID-19 world with client, sharing the online therapy experience and having mutual insight into each other's worlds. This finding is relevant as the counselling psychology adopts a holistic, pluralistic, contextualised and non-pathologising therapeutic approach (Douglas et al., 2016; Milton, 2010). Simpson and colleagues (2020) report that online therapy appeals to this pluralistic approach within counselling psychology as the process of online therapy does not present the therapist as the primary 'keeper' of knowledge. Instead, it encourages a collaborative therapeutic relationship through focusing on what client's experiences of technology use are, and how this may create new therapeutic possibilities (Simpson et al., 2020). Like in Simpson et al., (2020), participants in the present study did not suggest that the equalizing nature in the therapeutic relationship corresponds to participants abandoning their

professional responsibilities as a psychologist, but instead, it provided a way for participants to maintain the client experience as central within the therapeutic process.

To summarise, findings from this study highlighted that counselling psychologists are flexible and open to including online therapy as an ongoing part of their clinical practice. Participants agreed that the tenets of counselling psychology are in alignment with an online therapeutic modality, whereby continuing to provide support during the COVID-19 pandemic was reported to be a privilege for some participants. Participants did acknowledge that online therapy does change the nature and development of the therapeutic relationship. This may require increased involvement or adaptability on part of the therapist to adequately nurture the therapeutic relationship online, however this challenge did not deter participants' willingness to incorporate online therapy into their 'tool kit' of practicing as a counselling psychologist. Participants also emphasised the pluralistic and contextual insight provided by online therapy, and the increased accessibility benefits afforded through online therapy.

Summary of Discussion Points

The present study explored counselling psychologists' experiences of delivering online therapy in New Zealand during the COVID-19 pandemic. Counselling psychology participants discussed preparation strategies, challenges, helpful aspects, adaptative strategies relating to online therapy and how online therapy fits with a counselling psychology discipline. Despite the multiple challenges which arose within the online modality and the context of the COVID-19 pandemic, a solution was presented in the data, which was to remain open and flexible to the client's experience in online therapy and include online therapy as an adjunct in a post-lockdown environment. Participants reported the accessibility benefits provided by online therapy during COVID-19 lockdowns, and the uncertainty and fluctuating restrictions related to the pandemic have meant participants endorse the ongoing use of online therapy in a COVID-19 world. These findings held true irrespective of the participants age, number of years in professional practice as a counselling psychologist and their prior experience with online therapy. These findings were also in alignment with previous literature on online therapy in general, and with the limited literature on counselling psychology and online therapy specifically. A unique way in which this study diverted from pre-COVID-19 literature is the participants views and confidence that the therapeutic relationship can be developed and maintained online.

This study has contributed to the existing literature by providing a new lens of a New Zealand practice-based counselling psychology perspective during the COVID-19 pandemic.

This study provided insights into the complexities faced by counselling psychologists in relation to delivering online therapy, the perceived impacts of the COVID-19 pandemic on online therapy and on the therapeutic relationship. This study may also challenge previous conventions about the use of online therapy published in pre-COVID 19 literature where concerns on the development of the therapeutic relationship online were frequently mentioned. The majority of participants in this study showed that within a COVID-19 context - where online therapy remains one of the only methods to provide therapy, new adaptive ways to develop the therapeutic relationship have emerged.

Participants in this study also reported that the values and tenets of counselling psychology were congruent with online therapy through adopting a holistic, contextual and pluralistic lens into the client's context. Participants agreed that online therapy met clients' needs through offering them the ability to continue accessing mental health support during COVID-19 lockdowns. This study also demonstrated the need for ongoing consultations with ethical guidelines, clinical and cultural supervision, access to research and ongoing connection with colleagues to enhance the delivery of online therapy for counselling psychologists. Lastly, counselling psychologists identified two main training needs of having increased access to research which summarises the practices and considerations of online therapy, and increased practice with more technical functions of videoconferencing platforms (e.g. swiftly sharing resources online in session and increased precision with online whiteboard tools)

Finally, counselling psychologists participants' asserted their willingness to incorporate online therapy as an ongoing part of their clinical practice. Although the challenges raised by participants are complex and multifaceted, their vast experience with online therapy and its necessity during COVID-19 lockdowns may push participants in this study to be more willing, optimistic and accepting of its potential.

Limitations

There are several limitations which emerged during the course of this study which need to be considered when interpreting this study's findings. The most prominent limitation is the small sample size of eight counselling psychologists in this study. This sample size is considered to be adequate for the small qualitative design which employed semi-structured interviews and thematic analysis (Braun & Clarke, 2013) and is considered to be appropriate for a practice research project at a Master's degree level. However ultimately, this modest

sample size limits the capacity for this study's findings to be generalisable across the entire counselling psychologist population in New Zealand.

Participants in this study had also all used and delivered online therapy to some level in their clinical practice prior to the COVID-19 pandemic. Therefore, this sample does not represent the experiences of counselling psychologists who have been using online therapy tools for the first time during the COVID-19 pandemic. This study may have represented the views and experiences of a sub-group of counselling psychologists who were technologically proficient both in their personal and clinical environments. There is the possibility that socioeconomic and cultural factors may have influenced participants' interactions with technology usage across their lifespan, and therefore, may have influenced their interview responses. The age group of participants falling under 56 years old suggests that participants have grown up with using technology in their education, work and personal environments and these factors would have likely to impact their experiences of using online therapy in their clinical practice.

Furthermore, majority of participants (6 out of 8 living in Auckland) were recruited from a restricted geographical area which serves as another limitation in this study. Although all participants may not have been born and raised in Auckland, and some participants have travelled between other cities and worked in Hamilton, New Zealand or have recently moved overseas to Australia, this sample may not be representative of the geographical diversity of New Zealand counselling psychologists.

