

REVIEW

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Clients' experiences of online therapy in the early stages of a COVID-19 world: A scoping review

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Abstract

The emergence of the COVID-19 pandemic in 2019 forced an abrupt shift in the modality through which psychotherapy was delivered and online therapy became the only viable option for clients. Research regarding experiences of online therapy during the early stages of the COVID-19 pandemic is minimal, however, and has largely focussed on therapists' experiences of delivering online treatment, as opposed to clients' experiences of receiving it. A scoping review was undertaken to establish what is known from the existing literature about clients' experiences of online therapy during the initial stages of the COVID-19 pandemic and identify gaps in the current knowledge. Searches were conducted across four academic databases: Scopus, EBSCO CINAHL Complete, EBSCO MEDLINE and OVID PsycInfo; the literature was excluded based on established PICOS criteria. Data were summarised through data charting and synthesised by way of inductive content analysis. A total of five articles were identified. All articles focussed on online therapy using video or audio conferencing, and four of the five studies examined clients with eating disorders. Inductive content analysis identified seven categories, as follows: preference for face-to-face therapy; appreciation of accessibility and convenience; online format hindered connection; positive experience of online therapy; individual client differences impacted experience; strong therapeutic alliance indicative of positive experience; and gratitude for continuation of treatment. Future research could explore clients' experiences of online therapy in a "post-pandemic" world and include a broader range of client populations and online therapy approaches in the COVID-19 context.

KEYWORDS

client experiences, COVID-19, e-therapy, online therapy

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1 | INTRODUCTION

In 2019, the COVID-19 virus emerged, creating the worldwide COVID-19 pandemic (Shereen et al., 2020). This changed the way of life and everyday routines for people all around the world in multiple ways, leading to heightened feelings of unsafety and uncertainty, causing an increase in psychological distress for many individuals (Usher et al., 2020). This rise in psychological distress was and continues to be felt disproportionately among individuals living with pre-existing mental health conditions (Cullen et al., 2020). The implementation of self-isolation, government-imposed lockdowns and social distancing to reduce transmission of the COVID-19 virus meant that general face-to-face contact was reduced (Mheidly et al., 2020). As a result, the nature in which many social normalities are carried out, such as work meetings (Karl et al., 2021), social gatherings (Antonello et al., 2020) and healthcare consultations (Sinha et al., 2020), changed from in-person to a virtual format, including the delivery of psychological therapy or counselling. Provision of therapy through an online platform was, in many instances, no longer a choice, but instead the only option available for both therapists and clients (Feijt et al., 2020), leaving both parties to grapple with the pandemic-induced stressors surrounding them and the forced shift from face-to-face to online therapy.

Online therapy has been a mode of intervention available for clients for the last 20 years (Andersson, 2018) and includes both delivery in real time (synchronous) and delivery with delayed responses (asynchronous). Prior to the pandemic, some research has explored clients' perceptions and attitudes towards online therapy, as well as their experiences of online therapy.

This research has focussed mainly on text-based therapy, provided synchronously (instant chat) or asynchronously (email), and has found that clients rated the outcome of therapy and the therapeutic relationship to be at least as positive, if not more so, in comparison with face-to-face therapy (Reynolds et al., 2013). Other advantages of online therapy cited in pre-COVID-19 research include the following: flexibility of use, access to near-instant helpful resources, the ability to view and refer to online text history and the ability to take time before responding (Dunn, 2012; Fang et al., 2017; Schultze, 2006).

Synchronous online therapy can also include videoconferencing or telephone-based interventions. Here, advantages cited by research exploring clients' experiences before the onset of COVID-19 include improved convenience, reduced cost and travel time, and feeling less pressured and less self-conscious in comparison with physical face-to-face sessions, which helped promote a higher level of participation (Day & Schneider, 2002; Simpson et al., 2005). Disadvantages cited include fears of lack of privacy, the less personal nature of the format and some clients feeling more self-conscious due to seeing themselves on their computer screen (Simpson et al., 2005). A recent study by Moeller et al. (2022) also explored clients' perceptions of home-based video psychotherapy prior to COVID-19 lockdowns. Findings from interviews demonstrated that video calls exacerbated symptoms of anxiety and nervousness, while some clients found

Implications for Practice and Policy

- More research is needed both on client populations with a range of different presenting issues and diagnoses and on clients' experiences of different modalities of online therapy in a COVID-19 context.
- More research is needed on the therapeutic alliance in online therapy in a COVID-19 context and how this influences clients' experiences.
- It is important for practitioners to consider clients' individual differences, such as the availability of technology and the impact of clients' different environments, during online therapy sessions.
- Socio-economic differences regarding the availability of technology and space can impact clients' experiences of online therapy, suggesting a need for steps to be taken to provide more equitable outcomes.

videoconferencing to be useful for preventive relapse sessions and when they knew their therapist in advance. Overall, however, clients reported a general sense of satisfaction with videoconferencing online therapy, as well as experiencing a positive therapeutic alliance in this context (Simpson et al., 2005). Video-delivered psychotherapy has been proven to be especially promising for clients with affective disorders (e.g., anxiety, depression or post-traumatic stress disorder) and when delivering cognitive behavioural therapy, as evident in research published before the COVID-19 pandemic (Fernandez et al., 2021).

