Youth and Parent Experiences of the Therapeutic Alliance in Virtual Group Therapy

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Abstract

Virtual group therapy confers important and distinctive advantages that mitigate the barriers that youth and parents face when obtaining mental health services. Nevertheless, aspects of virtual environments present challenges for therapists and group members when cultivating robust therapeutic alliances that predict effective treatment outcomes. The present study explored youth and parent clients' experiences of the therapeutic alliance in virtual group therapy. Qualitative interview data was analyzed using thematic analysis. Interviews were conducted with six youths and six parents (n = 12) who received virtual group services from a mental health and addictions agency in Eastern Ontario. Thematic analysis suggests that clients engaging in virtual group therapy services were able to from robust therapeutic relationships with other group members, their group therapists, and the group as a collective, despite the unique challenges of the virtual environment. The current study implies that virtual group therapy can be a viable treatment option for Canadian youth with substance use issues or parents of a children with substance use issues.

Keywords: virtual group therapy; therapeutic alliance; group therapeutic alliance; youth mental health; family mental health

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Canadian youth and parents have significant unmet mental health needs (Sukhera et al., 2017), with more than 75% not obtaining the specialized mental health service needed (Waddell et al., 2005). Many barriers contribute to the considerable unmet mental health needs among Canadian youth and parents, including long wait times (Kowalewski et al., 2011), high costs, and lack of tailored and effective services (Kourgiantakis et al., 2022). Group therapy is a crucial resource to address factors contributing to worsened mental health during the pandemic, including loneliness and isolation (Margherita, et al., 2022). However, the COVID-19 pandemic presented considerable challenges for individuals accessing mental health care, particularly youth and their families (Kourgiantakis et al., 2023). To complicate matters, the COVID-19 pandemic has had devastating consequences on the mental health of Canadian youth and parents. A recent nationally representative Canadian survey found that youth and parents have been particularly impacted by the pandemic, with parents with children under the age of 18 reporting significantly higher levels of suicidal thoughts and alcohol consumption (Gaderman et al., 2021).

Virtual group therapy (i.e., therapy provided through a videoconferencing platform involving two or more clients) has enabled clinicians to continue to offer group services during the pandemic. Additionally, virtual group therapy provides a viable option for mitigating the barriers youth and families experience when accessing mental health care, including alleviation of health-related, transportation, and financial barriers to care (Douma et al., 2019).

Early evidence suggests that virtual group therapy is an effective treatment modality for the mental health and addiction issues of youth and families (e.g., Schlarb et al., 2020; Ko & Park, 2023). Weinberg (2020) systematically reviewed the literature finding that online group therapy appears to be as effective as in-person group therapy. Nevertheless, specific characteristics of online environments (e.g., its disembodied nature) may create barriers to

forming robust alliances within groups (Weinberg, 2020). Given that the development of a robust therapeutic alliance has been shown to be the principal factor in effectiveness of all the settings of psychotherapy, including virtual group therapy (Gullo et al., 2022), addressing these barriers is of utmost importance. Research exploring how the therapeutic alliance can develop in online group therapy involving parents and youth is very scarce. Furthermore, to the best of my knowledge, no studies have explored parent and youth experiences of the therapeutic alliance in virtual group therapy. Accordingly, the main purpose of this study is to explore parent and youth clients' experiences of the therapeutic alliance in virtual group therapy.

Research investigating clients' experiences of the therapeutic alliance in virtual group therapy is important for a variety of reasons. Firstly, this study obtains critical feedback from parents and youth clients on their unique experiences with virtual group therapy and the therapeutic relationships within it. This client feedback can be used to inform the revision and development of virtual group therapy programs for youth and parents. Secondly, this study can help describe the process by which the therapeutic alliance develops in virtual group therapy from the client's perspective, which can aid in addressing the barriers to the development of the therapeutic alliance in virtual group therapy. Similarly, research illustrating how the therapeutic alliance develops in virtual group therapy can address whether the therapeutic alliance develops in a distinctive way in virtual group therapy settings. Given the unique features of the online group therapy environment (Weinberg, 2020), it is plausible that the therapeutic alliance develops by a distinctive process within online group therapy.

Literature Review

Unique Benefits of Virtual Group Therapy

Although virtual group therapy places unique demands on therapists and group members, virtual group therapy provides certain benefits when compared to in-person group therapy. Virtual group therapy increases access to mental health care among those with a diverse range of mental health needs by addressing many barriers to in-person mental health services (Douma et al., 2019). Research indicates that the virtual group therapy provides clients with increased anonymity, enabling them to disclose personal details more freely (Bruer & Barker, 2015). Further, given that virtual groups can be accessed from far locations, virtual groups address barriers to accessing group therapy services, such as inadequate transportation and financial cost (Haylock et al., 2022). Online groups can be of particular benefit to those in rural or remote locations where access to appropriate services is limited (Haylock et al., 2022).

Research exploring online group therapy involving youth has found that there are numerous advantages to the online aspect of online group therapy. Hawke et al. (2021) surveyed 409 Canadian youth on their attitudes towards and experiences with virtual group therapy. Participants who had received virtual group therapy services reported that virtual group therapy was more accessible than in-person therapy because of its convenience, easy scheduling, and lack of travel time. Moreover, participants reported that the online aspect of virtual services enabled them to feel more comfortable disclosing their feelings as well as providing them with privacy features to maintain anonymity (e.g., private chat functions). While the participants reported many advantages of virtual group therapy, they also reported multiple disadvantages, such as technological issues, lack of human connection, and lack of privacy and security within home.

Efficacy of Virtual Group Therapy

Evidence exploring the effects of online group therapy on adults receiving mental health services in various clinical settings and experiencing a diversity of issues indicates that online group therapy is an effective way to deliver mental health services. Gentry et al. (2018) systematically reviewed the literature finding that online group therapy was an effective as in-person group therapy for individuals experiencing varying issues, such as depression, anxiety, and substance use issues. Similarly, Gullo et al. (2022) evaluated the experience of 39 group therapy clients switching from in-person to online groups during a COVID-19 outbreak. Gullo et al. (2022) revealed that these clients perceived online group therapy as effective as in-person, and that group therapy in an online environment allowed them to disclose their symptoms more freely. Correspondingly, research indicates that online group therapy is an effective treatment for individuals with substance use issues. Orme and Geel (2020) evaluated the effectiveness of a 12-week online group psychotherapy program for individuals with substance use issues. Orme and Geel found that 90% of participants were able to maintain abstinence during the 12-week program. Moreover, participants experienced a statistically significant reduction in psychometric measures assessing anxiety and depressive symptoms upon completion of the program compared to baseline scores.

Like evidence indicating the effectiveness of virtual group therapy for adults, preliminary research suggests that virtual group therapy is an effective treatment for youth and parents. Two recent studies evaluated the effectiveness of virtual group therapy for youth with autism spectrum disorder (Hao et al., 2020; Pennefather et al., 2018). Hao et al. (2020) found that youth with autism spectrum disorder who were participating in virtual group therapy experienced a reduction in symptoms of autism spectrum disorder. Pennefather and colleagues observed that

parents of children with autism who participated in virtual group therapy reported less stress with their child's symptoms of autism.

Consistent with the above, early evidence suggests that virtual group therapy can be an effective and practical treatment for youth with substance use issues. Levy et al. (2022) piloted an online group therapy program with 23 youth from an addiction treatment program. The authors found that participants reported feeling an increased sense of safety and comfort in the virtual format. Furthermore, many participants reported substantial clinical improvements and increases in session attendance.

Therapeutic Relationships

Definitions and Measurements of Therapeutic Alliance

Based on a systematic review of the literature, Bordin's (1979) model was found to be the most utilized model for the therapeutic alliance within individual therapy. Bordin proposes that the therapeutic alliance consists of three interdependent parts: (a) agreement between the therapist and client regarding goals for therapy; (b) agreement between the client and therapists regarding tasks to achieve set goals; (c) an emotional bond characterized by trust and positive emotions between the therapist and client. The Working Alliance Inventory (WAI; Tracey et al., 1989) and the California Psychotherapy Alliance Scales (CALPAS; Gaston & Marmar, 1994), two of the most utilized scales for measuring the therapeutic alliance, are predicated on Bordin's model.