The homogeneity of the sample is also likely to minimise the generalisability of findings across the general counselling psychology population in New Zealand. Participants were recruited if they met the specific criteria of currently being registered and practicing as counselling psychologists, were fluent in English, and had used online therapy throughout the COVID-19 pandemic. All participants have been trained through the AUT counselling psychology programme, with one participant completing their internship within this programme. Additionally, seven participants identified as female, with one participant identifying as male. Therefore, the findings of this study cannot be representative of counselling psychologists who were trained overseas; are not fluent in English, and identify as male - as it is possible these various populations may hold shared, similar or varying experiences of delivering online therapy during COVID-19, as compared to the counselling psychologists recruited in this study.

Implications, training needs and recommendations

Despite the small scale of this study, its implications may be broad and varied. This research encapsulated the experience of counselling psychologists delivering online therapy during COVID-19. A limited body of research on this field has been conducted in North America, that too mostly with a psychotherapist sample. This current study contributes to the limited knowledge base in this area with a unique practice-based counselling psychology perspective unique to a New Zealand and COVID-19 context. Being the first of its kind, this study confirms there are several perceived challenges and benefits of using online therapy in clinical practice during the age of COVID-19, and how the use of online therapy has impacted clients from the perspective of counselling psychologists. As the study also confirms that counselling psychologists believe the tenets of counselling psychology are congruent with an online therapy modality, it may facilitate the ongoing integration of online therapy into clinical practice as an adjunct when returning to a post-lockdown environment.

Participants outlined various training needs, adaptations and recommendations which would benefit their delivery of online therapy during COVID-19. These suggestions were: receiving access to relevant research within this field that summaries the literature on online therapy; increased development of culturally appropriate and interactive online resources that can easily be integrated into online sessions with clients; continued clinical and cultural supervision during COVID-19 lockdowns to provide ethically and culturally safe practice; and increased opportunities to share peer experiences of delivering online therapy and informal social meetings to maintain connection during lockdowns.

Furthermore, the cultural considerations identified by counselling psychologist participants in this study indicates a need for formal training for counselling psychologists to incorporate wider cultural factors that may influence clients access to online therapy. Such training could also support psychologists in finding ways to navigate cultural factors (e.g. ethnicity, gender, family systems or sexuality) in the context of the COVID-19 pandemic so that clients are still available to receive mental health support during this time in a culturally appropriate manner.

These training needs and recommendations could inform university training programmes; psychology boards in evaluating their practical/ethical guidelines for counselling psychologists to reflect a COVID-19 context; and professional psychological organisations to promote opportunities of virtual social connection and learning for clinicians. Békés and Bouchard (2020) also endorsed the need for online therapy training to be integrated into the

graduate curriculum for clinicians to become knowledgeable on the benefits of tele-mental health and factors that may contribute to its efficiency. This was theorised to help improve clinicians attitudes towards online modalities and possibility alleviate any existing preconceptions (Békés & Bouchard, 2020).

Possibilities for future research directions

The findings and limitations of this study highlighted a number of possible future research directions. This study did not consider or explore counselling psychologists experience of synchronous, text-based online therapy as the focus of this study was on synchronous video and audio-mediated online therapy. Future research may benefit from understanding how counselling psychologists experience online counselling through written communication only, and how this impacts the therapeutic relationship, their use of skills and any risk-related scenarios in the absence of visual or audio cues.

Furthermore, this present study's focus on the perspective of the counselling psychologists and their experience of online therapy, in a way, did not consider the full essence of the client's perspective and experience regarding online therapy during COVID-19. Due to the interrelated and dichotomous nature of therapeutic relationships, the findings of focusing on just the perspective of the counselling psychologists are limited to truly encapsulate the full experience of online therapy. Future research on online therapy may benefit from exploring the client's perspective of online therapy within a COVID-19 context and perhaps compare these experiences to those of the counselling psychologists.

Finally, research into the therapeutic relationship in online therapy from a counselling psychology perspective is required. Exploring the impact of online therapy and its impacts on the therapeutic relationship has been an encouraged avenue for exploration in multiple studies (Mallen et al., 2005; Smith & Gillon, 2021; Sucula et al., 2012). It would be beneficial for both counselling psychologists, professional organisations and formal training institutions to have more in-depth knowledge and understanding of this subject.

Conclusion

This study explored counselling psychologists' experiences of delivering online therapy during COVID-19 in New Zealand. It contributes to the limited body of research by providing a unique practice-based lens, informed by ethical, cultural and adaptive considerations employed by the counselling psychologists within a New Zealand and COVID-19 context. The findings of this study contribute to existing literature by highlighting the challenges and benefits of online therapy and how these have been influenced by the COVID-19 lockdown environment. However, this study also diverges from pre-pandemic literature through emphasising the perceived ability of counselling psychologists to competently develop meaningful therapeutic relationships online. Participants outlined the challenges involved in this process, but this study asserts that online therapy has carved a space within the ongoing clinical practice of counselling psychology in a post-lockdown environment. This study also outlines the recommendations put forward by counselling psychologists to maintain a flexible approach to online therapy, receive access to relevant literature on online therapy and maintain connection with colleagues and supervisors during COVID-19 lockdowns to ensure successful delivery of online therapy in their clinical practice.

References

Aafjes-van Doorn, K., Békés, V., & Prout, T. A. (2020). Grappling with our therapeutic relationship and professional self-doubt during COVID-19: Will we use video therapy again?. *Counselling Psychology Quarterl*y, 1-12.

Adams, W. C. (2015). Conducting semi-structured interviews. *Handbook of practical program evaluation*, *4*, 492-505.

