Chapter 11
How Online Counselling Is Utilised, Evaluated, and Received

Georgios Agathokleous
University of Wolverhampton, UK

Abigail Olubola Taiwo
University of Wolverhampton, UK

ABSTRACT

This chapter covers the broad range of online counselling work, using the COVID-19 era as a point of reference. It provides an overview of online applications of counselling and psychotherapy at pre-COVID-19 time and informs the reader of how online counselling provision has been accelerated during the pandemic. A theoretical overview of the key counselling and therapeutic processes as conceptualised in the cyberspace which considers six distinct modes of online communication are provided. An evaluation and the review of the latest efficacy and effectiveness research evidence of online counselling is also provided. The key benefits and challenges of digitalised therapeutic interventions from the clients' and therapists' perspectives covering pre and during COVID-19 are identified. Attention is drawn to existing studies on counselling engagement, adherence, outreach, non-stigmatising counselling practices, power imbalances in the counselling process, and therapy outcomes.

INTRODUCTION

We expect that this "black swan" moment (Blumenstyk, 2020) - an unforeseen event that changes everything - will lead to a partly, though robust, shift in mental health care provision towards online prevention, treatment, and care in the near future. We also need to consider the role of psychological processes and fear that may cause further harm on top of the pandemic (Asmundson and Taylor, 2020). Wind et al., 2020, p. 1

DOI: 10.4018/978-1-7998-7991-6.ch011

Copyright © 2022, IGI Global. Copying or distributing in print or electronic forms without written permission of IGI Global is prohibited.

The COVID-19 pandemic has accelerated what may be described as the digital-turn in mental health counselling provision. In their recent article Wind et al. (2020) characterised the COVID-19 period as the 'black swan' of mental health provision as it has accelerated the adoption of digitalised interventions, thus overcoming the barriers of hesitation, scepticism and resistance that have been at play over the last two decades. These authors have noted the lack of acceptance, limited knowledge of the effectiveness and myths around the possibility of a therapeutic alliance for digitalised intervention (Wind et al. 2020). Historically, literature has highlighted that a large proportion of service providers (both in the private and public sectors) have viewed the possibility of offering counselling online as a critical dilemma based on the concerns around its effectiveness and especially, the viability of the process in comparison to Face to Face (FtF) delivery (Wind et al., 2020; Hanley & Wyatt, 2021). Others, however, have been able to override this dilemma and derived motivation from the commonly cited key benefits of online counselling associated with flexibility, accessibility, client empowerment, non-stigmatising access to therapy, disinhibited communication and space for reflection. At the dawn of the 'black swan' era of COVID-19, clients and therapists alike found themselves with the need to transit into the digital world and today seem to appreciate the unique benefits and challenges that digital technology has to offer. For instance, the National Health System (NHS) in England, United Kingdom has focused its resources and efforts in pursuing a swift digitalisation of its services across mental health provision and by August 2020 reported that 95% of IAPT services were delivered online yielding a steady increase in recovery rate and accessibility of service. While this initial statistic is tentative it shows that, indeed digital interventions can make a positive contribution to traditional FtF mental health services. In the current chapter we aim to explore this position in greater detail exploring how online counselling and digitised inventions are utilised, evaluated and received by clinicians and clients alike.

Scope of the Chapter

The current chapter aims at reviewing current and future directions in online counselling and the changes the digital turn is expected to bring in the profession of counselling and psychotherapy. It also takes a critical stance on the key theoretical and practical considerations that govern online counselling provision. On this basis, a comprehensive review of the theoretical and research developments in the field of online therapy is provided, drawing on chronological synthesis spanning from pre to post COVID-19 periods as points of reference. The discussion is structured around three main topics, exploring how online counselling is utilised from a theoretical and practical standpoint, accounting for guided and non-guided approaches, digitalised approaches of interventions, as well as relational psychotherapeutic and online counselling interventions. The evidence supporting the effectiveness and efficacy of digitalised interventions are then presented. Finally, an in-depth account of how online counselling has been received by clients and therapists alike is provided. The chapter ends with the discussion of relevant theoretical frameworks and research findings and concludes with key recommendations for mental health professionals on how to maximise the prospect of their counselling practice online.

The Origins of Online Counselling

The online counselling and psychotherapy prevalence traced from the early 1960s to the current technological advances in the field (Hanley, 2020) has highlighted some changes towards online practices and service provision. Over the last 30 years, mental health professionals and academics have explored

and experimented (both at practice and research-based level) with delivering mental health interventions through the cyberspace (Amichai-Hamburger et al., 2014; Andersson, 2018). During this time, interest in using the internet to deliver remote intervention has fluctuated with some embracing the potential benefits of this emerging modality, while others held a sceptical stance based on potential limitations. This line of research and practice-based activity, however, has led to the accumulation of valuable and well-documented evidence-basis and knowledge which has shaped the framework of what is known today as "online counselling/ therapy", "internet (mediated) interventions", "cyber-therapy" and" e-therapy or tele-therapy" (Amichai-Hamburger et al., 2014; Mallen & Vogel, 2005; Mallen, Jenkins, Vogel & Day, 2011). This chapter aims to bring together this body of knowledge through a synthesis of classic psychological theory, cyber-psychology theory and research-based observation and findings to provide a comprehensive overview of digitalised mental health intervention. It is intended for a broad range of mental health professionals who as part of their role provide psychological or mental health services at individual or group level within the private or public sector.

Definitions

The diversity in the terms used to describe the endeavour of providing mental health interventions online can be attributed largely to the diverse nature and possibilities afforded by the cyberspace. This signifies the starting point in understanding how online-based work differs (in its potential and outlook) from traditional, FtF ways of working therapeutically. For instance, Mallen & Vogel (2005) define online therapy as

Any delivery of mental or behavioural health services, including but not limited to therapy, consultation, and psychoeducation, by a licensed practitioner to a client in a non- face-to-face setting through distance communication technologies such as the telephone, asynchronous email, synchronous chat, and videoconference. (p. 764).

Weinberg & Rolnick (2020) provided a dichotomy between relational and technique-based approaches in online therapy providing a useful categorisation which encompasses various modalities of intervention based on a given framework of practice. The terms, online counselling / online therapy will be used interchangeably and viewed as umbrella terms that capture the broad spectrum of digital interventions in this chapter. This will include psychoeducation and self-help resources, guided and non-guided behavioural interventions and relational counselling and psychotherapeutic interventions. These interventions vary in terms of their communicational framework; adopting modes of communication such as video, audio, and text-based such as instant chat and email.

Beyond the above practical categorisation, Suler (2016) has proposed a theoretical conceptualisation of counselling and therapeutic processes as those could be adopted in the cyberspace. The author implied that the traditional FtF processes could remain intact, and they would be simply transferred to the online space. This approach appeared to have been quite popular among clinicians who are trained and practicing primarily in FtF contexts but occasionally are interested in expanding their client base to the online space with minimal costs (due to no added expenses to rent a therapy room, travel to work, etc). This approach also provides some geographical flexibility of continuing therapy in cases where therapists or clients have moved to a different country or location but still chose to continue working together. Beyond these advantages, this approach does not consider the broad spectrum of online communicational context and

modalities. This limitation presents two key issues. Firstly, some well-established and effective interventions in the FtF context can be less effective in the online context. Also, this approach appears limited in exploiting some of the key benefits such as flexibility, empowering, diverse, reflective, stigma-free and disinhibited environments that the cyberspace can lend to counselling. On this basis, the cyberspace does not provide only a platform within which FtF interventions can simply be replicated, rather is viewed as a unique space of human interaction that is governed by varying principles of communication. It is a place for human interaction which provides a gateway towards mental health care and transformation (Barak, 2011; Suler, 2016, Weitz, Antony, 2015).

On this basis Suler (2016) points towards a more sensitive approach to the unique features of cyberspace-based communication, suggesting that online modalities of counselling are developed based on the communicational premises of various online modes of communication such as text-based therapies via email or instant chat. This conceptualisation of online counselling is based on an integrative framework of online communication which incorporates the broad variety of modalities of communication online (i.e. video, audio, text). This enables a new approach to therapy online where each intervention can be modified and adapted in such a way to better meet the client's needs by taking into consideration the key principles underpinning cyberspace-based communication. In addition, this approach is based on the theoretical position that various aspects of personality and therapeutic change can be facilitated by different modes of communication. For instance, a given aspect of oneself may be inhibited and not expressed through live communication but could be given voice and expression through text-based asynchronous communication. For therapy purposes, the key question has always been about how communication between therapist and client is established so that it can have therapeutic effects. It is crucial therefore to recognise the different types of communicational interaction online and associated benefits to the process of healing in therapy. The diverse nature of the various pathways of communication in the cyberspace calls for an adapted conceptualisation of counselling processes online that enables expression of the self in an integrative way, without being limited to single modalities of communication. On this basis this chapter will be grounded primarily around such theoretical ideas that encompass the diversity of online communication, associated flexibility and diversity which the cyberspace affords in counselling terms.

Historical Overview of the Emergence of Online Counselling Interventions

The use of distant counselling interventions has a notable record and has featured in the literature over the last 30 years (Mallen et al., 2011). The earliest record, however, of an intervention offered outside the traditional FtF context is represented by Freud's (1909) letter correspondence with little Hans' father. From 1970 the gradual emergence and rise of computerised digital technologies unsurprisingly coincided with an increasing interest as to its potential uses for counselling purposes. During that time the Massachusetts Institute of Technology (MIT) has developed an early computerised counselling software called Eliza. This was a milestone in the development of online therapies as for the first-time counselling was attempted by an automated software that operated on the principles of person-centred therapy (Rogers, 1951).

Since the second half of the 20th century counselling practitioners have shown an interest in providing counselling services through telephone technology. For instance, services such as the Samaritans in the UK have used telephone as their only way of providing 24/7 emergency counselling for suicidal ideation and self-harm. Using telephone technology, the Samaritans have reached more than a million individuals in need and are currently developing an instant messaging service alongside their already

existing email service. Mallen & Vogel (2005, p. 821) reported that 98% of 600 doctoral-level practicing psychologists who were members of the American Psychological Association (APA), reported providing services by telephone. In 2011 Mallen et al., reported that 69% of the time telephone is used for individual psychotherapy and 58% of the time for clinical supervision. More frequently however, Mallen et al. (2011) suggested that the telephone is used to facilitate referrals (91%), emergency care interventions (79%) and for consultation and education purposes (71%). This movement, using telephone for mental health care intervention, marks the onset of the possibility of remote working in the modern world of counselling and mental health services. It demonstrates how digitalised means of communication can indeed help make mental health services more immediate and readily accessible, how they can support and complement FtF care increasing outreach to the hard-to-reach or notably vulnerable clients that may be unable to leave their home to visit a mental health practitioner.