There is substantial agreement among clinicians and researchers that the therapeutic alliance within group therapy is characterized by therapeutic relationships simultaneously occur on three levels: (1) group member to therapist; (2) group member to group member; (3) group

member to group as a collective (Burlingame et al., 2013; Lo Coco et al., 2019). A robust therapeutic alliance in group therapy demands agreement on goals and tasks, as well as a strong emotional bond within each of the three levels of group therapy (Lo Coco et al., 2019). The three different levels of therapeutic relationships lead to unique functioning and interaction in group therapy when compared with individual therapy (Tasca et al., 2014). For instance, a client can experience a positive emotional bond with the group therapist, but a neutral or negative bond with a group member (Kivlighan et. 2017).

Preliminary research measuring the strength of therapeutic relationships in group therapy settings has tended to neglect group member to group member interactions, exclusively focusing on therapeutic relationships on two levels: (1) group member to therapist; (2) group member to group as a collective. This is despite the growing body of literature indicating that group member to group member relationships play a significant role in the development of the therapeutic alliance within group therapy (Lo Coco et al., 2019). Literature examining therapeutic relationships in group therapy commonly uses the WAI to measure group member to therapist alliance and the California Psychotherapy Alliance Scales for group (CALPAS-G; Gaston & Marmar, 1994) to measure group member to group as a whole alliance.

Therapeutic Alliance and Treatment Efficacy

Therapeutic Alliance Within Individual and Group Therapy

Much research has examined the association between the therapeutic alliance and treatment efficacy in individual therapy. Considerable research has shown that stronger therapeutic alliances are consistently associated with positive treatment outcomes across a diverse set of psychotherapies and clinical populations. A recent meta-analysis of 295 research

studies examined the relationship between the therapeutic alliance and treatment outcomes within individual therapy (Fluckiger et al., 2018) This study revealed a significant, positive association (r=.278) between the therapeutic alliance and treatment outcomes across a diverse array of therapeutic approaches (e.g., CBT, DBT, EFT, etc.) and mental health diagnoses (e.g., major depressive disorder, generalized anxiety disorder, obsessive compulsive disorder, etc.). Moreover, Fluckiger et al. (2018) observed a comparable relationship between the therapeutic alliance and treatment efficacy in virtual settings. Therefore, developing the therapeutic alliance in virtual therapy plays a crucial role in treatment outcomes.

Likewise, a substantive body of research demonstrates that strong therapeutic alliances in group therapy are positively predictive of treatment outcomes. A meta-analysis by Alldredge et al. (2021) systematically reviewed 29 studies to examine the relationship between the therapeutic alliance and treatment outcomes in group therapy. The authors found a significant, positive correlation (r=.17) between treatment outcomes and the therapeutic alliance in group therapy across a variety of mental health diagnoses and therapeutic approaches. Notably, a family-based study included in the meta-analysis found that therapeutic factors indicating a strong alliance were found more frequently in group therapy than in individual therapy (Danino & Shechtman et al., 2012).

There is a growing consensus among clinicians and researchers on the role that the three levels of group interaction (i.e., group member to other group member, group member to therapist, and group member to group as a whole) play in the treatment outcomes and the development of the therapeutic alliance in group therapy (Lo Coco et al., 2019). While earlier studies examining the relationship between the strength of these therapeutic relationships and treatment outcomes were mixed, a recent meta-analysis of 55 studies found a significant, positive

correlation between the quality of the three therapeutic relationships and treatment outcomes (Burlingame et al., 2018).

Clough et al. (2022) evaluated the experiences of 91 adults who had participated in CBT group therapy for anxiety disorders. The results indicated that while the quality of the relationship between group therapy clients and relationship between the client and the therapist both predicted session attendance, the quality of the relationship between the client and the therapist exerted a strong effect on session attendance.

Similarly, McEvoy et al. (2023) assessed the relationship between the quality of the three therapeutic relationships in group therapy and the symptoms of social anxiety for individuals diagnosed with social anxiety disorder who participated in 12 sessions of CBT group therapy. These findings revealed that the quality of the three therapeutic relationships in group therapy was significantly correlated with lower levels of social anxiety and fear of negative evaluation from others later in treatment. However, the relationship between the client and the therapist was only moderately associated with a decrease in social anxiety symptoms, and this effect was not statistically significant.

Therapeutic Relationships within Virtual Groups

While there is a substantial amount of research elucidating the relationship between the therapeutic alliance and treatment outcomes, research identifying the development of the therapeutic alliance within virtual group therapy is limited. In accordance with research establishing the effectiveness of virtual group therapy, research investigating the development of the therapeutic alliance within virtual group therapy suggests that a strong therapeutic alliance can be developed within virtual group therapy. Nonetheless, research suggests that developing

therapeutic relationships in virtual group therapy may be more challenging because of the unique demands and limitations of a virtual environment (Lopez et al. 2020).

Lopez et al. (2020) conducted a pilot study investigating group cohesion between clients who participated in an in-person DBT group versus a virtual DBT group. Consistent with Lo Coco et al. (2019) conceptualization of the three levels of group interaction in group therapy, this study defines group cohesion as the quality of the relationship a group member has with the therapist, other group members, and the group as a whole. The authors found that both groups felt equally connected to the therapist. However, the online group did not feel as connected to other group members when compared to those in the face-to-face group. Based on their findings, Lopez and colleagues argued that group therapists may need to modify aspects of their therapeutic approach to build group cohesion when providing online group therapy.

Preliminary research suggests that the therapeutic alliance can be developed in virtual group therapy involving youth. Lecomte et al. (2020) examined a virtual group therapy delivery of CBT for 14 youths with early psychosis. Results revealed that participant ratings of the therapeutic alliance were comparable to a previously published study investigating a similar intervention delivered face-to-face. Thus, present research suggests that youth can develop a robust therapeutic alliance within virtual group therapy.

Adaptation to Virtual Group Therapy

Although the emerging research illustrates the advantages of virtual group therapy, limited studies have investigated the challenges of virtual group therapy and how therapists and clients adapt to the unique challenges of forming positive relationships within a virtual environment. Moreover, literature exploring the challenges of developing therapeutic

relationships within virtual group therapy involving youth or parents is even more scarce. Lastly, no studies, to my knowledge, have investigated the barriers to cultivating therapeutic relationships within virtual group therapy for youth struggling with addiction or parents supporting a child with addiction.

Kozlowski and Holmes (2014) explored 12 master's level student's experiences with two online group therapies through two semi-structured focus groups of two hours in length. Findings showed that characteristics of the online environment, such as lag time in video conferencing and the home environment in which the group member was participating from, impaired the ability for the group members to form therapeutic relationships with other group members, the group therapist, and the group as a whole.

In another study evaluating a group therapy intervention for high school students, authors found that many group members refused to turn their videos on while engaging in online group therapy and exclusively communicated through the chat (Holmes & Kozlowski, 2016). The researchers argued that these behaviours could impair the various relationships within online group therapy.

Havlik et al. (2023) explored group therapist experiences with providing virtual group therapy to youth. The authors conducted thematic analysis on the interview data finding multiple barriers to the development of the therapeutic relationships on the three different levels of interaction within virtual groups. Therapists reported that aspects of the online environment (e.g., inability to see the whole group participant) created difficulty in eliciting client sharing and engagement, as well as understanding client reactions. To address the barriers to cultivating these therapeutic relationships, the group therapists engaged in more self-disclosure and met with the clients more frequently. The above research suggests that while certain features of the online

environment may interfere with the development of the therapeutic alliance in virtual group therapy, clients and therapists have shown remarkable ability to adapt to these unique demands and develop therapeutic relationships within online settings.