Ataera-Minster, J., & Trowland, H. (2018). Te Kaveinga: Mental health and wellbeing of Pacific peoples. Results from the New Zealand Mental Health Monitor & Health and Lifestyles Survey. Wellington: Health Promotion Agency.

Archer, M., Lawson, T., & Norrie, A. (2013). Critical realism: Essential readings. New York, NY: Routledge.

Baillie, L. (2015). Promoting and evaluating scientific rigour in qualitative research. *Nursing Standard (2014+)*, *29*(46), 36.

Beintner, I., C. Jacobi, and C. Taylor, Effects of an internet-based prevention programme for eating disorders in the USA and Germany: A meta-analytic review. European Eating Disorders Review, 2011. 20(1): p. 1-8.

Békés, V., & Aafjes-van Doorn, K. (2020). Psychotherapists' attitudes toward online therapy during the COVID-19 pandemic. *Journal of Psychotherapy Integration*, 30(2), 238.

Békés, V., Aafjes–van Doorn, K., Prout, T. A., & Hoffman, L. (2020). Stretching the analytic frame: Analytic therapists' experiences with remote therapy during Covid-19. *Journal of the American Psychoanalytic Association*, 68(3), 437-446.

Békés, V., Grondin, F., & Bouchard, S. (2020). Barriers and facilitators to the integration of web-based interventions into routine care. Clinical Psychology: Science and Practice, 27(2).

Bell, C. A., Crabtree, S. A., Hall, E. L., & Sandage, S. J. (2021). Research in counselling and psychotherapy Post-COVID-19. Counselling and psychotherapy research, 21(1), 3-7.

Block, J. J. (2008). Issues for DSM-V: Internet addiction.

Bordin, E. S. (1979). The generalizablity of the psychoanalytic concept of the working alliance. Psychotherapy: theory, Research and Practice, 16, 252–260.

Bouchard, S., Payeur, R., Rivard, V., Allard, M., Paquin, B., Renaud, P., & Goyer, L. (2000). Cognitive behavior therapy for panic disorder with agoraphobia in videoconference: Preliminary results. *CyberPsychology & Behavior*, *3*(6), 999-1007.

Branham, S. M. (2014). *Designing Technologies for Empathic Communication* (Doctoral dissertation, Virginia Polytechnic Institute and State University).

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.

Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners. London, England: Sage.

Carper, M., R. McHugh, and D. Barlow, The dissemination of computer-based psychological treatment: A preliminary analysis of patient and clinician perceptions. Administration and Policy in Mental Health and Mental Health Services Research, 2011. 40(2): p. 87-95.

Connolly, S. L., Miller, C. J., Lindsay, J. A., & Bauer, M. S. (2020). A systematic review of providers' attitudes toward telemental health via videoconferencing. Clinical Psychology: Science and Practice, 27(2), e12311.

Cook, J. E., & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy: Preliminary results. *CyberPsychology & Behavior*, *5*(2), 95-105.

Corey, G., Corey, M. S., & Callanan, P. (2000). Issues and ethics in the helping professions. Adolescence, 35(138), 418. Retrieved from: https://search.proquest.com/openview/0284a9caf43309bc32903858f618b18d/1? pq-origsite=gscholar&cbl=1819054

Coyle, A. (1998). Qualitative research in counselling psychology. *Counselling psychology: Integrating theory, research, and supervised practice*, 56-73.

Crowe, M., Inder, M., Farmar, R., & Carlyle, D. (2020). Delivering psychotherapy by video conference in the time of COVID-19: Some considerations.

Denzin, N. K. (1978). Triangulation: A case for methodological evaluation and combination. Sociological methods, 339-357.

Danermark, B., Ekstrom, M., & Jakobsen, L. (2001). Explaining society: an introduction to critical realism in the social sciences. London, UK: Routledge

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. Medical Education, 40(4), 314-321

Douglas, B., Woolfe, R., Strawbridge, S., Kasket, E., & Galbraith, V. (2016). The Handbook of Counselling Psychology. London, UK: SAGE Publications.

Dunn, R., Callahan, J. L., Swift, J. K., & Ivanovic, M. (2013). Effects of pre-session centering for therapists on session presence and effectiveness. Psychotherapy Research, 23(1), 78–85.

Durie, M. H. (1997). Maori cultural identity and its implications for mental health services. *International Journal of Mental Health*, *26*(3), 23-25.

Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. *The Sage handbook of qualitative research in psychology*, *179*, 194.

Enari, D., & Matapo, J. (2021). Negotiating the relational vā in the University: A transnational Pasifika standpoint during the Covid-19 pandemic. *Journal of Global Indigeneity*, *5*(1), 1-19.

Fa'aea, A. M., Fonua, S. M., Fuluifaga-Chu, C., & Ikiua-Pasi, J. (2021). Navigating the digital va/vā: Centring Moana/Pacific values in online tertiary settings during COVID-19. *Journal of Global Indigeneity, Macquarie University*.

Faleolo, R. (2021). Talanoa moe vā: Pacific knowledge-sharing and changing sociocultural spaces during COVID-19. *Waikato Journal of Education*, *26*, 125-134.

Figley, C.R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. Journal of Clinical Psychology, 58, 1433– 1441.

Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. Qualitative Health Research, 12(4), 531-545.

Galbraith, V. (Ed.). (2017). *Counselling psychology*. Routledge.

Geller, S. (2020). Cultivating online therapeutic presence: strengthening therapeutic relationships in teletherapy sessions. *Counselling Psychology Quarterly*, 1-17.

Gelso, C. J., & Carter, J. A. (1994). Level of generality and clear thinking in theory construction and theory evaluation: Reply to Greenberg (1994) and Patton (1994). Journal of Counseling Psychology, 41(3), 313-314.

Gibson, K., Stanley, P., & Manthei, R. (2004). Counselling psychology in New Zealand: A window of opportunity. *The Bulletin of the New Zealand Psychological Society*, *103*, 12-17.

