Exploring the Opportunities and Challenges for Therapists Offering Online Text, Call & Video Therapy Service Options

Contents

Introduction

Industry Partner

Therapy Hub is web-based therapy platform providing accredited counsellors, psychologists, psychotherapists and supervisors with the tools and resources to establish on online presence. The business side of the platform is available free of charge to all accredited Irish therapists and includes: a Therapy Hub profile; access to templates for establishing their own private website; use of online booking and payment systems; as well as a text reminder facility to remind clients of their scheduled appointment. The clinical side of the platform will facilitate therapists in delivering online text, call and video therapy options.

Research Question

What are the opportunities and challenges for therapists who offer their clients online therapy options, including text, call and video?

Aim

This aimed to explore what therapists perceive as the opportunities and challenges involved in offering their clients online therapy options, including text, call and video. The business side elements of the Therapy Hub platform are not explored in this study.

Methodology

Sample Recruitment, Procedure and Design

The proposed study employed a quantitative, cross-sectional design to access a sample (n = 294) of psychotherapists accredited by and registered with the Irish Association for Counselling and Psychotherapy (IACP). Participants were invited to take part in an online survey via email. Contact information for potential participants was retrieved from the IACP website which is a public forum platform. In total n=1,550 therapists cited their contact information on the IACP platform and all were sent an invitation to participate in the study, of which n= 294 completed survey. This indicates a response rate of 19%.

Measures

A questionnaire was developed using *SurveyMonkey.com,* an online survey generator that allows users to design quantitative surveys/questionnaires and distribute them to potential participants via email and social media. The questionnaire consisted of 21 open and closed-ended questions which focused on the following themes:

1. Participant demographics
2. Technology device usage for both personal and business purposes
3. The perceived usefulness of offering online text, call and video therapy service options to clients.
4. Willingness to undergo further training to facilitate online therapies.
5. Interest in offering online text, call and video therapy service options to clients.

Analysis

Quantitative data was analysed using descriptive statistics and thematic analysis was conducted on qualitative responses.

Ethical Considerations

Ethical approval will be sought from University College Dublin's Human Research Ethics Committees.

Results

Sample Demographics

Descriptive statistics (See Table 1) conducted on the demographic data revealed a gender ratio of 3:1 with female therapists (74%) making up a majority of the sample. Participants reported a broad age range from 18-35yrs to 65+years however, therapists aged between 50-64yrs (58%) were the most highly represented within the sample and those aged between 18-45yrs (3%) were the least. The years of therapeutic experience reported by respondents ranged between 1-3yrs and 20+years with the bulk of the sample reporting experiential terms of 8-14yrs (30%) and 4-7yrs (29%). Finally, the majority (74%) of the sample reported the location of their practice as situated in an urban area.

Table: 1

Gender		Practice Location	
Male	26%	*Urban*	74%
Female	74%	*Rural*	26%
Age		**Years of Experience**	
18-35yrs	3%	*1-3yrs*	16%
36-49yrs	29%	*4-7yrs*	29%
50-64yrs	58%	*8-14yrs*	30%
65+yrs	10%	*15-20yrs*	14%
-	-	*20+yrs*	11%

General Device Usage and Access

Participants were asked about the frequency in which they use technology as a general means of communication and their level of access to web-enabled devices. Findings revealed that most therapists use a smartphone (81%), text messaging (79%) and email (66%) on a daily basis. Videochat was used the least with 42% of participants reporting that they never use it and 2% reporting daily use (see figure 1). Almost the entire sample (95%) owned a smartphone, tablet, laptop, or computer with a webcam (see figure 2). Likewise, most participants (84%) reported having adequate internet access to offer online therapy (see figure 3).

Findings to show a broad range of technology usage and a high level of device access amongst participants indicates that familiarity with, and access to, web-enabled device does not serve as a barrier to the uptake of online therapy.

Figure 1

How often do you use the following means of communication?

Smartphone

4.21% 4.91%
9.47%
81.40%

Text Message

4.12% 0.34%
16.15%
79.38%

Email

2.42%
10.73%
21.11%
65.74%

Videochat

1.85%
14.02%
42.44%
44.70%

■ Daily ■ Regularly ■ Occasionally ■ Never

Table 2

	Daily	Regularly	Occasionally	Never
Smartphone	81.40%	9.47%	4.21%	4.91%
Text message	79.38%	16.15%	4.12%	0.34%
Email	65.74%	21.11%	10.73%	2.42%
Videochat	1.85%	14.02%	41.70%	42.44%

Figure 2

Do you own a smartphone, tablet, laptop, or computer with a webcam?

- Yes: 95.24%
- No: 4.76%

Figure 3

Do you have adequate internet access to offer online therapy?