Summary

Virtual group therapy uniquely mitigates the barriers youth and parents face when attempting to access mental health services (Hawke et al., 2021). Emerging evidence suggests that virtual group therapy for youth and parents is an effective treatment option for supporting youth and parents (e.g., Lecomte et al, 2020). Research reveals that youth and families participating in virtual group therapy can develop strong therapeutic relationships with the therapist, other group members, and the group, and that these relationships are linked to positive treatment outcomes (Hao et al., 2020; Lecomte et al., 2020; Pennefather et al., 2018). Nevertheless, no research has explored parent and youth clients' experiences of these therapeutic relationships in virtual group therapy.

Preliminary findings suggest that the distinctive qualities of online environments influence the way by which group members and therapists communicate within virtual environments (e.g., Shah et al., 2019). Although research indicates that group members can adapt to the unique characteristics of virtual environments (e.g., Havlik et al., 2023), there is a considerable gap in the literature concerning how group members adapt to communicate effectively in virtual group therapy. Moreover, this gap in the literature is even more considerable regarding virtual group therapy involving youth or parents, despite the considerable benefit of virtual group therapy for these populations.

Theoretical Framework

This study's theoretical framework is predicated on social information processing (SIP) theory (Walther, 1992;2011). SIP theory asserts that people interacting through computer-mediated communication (CMC) will cultivate interpersonal relationships of equivalent quality to those developed face-to-face. Moreover, SIP theory suggests that different modes of communication vary in their richness (i.e., the amount of nonverbal and verbal indicators included in the mode of communication). Walther (1992) asserts that face-to-face communication is considered the most detailed form of communication, given the vast array of nonverbal and verbal cues utilized. Conversely, virtual communication is considered a relatively less detailed form of communication, given a relative lack of nonverbal cues and less personalized and varied verbal communication. SIP theory suggests that the amount of detail included in the communication is inversely correlated with the amount of time required for users to adapt their communication strategies to the unique demands (e.g., less personalized communication) of a CMC channel. Thus, SIP theory suggests that humans have a strong capacity to form relationships within virtual contexts albeit at a slower rate when compared to in-person communication.

SIP theory posits that given sufficient time individuals interacting in virtual groups can modify aspects of their communication strategies to cultivate relationships consistent with those formed face-to-face (Grondin et al., 2019). By extension, SIP theory suggests that group members and therapists can adapt to the unique demands of online groups to cultivate positive therapeutic relationships with the group therapist, group members, and the group as a collective. Within the SIP framework, videoconferencing is less detailed than in-person communication, but considerably more detailed than text-based communication (Sumner & Ramierez, 2017). Evidently, video-based communication eliminates qualities of nonverbal communication because

of its disembodied environment. Additionally, some nonverbal communication is limited with video conferencing when compared to in-person communication. For instance, the legs and hands of a person's body may be out of view of the person(s) they are communicating with because of camera angle and/or placement. Accordingly, group members and group therapists will need to modify their communication to adapt to the distinctive qualities of online group therapy.

SIP theory supports and informs the study in two main ways. Firstly, SIP theory informed the development of the interview questions and research questions for this study. SIP theory suggests that group members can form strong therapeutic relationships within virtual group therapy by adapting to the unique features of the virtual environment (Walther, 1992;2011). Accordingly, research questions and interview questions for this study explore how group members form therapeutic relationships within virtual group therapy, how the online environment influences the cultivation of these relationships, and how group members adapt to the characteristics of the online environment. Secondly, SIP theory informed the data analysis and interpretation of the results. While the interview data was analyzed via inductive thematic analysis, SIP theory provided a theoretical backdrop for understanding, identifying, and naming meaningful themes within the data.

Research Questions

Preliminary findings reveal the ability of therapists to adapt to virtual group settings to form therapeutic alliances (Havlik et al., 2023). Nonetheless, research exploring the therapeutic alliance in virtual group therapy involving youth and parents is very limited. Moreover, no studies have explored clients' experiences of the therapeutic alliance in virtual group therapy involving parents or children. Lastly, while research establishes that the alliance can be formed in

virtual group therapy involving youth or parents, it does not specifically address the process by which clients adapt to the virtual format to form therapeutic relationships.

Accordingly, the research questions of this study are: (1) What are clients' experiences of forming therapeutic relationships with the group therapist, other groups members, and the group as a whole? (2) How does the virtual format influence the development of therapeutic relationships within groups? (3) How do clients adapt to the unique features of the virtual environment? (4) What similarities and differences emerge between the perspectives of youth group members and parent group members regarding their experiences of the therapeutic alliance?

Methodology

Source Study

The data for this thesis were drawn from a larger study funded by an Ontario Centre for Excellence for Child and Youth Mental Health Innovation grant. Crossroads Children's Mental Health Centre is the lead research organization involved in this study. The source study is entitled "*Using evidence to connect children, youth and families to effective in-person, virtual, or blended care."* The main goal of this study was to explore the experiences and perceptions of youth and parents who accessed virtual group therapy during the COVID-19 pandemic to guide the development of a combined service delivery model. As part of this study, two research assistants (one of which is the author of this study) conducted semi-structured interviews with youth and parents accessing virtual group therapy at mental health and addictions agencies in Eastern Ontario.

For the current study, I received ethics approval for secondary analysis of the data collected from the source study. Primary data from 12 individual, semi-structured interviews

with six parents and six youth engaged in virtual group therapy at a mental health and addictions agency in Eastern Ontario was utilized. A systematic review of the literature indicated that parents and youth experience the therapeutic alliance differently. Thus, I chose to utilize both youth and parent interviews. Furthermore, the authors of the source study intended to recruit a maximum of 30 participants to thoroughly explore the processes, perceived impact, and learnings regarding the implementation of virtual group therapy for youth and parents. The intention was to recruit a representative sample of clients who have engaged in virtual group therapy. The authors determined that a minimum of 5 parent clients and 5 youth clients would generate significant content for the thematic analysis, thus reducing the likelihood that relevant themes would be overlooked or missed.

While the youth groups varied in the number of sessions and group size, the youth groups broadly followed the same design and purpose. Youth groups were of closed design, facilitated by two group therapists (e.g., social worker, registered psychotherapist, or registered psychologist), contained psychoeducation as well as interpersonal sharing, and helped youth clients work on individual goals of harm reduction, abstinence, and prevention. Similarly, parent groups broadly followed the same design and purpose while the number of sessions and group size varied depending on the individual group. Parent groups were of closed design, facilitated by two group therapists, contained psychoeducation as well as interpersonal sharing, and helped parent clients work on a variety of individual goals, such as healthy boundary setting, cultivating self-compassion, and identifying and addressing unhelpful family dynamics.

Participants

Participants were 12 clients (six youth and six parents) who accessed virtual group therapy from a mental health and addictions agency in Eastern Ontario at any point in the 12

months prior to the research interview. Youth participants ranged in age from 12-25 years of age. Youth participants were not directly asked to indicate their age other than to indicate that they met the inclusion criteria for being at least 12 years old at the time of the interview. The purpose of this cut-off was that children aged 12 and older in Ontario are deemed to have the decision-making capacity to receive addictions and mental health services in a community setting. Thus, youth clients were determined to have the ability to consent to sharing their perspectives of having accessed mental health and addictions services in a research setting. The maximum age cutoff for youth participants was determined by the cutoff for youth services provided at the mental health and addictions agency involved in the study. The interviews were conducted in English. Therefore, participants were required to comprehend and communicate orally in English.

Interview Protocol

The semi-structured interview protocol (see Appendix A) consisted of 14 open-ended questions organized into five parts that were designed to elicit in-depth information about participants' experiences in virtual group-based psychotherapy. In the first part, participants were asked to provide contextual information on the virtual group services they received (e.g., the purpose and duration of the group). The second part included questions about logistical and technical processes related to participating in group (e.g., registration process to get into the group, challenges with accessing the virtual group). The third part asked participants about their experience of being a client (i.e., the experience of staying focused on the group and participating in group discussions). Central to the main area of interest for this thesis, the fourth part of the interview included questions on the therapeutic alliance, specifically agreement on goals, tasks, and the participant's experiences of bonds with other group members, the group as a

whole, and the group therapist. Finally, the fifth part of the interview focused on the participants' experience of ruptures and repairs in the virtual group sessions.

