Therapeutic Presence in Videoconferencing Psychotherapy: Therapist Experiences of Connecting Across the Digital Divide

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Abstract

Telepsychology has become increasingly prevalent, primarily due to the COVID-19 pandemic (Madigan et al., 2021), shifting psychotherapy from physical face-to-face settings to screen-based formats. This drastic change inevitably produced varied perspectives on telepsychology and raised numerous questions regarding best practices (Connolly et al., 2020). Online therapeutic presence is one such area necessitating greater exploration. While research supports therapists bringing their whole self into session to foster deep connections with their client on multiple levels (Geller & Greenberg, 2023), less is known about applying such models online. Therefore, this study focuses on understanding therapist perspectives on therapeutic presence within telepsychology. Two research questions guided this study: (1) what are psychotherapists' experiences of therapeutic presence throughout videoconferencing psychotherapy sessions? and (2) how do psychotherapists overcome the challenges and barriers in videoconferencing psychotherapy? A semi-structured interview protocol was used to gather qualitative data from ten experienced therapists through 45-60-minute interviews. Braun and Clarke's (2021) six-step reflexive thematic analysis was used to analyse the data. Six main themes and 12 subthemes emerged through the data analysis. The study's findings support therapeutic presence's relevance in VC therapy, lending credence to the common factor hypothesis (Geller & Greenberg, 2023). Yet, some therapists felt less connected with certain clients online, indicating that the medium of VC psychotherapy may not appeal to all equally. Most reported barriers and challenges aligned with past research (Batastini et al., 2020), were surmountable, and did not greatly impact therapeutic presence.

Keywords: Telepsychology, Therapeutic presence, Videoconferencing psychotherapy, Thematic analysis

CHAPTER I

Introduction

Telepsychology includes the use of videoconferencing (VC), email, instant messaging, and smartphone applications, to facilitate the practice of therapy (Richards & Viganó, 2013). In an era dominated by screens and digital communication, many psychotherapists have steadily adapted their practices to accommodate telepsychology services (Barak & Suler, 2008). Additionally, the recent COVID-19 pandemic has greatly increased the demand for VC psychotherapy and the expectation of therapists to provide online counselling options (Madigan et al., 2021). Yet, experiences of therapeutic presence delivered in VC psychotherapy remain unclear and require further investigation.

Videoconferencing psychotherapy services allow psychotherapists to meet with clients and provide immediate real-time therapeutic interventions across great distances and to remove time constraints for those who may not be able to otherwise schedule a session. Moreover, these services have been touted as improving accessibility by allowing those with physical constraints, or those who live in areas with few mental health practitioners to meet their psychotherapist online. Crucially, a growing body of research has largely corroborated the efficacy of telepsychology services for ameliorating symptoms of mental health disorders, and improving quality of life indicators (Bashshur et al., 2016; Richards & Viganó, 2013). Likewise, clients have overwhelmingly reported high levels of satisfaction with VC psychotherapy, and report that it is an effective intervention (Berger, 2017). Client welfare remains one of the largest focal points of research in this area as researchers investigate the feasibility and acceptance of online modalities (Bashshur et al., 2016; Madigan et al., 2021). Consequently, the potential benefits to clients are one of the most promising developments in telepsychology to date.

Nonetheless, psychotherapists may have mixed attitudes towards VC services due to several issues ranging from perceived interferences in the therapeutic relationship, unwillingness to accommodate the extra effort associated with online interventions, and safety, liability, and legal concerns (Connolly et al., 2020; Reamer, 2013). These attitudes may be moderated by training and education, as increased exposure to VC psychotherapy is correlated with greater acceptance of the medium.

While past research has focused on the empirical efficacy of telepsychology, client satisfaction, and potential concerns for delivering therapy online, the existing literature reveals a gap of research about psychotherapists' subjective experiences of therapeutic presence in VC psychotherapy. Therapeutic presence has been acknowledged as an essential component of in-person therapy, with some articles postulating its crucial role in creating the therapeutic alliance (Geller et al., 2012). These scholars write that when a therapist is fully present with a client, their interactions facilitate the healing and growth that typify effective psychotherapy (Geller & Greenberg, 2023). Therefore, this literature gap is particularly concerning for nascent psychotherapists such as myself because the present demands for telepsychology services have outpaced current training curricula in psychotherapy programs (Geller, 2021). Furthermore, this gap is indicative of a broader phenomenon concerning the lack of guidance surrounding emerging psychological trends and phenomena that appear crucial for effective therapeutic facilitation. Therefore, this literature gap denotes a crucial area of study which is relevant to several populations. The benefits to researching such an issue would be multifaceted. As a rapidly developing therapeutic modality, this knowledge could help inform program creation and adaptation. Particularly, even though therapeutic presence has been implicated as a core concept of psychotherapy for decades, training and education on the topic is only just beginning to develop (Geller, 2021; Geller & Greenberg, 2002). Further, as regulatory colleges respond to the growing need to outline ethical and legal guidelines for telepsychology (Church et al., 2023), this study provides an examination of currently practicing therapist experiences to inform the formulated standards. Ergo, understanding the qualitative experiences of psychotherapists would likewise inform therapeutic best practices. Therefore, possibly the most significant contribution this study will bring to the field is the potential benefit to the general public through an increase in clarity for therapists regarding online therapeutic presence as delivered in VC psychotherapy. By increasing these factors, therapist competency in telepsychology will ensure client welfare and an overall increase in positive clinical practice. Overall, this study will contribute to the profession's commitment of competence and equity, advancing the understanding of therapeutic presence in online psychotherapy for the benefit of several populations.

This thesis is divided into five chapters. The present chapter contains an introduction and concise overview of the entire thesis. In chapter two, I present and examine relevant

literature to my study, particularly focusing on therapeutic presence, the safe and effective use of self, videoconferencing psychotherapy, and psychotherapist attitudes towards telepsychology. Chapter three contains the study's methodology. The methodology includes a write up of the two main research questions: (1) what are psychotherapists' experiences regarding therapeutic presence throughout videoconferencing psychotherapy sessions? (i.e., before, during, and after) and (2) how do psychotherapists overcome the challenges and barriers in videoconferencing psychotherapy? Further, participant recruitment, selection, and procedure will be showcased. Chapter four contains a presentation of the study's findings, including the main themes that emerged from the dataset, along with verbatim examples from the study's participants to support the findings. Finally, chapter five discusses said findings, and situates them in the broader research context. The chapter breaks down the factors which limit, as well as delimit, the study. Afterwards, the chapter ends with recommendations for future research to be conducted in the area, as well as giving final concluding remarks on the topic.

CHAPTER II

Literature Review

Therapeutic Presence

What is important about therapeutic presence? Therapeutic presence is a way of optimizing therapy by therapists fully engaging in the present moment across multiple dimensions—physical, emotional, interpersonal, intellectual, and spiritual (Geller & Greenberg, 2002). Therapeutic presence also involves the therapist being in contact with their entire, integrated self, while simultaneously open, aware, and responsive to the moment's broader context in therapy. Research demonstrates that therapeutic presence particularly benefits clients by fostering deep, compassionate connections where therapists are fully receptive and responsive to the client's experiences without judgment (Geller, 2017). Consequently, presence creates a foundational environment for effective therapeutic relationships based on empathy, congruence, and unconditional positive regard. There are three meaningful domains of cultivating presence: *preparing* for presence, engaging in the *process* of presence, and fully *experiencing* presence (Geller & Greenberg, 2002). These domains, and their benefits, have been further elucidated in Geller and Greenberg's (2023) research and are described below.

Firstly, therapists should *prepare* for presence by putting certain practices into their lives prior to therapy sessions. These practices may involve processing self-reflection to address

personal concerns or engaging in self-care activities to open up their minds. Understanding that therapists should consistently seek out areas of development throughout their career, Geller and Greenberg (2023, pp. 92-93) detail that self-care can include relaxation techniques, spiritual practices, immersing oneself in nature, partaking in regular physical exercise, and any other activity that requires the therapist to be aware of themselves in the present moment. Although the recognition of self-care's value has grown in recent years (Thériault et al., 2015), many practitioners hold a constrained view of the topic (Posluns & Gall, 2020). Notably, Geller and Greenberg (2023, p. 94) write that therapists should move beyond a mere cognitive understanding of presence in order to properly value the depth of change which it brings to fruition. Further, the authors encourage therapists to genuinely commit their life to a holistic belief in the importance of presence. This commitment is described as a philosophical promise to meet every moment with the therapist's entire depth of being while simultaneously fully attuning in the moment to their own sense of self (Geller & Greenberg, 2023, p. 66). In doing this, therapists will strengthen their presence with clients whilst empowering themselves to maintain meaningful and impactful work while supporting their own personal well-being.

Therapeutic presence may also be cultivated in the moments directly before a session of psychotherapy. This presence is established through practices such as having the therapist set an intentional commitment to be present before welcoming a client into their office or physically clearing their space as a reminder to set aside any outside worries (Dunn et al., 2013). Expert therapists also advise practitioners to respect one's own occupational limits so as to not come into a session overburdened by their workload (Thériault et al., 2015). Such practices allow clients to benefit significantly, as committing to presence prior to a session helps to foster a deep and meaningful therapeutic environment. Principally, through taking time to nurture self-care, and imbuing one's life with the intentional values that promote remaining attentive and present outside of the therapeutic context, the practitioner will reduce obstacles and impediments to presence (Geller & Greenberg, 2023, p. 93). Therefore, by allowing themselves to create this focused and attentive atmosphere, therapists demonstrate to their clientele that they are supported and understood.

Secondly, therapists must engage in the *process* of presence within sessions by working through three states of (1) being receptive, (2) inwardly attending, and (3) extending themselves to make contact with the client. Geller and Greenberg (2023, pp. 107-108) write that therapists

must learn to shift quickly from one state to the next so as to deepen their ability to be present in the moment with their clients. Principally, receptivity first occurs as therapists maintain an open and accepting posture towards the client in order to enhance the sensory and extrasensory information being received from their experiences (Geller & Greenberg, 2023, pp. 109-110). By remaining open, the therapist's experience of the session will include all of their sensations and perceptions, allowing the therapist to listen deeply to their clients' stories. Within this receptivity, the therapist works to understand what the client is expressing through subtext by reading between the lines of the conversation. Geller and Greenberg (2023) term this to be "listening with the third ear" (p.111). Next, inward attunement entails the counsellor understanding their own fluid experience throughout the therapeutic process. Notably, inwardly attuning assists the counsellor in noticing possible barriers to remaining present with the client, such as waning concentration, distractions, or possible moments of countertransference. Inward attunement also illuminates potential insights the therapist may be able to share from their own experience. These insights directly inform the therapist's use of self in facilitating the therapeutic process (College of Registered Psychotherapists of Ontario [CRPO], 2024), which will be further explained in a following section. Furthermore, when inwardly attuned, therapists may be able to act in more responsive and creative ways (Geller & Porges, 2014; Woehler et al., 2023), which helps the counsellor to act in congruence with their personal experiences. Inherently, being able to recognize and attend to one's own inner world also needs to coincide with responding to the client. Therefore, extending and contacting make up the final subcategory of the process of presence and involve two distinct actions. In extending, the counsellor opens up their boundaries to attend to the internal experience of the client by offering their own thoughts, perceptions, insights, and personal experiences. This action allows for an accessible contact whereby the therapist meets the client in the shared space of therapy. Contact follows from extending as the counsellor is able to directly engage the client in moments of shared understanding (Geller & Greenberg, 2002).

Thirdly, therapists should *experience* presence by grounding their thoughts, immersing themselves, expanding their consciousness, and being compassionately with the client in their entirety of their healing process (Geller & Greenberg, 2023; pp. 121-122). Holistically, grounding includes spiritual, physical, professional, and locational aspects that allow the counsellor to maintain one's own sense of independence while entering into the world of the

client (Chevalier, 2015). Grounding also includes the therapist aligning themselves physically, as well as mentally with the client. This synchronicity has been understood by researchers to reflect the therapist meeting the client within their experiences and flexibly responding to what they witness (Koole & Tschacher, 2016; Sharpley et al., 2001). Therefore, grounding oneself greatly benefits clients as it allows therapists to immerse themselves fully and safely in the client's world. This immersion brings with it a quintessential feeling of intimacy in which therapists describe feeling singularly focused on encountering their client in the moment (Geller & Greenberg, 2023, p. 128). Due to the experience of absolute absorption, the aforementioned grounding remains crucial to preventing a flooding of the therapist's senses, which would detract from their ability to remain present. Further, Geller and Greenberg (2023, p. 126) note that the therapist must continue to engage their clients simultaneously deeply and with a sense of nonattachment. Holding these two factors in tandem will allow for the therapist to fully attune towards the client without being swept up in feeling the pressure to provide a cure or push the client towards growth rather than walking alongside them as they access the healing that stems directly from within themselves. Subsequently, expansion entails the enlivening of consciousness that makes the minutia of therapy sessions noticeably more intense and acute. Intrinsically attached to Eastern philosophy (Chung 1990), expansion has been described as facilitating experiences of timelessness, flow states, and enhanced awareness. The experience of presence is achieved through the summation of the aforementioned experiences of grounding, immersion, and expansion. Throughout all of these experiences, counsellors are acutely focused on compassionately being with the client to facilitate the therapeutic process.

While these subcategories and their factors are noted separately, they work together by building the foundation of effective psychological interventions. Aspects of presence such as attuning to client's experiences and strengthening the qualities of awareness, compassion, and a warm demeanour collectively empower the therapeutic relationship, which is a strong predictor of change within psychotherapy (Geller & Greenberg, 2023, pp. 6-7). Markedly, one of the most widely accepted notions within the field of psychotherapy is that a positive therapeutic relationship greatly impacts the client's progress within therapy (Ackerman et al., 2001; Fuertes et al., 2015; Gelso, 2014). Geller and Greenberg (2023) posit that the aforementioned pillars of presence make up the underlying factors that produce effective therapeutic relationships. Therefore, if a counsellor desires to provide their clients the benefits of a strong therapeutic

relationship, Geller and Greenberg advocate for them to constantly focus on developing and maintaining presence (2023, p. 73).

Therapeutic Presence Across Theoretical Approaches

Therapeutic presence may be most strongly associated with the humanistic school of thought. As such, many practitioners of this school uphold the therapeutic relationship as a main intervention for their work with clients. Particularly, Rogers' (2007) description of therapist offered conditions and attitudes attached aspects such as empathy, congruence, and unconditional positive regard to therapeutic practice. Later in his writings, Rogers synthesized a central tenant of presence, which could be understood as the essential factor for change within clients. Rogers (1980) plainly stated that, in the course of his clinical work, he came to believe that his presence alone could be "releasing and helpful" (p.129) to his clients. Rogers (1980) reported that this experience occurred when he was closest to his "inner, intuitive self" and when he was "in touch with the unknown in [himself]" (p.129). While Rogers passed away before furthering his thought process around presence, this theoretical underpinning has provided a foundation for scholars to construct the modern concept of presence described above. Currently, several therapies within the humanistic branch of psychotherapy prioritize therapeutic presence as an important pillar of proper practice such as emotion-focused therapy (Greenberg, 2014), existential therapy (Krug, 2009), and gestalt therapy (Brownell, 2016, pp. 221-223).

Freudian thought likewise referenced concepts pertaining to aspects of presence, particularly in the realm of the counsellors' internal experiences. Freud himself articulated the value of a therapist's attention. Chiefly, contemporary psychotherapy scholars have recognized that Freud spoke about attention that was given without judgement, and applied evenly to the client's situation (Epstein, 2017, p.101). Likewise, other professionals within the psychoanalytic tradition have written about the importance of establishing and harnessing therapeutic presence within their practice (Viederman, 1999). This nonjudgmental attention allows practitioners to improve what Geller and Greenberg (2023) denote as receptivity. However, Freud's focus on attention directed counsellors to remain detached, which appears to contradict the deep connection presence aims to achieve. Therefore, while Freud's writings forwarded aspects of presence, he did not entirely capture what modern theorists believe it entails. Nevertheless, modern psychodynamic approaches such as accelerated experiential dynamic therapy (Lipton,

2020) recognize therapeutic presence as a foundational aspect of their approach and promote the use of presence within therapy.

Cognitive-behavioural therapy (CBT) approaches have inherently focused to a greater degree upon the procedural factors within therapy. Therefore, fewer theorists have incorporated definitions of presence within their writings. Nevertheless, similar aspects such as the working relationship, and rapport building maintain great importance to cognitive therapists in their facilitation of the therapeutic process (Dobson, 2022). These aspects likewise relate to attuning to a client's present state, and adapting to their clinical needs, which reflects the process of therapeutic presence (Geller and Greenberg, 2023, pp. 107-119). Scholars such as Gelso (2014) have documented the improvement of treatment efficacy when such factors are consciously integrated into the therapist's repertoire. As such, while manualized therapies are not widely conceptualized as emphasizing presence, the aforementioned factors empower therapists to maintain moment-to-moment attunement and respond to clients' needs as they arise. Recently, CBT approaches such as mindfulness-based CBT (Segal et al., 2012), and acceptance and commitment therapy (Hayes & Lillis, 2012) have also included mindfulness practices within their scope. These mindfulness practices work to facilitate non-judgemental acceptance as therapists compassionately respond to their clients. Principally, the incorporation of mindfulness within a practitioner's life promotes self-understanding, and subsequent application of these experiences towards encountering a client in the moment. However, while the concept of mindfulness appears to contain great similarities to presence, some scholars argue for distinct definitions to be applied so that their subtle differences are acknowledged. Principally, Geller and Greenberg (2023) note that mindfulness may be considered a practice for focusing one's awareness, which may consequently allow for an increase in presence. Taking these differences into consideration, mindfulness has been described as a helpful practice for therapists to include in their lives in order to increase and intensify feelings of presence (Geller & Greenberg, 2023; Hick & Bien, 2008).

As evidenced by the inclusion of elements associated with therapeutic presence throughout all major theoretical frameworks, scholars largely agree on its existence within therapy. However, the recognised importance of therapeutic presence within each framework fluctuates. Humanistic modalities such as emotion-focused therapy would be placed on the high end of this presence-prizing continuum, while manualized therapies would be near the lower end.

Geller and Greenberg (2023, pp. 29-59; 2002) seem to acknowledge this continuum of presence while still claiming that therapeutic presence is essential to the process of therapy. Specifically, although they acknowledge that certain therapist orientations (e.g., CBT) tend to lack presence when compared to humanistic orientations, Geller et al. (2010) write that clients who rate their therapist high in presence report better therapeutic outcomes regardless of orientation. Therefore, as therapists cultivate presence within their individual practices, clients benefit from a positive therapeutic relationship, experience of that presence, and positive changes following their sessions.

Safe and Effective Use of Self

Fundamentally, therapeutic presence is intricately connected to the concept of safe and effective use of self (SEUS). This factor remains most prominent in Geller and Greenberg's (2023), writings on using the *self as instrument* whereby clients receive the therapist's clinical actions as a synthesis of the practitioner's personal, professional, and instinctive understanding of what the client shared within their responses. The authors claim that therapeutic presence predisposes therapists to trust themselves and increases useful clinical creativity and freedom which they see as having a positive effect on the therapy process. Without this trust, therapists may be inclined to reject their spontaneous SEUS responses, which Geller and Greenberg (2023) believe will detract from the client's sense of feeling heard and seen by their therapist. Ergo, therapeutic presence prompts clinicians to employ safe and effective use of self. This claim is concurrently supported by several scholars, which will be presently elucidated.

As described in Sleater and Scheiner (2020), SEUS involves intentional integration of the therapist's personal characteristics, experiences, and reactions into the therapeutic process. The use of self acknowledges that the therapist's own presence and authenticity can have a significant impact on the therapeutic relationship and the effectiveness of the treatment. To add to this concept, Dewane (2006) operationalized the use of self as containing aspects of the therapist's personality, belief system, relational dynamics, anxiety, and self-disclosure. Moreover, the impact of SEUS is widespread, extending to every aspect of a therapist's work, from client meetings (Sleater & Scheiner, 2020), to clinical supervision (Vance et al., 2021), to even administrative paperwork (Reiter et al., 2022). The importance of SEUS has also been enshrined in licensing regulations in some jurisdictions. For instance, the College of Registered Psychotherapists of Ontario (2012) includes SEUS as a registration competency, mandating that

all psychotherapists must demonstrate proficiency in the skillset to facilitate positive work with clients. Likewise, clinical supervisors are tasked with modelling appropriate use of self for their supervisees in order to promote safe and effective therapy (CRPO, 2024; Knight, 2012). Researchers have corroborated the essentiality of SEUS and state that the practice enables congruence, being fully present, and connection with the inner world of clients (Edwards & Bess, 1998; Lum, 2002; Sleater & Scheiner, 2020). Fundamentally, an awareness of who you are as a person allows for therapists to apply their knowledge of what psychotherapy is as a process (Edwards & Bess, 1998).

