

# An integrative review of the person-centred and experiential therapy literature on delivering individual video counselling and psychotherapy

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## Abstract

Based on an integrative review of the relevant literature in and on person-centred and experiential (PCE) therapy, this study identifies and discusses the findings of 13 articles on the delivery of individual video counselling and psychotherapy. Six overarching themes were identified: the discrepancy of the experiences of clients and practitioners; the possibility of good-quality PCE therapy (psychotherapy and/or counselling); “doing” PCE therapy online; “being” online; the role of technology; and implications for training and practice. It is suggested that all these have implications for ongoing practice and education/training, and need to be considered by practitioners, educators/trainers, and professional bodies.

## KEYWORDS

integrative review, online therapy, PCE therapy, video counselling and psychotherapy

## 1 | INTRODUCTION

In the context of the ongoing global impact of COVID-19, psychotherapists and counsellors (hereafter “therapists”) around the world have grappled with the implications of moving their work with clients online. While some had embraced this way of working long ago or previously taken a mixed-mode approach, that is, working both live in person and online, for many, the pandemic has meant figuring out how to pivot to online delivery of psychotherapy and counselling (hereafter “therapy”). Indeed, as different jurisdictions around the world have moved in and out of restrictions of movement and assembly, so, too, therapists have shifted in their ability to share the same physical space with clients. For some, this has entailed a permanent shift to online work, or a hybrid approach blending online and in-person work (Dunn & Wilson, 2021).

Inevitably, this shift in practice has led to therapists, clients and researchers assessing whether therapy works online and is as effective as in-person therapy. Such evaluation has led to a plethora of publications on the subject, including a number of special issues of journals (e.g., Callaghan, 2020; Parks, 2020; Tudor & Murphy, 2021; Tudor & Price-Robertson, 2021), as well as numerous articles in special sections of the current journal (e.g., Hanley, 2021b; Hanley & Wyatt, 2021; Hensel et al., 2021; Jacob et al., 2021; McBeath et al., 2020; Smith et al., 2022; Smith & Gillon, 2021; Vostanis & Bell, 2020). Within this context, the focus of the current article is to report the findings of an integrative review of the literature specific to person-centred and experiential (PCE) therapy. The aim of this review was to identify key themes from the literature that could inform PCE therapists' approach to, or thinking about, online work.

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## 2 | TERMINOLOGY

### 2.1 | Person-centred and experiential therapies

The intended audience for this article, and the subject of literature reviewed, are those therapists who identify their therapeutic stance as being person-centred and/or experiential in nature and who work on an individual basis with clients. Our interest in this focus stemmed from our own theoretical orientation, as well as our view that the person-centred approach informs many contemporary practitioners' perspectives on therapeutic engagement. The rationale for the review also stemmed from what we perceived as a dearth of published literature on working online within the PCE approach (with the exception of articles in a special issue of *Person-Centered & Experiential Psychotherapies* [Tudor & Murphy, 2021]) and a general ambivalence among PCE therapists to embrace this way of working pre-COVID-19.

As such, the search terms for this review were set to limit the collected literature to those that referenced "client-centred", "person-centred", "emotion-focused", "experiential", "Rogerian" or "Rogers" (in both British and American English spellings; see Table 1). The literature that detailed a more generalised person-centred or experiential approach to the delivery of online health care, including medical and other allied health fields, was excluded from this review.

### 2.2 | Video counselling and psychotherapy

There are many terms for the use of video in counselling and psychotherapy, including online counselling/therapy, teletherapy, e-counselling/e-therapy, and videoconference-based therapy. Classen et al. (2020) provide a helpful definition that was used to frame the present study: "we were primarily interested in videoconference-based forms of online therapy, wherein a client and therapist use software to interact with one another via synchronous audio and visual communication" (p. 546). Smith et al. (2022) also recognise the difficulty of empirical investigation in this area of practice, given the lack of standardisation in terminology. To focus on "video therapy" as a useful and standard term for future investigation, they succinctly define this as "synchronous, client-therapist interactions through video platforms which are structured in the same way as in-room counselling and psychotherapy" (p. 93).

Video therapy, then, alludes to the "primary interest" of the current article. In order to more broadly capture the contribution of PCE approaches to therapeutic work online, existing nonvisual, nonaudio, text-based or nonsynchronous forms of therapy are recognised as a potential source of knowledge. As such, two articles (Dowling & Rickwood, 2014; Harrison & Wright, 2020) featuring synchronous, text-based interventions were included in this study.