The questions were developed jointly with the members of the research committee overseeing the funded project from which the study data was drawn, along with key theoretical concepts in the literature. The questions on the therapeutic alliance were based on Bordin's (1979) three components of the working alliance. The first draft of the protocol was devised by two Masters-level counselling psychology students working as Research Assistants on this project and a Ph.D.- level counselling psychology faculty member with substantial experience conducting qualitative, psychotherapy research. Subsequently, the protocol was revised by three subject area experts on the research team with experience conducting psychotherapy research. Finally, the protocol was then pilot tested on two participants who had a virtual group experience to draw from. Feedback about the protocol was obtained from these participants. No modifications were made to the protocol, based on their feedback.

Procedure

Participants completed an individual, semi-structured interview with a research assistant (the author of this study). The interviews took place over Zoom and were audio recorded. One interview was conducted for each participant, lasting 30-40 minutes. During the interview, participants were asked to reflect on their experiences with participating in virtual group therapy provided by one of the partner agencies. Some of the questions asked germane to this thesis were: "You likely came to the group with some personal goals. Do you feel that these goals were met in the group sessions?" "What role did the group therapist play in helping you achieve those goals? "What role did the other group members play in helping you achieve your goals?" "What did you think of the activities and discussion topics in the group session?" How well do you

think the group therapist understood you and accepted you?" Questions on the interview guide were modified depending on the responses and experiences of the participants. To prompt further exploration from the participants, the research assistants adopted a curious and non-judgmental stance during the interviews characterized by paraphrasing and summarizing the participants' responses as well as reflecting their emotions.

Data Analysis

This study utilized six parent interviews and six youth interviews. Thematic analysis, a qualitative research technique used for organizing, examining, and describing patterns within data (Braun & Clarke, 2019), was used to analyze the interview data. All meaningful units of data that were relevant to the research questions for this thesis project were utilized. First, interviews were transcribed in writing by principal researcher and subsequently verified against the audio recordings to ensure accuracy to ensure the analyst was familiarized with the data. Second, codes (i.e., meaningful participant statements that contribute to the understanding of the research topic; Boyatzis, 1998) were produced after reading the transcripts over multiple times. Third, codes developed from the previous step were arranged into themes via inductive analysis. Identified themes and grouped codes were robustly linked with the interview data (Braun et al., 2019; Braun & Clarke, 2012) as well as linked with theoretical questions and concepts.

Table 1

Analysis Step 3: Examples of organizing and mapping codes into themes

Major Theme	**Sub-Theme**	**Codes**	**Participant pseudonym- Quote**
Sense of Belonging	Community	**Closeness**- how the	Joanne- "So many people had so many stories and so many things that they

		participants were all in this together	could relate to how she [other group member] was feeling when she was feeling so alone. Thought that she was all in this by herself, that it really showed how close the group was."
Member to Member Safety and Trust	Acceptance	**No judgement**- participant was able to share without judgement from others.	Jack- "I think so yeah [comfortable to share]. I was like everyone else was. And I did not really hear any backlash at all".

Fourth, the generated themes were assessed for internal coherence and consistency, and internally consistent themes were retained, and the others were excluded. Fifth, retained themes were evaluated for whether they accurately reflected the experiences of all or most participants depending on the specific theme. Descriptors, such as "most" and/or "many", were used in the results section of this study to describe the relationship between the themes and the participants' experiences. Sixth, definitions and descriptors were generated for each theme, and connections were drawn between each theme and the overall findings. Lastly, verbatim examples robustly connected with the research question and the themes identified in the data was selected from the interview transcripts.

Trustworthiness

Trustworthiness of the results was verified through completing an audit trail. The audit trail for this study detailed: (1) the researcher's theoretical and reflective thoughts on the analyses, and (2) prospective codes and themes as they emerged and changed. Accordingly, I completed the analysis in such a way that detailed each step from transcribing the interview data to the final steps of generating themes. To identify patterns in the data, I completed an initial coding using "mind maps". Mind maps were used to identify themes and sub-themes. I presented themes to my thesis supervisor, Dr. David Smith, and he directed me to trace each theme back to the initial themes, codes, and mind maps to ascertain the validity of each theme. We then revised the name of each theme to ensure it accurately reflected the themes.

Results

The following section summarizes the results of the thematic analysis and includes verbatim quotes (pseudonyms were used to identify participants) from participants to depict the identified themes and codes. The analysis revealed the following six major themes: (1) *Sense of Belonging*; (2) *Members Felt Accepted and Understood by Group Therapist*; (3) *Member to Member Safety and Trust*; (4) *Adaptation to the Virtual Environment;* (5) *Barriers to Connection;* (6) *Youth Groups Versus Parent Groups*. Given the overlap in parent and youth experiences of the therapeutic alliance in virtual group therapy, adaptation to the virtual environment, and barriers to connection, these relevant, consistent themes are presented together. The final theme, *Youth Groups Versus Parent Groups*, discusses the differences that emerge between the perspectives and experiences of youth group members and parent group members regarding their experiences of the therapeutic alliance.

Theme 1: Sense of Belonging

The first major theme included experiences relating to the participants' felt sense that they were a part of a group that welcomed and accepted them. The *Sense of Belonging* theme was delineated into two sub-themes: *Community and Common Goals and Struggles*.

Community. The first sub-theme described how participants felt like they were a part of a community. For instance, Frank, a youth participant, explained,

> They have honestly helped me, just remember that you can get better, like they are learning for the same purpose as you are. But it all ties back to fulfilling the need for community, fulfilling the need for connection. These are goals within themselves, especially when you are coming out of the drug addiction community.

Similarly, Joanne, a parent participant, shared, "So many people had so many stories and so many things that they could relate to how she [other group member] was feeling when she was feeling so alone. Thought that she was all in this by herself, that it really showed how close the group was".

Common Goals and Struggles. The second sub-theme depicted that the group as a whole agreed on therapy goals and had shared lived experiences. Participants reported that having shared goals and struggles helped them to feel safe taking risks associated with change and self-disclosure. For example, John, a youth participant, stated this when responding to question about how comfortable he felt sharing his personal thoughts and feelings, "Just knowing that everybody was generally in the same headspace, had the same motivations, became a better version of who they are, and all that sort of stuff. Just being around people with the same goals was cool".

Shame and guilt were frequently referenced during the interviews as emotions that both youth and parents experienced. A parent participant named Angela expressed how understanding from the group helped her with challenging the shame and guilt she was experiencing, “To be with a tribe that understands that and has many of the same experiences is comforting. It sort of makes you feel like, I'm not a bad mom, this isn't all my fault.”.

Consistent with the above quote, Francine, a parent participant, expressed that having a shared lived experience with other group members helped cultivate self-compassion:

> I told people, I said, some of these people were parents of 15-year-olds, and it’s all anonymous. A lot of them, they were boys who are in their basement smoking pot and playing on video games, and they couldn’t get their child to go to school, they are failing in school, which is a different place than my child. But we could all identify with that [drama] triangle and nice to know, it’s important to be gentle on yourself.

Theme 2: Members Felt Accepted and Understood by Group Therapist

The second major theme described how empathy, non-judgement, and consistency helped group members form positive therapeutic relationships with the group therapists. The *Members Felt Accepted and Understood by Group Therapist* theme was delineated into three subthemes: *Nature of Therapist Responses, Addressing Ruptures,* and *Experience of Group Therapists*.

Nature of Therapist Responses. This sub-theme described how group therapists consistently responded with “empathy” and “kindness”. Participants reflected that their relationship with their group therapists were characterized by “safety”, “trust”, “empathy”, and “kindness”. For example, Jackie said,

> I always trusted them [group therapists]. It was a great feeling of trust, as you said, safety, and security. And I have never felt anything that I said, or anyone said was ridiculed or put down. Very respectful.

Furthermore, participants trusted that they would consistently receive accepting and understanding responses from group therapists. As Erica described, "They [the group therapists] either answered with fact or they answered it with the proper counselling... They always had the right answer, they always knew what to say".