- Yes: 84.69%
- No: 9.18%
- Don't know: 6.12%

Current use of Online Resources for Business Purposes

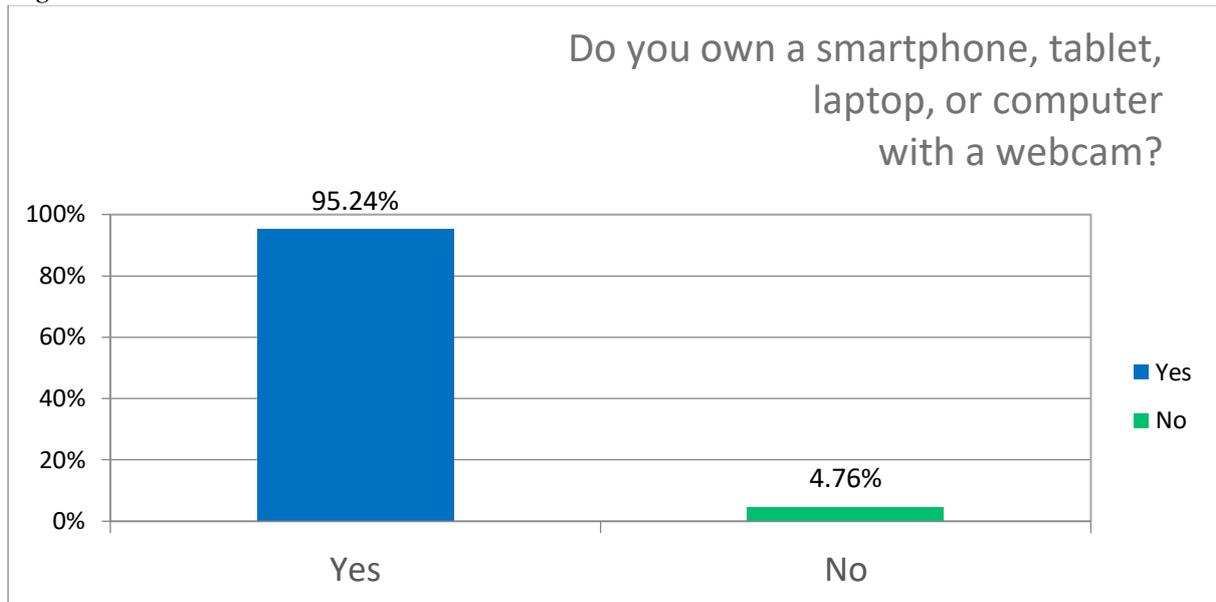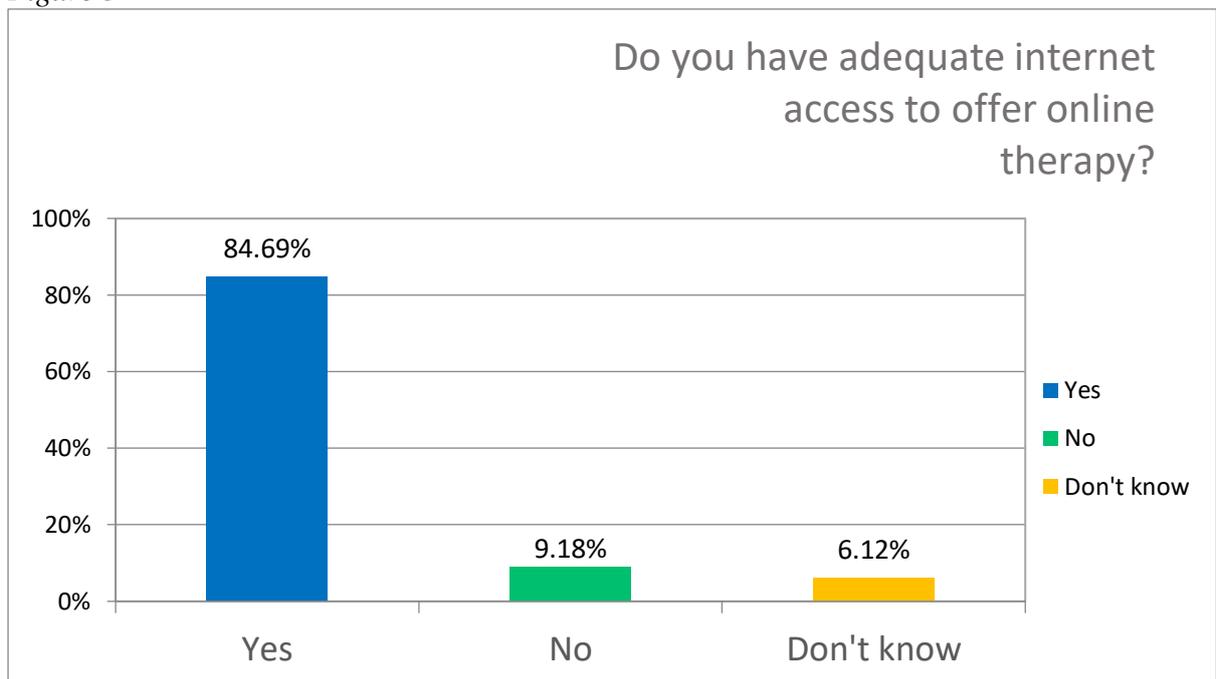When it came to assessing the ways in which participants use technology to assist in the day-to-day running of their practice, findings revealed a low rate of online resource usage. Only half (50%) of the sample reported having a professional website, 17% reported using an online payment system, 15% stated they used an online booking system, 10% reported using automated SMS appointment reminders (see figure 5) and 45% reported sending SMS reminders manually (see figure 6).

In terms of issues regarding data protection, 92% of the sample indicated that they are aware of their obligations under the General Data Protection Regulation (GDPR) (see figure 7).

Interestingly however, findings also showed that therapists reported high rates of perceived usefulness for each of the online resources (see figure 8). For instance, participants perceived professional websites as the most useful (95%), followed by automated SMS reminders (81%), online payment (78%), and online booking (69%).

These findings indicate that the perceived usefulness of online resources is not a barrier for the uptake of online therapy modalities within therapeutic practice.

Figure 5

As a therapist, do you currently have the following online resources?

	Professional Website	Online Booking System	Online Payment System	Client session reminders via SMS (automated)
■ Yes	49.83%	15.03%	16.84%	10.45%
■ No	50.17%	84.97%	83.16%	89.55%

Figure 6

Do you currently send clients text message (SMS) reminders about their appointments (manually)?

Figure 7

Are you aware of your obligations under the General Data Protection Regulation (GDPR)?

Figure 8

How useful are the following resources for therapists?