The decade of 1990-2000 has seen a notable movement in the online arena with theorists and researchers developing practical and theoretical frameworks to support the use of digitised technologies for counselling purposes. Anthony & Nagel (2010) published their book providing a theoretical framework that explains how various modes of online communication map onto different therapeutic processes, highlighting also how the online therapeutic context differs to the FtF. In the early 2000, theoretical concepts such as online disinhibition (Suler, 2004), synchronicity of online communication (Anthony & Nagel, 2010) as well as Suler's (2016) cyber-therapy theory provided an alternative way of conceptualising online therapeutic interaction and processes. On this basis, since 2000 there has been a rising interest in the use of various modes of online communication in forms of videoconferencing, text-based and telephone communications. However, at that time, online counselling operated within a largely unregulated context lacking official guidelines for practice, and prerequisite qualification to serve as safeguards of online counselling. It has been observed that clinicians that were not trained in online therapy tend to restrict their online provision to one single mode of communication, typically videoconferencing, as this resembled closely to FtF interaction (Agathokleous, 2020). Central figures in the area (e.g. Anthony et al., 2014; Weitz, 2014) have highlighted the ethical and practical considerations that are applicable to online counselling, but they have been a lone voice in the vast landscapes of counselling and psychotherapy. Others have considered online counselling with scepticism, expressing concerns about its effectiveness and questioning the possibility of a relational depth between therapist and client online. On this basis, the use of online interventions varied considerably in their application and have been influenced by various factors including awareness, as well as knowledge of key theoretical, communicational and ethical considerations underpinning online work (Agathokleous, 2020).

During the same time, the National Health System (NHS) UK has attempted to use digital technologies for low-level interventions in line with the associated National Institute for Health and Clinical Excellence guidelines (NICE, 2009). This endeavour was underpinned by an increasing stream of research in the applications of internet-based Cognitive Behavioural therapy iCBT (Andersson & Hedman, 2013; Andersson, 2016; 2018). Several iCBT platforms sprang up over the last two decades.

The global outbreak of the coronavirus in 2019 represents the next major milestone in the evolution of online therapies. The social distancing rules enforced during this time affected many professional fields including mental health, with services at least, temporarily moving fully online. The pandemic appears to have impacted the evolvement of online therapies positively in two major ways. Firstly, online interventions have become widely available, providing an opportunity for clinicians and clients to experience what it feels like to do counselling online. This also resulted in the availability of large amounts of data collected to aid ongoing evaluative research in online interventions. At the same time major

professional bodies signed official waivers allowing their registrants to practice online while raising caution at the same time as to the key safety and ethical condensations that are necessary for safe online service provision. On this basis, main professional regulatory bodies such as the British Association for Counselling and Psychotherapy (BACP) and British Psychological Society (BPS) in the UK, have revised their online working guidance, updating and clarifying the necessary pre-requisites of knowledge and training for working online. This is a crucial step in addressing the lack of clear regulatory procedures in the field of online counselling (e.g. Harrad & Banks, 2015). It is on this basis that the year 2020 has been characterised as the year of holistic transformation of mental health provision, paving the way for online therapies to take a more prominent role in mental health services.

HOW ONLINE COUNSELLING IS UTILISED

Online therapies have been associated with a series of unique benefits afforded in cyberspace such as improved accessibility to care, flexibility of communication, increased outreach, cost-effective and efficient methods of intervention (Andersson, 2016; Berry, Bucci & Lobban, 2017; Topooco et al., 2017). Cyberspace-based communication opens new possibilities for disinhibited and stigma-free environments, which can empower people who otherwise would not seek psychological support (Richards et al., 2018; Suler, 2004; 2016). Additionally, online interventions have been consistently reported to produce moderate effect sizes, and in many cases as good outcomes as face-to-face (FTF) interventions, across mental health conditions, clinical settings and populations (Andersson et al., 2014; Barak, Hen, Boniel-Nissim & Shapira, 2008; Olthuis, Watt, Bailey, Hayden & Stewart, 2016; Richards & Richardson, 2012). Due to their benefits and evidence-based effectiveness, online interventions seem to hold a key potential complementing (Wentzel, van der Vaart, Bohlmeijer, & van Gemert-Pijnen, 2016) and expanding the possibilities for outreach and accessibility in the overall delivery of mental health care (Anthony, 2015; van der Vaart et al., 2014).

On this basis, online counselling provides an exciting prospect and gives way to an exciting opportunity to review and deepen our understanding of counselling and psychotherapy. Due to its diverse, physically distant (between therapist and client) and flexible nature, online counselling appears to challenge many of the fundamental principles of counselling as we traditionally know it in the offline context. One main criticism has been that the distance that separates the therapist and client can create barriers in the enactment of key psychological processes such as transmission of nonverbal cues, limited levels of empathic connection and an overall concern that the process becomes dehumanised as it is filled with technological aids (Hanley, 2009; Amichai-Hamburger et al.,2014). Also, at times concerns have been raised as to the privacy and confidentiality considerations underpinning the process of counselling (e.g. Hanley, 2009). Finally, arguments have been made as to the unsuitability of online interventions in managing and containing risk. Although, we still have some way to go in terms of contesting some of these arguments on a long-term basis, existing literature within online therapy itself and the field of cyber psychology provide a reasonable basis of research and theoretical evidence counteracting some of these concerns.

One of the more unique ways therapeutic interventions have been adopted and delivered online emanates from the area of internet-based CBT and technology-assisted /guided or non-guided interventions. Guided and non-guided interventions based on the iCBT framework of practice enable individuals to undertake technology-mediated courses of intervention. Such interventions have been incorporated in the IAPT programme and recommended by NICE (2009) guidelines for low-intensity Step 2 interven-

tion for mild to moderate symptoms of depression and/or anxiety. Such interventions can be provided in a non-guided, totally computerised, and automated way where the client interacts solely with the software. Non-guided courses are recognised as to their cost-effectiveness in reaching masses of individuals in a time and resource-effective way. Their effectiveness is reliant to the number of people reached as at the same time they have been evidenced to produce a low effect and high dropout rates. Guided programmes on the other side incorporate human-aided guidance which is delivered by psychological wellbeing practitioners and through electronic or telephone communication. Guided interventions appear to be superior to non-guided ones as to their completion rates, cost-effectiveness compared to unguided interventions, waiting list controls, and treatment as usual, group CBT, and telephone counselling (e.g. Richards et al., 2018).

Theoretical Considerations in the Use of Online Counselling Interventions

These developments are essential in helping to see the potential online interventions hold in improving the general healthcare system. From a theoretical perspective however, there are additional key considerations that regard the diverse nature of online communication. This diversity plays a central role towards the actualisation of the earlier mentioned benefits that online counselling affords (that is, flexibility, accessibility, client empowerment, non-stigmatising access to therapy, disinhibited communication and space for reflection). Understanding the theoretical underpinnings of the various modes of communication online is key in informing current and future applications of online counselling. Suler (2016) highlights the communicational dimensions of the cyberspace which encompass real-time and non-real-time episodes of communication. These are also known as synchronous or asynchronous modes of communication and include text-based, sensory-based, automated group and individual-based interactions. Suler (2016), explains that each mode of communication such as video, audio or text-based incorporates more than one dimension of communication in varying degrees. On this basis, the online therapist's role would be to identify and combine those modes of communication that could facilitate a better expression of the various aspects of the client's self.

This entails a key consideration in terms of cyber-therapeutic theory, which could enable the online therapist to recognise the therapeutic functions and usefulness of each mode of online communication. For example, visual cues (sensory-based) are absent in email communication while the text-based dimension is prominent. This implies that processes typically associated with asynchronous episodes of commendation will play a prominent role in therapist's and client's communication. For instance, the therapist could be mindful of the fact that fantasies would be heightened because of disinhibition (Suler, 2004) both on therapist and client's part. A sense of immersive flow (e.g. Voiskounsky, 2008) would also be heightened and an increasing space for reflection (e.g. Dunn, 2018: Harrad & Banks, 2015) and fantasy-based interplay would be facilitated due to the absence of image and non-verbal cues. This awareness is essential as it helps the therapist better understand the unique characteristics and process that are enacted in email communication and adjust their therapeutic approach to account for those in their attempt to meet the client's needs in the best way possible.

On the other side, Suler (2016) suggests that the client's clinical needs, as well as their ability to express themselves online, are also to be aligned with the therapeutic environment and the degree to which each of the above communicational dimensions operate. As such, the therapist would most likely need to adjust the input from each dimension to better match the client's needs for self-expression and digital competence too. Thus, while the text-based medium is primarily at play, it is possible that emojis,

pictures, video-clips or gifs can be used to increase the input of previously lost non-verbal cues and the sensory dimension of communication. The same line of thought could be applied about the use of video or audio-based modes of communication depending on the clinical and communicational need of the client.

In consideration of the fact that some verbal and non-verbal cues are filtered-out depending on each mode of communication as noted by Walther & Parks (2002), Anthony & Nagel (2010) suggest that combining various modes of communication would help compensate for such effect. These writers start by the proposition that online interactions can have a therapeutic effect if some key aspects of FtF communication are compensated for or filtered back in (Walther & Parks, 2002). On this basis moving away from single-mode communication (e.g. from video-only to video and text-based combined) appears to be essential in the pursuit of effective interventions online. In addition, Suler (2016) also seems to align with the benefits of a joint integration of various modes of communication online as this facilitates better expression of the various aspects of oneself. In practical terms, some examples of such joint online interventions are using saved transcripts to promote future reflection as an adjunct to ongoing video-conferencing sessions or/and utilising email to further reflect on interventions offered via instant chat.