Addressing Ruptures. This sub-theme described how the group therapists swiftly and compassionately identified and addressed ruptures between group members. As Jeanine, a parent participant, described, her group therapist identified with the feelings of the group members and addressed swiftly the rupture, "I don't think he [another group member] quite understood. And so, the facilitator was really good at saying to him, but you have to look at it from this perspective."

Experience of Group Therapists. The clinical judgement of the group therapists was referenced by participants as key piece to feeling understood. Frank, a youth participant, described that the facilitators had extensive experience working with people who had similar histories and concerns, "They understand me completely. Not the first time seeing my type of substance use, not the last time seeing it".

Theme 3: Member to Member Safety and Trust

The third major theme described the unique nature of the relationship between group members and some of the beneficial and detrimental ways of relating between group members.

This theme was divided into three sub-themes: *Risk in Sharing with Group Members, Acceptance, and Vulnerability*.

Risk in Sharing with Group Members. This sub-theme expressed how participants reflected that they felt less safe sharing with other group members because responses from group members were more inconsistent when compared to responses from group therapists. While group members could be understanding and accepting at times, at other times they could be hostile. For instance, Frank revealed that some group members can be "rude" and "distracting", and interactions with these group members caused him significant emotional burden. Specifically, Frank, a youth participant, described a situation where he was met with hostility when trying to relate to another group member:

> You could tell they were intoxicated. And I am trying my best to relate to them. They were talking about how their grandparents died this year. And I am like, oh, same, I lost three grandparents this year. And he's like, it's not a fucking competition. The fact that he swore at me over camera, it shocked the system a little bit.

Similarly, Jenna, a parent participant, shared an experience with a group member that left her feeling angry and judged,

> I felt angry with him a couple of times. I did. But, I mean, I also know that different people come from different places in their lives. So, I didn't call him out on it. And I didn't say anything because I just thought he's got to deal with things in his own way. But yes, I did take some of it to heart… I almost felt like I was being blamed for my child's behaviour.

Acceptance. Participants reported that sharing their personal experiences could be scary and vulnerable. Nonetheless, participants felt safer sharing with other group members when those group members responded with non-judgement. For example, Jack explained that when others responded nonjudgmentally to him and others that helped him feel safe to share, "I think so yeah [comfortable to share]. I was like everyone else was. And I did not really hear any backlash at all".

Vulnerability. The final sub-theme explained how participants felt that other group members being vulnerable enabled them to be more vulnerable. As Victoria described, "She shared so openly. It made me feel comfortable". Similarly, Brenda remarked,

> I think it took I mean, it takes time getting to know people, especially when, it is not like being in a group, like a team, like a research team like yourself, right? When you are at a job, it is these people are coming because they want to get help. And they are exposing the very rawness of themselves. So, that said, I think everybody understood that we were all there for the same reason. And we all wanted the same thing. I kept going back more comfortable.

Theme 4: Adaptation to the Virtual Environment

The fourth main theme described the participants' adjustment to the unique challenges of the virtual environment. Three subthemes were constructed within this theme: *Maintaining Focus, Comfort within Environment, and Confidentiality*.

Maintaining focus. The first sub-theme described participants were able to stay concentrated within their virtual groups despite distractions within their environment. For

example, Jill, a parent participant, highlighted her ability to stay focused and engaged during the virtual groups despite distractions in her own environment. Jill stated,

> My animal on my chest, knocking off my iPad, perhaps one of the kids knocking at the door [barriers to staying focused], but that didn't happen very often, who came in. But generally, I was pretty focused.

Comfort Within Environment. The second sub-theme identified that online groups have the added complexity of including varied locations from which clients choose to participate in a session. While most participants described a sense of safety and comfort in their environment from which they were accessing the sessions, others reported a reduced openness to sharing difficult, personal experiences. Joanne, a parent participant, described,

> I believe that virtual groups sessions or virtual sessions in general, it just makes for a less intimidating environment, which I think a lot of people don't go to group meetings because it makes them anxious. They don't want to step out of their comfort zone. But if they are in their home, or somewhere where they feel comfortable, they are more apt to join in. They are more apt to be vocal and share more and really participate.

Similarly, Ricardo, a youth participant, explained that the anonymity of the virtual environment reduced his anxiety regarding participating in group therapy:

> And I thought that maybe I would do better in the virtual one as like, I'm like, I've always been like, a little anxious. Like, if I like I find I do better when, like, when like, someone can't see me.

In contrast, some participants revealed difficulties being open and vulnerable when participating in an intrusive, critical home environment. Dave, a youth participant, felt

uncomfortable participating in the group sessions from home because fear of family members overhearing him:

> I would like to specify that it's mostly just the kind of person who I am living with that I like to keep my personal stuff from her because it's my mother. She's from a foreign country. And she's from a place where mental health and mental issues are not emphasized, she doesn't understand it or even wants to understand it. So, and I know if she would hear me talk about that stuff, we would just have a really uncomfortable conversation that I just rather not engage in.

Confidentiality. This sub-theme indicated that the group members were asked to follow some ground rules specific to virtual group therapy to ensure the privacy of the group members. As Mel, a parent participant, reflected,

> We had to sign a privacy agreement. We had to be in a private room, we had to make sure no one else was part of this for everybody's privacy. And we were all asked not to we were asked not to discuss the group, or anybody stories outside of the sessions.

Theme 5: Barriers to Connection

The fifth major theme identified substantive obstacles to the development of therapeutic relationships within the virtual groups. The *Barriers to Connection* theme was divided into three sub-themes: *Stilted Nature, Body-to-Body Interaction,* and *Design of Virtual Groups*.

Stilted Nature. The first sub-theme elucidated how the unnatural nature of the virtual environment can make building therapeutic relationships with other group members and the group therapists more difficult. For example, Ashley described, "It's very difficult to have a conversation with anybody on Zoom. It's very stilted." Correspondingly, Patricia noted, "In the

group setting, there was really no opportunity for them to really know or understand me. Because it was not an open conversation, there was not easy flow conversation, unlike if you were in a room in a circle with people sharing and chatting".

Body-to-Body Interaction. The second sub-theme described how the relative lack of body-to-body communication and cues within the virtual environment led to more interruptions and more difficulties sensing the feelings of others. Patsy noted,

> There was a lot of people accidentally interrupting each other… how unnatural it is to communicate through online as opposed to being in-person where you can like read somebody's body language, and you can tell he's done speaking.

Another concern that was raised was difficulties connecting with others when their cameras were off. Participants noted that this led to interruptions or long periods of silence and/or reduced safety in sharing, as well concerns about confidentiality. To this point, Rhonda, a youth participant, shared, "It can kind of be weird when people do not have their camera on, because then you never know who's behind the camera". Relatedly, Amy, a parent participant, reflected on how the screen sharing feature on Zoom limited her ability to connect with others,

> Back to shared screen thing, when you share a screen, and you lose everybody. But to me, that is really difficult… They are actually an integral part of this whole process of this whole learning here. And oftentimes what people are contributing is more important than what is on the slide.

Finally, the lack of body-to-body interaction in the virtual environment made it more difficult to emotionally support other group members. Rhonda highlighted how the lack of touch made supporting others exceptionally challenging, "Talking about your feelings and talking

about how you are handling things. Zoom does not allow that to happen. You can't reach out and touch someone".

Design of Virtual Groups. The final sub-theme revealed that the design of the virtual groups with its focus on psychoeducation rather than interpersonal experiences between the group members, group therapist, and whole group left some participants yearning for more connection. As Amanda reflected,

> I found it frustrating to sit and listen to somebody read through a slide that I had already read. And it left virtually no time for any kind of conversation…It is hard to find moments of connection, and it was really hard on Zoom. Yeah, that was my take on it. I think, again, the presenters were professional, and they did the best they could. And the information was excellent. It just wasn't very personal.