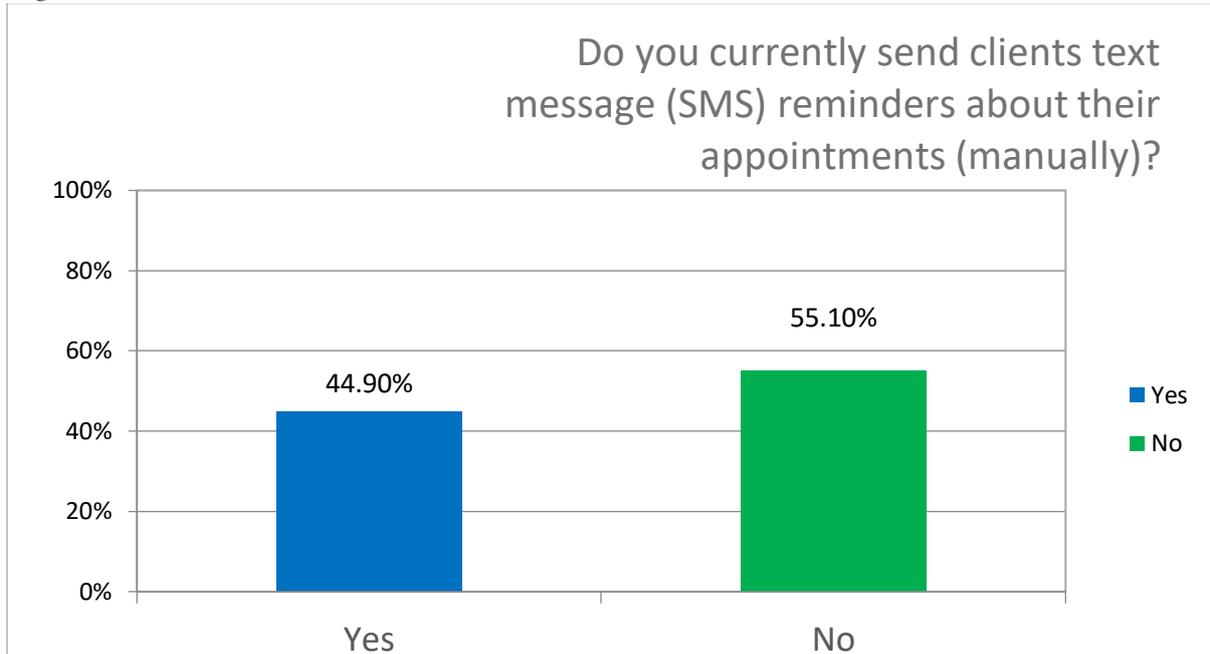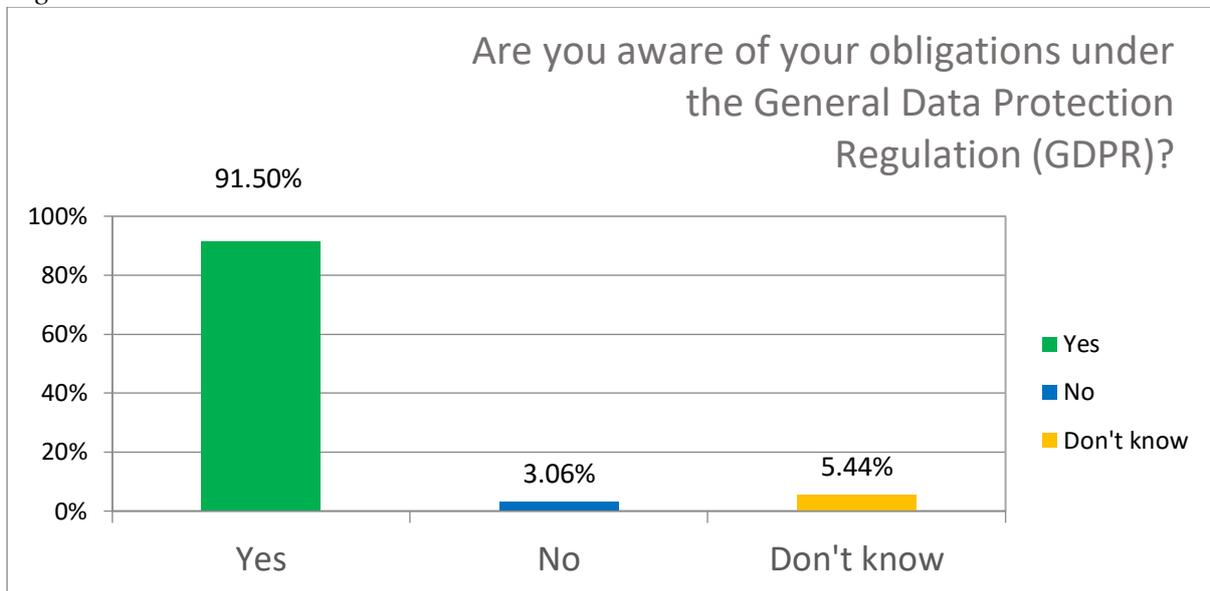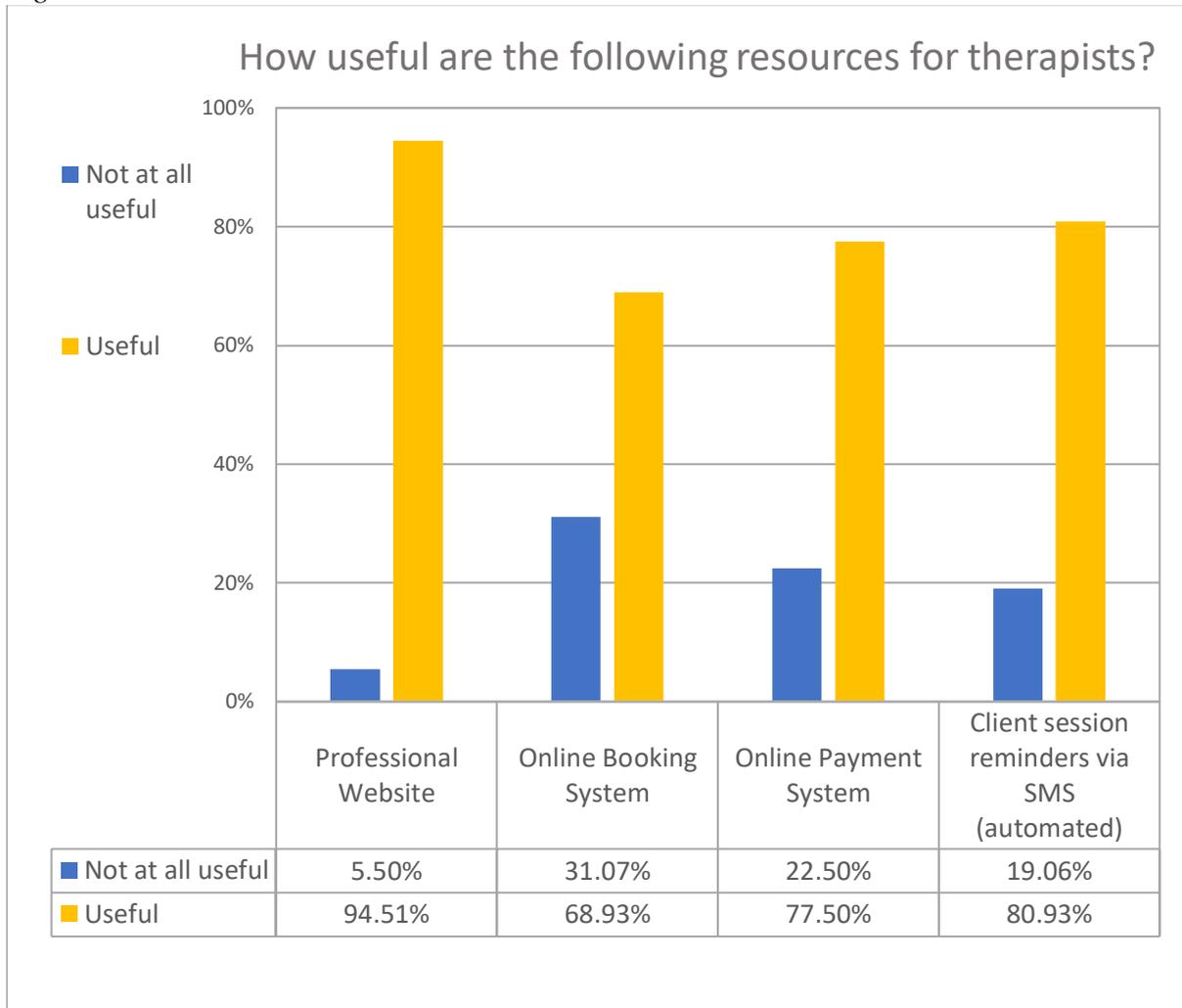|	Professional Website	Online Booking System	Online Payment System	Client session reminders via SMS (automated)
■ Not at all useful	5.50%	31.07%	22.50%	19.06%
■ Useful	94.51%	68.93%	77.50%	80.93%