Grondin, F., Lomanowska, A. M., & Jackson, P. L. (2019). Empathy in computer-mediated interactions: A conceptual framework for research and clinical practice. *Clinical Psychology: Science and Practice*, *26*(4), e12298.

Godine, N., & Barnett, J. E. (2013). The use of telepsychology in clinical practice: Benefits, effectiveness, and issues to consider. *International Journal of Cyber Behavior, Psychology and Learning (IJCBPL)*, *3*(4), 70-83.

Grant, B. M., & Giddings, L. S. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary nurse*, *13*(1), 10-28.

Grondin, F., Lomanowska, A. M., & Jackson, P. L. (2019). Empathy in computer-mediated interactions: A conceptual framework for research and clinical practice. Clinical Psychology: Science and Practice, 26(4), e12298.

Hafermalz, E., & Riemer, K. (2016). The work of belonging through technology in remote work: A case study in tele-nursing.

Heckathorn, D. D. (2011). Comment: snowball versus respondent-driven sampling. Sociological methodology, 41(1), 355-366

Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: a 2013 review. *Telemedicine and e-Health*, *19*(6), 444-454.

Holmes, C., & Foster, V. (2012). A preliminary comparison study of online and face-to-face

counseling: Client perceptions of three factors. *Journal of Technology in Human Services*, *30*(1), 14-3

Humer, E., Stippl, P., Pieh, C., Pryss, R., & Probst, T. (2020). Experiences of Psychotherapists With Remote Psychotherapy During the COVID-19 Pandemic: Cross-sectional Web-Based Survey Study. *Journal of medical Internet research,* 22(11), e20246.

Jerome, L. W., & Zaylor, C. (2000). Cyberspace: Creating a therapeutic environment for telehealth applications. *Professional Psychology: Research and Practice*, *31*(5), 478.

Joseph, S., & Bryant-Jefferies, R. (2008). Person-centred coaching psychology.

Kingi-Ulu'ave, D., Faleafa, M., Brown, T., & Daniela-Wong, E. (2016). Connecting culture and care: Clinical practice with Pasifika people. *Professional practice of psychology in Aotearoa New Zealand*, 67-80.

Kolmes, K., & Taube, D. O. (2014). Seeking and finding our clients on the Internet: Boundary considerations in cyberspace. *Professional Psychology: Research and Practice*, *45*(1), 3.

Kraus, R., Stricker, G., & Speyer, C. (Eds.). (2010). *Online counseling: A handbook for mental health professionals*. Academic Press.

Ledesma, D. A. S., & Fernandez, K. T. G. (2021). 'If I am not well, I can't do sessions well': An analysis of the narratives of Filipino Therapists during the COVID-19 Pandemic. *Counselling and Psychotherapy Research*.

Lee, S. (2010). Contemporary issues of ethical e-therapy. *Journal of Ethics in Mental Health*, *5*(1).

Leibert, T., & Archer Jr, J. (2006). An exploratory study of client perceptions of internet counseling and the therapeutic alliance. *Journal of Mental Health Counseling*, *28*(1), 69-83.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry (Vol. 75). Newbury Park, CA: Sage Publications

Lleras de Frutos, M., Medina, J. C., Vives, J., Casellas-Grau, A., Marzo, J. L., Borràs, J. M., & Ochoa-Arnedo, C. (2020). Video conference vs face-to-face group psychotherapy for distressed cancer survivors: A randomized controlled trial. *Psycho-Oncology*, *29*(12), 1995-2003.

Loucas, C., et al., E-therapy in the treatment and prevention of eating disorders: A systematic review and meta-analysis. Behaviour Research and Therapy, 2014. 63: p. 122-131.

Long, T., & Johnson, M. (2000). Rigour, reliability and validity in qualitative research. Clinical effectiveness in nursing, 4(1), 30-37.

Magilvy, J. K., & Thomas, E. (2009). A first qualitative project: Qualitative descriptive design

for novice researchers. Journal for Specialists in Pediatric Nursing, 14(4), 298-300.

Mallen, M. J., & Vogel, D. L. (2005). Introduction to the major contribution: Counseling psychology and online counseling. *The Counseling Psychologist*, *33*(6), 761-775

Mallen, M. J., Vogel, D. L., & Rochlen, A. B. (2005). The practical aspects of online counseling: Ethics, training, technology, and competency. The Counseling Psychologist, 33(6), 776-818.

Mallen, M. J., Vogel, D. L., Rochlen, A. B., & Day, S. X. (2005). Online counseling: Reviewing the literature from a counseling psychology framework. The Counseling Psychologist, 33(6), 819-871.

Maheu, M. M., Pulier, M. L., McMenamin, J. P., & Posen, L. (2012). Future of telepsychology, telehealth, and various technologies in psychological research and practice. *Professional Psychology: Research and Practice*, *43*(6), 613.

Malathesh, B. C., Chatterjee, S. S., & Das, S. (2020). Overview of mental health issues of COVID-19: need of the hour. *General Psychiatry*, *33*(3).

Manhal-Baugus, M. (2001). E-therapy: Practical, ethical, and legal issues. *CyberPsychology & Behavior*, *4*(5), 551-563.

Manthei, R., Stanley, P., & Gibson, K. (2004). Counselling and Counselling Psychology in New Zealand: Similarities and Differences. New Zealand Journal of Counselling, 25(1).

Marci, C. D., & Orr, S. P. (2006). The effect of emotional distance on psychophysiologic concordance and perceived empathy between patient and interviewer. Applied Psychophysiology and Biofeedback, 31(2), 115–128.