Positive aspects of the use of self have been detailed across many therapeutic orientations. For example, CBT practitioners integrate personal and professional experience to facilitate a successful therapeutic alliance (MacLaren, 2008), person-centred therapists promote congruence (Rogers, 2007), and psychoanalysts emphasize how both the unconscious of the client and the therapist affect intervention efficacy (Severo et al., 2018). Notably, these theoretical principles clearly show similarities between SEUS and therapeutic presence. By mindfully navigating self-disclosure, impacts of lived experiences, and personality and worldview, psychotherapists enhance their awareness of the therapeutic connection, thereby maintaining presence. Conversely, the improper use of self may negatively impact clients. Inappropriate self-disclosure, disproportionate focus on self, and improper use of silence can create adverse therapeutic environments (Ackerman & Hilsenroth, 2001). These factors hinder presence as clients grow disconnected or feel unsafe within therapy sessions. Now, proper SEUS includes acknowledging these mistakes and seeking to grow from the events (Gazzola & Iwakabe, 2022). Such acknowledgements move towards improving future client care, whereas dismissing these mistakes may lead to further diminishment of the therapeutic process. Therefore, as SEUS has been recognized as a cornerstone of impactful psychotherapy, competent therapists use it to greatly benefit client wellbeing.

Safe and effective use of self clearly merits considerable instruction for nascent therapists throughout the field (Dewane, 2006, Edwards & Bess, 1998). However, this foundational concept has recently faced the challenge of adapting to online realms primarily due to the overarching impact of the COVID-19 pandemic, which necessitated the closure of in-person practices. As such, counsellors who may have only been used to establishing safe, trusting spaces for their clients in person suddenly needed to understand how that could be

accomplished through telepsychology. These developments were challenging because therapists had to navigate SEUS and therapeutic presence online despite the paucity of research in the area (Lin et al., 2021). Importantly, such considerations on therapists' use of self may be wide-ranging in their clinical prevalence, from therapists deliberately introducing clients to their cat to the possible unintentional disclosures that can come with conducting a telepsychology session from the clinician's home (Downing et al., 2021; Hames et al., 2020). Therefore, such questions of how to effectively use one's self-identity remain crucial for the present moment. More specifically, therapeutic presence within online psychotherapy has been recognized as a necessity, but understandings of its implementation and efficacy in a virtual format remain vague (Geller, 2021).

Telepsychology

Telepsychology is a means through which therapists may provide psychological services using electronic and online systems. Telepsychology services include videoconferencing (VC), email, telephone, instant messaging, texting, smartphone applications, and even artificial intelligence-based chatbots (Connolly et al., 2020; Richards & Viganó, 2013). The scope of therapeutic services provided online are largely similar to face-to-face therapy such as individual therapy, group therapy, couples and family counselling, psychoeducational workshops, therapeutic homework, and clinical supervision. Current publications in the literature utilize a wide range of terminology to capture psychological services that use electronic and online means such as telehealth, telemental health, telemedicine, teletherapy, telepsychology, online counselling, and internet interventions (Bashshur et al., 2016; Berger, 2017; Connolly et al., 2020; Madigan et al., 2021; Richards & Viganó, 2013). Following the Canadian Psychological association's guidance on the subject (Church et al., 2023), telepsychology will be used within this paper as it is the most commonly used descriptor, covering an adequately large range of applications.

While many counsellors' experiences with telepsychology came largely because of the COVID-19 pandemic, mental health interventions at a distance have used by some practitioners prior to the widespread adoption of distanced treatment (Markowitz et al., 2021). These electronic modalities have largely replicated the successes of in-person psychotherapy. Notably, literature gathered over recent decades around telepsychology practices has generally corroborated their equivalent efficacy to face-to-face treatment (Bashshur et al., 2016). The

research base for telepsychology showcases the possibility of effectively implementing these technologies to facilitate positive change in cost-effective ways for the long-term management of mental health. However, in the age of screens and digital communication, an increasing number of under-equipped psychotherapists have been steadily facing the need to adjust their practices to accommodate telepsychology services. A central issue for this progression pertains to the need for therapists to develop telepsychology competencies in order to safely conduct their work online (Hilty et al., 2017).

Undoubtably, the COVID-19 pandemic has categorically changed the landscape of counselling and psychotherapy. From exacerbating mental illness, to requiring largescale alterations in delivery methods, counsellors have had to cope with a rapidly changing mental-health environment. In a commentary on the subject, Madigan et al. (2021) explored the benefits, challenges, and potential future directions of telepsychology. The authors noted that while technology provides new and innovative means through which to address mental health issues, clinicians should carefully consider aspects of confidentiality, client needs, and how to deliver optimal therapeutic outcomes in an online environment. For instance, clinicians should know how to ensure clients comprehend the importance of taking their therapy session in a secure location, safeguarding their vulnerable shared experiences. Likewise, therapists should be prepared to handle potential communication difficulties and limitations of technology that may cause missed visual cues, or disconnection from sessions. Crucially, Madigan et al. (2021) emphasized the importance of clinician education and evaluation to address the recent and rapid growth of the telepsychology services. This adjustment has corresponded with a rise in research considering the potential efficacy of such services, as well as how online therapeutic relationships might function. For example, physical cues such as eye contact, hand gestures, and specific facial expressions that provide points of reference are emphasized in order to minimize the communication drawbacks of seeing a client virtually (Fisher et al., 2021; Werbart et al., 2024). As Fisher et al. (2021) described, the COVID-19 pandemic also accelerated responses to telepsychology due to the increased demand and expectations for online mental health services. Such responses included developing online resources, training seminars for computer literacy, and learning strategies to engage with their clients over the internet (Madigan et al., 2021). However, many therapists were compelled to begin providing telepsychology services with minimal prior experience or trainings in the area. These therapists reported poorer perceived

outcomes, and a decreased working alliance when compared to their work with in-person clients (Lin et al., 2021). Critically, many therapists indicated having less training in telepsychology, which was subsequently correlated with a greater perception of reduced outcomes. Therefore, more intensive trainings and support in telepsychology were recommended in order to improve the services provided to clients.

This present study pertains to videoconferencing (VC) psychotherapy, a subcategory of telepsychology, whereby a therapist provides real-time, virtual therapy directly to clients through a live video-stream. Unfortunately, when compared to literature on in-person interventions, studies pertaining specifically to VC psychotherapy have been relatively sparse, with some scholars calling for more research to be done before accepting the notion of equivalency between the two mediums (Markowitz et al., 2021). Nonetheless, preliminary research demonstrates promising results, indicating that VC psychotherapy is feasible and satisfactory for clients in some situations (Backhaus et al., 2012; Batastini et al., 2021). For example, a systematic review of the efficacy of VC psychotherapy for depression found that most randomised controlled studies found no difference between outcome factors when compared to in-person psychotherapy (Berryhill et al., 2019). A systematic review by Thomas et al. (2021) also reported that empirical studies of VC psychotherapy showcase evidence-based results using CBT for post-traumatic stress disorders and depression, as well as nascent positive results for anxiety, eating disorders, and obsessive-compulsive spectrum disorders. Furthermore, these interventions are shown to largely maintain a similar effect to in-person therapy and capably addresses clients' concerns (Bashshur et al., 2016).

More readily acknowledged by a wide variety of researchers is the fact that accessibility remains a key reason many therapists adopt VC therapy. Understandably, distance therapy allows clinicians to meet with those who have mobility issues, or who may live in a community without feasible access to mental health supports (Madigan et al., 2021). This fact contains particular relevance to Canada as approximately one in nine Canadians reside in remote communities (Statistics Canada, 2022). Economically, telepsychology may also allow clients to save money due to removing the cost of travel from their sessions (Madigan et al., 2021). Therefore, both rural, and lower-income populations may benefit from alleviating transportation needs for attending therapy, thereby improving accessibility for those who struggle to access care. Enhanced access to online VC psychotherapy would be advantageous to these populations

and increase healthcare equity within Canada. A second aspect of accessibility arises from the flexibility it provides therapists in how they navigate client care (Connolly et al., 2020). Therapists likewise benefit from the time and monetary savings provided by a reduced commute, and increased efficiency in seeing clients. Whereas a therapist operating solely in person may have to worry about their schedule changing due to forecasted inclement weather potentially leading to client's arriving late or having to reschedule, introducing telepsychology services into their practice allows them to provide care that would be relatively unaffected by such environmental factors. Moreover, therapists' careers may benefit from the increased reach their practice is able to harness through telepsychology, and the ability to collaborate and consult with other therapists outside of their local area (Connolly et al., 2020). Presently, therapists are increasingly able to harness the internet to connect with and learn from specialists in a diversity of subjects, which may allow them to grow their clinical proficiency beyond the trainings they could access in person.

Conversely, some scholars note that this perceived accessibility is built upon the assumption that navigating telepsychology is relatively easy for clients to use (Connolly et al., 2020). Many Clients may encounter difficulties specific to technology such as a lack of highspeed or stable internet in their locality, unfamiliarity with videoconferencing technology, or uncertainty in how to manage their scheduled appointments (Kalicki et al., 2021). Indeed, some rural clients, that many scholars assert would be a population that could greatly benefit from telepsychology offerings, may actually experience significant challenges surrounding technological access and use (Slightam et al., 2020). While such findings are tempered by the fact that telepsychology could improve accessibility to far-away healthcare services if internet stability improved, or specific technology training classes were offered, the fact remains that these barriers currently exist within the delivery of online mental healthcare systems. Consequently, this research has consistently revealed that while telepsychology as a whole is positive, it should not be viewed as a panacea for care accessibility. Further, therapists may be unable to confidently utilize certain assessment instruments which have been developed for in-person applications (Batastini et al., 2020). While nascent research suggests that many psychological assessments could be adequately delivered over videoconferencing services, the amount of strong, reliable efficacy studies remains small. These concerns continue to be reflected in psychotherapist attitudes towards telepsychology services, which will be discussed in

the following section. Nonetheless, the wholescale impact of telepsychology services on increasing mental healthcare accessibility appears positive (Backhaus et al., 2012; Kaptan et al., 2023). Therefore, given the growing demand for remote therapy, it is essential to understand how therapists conceptualize their experiences of presence within telepsychology, as their perspectives profoundly shape delivery of such services.

Psychotherapist Attitudes Towards Telepsychology

While clients' attitudes about the efficacy and benefits of telepsychology are largely positive, psychotherapists attitudes towards these services vary. To this end, Connolly et al. (2020) conducted a systematic review on the subject of clinicians' attitudes regarding telepsychology services using VC technology. These results showcased that when therapy moves online, therapists may worry about safety, liability, and legal concerns along with questions about data security, confidentiality, and potential technical failures during sessions. Therapists may also be apprehensive about the ethical implications of practicing in a different jurisdiction if their clients are located in other provinces or countries. This apprehension may also stem from a concern regarding a clinician's potential inability to address therapeutic emergencies such as if their client needs to be admitted to a hospital (Jaffe & Steele, 2025). Further, potential interference in the therapeutic relationship may be a concern for many psychotherapists as traditional face-to-face therapy, where both the client and therapist are physically present together, allows for a direct and intimate connection (Connolly et al., 2020). With the move to online delivery methods, some therapists are apprehensive about reduced access to attunement via non-verbal cues, vital in face-to-face sessions (Fisher et al., 2021). This barrier may also affect therapist expression of contextual factors such as communication of warmth and empathy (Lin et al., 2021), potentially hindering the development of therapeutic presence. In Glueckauf et al. (2018), the writers surveyed clinicians' use of virtual therapy, ethical viewpoints, and need for training on technology within their practices. The authors of the study described a gap between use of online therapy practices and positive evaluations of the modality. Markedly, these attitudes are moderated by training and instruction and potentially show emerging signs of slowly shifting over time due to the widespread forced adoption brought about by COVID-19.

Concerning the global COVID-19 pandemic, some research has evidenced that while therapists grew increasingly comfortable with telepsychology over the course of the

pandemic, questions remain as to longevity of providing these services (Aafjes-van Doorn et al., 2021). Certainly, therapists indicated that while they had some anxiety and self-doubt providing therapy online, they were able to form strong, successful therapeutic relationships. They also acknowledged that their view of telepsychology had grown more positive since the onset of the pandemic. However, they still reported feeling generally less connected with their clientele and were mostly neutral towards whether or not they would continue seeing their clients over videoconferencing services. To further nuance these findings, a recent qualitative study of 31 therapists who had been providing telepsychology over the pandemic by Aafjes-van Doorn et al. (2023) documented that the clinicians' prior negative beliefs dissipated once they gained experience with the online medium. Although, a minority of clinicians still stated that telepsychology was worse than in-person sessions, but better than providing no intervention at all. The authors highlighted the need for further professional support in areas such as legal guidance, technical support, and further development of training and education materials. More research in this area was desired to develop evidence-informed practices and clinical resources so practitioners can know how to prepare themselves for effective telepsychology. Notably, other scholars have contributed to this call for research and listed five key actions that should be implemented if telepsychology services are to remain sustainable in the long term (Thomas et al., 2022). In essence, the key actions to encourage the sustainability of telepsychology services are as follows: (1) the clinical workforce needs to have the skills to deliver therapy online, (2) clients should be empowered to advocate for the care they require, (3) financial funding should be directed towards the provision of telepsychology services, (4) technological ecosystems for providing telepsychology need to be refined, and (5) telepsychology needs to be integrated into the framework of existing care. Currently, the lack of knowledge in VC psychotherapy and shortage of widespread resources and training material greatly hinders therapists from effectively delivering therapy online in practical and sustainable ways.

Therapists who have received education around online interventions are more likely to be comfortable with the delivery method, and specific required competencies for practice (Aafjes-van Doorn et al., 2021; Connolly et al., 2020). However, minimal research has been published on therapeutic presence in VC psychotherapy, with the question of effective therapeutic relationships remaining unanswered. It appears that a therapist's perception of

how difficult providing telepsychology is negatively correlated with their experience of therapeutic presence (Rathenau et al., 2022). That is, if a therapist reported believing that providing therapy online was difficult, they were also likely to report that they experienced less therapeutic presence than those who viewed telepsychology as easy to provide. Additionally, if a therapist reported having a positive attitude towards telepsychology, they were also more likely to report having a greater experience of therapeutic presence than therapists with negative attitudes. However, as this research was correlational in measure, it remains untenable to claim the direction of these relationships. Moreover, the study was conducted in the midst of the COVID-19 pandemic, in which attitudes towards telepsychology services may have been impacted (Lin et al., 2021). Ergo, while that study produced novel findings (Rathenau et al., 2022), it largely affirmed the ideas already present within research that competent and confident therapists were more likely to report positive attitudes towards telepsychology.

In a parallel area of research, a multi-national review paper on VC psychotherapy and therapeutic alliance indicated that much more research needed to be completed pertaining to therapist viewpoints and experiences in telepsychology (Simpson & Reid, 2014). The authors noted that some practitioners perceived technology as detracting from the therapeutic alliance, which would contain pertinent implications for the present study Although, said researchers followed up on their review by producing a paper in which they emphasized that the most recently available research largely indicated that establishing the therapeutic alliance online could be equally possible when compared to in-person psychotherapy (Simpson et al., 2021). Nevertheless, a minority of studies referenced in the study still reported higher therapeutic alliance for in-person treatment. These studies focused particularly on veterans with PTSD (Morland et al., 2010), or teenagers diagnosed with seizure disorders, as well as the families of said teenagers (Glueckauf et al., 2002). Therefore, it should be noted that specific clinical populations may encounter difficulties with the therapeutic alliance when meeting with therapists online.

Gaps in the Literature

Both therapeutic presence and telepsychology have been frequently studied in the academic literature. In particular, literature on telepsychology has experienced a rapid growth within the past few years (Batastini et al., 2024; Markowitz et al., 2021), leading to increased

data on the subject while simultaneously showcasing significant knowledge gaps present within therapist's understanding and mastery of the medium (Roddy et al., 2025). Indeed, in recent history there have been many instances of practitioners adopting telepsychology without a complete understanding of the modality (Roddy et al., 2025). These facets highlight the need for additional research to support the learning and training of practitioners to improve telepsychology service delivery.

Comparably, the intertwining of the telepsychology and therapeutic presence presents a relatively new and novel area of research, which inevitably requires further investigation. To this end, a paper by Geller (2021) discussed concepts and strategies to cultivate presence online, while suggesting that more must be done to understand the virtual setting's impact on therapeutic presence. While the author relied on established research to recommend best practices, there was a relatively paucity of adequate studies from which to base the advice on. In recognition of this research gap, Geller (2021) called for scholarship on the subjects of (1) whether presence can be effectively nurtured and felt within online psychotherapy; (2) how therapeutic presence might contribute to the alliance in online psychotherapy; and (3) how to properly develop and evaluate training programs that cover the subject of online psychotherapy. As such, while the shift towards telepsychology continues to progress, further research must be done to address the evolving challenges of constructing online therapeutic presence. This study focuses on that very topic by exploring experiences of therapeutic presence delivered in VC psychotherapy.

CHAPTER III

Methodology

Research Questions

Due to the proposed essentiality of therapeutic presence in effective psychotherapy, this research study was designed to investigate its firsthand impact on providing telepsychology services. Therefore, the present study used a qualitative research design. As there is a dearth of information on the subject, this research design was intentionally selected to provide participants with the ability to contribute detailed narratives pertaining to their professional clinical experience. Within this study, there are no hypotheses which are tested. Rather, the purpose of this study is to gain a comprehensive understanding of the experiences of therapeutic presence in

videoconferencing psychotherapy. This comprehensive understanding would then promote a deeper shared knowledge of the concept of therapeutic presence for therapists, as well as how they could work to safely and effectively provide telepsychology services. The two guiding research questions for this study were: (1) what are psychotherapists' experiences regarding therapeutic presence throughout videoconferencing psychotherapy sessions? (i.e. before, during, and after) and (2) how do psychotherapists overcome the challenges and barriers in videoconferencing psychotherapy?

Theoretical/Conceptual Framework

Pan-theoretical. Due to the relative modernity of VC psychotherapy services, no consensus has yet emerged about the framework through which to consider them, or telepsychology as a whole. As Richards and Viganó (2013) note, telepsychology may be considered an entirely new type of intervention. Due to the differences between VC psychotherapy and in-person interventions, scholarship has postulated the potential ineffectiveness of applying one singular framework to examine the phenomenon. Given the new, versatile applications which telepsychology may be utilized in, it is worth considering how established perceptions of traditional psychotherapy may fall short in the digital age. Therefore, a pan-theoretical framework that considers all aspects of VC psychotherapy holds relevance to the current study in several areas. Mainly, as the present study consisted of semi-structured interviews of therapists who held diverse theoretical groundings, both the individual, as well as the collective, experiences of therapists were conceptualized. This consideration allowed for all orientations of psychotherapists to be represented within the literature. Additionally, given the fact that the majority of modern psychotherapists consider themselves to be some brand of eclectic or integrational within their practice (Gelso, 2011; Gilbert, 2019; Young & Lalande, 2011), this pan-theoretical approach allowed the study to bypass potential theoretical barriers and address those professionals directly. Likewise, Barak and Suler (2008) postulated that psychology must remain flexible in order to adapt to the new theoretical frameworks which arise as the field of telepsychology shifts and develops. Within the online world, new forms of human experience arise which have the potential to transform current holistic understandings of psychology. As the aim of increasing client access to care is promoted, these new approaches may also allow therapists to provide equitable and accessible care to new populations that may have been underserved by traditional means. These aspects

of diverse approaches and populations provided an argument for using a pan-theoretical approach to properly situate the research in the contemporary milieu.

Contrastingly, some scholars have argued that only the mode of delivery is different in telepsychology instead of being an entirely new type of intervention (Berger, 2017). This supposition would mean that existing theoretical frameworks would be applicable in similar ways to face to face counselling. Nevertheless, given the presently debated state of the literature, telepsychology may potentially be best considered through a pan-theoretical framework in which all perspectives were considered important and no singular theory attempted to define the experience of delivering online psychotherapy.

Constructivism. Despite the ongoing scholarly debates about telepsychology's framework, by harnessing social constructivism theory this study aimed to circumnavigate the described uncertainties by focusing on psychotherapists' personal stories and experiences. Social constructivism research is concerned with examining lived experiences of the participants through their own view of the world (Van Manen, 2016). Within the realm of social constructivism, each individual research participant describes their personal experiences using their own individual narratives. For example, a psychotherapist who works from a humanistic orientation could use different language and conceptualizations of online therapeutic presence than a therapist who works within a cognitive-behavioural orientation (Geller & Greenberg, 2023). Nonetheless, within this study, all experiences were valued by the researcher as equally valid and informative. As this study focused on psychotherapists with diverse experiences, theoretical orientations, worldviews, and personal beliefs, adopting a constructivism approach allowed for in-depth analysis of the subject.

Further, this study's theoretical framework was consistent with a social construction approach (Gergen, 2015). As the practice of psychotherapy is a multifaceted phenomenon, this study emphasized the multiple, inter-connected, subjective understandings of videoconferencing therapy. Ergo, this study aimed to explore how psychotherapists' individual experiences were constructed within themselves and evolved in relation to others. These understandings emerged as a result of dialogue between the interviewer and the interviewee and contributed to the socially constructed world they shared together (Gergen, 2015). Therefore, all verbal accounts of psychotherapists' experiences with VC psychotherapy were upheld as useful for knowledge creation. Moreover, these accounts allowed the

researcher to gather an understanding of how the participants' perceptions of the experiences were dependent upon their constructed worldview. Within this framework of constructivism, three main concepts contributed to the core of the studied experience (1) therapeutic presence; (2) online VC psychotherapy; and (3) the constructed world of the psychotherapist. Aspects one and two were explored in detail within the preceding literature review, and the third aspect has been described within the present paragraph. See Appendix A for a visual representation of this relationship.