Our initial search terms contained an elaborate mix of words for video conferencing including "videoconferenc\*", "video-conferenc\*", "video conferenc\*", "video chat" and "video call\*", where "\*" signifies any additional letters. This was intended to capture different

#### Implications for practice and policy

- Good person-centred and experiential psychotherapy and/or counselling online is possible, but may require increased focus and attentiveness from the therapist.
- Many clients report favourable experiences of online therapy, which may prompt increased openness and acceptance by therapists of this way of working.
- Online therapy is likely to remain as a well-utilised modality, though attention should be given to the non-neutral presence of technology in the therapeutic process.
- Establishing a clear therapeutic frame when working online is important, though a flexible or pluralistic approach to therapeutic modality may also be helpful.
- Online therapy may need to be incorporated as a core competency within training programmes and considered by professional bodies and accrediting and/or registration authorities.

phrases such as "video-conferencing," "videoconference-based" and "video calling"; however, after our initial searches, we simplified this to just "video\*." Additional terms used included "online," "telehealth" and "e-therapy," which seemed to capture all the literature that was relevant to this review (see Table 1).

## 3 | METHOD

Integrative reviews offer a method for drawing together findings from the literature from diverse sources and methodologies rather than being limited to purely quantitative studies (Whittemore & Knaf, 2005). Given the paucity of published literature in the area under investigation, it was important to use a method that allowed for this broader approach. At the same time, a systematic approach was desirable to provide replicability and transparency. As such, the PICO and PICOS tools, empirically validated approaches to searching academic literature (Methley et al., 2014), were identified as useful and viable for the purposes of this article. The PICOS method specifies five categories (population, intervention, comparison, outcome and study type) with which to structure search terms for relevant literature, as it adds a high degree of specificity in returning search results particularly useful for when there are limits on resource and time to be spent. Methley et al. (2014) find, however, that for a more comprehensive search of the literature, removing the "study type" (thus PICO) provides a highly sensitive approach to search criteria.

In order to synthesise the findings, a constant comparison approach was utilised to identify significant themes across the literature (Whittemore & Knaf, 2005). All articles selected for inclusion were summarised for key findings and ideas, before being coded into

PICOS category	Search terms used	Search terms removed
Population	counsel* OR psychotherapy* OR therap*	practitioner, client, patient
Intervention	client-centred OR person-centred OR emotion-focused OR experiential OR Rogerian OR Rogers	
Comparison	online OR video* OR <i>telehealth</i> OR <i>e-therapy</i>	videoconferenc*, video-conferenc*, "video conferenc*", video chat, video call*
Outcome		experien*, efficacy*, outcomes
Study type		qualitative, quantitative, mixed methods

TABLE 1 Database search criteria used, organised by PICOS category

themes. The process began by identifying all themes in an index article and then with each successive article looking to see whether there were themes that matched or that either required a new theme to be created or an existing theme to be modified. This process continued until a saturation point was reached where no new themes were identified in subsequent articles.

### 3.1 | Search strategy

A search for relevant literature to review was primarily undertaken through databases and specific journals we identified early in the process, with an intent to consult Google Scholar and other grey literature sources for broader coverage if necessary. The search capacities of each platform dictated different approaches to the terminology used, and this terminology evolved as each set of abstracts returned suggested terms to include or take out. For example, "telehealth" and related terms became helpful in increasing specificity, where "client" or "patient" as standalone terms seemed to increase the proportion of nonrelevant results and, thus, were progressively excluded through the review. Care was taken also to search using both British and American spellings of key words.

Given the focussed nature of our subject matter, an initial trial of the PICOS method on APA PsycInfo revealed that the search terms could be limited to the "Abstract" level of an article and still maintain a high degree of integrity and sensitivity in search results. The first 100 abstracts were scanned to identify relevant terminology we may have missed and to get a sense of the relationship between article title and actual content to assist in article selection on other platforms.

After the initial search round, it became apparent that the pool of available literature on the current topic may be small and may not need the added specificity that the "study type" category brought. Hence, it was decided to exclude this from subsequent searches, becoming a PICO strategy instead. This brought about a greater number of overall search results, though few new articles of potential relevance. Additionally in further testing, the "population", "intervention" and "comparison" categories alone showed equally accurate returns of relevant results, without including the "outcome" search terms. In this way, and as outcome measures were not the focus of

the current article, only these first three categories of search terms were utilised when searching subsequent databases.

For the sake of contemporary relevance, our database searches were initially limited to the literature from 2015 onwards. Identical searches were later undertaken for the literature between 1980 and 2014 to ensure full coverage.