In addition, to facilitating self-expression and the cues filter-out/ filter-in effects, Anthony & Nagel (2010) propose that online diversified communication also attends to the unique cyberspace therapeutic processes. This proposition attends to six interpersonal processes within the therapeutic dyad: Rapport which resembles the notion of therapeutic alliance, online presence and openness which point to an increasingly disinhibited self-expression through multi-modal communication in the context of the therapeutic relationship. Also, the lack of bodily proximity which can be compensated for through text-based interaction and heightened perception of intrapersonal and interpersonal fantasies about the therapeutic relationship. Finally, the aspect of perceived anonymity online which is enacted through the remote communication and the notion of invisibility or 'protection of the screen'. On this basis, online therapeutic interventions could be aiming to attend to all the six dimensions above through a multimodal framework of communication, so that associated therapeutic processes can be effectively attended to. The central differences between FtF and online counselling, in line with Antony & Nagel's model, lie in how fantasy processes are managed online, and the level of synchronicity adopted in the therapeutic encounter. Both processes are tied to the use of text-based communication primarily as well as audio-based interactions.

These processes are known to be underpinned by the concept of online disinhibition. Suler (2016) explains that the sense of perceived anonymity and/or invisibility (due to protection of the screen) would tend to activate two types of disinhibitions: toxic (such as online bullying) and benign disinhibition (such as seeking compassionate relationships online). This concept overlaps with the earlier one developed by Berger's (1986) uncertainty reduction theory (URT). Berger (1986) explains that when communication happens in a context of reduced non-verbal cues (such as email), individuals will naturally be inclined to compensate for the lack thereof to restore certainty of communication. As such, the individual would typically engage in accelerated self-disclosure or disinhibited self-expression. Essentially, they would try to be more active and engaging in their communicational style in order to establish a connection with the other person. It is on a similar basis that a psychodynamic therapist would sit behind their client. In this FtF context the therapist reduces non-verbal cues deliberately to active the reduction of uncertainty mechanism and disinhibition which in turn support the core technique of free association.

From an online therapist's perspective, the process of disinhibition underlies central therapeutic functions that enable a person-to-person connection, and this is something that online clients recognise and are appealed to (e.g. Baumeister et al., 2014). In this sense, the online therapist would seek to utilise

different levels of disinhibition (through the various modes of communication) in the pursuit of less defensive expression of the isolated, rigid and dysfunctional aspects of one's online and offline self (Suler, 2004; 2016). On the other side it is interesting to consider what does it take for a clinician who is trained in FtF interventions to shift towards utilising online counselling interventions as presented above. Currently these considerations appear to be more relevant to the work of private practitioners and perhaps some counselling services that specialise in the delivery of online interventions. In the case of bigger organisations and health systems these considerations would naturally take more time to be implemented as they would require changes of an even more radical change that takes place gradually and in time.

The issue of training in counselling and psychological therapies for online work consists of a more pressing issue, especially after those lessons learnt during the COVID-19 pandemic. Agathokleous (2020) suggests that the degree to which online practicing clinicians are aware of the above process and theoretical consideration is linked to the degree to which associated practices are adopted in their practice (see also Feijt, Bongers & IJsselsteijn, 2018). As such, it appears crucial now that training providers educate and prepare newly developed practitioners to understand and navigate the theoretical underpinnings of online communicational processes in the context of therapy. This knowledge seems to be largely absent from current practicing programs which are based on the traditional FtF paradigm of practice at a time when increased practitioners are expected to provide some (if not all) services online. Several researchers and theorists (e.g., Agathokleous 2020; Weitz, 2014) seem to align with the suggestion that clinicians who are not trained in online working are unlikely to be able to anticipate or navigate key interpersonal and communicational processes that are known to be at play in cyberspace. Some crucial developments have been observed in the last few months in this direction as professional regulatory bodies such as BACP in the UK revised their guidance for online counselling, highlighting prerequisite skills, knowledge, and training in the field.

HOW ONLINE COUNSELLING IS EVALUATED

iCBT Interventions

The evaluation literature of guided iCBT protocol interventions counts a series randomised controlled trial (RCT) studies since the 1990s (Andersson et al 2017). These studies evaluated guided iCBT's effectiveness in relation to several psychological conditions such as panic disorders, anxiety disorders, low mood and depression, eating disorders, season affective disorder, PTSD, insomnia, substance and internet addiction, self-harm and suicidal ideation and somatic conditions (Andersson & Carlbring, 2011; Andersson, 2018). The overall trend in this body of literature indicates that guided internet treatments tend to be more effective than totally automated or non-guided interventions. They also reported repeatedly that guided interventions demonstrated comparable or equivalent effectiveness to offline CBT (Andersson, 2016.) This protocol of intervention is delivered using a secure digital platform, is based on standardised assessment procedures and they encompass a variety of modes of communication including text-based (Andersson, 2018). These aspects of it are to be expected as they are essential in providing a foundation of a digitally secure, ethically, and clinically sound framework of practice online. However, this body of research indicates that the factor of the therapeutic alliance, which is universally accepted as the most crucial predictor of therapeutic outcomes in FtF therapy (e.g. Wampold, 2015), in this case does not account for the same effect (e.g. Lewis et al., 2011; Andersson et al., 2012). As such, the therapist's role

also seems to differ from that in FtF. It is typically constrained within a standardised therapeutic framework and is primarily aimed at technical and supportive rather than a direct therapeutic role. The client interacts primarily with the computerised program, with the therapist guidance and support throughout the process and tasks of the computerised treatment plan (Andersson & Hedman, 2013). It is therefore safe to say that the degree of therapeutic movement (in iCBT terms) depends primarily on the client's interaction with the iCBT software, and not on the therapist's therapeutic input itself. It is useful to draw attention to the fact that despite its limited effects therapeutic alliance has been consistently rated as satisfactory in iCBT (Lewis et al., 2011; Andersson et al., 2012b). This finding coupled with the fact that guided interventions seem to have better completion rates than non-guided intervention point to a recognition that nonetheless the ability to connect and interact with the therapist (another human being) within the cyberspace seem to remain the central factor linked to therapy completion and potentially indirectly a supportive factor of therapy outcomes.

Research in non-guided interventions has also been conducted over the last decade (e.g. Karyotaki et al., 2017). The main advantage of non-guided interventions is that it allows increasing access to therapy and holds a promising prospect of helping to reach out to large numbers of individuals (in a cost-effective way) that otherwise fail to access therapy (due to stigma, expenses or waiting lists) (e.g. Karyotaki et al., 2017). The non-guided protocol seems to hold a notable potential at low level or entry level psychoeducational interventions, typically providing a useful tool for medical practitioners to provide a quick and cost-effective resource of support to clients. Evaluation findings emanating from RCT in this area paint a somewhat inconsistent picture of effectiveness for non-guided iCBT reporting low effect sizes and high dropout rates. A meta-analysis study of this body of literature pointed to a small but significant effect size of non-guided iCBT interventions compared with control conditions (Andersson, 2009). On the other hand, more recent RCT's found a range of effects, varying from small or moderate to no effect (Meyer et al., 2015; Philips et al., 2014). The inconsistent nature of these findings calls for more research in this area to help clarify the picture. Nonetheless, it appears that the outright benefit of such interventions lies in their cost-effective distribution to large populations where their seemingly low effects become more accountable and noteworthy (e.g., Karyotaki et al., 2017).

The observed difference in the dropout rates between guided and non-guided interventions raised the issue of therapist input. In more technical terms, Agathokleous (2020) noted that clients seem more prone to disengage from therapies that prioritise the computer-human connection (non-guided programs) in comparison to those enabling at least some human (therapist)-to-human connection online (guided interventions). Other research showed that therapist's input such as feedback giving, support, encouragement, alliance bolstering, and empathetic utterances are indicators for client engagement and better treatment completion rates (e.g. Baumeister, et.al, 2014; Berger, 2017; Hadjistavropoulos et al., 2018). As such, the dropout rates observed in the non-guided interventions in real-life clinical applications of computerised protocol approaches could to some degree, be explained by the lack of the above therapist-based inputs known for its facilitating sense of therapeutic alliance (Wampold, 2015).

Andersson (2018) accepted that though the therapists input varies from 1–15 minutes per week, this human input appears to be typically beneficial for a client outcome (see also Baumeister et al., 2014). Andersson (2018) however pointed to an additional direction suggesting that human guidance can possibly be, to some extent, replaced by smart computer-generated responses and automated personalized feedback (Titov et al., 2013). This proposition enables new directions of research in digitalising human interaction for therapeutic purposes. Along the same stream of thought, novel digitalised approaches have emerged with an attempt to blended non-guided and therapist-guided interactions, integrating FtF, video,

email, or instant chat input (Topooco et al., 2017; 2019). At first instance, these approaches emerged as a response to online clients' (young people and adults) expressed preferences about their need for active therapist input (e.g. Topooco et al., 2018). In a recent controlled trial, Topoocco et al. (2020) reported that ICBT interventions that included therapist administered live chat (average of 47 minutes per week) yielded a significant decrease in depressive symptoms and a significant increase in client's sense of self-efficacy in comparison to non-guided interventions. These findings suggest that human-to-human interaction plays a crucial role in therapy engagement and facilitates better therapy outcomes. Importantly these findings indicated that chat-based communication provides a valid framework for therapist/client connection. Existing literature showed that this type of alliance may encourage feelings of safety, autonomy, reduced stigma-based pressures, as well as an accelerated rate of self-disclosure of sensitive issues. Since these crucial features of therapeutic elements are more restricted in non-guided approaches, these findings provide an insight into the centrality of therapists' input in online interventions.

Online Counselling

A review of available literature reveals three main strands of focus to online counselling evaluation: a) effectiveness in terms of therapeutic alliance; b) outcome effectiveness compared to other online and c) FtF modalities. Although there is variation in the findings reported, a seminal meta-analytic study by Barak et al. 2008 showed that an overall medium effect size of 0.53 for the online interventions is comparable to that of traditional face-to-face interventions. Further evidence has consistently suggested that online interventions perform just as well as FtF (Barak et al., 2008; Barney et al., 2006; Newman, Szkodny, Llera, & Przeworski, 2011). Qualitative studies provide a deeper insight as to the elements responsible for such effectiveness. Hanley & Wyatt, (2021) published a systematic review of qualitative studies targeting higher education students. They reported that engagement with online interventions is underpinned by a sense of increased autonomy, it enables a degree of anonymity (which can be utilised when FtF contact is not desirable) and overall enhances the quality of the therapeutic relationship. Findings from these studies provide the main foundation for further discussion within this section.