Training & Supervisor Support

Two-thirds (68%) of the sample reported an interest in undertaking training for online therapy (see figure 9). Furthermore, 66% of the sample felt confident that their supervisor would support online therapy (see figure 10) and 75% of supervisors stated that they would be open to supervising therapists who offer online sessions to their clients (see figure 11).

These findings are quite positive in that they indicate that further training and supervision do not present as barriers to the online therapy.
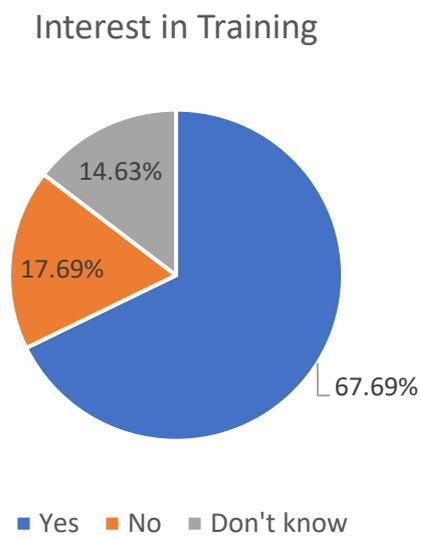
Figure 9

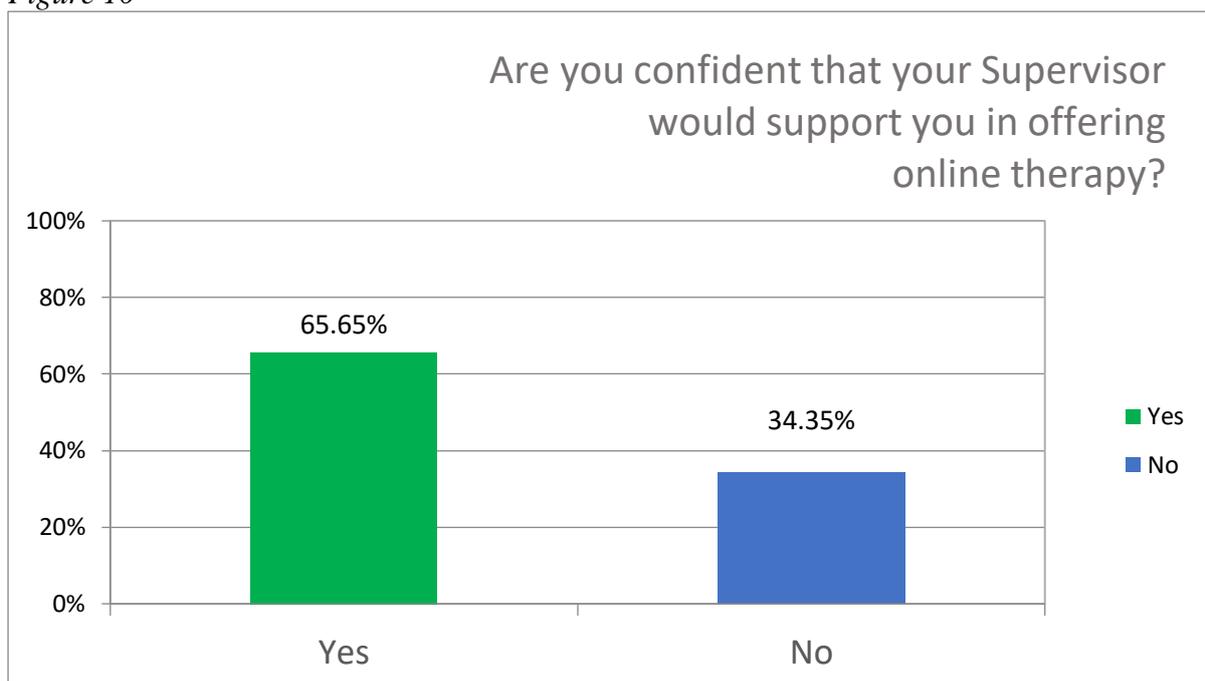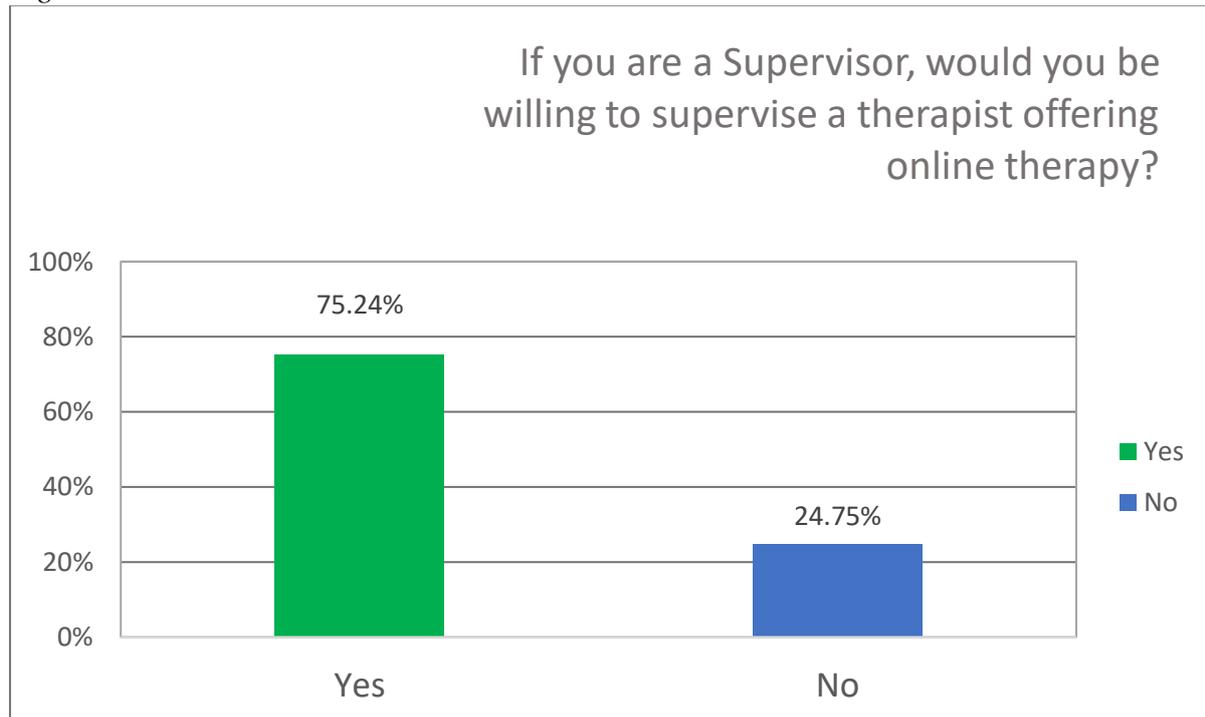## Interest in Training