Participants

Recruitment and Selection

Participants were recruited via purposeful sampling in the following ways: (1) disseminating information to professional associations (e.g., Canadian Counselling and Psychotherapy Association) for them to post on their respective websites or email lists; (2) providing mental health clinic directors with the study information for them to post in the workspace for their employees to see; and (3) word of mouth. The recruitment process began in October 2024, with email requests (Appendix B) to disseminate recruitment texts (Appendix C). This approach of purposeful sampling was used to ensure participants matched the study's need for pertinent experiences using online VC psychotherapy, and familiarity with the concept of therapeutic presence. Participants were required be registered with a governing college or professional association and must have practiced psychotherapy for a minimum of five years prior to the interview date. This requirement worked to ensure that the participants had a substantial clinical background upon which to substantiate their experiences of therapeutic presence both in person, and in their online interventions. Additionally, by selecting experienced therapists, this prerequisite ensured that they had been well-versed in ethical considerations and understood what was appropriate to share within interviews with the principal investigator. Therapists who responded to the recruitment text were sent a formal invitation which contained a detailed explanation of the study (Appendix D). Furthermore, a consent form was included in the formal invitation for the participants to sign and return to the principal investigator if they wished to continue with the interview (Appendix E). As part of participation in the study, participants were entered into a random draw if interested where one participant out of the study pool was awarded a $100 visa gift card. The random draw was conducted using a computer-generated random number generator by a neutral party in Dr. Nicola Gazzola's research team

who was not aware of the participants identities to ensure fairness and transparency for all participants.

Participant Demographics

Participants for this study were 10 experienced, Canadian, therapists who regularly used VC psychotherapy within their practice. Study participants included seven female-identifying, two male-identifying, and one non-binary identifying therapists. Participants mainly held a master's degree (n=9), with a minority of the sample holding a PhD (n=1). Ages of the participants ranged from 28-57 years (M = 39.3, SD = 12.3). Years of experience of the participants ranged from 5-35 years (M = 14.2, SD = 11.2). Participants reported to be operating from a variety of theoretical approaches, with most describing their orientation as integrative or eclectic. Geographically, most major Canadian provinces were represented, with participants residing in Ontario (n=5), Quebec (n=2), Nova scotia (n=1), Alberta (n=1), and British Columbia (n=1). All participants fully met the inclusion criteria required for participating in this study. The following section contains participant biographies which have been prepared by the primary researcher so as to enrich the context of their reported experiences. Notably, all participants have been assigned pseudonyms to protect their identity. These pseudonyms are used consistently throughout this study to attach quotes to each participant's individual experiences.

Participant Biographies

Bailey is a 55-year-old female identifying therapist with a PhD in counselling psychology. Bailey had been practicing psychotherapy for over 35 years and described her therapeutic style as fundamentally integrative. She described her experience with telepsychology beginning long before the COVID-19 pandemic occurred due to past work in crisis management. However, in her private practice clinical work, she saw the majority of her clientele in person up until they had to move online due to in-person restrictions. Since the pandemic, she reported that her caseload was half in-person meetings and half telepsychology meetings.

Casey is a 28-year-old female identifying therapist with an MEd in counselling psychology. Casey had been practicing psychotherapy for 5 years at the time of our interview and was seeing clients entirely through VC psychotherapy. She drew from cognitive and humanistic approaches, noting that she adjusted her approach to each client she saw. While

Casey reported working entirely online at the time of our interview, she shared that the pandemic occurred during her schooling, which meant that she was forced into the online format with relatively little training or experience.

Danica is a 30-year-old female identifying psychotherapist with a with an MEd in counselling psychology. Danica had been practicing psychotherapy for six years at the time of our interview. She shared that she had begun her first year of full-time private practice work completely in person and suddenly had to pivot to 100% online due to the pandemic. When we spoke, Danica's caseload sat at 60% online and 40% in person. She described her practice as multimodal, with strong roots in CBT, dialectical behaviour therapy, and attachment-based emotion-focused therapy.

Eleanor is a 29-year-old female identifying therapist with a MA in counselling, psychotherapy and spirituality. She had been practicing psychotherapy for six and a half years at the time of our interview and noted that a little over half of her clients are seen by her virtually. She divulged that in the future she would personally like to have more of her practice online to have more flexibility in where she lives. Eleanor described her practice as quite integrative with a trauma focused approach. For her therapeutic practice, she pulls on her training in eye movement desensitization and reprocessing (EMDR), CBT, and psychodynamic therapy. Alongside her client-facing practice, Eleanor concurrently acts as a clinical supervisor for other psychotherapists.

Felix is a 54-year-old male identifying therapist with an MACP. When we spoke, he had been practicing counselling for 24 years. Before moving into his current roles providing addictions counselling and maintaining a private psychotherapy practice, Felix worked alongside school-based programs and aboriginal support organizations. Prior to the pandemic, he had been tasked with creating a telehealth program for an addictions support program. At the time of our interview, Felix estimated he saw about 60% of his clients virtually, and 40% in person. He described his practice as eclectic, with Rogerian and client-centred frameworks at the heart of his approach.

Graham is a 45-year-old male identifying psychologist registered with Nova Scotia Board of Examiners in Psychology. He had a Master of Arts in Counselling Psychology and had been in practice for ten years at the time of our interview. Graham noted that prior to the

pandemic he did not see any of his clients through telepsychology services. Around a third of Graham's caseload was reported to be online. He indicated that he works with adults in private practice and described his orientation as largely integrative.

Harriet is a 38-year-old female identifying Psychologist registered with the College of Health and Care Professionals of BC with a master's of counselling. At the time of our interview, Harriet had been in practice for 12 years. She described her theoretical orientation as holistic and integrative, with a specific focus on systems of oppression. Harriet also specializes in gender affirming therapy. Due to that niche, Harriet indicated that many clients from diverse locales have accessed her online, leading to 90% of her work being conducted virtually. Currently, Harriet indicated a desire to balance out the online part of their practice with more in-person services, especially somatic focused therapies and EMDR.

Irene is a 57-year-old female identifying Psychologist registered with the Ordre des psychologues du Québec. She possessed an MEd in counselling psychology and had been in practice for 30 years at the time of our interview. She reported that her primary work was focused on college and university mental health centres where she provided client-centered, humanist and cognitive behavioural focused therapy. During the pandemic, Irene reported having to convert the student mental health centre to a completely virtual practice to allow the students to access mental health services while classes moved online. At the time of our interview, she was working in that same clinic and indicated that 99% of her sessions were conducted in person due to overwhelming client preference towards that medium.

Jasper is a 29-year-old non-binary identifying psychotherapist with an MEd in counselling psychology. They had been practicing psychotherapy for 7 years, in private practice, institutional, and community mental health settings. Within Jasper's practice, half of their clientele was seen online, while the other half met in person. However, this balance was flexible and could change based on a client's weekly preference. Recently, Jasper had been supervising 1-2 therapists-in-training, which occasionally constrained them to offering purely online sessions for the days or times on which their supervisees required office space. Jasper reported that they operate from a broadly humanistic, and experiential framework, specializing in somatic attachment work. Additionally, they mentioned that they had been recently integrating a neuroaffective relational model into their work.

Klaudia is a 28-year-old female identifying psychotherapist. At the time of our interview, her highest degree obtained was an MA in counselling psychology and she had been providing counselling services for 6 years. Graduating from her program during the pandemic, Klaudia launched her own entirely telepsychology-based private practice, as well as joining a separate private practice where she also provided therapy online. After working for five years completely virtually, Klaudia had recently acquired her own office space and shifted some of her work to an in-person setting. She reported maintaining approximately 80% of her client case load online, and 20% in person. Klaudia stated that she operates from an integrative approach, using narrative therapy, acceptance and commitment therapy, internal family systems therapy, and emotion focused therapy frameworks to inform her practice.

See table 1 for participant demographic data.

Table 1

Participant Demographic Information (N= 10)

Participants	Gender Identity	Age	Province of Residence	Highest Degree	Years of Experience	Theoretical Orientation
Bailey	Identifies as a woman	55	Quebec	PhD	35	Integrative
Casey	Identifies as a woman	28	Alberta	MEd	5	Cognitive and humanistic
Danica	Identifies as a woman	30	Ontario	MEd	6	CBT, DBT, and attachment-based emotion-focused therapy
Eleanor	Identifies as a woman	29	Ontario	MA	6.5	EMDR, CBT, and psychodynamic therapy
Felix	Identifies as a man	54	Ontario	MACP	24	Eclectic, with Rogerian and client-centered frameworks

Graham	Identifies as a man	45	Nova Scotia	MA	10	Integrative
Harriet	Identifies as a woman	38	British Columbia	MA	12	Holistic and integrative
Irene	Identifies as a woman	57	Quebec	MEd	30	CBT, client-centered, and humanist
Jasper	Identifies as nonbinary	29	Ontario	MEd	7	Humanist, experiential, somatic attachment, and neuroaffective relational model
Klaudia	Identifies as a woman	28	Ontario	MA	6	Integrative, with Acceptance and commitment therapy (ACT), emotionally focused therapy, internal family systems (IFS), and narrative frameworks

Procedure

Before data collection was conducted, the present study sought approval from the University of Ottawa's Research Ethics Board (REB). Upon receiving approval from the REB (Appendix I), the recruitment text was sent out through the specified channels. Participants that met the study criteria, and who consented to contribute were invited to schedule an interview between the dates of November 1st, 2024, and Sept 1st, 2025. Interviews were conducted by the primary researcher using VC software (e.g., Microsoft Teams), with the participants connecting from their place of work, or at their home office depending on their preference and schedule. Data was gathered from participants in the form of 45-60-minute semi-structured interviews. This variation in time was mainly due to the difference in detail provided by the participant's responses to the prepared interview questions. The interview questions were designed to elicit their perspectives on cultivating online therapeutic presence, the challenges it might present, and

key practices relevant to VC psychotherapy. Interview questions were developed by the researcher and piloted with Dr. Nicola Gazzola and other research colleagues at the university of Ottawa. Questions were then further developed and altered for clarity in order to allow for effective data acquisition. Within the semi-structured interviews, aspects of therapeutic presence were defined as being centred in oneself while presently encountering the client's moment-to-moment experiences, being able to approach client's authentically, and attuning to the client's physical, emotional, cognitive, spiritual, and relational states. Spontaneous follow-up questions were also used within the interview according to the researcher's professional discretion. Prior to the interview, the researcher confirmed with participants that they had reviewed the information provided about the study on the consent form and asked if they have any questions the researcher could answer prior to commencing the interview.

A semi-structured interview protocol was used to ensure that the specific research questions were addressed (Appendix F). This research design allowed for participants to present their lived experiences to the researcher in order to develop an in-depth understanding of the participants' viewpoints on therapeutic presence in VC psychotherapy. Demographic data was also gathered from the participants to be used by the researcher when interpreting the findings. Interviews were recorded using the Microsoft Teams record function and automatically transcribed using the Microsoft Teams transcription function. After the interview, the primary researcher re-listened to each audio-recording while reviewing the automatically generated transcripts to fix any mistakes and correct any punctuation errors. Reflexive thematic analysis (TA; Braun & Clarke, 2021) was used on these finalized transcripts to identify codes, themes, and patterns of response. Given the sensitive nature of the subject, and the potential for therapist reputations to be altered if members of the public knew their identity, participant anonymity and confidentiality was of utmost concern. Therefore, as mentioned previously, participants were given individual pseudonyms by the primary researcher to protect their identity. Moreover, all of the generated data files were stored on a password protected external hard drive. Throughout the entirety of this procedure, data was only accessible to Justin Mulder and his research supervisor, Dr. Nicola Gazzola.

Data Analysis

As mentioned in the procedure, data was collected through semi-structured interviews and then subsequently analysed using Braun and Clarke's (2021) six-step reflexive thematic

analysis. This qualitative research method allowed the researcher to systematically discover and describe meaning within the specified dataset. Using the six-step process, the researcher aimed to create a structure of themes and subthemes that arose from the interview transcripts focusing on therapist experiences of therapeutic presence in videoconferencing psychotherapy. This methodology was selected to detect, examine, and systematically chronicle shared experiences and meaning from participant responses. The six phases of TA described by Braun and Clarke (2021) will be enumerated and explained below.

Firstly, once the interviews were recorded and transcribed, the researcher familiarized themselves with the transcripts (Braun & Clarke, 2021). The researcher immersed themselves within the transcripts, reading and re-reading the text while focusing on data that pertained to the posed research questions. Personal notes were made at this stage as the researcher attempted to understand each experience the participants were attempting to convey. If there was any remaining confusion over a segment of the transcript, notes were made to revisit those sections in the future. Broader notes were made that covered the dataset as a whole. This study utilized a social constructivism theoretical framework, alongside a hybrid inductive/deductive approach to thematic analysis. Therefore, the codes and themes were created from participant responses as well as concepts formulated by the researcher as a result of their understanding of established literature (Braun & Clarke, 2021). Secondly, the researcher worked on identifying open codes (labels) which were applied to relevant segments of data to denote meaning (Braun & Clarke, 2021). The size of segments varied from a single sentence to a collection of several sentences. Open codes were representative of the researcher's shorthand understanding of the semantic and latent meanings produced by the participant's responses and were generated from each transcript in order of completion. By using this process, the researcher was able to build upon prior transcripts as broad themes emerged from the data. Next, the third phase of thematic analysis focused on developing preliminary themes (Braun & Clarke, 2021). These higher-order arrangements represented shared experiences and indicated collective meaning that pertained to one or more of the research questions. Upon completion of initial theme formulation, the primary researcher conducted the fourth step of the process, where they reviewed candidate themes (Braun & Clarke, 2021). In this step, themes were examined in relation to the established codes and gaps in the dataset were reviewed. Codes were scrutinized to ensure that they were clear and consistent and were then altered to guarantee congruency within the entire dataset. Further, codes

were grouped together to form subthemes representing collective topics. The fifth step according to Braun and Clarke (2021) concerned refining the themes. The primary researcher evaluated the themes and subthemes for their singular focus, and overlaps were edited for clarity within the subject. Within this step the general population was considered so that the labels were written with easily understandable vocabulary. Finally, the last phase of TA was to complete the writing process by producing a cohesive report that explained the data (Braun & Clarke, 2021). Themes were presented in a logical order that provided each finding in a step-by-step manner. Through this process, each theme was presented in a way that would build on the previous ones and weave together the co-constructed narrative present within the participants' collectively described experiences.

Researcher as Instrument

Within this qualitative study, I encountered crucial decision-making moments such as curating questions, conducting interviews, and data analysis. Therefore, it is important to understand my positionality towards the subject of therapeutic presence in telepsychology. Given that, when the interviews were occurring, I was in the midst of my formal education, in the second year of the Master of Arts in Counselling Psychology program at the University of Ottawa, I had been absorbing information about VC psychotherapy from a diverse range of sources. Notably, I had first-hand experiences of using VC psychotherapy in my practicum placement. Through this experience, I had noticed aspects of telepsychology I felt positively about as well as other aspects that I did not particularly appreciate. Additionally, my review of the literature had revealed a mixture of positive and negative perspectives about VC psychotherapy, which gave me the reasonable expectation that participants may also have mixed feelings about this subject. Therefore, I was aware of my personal relationship with the topic, and of the potential difference of opinion which may be generated through the interview process. To ensure that I was allowing participants to freely share their experiences without being impacted by my positionality, I maintained intentional mindfulness of my experiences and separated them from the responses of the participants. More information on researcher positionality, understanding, and biases about therapeutic presence can be found in appendix H.

Trustworthiness

Data quality and trustworthiness must be ensured in order to safeguard the applicability and impact of the study's analyses and conclusions (Krefting, 1991; Nowell et al., 2017).

Therefore, the present study used Guba's (1981) criteria of credibility, transferability, dependability, and confirmability for assessing trustworthiness of qualitative research. Firstly, testing the *credibility* of the study's findings worked towards establishing the truth value of the interpretations. Therefore, member checking was used for this study's dataset. In this process, participants from whom the data was gathered confirmed that the researcher's produced findings were representative of their individualized experiences (Guba, 1981). I also discussed the interview insights, solicited questions and gathered feedback through peer debriefing during Dr. Nicola Gazzola's research meetings. Further, *transferability* was facilitated through purposeful sampling and the generation of thick descriptions. Consequently, readers of this study who are interested in transferring the findings can evaluate the extent to which they can apply this research to their own lives, and clinical practices (Guba, 1981). Next, *dependability* required the research process to be performed in a logical, consistent manner. This process was supported through the study's explicit procedures, and documentation (Shenton, 2004). Moreover, an auditing process of the study's documentation and interview transcripts were conducted by my thesis supervisor, Dr. Nicola Gazzola, to ensure data accuracy. Finally, researcher reflexivity contributed to the study's *confirmability* as I continually gave considerable thought to my positionality and work as an instrument of the study (Berger, 2015). I also engaged in reflexive journaling by writing personal notes and reflections throughout the research process (e.g., following interviews, during code creation, keeping note of assumptions during data analysis). External auditing by Dr. Nicola Gazzola and discussions between my colleagues on his research team also occurred at this point in the process to confirm that the study's findings were founded within the examined data (Tobin & Begley, 2004).

CHAPTER IV

Findings

Within this chapter, the study findings are presented by enumerating the main themes and subthemes that arose pertaining to the research questions. A total of 6 main themes and 12 subthemes describing therapist understandings of therapeutic presence in VC psychotherapy arose from reflexive thematic analysis. The following main themes were identified: (1) Therapeutic presence transcends modalities, (2) Taking care of the virtual office, (3) The digital context requires us to learn and grow, (4) Technology as a facilitator and a hindrance, (5)

Therapists desire information, and (6) Covid as a catalyst. These themes, and their corresponding subthemes, are found below in Table 2. Verbatim excerpts of participant transcripts will accompany each subtheme to provide illustrative details to showcase the individual voices and perspectives the findings were derived from.

Table 2

Main Themes and Supporting Excerpts

Themes and Subthemes	Participant Verbatims
1. Therapeutic Presence Transcends Modalities	
Presence occurs throughout therapy	"I feel like I am able to be the same therapist in session for an in-person session as I am online." (Eleanor)
Individual client differences alter how presence occurs	"[it] is much less about the method, whether it's, you know, telepsychology or in person and it's much more based on the client." (Graham)
2. Taking Care of the Virtual Office	
VC therapy provides flexibility and comfort	"I think by virtue of being in my own space and having all of that kind of comfort surrounding me, that definitely eases things a little bit." (Casey)
Harnessing the therapy environment	"One of the benefits I noticed was I learned a lot about a person by the environment they choose to do their session in. So you know, the way their room is set up, if it's really messy, what they've got in front of them on the desk, maybe they're in their car where they choose to park." (Harriet)
3. The Digital Context Requires us to Learn and Grow	
VC psychotherapy requires self-care	"I had to create a new way of putting down the client stuff that I used to do just by behaviorally moving through a pattern and a ritual." (Harriet)

Overcoming the challenges of technology	"I have in my consent form that if our videos not working, we'll both make reasonable efforts for about 5 minutes to try to reconnect. And if that doesn't work, I'll give them a call." (Casey)
Reimagining and clarifying ethical practice that was taken for granted	"If it's a kind of regular thing like work interruptions or kids, how does the client experience that in their life outside of the session? Do they often have interruptions in the time that's meant for them?" (Harriet)
VC psychotherapy has a learning curve	"We were all saying to each other- 'Why are we so tired? I thought this would be great. I'm literally doing it in my bed. I'm at home. I can go get a sandwich I'm like, so comfortable. Why is this draining me so much?'" (Felix)
Telepsychology benefits from a shared understanding of rules and norms	"What I've noticed is an ability to, to name it, talk about it and then create a shared agreement rather than a rule. So instead of me saying like in my office, I would say no smoking or drinking in my office, that's just a rule. I can't do that when they're in their own home. So now it's a shared agreement." (Harriet)
4. Technology as a Facilitator and a Hindrance	
	"I encourage people to not just close the window and then go back to work immediately or go back to scrolling or whatever else they're doing with their day, but to have some kind of separation, have some kind of thing that marks that transition." (Jasper)
5. Therapists Desire Information	
Navigating the hierarchy of modalities	"I still think you know it [is] better than not having it at all, and I think it [can be] incredibly powerful and incredibly effective and I'm glad that that's possible." (Graham)

Therapists want more cues	"I might check in with them if I'm noticing they're getting distracted or something like that, but I can't constantly ask them the way that if I was in person, I'd be constantly seeing it." (Casey)
Using different channels of information	"I'll do a lot more inviting my client to vocalize it and share it with me as opposed to me being able to witness it." (Bailey)
6. Covid as a Catalyst	
	"I think it's here and it's not going away. And that we just get comfortable with it as opposed to seeing it as a negative. I think it actually creates a plus." (Bailey)

Theme 1: Therapeutic Presence Transcends Modalities

Across all therapists in the study, the theme of therapeutic presence transcending modalities was noted. Therapists indicated they could access a sense of presence which brought them into the room with clients, where they could attune themselves in order to fully respond to the client's presenting situations and work in-the-moment on their concerns. The following two subthemes represent (A) how presence occurs in therapy no matter the modality, and (B) how each client's individual characteristics may have a greater impact on therapy than the modality itself.