Online Text-Based Counselling

Several randomized controlled trials that have included a treatment condition using synchronous or asynchronous online counselling have reported significant post-treatment and follow-up effects (Kessler et al., 2009; van der Vaartet al., 2014). Other studies demonstrates the efficacy of delivering structured online CBT treatments for depression (Richards & Richardson, 2012). Similarly, a broad range of mental health issues has been addressed through various online interventions, for instance, interventions for panic disorder (Carlbring et al., 2005; Carlbring, Ekselius, & Andersson, 2018), insomnia (Strom, Pattersson, & Andersson, 2004), and smoking cessation (Strecher, Shiffman, & West, 2005) to name a few. Interventions included therapist support and counselling delivered through a range of technologies and communication modes, synchronously and asynchronously (Newman, et al., 2011).

Instant chat interventions can be used as stand-alone or complementary or blended to other approaches. Available research investigated the effectiveness of such interventions in relation to mental health conditions such as anxiety and depression (e.g. Dowling & Rickwood, 2014). Cohen &Kerr (1998) presented one of the first studies to compare instant chat counselling to FtF. This study reported that both experimental groups yielded a decrease in depressive symptoms and no differences were found on

ratings of depth, smoothness, or positivity between instant chat online and FtF groups. A subsequent study investigated the effect of a group chat intervention, 1-hour weekly sessions, for the prevention of eating disorders in four students (Zabinski et al., 2001; Zabinski, Wilfley, Calfas, Winzelberg, & Taylor, 2004). A series of self-report questionnaires were used including the Body Shape Questionnaire finding small to medium effect sizes of chat-based interventions in eating behaviour and body image attitudes (Zabinski et al., 2001). A follow-up by the same researchers adopted a RCT design comparing chat interventions to waiting list control group reporting significant effect sizes. These initial significant effects have attracted attention and sparked additional research interest in relation to the interpersonal process involved in terms of the therapeutic alliance in instant chat counselling. In a seminal study investigating the strength of therapeutic alliance in email and chat-based interventions Cook & Doyle (2002) reported equivalent scores between the two modes. McKenna and Bargh (2000) through their own study suggested that text-based modes can be especially valuable to socially anxious individuals who would typically feel unable to reach out for FtF or even video-based support.

The above highlighted one key advantage of text-based online therapies which enables meaningful and deep connections, as well as conversational exchanges between therapists and client. Barak & Bloch (2006) analysed 140 transcripts of clients' perceived helpfulness of emotional support. They recorded no significant difference comparing these ratings to FtF and reported positive outcomes. A key finding in this study was also that perceived helpfulness was correlated highly with clients and therapists' perspectives of deep and smooth conversations which, in this study, were rated as helpful. In a study of similar focus Leibert et al. (2006) found that client satisfaction played a key predictive role in the strength of therapeutic alliance. These findings indicate that it is possible for clients to establish a working alliance and to feel satisfied with one-to-one services delivered in an online setting via instant messaging. Hanley (2009) reports findings that align with this proposition. In this study, a sample of 46 young people therapists rated the therapeutic alliance of medium to high quality (see also Bambling, King Reid, & Thomas, 2006).

Based on these studies, it appears that indeed a therapeutic alliance is possible via text despite previous concerns that the lack of non-verbal cues would have a detrimental effect on associated processes. At times, text-based therapeutic alliance was found to be stronger than FtF sessions. (Cook & Doyle, 2002; Wagner, Horn, & Maercker, 2014). This observation can be attributed to various reasons. As pointed earlier, the lack of non-verbal cues could prompt accelerated self-disclosure by clients which is activated through the disinhibition effect (Suler, 2004). Additionally, it may be that the additional space for reflection enabling a process of write-reflect-rewrite process encourages a deeper emotional connection between therapist and the client which is also infused by sub-conscious interpersonal fantasies that are activated in a heightened manner. Finally, Abbott et al., (2008) suggest that text-based interventions seem to promote a sense of continuity of care enabling more flexible connection within the therapeutic dyad. For Reynolds, Stiles, Bailer, & Hughes (2013), this added flexibility, which also incorporates an increasing sense of control to the client, serves in making clients feel more comfortable and less threatened opening and engaging in their sessions.

Therapeutic alliance via email has received considerable attention within online counselling evaluative literature due to long-standing concerns expressed that a comparable to FtF therapeutic relationship would not be possible via text (Harrad & Banks, 2015). These concerns seem to have been gradually dispelled as available research suggests that a therapeutic alliance is indeed possible to an equal depth as FtF and in some studies this has been cited to be superior with an accelerated rate of self-disclosure and sense of safety within the therapeutic process (Reynolds et al., 2006). For instance, in their review

Hanley & Reynolds (2009) considered 5 quantitative studies with cumulative data from 161 participants who used the Working Alliance Inventory (WAI) and showed similar ratings in text-based therapy to face-to-face studies (Dunn, 2018) These findings point to the unique possibilities of empowerment, flexibility and choice (such as not fixed time appointments of a certain duration). On this basis, it may be said that while the therapeutic alliance via email has comparable outcome effects to FtF, the processes and factors involved in it seem to be different (similar to instant chat interventions). In the case of email work, these processes are underpinned by the asynchronous nature of this mode of communication and the additional space for reflection that is enabled between each non-instantaneous exchange between therapist and the client. This has also been depicted by Roy & Gillett's (2008) case study where email communication enabled a severely depressed client to experience a connection and form an alliance with their online therapist, something that had not been possible previously with FtF therapists. These writers suggest that this was possibly due to the time and control gained by the client in asynchronous exchanges.

Synchronous Modes of Communication in Online Counselling

Video-based communication has been observed to be the first choice of therapists that are at the first stages of their transition to online work. This is because many (clients and therapists) would already be quite familiar with the mode of communication due to its widespread use in social and workplace contexts (e.g. Békés & Aafjes-van Doorn, 2020). This mode of communication is also considered quite practical and easy to use, encompassing a sensory-rich environment that resembles FtF communication to the highest degree of all online modes of communication (Rochlen, Zack, & Speyer, 2004). Client and therapist are visible to one another and interact in live/ synchronous time. A series of RCTs, observational and qualitative studies have been conducted over the last two decades reporting relatively coherent findings. Overall, it is suggested that a good therapeutic alliance is possible through online modes of communication, with therapists and clients reporting that video-based sessions are experienced as quite similar in effectiveness to FtF sessions (e.g. Simpson & Reid, 2014; Backhaus et al., 2012; Simpson, 2009).

In a randomised trial of 80 clients, Day & Schneider (2002) found a statistically significant difference in the level of participation in telephone and video-based counselling as opposed to FtF. This effect may be due to the possibility that in remote interpersonal connections via the cyberspace individuals are naturally inclined to put more effort in establishing a human connection as a way of compensating the missing communicational cues that are filtered out. On this basis, Day & Schneider (2002) speculated that in the video-based mode, as well as telephone/audio, clients were more active in seeking responsibility with the interactions or even perhaps felt safer because of disinhibition (Suler, 2004). Researchers speculated that the clients in the distance modes perhaps made more effort to communicate or take more responsibility for the interaction because the distance made them feel safer (Dowling & Rickwood, 2013). A systematic review which assesses series of research questions focused on the usage and evaluation of video-based counselling, Backhaus et al., 2012. These researchers reported that the video-based counselling modality has been used to deliver a variety of treatments for varied psychological problems. These include trauma and acute stress-related disorders, eating disorders, general or mixed presenting problems, mood disorders, anxiety, panic disorders, agoraphobia, obsessive–compulsive disorder, addiction issues, pain/ psychophysiological issues, adjustment to cancer family issues, gender reassignment, caregiver stress and mixed depression (Backhaus et al., 2012).

HOW ONLINE COUNSELLING IS RECEIVED

The issue of therapeutic alliance and client engagement online is inherently related to client and therapist acceptance of online therapy. Research in therapeutic alliance clearly suggests that identifying and working toward meeting the client's expectations, preferences and goals of therapy as well as attending to key interpersonal processes such as empathy, non-judgmental, rapture repair and a safe environment are essential therapeutic processes. This section explores how online therapy is received by therapists and clients alike. We will consider client preferences and expectations of online work, the role of the uptake and engagement with online work and highlight the key processes influencing clients in their acceptance of online work. These processes are encapsulated in the notion of perceived credibility of treatment (Alfonsson et al., 2016) and perceived therapeutic alliance from the client perspective. Then we will review existing theoretical models that have been used to explain the process of uptake of online intervention by clinicians and highlight how key factors in this process influence how such interventions are received by clinicians. We will also consider how the COVID-19 period has impacted this process, making online therapies more acceptable to clinicians.

How Clients Receive Online Counselling

It is unclear from existing literature (primarily pre-COVID) about the perceptions of the public on online counselling. There are anecdotal indications of a slight scepticism and questioning of the effectiveness of online intervention and whether the relationship and the warmth between therapist and the client would be comparable to the FtF interventions. Over the last few years, many people have used digital technology for social networking or to connect with friends and family remotely. These experiences have led many to recognise some of the key benefits of online communication including disinhibited communication, openness, flexibility of communication and accelerated self-disclosure (depending on the context). At the same time, some additional challenges that come with the digital package have also emerged such as toxic interactions and communication, a difference (to FtF) in interpersonal dynamics and connection and equipment challenges. On this basis, anecdotal indication points to a shift of public attitudes and their perceptions of online counselling and its possibilities. This shift implies a more informed scepticism or acceptance based on in vivo experience of online communication.

On the other side, during the same period researchers have studied perceptions and individuals' experience of online counselling through its various interactions such as individual video/ audio sessions, email or instant chat as well as iCBT provision. In a recent qualitative study of such focus, Berry, Lobban & Bucci (2019) reported that clients' who received online interventions for self-management of severe mental health issues appreciate the increased flexibility of communication, and accessibility to mental health support through cyberspace. Additionally, participants reported a sense of perceived empowerment, increasing space for self-reflection and a sense of increased control over one's online treatment. These themes can map closely to some benefits afforded by the cyberspace as highlighted earlier. In a study of similar focus with a sample of young people, Kauer, Mangan & Sanci (2014) noted that the centrality of the sense of control was associated with the opportunity to make a 'choice' over the modes of intervention employed in their treatment plan and the flexibility of the available support (see also van der Vaart et al., 2014; Hanley & Wyatt, 2021). In this study, participants valued text-based communication due to the incensing flexibility of being able to reach out to the therapist. The findings from these studies suggest that clients would tend to be more content and experience a sense of credibility of their

online interventions, if those are designed to promote flexibility of communication, diversity of modes and a sense of control over the design and delivery. It can also be said that text-based communication takes a prominent role in promoting flexible, accessible, disinhibiting, and diversified interpersonal communication online (see also Topooco; 2018; Dunn, 2014; Berry et al., (2017).