Marci, C. D., Ham, J., Moran, E., & Orr, S. P. (2007). Physiologic correlates of perceived therapist empathy and social-emotional process during psychotherapy. The Journal of Nervous and Mental Disease, 195(2), 103–111.

Maxwell, J. (1992). Understanding and validity in qualitative research. Harvard educational review, 62(3), 279-301.

McBeath, A. G., Plock, S., & Bager-Charleson, S.. (2020). The challenges and experiences of psychotherapists working remotely during the coronavirus* pandemic. *Counselling and Psychotherapy Research*, 20(3), 394–405.

Milne, J., & Oberle, K. (2005). Enhancing rigor in qualitative description. Journal of Wound Ostomy & Continence Nursing, 32(6), 413-420.

Milton, M. (2010). Therapy and Beyond: Counselling psychology contributions to therapeutic and social issues. West Sussex, UK: John Wiley & Sons.

Mora, L., Nevid, J., & Chaplin, W. (2008). Psychologist treatment recommendations for Internet-based therapeutic interventions. *Computers in Human Behavior*, *24*(6), 3052-3062.

New Zealand Psychologists Board (2012). The Practice of Telepsychology. Aotearoa/NZ: New Zealand Psychologists Board.

Norwood, C., Moghaddam, N. G., Malins, S., & Sabin-Farrell, R. (2018). Working alliance and outcome effectiveness in videoconferencing psychotherapy: A systematic review and noninferiority meta-analysis. *Clinical Psychology & Psychotherapy*, *25*(6), 797-808.

Ogden, P., & Goldstein, B. (2019). Sensorimotor psychotherapy from a distance: Engaging the body, creating presence, and building relationship in videoconferencing. In *Theory and practice of online therapy* (pp. 47-65). Routledge.

Oshni Alvandi, A. (2019). Cybertherapogy: A conceptual architecting of presence for counselling via technology. International Journal of Psychology and Educational Studies, 6(1), 30–45.

Parker, I. (2005). Qualitative psychology: Introducing radical research. Berkshire, England: Open University Press

Patton, M. Q. (1990). Qualitative evaluation and research methods, 2nd ed. Thousand Oaks, CA: Sage Publications.

Pozza, A., et al., Computer-delivered cognitive-behavioural treatments for obsessive compulsive disorder: Preliminary meta-analysis of randomized and non-randomized effectiveness trials. The Cognitive Behaviour Therapist, 2014. 7(16).

Perle, J. G., Langsam, L. C., & Nierenberg, B. (2011). Controversy clarified: An updated review of clinical psychology and tele-health. Clinical Psychology Review, 31(8), 1247-1258.

Perle, J.G., et al., Attitudes toward psychological telehealth: Current and future clinical psychologists' opinions of internet-based interventions. Journal of Clinical Psychology, 2012. 69(1): p. 100-113.

Rees, C. S., & Stone, S. (2005). Therapeutic alliance in face-to-face versus videoconferenced psychotherapy. *Professional Psychology: Research and Practice*, *36*(6), 649.

Refiti, L. I. A., Engels-Schwarzpaul, A. C. T., Lopesi, L., Lythberg, B., Waerea, L., & Smith, V. (2021). Vā at the time of Covid-19: When an aspect of research unexpectedly turns into lived experience and practice. *Journal of New Zealand & Pacific Studies*, *9*(1), 77-85.

Rees, C. S., & Stone, S. (2005). Therapeutic alliance in face-to-face versus videoconferenced psychotherapy. *Professional Psychology: Research and Practice*, *36*(6), 649.

Reynolds Jr, D. A. J., Stiles, W. B., Bailer, A. J., & Hughes, M. R. (2013). Impact of

exchanges and client–therapist alliance in online-text psychotherapy. *Cyberpsychology, behavior, and social networking*, *16*(5), 370-377.

Richards, D., & Viganó, N. (2013). Online counseling: A narrative and critical review of the literature. *Journal of clinical psychology*, *69*(9), 994-1011.

Rummell, C. M., & Joyce, N. R. (2010). “So wat do u want to wrk on 2day?”: The ethical implications of online counseling. *Ethics & Behavior*, *20*(6), 482-496.

Russell, L. (2018). Te Oranga Hinengaro: Report on Māori Mental Wellbeing Results from the New Zealand Mental Health Monitor & Health and Lifestyles Survey. Wellington: Health Promotion Agency/Te Hiringa Hauora.

Ruwaard, J., Schrieken, B., Schrijver, M., Broeksteeg, J., Dekker, J., Vermeulen, H., & Lange, A. (2009). Standardized web-based cognitive behavioural therapy of mild to moderate depression: a randomized controlled trial with a long-term follow-up. *Cognitive behaviour therapy*, *38*(4), 206-221.

Sammons, M. T. (2021). How Will the Crises of 2020 Shape the Clinical Practice of Psychology in 2021?. *Journal of Health Service Psychology*, *47*(1), 1-3.

Sandelowski, M. (2000). Whatever happened to qualitative description?. *Research in nursing & health*, *23*(4), 334-340.

Schoenenberg, K., Raake, A., & Koeppe, J. (2014). Why are you so slow? — Misattribution of transmission delay to attributes of the conversation partner at the far-end. International Journal of Human-computer Studies, 72(5), 477–487.

Scogin, F., Lichstein, K., DiNapoli, E. A., Woosley, J., Thomas, S. J., LaRocca, M. A., ... & Geyer, J. D. (2018). Effects of integrated telehealth-delivered cognitive-behavioral therapy for depression and insomnia in rural older adults. *Journal of psychotherapy integration*, *28*(3), 292.

Simms, D. C., Gibson, K., & O'Donnell, S. (2011). To use or not to use: Clinicians' perceptions of telemental health. *Canadian Psychology/Psychologie canadienne*, *52*(1), 41.