(A) Presence Occurs Throughout Therapy

Participants explained that they understood therapeutic presence to remain a constant force that rests outside of the bounds of therapeutic modality, where it is a priority no matter what medium is used (i.e., in person, videoconferencing, or through a telephone). Eleanor spoke about the equivalence of presence in VC psychotherapy in the following way, "I feel like I am able to be the same therapist in session for an in-person session as I am online." She also added that it was an unexpected equivalence for her. "[The] transition from being fully in person to then virtual wasn't as… it wasn't as disruptive as I thought it was going to be." Likewise, Danica commented on her feelings of online therapeutic presence saying, "honestly, it feels the same", and elaborated on this by clarifying "the process of what I'm doing virtually with a client wouldn't change whether I was with them in person or whether I'm with them virtually." Ergo,

therapists understood that their practice of presence continued to be crucially important, and indicated they were able to maintain their presence regardless of the therapeutic medium.

Further, the preparation before, and consolidation after, virtual sessions was not framed by participants as being markedly different when compared to in-person sessions. Rather, therapeutic presence was upheld as a daily practice that remained important for therapists in all circumstances. Bailey spoke about the occurrence of presence throughout her practice, saying,

> it's what I do throughout my life, and so all of the ways that I resource myself and take care of myself on a day to day basis, that includes the quality of my sleep, how much outdoor time I get, how I nourish my body, my practices of mindfulness, or other ways I move my body as a way to feel connected to myself and open to connect to somebody else. Those are things that I don't do just before the session. There are things I do on an ongoing way to support my presence for all of my clients.

Overall, a strong therapeutic connection was also described as normal within VC psychotherapy, with Felix mentioning "my experience has been that it's it can be very powerful. I can feel very connected at home." Therefore, the centrality, daily practice, and experience of therapeutic presence were all acknowledged by therapists as occurring throughout their work in VC psychotherapy.

(B) Individual Client Differences Alter How Presence Occurs

In tandem with the prior subtheme, participants particularly wanted to stress the importance of accommodating their clients' individual differences in order to meet them in-the-moment. Graham noticed that his experience of therapeutic presence "is much less about the method, whether it's, you know, telepsychology or in person and it's much more based on the client, who is my client, whether they're online or in person." Likewise, Harriet stated

> I was surprised to find that it didn't take any extra time to feel that therapeutic relationship form with people. I would say it's a bit of a client variance there, just like it has been in person, right? It takes [a] different amount of time [with] different people.

Accordingly, therapists recognized that each client presented with different personal situations, possessed a unique set of characteristics, and interacted with the therapist in a particular way. Those factors were acknowledged to have a bigger impact on therapeutic connections than whether the therapist met with the client in person or in an online context. Graham also noted that for specific clients, VC psychotherapy may be the best mode in which to connect, saying

"for some clients, they are more comfortable doing it online and that is a benefit. That is better than if they came in and they were stressed out the whole time because they were in person." Conversely, Harriet voiced her observation that some clients also actually felt the opposite way towards VC psychotherapy. She said,

> some clients just really need to be able to see my body and, you know, be in a space where they can feel my energy. I can feel their energy over the video, but that doesn't always translate for them.

Essentially, while therapists found that they could maintain therapeutic presence online, they recognized that their experience may not be shared by all their clientele. Therefore, while certain clients may prefer certain modalities, no singular medium was upheld to be above any others, particularly in terms of facilitating therapeutic presence.

Theme 2: Taking Care of the Virtual Office

The therapeutic environment pertains a great deal towards helping create a space where clients and therapists feel able to focus in on the important and often vulnerable work of therapy. This finding was evidenced through the second main theme which arose from the data about how to take care of the virtual office space. The following two subthemes emerged from the data centring on how therapists responded towards the change in environment from therapy office to working from home, and clients video-calling in from locations such as their homes, places of work, personal vehicles, and elsewhere.

(A) VC Psychotherapy Provides Flexibility and Comfort

When psychotherapy moves online, the environment in which therapist and client conduct their meetings can change substantially. This first subtheme indicated that these environmental changes could potentially benefit therapeutic presence due to the flexibility and comfort VC psychotherapy allowed. Casey shared that she could experience some undue nervousness when she's meeting a new client in person. However, working from her home office calmed her down substantially. She shared, "I think by virtue of being in my own space and having all of that kind of comfort surrounding me, that definitely eases things a little bit." Likewise, Felix mentioned "I feel very relaxed in in a video setting and I do appreciate that I have the accoutrements of my life around me". Being able to see one's setting as safe, secure, and personal provided a grounding effect to therapists, which they tied into enhancing their therapeutic presence. Similarly, therapists saw the benefit their clients had from attending

therapy in the comfort of their own homes. Danica verbalized the potentially dysregulating experience of attending therapy in person some clients experience by stating

> coming to in-person sessions can actually frazzle them more than joining virtually from home. You know the process of like getting ready, getting to the clinic, sitting in the waiting room, coming into the room like they're already fairly dysregulated by the time they get to me. Whereas I don't notice that as much of virtually with those clients that I'm thinking of.

The accessibility of VC psychotherapy allowed clients to arrive to session ready to proceed with their therapeutic work, and therapists found it easier to maintain presence when this was the case.

Therapists noted that the accessibility of VC psychotherapy also allowed clients to continue seeing their therapist regardless of distance. Felix spoke about his experience with maintaining his client caseload while moving, saying, “I moved from B.C., and I actually had some clients who were students, they wanted to stay with me. So, I was doing these Skype sessions once every couple of weeks.” By continuing these established therapeutic relationships, the experiences of presence the therapists had with said clientele, continued to be sustained. Similarly, therapists benefitted from the flexibility of maintaining their practice during a move, instead of experiencing a loss of work or client rosters. Harriet talked about her intra-provincial move, saying “It takes a long time to register in a new province, and so I maintained and continued to maintain my Ontario practice despite being in BC.”

A few therapists also indicated that the smooth transitions between VC psychotherapy clients allowed for a continued sense of presence moving into their administrative duties, with Graham mentioning that “the shift is a lot quicker when I click the leave button versus when I close the door.” Likewise, Casey shared that

> I still feel like very kind of in the moment because I still have notes to do. I still have to, you know, do the administrative stuff. I have to do invoicing receipts, so I still feel very like, present in terms of what I'm doing.

As administrative details were found by many therapists to be easier online, they found that this eased their mental load, allowing them to spend more time focusing on other aspects of their job. Danica described the feeling by saying,

> I'd actually consider virtual therapy to be more efficient than in person therapy. Because like when someone's done, you just, like hang up the call, right? Or most of my virtual

> clients pay via E-transfer, so I don't take payments in person, or like I would in person. So, it's a very efficient method of meeting, often shaves off a little bit of time that I can put towards note taking.

(B) Harnessing the Therapy Environment

A second part of this theme pertained to therapists' detailing that they harnessed the unique aspects of working virtually to their benefit in order to establish and maintain real therapeutic presence. Across all therapists, the participants agreed that such specific differences in therapeutic space should be considered and used appropriately within the digital environment. One advantage that Harriet spoke about was being able to gather non-verbal information through seeing someone's living space. She said:

> one of the benefits I noticed was I learned a lot about a person by the environment they choose to do their session in. So you know, the way their room is set up, if it's really messy, what they've got in front of them on the desk, maybe they're in their car where they choose to park. Um, if they're wearing pajamas or not like, these are all things that are also data points that I kind of flag in the back of my head as information about the client and what they might be experiencing, especially if it changes.

Conversely, therapists also acknowledged that VC psychotherapy allowed for clients to hide certain actions or feelings from them. On the positive side of this, Bailey spoke about a client who found telepsychology easier to attend because they did not "want to be looked at while they're deep in thought, deep in their feelings. They actually prefer to not be watched while that is happening. That makes them more comfortable." In this instance, the therapist was able to establish presence with a client who would have had greater difficulty attending an in-person session. Now, on the negative side of this fact, a therapist might miss a crucial factor of therapy, such as in Casey's case when she shared "I had a client who I realized several sessions in was in an abusive relationship, and I actually found out that the client had had the partner on the phone listening to the entire session." Therefore, therapists expressed both positive and negative sentiments towards their clients hiding certain aspects from them in VC psychotherapy sessions.

Turning this point around, therapists themselves disclosed using the video frame to hide actions from their clients in order to maintain a sense of presence. Harriet shared how her own personal self-consciousness affected her presence in person by saying,

> In person, when a person can see my entire body, there is a little bit more kind of consideration for how I might be sitting. Whereas online, I'm much more likely to like cross my legs up or put a leg in a weird place that I wouldn't be able to be sitting in the chair at an office.

Likewise, she found her thoughts about appearing professional could pull her attention away from remaining present with the clients. These thoughts were verbalized by example questions of "Do I have something on my hair? Have I spilled mustard on my pants?" Harriet continued by explaining, "those things are still in the back of my mind and I'm trying to contain them, whereas online that is not on my mind at all".

The client's environment was acknowledged by some therapists to be harder to control as they did not have the safeguards present within a physical therapy office. Substance use during session exemplified this fact, with Eleanor sharing "There's a few clients that I work with who vape virtually and they wouldn't vape in person." Another time, she related "I've had clients like crack open a beer and drink it and we've had to have the conversation that that can't happen because you can't be under the influence." These events have the potential impacts of disrupting the flow of therapy, and jarring therapists who were not expecting their clients to be consuming substances in session. However, some therapists used these experiences as grist for the therapeutic mill. Bailey spoke about working with the environment rather than fighting it:

> I look at barriers and resistance as information. I don't look at it as a barrier as resistance in and of itself. I'm looking at it as information and I wanna know how my client is responding to it. I wanna know how it's helpful. I wanna know how it's not helpful and I wanna collaboratively discuss with my client what we can do about that.

Theme 3: The Digital Context Requires us to Learn and Grow

Therapists noted that while their experiences of therapeutic presence were strong in VC psychotherapy, working within an increasingly digital context pushed them to change their practice to accommodate various facets of the new environment. That is, if therapists wanted to overcome the differences present within telepsychology, they needed to rise to the challenge and adapt their previously established practices. The following five subthemes enumerate how participants have conceptualized the changing therapeutic landscape, and how they have grown into working in an online framework that may have previously been unfamiliar to them in their recent history.

(A) VC Psychotherapy Requires Self-Care

Therapists upheld self-care as a fundamental pillar for establishing and supporting their therapeutic presence. Particularly, in order to maintain therapeutic presence, one must take care of their well-being. In her experience, Harriet had to reconfigure her self-care practices for VC psychotherapy. She specified, "I had to create a new way of putting down the client stuff that I used to do just by behaviourally moving through a pattern and a ritual." Another ritual Harriet shared was to "run my hands along my arms and I'm like, 'OK, that's the end of that. That's their stuff, not mine. It's off of me now.'" Comments like these reflected the need to separate work from the rest of a therapist's life. Markedly, some participants recounted struggling with establishing this separation when they began conducting VC psychotherapy sessions. Casey related one experience where she had to call Children's Aid Society for a VC therapy client, and claimed "I would have actually managed it a lot better had I seen the client in person rather than virtually." Casey recognized that the distance between being in her office compared to being at home meant there would innately be:

> [a] distinct separation of, okay, I'm leaving this at the office type of thing, whereas it's very easy to kind of go back to your computer and you know, look at things and ruminate and all of that when it's so close.

Nonetheless, several therapists emphasized that while VC psychotherapy provided a unique set of challenges to self-care that might detract from one's presence, their response to the challenge was to thoughtfully incorporate the self-care practices they had already been using for their in-person work. Bailey encapsulated this idea by stating

> It's what I do throughout my life, and so all of the ways that I resource myself and take care of myself on a day to day basis, that includes the quality of my sleep, how much outdoor time I get, how much, how I nourish my body, my practices of mindfulness, or other ways I move my body as a way to feel connected to myself and open to connect to somebody else. Those are things that I don't do just before the session. There are things I do on an ongoing way to support my presence for all of my clients.

Rather than implementing new self-care practices, therapists showcased the need to adapt their previously established practices to the new online environment.

(B) Overcoming the Challenges of Technology

Participants felt that working with VC psychotherapy challenged them in many ways. The most prominent of these challenges pertained to the glitches, internet outages, and session interruptions that therapists encountered using VC technology. Casey voiced her concerns about starting a VC therapy session by explaining the thoughts running through her head; “Oh God, I hope it's gonna work this time. And I'm not gonna run into, you know, having to kick them out and come back in and all of that stuff.” Similarly, Eleanor indicated that these problems “can be quite disruptive”. She mentioned that they detract from her sense of presence, stating “the disconnect when technology gets in the way makes it hard to feel grounded and prepared”. Likewise, Graham also shared “I feel pretty guilty” when a session is derailed due to technological glitches. He further mentioned, “even if it isn't on my end, you know, like, I feel bad that you know where they're not really getting full connection or full potential”.

Therapists were intent on countering these challenges to ensure their presence was disrupted as little as possible. Having backup technology ready in case of a technical issue was one such strategy participants mentioned. Danica highlighted that, if a particular VC software was malfunctioning, “I have another platform ready to go at all times that I can send.” Eleanor shared that she not only had three different VC platforms that she could see clients on, “but if all the videos are not working then then we'll do a phone call.” Maintaining backup options for communication allowed therapists to continue their therapeutic focus on the client and mitigate the disruption a client may experience. Graham noted that having backup plans allowed him to “address [the technical issue] pretty quickly just to ensure you know they’re getting the most of it”. Similarly, explaining to clients how to respond to a technical issue allowed therapists to maintain connection within their sessions even if they couldn’t communicate in the moment with someone. Casey described that fact that “I have in my consent form that if our videos not working, we'll both make reasonable efforts for about 5 minutes to try to reconnect. And if that doesn't work, I'll give them a call.”

(C) Reimagining and Clarifying Ethical Practice that was Taken for Granted

The digital context also drove therapists to clearly and concisely communicate ethical standards and guidelines for their clients that would have previously been unconsciously followed in an in-person setting. Concerns particularly arose around protecting a client’s confidentiality. Irene stressed to her clients that they “couldn't be in a room with somebody else.

[They] couldn't record the session without [her] permission." Likewise, Harriet laid out her methods for clarifying ethical practice in the following manner,

> I sometimes comment on their environment, if I'm concerned about confidentiality. So, if I'm like, you know, "I notice that you're in a car. Are you somewhere that you feel comfortable having this conversation or you know, your screen being viewed?"

Due to the diverse range of personal environments clients could join their therapy session from, some therapists allocated more attention to ensuring client safety would be maintained to a similar level that was provided in their in-person office space. Irene commented on this fact by stating,

> I would be also listening to their background because I'd be paying attention a little bit to whether or not they were being interrupted or if there was somebody nearby or if there was noise. There were just all these added bits of data that had to be sort of assessed.

Therefore, while confidentiality concerns certainly existed within in-person psychotherapy sessions, working in the online space was noted by therapists to require specific protections and considerations.

Conversely, some therapists shared that they appreciated the therapeutic usefulness of inter-personal interruptions. Harriet mentioned, "I try to use it as data and then let it be an opening". Ergo, if Harriet had a client who needed to pause a session due to a family member trying to talk to them, this allowed Harriet to pose questions to her client about the event. Some examples Harriet gave were asking about, "if it's a kind of regular thing like work interruptions or kids, [and] how does the client experience that in their life outside of the session? Do they often have interruptions in the time that's meant for them?" Likewise, Bailey characterized these events as "part of the work" and stated, "I just see [those encounters] as part of what supports my client".

(D) Telepsychology Benefits from a Shared Understanding of Rules and Norms

While in-person psychotherapy sessions took place in an office space, which therapists noted as benefitting from a general consensus of societally expected rules and norms, meeting with clients online opened up uncertainty about what was or was not allowed to occur in a session. Some examples of this subtheme occurred when Eleanor's client "was watching a hockey game", or another one was taking a work call during their scheduled session time. Likewise, Casey spoke about a time when a client tried to join their therapy session whilst

actively driving their car, and another when a client was consuming alcohol during their meeting. She related the uniqueness of the situation, saying “it's not like when we're seeing clients in person, they're probably not going to crack open a bottle of wine and start drinking a glass with us.” Generally, therapists navigated these conversations through educational discussions where they explicitly laid out the norms of an online therapy session. Klaudia outlined her policy in which “clients are required to be in a quiet and private space for sessions”. Similarly, Bailey gave an example scenario of a discussion of session norms by explaining,

> with that client where the mother comes in the room, I will just plainly say “I just need to pause you for a moment. I need to check to make sure so and so- who is my client, this is their individual therapy-that this is okay with them, you know, cause I wasn't told ahead of time that this was gonna be a mom and daughter session.”

Therefore, therapists showcased the need to educate their clients on what was and what was not allowed in their telepsychology sessions.

Nonetheless, these educational conversations also relied on a back-and-forth discussion between the client and the therapist. Particularly, therapists recognized the increased autonomy clients have within their personal living spaces, which previously wasn’t inherently present within the confines of a therapy office. This autonomy meant that therapists needed to co-establish a shared understanding of how they could have productive, safe, and ethical therapy sessions. Harriet shared her experience of this process by explaining, “we generally have what I've noticed is an ability to, to name it, talk about it and then create a shared agreement rather than a rule.” She further specified,

> Instead of me saying like in my office, I would say no smoking or drinking in my office, that's just a rule. I can't do that when they're in their own home. So now it's a shared agreement. Can we agree that we will come to sessions, you know, clear minded as we can and really contain the hour for the purposes of what we're trying to do.

Irene conveyed a similar experience about shared norming within a telepsychology session,

> I did have one client who was drinking, had an alcoholic beverage that I knew of, because it was literally a whiskey glass with ice in it, that they were rattling as they were talking to me. And I asked them again whether or not this was something that made the session easier for them or, what would be the purpose of this and that sort of thing and they

> actually put the drink down and they didn't drink for the rest of the session. I never had that issue again.

Through looking at these unique ethical situations as a way to co-create a shared understanding of what therapy looks like, therapists were able to remain present with their clients while facilitating the therapeutic process.

(E) VC Psychotherapy has a Learning Curve

Therapists working within the realm of VC psychotherapy recognized many nuances specific to the modality. While many therapists acknowledged the benefits that the digital space provided, several participants mentioned that they struggled to learn how to manage effective therapeutic presence online due to a lack of previous training. Speaking about his work at the onset of the COVID-19 pandemic, Felix shared

> We were all saying to each other- "Why are we so tired? I thought this would be great. I'm literally doing it in my bed. I'm at home. I can go get a sandwich I'm like, so comfortable. Why is this draining me so much?"

The reality expressed by many therapists was that they had little formal training in fostering online therapeutic presence, and some practitioners reported finding it difficult to change their presencing strategies. When speaking about altering her questions to gather information about a client through VC psychotherapy, Casey mentioned "those are those are skills that we weren't really taught about". Bailey also corroborated this viewpoint by saying "I remember several of my colleagues finding it very difficult to transition into working remotely." For her part, Bailey shared that she had learned how to navigate the teletherapy space through her clinical experience doing phone and crisis counselling. Therefore, she "felt it quite comfortable to move into phone and to audio visual." Bailey even mentioned that, for her, "the audio visual was like a bonus."

Therapists that previously had little experience with VC psychotherapy largely recollected a feeling of having to get over a learning curve in order to comfortably access therapeutic presence. Presently, Eleanor indicated her online sessions had "become very comfortable, which is good." Although, she ruefully conceded, "it only took what, 5-ish years?" Harriet also shared that, with time, she had adapted to the medium, mentioning "with practice especially, it does feel like I'm not missing so much anymore of what I first felt like I was missing when I went online". Harriet held that, due to her proficiency in VC psychotherapy, "I'm

able to perceive more than you might think". Because of this proficiency, she had achieved "some comfort or some confidence" in her presence.

Theme 4: Technology as a Facilitator and a Hinderance

While the process of working in telepsychology took time, flexibility, and effort, therapist experiences with technology itself were both positive and negative. For example, some therapists indicated that as videoconferencing software usually included a small self-view, so that one could see themselves as they spoke, this feature could contribute to increased self-consciousness. Felix mused about how "self-consciousness is something" and continued by explaining "I would sometimes I ask clients to turn it off, so that they can lose themselves somewhat." Certain clients may experience this self-consciousness more acutely, as Harriet described,

> It really comes down to their comfort. If they're really self-conscious about the screen … [it is] very hard to get tuned in and build that relationship because they're not with me versus an in-person session there's nothing to distract them.

Consequently, therapists were not immune to this sense of self-consciousness brought upon by the self-view feature. Jasper mentioned, "I can feel that even as a distraction for myself sometimes of like you know I will double check to see 'oh am I making a weird expression, am I expressing the thing that I think I'm expressing.'" Overall, these findings reflected a preoccupation with the delivery method of telepsychology. Therapists understood that the way videoconferencing applications were set up could substantially impact the therapeutic experience for both clinician and client. Conversely, a minority of therapists indicated that they never worried about technology's impacts. To this end, Danica quipped "I don't often troubleshoot the platform that I use ahead of time because I've yet to have an issue". She then added, "things have been pretty user friendly and I haven't really had any issues".