On this basis, and in alignment with Hanley & Wyatt (2021), it is suggested that online interventions that are designed to exploit the above characteristics would be received positively by prospective clients, thus increasing the chance of better engagement and adherence to the course of treatment. In more specific terms online clients are likely to perceive such interventions as more credible. Existing research confirmed this position as encapsulating a key aspect of client expectations and highlighted perceived credibility as predictive factors of therapy dropouts (e.g. Alfonsson et al., 2016; Donkin & Glozier, 2012; Wentzel et al., 2016). On this basis perceived credibility can be defined as the client's belief and trust that the chosen intervention(s) can effectively help them achieve their therapy goals (e.g. Alfonsson et al., 2016; Wentzel et al., 2016). Thus, it appears that therapy design plays an equally important role online as well as offline. Therefore, when these expectations are met, online intervention can be well received by clients, whereas, when the design is not attuned to these expectations, the risk of dropouts and negative reception increases.

This debate is directly linked to the notion of online therapeutic alliance found to be the most consistent predictor of positive experiences, engagement, and therapeutic outcomes in offline therapies. Thus, the notion of therapeutic alliance is crucial for the online counselling practice, and it also takes a technical outlook. Meeting the client's expectations and preferences of therapy is a central process in establishing a sense of trust and sound therapeutic alliance which is interlinked with positive receptions of therapy. More specifically, Prescott, Hanley & Gomez (2019) pursued a qualitative exploration of the thematic factors that underpin clients' use of online forums for mental health and emotional support. This study suggested that the role and input of the therapists are important in maintaining engagement within therapy. This finding reinforces earlier points in this chapter about the significance of human-to-human connection online in ensuring satisfactory engagement. The therapist skills, input and abilities communicated online through various modes are the essential components indirectly linked to fostering practice perceptions and client experience of therapeutic alliance. An empathic communication online will produce warmth, rupture repair, as well as negotiate client expectations, preferences and therapy goals that could foster trust and a sense of credible therapeutic alliance. The underpinning notion of trust is central towards client positive reception of online interventions as it facilitates the creation of a safe, contained, professional and reliable space for therapy to take place in. On this basis, it appears logical that the therapist's input is inextricably linked to the formation of client perceptions of therapy.

We will now discuss how online counselling is received by therapists, building upon our discussion about the therapeutic alliance and credibility of treatment presented above.

How Online Counselling Is Received by Therapists

Available literature indicates that it can be challenging for therapists to match client expectations (Mallen et al., 2005a). Gun et al. (2011) however indicated that this challenge lies in the therapist's preference for single-mode interventions such as video-based only, and lack of clarity about how diverse communication online can be synthesised into a coherent treatment plan (see also Berger, 2017; van der Vaart et al.,2014). This limited understanding of the potential usefulness of diversified online therapeutic communication acts as a key agent of hesitation in adopting associated interventions in routine prac-

tice. Based on this proposition, online therapy reception is characterised by a fragmented picture that is largely disconnected with the unique communicational characterisation of the cyberspace but more tied to the techniques that resemble FtF communication. As such, therapists could be inclined to use video-based interventions only as these have similar outlook FtF work. According to Vis et al. (2018) therapists' understanding of the usefulness of the range of various online interventions and their level of online communicational therapeutic skills were indeed the most consistent predictors underpinning the decisions to adopt associated interventions, (see also van der Vaart et al., 2014; Wentzel et al., 2016).

In addition, Anthony (2015) highlights the importance of understanding (or at least being familiar with) the governing principles of online behaviour in the cyberspace. Without an understanding of these online principles which are usually addressed in specialist training, therapists could be more inclined to perceive online intervention with a vague understanding and view it from a FtF rather than cyberspace lenses. This issue has also been highlighted by Wilson, White & Hamilton (2013) and Armitage & Conner (2001). These researchers investigated the underpinning factors of the uptake of complementary and alternative therapies in routine psychological practice using a motivational theoretical model of Theory of Planned Behaviour (TPB). In simple terms this model implies that perceived behavioural control, attitudes, subjective norms, and level of understanding of the risks associated with the online working are key factors predicting the uptake or intentions to take on online working. The factor of awareness of risk has been added to the model by Wilson et al 2013 confirming also that this factor improved the predictive ability of this model up to 51% in the uptake phase and 49% of the intentions (to take on) phase. These findings, indicate that knowledge of the risk factors related to a given complementary or alternative therapy (that is, an advanced understanding of its expected usefulness), play a central role in the adoption of new interventions in routine care. Following the same line of thought, Wilson et al's (2013) work also pointed to a deeper understanding of the original concept of Perceived Behavioural Control (PBC) as crucial in how therapists receive and take on online interventions. This concept speaks to the therapist's sense of competence and confidence in endorsing online therapies, which is rooted in their level of skills and knowledge about such interventions.

Davis (1989) developed the Technology Acceptance Model (TAM) based on TPB principles. This model was aimed at explaining the process of uptake and acceptance of a new technology. Its key aspects (replacing the notion of PBC) are *perceived usefulness* which refers to a person's belief that the adoption of a technological system would improve their job performance and outcomes; and *perceived ease of use* referring to the belief that adopting the system in routine practice would require minimum effort. Lazuras & Dokou (2016) used TAM to investigate 63 psychiatric practitioners' intentions of accepting new technology in routine practice. Their findings reinforced the idea that if a clinician is sufficiently skilled in certain key aspects of the technology, and if they can see how using these improves outcomes (*perceived usefulness*) they will be more likely to put them into practice (see also Vis et al., 2018).

In terms of online counselling, these theoretical premises represent the professional growth and specialist training an offline therapist would need to undergo to meet the unique demands of online therapeutic practice. The reviewed literature confirmed that this aspect is central to the understanding of the process of uptake and how online counselling specialist interventions are received by therapists. Feijt et al. (2018) suggest that this process follows a gradual trend moving through various stages of uptake, ranging from limited/ no use to innovative and expert uses of online interventions (for instance, utilising the full range of available modes of communication) (see also Rogers, 2002, 2003, 2010). Based on this study, Feijt et al. (2018) presented a five-level model of adoption of eMental Health (LAMH) underpinned by two main factors: 1) therapists' awareness of what online therapy implies and 2) therapists' intrinsic motiva-

tion to adopt online interventions. These factors are interdependent and determine whether one's use of online interventions would be limited and constrained or diversified and expanded being underpinned by a level of online expertise and experience. In simple terms, one's awareness of the various aspects of online therapy would bring additional interest and a sense of perceived competence, which in turn would precipitate increased intrinsic motivation and an interest to further invest in the endorsement of specialist online therapy provision.

Some research suggests that at some level, clinicians are aware of the need for additional training when working online, but so far (and especially before the COVID-19 period) there seems to be a consistent tendency to hesitate to take up such training. Perle et al. (2013) reported in their study that only 21% of practitioners (out of a sample of 717 participants), had sufficient training in online interventions despite 75% recognition of its practical importance. These clinicians also reported being concerned about the safety and effectiveness of online therapy, leading to their hesitation to adopt online interventions in routine practice. According to the LAMH model this hesitation can be interpreted as lack of awareness of the key aspects and potential effectiveness of online therapies. Such awareness would typically be developed within training courses or through intrinsic independent learning by the therapist. In addition, Du et al. (2013) add another layer of interpretation of this observation suggesting that therapists hesitate to take on multimodal communicational frameworks online because they remain attached to their FtF communicational patterns when working online (see also Andersson & Hedman, 2013). This way of working online is primarily attributed to an insufficient understanding of the key considerations and therapeutic applications of online communication, which links back to the need for additional training (see also Anthony, 2015 and Weitz, 2014).

As it follows, limited understanding of the potential usefulness and uses of the full range of online interventions would lead therapists to receive those in limited and even negative ways. This proposition seems to be confirmed by Hennemann, Beutel & Zwerenz (2017) who explore uptake patterns in a sample of 128 mental health professionals. A percentage of 88% of these participants expressed rather low intentions to accept and adopt online interventions. This study also highlighted that these professionals had limited experience of using online interventions. In line with the technology acceptance model (Davies, 1989) one's level of experience in a certain technology would also be linked to their perceived confidence and competence in adopting associated interventions.

Access to Online Counselling and Therapy by Different Demographics

Despite the increasing use of online therapy, variations in demographic characteristics have been observed in the accessing and the utilisation of the online counselling and therapy in comparison to the face-to-face counselling (Yeung, Wong & Law, 2001; DuBois, 2004; Hanley, 2012; Novotney, 2017; Hanley, Prescott & Gomez, 2019, Hanley, 2020). Specifically, when gender was considered in relation to the access of the online counselling and therapy services for psychosocial problems, Yeung et al. (2001) and Lifeline Ipswich and West Moreton (LIWM, 2001) reported almost as many males as females in their study. In contrast, DuBois (2004) reported 85% of women in comparison to only 15% men found accessing online counselling in their study. Inconsistent and sometimes non-conclusive findings such as above characterise the exploration of demographic factors in the usage or accessing of the online counselling. Technically, samples included in the reviewed studies also varied widely, though, the discrepancies might be difficult to explain sometimes, thus implying the need for further studies. For example, participants for Yeung's et al (2001) study were youths (with majority aged 19-22), whereas DuBois (2004) and the

LIWM study (2001) samples were of wider age range (13-69 years). Also, majority of the UK study participants were within 22-44 years age bracket, while Dubois' participants were within 25-50 years. Findings from a more recent study (Do et al., 2019) also introduced developmental dimension by suggesting the need to consider gender when providing computer based therapeutic intervention for the adolescents, as male adolescents were found reporting more positive perceptions for computer-based therapy than female adolescents.