Table 1 outlines the full search criteria used in database searches. Later additions to these are denoted by the use of italics. Each category of the PICOS criteria (Methley et al., 2014) was a separate search line in the advanced search settings on each platform, linked by an "AND" command.

### 3.2 | Databases

As indicated above, we initially undertook a search of APA PsycInfo. The same search criteria were then applied to the CINAHL and Web of Science databases. By the time we had completed the search through Web of Science, we were seeing most articles identified duplicated across databases, with only one new result of relevance. This seemed to indicate a likely saturation point of relevant results, particularly in conjunction with the sources below, and, as such, no further databases were searched.

### 3.3 | Specific journals

Journals that were seen to be of high relevance to the enquiry, but with potentially low exposure through the databases mentioned above, were identified for searching specifically. Given the smaller datasets being searched in this way, no limits on publication dates were set. Given the constraints of search capacities on the host platforms of these journals, and the subject-matter specificity of each, simplified criteria were used in these searches (see Table 2). Where they could be specified, these terms were also limited to the "Abstract" level of searching. The journals searched in this way were as follows: *Person-Centered & Experiential Psychotherapies*, *Counselling and Psychotherapy Research*, the *Journal of Humanistic Psychology* and the *Journal of Humanistic Counselling*.

### 3.4 | Google Scholar, theses and dissertations, textbooks

Once the search of relevant databases and journals had been completed, our set of selected articles seemed meaningful, but not large. This gave space to look at what relevant grey literature may exist.

Google Scholar was the first port of call in this regard. Though other studies (e.g., Classen et al., 2020) have shown the utility of this platform, our trial searches found little that met the criteria for inclusion, and what was found had already been identified elsewhere. This may have been due to the narrow scope of our enquiry and Google Scholar's limited search functionality.

Theses and dissertations were the final line of search enquiry undertaken, with an understanding that given the time taken to write and publish such works, little may yet be available that also included reference to the COVID-19 pandemic. The two repositories that were consulted in this search were *ProQuest Dissertations and Theses Global*, and *EThOS—the British Library's Electronic Theses Online Service*. See Table 3 for details of the search terms used for these databases.

Finally, one of the articles identified early in the study—Hanley (2021a, 2021b)—provided a helpful review of recent textbooks that held potential relevance to online therapeutic work. This review indicated that textbooks contained few specific mentions of PCE modalities, with predominantly generalised suggestions for online work regardless of therapeutic approach. It was hence decided to exclude textbooks due to the low likelihood of new or unique information on the topic of the current article being identified (though we note the addition of a dedicated chapter on online therapy in the upcoming edition of the *Handbook of Person-Centred Psychotherapy and Counselling* [Rodgers & Tudor, 2023, in press]).

### 3.5 | Criteria for exclusion and selection

Our initial criteria for exclusion of search results consisted of four general areas, that is, the literature that featured a generalised

TABLE 2 Search criteria used for all specified journals

Limits	Search terms used
"Abstract" level where possible	online OR telehealth OR e-therapy OR internet

TABLE 3 Search criteria used for theses and dissertations

Platform	Notes	Search terms used
EThOS—British Library's Electronic Theses Online Service	Advanced search capability used. Limited to "Abstract" level. Truncation of terms not useful. Separate searches done with each bracketed term.	counselling OR therapy AND (online/internet/video)
ProQuest Dissertations and Theses Global	Limited to "Abstract" level. PICO framework used given advanced search functionality.	(counsel* OR psychotherap*) AND (client-centred OR person-centred OR experiential OR emotion-focused OR Rogerian OR Rogers) AND (video* OR online OR telehealth OR e-therapy)

person-centred approach to therapeutic work outside psychotherapy and counselling; that was not focussed on an online, video or telehealth context; that was written in languages other than English; and that was outside a one-to-one therapy context (such as group therapy or encounter groups).

Selection of literature was further refined through a three-tiered priority framework, to assist in adhering as closely as possible to the focus of the review. The primary, or preferred, tier of articles was those that reported on online, visual and synchronous psychotherapy and counselling; the secondary tier was on nonvisual and synchronous approaches to online therapy; and a third tier, if needed, would incorporate nonvisual and asynchronous online therapies. As the research unfolded, the literature from the third tier was not deemed necessary to incorporate into this review.

Upon further reading of the selected literature, a portion was later excluded from this study. Though having appeared promising from the content of their title or abstract, further reading revealed a poor fit with the exclusion and selection criteria detailed above.