Simpson, S. (2009). Psychotherapy via videoconferencing: A review. *British Journal of Guidance & Counselling*, *37*(3), 271-286.

Simpson, C. (2016). *" Reading between the lines": a grounded theory study of text-based synchronous online therapy: how practitioners establish therapeutic relationships online* (Doctoral dissertation, London Metropolitan University).

Simpson, S., Bell, L., Knox, J., & Mitchell, D. (2005). Therapy via videoconferencing: A route to client empowerment?. *Clinical Psychology & Psychotherapy*, *12*(2), 156-165.

Simpson, S. G., & Reid, C. L. (2014). Therapeutic alliance in videoconferencing psychotherapy: A review. *Australian Journal of Rural Health*, *22*(6), 280-299.

Simpson, C. (2016). *" Reading between the lines": a grounded theory study of text-based*

synchronous online therapy: how practitioners establish therapeutic relationships online (Doctoral dissertation, London Metropolitan University).

Sjöström, J., & Alfonsson, S. (2012). Supporting the therapist in online therapy.

Sloan, D., et al., Efficacy of telehealth treatments for posttraumatic stress-related symptoms: A meta-analysis. Cognitive Behaviour Therapy, 2011. 40(2): p. 111-125.

Smith, J., & Gillon, E. (2021). Therapists' experiences of providing online counselling: A qualitative study. *Counselling and Psychotherapy Research*.

Smith, K., Moller, N., Cooper, M., Gabriel, L., Roddy, J., & Sheehy, R. (2021). Video counselling and psychotherapy: A critical commentary on the evidence base. *Counselling and Psychotherapy Research*.

Stubbings, D. R., Rees, C. S., Roberts, L. D., & Kane, R. T. (2013). Comparing in-person to videoconference-based cognitive behavioral therapy for mood and anxiety disorders: Randomized controlled trial. Journal of Medical Internet Research, 15(11), e258

Sucala, M., Schnur, J. B., Brackman, E. H., Constantino, M. J., & Montgomery, G. H. (2013). Clinicians' attitudes toward therapeutic alliance in E-therapy. *The Journal of general psychology*, *140*(4), 282-293.

Sucala, M., Schnur, J. B., Constantino, M. J., Miller, S. J., Brackman, E. H., & Montgomery, G. H. (2012). The therapeutic relationship in e-therapy for mental health: a systematic review. *Journal of medical Internet research*, *14*(4), e2084.

Te Puni Kōkiri. (2013). Ngā tānga kupu: Te reo pāho. Use of cellphones. Retrieved from https://www.tpk.govt.nz/en/a-matou-mohiotanga/broadcasting/use-of-broadcasting-and-e-media-maori-language-and/online/7

Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. Journal for Specialists in Pediatric Nursing, 16(2), 151- 155.

Thorpe, M. R. (2013). The process of conducting qualitative research as an adjunct to the development of therapeutic abilities in counselling psychology. New Zealand Journal of Psychology, 42(3), 35.

Thorpe, M., & Farrell (2016). The client-psychologist relationship. In W. Waikaremoana, J. Feather, N. Robertson, & J. Rucklidge, (3rd ed.), Professional practice of psychology in Aotearoa New Zealand. Wellington, New Zealand: New Zealand Psychological Society.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. Nursing & Health Sciences, 15(3), 398-405

Van Kessel, K. (2016). eTherapy. In W. Waikaremoana, J. Feather, N. Robertson, & J. Rucklidge, (3rd ed.), Professional practice of psychology in Aotearoa New Zealand. Wellington, New Zealand: New Zealand Psychological Society

Varker, T., et al., Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. Psychological Services, 2019. 16(4): p. 621-635.

Vostanis, P., & Bell, C. A. (2020). Counselling and psychotherapy post-COVID-19. *Counselling and psychotherapy research*, *20*(3), 389-393.

Weitz, P. (2018). *Psychotherapy 2.0: Where psychotherapy and technology meet*. Routledge.

Winnicott, D. W. (1949). Hate in the countertransference. The International Journal of Psychoanalysis, 30, 69-74.

Wray, B. T., & Rees, C. S. (2003). Is there a role for videoconferencing in cognitive–behavioural therapy. Proceedings from AACBT '03: The 11th National Conference on Australian Association for Cognitive and Behaviour Therapy. Perth, Australia

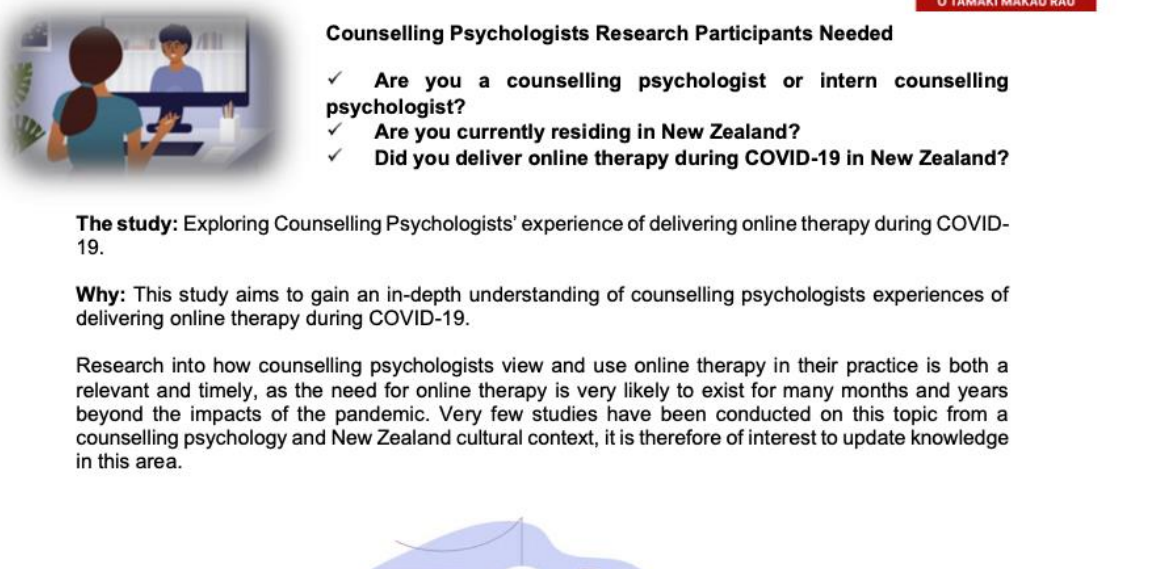
Yuen, E. K., Herbert, J. D., Forman, E. M., Goetter, E. M., Comer, R., & Bradley, J. C. (2013). Treatment of social anxiety disorder using online virtual environments in second life. *Behavior therapy*, *44*(1), 51-61.