Age factor has been explored in online counselling and therapy research over the last decade. For example, Sweeney et al., (2019) noted that 72% of the adolescents in their study would rather access an online therapy if they need supports. These adolescents valued the benefits of stigma reduction and accessibility that online counselling and therapy provide. Results from a systematic review by Hanley, Prescott & Gomez (2019) also supported the idea that young people are increasingly looking towards the online forums for supports. It was observed that young people felt that they could readily receive information, as well as emotional and infomotional supports through online forums rather than f2f (Hanley, et al., 2019). In the contrary, Wong, et al. (2019) concluded from their study that age (that is, whether older or younger) did not matter in the way clients (age 16-35 years) accessed online counselling services. More recent rapid review of literature showed that remote interventions were an effective way of supporting young people who might find it difficult to access f2f counselling (James, 2020). The systematic review by Hanley, et al (2019) and Wong et al.'s (2019) study both highlighted the potential for young people to prefer and access online counselling services that is dynamic and responsive above or with f2f counselling. Reasons for preference include its flexible nature. The recognition of the need to increase the accessibility of counselling and therapeutic services to the children and young people (BACP, 2018) has bolstered the provisioning of online counselling and therapeutic services for this client group as they continue to engage with counselling and therapeutic help online.

CONCLUSION

This chapter showed that the recent happenings have drastically changed the initial reluctance and slowness of counsellors and therapist to adopt online technological tools for counselling. The outbreak of COVID-19 has necessitated the drastic move of counsellors and therapists to online counselling and therapy practices, leading to more flexible practices and the combination of both online and FtF services. It is clear from the various reviewed literature that the use of online as a mode of delivering counselling and therapeutic services will remain within the field due to some identified advantages. However, while some studies recognised that users are not restricted by age or gender, others showed that the online mode of service delivery might be more beneficial for children and young people who are already spending significant time online. This is more so as the standard FtF counselling and therapy provision for this group is limited at meeting the ever-increasing needs of the young people. This chapter implicated the need for more studies that would explore the impact of various demographic factors on the accessibility, utility and outcomes of online counselling and therapy. The inclusion of the online counselling training in the counselling and therapy programmes is also implied, and this could support the counsellors and therapist's utilisation and acceptance of the reality of digital innovations ramping up within the field.

REFERENCES

Abbott, J.A.M., Klein, B., & Ciechomski, L. (2008). Best practices in online therapy. *Journal of Technology in Human Services*, *26*, 360-375.

Agathokleous, G. (2020). *Mental health clinicians' motivation and awareness of key considerations as predictors of online therapy uses and applications* (Doctoral Thesis). University of Wolverhampton. https://wlv.openrepository.com/handle/2436/623378

Alfonsson, S., Olsson, E., & Hursti, T. (2016). Motivation and treatment credibility predict dropout, treatment adherence, and clinical outcomes in an internet-based cognitive behavioural relaxation program: A randomized controlled trial. *Journal of Medical Internet Research*, *18*(3), 52. doi:10.2196/jmir.5352 PMID:26957354

Amichai-Hamburger, Y., Klomek, A. B., Friedman, D., Zuckerman, O., & Shani-Sherman, T. (2014). The future of online therapy. *Computers in Human Behavior*, *41*, 288–294. doi:10.1016/j.chb.2014.09.016

Andersson, G. (2009). Using the internet to provide cognitive behaviour therapy. *Behaviour Research and Therapy*, *47*(3), 175–180. doi:10.1016/j.brat.2009.01.010 PMID:19230862

Andersson, G. (2016). Internet-delivered psychological treatments. *Annual Review of Clinical Psychology*, *12*(1), 157–179. doi:10.1146/annurev-clinpsy-021815-093006 PMID:26652054

Andersson, G. (2018). Internet interventions: Past, present and future. *Internet Interventions: the Application of Information Technology in Mental and Behavioural Health*, *12*, 181–188. doi:10.1016/j.invent.2018.03.008 PMID:30135782

Andersson, G., Bergström, J., Holländare, F., Ekselius, L., & Carlbring, P. (2004). Delivering CBT for mild to moderate depression via the internet. Predicting outcome at 6-months follow-up. *Verhaltenstherapie*, *14*, 185–189. doi:10.1159/000080914

Andersson, G., & Carlbring, P. (2011). Panic disorder. In W. T. O'Donohue & C. R. Draper (Eds.), *Stepped Care and E-Health: Practical Applications to Behavioral Disorders* (pp. 61–76). Springer. doi:10.1007/978-1-4419-6510-3_4

Andersson, G., Carlbring, P., & Furmark, T. (2012). Therapist experience and knowledge acquisition in internet-delivered CBT for social anxiety disorder: A randomized controlled trial. *PLoS One*, *7*(5), e37411. doi:10.1371/journal.pone.0037411 PMID:22649526

Andersson, G., Cuijpers, P., Carlbring, P., Riper, H., & Hedman, E. (2014). Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: A systematic review and meta-analysis. *World Psychiatry; Official Journal of the World Psychiatric Association (WPA)*, *13*(3), 288–295. doi:10.1002/wps.20151 PMID:25273302

Andersson, G., & Hedman, E. (2013). Effectiveness of guided Internet-delivered cognitive behaviour therapy in regular clinical settings. *Verhaltenstherapie*, *23*(3), 140–148. doi:10.1159/000354779

Anthony, K. (2015). Training therapists to work effectively online and offline within digital culture. *British Journal of Guidance & Counselling*, *43*(1), 36–42. doi:10.1080/03069885.2014.924617

Anthony, K., Goss, S., & Nagel, D. (2014). Developing ethical delivery of cross-border services. *Psychotherapy 2.0: Where Psychotherapy and Technology Meet*, 193.

Anthony, K., & Nagel, D. M. (2010). *Therapy online: A practical guide*. Sage Publications. doi:10.4135/9781849204354

Armitage, C. J., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta- analytic review. *British Journal of Social Psychology*, *40*(4), 471–499. doi:10.1348/014466601164939 PMID:11795063

Asmundson, G. J. G., & Taylor, S. (2020). How health anxiety influences responses to viral outbreaks like COVID-19: What all decision-makers, health authorities, and health care professionals need to know. *Journal of Anxiety Disorders*, *711*, 102211. doi:10.1016/j.janxdis.2020.102211 PMID:32179380

Attrill, A. (2012). Sharing only parts of me: Selective categorical self-disclosure across internet arenas. *International Journal of Internet Science*, *7*(1), 55–77.

Attrill, A. (2015). The manipulation of online self-presentation: Create, edit, re-edit and present. Springer.

Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., Rice-Thorp, N. M., Lohr, J., & Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services*, *9*(2), 111–131. doi:10.1037/a0027924 PMID:22662727

Bambling, M., King, R., Reid, W., & Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous single-session counselling to young people. *Counselling and Psychotherapy Research: Linking Research with Practice*, *8*(2), 110–116. doi:10.1080/14733140802055011

Barak, A., & Bloch, N. (2006). Factors related to perceived helpfulness in supporting highly distressed individuals through an online support chat. *Cyberpsychology & Behavior*, *9*(1), 60–68. doi:10.1089/cpb.2006.9.60 PMID:16497119

Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. A. (2008). A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Services*, *26*(2-4), 109–160. doi:10.1080/15228830802094429

Barak, A., Klein, B., & Proudfoot, J. G. (2009). Defining internet-supported therapeutic interventions. *Annals of Behavioral Medicine*, *38*(1), 4–17. doi:10.100712160-009-9130-7 PMID:19787305

Barker, C., Pistrang, N., & Elliot, R. (1994). *Research methods in clinical and counselling psychology*. John Wiley & Sons.

Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *The Australian and New Zealand Journal of Psychiatry*, *40*(1), 51–54. doi:10.1080/j.1440-1614.2006.01741.x PMID:16403038

Baumeister, H., Reichler, L., Munzinger, M., & Lin, J. (2014). The impact of guidance on Internet-based mental health interventions—A systematic review. *Internet Interventions: the Application of Information Technology in Mental and Behavioural Health*, *1*(4), 205–215. doi:10.1016/j.invent.2014.08.003

Békés, V., & Aafjes-van Doorn, K. (2020). Psychotherapists' attitudes toward online therapy during the COVID-19 pandemic. *Journal of Psychotherapy Integration*, *30*(2), 238–247. doi:10.1037/int0000214

Berger, C. R. (1986). Uncertain outcome values in predicted relationships uncertainty reduction theory then and now. *Human Communication Research*, *13*(1), 34–38. doi:10.1111/j.1468-2958.1986.tb00093.x

Berger, T. (2017). The therapeutic alliance in internet interventions: A narrative review and suggestions for future research. *Psychotherapy Research*, *27*(5), 511–524. doi:10.1080/10503307.2015.1119908 PMID:26732852

Berry, N., Bucci, S., & Lobban, F. (2017). Use of the Internet and Mobile Phones for Self-Management of Severe Mental Health Problems: Qualitative Study of Staff Views. *Journal of Medical Intervention Research, Mental Health*, *4*(4).

Berry, N., Lobban, F., & Bucci, S. (2019). A qualitative exploration of service user views about using digital health interventions for self-management in severe mental health problems. *BMC Psychiatry*, *19*(1), 35. doi:10.118612888-018-1979-1 PMID:30665384

Blumenstyk, G. (2020). *Why Coronavirus Looks Like a 'Black Swan' Moment for Higher Education*. https://www.chronicle.com/article/Why-Coronavirus-Looks-Like-a/248219

British Association for Counselling and Psychotherapy. (2018). *Working with children and Young people within the counselling professions*. Available at https://www.bacp.co.uk/media/4319/bacp-working-with-children-young-people-caq-gpia046-sep18.pdf

Carlbring, P., Andersson, G., Cuijpers, P., Riper, H., & Hedman-Lagerlöf, E. (2018). Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: An updated systematic review and meta-analysis. *Cognitive Behaviour Therapy*, *47*(1), 1–18. doi:10.1080/16506073.2017.1401115 PMID:29215315

Carlbring, P., Nilsson-Ihrfelt, E., Waara, J., Kollenstam, C., Buhrman, M., Kaldo, V., & Andersson, G. (2005). Treatment of panic disorder: Live therapy vs. self-help via internet. *Behaviour Research and Therapy*, *43*(10), 1321–1333. doi:10.1016/j.brat.2004.10.002 PMID:16086983

Cipolletta, S., Frassoni, E., & Faccio, E. (2018). Construing a therapeutic relationship online: An analysis of videoconference sessions. *Clinical Psychologist*, *22*(2), 220–229. doi:10.1111/cp.12117

Cohen, G., & Kerr, B. (1998). Computer -mediated counselling: An empirical study of a new mental health treatment. *Computers in Human Services*, *15*, 13–26. doi:10.1300/J407v15n04_02

Cook, J. E., & Doyle, C. (2002). Working alliance in online therapy as compared to FtF therapy: Preliminary results. *Cyberpsychology & Behavior*, *5*(2), 95–105. doi:10.1089/109493102753770480 PMID:12025884

Davis, F. D. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. *Management Information Systems Quarterly*, *13*(3), 319–340. doi:10.2307/249008

Day, S. X., & Schneider, P. L. (2002). Psychotherapy using distance technology: A comparison of face-to-face, video, and audio treatment. *Journal of Counseling Psychology*, *49*(4), 499–503. doi:10.1037/0022-0167.49.4.499

Do, R., Park, J. R., Lee, S. Y., Cho, M. J., Kim, J. S., & Shin, M. S. (2019). Adolescents' Attitudes and Intentions toward Help-Seeking and Computer-Based Treatment for Depression. *Psychiatry Investigation*, *16*(10), 728–736. doi:10.30773/pi.2019.07.17.4 PMID:31550876

Donkin, L., & Glozier, N. (2012). Motivators and motivations to persist with online psychological interventions: A qualitative study of treatment completers. *Journal of Medical Internet Research*, *14*(3), e91. doi:10.2196/jmir.2100 PMID:22743581

Dowling, M., & Rickwood, D. (2013). Online counselling and therapy for mental health problems: A systematic review of individual synchronous interventions using chat. *Journal of Technology in Human Services*, *31*(1), 1–21. doi:10.1080/15228835.2012.728508

Dowling, M. J., & Rickwood, D. J. (2014). Experiences of counsellors providing online chat counselling to young people. *Journal of Psychologists and Counsellors in Schools*, *24*(2), 183–196.