## 4 | SEARCH RESULTS

In order to track and collate relevant literature, all selected articles, dissertations or theses were entered into an Excel spreadsheet, with summary notes made as to the content, key themes and findings of each piece. Based upon this content, similar themes and findings were grouped together under the major theme titles found later in this report. The six major themes and their associated subthemes are summarised in Table 4. Although some major themes incorporate a larger number of subthemes, preference in ordinal ranking of major themes was more directly informed by the breadth of support across the literature.

The collected source material for this study is presented in Table 5, differentiating the total number of articles identified by our search parameters from those included in the current study.

In total, 950 pieces of literature were identified by our search criteria across all platforms, with 21 of those selected on the first pass for inclusion in the current study. Further reading and review of these led to eight being discounted, leaving 13 as the final set of relevant data. Of these, five came from a single source, the special issue of *Person Centered and Experiential Psychotherapies*.

Four of these 13 pieces of literature were reflections on professional practice (Banack, 2021; Hoffman, 2021; Susman, 2021;

TABLE 4 Major themes and associated subthemes

Major theme	Associated subthemes
1. Discrepancy between client and practitioner experiences	<ul style="list-style-type: none"> <li>• Therapist unease vs. positive client reports</li> <li>• Fast pivot online after low uptake prior to COVID-19</li> </ul>
2. Good PCE therapy or counselling online is possible	<ul style="list-style-type: none"> <li>• Addresses specific PCE theory points</li> <li>• Extra effort required by therapist</li> <li>• Adjustment to/practice of good PCE work online is possible</li> <li>• Quantitative effectiveness indicated</li> </ul>
3. "Doing" PCE therapy online	<ul style="list-style-type: none"> <li>• Clarity of process important to communicate</li> <li>• Practical/access implications for clients</li> <li>• Flexible/pluralistic approach indicated, good fit for PCE</li> <li>• Desirability of anonymous and available online services</li> <li>• Recognition of COVID-19 masking other presenting issues</li> </ul>
4. "Being" online	<ul style="list-style-type: none"> <li>• Current platforms not fit for purpose</li> <li>• Disinhibition theory, for client and therapist</li> <li>• Politics/power/privilege between therapist and client online</li> <li>• Ethical issues (privacy, confidentiality and liability)</li> <li>• Therapist awareness of self-care needs required</li> <li>• Implications of moving between online and in-person therapy</li> <li>• No longer a question, online therapy will remain</li> <li>• Lack of transitional cues or space</li> <li>• Notes primacy of in-person therapy remains</li> </ul>
5. The role of technology	<ul style="list-style-type: none"> <li>• Distance and technology in therapy is not new</li> <li>• Technology serves as a mediating (connecting and separating) force</li> <li>• Therapy is being shaped by technology</li> <li>• Impact of seeing our image reflected in screen</li> <li>• Ability to "play" with image/screen mode</li> </ul>
6. Implications for training and practice	<ul style="list-style-type: none"> <li>• COVID-19 is an evolutionary catalyst for taking PCE online</li> <li>• Online work should be a core skill, not a specialism</li> <li>• Not enough PCE literature/training available</li> </ul>

Abbreviation: PCE, person-centred and experiential.

TABLE 5 Breakdown of search results

Source	Years searched	Total search results	Initial number of results selected	Final number of results selected
Databases	2015–2021	356	8	3
	1980–2014	172	2	2
Specified journals	All years available	173	7	6
Theses and dissertations	All years available	249	4	2
	Total	950	21	13

Thompson-de Benoit & Kramer, 2020); two were qualitative studies (Dowling & Rickwood, 2014; Harrison & Wright, 2020); and two were theses (Rashid, 2018; Treanor, 2017). As well as two literature reviews (Dunn & Wilson, 2021; Hanley, 2021a), singular examples of a quantitative study (Probst et al., 2021), a mixed-method case study (Simpson & Slowey, 2011) and a theoretical investigation (Rodgers et al., 2021) completed the set.

As a feature of the results of the literature search, we noted the many articles that heavily focussed on, or solely investigated, the phenomenon of therapeutic alliance in counselling and psychotherapy, for example, Frye (2021) and Norwood et al. (2018). While the application of this subject to PCE therapies is apparent, it is also a topic that applies pan-theoretically as a common factor (Wampold &

Imel, 2015). Given the apparent depth and specificity of research on this topic, this may be worthy of a review article of its own. As such, and as these articles were not generally focussed on PCE applications, they were not incorporated into this review.