14.63%

17.69%

67.69%

■ Yes ■ No ■ Don't know

Figure 10

Are you confident that your Supervisor would support you in offering online therapy?

65.65%

34.35%

■ Yes
■ No

Yes   No

Figure 11

Figure showing: If you are a Supervisor, would you be willing to supervise a therapist offering online therapy?
- Yes: 75.24%
- No: 24.75%

Perceptions of Online Therapy

In order to access therapists' perceptions of online therapy, participants were asked to indicate whether they agreed or disagreed with six statements regarding the use of online resources in therapeutic practice (see Table 3).

Findings revealed that participants held largely negative perceptions of online therapy. For instance, 76% felt that therapist-client communication is weaker using online therapy, 60% agreed that online therapy would require a change to my therapeutic approach, and 61% disagreed that therapy sessions would be improved if booking and payment tasks were completed online. Furthermore, 53% of participants disagreed that therapists would have more control over their working hours/ availability using online therapy.

On a more positive note, the majority of the sample (84%) agreed that online therapy allows practitioners to engage with new clients who don't necessarily live close to my practice and 53% disagreed that the availability of online therapy means that I must now compete for clients with therapists from around the world.

Table 3

	Disagree	Agree
Therapist-Client communication is weaker using online therapy…	24.23%	75.77%
Therapy sessions would be improved if booking and payment tasks were completed online…	60.96%	39.04%
Therapists have more control over their working hours/ availability using online therapy…	55.78%	44.21%
Online therapy would require a change to my therapeutic approach…	40.13%	59.87%
Online therapy allows me to engage with new clients, who don't necessarily live close to my practice…	15.86%	84.14%
The availability of online therapy means that I must now compete for clients with therapists from around the world…	52.90%	47.10%