Du, E., Quayle, E., & Macleod, H. (2013). Service Providers' Perceptions on the Uptake of Computerised Cognitive Behavioural Therapy (CCBT). *PsychNology Journal*, *11*(3).

DuBois, D. (2004). Clinical and demographic features of the online counselling client population. *Counselling & Psychotherapy Research*, *4*(1), 18–22. doi:10.1080/14733140412331384028

Dunn, K. (2018). The therapeutic alliance online. In *Psychotherapy 2.0* (pp. 75–88). Routledge. doi:10.4324/9780429479243-4

Feijt, M., deKort, Y., Bongers, I., Bierbooms, J., Westerink, J., & IJsselsteinjn, W. (2020). Mental Health care goes online: Practitioners' experiences of providing Mental Health care during the COVID-19 Pandemic. *Cyberpsychology, Behavior, and Social Networking*, *23*(12), 860–864. doi:10.1089/cyber.2020.0370 PMID:32815742

Feijt, M. A., de Kort, Y. A., Bongers, I. M., & IJsselsteijn, W. A. (2018). Perceived drivers and barriers to the adoption of emental health by psychologists: The construction of the levels of adoption of eMental health model. *Journal of Medical Internet Research*, *20*(4), e153. doi:10.2196/jmir.9485 PMID:29691215

Freud, S. (1909). Analysis of a phobia in a five-year-old boy. *Klassiekers Van de Kinder-en Jeugdpsychotherapie*, 26.

Gun, S.Y., Titov, N., & Andrews, G. (2011). Acceptability of internet treatment of anxiety and depression. *Australasian Psychiatry, 19*(3), 259–264. doi:10.3109/10398562.2011.562295

Hadjistavropoulos, H. D., Schneider, L. H., Klassen, K., Dear, B. F., & Titov, N. (2018). Development and evaluation of a scale assessing therapist fidelity to guidelines for delivering therapist-assisted Internet-delivered cognitive behaviour therapy. *Cognitive Behaviour Therapy*, *47*(6), 447–461. doi:10.1080/16506073.2018.1457079 PMID:29693533

Hanley, T. (2009). The working alliance in online therapy with young people: Preliminary findings. *British Journal of Guidance & Counselling*, *37*(3), 257–269. doi:10.1080/03069880902956991

Hanley, T. (2012). Understanding the online therapeutic alliance through the eyes of adolescent service users. *Counselling & Psychotherapy Research*, *12*(1), 35–43. doi:10.1080/14733145.2011.560273

Hanley, T. (2020). Researching online counselling and psychotherapy: The past the present and the future. *Counselling & Psychotherapy Research*, *493-497*. Advance online publication. doi:10.1002/capr.12385

Hanley, T., Prescott, J., & Gomez, U. (2019). A systematic review exploring how young people use online forums for support around mental health issues. *Journal of Mental Health (Abingdon, England)*, *28*(5), 566–576. doi:10.1080/09638237.2019.1630725 PMID:31267813

Hanley, T., & Reynolds, D. J. (2009). Counselling psychology and the internet: A review of the quantitative research into online outcomes and alliances within text-based therapy. *Counselling Psychology Review*, *24*(2), 4–13.

Harrad, R., & Banks, N. (2015). *Counselling in online environments. In Applied Cyberpsychology*. Palgrave Macmillan.

Hennemann, S., Beutel, M. E., & Zwerenz, R. (2017). Ready for eHealth? Health professionals' acceptance and adoption of ehealth interventions in inpatient routine care. *Journal of Health Communication*, *22*(3), 274–284. doi:10.1080/10810730.2017.1284286 PMID:28248626

James, K. (2020). *Remote Mental Health interventions for young people. A rapid review of the evidence.* Youth Access Championing advice and counselling. Available at https://www.youthaccess.org.uk/downloads/remote-mental-health-interventions-for-young-people---rapid-review.pdf

Karyotaki, E., Riper, H., Twisk, J., Hoogendoorn, A., Kleiboer, A., Mira, A., ... Cuijpers, P. (2017). Efficacy of self-guided internet-based cognitive behavioural therapy in the treatment of depressive symptoms: a meta-analysis of individual participant data. *Journal of the American Medical Association Psychiatry, 74*(4), 351-359.

Kauer S.D., Mangan C., & Sanci L. (2014). Do online mental health services improve help-seeking for young people? A systematic review. *Journal of Medical Internet Research*, *16*(3), e66. doi:10.2196/jmir.3103

Kessler, D., Lewis, G., Kaur, S., Wiles, N., King, M., Weich, S., & Peters, T. J. (2009). Therapist-delivered Internet psychotherapy for depression in primary care: A randomized controlled trial. *Lancet*, *374*(9690), 628–634. doi:10.1016/S0140-6736(09)61257-5 PMID:19700005

Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Chatterji, S., Lee, S., Ormel, T., Ustun, B., & Wang, P. S. (2009). The global burden of mental disorders: An update from the WHO World Mental Health (WMH) surveys. *Epidemiologia e Psichiatria Sociale*, *18*(1), 23–33. doi:10.1017/S1121189X00001421 PMID:19378696

Lazuras, L., & Dokou, A. (2016). Mental health professionals' acceptance of online counselling. *Technology in Society*, *44*, 10–14. doi:10.1016/j.techsoc.2015.11.002

Leibert, T., Archer, J. Jr, Munson, J., & York, G. (2006). An exploratory study of client perceptions of internet counselling and the therapeutic alliance. *Journal of Mental Health Counseling*, *28*(1), 69–83. doi:10.17744/mehc.28.1.f0h37djrw89nv6vb

Lewis, S., Thomas, S. L., Blood, R. W., Castle, D., Hyde, J., & Komesaroff, P. A. (2011). 'I'm searching for solutions': Why are obese individuals turning to the Internet for help and support with 'being fat'*? Health Expectations*, *14*(4), 339–350. doi:10.1111/j.1369-7625.2010.00644.x PMID:21199200

Lifeline Ipswich & West Moreton. (2001). *Face to Face Counselling Statistics for 2001*. http://cwpp.slq.qld.gov.au/lifelineiwm/2001.htm

Mallen, M. J., Jenkins, I. M., Vogel, D. L., & Day, S. X. (2011). Online counselling: An initial examination of the process in a synchronous chat environment. *Counselling & Psychotherapy Research*, *11*(3), 220–227. doi:10.1080/14733145.2010.486865

Mallen, M. J., & Vogel, D. L. (2005). Introduction to the major contribution: Counselling psychology and online counselling. *The Counseling Psychologist*, *33*(6), 761–775. doi:10.1177/0011000005278623

Mallen, M. J., Vogel, D. L., & Rochlen, A. B. (2005a). The practical aspects of online counselling: Ethics, training, technology, and competency. *The Counseling Psychologist*, *33*(6), 776–818. doi:10.1177/0011000005278625

Mallen, M. J., Vogel, D. L., Rochlen, A. B., & Day, S. X. (2005b). Online counselling: Reviewing the literature from a counselling psychology framework. *The Counseling Psychologist*, *33*(6), 819–871. doi:10.1177/0011000005278624

McKenna, K. Y., & Bargh, J. A. (2000). Plan 9 from cyberspace: The implications of the internet for personality and social psychology. *Personality and Social Psychology Review*, *4*(1), 57–75. doi:10.1207/S15327957PSPR0401_6

Meyer, B., Bierbrodt, J., Schröder, J., Berger, T., Beevers, C. G., Weiss, M., Jacob, G., Späth, C., Andersson, G., Lutz, W., Hautzinger, M., Löwe, B., Rose, M., Hohagen, F., Caspar, F., Greiner, W., Moritz, S., & Klein, J. P. (2015). Effects of an Internet intervention (Deprexis) on severe depression symptoms: Randomized controlled trial. *Internet Interventions: the Application of Information Technology in Mental and Behavioural Health*, *2*(1), 48–59. doi:10.1016/j.invent.2014.12.003

National Institute for Health and Clinical Excellence. (2006). *Computerised cognitive behaviour therapy (CCBT) for the treatment of depression and anxiety. Technology Appraisal no. 97*. London: NICE.