Additionally, as "Rogers" was included as a search term to find references to Carl Rogers' theoretical works, we were interested to note it returned a number of references (e.g., Lovejoy et al., 2009) to Everett Rogers' "Diffusion of Innovations" theory (Rogers, 2003). Exploring the way in which new ideas, innovations and technology are disseminated and utilised, this theory clearly has implications for how a sustained shift towards the inclusion of digital spaces for therapy and counselling may be viewed. This discussion sits beyond the scope of the current article.

## 5 | THEMES IDENTIFIED

Saturation point in the analysis process happened after nine of the 13 pieces of literature had been coded. In total, this produced 30 subthemes, which were then drawn into six overarching themes, detailed below.

### 5.1 | Theme 1: Discrepancy between client and practitioner experiences

There is a discrepancy between the reluctance and discomfort therapists experience in adapting to online therapy (e.g., Probst et al., 2021), and the generally positive experience reported by clients of the same space (e.g., Simpson & Slowey, 2011).

In seeking to understand this, the literature reviewed here recognises that, for most therapists, the COVID-19 pandemic forced a very fast pivot to working online and that the speed of this change was unsettling for many as control over the therapeutic frame lessened and reliance on technology to help maintain connection with a client necessarily increased (Rodgers et al., 2021). It was noted that the uptake of online platforms for therapy had been generally low before this point (Banack, 2021). This is despite the fact that technology enabling such practice has been broadly available and increasingly accessible over the last decade (Dunn & Wilson, 2021; Simpson & Slowey, 2011) and the presence of the literature exploring this was available well before 2020, for example, Simpson et al. (2005). It seems that many therapists believe, or believed, teletherapy in its different forms to be a less effective medium (Banack, 2021).

By contrast, many clients seemed to find little difference in their experience of therapeutic alliance or other common factors when working online (Probst et al., 2021). Meaningful moments of relational depth were also evidenced, provided that technological disruptions were minimal and that the therapist was able to demonstrate empathic attunement similar to that which might be expected in a face-to-face setting (Treanor, 2017). Furthermore, Simpson and Slowey (2011) indicated a reduced potential for anxiety and shame identified by clients when in their chosen environment, physically separate from, but able to test out and adjust visual connection to, the therapist. Additional practical considerations of travel time, distance and cost reductions were identified as further factors that may increase a client's sense of ease, agency and thus engagement in the therapy. It is also noteworthy that a number of articles reviewed (e.g., Dunn & Wilson, 2021; Harrison & Wright, 2020) noted the phenomenon of disinhibition for clients when shifting to online therapeutic work, that is, an increased comfort or ability to disclose difficult thoughts or life events or to acknowledge transference phenomena.

It may be that the disruptive change recently experienced through the COVID-19 pandemic, combined with therapists' prior views towards online working, has fed into the incongruence of experience seen between therapists and their clients. We would posit that consumer-driven uptake of video-capable devices has made video an expected and acceptable medium for communication. Where clients

have generally reported acceptance and satisfaction with experiences and outcomes that were analogous to meeting in person (Probst et al., 2021), practitioners are noted to experience a sense of unease, reticence and anxiety (Harrison & Wright, 2020). In this way, as clients seem to approach the space with interest and receptiveness, therapists show great concern as to whether basic elements of the therapeutic frame can be maintained (Harrison & Wright, 2020), whether Rogers' (1957, 1959) conditions are possible to convey in such a medium (Rodgers et al., 2021), and much more concern as to the meaning of new ways of interacting with the other (Susman, 2021). In other words, this seems to ask the question, "Is it possible to do good therapy online?" or "Am I able to be a good (enough) therapist online?"

### 5.2 | Theme 2: Good PCE psychotherapy or counselling online is possible

The reviewed literature indicates that making the adjustment to providing counselling and psychotherapy online is possible (Rodgers et al., 2021), even taking into account the valid concerns and caution therapists hold about it (Thompson-de Benoit & Kramer, 2020). Although a number of authors still speak to precedence and a preference for in-person work, it may be more useful not to view an online shift as a direct translation of an in-person space with its typical hallmarks, but to acknowledge that the ways we approach therapeutic connection with a client, and the markers we may be looking out for in the relationship, are fundamentally different when online (Rashid, 2018).