Another experience centred around preoccupation with the delivery method was conveyed through Jasper's recognition of how much they valued the physical transition to and from an in-person psychotherapy session. They relayed,

> Because obviously if you're seeing somebody in person, you close your computer, you know, or like, you look at your notes, but then you close your computer and then you go get them, you bring them in, like, there's more of a physical transition from, you know, the pre-session to the actual session.

Similarly, Jasper advised their clients to simulate the separation between the therapy work and the clients' personal lives. On this point they said,

> I encourage people to not just close the window and then go back to work immediately or go back to scrolling or whatever else they're doing with their day, but to have some kind of separation, have some kind of thing that marks that transition.

Overall, therapists provided a diversity of opinion on technology as both facilitating accessible therapy while also sometimes hindering potential connections.

Theme 5: Therapists Desire Information

Some participants recognized the inherent predisposition therapists have towards gathering the most possible information they can about their clients. Two subthemes emerged from this topic, in which participants spoke about navigating a perceived hierarchy of modalities, with in-person therapy being the most preferred modality, and how working with telepsychology services had empowered them to use different channels of information that they might not have used if they had only worked with clients face to face.

(A) Navigating the Hierarchy of Modalities

In conversation with some therapists, it was conveyed that many of them ascribed to a hierarchy of modalities where an in-person meeting was the preferred mode of conducting therapy. This primary preference was then followed by VC psychotherapy and then conducting a session over the phone was described as the least desirable modality. Graham posited that this hierarchy arose because connecting with someone in person was "basic human stuff" since "someone is there and hearing you out and you're being there in a room with them and it's not, you know, broken down by layers of technology and geography". He cautioned that this viewpoint didn't discredit VC psychotherapy but merely elevated in-person psychotherapy slightly above it. This caveat was captured through his statement that "I still think you know it [is] better than not having it at all, and I think it [can be] incredibly powerful and incredibly effective and I'm glad that that's possible."

A few therapists ascribed part of this hierarchy to the deeper attunement they believed possible within in-person psychotherapy. Casey shared that it was "very important for me to be able to be attuned with my client" which was intertwined with noticing "their body language", or that "they're breathing really fast or now they're fiddling with their hands a lot more than they were a few minutes ago". Thinking about this attunement, she said "that's definitely lost

sometimes in doing virtual therapy." Similarly, Felix reported that he found after the pandemic his clients embraced in-person psychotherapy sessions again because "more and more people were sort of like wanting that attunement that can come with being in the same room"

Particular therapeutic approaches also altered therapist preferences for modalities. Specifically, some therapists found that their somatic work such as EMDR felt easier to use in person. Harriet succinctly conveyed her viewpoint by saying "although I can effectively do EMDR online, and have been, I personally prefer EMDR in person for the client." Eleanor furthered this concept by identifying "if I were to have a client who has a higher chance of disassociating, I would probably recommend doing it in person just because it's harder to see how someone's responding, and disassociation looks so different per person."

(B) Therapists Want More Cues

The following subtheme was drawn from the attribution expressed by some therapists that the aforementioned hierarchy stemmed from having greater access to non-verbal cues in person. Casey spoke about an online client that she could not ascertain whether he was under the influence of marijuana and noted that she "would have picked up on those cues if he would have been in person. I probably would have smelled it right? and we could have talked about it a little bit further." She further acknowledged that while she could gather the information verbally this did not always allow for a present-focused therapy session. She related, "I might check in with them if I'm noticing they're getting distracted or something like that, but I can't constantly ask them the way that if I was in person, I'd be constantly seeing it."

A few therapists also noted it could be harder to maintain therapeutic presence from the lack of these visual cues. Felix recounted how clients may lose a sense of therapeutic presence:

> from my experience it's harder to do those pauses. you get that sense like "well, what are you looking at?" you know like "is someone else in the room, are you distracted? What's going on?" as opposed to, "well, it's very obvious, he's looking out the sunny window and thinking deeply about how to help me.

Likewise, Graham related, "what [clients are] mentioning will impact you. You know it can be very moving". However, due to some non-verbal cues being obfuscated in VC therapy "it's harder for them to know what's going on". Graham indicated this disconnect between therapist emotion and client perception could negatively impact therapy because "it's important that it's seen or processed and we talk about whatever that might be. But it's harder to see online."

Overall, these participants maintained that their clients' experiences of therapeutic presence were affected by how easy or difficult it was to witness the emotions of their therapist.

(C) Using Different Channels of Information

Due to the challenges therapists experienced with ascertaining non-verbal cues, it was reported that they employed vocalizing as opposed to witnessing techniques to gather relevant information. Harriet gave an example of these techniques saying, "Sometimes I ask, sometimes I'll notice a small shift and say like, 'oh, what do you notice in your body right now' or 'how are you holding yourself right now?'" Likewise, Bailey reported "I'll do a lot more inviting my client to vocalize it and share it with me as opposed to me being able to witness it." These verbal tracking techniques allowed therapists to understand what their clients were feeling in the moment.

Furthermore, this subtheme rested upon the therapists' abilities to recognize their constraints, and work with the cues they have access to in VC psychotherapy. Graham explained that conducting therapy online "makes me pay attention to what I've got more." He added, "I have had to get really good at reading faces." As Danica described,

> It's almost like I don't need to have access to their entire… the entire frame of reference because you know them so well, you know, facial cues, facial expressions, you know, even where they place their hands on their body is usually pretty telling for me, you know. If a client starts talking about something and their hand just kind of shoots up to their throat or to their chest or they're fidgeting with something, or I can notice that they're, you know, looking around or they're dissociated, like, these are all things that I can pay attention to quite well, and even though we can only see like a certain portion of their bodies, I find you can still tell if they're fidgeting or if they're not totally present.

Therefore, therapists acknowledged that non-verbals still existed in VC therapy, but they might be different non-verbal indicators than ones they were used to watching for in person.

Finally, some therapists mentioned that they had to adapt their own non-verbal actions so that clients could track with their presence in VC psychotherapy. Felix captured this idea through the following statement:

> maybe my normal reaction would be just to look off into the distance, but instead I'll do something like [thoughtfully stroking my beard] that makes it feel, you know, gives a

> sense of oh, he's stroking his thinking beard right now. Therefore, you know, he must be thinking.

Ergo, through adapting their focus to consider different channels of information (i.e. verbal questions, facial microexpressions, intentionally ostensive actions), therapists maintained strong connections with their clients over VC technology.

Theme 6: Covid as a Catalyst

By and large the COVID-19 pandemic was used by participants to delineate their experiences into pre- and present-telepsychology experiences. The majority of participants reported suddenly shifting from work that was entirely in person to entirely online due to the gathering restrictions implemented during the pandemic. For these therapists, the experience was reportedly completely different than any shift they had previously encountered in their careers. Jasper spoke about what the experience of abrupt change felt like, saying, “everything's shutting down. You're taking your stuff home, like, suddenly you're working from home. Good luck. Hope that goes okay.” However, not all therapists had as strong of a change due to the pandemic, as one of the participants extensively worked with phone counselling throughout their career. Nonetheless, therapists acknowledged that the COVID-19 pandemic was the largest reason for the widespread adoption of telepsychology and that it subsequently shaped comfortability with, and acceptance of, the medium.

The therapists we interviewed reinforced the message that there has been a marked shift in the therapeutic landscape pre- and post-covid. Therapists that had previously only conducted their sessions in person now regularly used VC psychotherapy. For Danica this shift to accommodate VC psychotherapy happened “overnight”, and she had to “shift instantaneously”. Presently, therapists believed that VC psychotherapy is here to stay. Graham shared “I don't think it'll get to place where its 100% in person”. Therefore, therapists held that they should use the differences in the modality to their advantage. Felix found that, in his experience, many of his colleagues had grown from working within VC therapy and continued to use these experiences to hone their clinical practice. He shared, “people are seeing pros and cons of either and not writing off either”. Furthering this point, Bailey emphasized “I think it's here and it's not going away. And that we just get comfortable with it as opposed to seeing it as a negative. I think it actually creates a plus.” Continuing on, she stressed “I think this is something that we could use to our advantage and to our client’s advantage for the future.” Likewise, Klaudia shared that

while she had recently began offering in-person sessions “not many people wanted to switch to in person. Like, they wanted to continue with virtual.” Therefore, by harnessing the changes occurring within the therapeutic landscape and learning how to work within them, therapists could continue to hone their practice of presence so as to walk alongside clients in whatever manner necessary.

CHAPTER V

Discussion

The rapid ascent of telepsychology which occurred due to the unprecedented change brought about by the COVID-19 pandemic produced numerous avenues of inquiry for current scholars regarding the use, efficacy, and longevity of such mediums (Aafjes-van Doorn et al., 2021). Within this chapter, I will situate the findings within the extant literature and discuss how they corroborate, clarify, and extend understandings of therapeutic presence in telepsychology. Afterwards, limitations and delimitations of the study will provide context for the transferability of the findings. Finally, implications of this study will be examined, and recommendations for future research will be offered to stimulate an on-going scholarly discussion of an emergent understanding of therapeutic presence in VC psychotherapy.

The purpose of this study was to expand the knowledge base around therapeutic presence in online psychotherapy. This study was guided by two research questions: (1) what are psychotherapists’ experiences regarding therapeutic presence throughout videoconferencing psychotherapy sessions? (i.e. before, during, and after) and (2) how do psychotherapists overcome the challenges and barriers in videoconferencing psychotherapy? The answer to these questions were sought in response to scholarly literature which makes note of the importance of therapeutic presence and its relative nascence within the realm of telepsychology (Geller, 2021; Geller & Greenberg, 2023). Reflexive thematic analysis was used to analyse participant answers and formulate a collective understanding of their experiences with online therapeutic presence (Braun & Clarke, 2021).

Through this analysis, several themes and subthemes emerged that adhered to a thematic structure centering around the two main research questions. The main findings for each research question are presented according to the thematic structure which arose through the process of analysis and discussed within the context of the current literature.

Online Therapeutic Presence

In response to the first main research question, participants presented with a multitude of diverse experiences regarding therapeutic presence in videoconferencing psychotherapy. Notably, several findings present within the first main theme, *Therapeutic Presence Transcends Modalities*, corroborated previously published literature on the subject.

The most striking finding applicable within this theme pertained to the hypothesis of therapeutic presence as a common factor, and a trans-theoretical approach that is present across all forms of psychotherapy (Geller & Greenberg, 2023). Therapists recognized the importance of fully being with the client in emotional, cognitive, spiritual, and relational ways (Geller et al., 2012). Therapists also acknowledged that they were able to achieve this presence with the majority of clients they worked with through VC psychotherapy. Likewise, the quality of relationships reported by therapists were said to match those formed in person. Noting that therapeutic presence benefits clients through the fostering of deep, compassionate connections whereby therapists are fully responsive and non-judgementally receptive to a client's experience (Geller, 2017), participants indicated that they were able to cultivate this connection through videoconferencing psychotherapy. Such a finding could lend credence to the idea that presence creates a foundational environment for effective therapeutic relationships that are based on Carl Roger's (2007) conditions of empathy, congruence, and unconditional positive regard.

Moreover, the three meaningful domains of cultivating presence, (1) preparing for presence, (2) engaging in the process of presence, and (3) experiencing presence, are substantially reflected within participant responses (Geller & Greenberg, 2023). For example, findings of integrating self-reflection, seeking out personal development through reaching out to colleagues, setting up intentional commitments when sitting down to open up a VC psychotherapy call, and respecting one's limits were all present within the dataset. Furthermore, these practices showcased participant's preparation for therapeutic presence and reflected expert recommendations that therapeutic presence is a professional imperative for ethical practice (Geller, 2017; Thériault et al., 2015). Next, when engaging in VC psychotherapy, participants largely reported being able to practice receptivity, inward attunement, and extending themselves to make contact with the client. Interestingly, these findings augmented Geller and Porges (2014) work on promoting feelings of safety through presence. Specifically, participants noted some clients were able to enter the state of safety more easily in a comfortable home environment.

However, some therapists noticed that certain client populations felt less connected online. This notion indicated that the medium of VC psychotherapy may not appeal to all individuals equally. Similarly, researchers such as Madigan et al. (2021) have cautioned that certain client populations, such as individuals experiencing active psychosis, intense suicidality, complex family situations, or increased confidentiality concerns might benefit from intensive in-person care. Notably, some of the present findings also included personality disorders within the category of individuals that therapists could struggle to connect with online. Such an outcome contributes to the call for increased research in the area, as scholars have noted that most studies focusing on telepsychology and personality disorders are pilot or feasibility studies for application-assisted therapy (van der Boom et al., 2022). Although, one qualitative study which focused on therapist appraisals of a structured online therapeutic intervention for personality disorders produced positive evaluations (Bailey et al., 2024). However, no research has been completed to date specifically examining online therapeutic presence and personality disorders in telepsychology practice. Therefore, practitioners should remain cognizant of whether or not their client population benefits from meeting with the therapist online, or if they would be best seen in person.

Finally, therapists reported being able to engage with the process of presence, and experience presence, maintaining their whole sense of self while entering into the complex inner world of the client. This feeling was reflected in grounding practices the therapists employed prior to, during, and after sessions (Geller & Greenberg, 2023; pp. 121-122). Physical, professional, locational, and spiritual aspects were utilized to maintain one's own sense of independence while entering into a conversational space to discuss their client's specific concerns (Chevalier, 2015). Understanding that therapists were able to align themselves both mentally and physically with their clients lent credence to their ability to experience presence while conducting VC psychotherapy sessions (Koole & Tschacher, 2016). Such grounding practices also contributed to self-care, which will be expanded upon in a later section. Immersion, likewise, occurred throughout the therapists' telepsychology sessions during moments which they described as being singularly focused on encountering their client in the moment (Geller & Greenberg, 2023, p. 128). Relying on the moments of grounding, therapists were able to remain present while closely engaging with the client's moment-to-moment experience. However, a potential difference between in-person immersion and online immersion

arose through the study. One therapist indicated that they occasionally had to remind themselves that they were in a therapy session because of the functional similarities a VC psychotherapy session had with other videoconferencing calls they conducted. Markedly, as the therapist also had work meetings with their colleagues over videoconferencing software in the same space as their VC therapy sessions, they noticed that they would sometimes feel as if their VC therapy sessions would take on the atmosphere of a conversation as opposed to a therapy session. These functional similarities may need to be controlled for to mitigate the possible negative impacts they could have on therapist presence. Nevertheless, the subsequent final aspects of experiencing presence, expansion, and being with and for the client to provide compassionate care were evidenced within the study. During VC psychotherapy sessions, therapists continued to harness presence through enlivening acute details, incorporating mindfulness (Hick & Bien, 2008), and maintaining their sense of self. Experiences such as the ones proffered by the participants showcased that contributing factors to experiencing therapeutic presence exist within VC psychotherapy.

Accordingly, these reported findings may subdue worries that had been previously expressed about whether therapists would experience reduced attunement, empathy, and other therapeutic skills critical in forming a working alliance (Fisher et al., 2021; Lin et al., 2021). In contrast to such research, participants reported being able to form strong online therapeutic relationships built upon empathy, warmth and support. Moreover, this establishing of presence was reported to be equally prevalent compared to their in-person therapeutic relationships. Now, past research acknowledged that as the studies were conducted during the COVID-19 pandemic, participants were providing telepsychology out of necessity rather than from either client or practitioner preference (Lin et al., 2021). Additionally, these researchers recognised that some of their participants may not have had relevant knowledge or previous experience with telepsychology. In comparison, while some of the present study's participants still provided VC psychotherapy out of necessity due to client demand, all had a minimum of five years of experience with providing such services. Ergo, current psychotherapists who are experienced with telepsychology, and opt to provide those services, may be better equipped to engage in online therapeutic presence than those required to by circumstances out of their control, or those for whom the online medium is unfamiliar. This supposition matches findings by Werbart et al. (2024), which showcased that therapists became more comfortable with the online medium and

with their modified therapeutic interventions as they gained more practical experience with providing VC psychotherapy. Werbart et al. wrote that these findings illustrated the need for therapists to develop skills and expertise applicable to both in-person sessions and virtual sessions so as to adjust client care to match each specific individual's situation (2024). Likewise, the present study's findings endorsed therapists approaching each client as an individual, assessing their appropriateness for telepsychology (McCord et al., 2020), and understanding how to best match a client's needs with the services available to them, whether in person, or online, to strongly promote therapeutic presence within their practice.

In sum, the concept of therapeutic presence occurring throughout videoconferencing psychotherapy was supported. This support could be best explained by Geller et al.'s (2012) theory of therapeutic presence as a fundamental common factor in the provision of effective psychotherapy. The present findings were provided as a response to calls for more research regarding the existence of therapeutic presence online, as well as continued research about best practices for establishing, and nurturing online therapeutic presence (Geller, 2021, 2022). These findings specifically indicated that presence could be effectively nurtured and felt within VC psychotherapy and denoted ways in which therapeutic presence might contribute to the formation of the therapeutic alliance online. Likewise, this research continued to showcase the reported efficacy of telepsychology (Madigan et al., 2021; Markowitz et al., 2021; Werbart et al., 2024).

Recognizing Potential Barriers

Conducting VC psychotherapy did require adjustment from clinicians, and many barriers and challenges were reported by participants. Nevertheless, these challenges and barriers were denoted as largely surmountable. Predominantly, the present study contributed to the extant literature on reported issues with telepsychology, including how to incorporate beneficial practices that would assist therapists when providing services online (Geller, 2021; Glueckauf et al., 2018). Beginning with reported challenges and barriers, participants validated the continued presence of safety, liability, and legal concerns (Connoly et al., 2020). Participants also confirmed experiences of technical failures and discussions of confidentiality (Batastini et al., 2020; Hilty et al., 2017). Accordingly, most participants were able to describe a situation where they felt patient safety could have been increased in a face-to-face therapy environment. These times included needing to address emergencies that required the client to be admitted to a hospital, a therapist being unaware that an abusive partner was listening in on a phone call, and

being unable to discuss certain topics due to clients feeling uncomfortable speaking about it while others were near to the room the client was taking the video call from. Results from past research indicated that clinicians largely report having greater confidence in assessing and managing risk in person rather than in telepsychology settings (Jaffe & Steele, 2025). This present study affirmed such findings, while nonetheless suggesting that therapists were still able to navigate the difficulties present with crisis management online. As reported, crisis management skills that therapists developed in person would likely transfer into telepsychology and assist the practitioner when they were working with higher risk clients (Jaffe & Steele, 2025). Ergo, while VC psychotherapy may have presented some issues for clients requiring crisis counselling, or those unable to access a safe space for sessions (Aafjes-van Doorn et al., 2023; Kalicki et al., 2021), therapists were able to work effectively with a variety of client concerns online.

Several therapists also spoke about the liability and legal concerns they had regarding VC psychotherapy. Technicalities such as ensuring the videoconferencing platform they selected was compliant with the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA) affected participant's confidence in providing VC psychotherapy. Notably, one of the therapists acknowledged that technical issues, paired with client preference, pushed them to use a platform they could not say with total certainty met PIPEDA regulation. Questions of electronic safety and the legality of using a specific videoconferencing platform could negatively affect one's presence (Geller, 2021). These questions, therefore, illustrated the importance of therapists proactively addressing the possibility of technical issues and exploring if a VC software is PHIPA/PIPEDA compliant prior to engaging with telepsychology services. These findings also suggested that greater transparency within the VC software's terms of service would be beneficial according to the legal concerns voiced by therapists. These sentiments matched much of the established qualitative research findings where therapists acknowledged the need for more resources and the usefulness of providing training in such areas (Aafjes-van Doorn et al., 2023; Hilty et al., 2017). In sum, therapists' recognition of safety and legal concerns provided evidence for a potential barrier to online therapeutic presence. Consequently, this barrier could be addressed both personally through continued clinical education, and systemically through increased transparency of software privacy policies.

When considering technical issues, the present study's findings were broadly in line with established literature, although participants unearthed a number of distinct findings that were less represented by past research. One such example stemmed from research that emerged immediately following the onset of the COVID-19 pandemic (Batastini et al., 2020; Connolly et al., 2020). At the start of the pandemic, many mental health professionals were quite concerned about the possible consequences of technical failures and the potential negative impacts they would have upon establishing rapport. In comparison, while technical failures were certainly reported, and were consternating for therapists, the issues did not extend to the establishment of rapport. On the contrary, some therapists noted that they were able to use technical issues in their work to model for their clients what dealing with a frustrating situation could look like. In essence, practitioners might mitigate the predicted negative impacts of an unplanned technological glitch on rapport by transforming it into an event that allowed for practitioners to further their therapeutic relationship with the client (Geller & Greenberg, 2023, p. 126). Past research reflected a similar concept, whereby resolving technical issues and providing support to those using it allowed for a positive experience for both clients and practitioners (Roddy et al., 2025). Ergo, therapists within this study were not able to avoid experiencing technical issues entirely. However, these events may not necessarily impact client rapport negatively. Furthermore, therapists may be able to harness the moment, with effort, for their own therapeutic aims. Similarly, during the pandemic, researchers found that many therapists had to provide their clientele with technical support in order to properly set up online videoconferencing sessions (Aafjes-van Doorn et al., 2021). This theme did not emerge within the present study. Potential considerations regarding the provision of technical support included the possibility that clients had grown more proficient in online videoconferencing services, or that clients who still elected to meet with their therapist online were comfortable with the technology and others who were not comfortable had elected to see their therapist in person again. Overall, while therapists did indeed describe encountering some technical issues as minor barriers to presence, they did not overly emphasize their impact on VC psychotherapy sessions. Such findings corroborated the existing literature which indicated that therapists who had more experience working with telepsychology services tended to report experiencing fewer challenges with the modality (Connolly et al., 2020). The present study added to this finding and augmented the established perspectives on addressing technical issues in VC therapy.