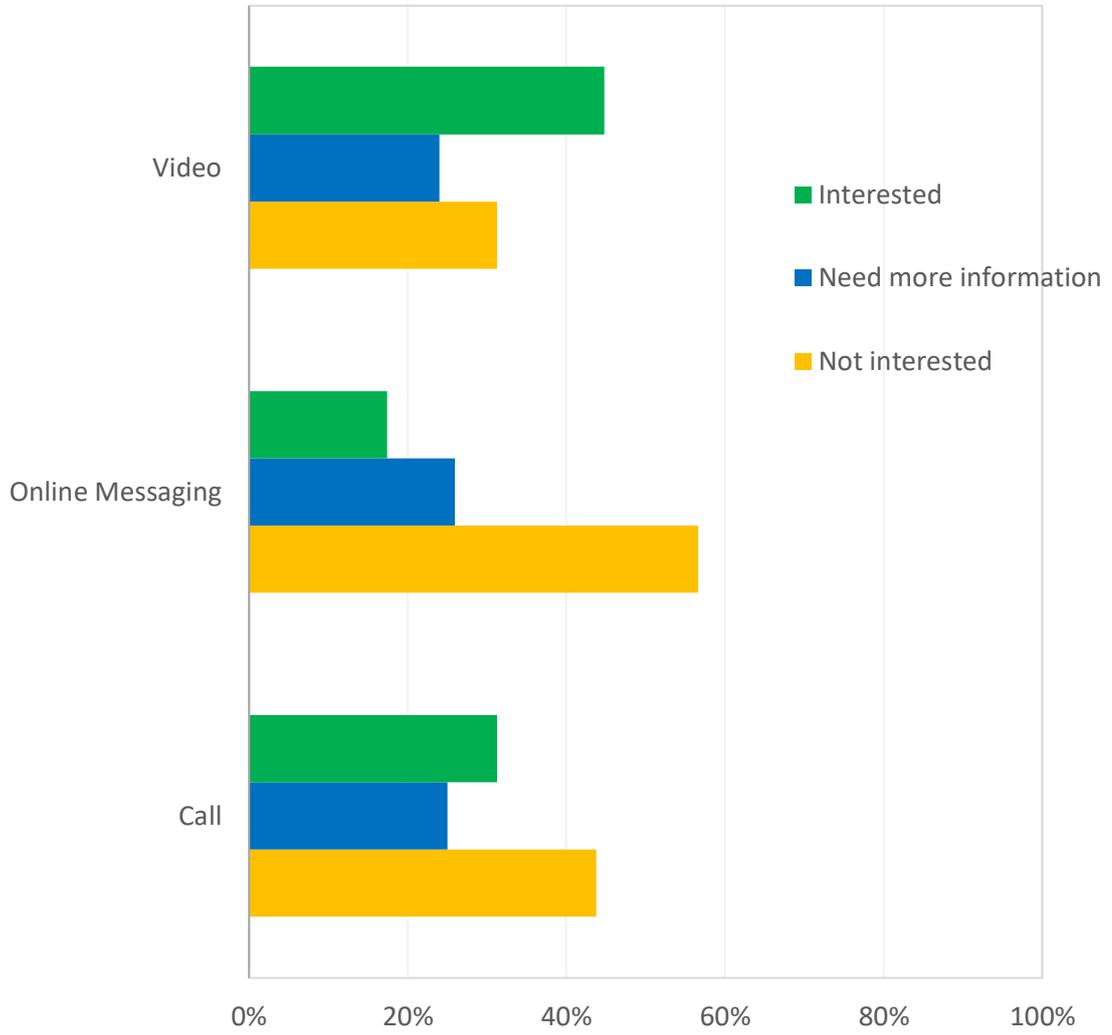## Interest in Offering Online Therapy

When it came to participant interest and online therapy modalities, findings revealed that therapists were most interested in using video/videochat for therapeutic means with 45% of the sample expressing their interest (see figure 12). Almost a third of participants (31%) expressed an interest in using calls, while the least amount of interest was reported for text messaging (17%). In total, 74% of the sample stated that they would be interested in using an online pre-payment system (see figure 13). Once more, on average, a quarter of the sample stated that they needed more information about all three online modalities.

Participants were asked about the types of clients that they would be open to offering online therapy to. Respondents stated that they were interested in offering online modalities to clients with access challenges (71%), new clients (53%) and existing clients (48%). Only one quarter of the sample stated that they were not open offering online therapy to any of their clientele (see figure14).

Overall, the results show that therapists were most interested in using an online pre-payment system and video/videochat in their practice and that three-quarters of the sample were interested in offering online therapy to a variety of different client groups.

Figure 12

Please indicate your interest in offering the following types of online therapy:

	Call	Online Messaging	Video
Interested	31.25%	17.44%	44.79%
Need more information	25.00%	25.98%	23.96%
Not interested	43.75%	56.58%	31.25%

Figure 13

Would you use an online pre-payment system?

	Yes	No
	74.49%	25.51%

Yes ■ (green)
No ■ (blue)

Figure 14

I am interested in offering online therapy to…

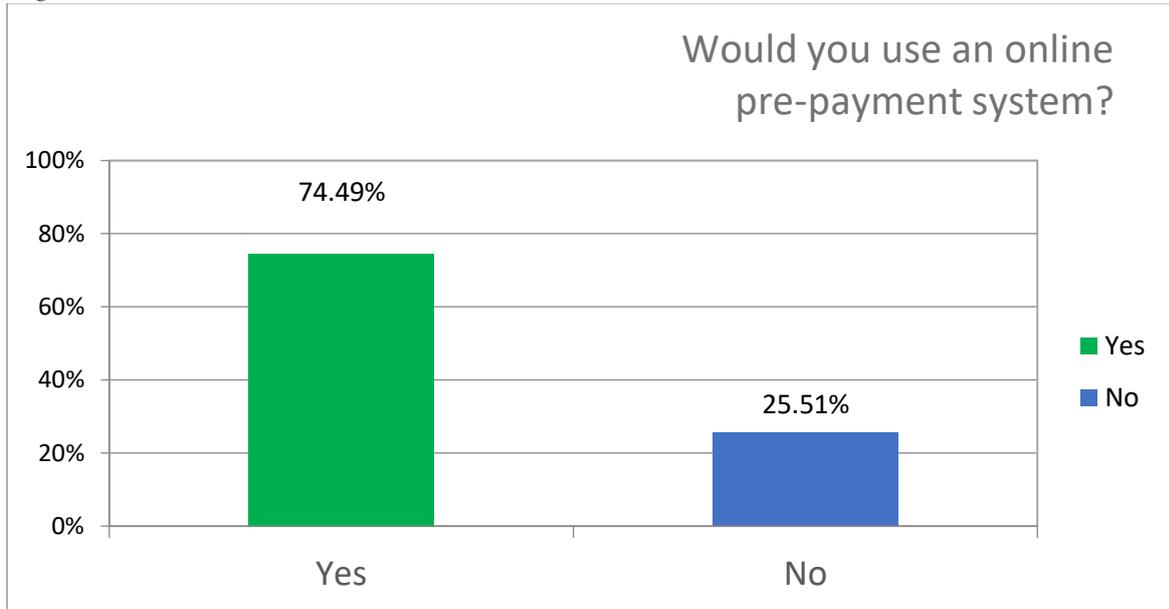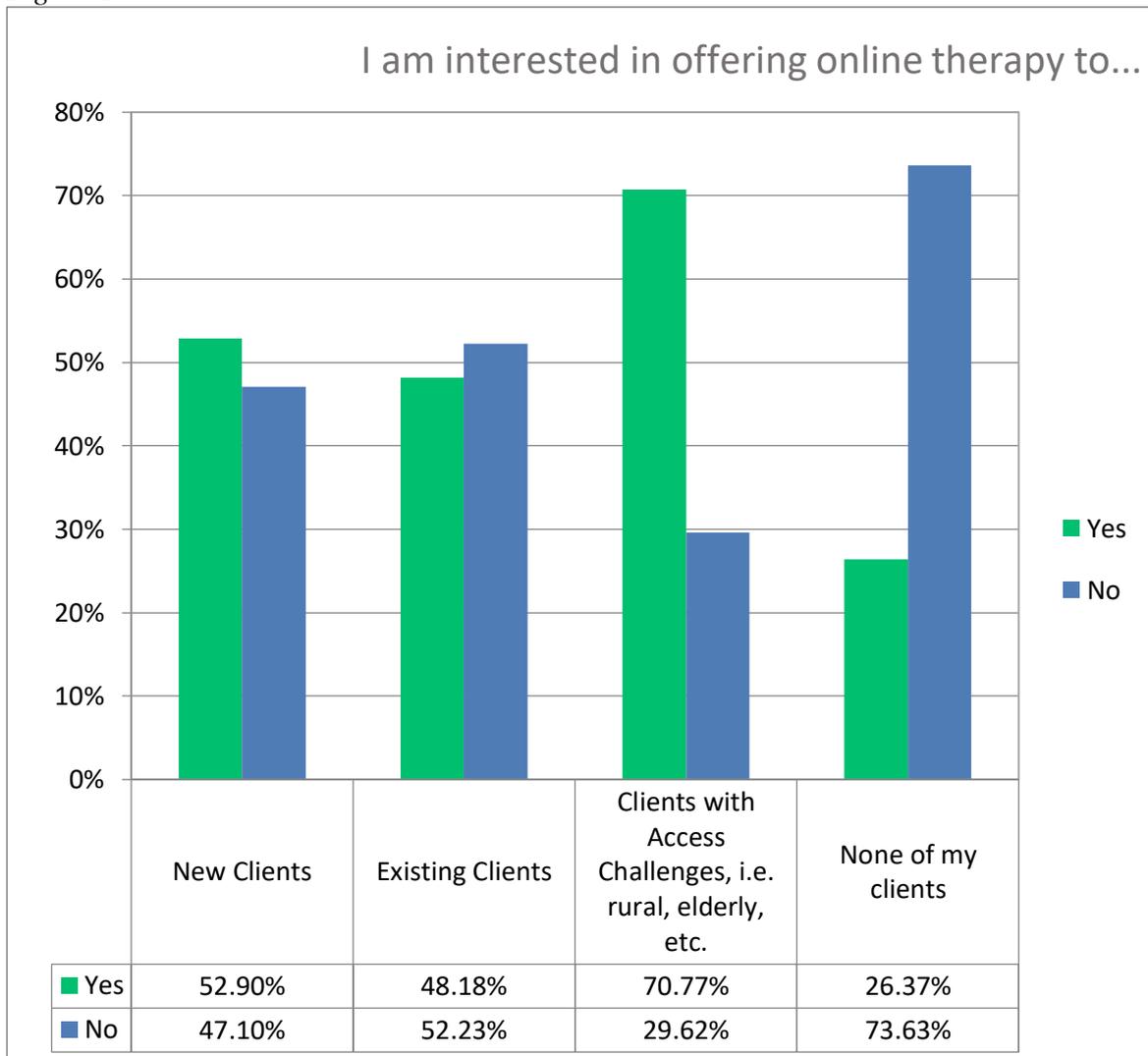|	New Clients	Existing Clients	Clients with Access Challenges, i.e. rural, elderly, etc.	None of my clients
Yes	52.90%	48.18%	70.77%	26.37%
No	47.10%	52.23%	29.62%	73.63%