Zheng, P., & Gray, M. J. (2014). Telehealth-based therapy connecting rural Mandarin-speaking traumatized clients with a Mandarin-speaking therapist. *Clinical Case Studies*, *13*(6), 514-527.

Zur, O. (2012). TelePsychology or TeleMentalHealth in the digital age: The future is here. California Psychologist, 45(1), 13-15. Retrieved from: http://www.zurinstitute.com/telementalhealth.pdf

Appendices

Appendix A: Recruitment Flyer



AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Counselling Psychologists Research Participants Needed

- ✓ **Are you a counselling psychologist or intern counselling psychologist?**
- ✓ **Are you currently residing in New Zealand?**
- ✓ **Did you deliver online therapy during COVID-19 in New Zealand?**

The study: Exploring Counselling Psychologists' experience of delivering online therapy during COVID-19.

Why: This study aims to gain an in-depth understanding of counselling psychologists experiences of delivering online therapy during COVID-19.

Research into how counselling psychologists view and use online therapy in their practice is both a relevant and timely, as the need for online therapy is very likely to exist for many months and years beyond the impacts of the pandemic. Very few studies have been conducted on this topic from a counselling psychology and New Zealand cultural context, it is therefore of interest to update knowledge in this area.

What would participation involve: Participants will attend an interview which will take approximately 1 hour. This will be conducted over Microsoft Teams, at a time which suits the participant.

What do I need to participate: You will need to be practicing within the counselling psychology scope, currently living in New Zealand and have experience delivering online therapy during the emergence of the COVID-19 pandemic (period starting from March 2020).

Get in touch: If you are interested in participating or would like more information please contact Cherry Kura – cherrykura1@gmail.com or 0210665856 or my supervisor Dr. Kirsten van Kessel - kirsten.vankessel@aut.ac.nz or 921 9999 ext. 7691

Many thanks,

Kura

Cherry Kura (Masters of Health Science, Psychology)

Approved by the Auckland University of Technology Ethics Committee on 26th May 2021
AUTEC Reference number 21/126

Appendix B: Participant Information Sheet

Participant Information Sheet
April 20th 2021

Delivering Online Therapy during COVID-19: Counselling Psychologists' Experience

An Invitation

As a registered counselling psychologist who has delivered online therapy in the past year, you are invited to be involved in this research project. This project aims to explore the experiences of delivering online therapy during COVID-19 from the perspectives of counselling psychologists

The findings are to build on the minimal research currently available on how counselling psychologists, particularly in a unique New Zealand context, have navigated the experience of delivering online therapy during the pandemic.

I (Cherry Kura) am undertaking this project as part of the thesis component of the Master of Health Science in Psychology. I have a background of studying psychology, working in mental health and conducting qualitative research.

What is the purpose of this research?

It is hoped that this research will provide new insights into the unique ways in which the COVID-19 pandemic has impacted online therapy delivery for counselling psychologists. For the participants, it is hoped that participation in this study will provide an opportunity for individuals to reflect and share their experience of delivering online therapy in their practice, specifically during a pandemic. It is hoped that this will foster positive feelings of being able to reflect and share such experiences and knowing that their insights will contribute to greater understandings of the nuanced ways in which counselling psychologists approached online therapy during COVID-19.

This research forms the basis of my Master's thesis and it is hoped that the findings and it is hoped the findings of this study will be further built on either by the researcher or by others with the aim of improving the understanding of the experiences in delivering online therapy for counselling psychologists, as there is a lack of research in this area.

How was I identified and why am I being invited to participate in this research?

You are being given this information sheet if you have expressed interest in participating in this research study and/or are a past counselling psychology graduate from the Auckland University of Technology. Adverts of this study have also been posted on Facebook to the Institute of Counselling Psychology, and word of mouth advertising has been used. To participate in this study, you will need to be currently living in New Zealand; practicing within the counselling psychology scope; currently or previously have experience delivering therapy online during the emergence of the COVID-19 pandemic. This includes the period starting from March 2020, where New Zealand entered its first Level 4 lockdown.

How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice) and choosing to participate will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, you may decide to have any data that is identifiable as belonging to you removed or you may allow it to continue to be used. However, once the findings have been produced, removal of your data may not be possible. In order to participate in this research, you will need to complete a consent form which will be given to you by the researcher.

What will happen in this research?

Participants will be asked to participate in an individual interview. Interviews will be undertaken online using Microsoft Teams at a time which suits the participant. Each interview will last for approximately 1 hour. The interview will include discussion on your experience delivering online therapy, touching on your input as a counselling psychologist.

What are the discomforts and risks?