Most of the research to date on online therapy has focussed on the pre-pandemic era. However, more recently, online therapy studies have assessed mental health practitioners' experiences of online therapy during the COVID-19 pandemic when therapists had to adapt the modality in which they delivered therapy, given that face-to-face therapy was often not a possibility. In these circumstances, and in comparison with face-to-face therapy, therapists reported experiencing a lower level of emotional engagement and empathy and increased levels of fatigue and boredom in online therapy, some of which were attributed to technical issues or barriers caused by the online format (Békés & Aafjes-van Doorn, 2020; Messina & Löffler-Stastka, 2021; Smith & Gillon, 2021; Tomaino et al., 2022). Many therapists thus deemed online therapy to be less effective than in-person therapy; however, those who perceived their clients to have had a positive experience of online therapy were more likely to report an overall positive experience themselves (Békés & Aafjes-van Doorn, 2020). Therapist confidence and experience seems related to more positive experiences of online therapy during COVID-19 (Békés & Aafjes-van Doorn, 2020; Cioffi et al., 2020).

Although restrictions in many countries have eased, particularly following vaccine roll-outs, further waves of COVID-19 outbreaks and the emergence of new variants have meant that online

therapy continues to be a significant way of providing client support. Tomaino et al. (2022) note that, in many ways, COVID-19 has served as a catalyst for the use of online psychological interventions.

While some research has explored therapists' experiences of delivering interventions online during COVID-19 (Tomaino et al., 2022), it is also important to understand clients' experiences of online therapy during the pandemic. Understanding client and therapist perspectives is crucial to adapt and improve the online therapy experience (Smith et al., 2022). A focus is specifically needed on the initial stages of the pandemic (i.e., 2019–2021) as the adoption of online therapy was relatively abrupt, and there was limited flexibility with clients being unable to choose how their care would be delivered (Fernández-Álvarez & Fernández-Álvarez, 2021). Therefore, it is likely that clients' early experiences differ from those in a "post" pandemic era where there may be more choice and experience with online therapy. Understanding early experiences may also provide useful learning for other contexts where an abrupt and urgent shift to online care is needed. This paper describes the findings of a scoping review focussing on the extent of existing knowledge of clients' experiences of online therapy during the initial stages of the COVID-19 pandemic and identifies the type of research that needs to be undertaken to fill any gaps in the knowledge base.

2 | METHODS

This scoping review was conducted in accordance with the five-stage framework for scoping reviews, outlined by Arksey and O'Malley (2005), and the Preferred Reporting Items for Systematic Reviews and Meta-analysis extension for scoping reviews (PRISMA-ScR) statement (Tricco et al., 2018). The five-step process consists of (1) identifying the research question; (2) identifying and (3) selecting relevant studies; (4) charting the data; and (5) collating, summarising and reporting the results (Arksey & O'Malley, 2005).

2.1 | Identifying the research question

A search of the literature demonstrated existing research exploring therapists' experiences with online therapy during the COVID-19 pandemic. However, there was no synthesis of the literature on clients' experiences. Therefore, this review sought to explore the following research question: What are clients' experiences of online therapy during the initial stages of the COVID-19 pandemic?

2.2 | Identifying relevant studies

Four key databases (Scopus, EBSCO CINAHL Complete, EBSCO MEDLINE and OVID PsycInfo) were searched using specified search terms on 27 July 2021.

Search terms used were as follows: ("client experienc*" OR experienc* OR "patient experienc*" OR "client perspectiv*" OR "client attitud*" OR perspectiv* OR attitud*) AND ("online therapy" OR e-therapy OR "e therapy" OR "online counselling" OR "telemental health" OR "tele mental health" OR telepsychology OR "tele psychology" OR "telepsychotherapy" OR "tele psychotherapy" OR "videoconferencing psychotherapy") AND ("covid 19" OR coronavirus OR 2019-ncov OR sars-cov-2 OR COVID-19 OR pandemic OR lockdown OR isolation). Searches were limited to articles published in the English language between 2019 and July 2021. The Scopus database was searched for these terms in the article title, abstract and keywords, with only the abstract searched in both EBSCO and OVID PsycInfo databases. See Appendix S1 for the search results.

2.3 | Selecting studies

Search results were downloaded and copied to an Excel document for screening. One author (SdP) independently assessed each article by initially reading the title. Titles related to experiences of online therapy, but not specific to clients or therapists, were included for further investigation. Titles containing keywords that were of a subjective nature and could be associated with experiences were also included for further consideration. Following this, duplicates from different databases were removed, and documents that had made it past title exclusion were analysed at an abstract level. Following the abstract-level analysis, full-article analysis was completed on the remaining literature in accordance with the same eligibility criteria. Opinion pieces or commentary articles were excluded due to their non-scientific nature. All authors agreed on the final selection of the studies.