A final barrier arose in the form of difficulty establishing an identical level of confidentiality for videoconferencing psychotherapy when compared to in-person psychotherapy. Reflecting established research, practitioners provided examples of being unable to guarantee confidentiality as they could not control familial interruptions or be totally aware of who might be listening in if an individual was obscured from the camera's frame of view (Madigan et al., 2021; Werbart et al., 2024). Of course, as many professional practice standards state, there is a need for clinicians to explain the limits of confidentiality to clients (Church et al., 2023; CRPO, 2024). Participants recognized this fact and reported communicating confidentiality limits to their clients. However, despite these limits to confidentiality, and numerous concerns written about in past research (Glueckauf et al., 2018), this study found that these limits did not substantially impact the therapist's therapeutic presence. One such reason this barrier to presence may have been professed to be minor was that most therapists prefaced their initial VC psychotherapy sessions by explaining the limits to online confidentiality as part of their informed consent process. Therefore, clients were aware and educated on what the procedure would be if they were interrupted by anyone during a therapy session. Additionally, most interpersonal interruptions were described as either positive or only slightly disruptive which allowed therapists to quickly bring the session back to what was being worked on prior to the interrupting event.

Overcoming the Challenges of Technology

In response to the aforementioned barriers, therapists reported utilizing many techniques which had been similarly described in the established literature. These techniques reinforced practitioners' ability to engage in VC psychotherapy, as well as to cultivate online therapeutic presence. Principally, one way in which participants adjusted their practice to work well in an online environment was through an increased focus on ostensive cues. Reflecting findings by Fisher et al. (2021), participants spoke about incorporating intentionally obvious gestures that clients would understand to convey concepts such as the therapist being deep in thought or clearly waiting for the client to continue speaking. Such ostensive cues fed into the practice of therapeutic presence as participants used them to communicate their attention, focus, and interest in the clients' concerns. Now, while Fisher et al. (2021) focused entirely within the realm of psychodynamic therapy, the present findings derived from participants were drawn from a multitude of theoretical orientations. Therefore, the proposed incorporation of ostensive cues to

convey online therapeutic presence may have generalizable impacts for many types of therapy. Therapists also professed to deliberately tailor their cues towards individual clients. This sentiment reinforced their intentions to integrate the essential characteristics of face-to-face psychotherapy, while providing said services in an online format. Accordingly, such ongoing negotiation of working within telepsychology was stressed by Werbart et al. (2024) in their qualitative examination of relationship dynamics in online psychotherapy.

When considering cues the therapist receives from the client, participants noted multiple techniques they used to gather information previously accessible through nonverbal cues during in-person sessions. As past research indicated, the lack of non-verbal cues, and the constraint of visual cues to the video frame may concern clinicians when they consider providing telepsychology services (Fisher et al., 2021). However, when therapists were presented with a situation where they could not rely on cues they were normally used to noticing, they reported modifying their approach so as to gather equivalent information using other avenues of inquiry. Participants reported findings similar to the study by Downing et al. (2021), as they discussed negotiating eye contact, adjusting to different body gestures, seated positions, and verbalizations. As such, while therapists working in online spaces might not have been able to pick up on a nonverbal cue in the same way as if a client was seated directly in front of them, they were able to adapt to their environment and elicit that information through other means. Moreover, some nonverbal cues still occurred within the realm of VC psychotherapy and therapists reported being able to witness them. Therapists discussed how they isolated particular facial micro-expressions which allowed them to ascertain client emotions, hesitancy to speak, or levels of openness to a topic. Tracking these minute responses followed past advice from scholars on the cultivation of online therapeutic presence (Geller, 2021). In summation, while therapists may indeed be challenged by a loss of nonverbal information, they are able to find new ways to maintain the information required to help them support their therapeutic presence.

In a similar manner, somatic-focused therapies such as EMDR were reported to require some nuance when considering their use over VC psychotherapy. This nuance primarily stemmed from therapist's reporting difficulty maintaining presence when working with clients who might dissociate as a result of the therapeutic content. Consequently, telepsychology sessions required proper safeguards to ensure that the client could be easily monitored by the therapist and so that both client and practitioner remained present in-session (Bursnall et al.,

2022). Additionally, EMDR was noted to require specific timings due to the eye-movement techniques, which were particularly hampered by any video lag, whereas more conventional talk-based therapy would be less impacted by those constraints. Therapists sought to overcome these challenges through incorporating websites that provided lag-free bilateral stimulation or through using other forms of stimulation that did not require the client to follow the therapist's video. Accordingly, nascent research had indicated that therapists may utilize more tactile bilateral stimulation such as tapping to compensate for the difficulty of ensuring adequate eye-movements online (Bursnall et al., 2022; Strelchuk et al., 2023). Moreover, said research indicated that some therapists felt they had to work harder online to ensure the client did not become overwhelmed during processing moments. Such a notion corroborates the present findings and cautions therapists against presuming that every therapeutic process can be easily translated into the online realm. Notably, research investigating the use, efficacy, and best practices of providing EMDR therapy online remains relatively scarce (Strelchuk et al., 2023). Nevertheless, both the present study, and continued research indicated that videoconferencing-based somatic-focused therapies are still being used by therapists to promote client well-being, resiliency, and trauma-processing (Kaptan et al., 2023; Strelchuk et al., 2023). Therefore, the therapeutic approach may impact a therapist's ability to tap into presence depending on how conducive videoconferencing technology is to working withing said approach. A future study may want to explore the compatibility of specific theoretical perspectives delivered via videoconferencing and how conducive they are for the practitioner to cultivate therapeutic presence.

Clinician education on the topic of VC psychotherapy, while sparse, ad hoc, and generally nascent, provided useful guidelines from which therapists began quickly establishing their online work. Despite calls decades earlier that psychology must be ready to embrace the unexpected, and that cyberspace should be considered a new realm which practitioners should rush to utilize (Barak & Suler, 2008), many clinicians reported feeling minimally educated on the topic. Accordingly, research published prior to the pandemic noted that preparation for telepsychology services among those with zero to ten years of clinical practice was reportedly lacking (Glueckauf et al., 2018). While the present study noted a similar finding, therapists indicated that they employed tactics to overcome the challenge of minimal education such as researching best practices, or obtaining additional guidance from supervisors or experienced colleagues, and studying policy documents provided by professional associations (Church et al.,

2023). Notably, while therapists who were near the beginning of their careers voiced difficulties with transitioning online, and remarked that telepsychology was not substantially incorporated into their graduate education, they also sought out different avenues from which to gain knowledge on the topic. Now, these actions may have been more indicative of therapists' professional experiences occurring in the midst of a global pandemic where many practitioners moved their services online with minimal training (Barnett et al., 2024). However, they further extended a second theme produced by Glueckauf et al. which concerned the uncertainty of continuing education uptake (2018). Many practitioners indicated they hoped for more continuing education to be available. This indication revealed that the need for continued communication regarding the broad base of continuing education opportunities available to practitioners (Callan et al., 2017; Hilty et al., 2017).

The final challenge therapists spoke about overcoming centered on how to take care of one's virtual office. Specifically, in-person therapy offices provided a set of parameters which naturally safeguarded both the therapist and the client in several ways. These ways included, but were not limited to, confidentiality, communication, and ethical boundaries (Glueckauf et al., 2018; Werbart et al., 2024). While therapists reported that they were able to safely, clearly, and ethically provide VC therapy services to their clientele, they also reflected past research by sharing ways in which they overcame challenges associated with telepsychology. Some of the strategies therapists used for taking care of the virtual office space included promoting a sense of safety by explicitly noting white noise machines, mentioning the privacy of their office space, asking clients if they were in a private space with a closed door, and coaching the clients through intentionally separating their therapy time from the rest of their day (Bailey et al., 2024). Likewise, planning ahead to anticipate any issues with the virtual office space and establishing clear and consistent plans for clients in the event of interruptions ensured that both client and therapist would know how to handle the event. This notion could be seen in creating plans for how to approach an internet outage or indicating how silencing notifications on their devices could be useful to ensure both parties remained focused on the therapeutic content (Bailey et al., 2024). As clients were residing in their own personal living spaces, therapists also had to negotiate the parameters of the space instead of independently creating therapeutic norms (Barnett et al., 2024). It should be noted that viewpoints varied around actions that usually would not have been allowed during in person such as clients smoking a cigarette to relax, having a pet

in the room, or being comfortable with a client's partner occasionally walking through the background. In these situations, some therapists established rules unilaterally about the situation, while others opened up a dialogue with the client about what rules and guidelines would be productive for their therapeutic goals. These divergences may have been due to the relative nascency of the available guidelines for telepsychology (Church et al., 2023). Alternatively, clinicians may have been relying on their clinical experience which would be different for each individual surveyed. Nevertheless, while the virtual office space may differ greatly in setting from an in-person office space, its boundaries and parameters still needed to be intentionally created by both the therapist and the client.

Harnessing the Benefits of Telepsychology

Therapists presented incredibly nuanced details which simultaneously acknowledged the difficulties of telepsychology and praised its unique advantages. This nuance partially reflected past data and partially expanded on several positive findings. In some of the most recently published studies on the topic of telepsychology (Roddy et al., 2025), therapists indicated mixed experiences working online and tended to display a preference for working in person. This fact remained true even though the majority of studies that focused on client data were broadly positive (Roddy et al., 2025). However, as acknowledged by these scholars, therapists only provided limited insight into the cause of these differences. In this section, I elucidate some of the benefits of telepsychology, which may contain particular implications for how therapists believe others can be empowered to provide positive, and sustainable online practices.

Working in a home office can be more comfortable for clinicians than their in-person office space might be. This comfort can positively impact the establishing of therapeutic presence as therapists feel at ease in their environment (Geller, 2022). Simple aspects of home were noted to be soothing and calming for therapists, such as being able to sit in a more comfortable position or wear cozy, fuzzy slippers. Having these comfortable spaces could also have a positive impact on therapeutic presence practices as scholars instruct practitioners to find a comfortable place in which to rehearse the practice of presence (Geller, 2017). Additionally, working in a comfortable home office may act as a contributing factor towards a sense of safety as therapeutic presence is hypothesized to promote effective therapy partially through the establishment of said sense (Geller & Porges, 2014). Nevertheless, it should be noted that providing telepsychology from one's home is not necessarily always more comfortable than a

clinic's office space. Therapists may struggle with a lack of physical separation between their clinical work and their home life (McCord et al., 2021). To combat this potential discomfort, scholars have suggested to incorporate boundaries between a therapist's working space and their living space (Geller, 2021). Additionally, the present study expanded past research which postulated that as therapists gained experience providing telepsychology services online their discomfort with the modality would decrease (Bursnall et al., 2022; Connolly et al., 2020). Therapists affirmed that, as they worked through the initial hurdles of learning how to operate videoconferencing technology, they felt increasingly at ease providing VC psychotherapy. On the client side, research has noted that clients also appreciate the comfort which comes from joining a VC therapy session from their home (Bursnall et al., 2022). Ergo, therapists may be able to harness the unique therapeutic space that comes from working from a home office and allowing clients to connect with their therapist in the safety and security of home.

Telepsychology also increased the accessibility of where clients could meet with their therapist. This accessibility had previously been acknowledged as a benefit of telepsychology (Backhaus et al., 2012; Connolly et al., 2020). Predominantly, by using telepsychology, therapists were able to meet with participants who may have previously been impeded from travelling to a physical clinic. Moreover, as some clients may have arrived at the clinic flustered and anxious about meeting with their therapist, it may have been harder for them to be present and focused for their sessions (Connolly et al., 2020). Indeed, the accessibility of VC psychotherapy has positive implications for cultivating therapeutic presence. Another positive aspect of accessibility stemmed from the fact that certain client populations were disproportionally affected by the availability of telepsychology services (Markowitz et al., 2021; Roddy et al., 2025). One participant reflected past research when sharing about how her indigenous clients benefitted from the ability to continue attending their therapy sessions when they travelled back home to visit their reservation (Backhaus et al., 2012; Wadsworth et al., 2016). Telepsychology provided a convenient and cost-effective option for maintaining therapeutic care to clients who may otherwise have had to choose between visiting, or living in, an underserved community, or seeing their therapist. A final benefit of removing geographic barriers was seen in providing smooth transitions for therapists when they relocated their practice. A theme which was lacking in past research was that, by using telepsychology services, continuity of care was provided for clients even as their therapist moved clinics, cities, or

provinces. Similarly, therapists were able to maintain their client base in one province as they waited for credentials to be formally recognized in their new location so they could open a new in-person practice.

In comparison to research on accessibility, the impact of telepsychology services on administrative work, and transitions between clients was relatively sparse (McCord et al., 2020). Participants denoted that telepsychology services may allow for clinicians to transition between clients in a more expedient manner than in-person services. Therapists could gain additional time from being able to end a VC therapy session and move immediately into working on the post-session paperwork they normally filled out. This efficiency could provide some benefit to the clinician's workday as it allowed them to reallocate time to other clinical tasks. Further, some clinicians indicated that they took electronic notes during session, which they were then able to easily refine, whereas they would have needed to move their notes from a physical hand-written medium to a digital one after seeing a client in person. The positive impact of technology upon streamlining administrative details may be seen as helping to alleviate secondary burdens of therapy (Clemens et al., 2014; Sobelman & Magnavita, 2018). While more research is needed on the subject, telepsychology showed promising potential developments associated with easing the demands of clinical administrative work upon psychotherapists.

A final benefit which therapists recommended working with was the potential for witnessing personal interactions that would be unlikely to happen during in-person therapy sessions. Due to many clients taking VC psychotherapy meetings in their personal living spaces, there was an increased likelihood for family, roommates, or romantic partners to interact with the client or therapist in an unexpected chance encounter. While these situations introduced complex ethical and clinical quandaries for therapists (Barnett et al., 2024; Glueckauf et al., 2018), they also could be utilized for clinical means (Downing et al., 2021). Specifically, therapists may use these situations as ways to work in vivo with the clients concerns or clinical aims. The potential benefit for these situations resided in the clinician being able to recognize and respond to a potentially unanticipated clinical event. This facet also reflected the intention of therapeutic presence whereby, through creating a psychologically safe environment, therapists responded in a way that their clients resonated with in the moment, (Geller & Greenberg, 2023, p. 134). Ergo, instead of framing this unexpected intrusion only as a potential breach of confidentiality, therapists may benefit from considering the therapeutic use of the event and incorporating it into

their clinical work through engaging with the client in relation to the other person who entered the space.

VC Psychotherapy Requires Self-Care

Providing VC psychotherapy, working from home, and interacting with technology each were shown to require therapists to implement specific self-care practices in order to best function. Due to the nascent nature of VC therapy as a mainstream modality, more research and consideration are required as therapists may currently struggle with finding a balance with their career and personal life. As practitioners reported, the intricacies of VC psychotherapy required particular self-care practices. Therapists recognized that in-person psychotherapy included built in rituals that separated one client from the next, as when they walked out to greet a client in the waiting room or said goodbye before closing the door, as well as built in rituals that helped separate work from personal life, such as the commute to one's office (Barnett & Homany, 2022). However, these rituals may disappear when psychotherapy moves online as each client simply appears in a video frame, and therapists may not have any commute. The lack of physical transition time also enticed therapists to work on alternative commitments that redirected their focus aware from the next client they were scheduled to see. These potential boundary bending experiences indicated that therapists needed to incorporate a higher degree of intentionality when considering how to structure their virtual work time. Moreover, therapists recognized the link between self-care practices and therapeutic presence (Geller & Greenberg, 2023). Therapists listed several useful techniques for sustaining therapeutic presence throughout their online practice such as including relaxation techniques prior to a client call, immersing oneself in nature after a day of providing VC psychotherapy, engaging in vigorous physical activity when possible, showering to symbolically wash the day's worries off of oneself, and many other practices that required the therapist to be aware of themselves in the present moment. These notions also reflected established calls to action by scholars who recognized the importance of self-care in promoting holistic well-being within the lives of therapists (Thériault et al., 2015; Posluns & Gall, 2020). The reported self-care practices indicated that therapists acknowledged the need for particular self-care practices when providing telepsychology services, and the intertwining factor of how self-care could positively impact therapeutic presence. Above all, this study contributed to a call for more research to be done concerning therapist self-care practices and the provision of telepsychology.

Past and Present Impacts of COVID-19 on Telepsychology

Undoubtably, the COVID-19 pandemic shaped, and continues to shape, the online therapeutic landscape. Of course, VC psychotherapy, and telepsychology as a whole, were present prior to the COVID-19 pandemic, with many distance interventions being created and employed in the decades prior to the year 2020 (Backhaus et al., 2012; Barak & Suler, 2008). However, these interventions remained relatively unknown to many clinicians until the sudden physical gathering restrictions and need to meet online propelled the widespread adoption of telepsychology. Notably, each participant spoke about the pandemic acting as a catalyst for them to provide more distance interventions. However, many participants lacked experience with said interventions and felt as if they were largely on their own to discern what might be best in terms of providing therapy at a distance. This finding of a literature and training gap reflected what many other scholars had indicated as researchers scrambling to catch up with the clinical needs of therapists (Roddy et al., 2025).

Viewing COVID-19 as a catalyst augmented the conceptualization of practitioner's views on therapeutic presence within VC psychotherapy. Markedly, there is evidence that therapist use, acceptance, and preference either for or against VC psychotherapy may shift overtime in response to social and cultural factors (Aafjes-van Doorn et al., 2021; Roddy et al., 2025). Therapists recognized that each medium of psychotherapy, whether in person or online, required different practical adaptations. Taking into account guidelines, and supportive policies, practitioners are presently able to benefit from specific best practices for telepsychology formulated by organizations and experts in the area (Church et al., 2023; Geller, 2021, 2022). As many participants voiced a desire to know more about the guidelines and research-backed practices, these established documents could be used as integral resources for empowering practitioners to grow in their competency of VC psychotherapy. These findings also may inform said guidelines, such as the support of therapeutic presence within VC psychotherapy, as well as strategies used by therapists to overcome the challenges and barriers present within telepsychology. The emergence of these guidelines may further transform the use or acceptance of telepsychology in the future.

Importantly, past research had also established that therapeutic presence benefits from remaining comfortable, grounded, and at ease in one's psychotherapy practice (Geller, 2022). The present study evidenced a growing understanding of VC therapy, as both client and

practitioner have witnessed the ubiquity of videoconferencing services throughout their lives. Clients who were not used to videoconferencing technology prior to the pandemic may now arrive at a session with a plethora of experiences using such software. Likewise, as therapists gained experience working with online modalities, they felt increasingly at ease with conducting sessions virtually. This finding supported past research which suggested that, as providers worked with clients within the online realm, their perceptions of the possible problems would dissipate, and they would continue to foster and develop strategies to improve their delivery of VC psychotherapy (Connolly et al., 2020).

The durability and longevity of VC psychotherapy continue to indicate that both client and practitioner expectations have shifted to include technology within the therapeutic context. In this area, the present study slightly deviated from past qualitative research on therapist perspectives of telepsychology (Aafjes-van Doorn et al., 2021). Particularly, this research indicated that therapists immediately following the COVID-19 pandemic remained largely uncertain as to if they would include VC therapy within their clinical work. Contrastingly, the present study's findings indicated that most practitioners viewed VC psychotherapy as fairly endemic to their work, with only one participant indicating that they rarely provided online services due to the location of their services being housed within an academic context. Therefore, this study indicated that many therapists may no longer be non-committal towards VC therapy and are continuing to offer it to their clients as desired. It is also worth considering whether one of the deciding factors towards use of virtual services may also be client demand as many therapists indicated that their present caseload shifts from in person to virtual largely upon the request of their clientele. Along this line, researchers have recognized that, while VC psychotherapy is here to stay, practitioners could be encouraged to learn what they can from the modality while not falling prey to all-or-nothing thinking regarding providing in-person therapy versus virtual therapy (Madigan et al., 2021).

Above all, telepsychology is demonstrated to be neither a catch-all solution to increasing accessibility nor alleviating administrative burden. Concurrently, in-person therapy is not always the superior choice for practitioners who desire to practice presence or attune to their clients' concerns. Videoconferencing psychotherapy may be appropriate for a particular client, but others may require in-person care. Likewise, some therapists may not want to work in the online context due their desire to maintain a ritual of a daily commute or are already trying to limit their

screen time in their personal life and find it hard to remain present when working with clients online. In the end, a quote by Gordon Paul (1969) encapsulated the nuance of the present findings by posing the question, "what treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances" (p. 44). In essence, the best way for therapists to approach therapeutic presence in VC psychotherapy is to individualize their approach according to each client's particular situation.

Limitations

Through this study, substantial findings were discovered relating to therapeutic presence in VC psychotherapy and how to proactively account for any issues that may arise while practicing therapy online. While the study's research methodology accounted for many of these important facts surrounding the findings, several limitations were noted.