Group Differences

Statistical analysis revealed no significant differences across the demographic profiles of participants and the ways in which they answered survey questions. This finding indicates that participant age, gender, years of experience and location had no impact on any of the findings outlined above – thus, all participants regardless of demographic characteristics are equally likely to engage or disengage with online therapeutic interventions.

Qualitative Themes

The final two questions of the survey comprised open-ended statements in which participants were invited to comment on. Question 20 asked participants to offer commentary on their interest in using online resources for service provision; namely: Online calls, online messaging, video calls. Similarly, Question 21 invited participants to add any general comments regarding online therapy modalities. Thematic analysis carried out on this data revealed five key themes, each of which are presented in Table 4.

Table 4

Therapeutic Relationship

Concerns regarding the therapeutic relationship emerged as the most salient theme throughout the qualitative data, with a total of n=87 participants referencing it in their responses.

The crux of the concerns reported by participants regarded the quality of the relationship that can be built between clients and therapists via online modalities. Therapists were not convinced that online interventions can appropriately foster the same therapeutic connexion as face-to-face encounters.

A continuum of scepticism regarding the quality of the therapeutic relationship developed online was also revealed. With some therapists stating that they believed it was 'impossible' to achieve a viable therapeutic connexion whilst others felt that relationships could be established, but they would pale in comparison to those fostered through face-to-face contact. The inability to monitor and observe the non-verbal unconscious cues (body language) displayed by clients during a therapy session was the driving force behind most of the scepticism observed.

Examples:

> *"It can't offer the same as in the room therapy, impossible. The world is turning more online & throwaway it will be easier to throwaway online therapists having never actually met them."*

> *"Eighty percent of human communication is nonverbal and is not just limited to one or two of the senses. Online therapy diminishes this communication connection due to*

the limits of the technology. For example, I can tell a lot from the feel of a handshake when my client comes in the door, is their palm sweaty, did they look me in the eye as they came through the door, to name but a few."

"I can see that for the younger generation online therapy would feel 'normal'. I feel it misses the depth of human contact and presence but may be better than nothing where necessary."

Some therapists were of the opinion that a mix of both online and face-to-face therapy could help form a stronger therapeutic relationship than the exclusive use of online therapy.

Examples:

"I would only use these methods with clients with whom I've already established a working relationship"

"For me, I believe that my preference would be to meet face to face at least half the time and have the option for therapy on the phone the other half of the time- allowing the relationship an opportunity to build and strengthen in person also. This is based on experiences of tensions or feelings in a counselling session that I cannot be confident of recreating by call or video."

"I think that online therapy could work if there was some face to face sessions, a good working relationship between client and therapist and a therapeutic bond. I think online sessions could work for a while with face to face sessions for beginnings and closing"

Positive Statements

A total of n=62 participants left comments that were indicative of positive attitudes toward online therapeutic interventions. 'Positive Statements' is comprised of two subthemes that reoccurred throughout the qualitative data.

i.   Past Experience

Examples:

"I believe online therapy works very effectively and my personal opinion is that it does so as clients are in the comfort of their own home so naturally feel comfortable to

express themselves. I believe, often it's the therapists not the clients that have an issue with it!"