Articles were deemed eligible if they were written in the English language and published in the early stages of the COVID-19 pandemic, between 1 January 2019 and 27 July 2021. Microsoft Excel and Word were used to keep track of data, and a step-by-step process was followed to select literature for the scoping review. Eligibility criteria were created using the PICOS framework (Aromataris & Munn, 2017). In defining the inclusion and exclusion criteria, the following parameters were set: (1) participants of the research were clients or patients receiving online or e-therapy. This criterion was not restricted to any age, social or cultural group. Research that identified only therapists or practitioners as participants was excluded; (2) the intervention was online psychological or mental health-related therapy provided over an online platform with therapist and client in different physical locations. Consultations regarding general health, unspecific to psychological well-being, were excluded; (3) comparison was not applicable with the exception of research comparing online therapy with face-to-face, in-person therapy experiences; (4) the outcome parameter for this scoping review included general experiences and perceptions of receiving online therapy as clients. The literature not exploring the experiences of clients was

excluded; and (5) studies of all design were included, provided they were peer-reviewed, published in article format and specifically addressed clients' experiences of online therapy during the COVID-19 pandemic.

2.4 | Data charting process and data items

Data were charted by one author (SdP) on a structured Excel sheet following the guidelines of Arksey and O'Malley (2005). This consisted of five different data items: (1) article details (article title, author, year published and journal name), (2) intervention type (the online therapy format used), (3) study population(s), (4) aims and research purpose, and (5) methodology.

2.5 | Synthesis of results

Following data charting, studies were summarised in two ways. First, in accordance with Aromataris and Munn (2020), frequency counts and categories in the methodology and design of the five selected studies, regarding population type, intervention type, aim(s) of research and type of method(s) used to collect data, were identified. Second, a content analysis was conducted to identify key categories in the findings and outcomes of the selected articles, in accordance with guidelines from Aromataris and Munn (2020) and Levac et al. (2010), and following the inductive content analysis process outlined by Elo and Kyngäs (2008). As part of the content analysis, key ideas and findings from the five studies in this scoping review were coded using open coding, where notes and headings were written in the articles and key information was highlighted; from these notes and headings, appropriate categories were created. Category titles were reviewed to ensure that they captured the true meaning of each category.

3 | RESULTS

3.1 | Selection of sources of evidence

The article selection process is illustrated in Figure 1. The search terms generated 126 results on Scopus, 29 results on EBSCO CINAHL Complete, 54 results on EBSCO MEDLINE and 22 results on OVID PsycInfo, giving a total of 231 documents across all four databases after the initial search. Following title exclusion, 25 documents remained. Following the removal of duplicates across all database results, 19 documents remained to be analysed at an abstract level.

Following abstract-level analysis, eight research documents were discarded due to not meeting the set PICOS eligibility criteria. Two research documents did not contain abstracts and so were kept for full-article analysis later. The other eight research documents met the PICOS eligibility criteria when analysed at an abstract level, or key concepts were addressed, and so these articles were kept for full-article analysis.

Following full-article analysis of the 11 remaining papers, six articles were excluded due to not meeting inclusion criteria. Subsequently, a total of five articles remained that met the set PICOS eligibility criteria for this scoping review.

3.2 | Characteristics and results of sources of evidence

Table 1 presents charted data of the five selected studies on clients' experiences of online therapy during the COVID-19 pandemic. Data were summarised under five categories consistent with those outlined by Arksey and O'Malley (2005) and showed that all studies provided synchronous online therapy using either videoconferencing, audio conferencing or a mixture of both. With regard to population type, there was a paucity of diversity, with four of five studies focussed on clients with eating disorders, and only one study focussed on clients with a range of mental disorders, including anxiety, affective, psychotic and autism spectrum disorders (Lynch et al., 2021). In the four studies focussing on eating disorder populations, there was variation in: age of participants (12–18 years old, and 18 years old and older), type of eating disorder (anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding and eating disorder) and whether the diagnosis was clinician-reported or self-reported. Two of the studies used family-based eating disorder therapy (Brothwood et al., 2021; Stewart et al., 2021); therefore, the targeted population consisted not just of individuals being treated for eating disorders but also parents/caregivers aiding in the treatment of a young person with an eating disorder. All four of these studies were published in the *Journal of Eating Disorders*.