Firstly, given Canada's diverse socio-cultural landscape, therapists from different provinces, territories, or rural communities may have experienced online therapeutic presence in various ways. While the present study attracted participants from five out of the ten provinces of Canada, those who responded to the study were not representative of all provinces, territories, or rural communities. Markedly, no participants resided within a rural or remote community. As noted previously, approximately one in nine Canadians reside in remote communities (Statistics Canada, 2022). Therapists from rural communities may have unique perspectives on the challenges present within VC psychotherapy as their access to technology may be more tenuous, or prone to the disconnections, slow internet, or other barriers to access. Therefore, while the sample included therapists who had served rural clientele and were able to speak to the barriers they witnessed, it was lacking in rural therapist perspectives.

Similarly, the sample may have lacked the language, gender and ethnic diversity of Canadian society, as the counselling profession is predominantly White, English speaking and identify as women (Beaton et al., 2009; Bedi et al., 2020; Lee, 2010). Further, the study's demographics form did not capture participant ethnicity, so I am unable to comment on the potential fit of the data in that respect. This limitation makes it difficult to ascertain the possible different factors conducting online therapy may have upon the presence of therapists who are of a non-majority ethnicity. However, these limitations are bounded by the fact that although the experience of therapeutic presence in online psychotherapy might differ between genders and ethnicities the present findings will reflect upon the majority of those practicing in the

counselling profession. Specifically, the participant makeup of 70% female identifying, 20% male identifying, and 10% non-binary identifying individuals largely correlated to representative metrics of therapist gender identity (Beaton et al., 2009; Bedi et al., 2020; Lee, 2010). Although, many reported surveys either did not include, or did not report, a non-binary sample within their study. Therefore, while the study's sample may not have been representative of Canada's demographic makeup, it largely reflected the language and gender makeup of the counselling profession. Nevertheless, without this representative diversity, the data might not have completely captured the sociocultural aspects of therapeutic presence and could limit study transferability.

De-limitations

This study was intentionally constructed with a first-come-first-serve model of recruitment, whereby participants who responded to the recruitment text were accepted until the desired sample size was reached. This method was deliberately selected to ensure that data collection occurred in a timely manner within the scope of this study's timeline and resources. I utilized this method of sampling due to the focused nature of this research to guarantee that participants were those most immediately willing and available to participate in the study. This method, therefore, ensured that that the interview transcripts would be full of rich and detailed answers.

A second delimitation of the study was present in the geographic and linguistic scope of recruitment. Limiting the research to English speaking participants from Canada was necessary for practical access and logistical considerations. Mainly, my primary language is English, and restricting participants to responding in one language allowed for thematic analysis to be conducted with the resources I had available. Additionally, international geographic sampling was not conducted in order to maintain relative consistency within the reported experiences, and the reported experiences within Canada were recognized as diverse enough to provide a rich dataset with respect to the thematic analysis process.

Setting the recruitment parameters to exclude therapists with less than five years of experience also delimited the study. While opening up the recruitment criteria to therapists with any amount of experience may have facilitated a quicker recruitment process, ensuring that the participants I interviewed had at least five years of experience to draw from allowed for a breadth of situations and online encounters to be described. Further, this criterion increased the

chances that their reported experiences would have been shaped in-response to the COVID-19 pandemic, both during and after gathering restrictions. Therefore, this delimitation provided the study with participants who were best able to speak about what experiences of online therapeutic presence were like in VC psychotherapy over the course of learning about the various intricacies of the modality.

Finally, another delimitation of this study was the selected sample size. Markedly, the sample size of 10 experienced psychotherapists was selected based upon previously published qualitative studies that focused on similar topics (Connolly et al., 2020; Geller & Greenberg, 2002; Werbart et al., 2024). Consequently, though the study contained a relatively small sample size in comparison to quantitative studies, the inclusion criteria informed purposeful sampling techniques. Consequently, this sample focused the study's scope and produced meaningful research on the subject of therapeutic presence. Moreover, the in-depth semi-structured interviews produced rich information derived from the participants' detailed experiences. Participants were able to share unique perspectives and life experiences which informed the findings on best practices for establishing online therapeutic presence, and overcoming the potential challenges and barriers present within videoconferencing psychotherapy. Therefore, the intentional choice to recruit 10 participants resulted in a substantial dataset and allowed the study to produce the considerable number of detailed descriptions of therapist experiences in videoconferencing psychotherapy.

Implications

Through this study I sought to contribute to the literature by highlighting shared or unique experiences and themes of practicing counselling professionals regarding therapeutic presence in VC psychotherapy. Extending from this research, several implications of the findings pertaining to practitioners, therapists-in-training, institutions, and the general population will be enumerated below.

Practitioners

Primarily, through researching therapeutic presence in videoconferencing psychotherapy, I produced several implications for those tasked with the provision of therapeutic services. Participants denoted useful practices for online therapeutic presence such as tailoring the therapeutic approach to the client's needs, incorporating self-care practices into one's schedule, and pre-emptively implementing procedures and practices for when technology does not perform

as expected. Firstly, tailoring one's therapeutic approach to a client's needs promotes therapist consideration of the nature of the client's concerns. These findings suggest that telepsychology services might be incredibly useful for clients for whom attending in-person therapy actually includes numerous barriers such as long commute times, increased self-consciousness, or scheduling constraints. Conversely, the present study showed that therapists should also consider whether clients are better served in person if they are prone to crisis situations requiring emergency services, whether they may experience increased therapeutic presence in person due to personality types, or simply whether they express feeling more comfortable attending a session in person. Secondly, the study findings should encourage therapists to consider what self-care practices they implement when working virtually. Therapists in this study advocated for a variety of practices such as incorporating rituals before and after work that symbolically simulated arriving and leaving the office, seeking out intentional time with colleagues to replicate the social connections present when working in person as well as providing time to discuss the realities of providing telepsychology services, and setting intentional boundaries to step away from work and mute email notifications after the working day is done. These self-care practices reflect past studies on the subject (Geller, 2021; Thériault et al., 2015). Additionally, these past studies included additional self-care practices one can implement if so interested. Thirdly, the present study showcased that pre-emptively implementing planned procedures and practices for certain situations such as technological issues, crises, or emergencies at the outset of treatment could negate the negative impacts these events could have on one's therapeutic presence. Analogously to Barnett et al. (2024), I advocate for therapists to implement standardized plans for potentially stressful situations that may arise when seeing a client online. Then, in the event that a stressful situation occurs, the therapist can rely on their plans to help them remain present and composed. Likewise, if therapists communicated these procedures to their clients, both parties would benefit from the knowledge of how to navigate the particular situation. A corresponding implication pertained to how therapists could prioritize client welfare in telepsychology spaces through reimagining and clarifying ethical practice that was taken for granted in person. The practical proposition offered by participants was to create shared agreements with clients to mutually agree on what would be beneficial for the clinical work while recognizing the autonomy of the client within their personal space. Finally, I aided in the development of counsellor education by outlining personal experiences of presence in

videoconferencing psychotherapy which could be used as example vignettes. As clinician education in the VC psychotherapy space remains crucial to building competence and confidence in providing these services (Connolly et al., 2020), practitioners can draw upon the personal examples of the present study's participants to inform their own practice.

Therapists-in-training

The present study presented avenues to increase nascent practitioners' competence in delivering online therapy, thereby advancing client welfare. As emphasized by participants, many therapists-in-training may be underequipped to apply their training in face-to-face psychotherapy to an online context. Several avenues were outlined for nascent therapists to explore such as initiating a discussion of these concepts in clinical supervision, advocating for it to be included within their formal education, and seeking out additional trainings in telepsychology. Similarly, instead of merely relying upon historical tenants developed within the research context of in-person psychotherapy, therapists-in-training may harness the present study's findings to improve their understanding of how therapeutic presence functions in telepsychology. Participants also shared wisdom particularly of note to nascent therapists regarding ethical practice. The concept of clearly defining the norms of practice was upheld as lessening the mental burden of possible technical issues as both parties would understand what to do in the event of a glitch or disconnection. Furthermore, creating shared agreements regarding boundaries that both client and therapist approve of would allow for therapists to cultivate a conversation of collective norming. Above all, participants emphasized that VC psychotherapy technology had a learning curve, and that comfortability was the combined result of experience with the medium, absorbing wisdom from colleagues and supervisors, and seeking out training in the form of webinars or recorded videos on the subject. Therapists-in-training, therefore, are encouraged to pursue experiences in the aforementioned ways to continue increasing their competence in the practice of online therapeutic presence.

Institutions

Thirdly, given the relative paucity of established institutional training available for telepsychology, the findings developed through this study may inform curriculum and allow for instructors to adequately educate themselves on best practices surrounding the subject. As telepsychology becomes more entrenched within the counselling field, institutions also have an ethical imperative to present a factual evaluation of the benefits and challenges of providing

mental health services online. As this area of research has been rapidly expanding (Thomas et al., 2024), educational institutions should work to close the gap between research and practice in order to produce strong therapists who are ready to address the challenge of a rapidly changing world (Aafjes-van Doorn et al., 2023). Universities could implement telepsychology use into their course curricula, providing opportunities for nascent therapists to understand the intricacies present in meeting with clients online. Further, universities should educate their students on the present research regarding telepsychology, therapeutic presence, and the particularities of how to provide safe, ethical, and constructive therapy to those who would benefit most from the modality. Likewise, researchers within these institutions could continue to investigate therapeutic presence in telepsychology. While graduate programs, and those who work in them, may be the first avenue from which therapists seek education, the present study implied that they also can benefit from trainings and policies offered through national associations (Church et al., 2023), courses offered through continuing education institutions, and even instructional videos delivered by companies that produce technology used in the provision of telepsychology. As noted in Thomas et al. (2022), the development of skilled clinicians required a focus on both present and future practitioners. Therefore, continuing education institutions will undoubtedly remain responsible for providing specific trainings on technology, and therapeutic presence in telepsychology, while universities and other graduate institutions may assume responsibility for training students in the foundational basics of establishing and maintaining therapeutic skills required for navigating the ethical and relational differences between in-person care and online care.

General population

Finally, promoting therapist understanding through qualitative experiences with online psychotherapy may help identify and address barriers to equitable and accessible treatment for all Canadians (Geller, 2021). A well-equipped mental healthcare system would include practitioners who were able to recognize the nuance required to provide both telepsychology and in-person options to clients who would be best suited to each specific modality. Further, as research has shown that clients tend to have a more positive viewpoint of telepsychology than clinicians (Connolly et al., 2020), the present findings have implications for working toward promoting clinician understanding of the medium. Marginalized communities, and areas lacking mental health services may particularly benefit from these insights by highlighting the

contributing factors to successful online psychotherapy services. It remains crucial to promote the knowledge gained through this study to clinicians as they play an integral role in facilitating the adoption of this technology.

Recommendations for Future Research

Though this study endeavoured to provide a fulsome investigation into therapist experiences of telepsychology, several recommendations arose for future areas of study. Continued exploration within the realm of therapeutic presence and telepsychology could positively contribute to the profession's commitment towards accessible, and equitable treatment for all clients. Previous studies indicated that research into cultivating and communicating therapeutic presence online should be scrutinized (Geller, 2021). The present study expanded upon this call, while also showcasing that therapists qualitatively reported being able to provide a therapeutically present practice through videoconferencing services.

Future literature is encouraged to explore the creation and systematic evaluation of training programs for telepsychology, particularly those with a sensitivity towards cultivating online therapeutic presence. While this study focused on experienced therapists, there is a knowledge gap for therapists-in-training, their experiences with telepsychology, and their experiences of online therapeutic presence. Consequently, the benefit to such a program would be evident in the feelings of grounded comfort which stems from therapeutic presence. Subsequently, such future practitioners could then be more likely to provide telepsychology services. Additionally, such research could increase the availability of technical and logistical training which could greatly benefit therapists who seek out continuing education on the subject. In tandem with this future research direction, longitudinal studies could be facilitated to work on evaluating how therapists' competence, comfortability, and confidence in telepsychology impact the establishment of online therapeutic presence. Given that the present study utilized a cross-sectional snapshot of therapist experiences, future work could be focused on establishing and improving the therapeutic proficiencies that contribute to online therapeutic presence. Moreover, this area of study could offer increased insight into the long-term sustainability of providing telepsychology services.

Next, videoconferencing psychotherapy is only one subset of technology that is encompassed within the term telepsychology. Therefore, while the present research affirmed the potential for therapeutic presence in VC psychotherapy, future studies could investigate the

numerous other realms of telepsychology that are currently unexamined. These realms could potentially include virtual reality assisted psychotherapy, app-assisted psychotherapy, and chat-bot, or artificial intelligence assisted psychotherapy (Connolly et al., 2020; Richards & Viganó, 2013). As technology changes and shifts, research into how therapists can effectively establish positive therapeutic relationships, and presence, could help practitioners understand how to navigate these largescale technological developments. Similarly, as this study focused on videoconferencing psychotherapy irrespective of theoretical orientation, future research could evaluate how conducive the technology is for different orientations. Thus, while the present study may be a useful starting point for research on online therapeutic presence, there is much value in studying the further application of diverse technologies which could potentially be used in the pursuit of therapeutic service provision.

Further, client perceptions of online therapeutic presence could also be investigated as the present research solely provided insight into therapist perspectives. Comparing findings on therapist and client perceptions of telepsychology have revealed potential differences in how they experience various facets of meeting with a therapist online (Batastini et al., 2021; Connolly et al., 2020; Markowitz et al., 2021). Past research also noted that clients may attribute technical issues such as audio delay to a lack of presence rather than stemming from a particular problem with technology (Schoenenberg et al., 2014). Moreover, as therapists indicated that client differences could impact the feasibility of establishing online therapeutic presence, investigating client perspectives on the subject could help with discerning the particular elements which contribute to this reported positive or negative fit. Therefore, client perspectives on their experience of online therapeutic presence should be further queried in order to continue developing practical and theoretical understandings of therapeutic presence.

According to the experiences of participants, telepsychology is here to stay, and research continues to showcase its efficacy. Therefore, future scholarship would be best oriented to enhance the collective understanding of the specific mechanisms supporting telepsychology, evaluate ways in which to train established and future clinicians in the practice of online therapeutic presence, and to establish a holistic approach to online therapeutic presence that considers perspectives from both therapists and clients.

Conclusion

Providing therapy over videoconferencing applications can be incredibly meaningful, emotionally stimulating, and intentionally present-focused (Geller, 2022). However, the viewpoints, procedures, and intricacies of establishing therapeutic presence in a virtual session have been markedly uncertain and understudied in the past. Therefore, the current study aimed to answer questions relating to therapists' holistic experiences of therapeutic presence in videoconferencing psychotherapy, and how these professionals may have encountered and overcame challenges or barriers present within this work. Accordingly, several main findings arose from the guiding research questions. Firstly, online therapeutic presence was reliably present within the experiences of the participants. This finding lent further support to the theory of therapeutic presence as common factor in the provision of effective psychotherapy (Geller et al., 2012). Additionally, individual client impacts appeared to have a greater influence on the practice of presence than the online medium itself. This discovery spoke to the importance of individualizing care and treating client in a way that resonates with their specific concerns and therapeutic aims. Secondly, therapists inevitably experienced differences within the provision of telepsychology due to the introduction of technology used in online therapy. Technical issues such as video skips, audio lag, and internet outages may affect one's therapeutic focus. Similarly, new ethical situations arose concerning confidentiality, data protection, and various legal questions. Taking these findings into account, this study forwarded the concepts of therapists adapting their practice to the particular settings of telepsychology and understanding how to individualize therapy to each client. Likewise, creating shared agreements with clients regarding the norms of meeting online was endorsed as a key skill for therapists to develop. Through these findings, this study forwarded the practice of presence and emphasized the field's commitment to exploring and expanding therapeutic practice to best suit the needs of clients everywhere. Overall, this study's themes, findings, and connections to established research inform present and future therapists' understandings of online therapeutic presence and telepsychology. This research also aims to empower practitioners, educators, and the general population in the responses they are able to articulate towards telepsychology within this rapidly developing world. Through establishing a foundation for online therapeutic presence, we seek to improve the availability of ethical, accessible, and effective telepsychology for the benefit of all involved.

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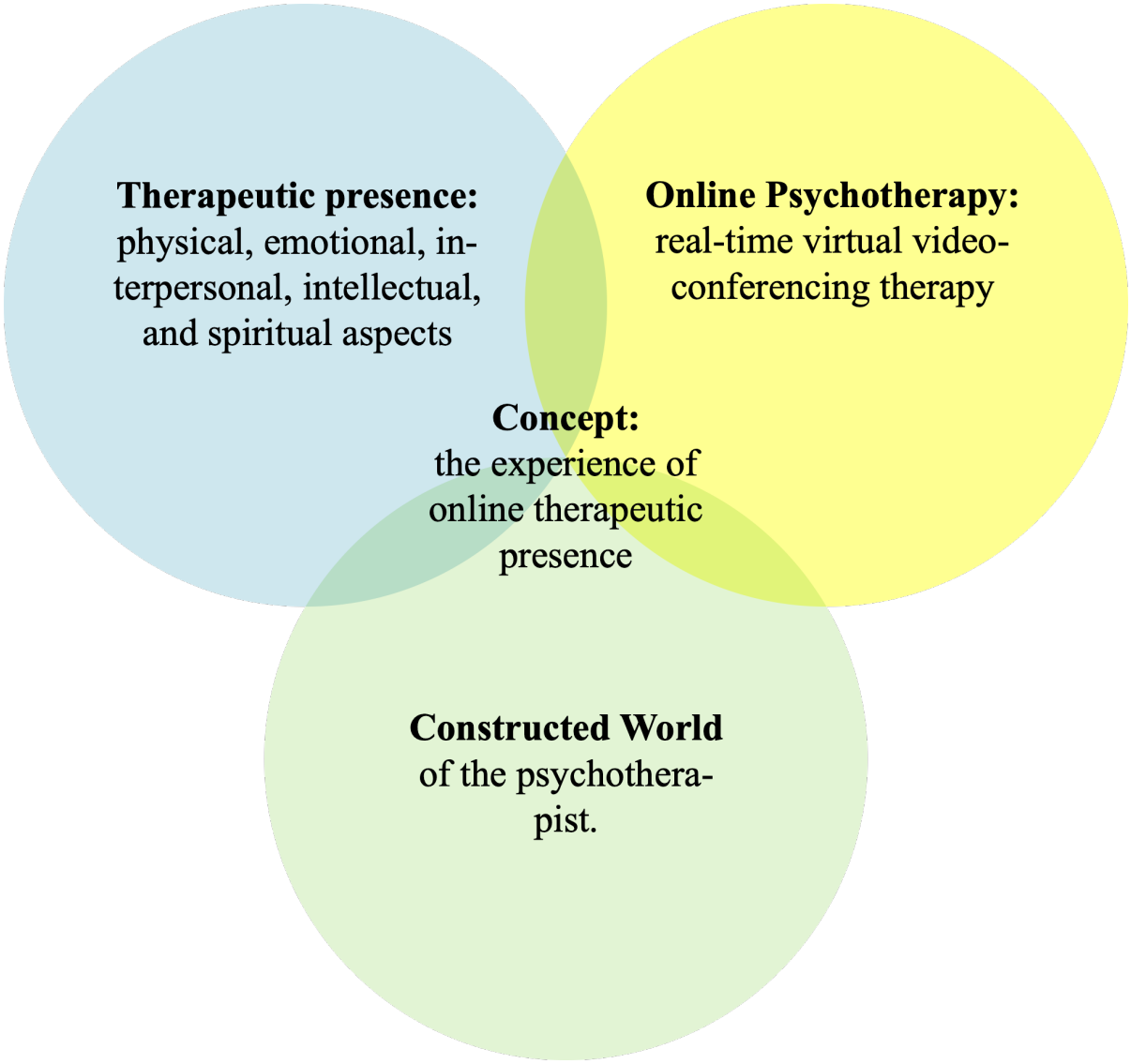
Appendix A: Conceptual Framework of the Study



Appendix B: Recruitment Email

To whom it may concern,

My name is Justin Mulder, and the purpose of this email is to invite you to share the recruitment text of a study I am conducting with your members. Conducting this study is one of my requirements to complete a master's degree within the concentration of Counselling Psychology at the University of Ottawa's faculty of Education. My research will be supervised by Dr. Nicola Gazzola.

The purpose of this study is to understand therapeutic presence in videoconferencing psychotherapy through asking participants to share about: (1) their experiences of therapeutic presence throughout videoconferencing psychotherapy sessions (i.e. before, during, and after), and (2) how they overcome the challenges and barriers in videoconferencing psychotherapy.

Please find the recruitment text attached to this email (Appendix B).

Thank you for your time and consideration,

Justin Mulder, M.A.[Ed] Candidate, Counselling Psychology
University of Ottawa

Appendix C: Recruitment Text

To whom it may concern,

My name is Justin Mulder, and the purpose of this email is to invite you to participate in a study I am conducting, as part of my requirements to complete a master's degree within the concentration of Counselling Psychology at the University of Ottawa's faculty of Education. My research will be supervised by Dr. Nicola Gazzola, professor, and research supervisor.

The purpose of this study is to understand therapeutic presence in videoconferencing psychotherapy through asking participants to share about: (1) their experiences of therapeutic presence throughout videoconferencing psychotherapy sessions (i.e. before, during, and after), and (2) how they overcome the challenges and barriers in videoconferencing psychotherapy.