Theme 6: Parent Groups Versus Youth Groups

The final theme explained differences in belonging, trust, and therapeutic alliance ruptures within youth groups versus parent groups. The following two sub-themes emerged from this theme: *Belonging in Parent Groups Versus Youth Groups* and *Alliance Ruptures in Youth Groups Versus Parent Groups.*

Belonging in Parent Groups Versus Youth Groups. The first sub-theme depicted key differences in participant trust, comfort, and sense of community within parent groups versus youth groups. Parent participants felt more welcomed, accepted, and a part of a community than youth participants. As discussed earlier in the results section, parent used descriptors, such as "tribe", when illuminating their experiences being part of their group.

Even though most youth participants felt safe and experienced a sense of belonging, more youth participants than parent participants nevertheless indicated that they struggled feeling like they belonged to the group. For instance, Frankie stated that they did not feel a sense of belonging to these groups because the groups were open to struggling with any addiction rather than having a group focused on one specific addiction. Frankie shared, "Not too much [belonged to the group]. I feel like because, like it's for any addiction, like it can be anything. So, there's also gambling and tech addiction or I like never heard of, like tech addiction before" Similarly, as Nick reflected, he felt like his group was missing important interactions between group members, "It kind of felt like they never acknowledged another group member. It was basically between us and the counsellor".

Alliance Ruptures in Youth Groups Versus Parent Groups. This sub-theme described how youth groups when compared with parent groups were more prone to breakdowns in the therapeutic alliance with other group members and the group therapists. While participants in the parent groups reported ruptures with other groups members, they happened less frequently and were effectively addressed by the group therapists and other group members. For example, Melanie explained that the group therapist quickly identified and addressed a potential rupture between her and another parent in the group:

> When we first started, I recognized somebody in the group and well, actually, they recognized me. And so, she kept us at the end of the first session and asked both of us how we felt about it if one of us wanted to be in a different group. And she got our both our consent, we said that it was fine that we did know each other, but that it was okay. And so, we were allowed to stay in the group. And she said, if at any time, it was uncomfortable, one or the other of us could leave the group and join another one

In contrast, youth participants reported more ruptures and were less likely to feel that the rupture was adequately addressed. Multiple youth participants reported feeling uncomfortable or frustrated following another youth participant sharing in group. For instance, Roberta shared about her experience hearing another youth participant talk about their specific drug use:

> They [the group therapists] were asking about a time when you put yourself in danger, or your use put you in danger. And this person [another group member] had said all the time they went to the hospital, but they were being very graphic. I just did not enjoy that. And I feel like it would help not to be drug specific, because when I go to Narcotics Anonymous, you are not supposed to say what drug you use. Just so it's not triggering for everyone else.

Youth participants felt there should be clear and enforced boundaries around sharing about specific drug use and the level of detail one shares about their experience to prevent themselves or other group members from feeling triggered or uncomfortable. The above quote highlighted a rupture between Rhonda and this group member, as well as lessening trust in the group therapist. Likewise, Frank noted a moment where his trust in the group therapist was ruptured, "I hate to say this, but too young, I think he [a group therapist] is lacking some experience that the other person in the group has…I have been using drugs for a decade, you learn what is true, and what's not, and you just hear something, and you are like, oh, sweetie, that's not true at all".

Discussion

The main purpose of this study was to explore clients' experiences of the therapeutic alliance in virtual group therapy involving youth and parents. Qualitative interview data was analyzed to achieve this goal. Interview data was sourced from a larger study, funded by an

Ontario Centre for Excellence for Child and Youth Mental Health Innovation grant, that explored the experiences and perceptions of youth and parents accessing virtual groups during the COVID-19 pandemic to assist in the development of a hybrid delivery model. This study involved University of Ottawa researchers collaborating with partnering mental health and addiction agencies to conduct individual interviews with community service providers clients, who were involved in the delivery, design, and implementation of online groups for youth and parents.

Broadly, the results suggest that clients were able to form robust therapeutic alliances with their group therapist, other group members, and the group as a collective, despite the distinctive barriers inherent in virtual group environments. Virtual group environment features, including limited nonverbal cues, lack of body-to-body interaction, and at times stilted nature of virtual communication, introduced greater difficulty in emotionally connecting with others in the group. The above features caused frustration and distraction unique to online group delivery. Nevertheless, clients showed resiliency in their ability to adapt to distractions in their own environments and to find a private space to participate in the group sessions.

To answer the research questions of this study, the discussion of findings will utilize social information processing (SIP) theory (Walther, 1992; 2011), the theoretical framework for this study, and will be organized into the following categories: (a) unique challenges of virtual group environments; (b) adaptation to virtual group environment; (c) therapeutic relationships development; (d) relationships in youth groups versus parent groups.

Unique Challenges of Virtual Group Environments

Early research exploring the experiences of group members accessing virtual group therapy describes virtual group environments as presenting unique challenges to group members developing robust therapeutic relationships when compared to in-person therapy. For example, virtual communication is characterized by a relative lack of non-verbal cues and a lack of body-to-body interaction, both of which can interfere with a group member's attention and/or connection with other group members or the group therapists (Weinberg, 2020). Prior research has shown that the lack of ability to observe nonverbal communication or ability to make genuine eye contact resulted in some messages being missing, misinterpreted, or minimized (Adamlje & Jendricko, 2020; Gullo et al., 2022; Kozlowski & Holmes, 2014; Parks, 2020). Correspondingly, the present findings indicate that the lack of body-to-body interaction and relative lack of nonverbal cues interfered with the connection participants felt with other group members and the group therapists.

Literature indicated that virtual communication styles significantly differed from in-person communication styles, in which virtual communication was described as linear (Kozlowski & Holmes, 2014), meaning that group members spoke in sequence. In parallel, participants expressed that virtual communication seemed stilted and artificial, and this led to more frequent interruptions, group members feeling cut off, and longer periods of silence. The results of this study similarly suggest that personal conversations between group members were restricted given the more linear question-answer format of interactions that often emerge in virtual meetings. Consequently, participants reported that they were yearning to have more connection with other group members. Finally, the findings suggest that the artificial nature of the virtual environment seemed to limit the interpersonal interactions between group members, shifting the focus of the virtual groups to more of a psychoeducational focus rather than an

interpersonal focus. Correspondingly, research on virtual group therapy communication suggests that virtual communication can become a question-answer-pattern of communication which restricts interpersonal interactions (Datlen & Pandolfi, 2020).

A systematic review of the online group psychotherapy literature found that maintaining group rules is especially important for virtual groups when compared with in-person groups (Andrews et al., 2024). For instance, ensuring that cameras remain on during a virtual session is crucial to provoke conversation and to ensure confidentiality as well as trust and psychological safety in group members (Hung et al., 2021; Weinberg, 2019). In this study, while one of the ground rules for the virtual groups that participants accessed was ensuring their camera was on, this was not always maintained. Consistent with the above research, the findings suggest that participants had difficulty with generating conversation with a group member whose camera was off. Moreover, participants revealed that they had confidentiality concerns following a group member having their camera off for extended periods of time.

Virtual group therapy presents unique attentional demands and challenges stemming from the reduced nonverbal cues that interfere with the development of therapeutics relationships within group (Rayner et al., 2016). Likewise, the results suggest that participants found that the relative lack of nonverbal cues and unique features present in virtual group therapy impaired the development of therapeutic relationships within groups. For instance, participants noticed that the screen sharing feature was distracting and limited their ability to form therapeutic relationships because screen sharing limited the number of client videos they could quickly locate on the screen.

Adaptation to Virtual Group Environment

Overall, the results of the study suggest that participants adapted well to the unique features of virtual group therapy. Most participants were able to feel comfortable and safe participating in virtual groups. In fact, some participants even found that participating in virtual group therapy was less anxiety provoking and intimidating than participating in face-to-face group therapy. Likewise, literature suggests that specific clinical populations, including individuals with social anxiety or a dismissive avoidant attachment style, may find virtual group therapy less intimidating (Adamlje & Jendricko, 2020; Hamadi et al., 2022; Weinberg, 2020).

Nevertheless, the results indicate that some participants reported difficulties finding a psychologically safe environment from which to participate in the group sessions. In the virtual group environment, the therapist cannot control the environment from which a group member is participating in a session, and as a result, the client may participate from a psychologically unsafe environment characterized by intrusiveness, distraction, and/or confidentiality concerns (Weinberg, 2020).