The aim in three of the five studies was to measure and understand clients' experiences of online therapy or treatment during the COVID-19 pandemic (Brothwood et al., 2021; Lewis et al., 2021; Stewart et al., 2021). A specific aim regarding the measurement of clients' experiences of online therapy during the COVID-19 pandemic was not mentioned in the other two studies (Lynch et al., 2021; Vuillier et al., 2021); however, this concept was explored as part of their research. The methodology used in the five studies varied as follows: two used mixed methods (Brothwood et al., 2021; Stewart et al., 2021), two used quantitative measures to measure clients' experiences (Lewis et al., 2021; Lynch et al., 2021) and Vuillier et al. (2021) used qualitative measures to measure this construct. Despite different methodologies, all studies collected data through the use of online surveys or questionnaires. Qualitative data were collected through free-text questions where clients could answer in detail about their experiences, and quantitative data were collected through Likert-type scale answer formats, all using measures developed by the authors (Brothwood et al., 2021; Stewart et al., 2021; Vuillier et al., 2021). Lewis et al. (2021) used the Telemedicine Satisfaction Questionnaire (TSQ), the shortened version of the Working Alliance Inventory (WAI), and a six-item

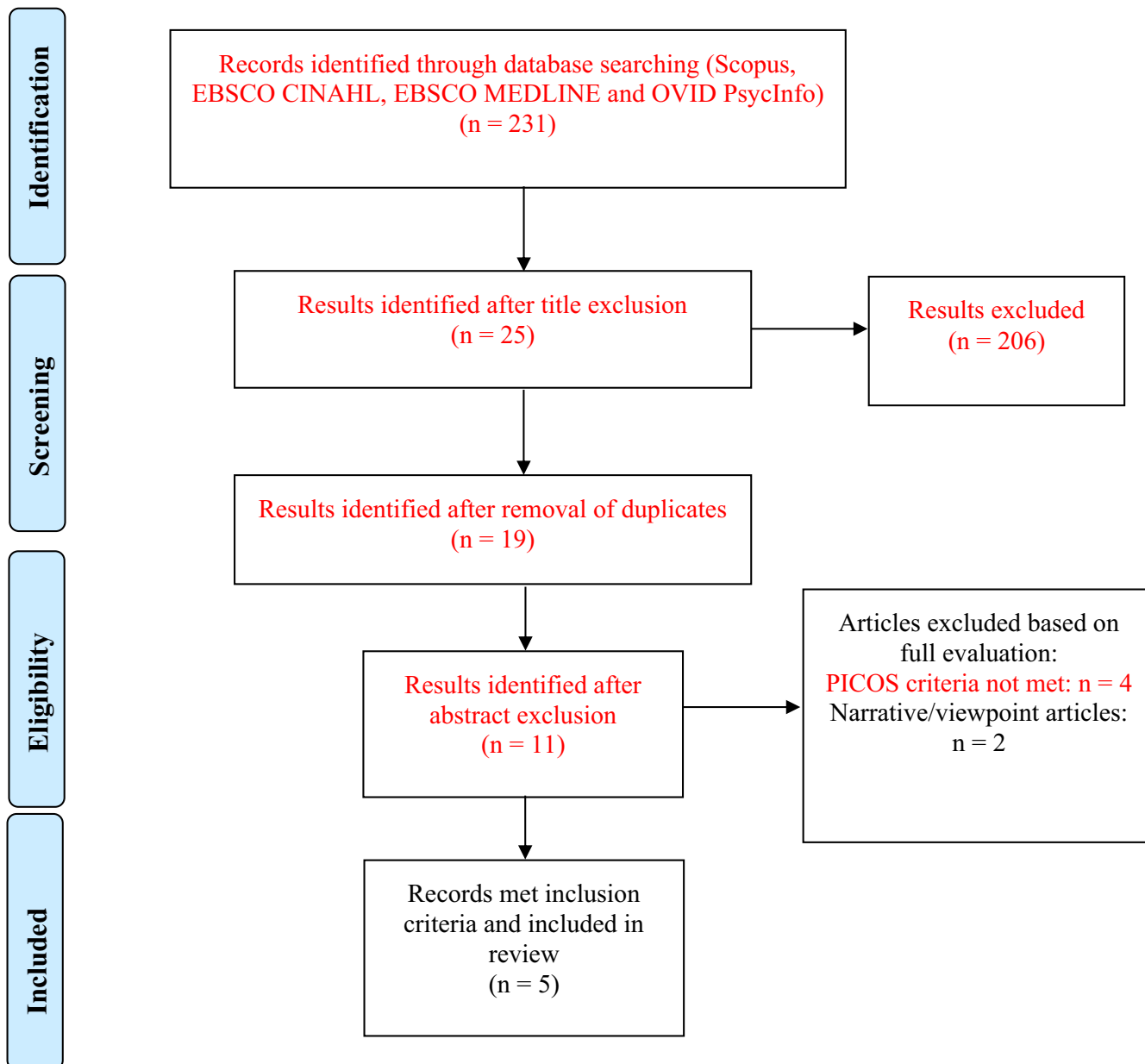


FIGURE 1 Flow diagram of article selection process.

measure developed by the authors to measure clients' experiences, perceived therapeutic alliance and attitudes towards the transition to online therapy. Lynch et al. (2021) used the Likert scale Client Satisfaction Questionnaire (CSQ) to measure perceived quality and satisfaction with treatment. Only two of the five studies used formally validated questionnaires to measure aspects relevant to clients' experience (Lewis et al., 2021; Lynch et al., 2021).

3.3 | Content analysis

Inductive content analysis of the articles' main findings identified seven categories. These are summarised in Table 2.