As it stands however, it appears that psychological contact is made possible via video-conferencing software (Rodgers et al., 2021), deep connection can be achieved (Banack, 2021), and therapeutic alliance can be established (Dunn & Wilson, 2021). Regarding the theory of person-centred therapies, Rodgers et al. (2021) provide a useful commentary on Rogers' (1957, 1959) necessary and sufficient therapeutic conditions, detailing considerations around online work for each condition. Harrison and Wright (2020) highlight a preference among therapists for person-centred ways of working online, particularly in short-term work. This includes the ways that congruence can be established and put to good use in nonvisual modes of counselling online through immediacy and transparency on the part of the counsellor and that unconditional positive regard (UPR) can be easily maintained through synchronous, text-based counselling where "tone" is conveyed without voice or facial expression. Treanor (2017) makes note of the importance of experiential relationships in Rogerian theory as an agent of change and concludes that congruence, UPR and empathy are regularly evidenced in online work at relational depth. In part, these come to fruition in video-based work through very close facial mirroring, and in a tendency for moments of depth to occur with sudden onset when online, increasing a sense of meaning and connection for the client as they are held in the moment by the therapist.

Three papers included quantitative measures or psychometric testing, showing either presence and efficacy of person-centred elements of therapy online (Simpson & Slowey, 2011; Treanor, 2017)

or little difference in the ability to use these elements well between online and in-person approaches (Probst et al., 2021).

However, the literature also suggests that, though possible, the hallmarks of PCE therapies can be more difficult or take more concerted effort on the part of the therapist to establish and maintain. Attunement by a therapist to their own emotional states and changing needs (Hoffman, 2021), and their ability to tune-in to the client (Rodgers et al., 2021) were commonly mentioned across the literature as areas that required increased attention when working online. This can be augmented by a willingness on behalf of the therapist to maintain a clear and well-articulated frame (Rashid, 2018), to slow the process down (Harrison & Wright, 2020) and to pay close attention to the generally reduced set of nonverbal cues available to the therapist (Susman, 2021; Treanor, 2017). As such, the next section explores further recommendations for “doing” therapy online.

### 5.3 | Theme 3: “Doing” PCE therapy online

Reflections on practice as therapists have made the move to online work provide insight into establishing initial recommendations for the “doing” of PCE therapy online. Prominent in this regard were reflections on the importance of clear, regular and transparent communication between the therapist and client. Banack (2021) points out that this may start by grounding the client in their new physical environment and assisting them in the setup of such a space for therapy and letting the client know that the therapist may check in more often on emotional attunement cues, given the limits to visible body language available to the therapist through the screen. Such “check-ins” may assist with a sense of transparency and co-creation of the therapeutic frame, and therapists may find an increased need for directiveness around this (and pacing in general) in order to slow the affective process, creating space to stop and feel (Thompson-de Benoit & Kramer, 2020). Banack (2021) also speaks to the importance for therapist and client of drawing attention to, and giving space for, transitional time before and after an appointment, recognising the mental and emotional adjustment function that travel or wait time may afford when attending therapy in person.

Clients reported a particular expectation for therapists working online to hold firm to the therapeutic frame, guarding against the possibility of therapeutic space becoming analogous to more casual time spent in video calls with friends and family (Treanor, 2017). This solidity of presence by the therapist extended to consciousness about tone and clarity of voice over a video platform (Thompson-de Benoit & Kramer, 2020) and to the visibility to the client of the therapist's facial expression, checking, as they may, for signs of satisfaction or approval being mirrored back to them (Treanor, 2017).

A need for, or at least the acceptance of, flexibility and plurality in a therapist's approach to their own style and to the client's emergent needs when working online is seen as important (Dunn & Wilson, 2021; Probst et al., 2021). Many therapists find themselves integrating different therapeutic modalities in response to the unique and sometimes unpredictable aspects of online work

and cited PCE approaches as among the most useful and flexible in this regard (Dowling & Rickwood, 2014; Harrison & Wright, 2020). This is particularly the case in recent times as the acute impacts of COVID-19 may be experienced as masking other therapeutic needs, given the existential threat it has posed (Hoffman, 2021).

It is worth noting here that synchronous, text-based and often brief interventions offered by therapeutic services have been available online for some time, often successfully incorporating PCE approaches as a core part of their work (Dowling & Rickwood, 2014; Harrison & Wright, 2020). In addition, these services have been desirable, particularly among young people, for their accessibility and anonymity (Coady et al., 2022). As such, we would argue that the provision of PCE video therapy online is likely to remain a valid expression of a therapist's work and may increasingly be seen by many clients as desirable for its accessibility.