The criteria for participation in this study are as follows: 1) whether they speak English fluently, 2) are currently registered with a governing college or national association, 3) have been practicing psychotherapy for a minimum of five years, and 4) are willing to discuss their experiences of therapeutic presence in online videoconferencing psychotherapy. Participants can expect to take part in a 45–60-minute semi-structured interview conducted using the online videoconferencing platform Microsoft Teams, during which they will be asked about their experiences of therapeutic presence in videoconferencing psychotherapy.

The interview will be conducted in English and will take place virtually using platform Microsoft Teams. It will be audio recorded and later transcribed to ensure that data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage and that the primary researcher and his thesis supervisor will be the only individuals with access to the data. To ensure complete confidentiality for participants, all identifying information will be removed from the data that is collected. The data will only be accessible to the primary researcher, Justin Mulder, and his thesis supervisor, Dr. Nicola Gazzola.

If you are interested in participating in the study, believe you might benefit from an opportunity to reflect on how therapeutic presence plays a role in your online therapy sessions, or would like more information, please feel free to contact me at [email redacted] or my supervisor at gazzola@uottawa.ca. Please note that participants will be selected on a first-come, first-serve basis depending on whether they meet the inclusion criteria.

Thank you for your time and consideration,

Justin Mulder, M.A.[Ed] Candidate, Counselling Psychology
University of Ottawa

Appendix D: Formal Invitation

To whom it may concern,

In our previous email correspondence, you expressed an interest in participating in a qualitative study I am conducting on experiences of therapeutic presence in videoconferencing psychotherapy, I am pleased to inform you that you have been selected to participate in the study. This email is your formal invitation.

Attached to this email you will find an informed consent form which further discusses the details of the study. Please review this consent form, and electronically sign, date, and return it to me via email at your earliest convenience. The interview will take place virtually, unless requested otherwise (if you reside in the Ottawa area). Please confirm whether you are comfortable using Microsoft Teams for the interview. Please also let me know when you will be available to conduct your interview for the study so that we may schedule the meeting as soon as possible.

As a reminder, the purpose of this study is to understand therapeutic presence in videoconferencing psychotherapy through asking participants to share about: (1) their experiences of therapeutic presence throughout videoconferencing psychotherapy sessions (i.e. before, during, and after), and (2) how they overcome the challenges and barriers in videoconferencing psychotherapy.

The criteria for participation in this study are as follows: 1) You speak English fluently, 2) are currently registered with a governing college or national association, 3) have been practicing psychotherapy for a minimum of five years, and 4) are willing to discuss your experiences of therapeutic presence in online videoconferencing psychotherapy. Participants can expect to take part in a 45–60-minute semi-structured interview conducted using the online videoconferencing platform Microsoft Teams, during which they will be asked about their experiences of therapeutic presence in videoconferencing psychotherapy.

The interview will be conducted in English. It will be audio recorded and later transcribed to ensure that data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage and that the primary researcher and his thesis supervisor

will be the only individuals with access to the data. To ensure complete confidentiality for participants, all identifying information will be removed from the data that is collected. The data will only be accessible to the primary researcher, Justin Mulder, and his thesis supervisor, Dr. Nicola Gazzola.

If you are still interested in participating in the study, please email [email redacted] with the signed and dated consent form, as well as please indicate your preferred interview modality (in person or online), and when you are available for the interview with the researcher.

Thank you for your time and consideration,

Justin Mulder, M.A.[Ed] Candidate, Counselling Psychology
University of Ottawa

Appendix E: Informed Consent Form

Researchers:

Justin Mulder
M.A. Candidate
Counselling Psychology
University of Ottawa
Email: [email redacted]

Dr. Nicola Gazzola
Professor, Thesis Supervisor
Counselling Psychology
University of Ottawa
Email: gazzola@uottawa.ca
Telephone: 613-562-5800 ext. 4030

You have been invited to participate in a study called Therapeutic Presence in Videoconferencing Psychotherapy: Therapist Experiences of Connecting Across the Digital Divide. This research will be conducted by Justin Mulder as part of his requirements to complete an M.A.[Ed] degree within the concentration of Counselling Psychology at the University of Ottawa's faculty of Education. The research will be supervised by Dr. Nicola Gazzola.

Purpose of Study

The purpose of this study is to understand therapeutic presence in videoconferencing psychotherapy, through asking participants to share about: (1) their experiences of therapeutic presence throughout videoconferencing psychotherapy sessions (i.e. before, during, and after), and (2) how they overcome the challenges and barriers in videoconferencing psychotherapy.

Procedures

If you agree to participate in this study, you will be interviewed about your experiences of therapeutic presence in videoconferencing psychotherapy. The interview will last approximately 60 minutes and will be conducted in English using the online videoconferencing platform Microsoft Teams. This interview will be recorded and later transcribed to ensure that data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage. The researcher will also take objective notes during the interview. Data from the study will be used to write a research report that will be shared with the public. The direct

quotations of participants may be used in the report, provided they do not include any identifying information.

Potential Risks and Discomforts

Speaking about experiences of therapeutic presence in videoconferencing psychotherapy may lead to causing feelings of discomfort. Although there is minimal risk associated to this, you can inform the researcher of any discomfort you experience at any time during the interview. Breaks are encouraged if you would like a minute to reflect or pause from answering questions. The researcher has the priority of ensuring your comfort. At the end of the interview, you will be provided with a debriefing form that contains services you can access if the interview causes you any discomfort. To mitigate any social risks, participant identities will be protected by assigning pseudonyms, and all data will be will be kept in a password encrypted Word document, saved on an external hard drive, as well as backup USB key owned by the primary researcher, that are both kept in a secure location in the researcher's home office, throughout the duration of the study and ten years after the study is completed. After ten years, all data will be destroyed by secure file deletion.

Potential Benefits of Participation

Participation in this study will help shed light on how therapists experience therapeutic presence in videoconferencing psychotherapy. The information collected from this study will inform counsellor education and training and will be used to find viable strategies for clinicians who are working in videoconferencing psychotherapy. Ultimately, participants may gain deeper insights into their own practice and help shape the future of effective virtual therapy methods.

Confidentiality and Anonymity

To ensure complete confidentiality for participants, all identifying information will be removed from the interview transcripts. As well, any information obtained that could compromise the confidentiality of participants will not be shared with anyone other than the primary researcher and the thesis supervisor. To maintain anonymity, all identifying information will be removed from the interview transcripts and each participant will be assigned an interviewee number (and

pseudonym). Only the primary researcher, Justin Mulder, and his supervisor, Dr. Nicola Gazzola, will know the identities of participants in this study.

Data Collection and Storage

Data collected for the study will consist of recordings and transcripts of interviews, as well as any notes taken by the primary researcher while conducting interviews. All original data will be stored in a password encrypted Word document, saved on an external hard drive, as well as backup USB key owned by the primary researcher, that are both kept in a secure location in the researcher's home office. The data files, including the audio recordings and their transcriptions from each interview will also be stored on this external hard drive and USB key, when not in use. Dr. Nicola Gazzola, the researcher's supervisor, will store all research data under lock and key in his office for a period of 10 years. After ten years, all data will be destroyed by secure file deletion. The data will only be accessible to Justin Mulder and Dr. Nicola Gazzola.

Participation and Withdrawal

Your participation in the study is completely voluntary and can be withdrawn at any time. If you choose to withdraw your participation, your data will not be used in the study, and it will be destroyed and disposed of immediately. At any time during the interview, you may ask questions of the researcher, refuse to answer any questions, and/or request to take a break. None of these actions will result in any negative consequence.

Two copies of the consent form have been provided, one for the researcher's records and one for your own. If you have any questions, you may contact either the researcher or his supervisor. Any questions or complaints about ethical conduct of the research study can be forwarded to the Office of Research Ethics and Integrity at Tabaret Hall, 550 Cumberland Street, Room 154, at 613-562-5387.

Compensation

As part of participation in the study, participants will be entered into a random draw if interested where one participant out of the study pool will win a $100 visa gift card. The random draw will be conducted using a computer-generated random number generator by a neutral party in Dr. Gazzola's research team who is not aware of the participants identities to ensure fairness and

transparency for all participants. The winning participant will be contacted through the email used to contact the principal researcher, and will receive this compensation even if they choose to withdraw their participation from the study.

Funding Sources

The current study is funded by awards provided to the primary researcher by the Canadian Institutes of Health Research (CIHR) (2023-2024) and University of Ottawa Ontario Graduate Scholarship (OGS) (2024-2025)."

I, _____, understand all information contained in this form and agree to participate in this study.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

Appendix F: Semi-structured Interview Protocol

Therapists' Personal Experiences of Therapeutic Presence while Conducting Online Psychotherapy

Date: _____ (D/M/Y) Time of Interview: _____ Interviewee #: _____

A. Information for participants

The purpose of this study is to understand therapeutic presence in videoconferencing psychotherapy through asking participants to share about: (1) their experiences of therapeutic presence throughout videoconferencing psychotherapy sessions (i.e. before, during, and after), and (2) how they overcome the challenges and barriers in videoconferencing psychotherapy.

The information collected from this study will inform counsellor education and training and will be used to find viable strategies for clinicians who are working in videoconferencing psychotherapy.

B. Review consent procedures

Before beginning the interview, we will review the informed consent document and sign the document if this has not already been done. Please let me know if you have any questions or concerns. We can address your questions now and as they come up during the interview. You can also feel free to contact me after our meeting today with any additional questions you may have.

C. Collect demographic information

To begin our interview, I am going to ask you some demographic questions that will help me describe my participant sample when interpreting the results.

1. What is your age? _____
2. What is your gender? Please select below:
   Man_____ Woman_____ Nonbinary_____
   You don't have an option that applies to me. I identify as (please specify) _____

Rather not say_____

3. In what city do you currently reside? _____
4. What are your educational qualifications? _____
5. Are you a member of a regulatory body for professionals who practice counselling or psychotherapy? _____
    1. What is the name of the regulatory body? _____
    2. How long have you been a member? _____
6. How long have you been practicing counselling or psychotherapy? _____
7. Are you currently practicing counselling or psychotherapy? _____
8. What is your theoretical orientation? (E.g., psychodynamic, humanistic, eclectic, etc.) _____

D. Contextual Interview Questions

We will now go through some questions regarding your understanding of online therapeutic presence and your experiences with it. If you are experiencing any discomfort while you are being asked or answering these questions, please let me know. We can take a break or stop the interview at any time. This interview will be audio recorded and later transcribed to ensure that data used for the study is accurate. All identifying information will be removed during the transcription stage. Ensuring your confidentiality is my priority. At the end of the interview You will be provided with a debriefing form that contains services you can access should the interview cause you any discomfort.

Background Questions – Focused History

1. Would you be able to start by telling me about the current balance of in-person to virtual sessions you have within your practice? and how have you arrived at that balance?
2. How do you find that the Covid-19 pandemic has influenced your practice regarding virtual psychotherapy? – what experiences if any did you have with virtual therapy prior to the pandemic?
3. I was wondering if you could describe what therapeutic presence means to you?

a. How have you gained the knowledge you have about connecting in-the-moment with clients?

Research Question 1: What are psychotherapists' experiences regarding therapeutic presence throughout videoconferencing psychotherapy sessions? (i.e. before, during, and after)

1. How do you prepare yourself prior to virtual sessions so that you feel grounded and able to work well with clients?
    a. What specific practices do you implement in order to emotionally prepare yourself for online therapy?
    b. Can you share any immediate thoughts or emotions you've had as you're sitting down to open up the videoconferencing application you use to meet with clients?
    c. What external factors affect your ability to transition focus from your previous task to meeting with a client online?
2. Now turning to your experience in session, what is it like to be working in-the-moment with clients over videoconferencing services?
    a. Can you describe a moment where you felt a strong relationship forming through a videoconferencing session?
    b. Can you describe a moment where you felt hindered in forming that strong relationship through videoconferencing?
    c. How do you find yourself acting physically during videoconferencing therapy? What differences and similarities are there to in-person sessions?
        i. How do you manage the difference in non-verbal cues in videoconferencing psychotherapy?
        ii. What sort of inner bodily cues do you rely on to understand how a clients words may have personally affected you?
    d. If spirituality plays a part in your personal or professional life, how would you describe the quality of that aspect within videoconferencing sessions?
        i. Is your ability to connect with your spirituality in the moment different if the client is sitting right in-front of you?
3. Do you believe that you are able to be authentically yourself in online therapy?

   a. If yes, can you provide some examples on how you maintain authenticity online?
   b. If no, what would allow you to maintain authentically online?
4. In the moment after you end the session and close the video call how would you describe your feelings of presence?
   a. Could you share with me a moment after closing a session where you felt particularly engaged or disengaged from your work?
   b. In the time following a virtual session, how long do these feelings of presence stay with you?
   c. Do you particularly feel the presence in one specific realm? (i.e., physically, emotionally, cognitively, spiritually, or relationally)
   d. Do you have any routines or practices that help you decompress and consolidate your experiences of the session?
   e. How does the experience of ending an online session compare to ending an in-person session for you?
5. How do you transition mentally and emotionally between back-to-back online therapy sessions?
6. How do you ensure you maintain a healthy work-life balance when your therapy sessions are conducted online?

Research Question 2: How do psychotherapists overcome the challenges and barriers in videoconferencing psychotherapy?

1. Can you describe any challenges and barriers to remaining focused when in an online therapy session?
2. When do you experience the least difficulty in your ability to be present with clients online?
3. What sort of practices do you implement within your online sessions so that you are able to fully immerse yourself within your online sessions?
   a. In what ways do you think the virtual environment influences your therapeutic techniques or approaches?
4. Can you think of a time when you had to work hard to reign in your focus during a videoconferencing session?

5. How do you address technical issues or interruptions that occur during online therapy sessions?
    a. How do you maintain your therapeutic focus in the midst of these issues?
    b. How do you handle situations where clients have difficulty accessing or using the necessary technology for online sessions?
6. How do you maintain professional boundaries in the less formal setting of virtual therapy?
7. How have you trained yourself to work well over videoconferencing technology?
    a. Do you feel like your training around this area adequately prepared you? Why/why not?
    b. What support systems or resources do you rely on to improve your effectiveness in providing videoconferencing psychotherapy?

Interview Conclusion/Check-in Questions

1. Given our discussion today, how do you see yourself working with therapeutic presence in the future?
2. Do you have any other comments to make about this topic?
3. How did this interview go for you?
4. Does anything stand out?
5. Did anything surprise you?
6. Did anything impact you negatively?
7. Is there anything you would like to add in?
    a. You can always email me at [email redacted] if there were any comments you would like to make after the fact
8. Is it okay if I contact you later on for member checking to ensure the accuracy and validity of my findings? This process involves sharing my preliminary findings with you to ensure they accurately reflect your experiences and perspectives.
9. Would you like to be entered into the draw for the visa gift card?

Mention Appendix G to participants: Available resources to aid with any discomfort caused by the interview.

Appendix G: Debriefing

Thank you for participating in this study. We greatly appreciate the time and energy you put into it.

If you have any further questions, please feel free to contact me, Justin Mulder, by email at [email redacted] or my supervisor, Dr. Nicola Gazzola, by email at gazzola@uottawa.ca or by telephone at 613-562-5800 ext. 4030. As noted on the Consent Form, any questions or complaints about ethical conduct of the research study can be forwarded to the Office of Research Ethics and Integrity at Tabaret Hall, 550 Cumberland Street, Room 154, at 613-562-5387.

Below are some services you can access in the case that the interview caused you any discomfort:

Distress Centre of Ottawa and Region

Offers 24/7 phone-line services to individuals needing help due to crisis or distress. Further information can be found on the Distress Centre Ottawa and Region website.

Distress Line Telephone: 613-238-3311

Crisis Line Telephone: 613-722-6914

Website: https://www.dcottawa.on.ca

The Walk-In Counselling Clinic

Offers free, single-session counselling services to community members. Counselling sessions last approximately 1.5 hours. The location and times for this service varies and can be found on the Walk-In Counselling Clinic website.

Website: https://walkincounselling.com/

Please feel free to contact me at [email redacted] if you require information on additional services available within Canada.

Appendix H: Positionality on Therapeutic Presence in Telepsychology

I was introduced to the concept of therapeutic presence during a course on the theoretical bases of counselling and psychotherapy. While I had previously recognized the significance of aspects of presence such as meeting clients with a warm, accepting, and empathic demeanor, responding to clients' body language, and working on active listening, I had not previously understood how those factors might work together to form a specific therapeutic concept. By learning about therapeutic presence in that course and simultaneously reading seminal works on the subject, I realized that establishing presence in my own future clinical practice could greatly impact my work with clients. My understanding of therapeutic presence at the outset of my research journey was that it intuitively matched with therapeutic tenants that I believed in. Markedly, if I were to seek out a counsellor, I would hope that they would be physically, mentally, emotionally, and spiritually present in our sessions. Also, I thought that practicing self-care was important, and that therapists should seek to minimize distractions within their session. Conversely, I did not entirely believe that I would completely conform to the description of presence. For example, I learned that therapeutic presence was greatly intertwined with emotion focused therapy and not all theorists believed it would apply as holistically to different schools of therapy. That being said, I was intrigued by the concept and decided that I wanted to study it for my thesis topic.

As I grew increasingly interested in therapeutic presence, I also began to explore how important telepsychology has grown in the years following the global COVID-19 pandemic. From a young age, technology has been a familiar facet in my household, thanks to my father's profession in computer science. This early exposure allowed me to understand the use-case for digital tools. I was also educated in best practices for online safety and my parents made sure to let me know what a healthy relationship with technology looked like. Particularly, my upbringing emphasized a balanced relationship with technology, warning against being consumed by the virtual world and underscoring the importance of staying rooted in physical reality. Ergo, the shortcomings and potential negativities of technology were also a part of my upbringing. This duality shaped my approach to telepsychology, where I navigated videoconferencing technology with ease yet remained wary of its potential pitfalls. Therefore, as

this facet meshed well with my interest in therapeutic presence, I chose to investigate their combined features.

Focusing on my cultural milieu, I estimate that many individuals of the generations labelled as millennials and Generation Z have readily embraced digital communication. Therefore, I posit that this shared culture has molded my view of telepsychology as a logical progression in our digitally evolving society. This predisposition led me to initially accept online therapy as an extension of contemporary communication methods. Consequently, this recognition reflected my understanding of a societal trend towards integrating digital solutions in various aspects of life, including mental health care. Despite my digital fluency, I also acknowledge a resistance of complete telepsychology acceptance. Notably, I may contain a slight bias towards the tangible elements of therapy. Having lived through a pandemic that greatly restricted in-person interactions, I recognize that a sense of fatigue with online environments may still linger in my life. Communication over videoconferencing technology such as Zoom or Microsoft teams distinctly reminds me of a period in my life where there was increased anxiety over infection and being a close-contact to someone who had COVID-19. Therefore, in my personal life I have developed a preference for face-to-face interaction. Therefore, I recognize that this inclination could colour my research. If left unchecked, this slight resistance to exclusively online engagements could potentially influence the interpretation of my findings.

As I worked to evaluate the currently published research, I found that many populations similarly profess to have multifaceted experiences, where both positives and negatives are found within the delivery of telepsychology. This discovery motivated me to work on uncovering the advantages and limitations of telepsychology. That finding also allowed for personal reflection on my experiences with clients from diverse socio-economic backgrounds. Particularly, I am cognizant of the transportation hurdles that impede some clients from accessing traditional counseling services. As such, I see the possibility for me to contribute to a research area that aims to make therapy accessible to a wider portion of the population. However, I am also aware that technology itself can be a barrier, as not all clients may possess the means to engage in video-conferencing sessions. Therefore, a balanced approach must be given to any evaluations so that they are not overly positive because of my personal hopes for improving accessibility for clients.

As an emerging professional in counseling, I know that I will be one of the clinicians responsible to respond to the trend of growing demand for telepsychology services. I have constructed a goal of navigating this burgeoning area of counselling with an eye towards protecting both clients as well and ensuring an ethical and effective practice.

In sum, my positionality—marked by an early embrace of technology, cultural acceptance of digital communication, a preference for in-person interaction, and a commitment to accessibility—will undoubtedly influence my research. It will guide me as I critically examine the role of telepsychology in modern mental health care. Additionally, it will influence my aim to contribute meaningfully to telepsychology's development and implementation. Above all, I hope that my narrative underscores a thoughtful, nuanced perspective that recognizes the complexities of integrating technology into therapeutic practice. I believe that this research may benefit young professionals such as myself through increased understanding of therapeutic presence and telepsychology, as well as promoting client welfare due to a more well-equipped and informed profession.

Appendix I: Ethics Approval Certificate

20/09/2024

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	S-08-24-10642
Titre du projet / Project Title	Therapeutic Presence in Videoconferencing Psychotherapy: Therapist Experiences of Connecting Across the Digital Divide
Type de projet / Project Type	Thèse de maîtrise / Master's thesis
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	20/09/2024
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	19/09/2025

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Justin MULDER	Faculté d'éducation / Faculty of Education	Chercheur Principal / Principal Investigator
Nicola GAZZOLA	Faculté d'éducation / Faculty of Education	Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

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20/09/2024

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout évènement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completedfour weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Kim THOMPSON (GESTIONNAIRE / MANAGER)
Directeur / Director
Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**

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