3.3.1 | Preference for face-to-face therapy

All five studies featured in this review reported that most clients preferred face-to-face therapy over online therapy. However, clients were grateful that treatment could proceed and that it was better than having no therapy (Lewis et al., 2021). Face to face was the preference particularly for clients with eating disorders, although their parents were positive about the practical elements of online therapy, such as less travel time (Brothwood et al., 2021). In three of the studies (Lewis et al., 2021; Lynch et al., 2021; Vuillier et al., 2021), participants indicated they would not continue with online therapy following the end of the COVID-19 pandemic. One study noted that more than half of the participants voiced they would not endorse online therapy to their friends and family

TABLE 1 Charted data presented as per Arksey and O'Malley's (2005) framework.

| Article details | Intervention type | Study population(s) | Aims and research purpose | Methodology |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Stewart et al. (2021) | Eating disorder focussed family therapy provided via video- and audio conferencing | All participants based in London, United Kingdom 53 young people under the age of 18 with an eating disorder (32 classed as established patients who had already experienced five or more face-to-face therapy sessions and 21 classed as new patients who had received less than five face-to-face therapy sessions) 75 parents of these young people (35 people in each group of established patients and new patients, with five unspecified) 23 clinicians | To address gaps in the existing knowledge about experience of telehealth for young people, family members and clinicians following the forced transition from face-to-face to online therapy as a result of the COVID-19 lockdown in the United Kingdom | Mixed methods |
| Brothwood et al. (2021) | Eating disorder family therapy provided via videoconferencing (Microsoft Teams) | 14 adolescents aged 12–18 years old with the restrictive subtype of Anorexia Nervosa based on DSM-5 criteria 19 parents of these adolescents | To understand the experience of completing the day-long Intensive Treatment Programme online whilst in the COVID-19 pandemic from the position of the clients (adolescents and their parents) | Mixed methods |
| Lewis et al. (2021) | Eating disorder psychotherapy provided via videoconferencing | 63 patients with eating disorders from the Hadarim Eating Disorders Treatment Center in Kfar Saba, Israel. Female ($n = 57$), Male ($n = 6$). Mean age of participants was 27, with 17 participants being under the age of 18. All participants had received treatment for their eating disorders prior to lockdown. Mean time of being in treatment was 317 days | To assess patient perspectives regarding the forced transition from face-to-face treatment to online treatment due to the COVID-19 pandemic and associated lockdown, and investigate possible factors linked to these perspectives | Quantitative |
| Vuillier et al. (2021) | Eating disorder psychotherapy provided via audio- and videoconferencing | 207 individuals with a self-reported current eating disorder diagnosis, all 18 years old or older and all United Kingdom residents for at least the previous 2 years. Of these 207, 76 were male Only 43 participants responded to questions regarding online treatment experiences during the COVID-19 lockdown, as they had direct experience of this or used this to explain why they did not receive treatment during this time | To gain an understanding of significant factors that contributed to participants' experiences of the COVID-19 pandemic (mainly mental health and eating disorder related) To investigate whether some emotional regulation techniques were associated with symptom changes and well-being outcomes for people with an eating disorder To explore participants' experiences of online treatment during the COVID-19 lockdown to inform future clinical practice | Mixed methods |
| Lynch et al. (2021) | Recovery-oriented psychotherapy, with group, individual and family aspects provided via videoconferencing (Zoom and myConnect) | Participants were 72 clients of recovery-oriented behavioural health services who received treatment during the 18-week study duration. Six of these weeks were prior to COVID-19 restrictions and face-to-face treatment was provided. Clients received treatment for psychotic disorders, autism spectrum disorder, anxiety disorders or affective disorders. All were over the age of 18, residing in the United States of America. Only 18 client participants completed the satisfaction of treatment aspect of the study Six participants were clinicians or administrators involved in administering the treatment | To gain an understanding of the many factors that contribute to successful conversion from face-to-face treatment to online telehealth treatment | Quantitative |

TABLE 2 Categories identified from findings and conclusions of five selected articles.

| Study | Preference of face-to-face therapy | Appreciation of accessibility and convenience | Online format hindered connection | Positive experience of online therapy | Individual client differences impacted experience | Strong therapeutic alliance indicative of positive experience | Gratitude for continuation of treatment |
|-------------------------|------------------------------------|-----------------------------------------------|-----------------------------------|---------------------------------------|---------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|
| Stewart et al. (2021) | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Brothwood et al. (2021) | ✓ | ✓ | ✓ | ✓ | | | ✓ |
| Lewis et al. (2021) | ✓ | ✓ | | | | ✓ | |
| Vuillier et al. (2021) | ✓ | ✓ | ✓ | | ✓ | ✓ | |
| Lynch et al. (2021) | ✓ | | | ✓ | | | |

(Lewis et al., 2021). A small number of participants, however, preferred the online therapy context due to a perceived reduced time commitment and the online therapy process causing less anxiety (Vuillier et al., 2021).