Some discomfort or embarrassment may arise if participants' have difficulty talking about their experiences, or proficiency with delivering online therapy. Although our study is interested in the context of the COVID-19 pandemic, we do not anticipate that participants will discuss their personal experiences of the lockdown, thus posing minimal risk. Our interview questions and the study in general is concerned about participants' professional experience of delivering online therapy during COVID-19 – rather than their personal experiences of experiencing the COVID-19 pandemic.

How will these discomforts and risks be alleviated?

Although not anticipated, If participants find any part of the interview process distressing, they are encouraged to let the student researcher know – who will be able to pause or end the interview as per the participant's' request. Participants can also seek appropriate support through utilising AUT counselling services.

What are the benefits?

For the participants, it is hoped that this study will contribute to their professional development and foster self-reflection in relation to delivering online therapy. It also provides an opportunity for participants to deeply reflect on the impacts of the pandemic on their professional delivery of therapy, and by focusing on their experiences as counselling psychologists – can generate more self-insight to inform future practice. Lastly, participating in this research could foster feelings of empowerment for participants as their knowledge and experience will contribute to the wider knowledge base of counsellor/psychologist development.

For the researcher, this study forms the basis of a Practice Research Project required for a Master of Health Science in Counselling Psychology. It is hoped that the findings of this study can help inform future training and be useful information to know for newer counselling psychology graduates or interns entering the workforce during the presence of COVID-19.

How will my privacy be protected?

Participants will not be identified in any publications, reports or presentations that result from the research. Quotes form the participants will be used with any identifying markers removed. Pseudo-names will be used for participants.

Your personal information will not be shared with anyone outside the research team. Information about individual clients and their medical conditions will not be solicited or used, even if provided. All information will be kept confidential to the research team. The recording of the interview will be transcribed by the student researcher who is also the interviewer. All recordings and data taken will be stored securely in password protected electronic files in the Postgraduate study room AB115 or the supervisor Kirsten van Kessel or Elizabeth du Preez office, at AUT.

If you wish to receive a summary of the results of the project, you will be asked for your email or postal address. This information will only be used for the purpose of sending you the summary and will not be linked to feedback you have provided. It will be saved separately to the data.

What are the costs of participating in this research?

Participants will need to give up approximately 60 minutes of their personal time to participate in this research.

What opportunity do I have to consider this invitation?

If you are interested in being part of this research, please contact the research team in the next 2 weeks. You will have the opportunity to ask questions and if you are happy to take part we will obtain your consent. Interviews are planned to occur in July/August 2021.

How do I agree to participate in this research?

If you agree to participate in this study, please confirm by signing the consent form attached to this form and returning it to me (Cherry Kura – Primary Researcher).

Will I receive feedback on the results of this research?

If you would like to receive feedback on the results of this research, please indicate this to me in an email and I will deliver you a copy of my findings report.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Kirsten van Kessel kvankess@aut.ac.nz or phone 09 921 9999 ext. 7691 or Dr Elizabeth du Preez edupreez@aut.ac.nz or phone 09 921 9999 ext. 7692.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, ethics@aut.ac.nz or phone 09 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:
Dr Kirsten van Kessel (Project supervisor) kvankess@aut.ac.nz or phone 09 921 9999 ext. 7691.
Dr Elizabeth du Preez (Project supervisor) edupreez@aut.ac.nz or phone 09 921 9999 ext. 7692.
Cherry Kura (Primary researcher) kjq4307@autuni.ac.nz
Please keep this Information Sheet and a copy of the Consent Form for your future reference.

Approved by the Auckland University of Technology Ethics Committee on *26th May 2021,* AUTEC Reference number

21/12

Appendix C: Consent Form

Consent Form

Project title: ***Delivering Online Therapy during COVID-19: Counselling Psychologists' Experience***
Project Supervisor: ***Kirsten van Kessel and Elizabeth du Preez***
Researchers: ***Cherry Kura***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated _____.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes may be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes ○ No ○

Participant's signature:
……

Participant's name: ……
Participant's Contact Details (if appropriate):
……
……
……
……
Date:

Approved by the Auckland University of Technology Ethics Committee on 26 May 2021
AUTEC Reference number 21/126
Note: The Participant should retain a copy of this form

Appendix D: Semi-Structured Interview Questions

Part 1: Demographic details

These questions will be asked at the beginning of the semi-structured interviews

1. Which gender(s) do you identify with?
2. What is your age?
3. Which ethnicity/ethnicities do you identify with?
4. Where in New Zealand do you reside?
5. How many years have you been in professional practice?

Part 2: Counselling Psychologists' experiences of delivering online therapy during COVID-19

1. How did you prepare for the transition to online therapy?
2. Describe your experience of delivering online therapy
3. Was there anything that surprised you about delivering online therapy? If so, please elaborate.
4. What were your ideas about online therapy prior to it becoming compulsory before COVID-19?
5. What did you notice about yourself as a therapist when delivering online therapy?
6. What were the challenging aspects of delivering online therapy?
7. In what ways do you think delivering therapy online impacted your sessions?
8. What was your experience, observation or perception of client progress when using online therapy?
9. How did you navigate cultural safety in online therapy?
10. Were there any ethical considerations unique to online therapy that you have observed or experienced?
11. How do you feel about using online therapy as an ongoing part of your clinical practice?
12. Were there ways that the pandemic affected your delivery of online therapy? (other than restricting face to face interactions)
13. How do you see online therapy fitting within the paradigm of counselling psychology - which is therapeutic relationship-based?
14. What factors or resources would help facilitate your experience with online therapy as a counselling psychologist?

Appendix E: Ethics Approval

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

14 July 2021

Kirsten Van Kessel
Faculty of Health and Environmental Sciences

Dear Kirsten

Re Ethics Application: **21/126 Delivering Online Therapy during COVID-19: Counselling Psychologists' Experience**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 26 May 2024.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: Kjq4307@autuni.ac.nz; Elizabeth du Preez