Certain characteristics of the virtual group environment, such as distractions in one's physical or virtual environment, place greater attentional demands on group members (Adamlje & Jendricko, 2020; Weinberg, 2021). The present findings suggest that participants were able to adapt to specific constraints and demands of the virtual environment to maintain focus and attention during the group sessions. For example, participants noted that they accessed the group sessions from a private space to ensure their attention was not broken.

According to SIP theory (Walther 1992; 2011), clients take longer to form robust relationships and to adapt their communication styles to the unique characteristics of the virtual environment, such as the lack of nonverbal cues. In support of this, research suggests that virtual group participants report substantially more trust and safety over time (Kharti et al., 2014;

Marziali et al., 2006). For this current study, participants likewise expressed that their sense of psychological safety and trust grew over time as they accrued more time and positive experiences in group.

Literature examining the specific strategies clients utilize in adapting to the virtual group environment is limited. Adamlje and Jenko (2020) revealed that group members over time adjusted to virtual communication by normalizing awkward silence and adding more pauses to account for this silence. Furthermore, research found that group members adjusted to limited nonverbal cues by attending more to verbal content and using different tones to indicate different feelings and reactions (Parks, 2020). Consistently, while the results indicate that group members were able to adapt to the unique features of the virtual environment to form therapeutic relationships, the specific strategies utilized to adapt to the virtual environment were not identified given the general nature of the interviews.

Development of Therapeutic Relationships

A robust body of literature indicates that the development of a positive therapeutic alliance has been significantly associated with positive treatment outcomes across in-person, virtual, individual, and group therapy modalities (Burlingame, 2018; Fluckiger et al., 2018). Developing a positive working alliance in group therapy consists of cultivating agreement on goals and tasks and a robust emotional bond on three levels of group interaction: (1) group member to group member; (2) group member to therapist; (3) group member to group as a collective (Lo Coco et al., 2019). A recent systematic review of the online group therapy literature found that therapeutic alliances formed within virtual group therapy were comparable with those formed within in-person group therapy (Rafiefar et al., 2024). Correspondingly, this

present study demonstrates that participants were able to form positive alliances on the three levels of group interaction within virtual group therapy.

On the group member to group as a collective level, the present findings reveal that participants felt a sense of belonging to the group and associated positive attributes (e.g., comforting) to group and group members. A recent meta-analysis similarly found that a sense of belonging and mutual support was found to be positively predictive of treatment outcomes (Eubanks et al., 2018). As discussed earlier, a key component to the development of a positive therapeutic alliance in virtual group therapy is the formation of shared goals. The present findings similarly indicate that shared goals and experiences among participants contribute to the cultivation of robust alliances between group members and the group as a collective characterized by psychological safety and belonging.

On the group member to group therapist level, the results indicate that participants comfortably and quickly developed therapeutic relationships with their group therapists. Specifically, participants described the robust emotional bond that they had developed with the group therapists as they were consistently met with compassion. Furthermore, a participant's relationship with their group therapist strengthened as the group therapists were able to compassionately and promptly address therapeutic ruptures. Likewise, research demonstrates that prompt and appropriate therapeutic rupture repair plays a crucial role in treatment outcomes and therapeutic alliance ratings (Eubanks et al., 2018).

Group therapy involves complex therapeutic relationships that occur simultaneously on three interdependent levels. Previous research consistently demonstrates a discrepancy in how group members experienced the working alliance with the group therapist and other group members, in which group members may perceive the strength of their alliance with other group

members as weaker than with their group therapists (Kivlighan et al., 2017). Likewise, the findings suggest that participants experienced more difficulty forming relationships with other group members than the group leaders. Furthermore, the present study indicates that it was riskier to share with other group members, given the inconsistency of the other group members' responses. Consequently, participants stated that they felt less safe sharing with other group members versus group leaders.

Relationships in Youth Groups Versus Parent Groups

The results indicate that youth participants experienced more therapeutic alliance ruptures with other group members and group therapists than parent participants. Research illustrates that there are unique factors in the development and maintenance of the youth therapeutic alliance that diverge from the adult therapeutic alliance. For example, youth may find the process of therapy conflicting with their autonomy-building (Fitzpatrick & Irannejad, 2008). Consistent with these challenges, a substantial body of research suggests that youth clients are more likely to experience therapeutic alliance ruptures (Cirasola et al., 2022; O'Keeffe et al., 2020).

For this current study, youth participants accessed virtual group therapy to manage an addiction, whereas parent participants accessed virtual group therapy because their child was struggling with addiction. Group members present to group therapy with multiple, varied intersecting identities (Ribeiro, 2020). The various identities of the group members, such as age, gender, sexual orientation, disability, and race can affect whether a client experiences a rupture and how they may respond to a rupture (Mosher et al., 2017). For instance, individuals struggling with addiction may be less trusting of a group therapist and/or other group members because of a history of stigma and marginalization. Consistent with the above, youth participants' experiences of stigma and marginalization associated with their substance use concerns may have led to more

ruptures. Furthermore, social and cultural expectations and pressures placed on these youth participants may have led to them avoiding conflict and sharing their experiences. Conversely, it may have led others to aggressively challenge group therapists and group members in the attempt to achieve a sense of understanding. In support of this, research indicates that individuals with substance use concerns experience more difficulty developing a therapeutic alliance when compared with individuals without substance use concerns (Lo Coco et al., 2024).

In addition to more alliance ruptures being reported by youth participants, the results similarly suggest that youth participants felt less psychological safety and belonging in their groups. One commonly cited reason among youth participants in this study for this weaker belonging was that their virtual groups were open to any youth struggling with any addiction rather than having a group focused on one specific addiction. Each addiction while bearing some similarity to one another also presents unique experiences and demands specific approaches, tasks, and activities to address it. Bordin's (1979) model outlines that the therapeutic alliance is based on three interconnected parts: (a) agreement between the client and therapist regarding goals for therapy; (b) agreement between the client and therapists regarding tasks to achieve set goals; (c) an emotional bond characterized by trust and positive emotions between the therapist and client. Accordingly, the results imply that participants reported a weakened connection, safety, and belonging to the group because of the significant disjuncture in goals and/or lived experiences of themselves versus others in the group. In further support of this, research demonstrates that constructing groups involving group members with similar or identical conditions is essential for establishing trust, psychological safety, and positive outcomes (Yalom & Leszcz, 2005), especially for individuals with concerns with substance use (Lo Coco et al., 2024).

Implications and Applications

Overall, the current study suggests that virtual group therapy can be a viable treatment modality for Canadian youth struggling with addiction or for parents of a child struggling with addiction. Accordingly, virtual group therapy may be better suited for clients, who are unable to access in-person group therapy because of geographical, transportational, and logistical barriers, as well as for clients for whom in-person group therapy is anxiety provoking. Moreover, these findings elucidate the key ingredients to the development of therapeutic relationships within virtual group therapy. Specifically, having shared goals and shared experiences as well as having consistently empathetic and compassionate responses from group members and the group therapists appear to strengthen therapeutic relationships within group.

Additionally, the present study identifies multiple challenges and demands that clients face when communicating within virtual groups. Furthermore, the current findings suggest some possible approaches that may benefit clients and group therapists when communicating within virtual groups, including explicitly stating how one is feeling rather than predominantly focusing on nonverbal communication, utilizing more expressive nonverbal communication, focusing more on verbal content of other group members, incorporating more frequent speech pauses, and normalizing awkward silence between group member discussion. This highlights that clients and group therapists may benefit from education regarding the specific challenges of virtual communication and the process by which one adapts to virtual communication.

Present findings highlight that youth group members and group members struggling with addiction may be more prone to therapeutic alliance ruptures and feeling psychological unsafe and disconnected from the group. Moreover, the results imply that clinicians would benefit from more swiftly identifying and attending to therapeutic alliance ruptures in virtual group therapy

involving youth. For example, clinicians would benefit from being aware of inconsistent responses from group members and how these responses affect the verbal and nonverbal behaviour of group members to screen for therapeutic alliance ruptures. Additionally, these results suggest that clinicians will likely need to place more focus and time on building therapeutic relationships particularly within these groups, which could look like helping group members validate and empathize with other group members. The present findings likewise indicate that relationships with other group members versus with the group therapist are less secure and require more time to build. Thus, these results identify the importance of group therapists attending to the therapeutic relationships between group members. For example, group therapists could teach clients how to actively listen and validate the feelings of the reactions of other group members to help strengthen their relationships with other group members.