3.3.2 | Appreciation of accessibility and convenience

Study findings in four of the five articles reported that clients identified advantages of online therapy during the COVID-19 pandemic, including increased accessibility and convenience of the service provided (Brothwood et al., 2021; Lewis et al., 2021; Stewart et al., 2021; Vuillier et al., 2021). Easy access and the associated reduction in travel time (Vuillier et al., 2021), expenses and time commitment (Brothwood et al., 2021), for what would otherwise be in-person appointments, was appreciated and allowed other family members to be present at the time of therapy (Stewart et al., 2021). It was also found that the safety online therapy provided in the face of a dangerous pandemic was an advantageous factor that contributed to positive client experiences (Lewis et al., 2021).

3.3.3 | Online format hindered connection

In three of the five articles (Brothwood et al., 2021; Stewart et al., 2021; Vuillier et al., 2021), clients reported experiencing a lack of or lesser level of engagement and connection with their therapist and the content of therapy sessions due to the online context. A strong conclusion of one study suggested that accessibility was not equivalent to connection (Brothwood et al., 2021). Many participants voiced a feeling of online therapy being less personable and acting as a barrier to forming connections and being open with the therapist (Brothwood et al., 2021). "Detached connection" (Vuillier et al., 2021) or "disrupted connection" (Stewart et al., 2021) was noted, with reasons including technological issues, limited privacy in their homes restricting their freedom to speak openly and the loss

of process features such as body language and pauses or silences more apparent in face-to-face therapy (Stewart et al., 2021; Vuillier et al., 2021).

3.3.4 | Positive experience of online therapy

An overall positive experience of online therapy, where it was the only format available, was reported in three of five studies (Brothwood et al., 2021; Lynch et al., 2021; Stewart et al., 2021). Clients indicated that, during online therapy, they felt understood and that their therapy experience was only minimally impacted by the online format (Brothwood et al., 2021; Stewart et al., 2021). Clients' satisfaction with the online treatment provided was also indicated through the CSQ, suggesting a positive online therapy experience (Lynch et al., 2021).

3.3.5 | Individual client differences impacted experience

Individual client differences, such as access to technology and appropriate space, influenced clients' experiences of online therapy. For example, one study reported that socio-economic factors were associated with clients' experiences, with those reporting a lesser or more negative experience of the online treatment more likely to have reduced access to technology, strong Internet connection and a private space where they could attend online therapy without interruption or fear of being overheard (Stewart et al., 2021). These factors were linked to decreased engagement, which impacted their overall online therapy experience, suggesting that clients with a higher socio-economic level and a more suitable home space were able to experience online therapy more positively. Similarly, large variation in participant experiences of online therapy was reported based on individual circumstances, such as lack of appropriate space and privacy (Vuillier et al., 2021). It was suggested that these differing circumstances should be accounted for by practitioners and

treatment should be adapted to client differences where possible, as opposed to a “one-size-fits-all” approach (Vuillier et al., 2021).

3.3.6 | Strong therapeutic alliance indicative of positive experience

A strong therapeutic alliance was indicative of a more positive experience of online therapy, as evident in two of the five studies (Lewis et al., 2021; Vuillier et al., 2021). The significance of the therapeutic alliance in all types of therapy was highlighted, with the presence of a strong therapeutic alliance in online therapy able to facilitate a more positive client experience, and the absence of this acting as a hindrance to a positive experience (Lewis et al., 2021). Other research also discussed this concept, finding that when clients perceived a strong therapeutic alliance in online therapy, this was partly able to combat feelings of disconnection attributed to the online therapy context (Vuillier et al., 2021). Both studies noted that clients who received face-to-face therapy prior to lockdown, and had established a strong therapeutic alliance in this context, were more likely to have this transferred into the online therapy context. It was also noted that the establishment of therapeutic alliance may have been harder for new clients who were meeting their therapist for the first time under a COVID-19 online therapy setting (Lewis et al., 2021; Vuillier et al., 2021). Interestingly, these findings contrast with findings from another study that clients who had received five or more face-to-face therapy sessions prior to the COVID-19 lockdown, and were assumed to have an established therapeutic alliance with their therapist, had a more negative experience with online therapy than new clients (Stewart et al., 2021). The authors suggested that the forced transition from face-to-face to online therapy created a sense of loss for some clients (Stewart et al., 2021) and that feelings of disconnection and reduction in personability caused by the online format damaged the therapeutic alliance for these clients.

3.3.7 | Gratitude for continuation of treatment

The final category identified in two of the five studies (Brothwood et al., 2021; Stewart et al., 2021) was the expression of gratitude from clients for the continuation of treatment during the COVID-19 pandemic. One study noted an “overwhelming sense of gratitude from all” (Stewart et al., 2021, p. 5). While the treatment provided was different and clients found it lacked some positive elements of face-to-face therapy, the continuity of care was appreciated by most, who acknowledged that the provision of online therapy during the COVID-19 pandemic was most certainly better than no treatment at all (Stewart et al., 2021). Another theme noted in the selected research was “the best of a bad situation” (Brothwood et al., 2021). Clients commented that, considering the unprecedented circumstances, online therapy was the best it could have been (Brothwood et al., 2021).