### 5.4 | Theme 4: “Being” online

Susman (2021) makes the point that remote or online platforms for the delivery of therapy, “with all its economic advantages and its promise of relational availability will remain part of our personal and professional lives” (p. 5). However, perhaps indicating the changeable nature of, and local responses to, the current pandemic, and a general unease among many therapists as put forth in “Theme 1”, more than half of the articles identified in our search (e.g., Dunn & Wilson, 2021; Rashid, 2018) spoke to the need for an ongoing dialogue as to the merits of in-person versus online therapeutic spaces, particularly as clients may be switching between both. This recognises a tension held, where many existing video platforms may not be entirely fit for purpose, but without which therapy would simply not have happened (Rodgers et al., 2021). Alongside this, the primacy of in-person therapy is often advocated as the standard space to which to return when possible (Hoffman, 2021; Rashid, 2018), albeit with a desire for stronger competence and agency among therapists and organisations to incorporate and make good use of digital technology (Susman, 2021).

Potentially helpful as a frame to this ongoing conversation, though admittedly from a prepandemic viewpoint, Rashid (2018) wonders whether it is useful to continue attempting to compare online and in-person therapeutic work. Perhaps, they point out, there is a need to accept them both as valid but fundamentally different therapeutic spaces. Certainly, it could be argued that maintaining a conscious or unconscious expectation of what online therapeutic work “should” be could, in the end, detract from recognising what “is” in this space, and from “being” online.

From a more pragmatic perspective, therapists are encouraged to be aware of the potential for increased fatigue as a result of more actively holding the therapeutic frame (Hoffman, 2021) and attuning to the self and other through the reduced “bandwidth” of a computer screen (Rodgers et al., 2021). Additionally, the background stress or uncertainty therapists may experience as a result of living through the current pandemic themselves, and the personal

adjustments that may have been necessary as a result, should be assessed and taken into account (Probst et al., 2021). Hoffman (2021) is particularly direct about the need for a therapist to be attuned to their own needs and energy levels and to be proactive in building extra rhythms of self-care. Though he writes in the context of the COVID-19 pandemic, this may continue to be important as online therapy continues to be utilised.

Rodgers et al. (2021) conclude that Rogers' (1957, 1959) necessary and sufficient conditions are possible to achieve in online therapy, albeit with careful adjustment, attention and upskilling in the technology used. Of particular note, they highlight many factors that may impact on the ability for a therapist to be experienced as congruent and on opportunities for client incongruence. For example, in thinking about this dynamic, the power and privilege inherently bestowed upon the "host" of online video platforms (Susman, 2021) should be taken into account, while recognising that there are now factors of time, physical space and connection that a therapist is no longer necessarily "in charge" of (Rodgers et al., 2021), which may help to demonstrate a therapist as real and congruent.

It seems likely that, in time, as therapists adjust to the differences between online and in-person work, settle into a rhythm of self-awareness and care and adjust technique to the technology, the more "fundamental question... [of] ...how therapists know if and when the client is receiving our acceptance and empathy" (Rodgers et al., 2021, p. 15) may come more easily into focus as the therapeutic work continues.

## 5.5 | Theme 5: The role of technology

Another central theme to emerge from this review was the role of technology as a mediating force between therapist and client. Dunn and Wilson (2021) point out that therapy at a distance, outside a room, has been practised since the time of Freud, who used letters as an adjunct to in-person psychoanalysis. Carl Rogers, too, was an advocate for the use of contemporary technology to enhance what therapy could offer (Rogers, 1942).

At the same time, it is recognised that the video platforms most commonly used in online therapy today were designed primarily for business reasons and not to facilitate a more relational, let alone therapeutic, process (Susman, 2021). Yet, these platforms have become a mediating force of both connection and disconnection in online therapy, neither wholly controlled nor co-created by the therapist and/or client (Rodgers et al., 2021; Susman, 2021). In this way, a third, triangular, and potentially transitional space exists (Dunn & Wilson, 2021), which begins to be shaped by technology, not least in the boundedness and fidelity of what is seen or heard in the actual visual frame, but intersubjectively "between the tiles" (Susman, 2021). Susman also explores what it means for client and therapist to have an ability to see themselves reflected in the screen, perhaps overperforming, overcorrecting or seeking to become invisible; others identify an ability alongside this to examine oneself and the other and to play with expression and self-image (Simpson & Slowey, 2011) and cultural

identity (Hill, 2022). This play is also present in the multimodal functionality that many platforms incorporate for visual, aural and text or image-based communication (Rodgers et al., 2021).

## 5.6 | Theme 6: Implications for training and practice

Hanley's (2021a, 2021b) review of relevant textbooks identifies the COVID-19 pandemic as a catalyst in the evolution of therapies, including PCE therapies, to incorporate online work. Indeed, as global events unfold in a post-COVID world, working online is likely to remain a vital way of providing therapy (Susman, 2021), and one positive outcome of the pandemic is that now many therapists and agencies have the skill and capacity to do so (Hoffman, 2021).