"I have used all of the above on occasions and have found them practical and satisfactory; however, I have used them only occasionally, when face-to-face was unavailable."

"I would be most comfortable with online video call with my therapy clients as I like to see their faces which helps with the non-verbal communication piece. I am also a supervisor and I have a couple of supervisees I supervise by call and no video, in this instance as it's not therapy, I don't feel the same need to see them, a call is manageable."

ii.   Willingness and Openness to Online Therapeutic Modalities

Examples:

"This is a subject I was discussing with 2 of my therapist friends, yesterday. 1 of them received online therapy from a therapist in the States. He finds it tremendous. I'm intrigued, I also feel nothing will be as strong as the therapeutic relationship in the same space, face to face. I would imagine some magic could get lost. I'm really interested in this topic…"

"Online therapy in reality is the way forward with time constraints and offering accessibility to those who may find it difficult to travel either by transport / cost or disability issues. It's something l am interested in knowing more about…"

"Love the idea of online booking and payment facilities."

Security, Policy & Ethical Considerations

Some therapists (n=21) voiced concerns regarding confidentiality, the ability to adhere to ethical practices and the existence of appropriate policy. Collectively these comments demonstrate an apprehension toward online therapy until appropriate ethical guidelines, methods of securitisation/data protection and policy are put in place.

Examples:

"There is a paucity of platforms in Ireland which comply with encryption e.g. encrypted email and video transmission which would be required to protect clients...Website security would be vital, and I wonder if the sole-practitioner can take the burden of this additional complexity at this time".

"One challenge people will have is around the area of insurance for clients who are overseas and issues around mandatory reporting - do we follow the laws of the land of the therapist or the laws of the land for the clients?"

"Online therapy as offered by many therapists does not adhere to confidentiality rules/ethics as much as face to face therapy does. I know many who do online thru skype which is weak re: confidentiality."

"Very interested if adequate security and training are in place"

Training

A total of n=15 therapists felt that further specialist training would be required prior to them providing inline therapy to their clients.

Examples:

"I do believe there is a place for online therapy. However, I also firmly believe it is not something therapists can drift into without further training on the uniqueness and differences in therapy online"

"I am interested in online therapy and have completed online email and chat training with Relate UK but don't feel competent to offer online therapy to my clients. I feel I need further training in security and encryption to offer secure service to my clients."

"I think we would need to have very specialist training if using any online devices to engage a therapeutic process. However, I do feel this is something to begin a conversation about."

"I have not found a suitable online therapy training course in Ireland."

Negative Statements

Some therapists (n= 8) articulated that they had used online modalities in the past and found them limiting.

Examples:

"As you have probably guessed at this stage, I regard online counselling and psychotherapy as part of the problem not part of the solution. That is not because I'm some sort of digital Luddite. In 1998, I started work as a school guidance counsellor and over the following decade was at the forefront of using online resources for the career element of my work. For career counselling it worked brilliantly, for emotion/personality work it has very little use, in my view"

"I did use video therapy at one point but felt it was limiting. I couldn't get a real sense of the client that is more obvious when we are sitting near each other. For that reason alone, I stopped."

Conclusion

Opportunities and Challenges
Opportunities
  - Participants demonstrated a high level of technological literacy via a broad range of device usage. They also reported a high level of accessibility to web-enabled devices and internet services that can facilitate the provision of online therapy.
  - Even though only a small proportion of the sample used web-enabled technology (professional websites, online booking etc.) as a resource for therapeutic practice, the majority of participants did perceive these modalities as useful.
  - Two-thirds of the sample were open to further training to facilitate online training.
  - Two-thirds of participants felt that their supervisors would support them in the practice of online therapy, and three-quarters of the supervisors whom took part in the survey confirmed their support.
  - The majority of participants felt that online therapy was a useful tool for clients with access issues (rural location, elderly etc.).

- Two thirds of the sample reported an interest in offering some form of online therapy to their clients, especially those with access issues (rural location, elderly, etc).
- Therapist were most interested in using videochat and online payment/booking systems to facilitate therapeutic practice as opposed to calls and text messaging.
- Qualitative data revealed that concerns about the quality of the therapeutic relationship may be mitigated by providing clients with a mix of online and face-to-face sessions*[1].
- The vast majority of the therapists whom reported using online modalities with their clients offered positive feedback, in that they felt it worked well and was a useful supplementary tool*.

Overall, these findings indicate that participants see the value of online therapeutic resources, they are technologically savvy enough to use such modalities, and they have access to the necessary devices and internet services to facilitate the online therapy. For those whom are unsure or apprehensive, it is positive that participants demonstrated a willingness to undergo further training and that there are supervisors who are willing to support this mode of practice.

Challenges
- The most significant challenge that emerged throughout the survey was the perception that online therapy compromises the therapeutic relationship because the communication between therapist-client is weakened when using online therapy i.e. non-verbal cues, energy in the room, lack of physical contact [hand shake etc] *.
- Over half of the sample felt that online booking/payment systems would not improve their therapy practice. A similar proportion of the sample felt that online therapy would not improve their working hours/ schedule.
- Participants also voiced concerns regarding the need for a specific code of ethics, policy guidelines around mandatory reporting and mechanisms of securitisation for confidential data*.
- Further training also emerged as a barrier, in that participants felt they could not offer online therapy until they received the appropriate training.

Recommendations

These findings indicate that when it comes to promoting TherapyHub's platform, promoters should focus on the following:

1. Present evidenced-based research to show that online therapy is an effective therapeutic tool – from both the practitioner and the client perspective.

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[1] * = Qualitative theme form open ended questions

2. Address research that investigates the viability of the development and sustainability of the therapeutic relationship via online modalities.

3. Cite the positive quotations outlined above and testimonials that may feature in the research.

4. Identify and refer a training platform where therapists can develop online therapy skills. If possible, try to collaborate with an accredited counselling organisation such as the IACP. This will bolster the credibility of the training program.

5. Provide information regarding ethical codes of practice, highlight how confidentiality is upheld and how data will be managed, stored and used.

6. Highlight that online therapy is intended to supplement and enhance therapeutic practice i.e. online therapy sessions and face-to-face sessions are not mutually exclusive, therapists can offer both depending on the needs of their client.