4 | DISCUSSION

This scoping review set out to identify the extent of existing knowledge on clients' experiences of online therapy during the early stages of the COVID-19 pandemic and find out what is known from the existing literature about this topic. To the authors' knowledge, this is the first scoping review conducted on clients' experiences of online therapy specific to a COVID-19 pandemic context. Only five articles met the selection criteria for this review, highlighting a paucity of research specific to the experiences of clients, and contrasting with the larger volume of research on therapist or clinician experiences of delivering online therapy during the COVID-19 pandemic.

4.1 | Summary of evidence

Seven categories were identified from the five selected studies in the review. The most common category identified in all five studies was related to “preference for face-to-face therapy.” Face-to-face therapy (compared with online therapy) was perceived to be more personable, connection-encouraging and helpful (Brothwood et al., 2021; Lewis et al., 2021; Stewart et al., 2021; Vuillier et al., 2021). This is interesting as clients reported more perceived advantages than disadvantages pre-COVID-19 (Simpson et al., 2005). Prior to the pandemic, clients indicated that online therapy aided in a more comfortable, less intimidating and stress-inducing environment (Simpson et al., 2005), also facilitating openness for the client (Day & Schneider, 2002). This difference in preference pre- and post-COVID-19 could be influenced by the homogenous client group included in the current scoping review compared with the broader client groups canvassed prior to COVID-19. Clients with eating disorders may have a stronger preference for face-to-face in-person therapy than clients with other mental health issues; however, Simpson et al. (2005) also focussed on a population of clients with eating disorders, specifically bulimia nervosa, and no specific preference for either modality was reported in this study. Instead, it was reported that video therapy may be more suited to clients with eating disorders. Other research, however, has reported that some clients with eating disorders who received video online therapy were unable to tolerate viewing themselves on screen (Fernández-Aranda et al., 2020). This finding may help explain the preference for face-to-face therapy reported in the current scoping review.

It is important to note that research on clients' experience of online therapy pre-COVID-19 was carried out in a context where clients usually had a choice between face-to-face and online therapy. Pre-COVID-19 study participants selected the online therapy format based on their individual needs and preferences (Dunn, 2012; Fang et al., 2017; Reynolds et al., 2013), and choice may have influenced clients' experiences of online therapy and, therefore, study findings. This contrasts with the context of the pandemic when therapy delivered online was often the only option to receive treatment. This lack of choice may have influenced clients' experiences, leading to a preference for face-to-face therapy because this was not an option.

The current scoping review found that the video- and audio-conferencing format of online therapy was reported as disadvantageous by clients, working as a barrier to connection and, therefore, the therapeutic alliance (Brothwood et al., 2021; Stewart et al., 2021; Vuillier et al., 2021). Online therapy, even through the use of video, was found to lack the important process elements of therapy used to establish a therapeutic relationship, such as body language and use of silence or pauses (Stewart et al., 2021). These client experiences were similar to therapist experiences during the pandemic, as therapists also reported that online therapy hindered engagement and connection (Békés & Aafjes-van Doorn, 2020; Smith & Gillon, 2021). Consistent with research on clients' experiences of online therapy pre-COVID-19 (Simpson et al., 2005), this review also noted that individual client differences and differences in circumstance were shown to impact client experience of online therapy (Stewart et al., 2021; Vuillier et al., 2021). Larger home environments and access to reliable Internet connection facilitated online therapy sessions, yet clients who lacked these assets were disadvantaged through lack of privacy and connection-interrupted sessions (Stewart et al., 2021; Vuillier et al., 2021). This highlights how socio-economic inequities can influence clients' experiences of online therapy. Clients' perceptions of online therapy during the pandemic were also influenced by their experience of the therapeutic alliance. Clients who experienced a strong therapeutic relationship prior to the lockdown were more likely to report a positive experience of online therapy (Lewis et al., 2021; Vuillier et al., 2021). However, one study reported that newer clients with less established therapeutic relationships had a more positive experience than those with firmly established relationships (Stewart et al., 2021). It is possible that newer clients may have had less face-to-face in-person therapy sessions prior to the pandemic with which to compare their online therapy sessions. Therefore, the sense of loss felt by newer clients going through the transition from face-to-face to online therapy was felt to a lesser degree, or not felt at all, as opposed to established clients.

Gratitude for the continuation of treatment in difficult circumstances and an appreciation that online delivery of therapy was better than nothing at all were also identified in this scoping review (Brothwood et al., 2021; Stewart et al., 2021). This suggests that face-to-face in-person therapy was the preferred delivery mode for clients had they been given the choice. During the pandemic, reported advantages of online therapy included improved accessibility and convenience, which cut down travel time and other relevant expenses (Brothwood et al., 2021; Lewis et al., 2021; Stewart et al., 2021; Vuillier et al., 2021). Similarly, three of the five studies in this scoping review identified clients to have an overall positive experience of online therapy during the COVID-19 pandemic (Brothwood et al., 2021; Lynch et al., 2021; Stewart et al., 2021). In summary, this scoping review found clients to have a more positive experience and view of face-to-face therapy as opposed to online therapy; however, disadvantages of both modalities were also reported.