Hoffman expands on this, outlining that foundational skills and issues of working online now need to be incorporated into therapist training programmes, a point identified much earlier by Treanor (2017) and added to by Hanley (2021a, 2021b), that working online should now be viewed as a core skill in therapy provision, rather than a specialism. This also has implications for professional development undertaken by therapists trained before the advent of online therapy and especially those who were previously sceptical of, or even antagonistic to, online therapy; and, by extension, for professional associations and accrediting or regulating authorities. However, while most of the articles reviewed made some general comments about the need for additional training in both education/training for qualification and postqualification training, none reported on the level of training of the research participants, and only one, that is, Treanor (2017), discussed this in any detail, and, in doing so, linked this to any guidelines. As the articles in this review encompassed some nine jurisdictions (Aotearoa New Zealand, Australia, Austria, Canada, China, Ireland, Switzerland, the United Kingdom and the United States), it is beyond the scope of this article to review the codes of ethics and professional practice guidelines of the relevant associations in all these countries. Nevertheless, we are aware of the existence of such codes and guidelines and that many of them now include reference to the implications of online work for therapy, training and supervision (e.g., British Association for Counselling and Psychotherapy, 2021; Psychotherapists Board of Aotearoa New Zealand, 2021; United Kingdom Council for Psychotherapy, 2021).

A number of recent articles make a further case for how educational institutes and professional bodies in psychotherapy and counselling may need to adapt in order to provide their students and members with better training and skills towards practising online (e.g., Christian et al., 2021; Young, 2021). If this is to be embedded as a core skill in this way, an apparent gap in the available literature relevant to PCE therapies and their application online (Banack, 2021; Harrison & Wright, 2020) may need to be remedied. Although more generalised guidelines for ethical practice exist (Dunn & Wilson, 2021), Hanley (2021a, 2021b) makes a very direct request for more specific insight to be written as to the practice implications for PCE therapists when working online, wondering "if anyone out there want[s] to write [it]?"

## 6 | CONCLUSION

The themes identified in this review indicate that, while there is a discrepancy between client and practitioner experiences, good PCE psychotherapy or counselling online is possible. However, both the “doing” of PCE therapy online and the “being” of the therapist and client need careful attention. Here, the role of technology as a non-neutral presence in the therapeutic process needs further investigation, we suggest, with regard to different people involved in therapy.

First, with regard to the client, online therapy calls us to return to our roots in the client's experience. In Rogers' (1957, 1959) seminal theory of the necessary and sufficient conditions for therapeutic change, the sixth condition explicitly requires that clients experience and/or perceive the therapist's UPR and empathic understanding. However, the majority of the articles reviewed in this study (nine of the 13) comprise practice reflections or studies of clinicians' experiences; only two studies provided any client experience. Much more research from the clients' perspective needs to be undertaken, especially in regard to how they experience the online therapeutic relationship. We take inspiration from Rogers' (1942) early use of electronically recorded interviews to improve psychotherapeutic techniques and suggest that PCE therapists could enquire as to what is—and isn't—going on in the online therapeutic relationship and how we can be of help in this new online world.

Second, this move to an online world has ongoing implications for education/training and postqualified practice and will need attention from both educators/trainers and professional bodies. In particular, the implications around the inclusion of online working within traditional face-to-face PCE training courses need attention. This is especially so given the primacy of person-to-person contact and encounter, which has traditionally been the hallmark of person-centred education/training courses. Parallel to the lacuna in the literature regarding the client experience is a lack of research into the student experience, especially given that we now have cohorts of students whose sole experience of education/training in therapy has been online (see Day & Thomas-Anttila, 2021a, 2021b).

Finally, given that working online brings challenges to theory as well as practice, we suggest that more work needs to be done on conceptualising the complexities, implications and impact of the medium on how we think about PCE therapy (e.g., the therapeutic frame). Perhaps most interestingly, there would seem to be potential implications for how PCE therapies are conceptualised and theorised so as to incorporate the new opportunities which have arisen in this disrupted space (see Rodgers et al., 2021).

### ACKNOWLEDGEMENT

Open access publishing facilitated by The University of Auckland, as part of the Wiley - The University of Auckland agreement via the Council of Australian University Librarians.

### CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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**How to cite this article:** Rodgers, B., Tudor, K., & Sutherland, A. (2024). An integrative review of the person-centred and experiential therapy literature on delivering individual video counselling and psychotherapy. *Counselling and Psychotherapy Research*, 24, 16–26. <https://doi.org/10.1002/capr.12600>