Finally, the results suggest that accessing virtual groups from home can decrease safety and openness when clients are living in critical and intrusive environments. Furthermore, clients who are living in abusive households may be at risk of physical and psychological harm, given the risk of being overheard by an abusive member living in the home and the resulting retaliation from the abusive household member. Accordingly, the results of this study signify the importance of clients accessing services from a private and safe space, and thus, face-to-face groups may be more well suited for individuals lacking psychological and/or physical safety at home.

Limitations and Future Research

Despite the many contributions of this study, there are few notable limitations. First, the transferability of the results is limited because this study exclusively relied on data from one mental health agency in Eastern Ontario. Second, while the sample size (n=12) is fairly large for qualitative project in virtual group therapy literature, it is limited by the time limitations imposed

on the grant connected to the source study and similarly by the time limitations imposed on this thesis project. More flexible time limits on this project would have allowed for more interviews to be analyzed, thus reducing the likelihood that relevant themes may be overlooked and/or missed. Likewise, analyzing more interviews would allow us to more closely approach data saturation (i.e., the point in data collection and analysis when new data provides very limited to no new information that addresses the research question) (Guest et al., 2020). Third, the findings are limited because they are exclusively based on self-report data, which is subject to multiple limitations (e.g., the fallible nature of human memory).

Fourth, while the perspectives and experiences of clients is highly important, the current study is limited because it excludes the experiences of group therapists. Future studies asking therapists about their perceptions of the therapeutic alliance in group and their specific approach to virtual group therapy would be instrumental to determining if and how therapists modify their approach when providing virtual group therapy.

The present findings are additionally limited by the general time constraints of 30-40 minutes per interview. Therefore, the depth of exploration of the research questions was limited. Specifically, future studies would benefit by exploring the specific strategies and techniques client utilize to adapt their communication when developing therapeutic relationships within virtual group therapy.

Finally, a limitation of this study is that we did not gather information regarding the age (beyond confirming that youth participants met the inclusion criteria of being 12 years old at the time of the interview), gender, and race of the participants. While this was not a focus of this study, the lack of information on these variables limits the generalizability of the findings, as we were not able to determine whether different demographic variables were associated with

different experiences and perspectives on the development of the therapeutic alliance. For example, it is possible that younger parents and older parents may report different experiences and perspectives on the development of the therapeutic alliance, given the potential differences in parenting experience. Similarly, younger youths when compared to older youths may experience more difficulties expressing their perspectives on the therapeutic alliance because of differences in psychosocial development. In addition, it is likely that gender and/or racial identity of a client and the relevant social, cultural norms could significantly influence one's perspectives on the development of the therapeutic alliance. Consequently, future research would benefit from gathering age, gender, and race from the participants. This information would have helped me to more accurately understand my study participants, to determine the representativeness of the sample, and to explain the differences and similarities in experiences and perspectives of the different demographics in the study.

Conclusion

In response to the COVID-19 pandemic social distancing guidelines, mental health and addiction agencies sought novel and creative ways of continuing to provide service during a uniquely anxiety provoking and isolating time. Given the impact that social distancing guidelines had on access to mental health services, mental health agencies began to offer virtual group therapy.

This current study explored clients' experiences of forming therapeutic relationships in virtual group therapy involving youth and parent participants. Research suggests that virtual group therapy introduces unique barriers to connection when compared to both in-person groups and individual virtual therapy (Simpson & Reid, 2014). Likewise, the present study identifies the distinctive difficulties that clients face when forming therapeutic relationships in virtual

group therapy. When compared to in-person settings, clients were exposed to diverse technological, personal, and relational difficulties that influenced the development of these relationships.

Youth groups and groups for individuals with addiction issues appear to present unique challenges regarding forming and maintaining robust therapeutic alliances (Cirasola et al., 2022; Lo Coco et al., 2024; O'Keeffe et al., 2020). This current study similarly indicates that virtual groups for youth and individuals with addiction issues seem to involve more alliance ruptures, as well as less psychological safety and sense of belonging. Nevertheless, youth and parent clients showed remarkable resilience in adapting to the virtual environment. Accordingly, this present study suggests that virtual group therapy can be considered a viable treatment option for Canadian youth struggling with addiction and parents of a child struggling with addiction.

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Appendix A

Interview Guide

Contextual Information on Services Received

1. Tell me about the virtual group that you participated in during the past year.
    - the name of the agency that offered the group;
    - the general purpose of the group; the issues the group addressed
    - the duration of the group: how often and for how long were group sessions?
    - How many sessions did you attend in total?
    - Did people join at the beginning and stay through to the end (fixed membership); or did people move in and out of the group, like a drop-in group (open membership)?
    - Was your facilitator a professional (a counsellor or therapist) or a peer (a parent)?

Logistical and Technical Processes Related to Participating in Virtual Group Services

2. How did you learn about this group, and what was the registration process like to get into the group?

3. What platform did you use to access the group, e.g., by telephone, or teleconference (zoom, teams)? How did that work for you, e.g., were there any problems around connecting to the group meetings?

4. Were there any technical/logistical/equipment problems that emerged during the group meetings, e.g., using the teleconferencing platform, scheduling sessions, setting up hardware, managing connectivity issues, having an adequate device, adequate space (e.g., private) to participate in group sessions?

Experience of Being a Client

5. What it was the experience like for you to be part of this group and to participate in the group discussions?
    - Did you learn things at meetings that were useful to you; were there "take-aways" from group sessions that you could apply to situations outside sessions?
    - Did anything about the group get in the way of your learning process?

6. How was it for you to stay tuned in and focused during the virtual group meetings?
    - What helped you to maintain your focus?
    - What, if anything, caused you to lose your focus, even momentarily, during sessions?
    - How did these factors impact your experience in the group?

The Alliance

(Agreement on goals)

7. You likely came to the group with some personal goals. Do you feel that these goals were met in the group sessions?
    - What role did the group therapist play in helping you to achieve your goals?
    - What role did the other group members play in helping you to achieve your goals?
    - Did anything happen in the group that got in the way of your meeting your goals?

(Agreement on tasks)

8. What did you think about the activities and the discussion topics in the group session?
    - Did you find them useful; did they help you in achieving your goals?
    - Can you give an example of when the group activity was/was not useful to you?

(Bond)

9. How well do you think the group therapist understood you and accepted you?
    - Can you give an example of something that happened in the group that showed that the group therapist understood and accepted you?

- Did anything happen in the group that made you feel that you were not understood or accepted?

10. How well do you think the other group members understood you and accepted you throughout the group experience? Did you feel like you "belonged" to the group?
    - Can you give an example of something that happened in the group that showed that group members understood and accepted you?
    - Did anything happen in the group that made you feel that you were not understood or accepted?

11. During the sessions, did you feel comfortable and safe to share personal thoughts and feelings?
    - What was it about the group that helped you to feel comfortable and safe to share your personal thoughts and feelings?
    - Did anything in the group make you feel that it was unsafe to share your personal thoughts and feelings?

Ruptures and repairs

(Rupture)

12. Did you ever feel tension or feel upset, even a little bit, in a group session?
    - What happened in the group that made you feel this way?
    - What did you do when this happened?
    - What thoughts and feelings did the incident evoke in you?

(Repair)

13. Were the incidents that created the tension/upset addressed by the facilitator or by the group members?
    - What did they do to address the issue?
    - Was this helpful to you? Did the steps they took resolve the issue that caused the tension?

- How did the incident affect you and your experience in the group?
- Was there anything else that others should have done at the time but didn't?

14. Before we wrap up the interview, is there anything else you'd like to add about your experience in the virtual group that you found particularly helpful or unhelpful?