4.2 | Limitations and implications for future research

The focus of the scoping review was to summarise the extent of research conducted on clients' experiences of online therapy during the initial stages of the pandemic. This scoping review has provided an initial overview of the experiences of predominantly clients with eating disorders, and while this may limit the generalisability of findings, it most definitely highlights the need for and importance of further research with other client groups. Four of the five studies identified in this scoping review focussed on eating disorder client populations (Brothwood et al., 2021; Lewis et al., 2021; Stewart et al., 2021; Vuillier et al., 2021). This homogenous client group focus may reflect the fact that eating disorders are observed to have some of the highest mortality rates amid other psychiatric disorders (Fichter & Quadflieg, 2016), so these individuals were of a higher level of concern during a time where psychiatric distress was heightened (Usher et al., 2020). It is also possible that the COVID-19 pandemic and consequent lockdowns exacerbated eating disorder symptomatology in individuals suffering from eating disorders (Machado et al., 2020; McCombie et al., 2020).

The five articles identified in this review employed different types of methods, with quantitative and qualitative measures used to measure constructs relevant to client experience. Differences in qualitative and quantitative measures meant that some studies delved into concepts that others did not, reporting different results. An example of this is the study by Lynch et al. (2021), which only measured the client satisfaction aspect of client experience quantitatively, meaning results of this research were only present in two of the seven identified categories. Results of the three studies that used qualitative measures (Brothwood et al., 2021; Stewart et al., 2021; Vuillier et al., 2021) paved the way for more in-depth analyses and categorical presentation than those that used quantitative measures. Given the personalised nature of individual experience, qualitative or mixed methods could be the best methodologies to use in future research on clients' experiences of online therapy in a COVID-19 context, as these provide depth of understanding and detail in findings that can be elaborated into themes and conclusions which can also be used to improve clinical practice.

All articles in this scoping review used synchronous audio or videoconferencing formats of online therapy, as opposed to synchronous text-based online therapy or asynchronous online therapy such as email. Clients' experiences of online therapy during COVID-19 focussing on other modes of delivery, such as text-based synchronous and asynchronous therapy, would be important to investigate to assess whether different platforms are more suited to specific population types and to guide future online therapy practice.

Furthermore, given that therapy is often limited to the online format during a pandemic, and that some clinicians may prefer to offer a mixture of face-to-face and online therapy to their clients, known as blended therapy (Fitzpatrick et al., 2018), it would be useful for further research to determine how online therapy can be

improved for clients. This could include a more tailored approach for each client, with their individual living situation and environment being considered, as proposed by Vuillier et al. (2021). A recent mixed methods study also demonstrated that videoconferencing influences the content of sessions (Dowling et al., 2022). For example, the software enabled interactive writing and allowed clients to share their homework, but experiments and other active components employed in cognitive behavioural therapy were not as easily facilitated. Research should further aim at exploring how online delivery impacts different therapies and aim at adapting these for delivery via videoconferencing.

In addition, more research on the therapeutic alliance in online therapy during COVID-19 would be appropriate, specifically around how an established therapeutic relationship in face-to-face therapy can be transferred to online therapy (Fernández-Álvarez & Fernández-Álvarez, 2021). Such research may provide insights into ways to combine face-to-face with online therapy, potentially increasing accessibility and convenience without the loss of personability and therapeutic relationship. Investigating therapeutic alliance among clients in different online therapy settings, including text-based synchronous and asynchronous therapy, would also be important to understand and compare with other modalities, such as video- and audio conferencing. This review focussed on the early stages of the pandemic (2019–2021), where the change to online therapy was abrupt and mandatory due to COVID-19 restrictions. Thus, the review could be replicated to capture clients' recent experiences, as these are likely to differ due to increased choice, familiarity and evolved technology. This may also indicate which modalities of online therapy could be employed moving forward, along with helping to identify whether training programmes for therapists are needed.

5 | CONCLUSION

This scoping review aimed to identify and summarise what is known from the existing literature about clients' experiences of online therapy during the initial stages of the COVID-19 pandemic. Five studies were identified, and clients' preference for face-to-face therapy over online therapy was one of the main findings. Only a limited number of studies were identified, highlighting the current knowledge gap in this area. It has been more than 2 years since the emergence of the COVID-19 virus, and we are learning to live with COVID-19 in an adapted society (Corpuz, 2021). However, even with face-to-face in-person therapy becoming an option again in some countries, it is predicted that online therapy is here to stay as a viable option for therapeutic intervention postpandemic (Hanley, 2020; Tomaino et al., 2022). Therefore, it is important that more research is conducted on clients' experiences of online therapy, both during the initial stages of the pandemic and in a "post-pandemic" world, with broader client population groups and using a range of different online therapy platforms.

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CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

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SUPPORTING INFORMATION

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