National Institute for Health and Clinical Excellence. (2009). *Depression: The treatment and management of depression in adults (NICE, London) CG90*. http://guidance.nice.org.uk/CG90

Newman, M. G., Szkodny, L. E., Llera, S. J., & Przeworski, A. (2011). A review of technology-assisted self-help and minimal contact therapies for anxiety and depression: Is human contact necessary for therapeutic efficacy? *Clinical Psychology Review*, *31*(1), 89–103. doi:10.1016/j.cpr.2010.09.008 PMID:21130939

Novotney, A. (2017). A growing wave of online therapy. *American Psychological Association, 48*(2). Retrieved 15 April 2021, from https://www.apa.org/monitor/2017/02/online-therapy

Olthuis, J. V., Watt, M. C., Bailey, K., Hayden, J. A., & Stewart, S. H. (2016). Therapist-supported Internet cognitive behavioural therapy for anxiety disorders in adults. *Cochrane Database of Systematic Reviews*, *2016*(3), 3. doi:10.1002/14651858.CD011565.pub2 PMID:26968204

Perle, J. G., Langsam, L. C., Randel, A., Lutchman, S., Levine, A. B., Odland, A. P., Nierenberg, B., & Marker, C. D. (2013). Attitudes toward psychological telehealth: Current and future clinical psychologists' opinions of Internet-based interventions. *Journal of Clinical Psychology*, *69*(1), 100–113. doi:10.1002/jclp.21912 PMID:22975897

Phillips, R., Schneider, J., Molosankwe, I., Leese, M., Foroushani, P. S., Grime, P., McCrone, P., Morriss, R., & Thornicroft, G. (2014). Randomized controlled trial of computerized cognitive behavioural therapy for depressive symptoms: Effectiveness and costs of a workplace intervention. *Psychological Medicine*, *44*(4), 741–752. doi:10.1017/S0033291713001323 PMID:23795621

Reynolds, D. A. J. Jr, Stiles, W. B., & Grohol, J. M. (2006). An investigation of session impact and alliance in internet-based psychotherapy: Preliminary results. *Counselling & Psychotherapy Research*, *6*(3), 164–168. doi:10.1080/14733140600853617

Reynolds, D. J. Jr, Stiles, W. B., Bailer, A. J., & Hughes, M. R. (2013). Impact of exchanges and client–therapist alliance in online-text Psychotherapy. *Cyberpsychology, Behavior, and Social Networking*, *16*(5), 370–377. doi:10.1089/cyber.2012.0195 PMID:23530546

Richards, D. (2009). Features and benefits of online counselling: Trinity College online mental health community. *British Journal of Guidance & Counselling*, *37*(3), 231–242. doi:10.1080/03069880902956975

Richards, D., Duffy, D., Blackburn, B., Earley, C., Enrique, A., Palacios, J., ... Timulak, L. (2018). Digital IAPT: the effectiveness & cost-effectiveness of internet-delivered interventions for depression and anxiety disorders in the Improving Access to Psychological Therapies programme: study protocol for a randomised control trial. *BioMed Central- Psychiatry*, *18*(1), 59.

Richards, D., & Richardson, T. (2012). Computer-based psychological treatments for depression: A systematic review and meta-analysis. *Clinical Psychology Review*, *32*(4), 329–342. doi:10.1016/j.cpr.2012.02.004 PMID:22466510

Rochlen, A. B., Zack, J. S., & Speyer, C. (2004). Online therapy: Review of relevant definitions, debates, and current empirical support. *Journal of Clinical Psychology*, *60*(3), 269–283. doi:10.1002/jclp.10263 PMID:14981791

Rogers, C. (2002). Seeing student learning: Teacher change and the role of reflection. *Educational Review*, *72*, 230–253.

Rogers, C. R. (1951). *Client-centered therapy; its current practice, implications, and theory*. Houghton Mifflin.

Rogers, E. M. (2010). *Diffusion of innovations*. Simon and Schuster.

Roy, H., & Gillett, T. (2008). Email: A new technique for forming a therapeutic alliance with High-risk Young people failing to engage with Mental Health services? A case study. *Clinical Child Psychology and Psychiatry*, *13*(1), 95–103. doi:10.1177/1359104507086344 PMID:18411868

Simpson, S. (2003). Video counselling and psychotherapy in practice. In *Technology in Counselling and Psychotherapy* (pp. 109–128). Palgrave. doi:10.1007/978-0-230-50015-0_7

Simpson, S., & Reid, C. (2014). Therapeutic alliance in videoconferencing psychotherapy: A review. *The Australian Journal of Rural Health*, *22*(6), 280–299. doi:10.1111/ajr.12149 PMID:25495622

Strecher, V. J., Shiffman, S., & West, R. (2005). Randomised controlled trial of a web-based computer tailored smoking cessation program as a supplement to nicotine patch therapy. *Addiction (Abingdon, England)*, *100*(5), 682–688. doi:10.1111/j.1360-0443.2005.01093.x PMID:15847626

Strom, L., Pattersson, R., & Andersson, G. (2004). Internet-based treatment for insomnia: A controlled evaluation. *Journal of Consulting and Clinical Psychology*, *72*(1), 113–120. doi:10.1037/0022-006X.72.1.113 PMID:14756620

Suler, J. (2004). The online disinhibition effects. *Cyberpsychology & Behavior*, *7*(3), 321–326. doi:10.1089/1094931041291295 PMID:15257832

Suler, J. R. (2016). *Psychology of the digital age: Humans become electric*. Cambridge University Press. doi:10.1017/CBO9781316424070

Titov, N., Dear, B. F., Johnston, L., Lorian, C., Zou, J., Wootton, B., Spence, J., McEvoy, P. M., & Rapee, R. M. (2013). Improving adherence and clinical outcomes in self-guided internet treatment for anxiety and depression: Randomised controlled trial. *PLoS One*, *8*(7), e62873. doi:10.1371/journal.pone.0062873 PMID:23843932

Topooco, N., Berg, M., Johansson, S., Liljethörn, L., Radvogin, E., Vlaescu, G., Nordgren, L. B., Zetterqvist, M., & Andersson, G. (2018). Chat- and internet based cognitive—behavioural therapy in treatment of adolescent depression: Randomised controlled trial. *BJPsych Open*, *4*(4), 199–207. doi:10.1192/bjo.2018.18 PMID:29988969

Topooco, N., Byléhn, S., Dahlström Nysäter, E., Holmlund, J., Lindegaard, J., Johansson, S., Åberg, L., Bergman Nordgren, L., Zetterqvist, M., & Andersson, G. (2019). Evaluating the Efficacy of Internet-Delivered Cognitive Behavioral Therapy Blended With Synchronous Chat Sessions to Treat Adolescent Depression: Randomized Controlled Trial. *Journal of Medical Internet Research*, *21*(11), e13393. doi:10.2196/13393 PMID:31682572

Topooco, N., Riper, H., Araya, R., Berking, M., Brunn, M., Chevreul, K., & Kleiboer, A. (2017). Attitudes towards digital treatment for depression: A European stakeholder survey. *Internet Interventions: the Application of Information Technology in Mental and Behavioural Health*, *8*, 1–9. doi:10.1016/j.invent.2017.01.001 PMID:30135823

van der Vaart, R., Witting, M., Riper, H., Kooistra, L., Bohlmeijer, E. T., & van Gemert-Pijnen, L. J. (2014). Blending online therapy into regular face-to-face therapy for depression: content, ratio and preconditions according to patients and therapists using a Delphi study. *BioMed Central Psychiatry*, *14*(1), 355.

Vis, C., Mo, M, Kleiboer A., Buhrmann, L., Finch, T., Smith, J., & Riper, H. (2018). Improving Implementation of eMental Health for Mood Disorders in Routine Practice: Systematic Review of Barriers and Facilitating Factors. *Journal Medical Internet Research Mental Health*, *5*(1), e20. . doi:10.2196/mental.9769

Voiskounsky, A. E. (2008). Flow experience in cyberspace: Current studies and perspectives. Psychological aspects of cyberspace: Theory, research, applications, 70-101.

Wagner, B., Horn, & Marercker, A. (2014). Internet-based versus face-to-face cognitive-behavioural intervention for depression: a randomised controlled non-inferiority trial. *Journal of Affective Disorder*, 152-154. . doi:10.1016/j.jad.2013.06.032

Walther, J. B., & Parks, M. R. (2002). Cues filtered out, cues filtered in. Handbook of interpersonal communication, 3, 529-563.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Erlbaum.

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry; Official Journal of the World Psychiatric Association (WPA)*, *14*(3), 270–277. doi:10.1002/wps.20238 PMID:26407772

Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. Routledge. doi:10.4324/9780203582015

Weinberg, H., & Rolnick, A. (2020). *Theory and practice of online therapy*. Routledge.

Weitz, P. (2014). *Psychotherapy 2.0: for better or for worse?* Routledge.

Wentzel, J., van der Vaart, R., Bohlmeijer, E. T., & van Gemert-Pijnen, J. E. (2016). Mixing online and face-to-face therapy: How to benefit from blended care in mental health care. *Journal of Medical Internet Research Mental Health*, *3*(1), 9. doi:10.2196/mental.4534 PMID:26860537

Wilson, L. A. M., & White, K. M. (2011). Integrating complementary and alternative therapies into psychological practice: A qualitative analysis. *Australian Journal of Psychology*, *63*(4), 232–242. doi:10.1111/j.1742-9536.2011.00022.x

Wilson, L. A. M., White, K. M., & Hamilton, K. (2013). Predicting psychologists' intentions to integrate complementary and alternative therapies into their practice. *Australian Psychologist*, *48*(2), 149–158. doi:10.1111/j.1742-9544.2011.00058.x

Wind, T. R., Rijkeboer, M., Andersson, G., & Riper, H. (2020). The COVID-19 pandemic: The 'black swan for mental health care and a turning point for e-health. *Internet Interventions: the Application of Information Technology in Mental and Behavioural Health*, *20*, 20. doi:10.1016/j.invent.2020.100317

Wong, K. P., Bonn, G., Tam, C. L., & Wong, C. P. (2018). Preferences for Online and/or Face-to-Face Counselling among University Students in Malaysia. *Frontier Psychology*, *9*(64). Available https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00064/full

Yeung, K. C., Wong, Y. C., & Law, C. K. (2001). *On-line Counselling for the Youth in Hong Kong: a Synchronized Approach*. Paper presented at HUSITA 6 Conference, Charleston, SC.

Zabinski, M. F., Wilfley, D. E., Calfas, K. J., Winzelberg, A. J., & Taylor, C. B. (2004). An interactive psychoeducational intervention for women at risk of developing an eating disorder. *Journal of Consulting and Clinical Psychology*, *72*(5), 914–919. doi:10.1037/0022-006X.72.5.914 PMID:15482051

Zabinski, M. F., Wilfley, D. E., Pung, M. A., Winzelberg, A. J., Eldredge, K., & Taylor, C. B. (2001). An interactive Internet-based interenvtion for women at risk of eating disorders: A pilot study. *International Journal of Eating Disorders*, *30*(2), 129–137. doi:10.1002/eat.1065 PMID:11449446