

New Zealand Counselling Psychologists' Views and Experiences of Using Telepsychology in Clinical Practice

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The use of telepsychology has become increasingly prevalent in the professional practice of psychology worldwide, particularly so in the context of the COVID-19 pandemic. Counselling psychology adopts a pluralistic epistemology that values the diversity of perspectives and takes a critical approach to research, theory and intervention, including recognition of the importance of debating the issues and understanding alternative views on telepsychology integration into the clinical practice. The current study sought to explore New Zealand counselling psychologists' views and experiences of using telepsychology. Thematic analysis of seven semi-structured interviews with counselling psychologists identified themes around the perceived benefits and limitations of telepsychology, the fit of this approach with counselling psychology, telepsychology as an adjunct, and the need for training. Findings from this study have contributed to the knowledge base on the use of telepsychology amongst psychologists and in particular counselling psychology.

Keywords: *counselling psychology; telepsychology; telehealth; New Zealand; qualitative research*

Introduction

Psychological care and support have traditionally been delivered in face-to-face therapy. The advent of technology-based communications created an opportunity for delivering psychological care remotely. Telepsychology is defined by the American Psychological Association (APA, 2013) as, "the provision of psychological services using telecommunication technologies" (p. 3), and in this study refers to both synchronous (eg teleconferencing) and asynchronous (eg email and text) approaches to service delivery. This method of delivering clinical service remotely enables access and reduces barriers to mental health intervention and therapeutic support for those populations that have difficulty accessing support (Godine & Barnett, 2013), assuming people have access to technology. In turn, telepsychology could help reduce disparities among those in need (McCord, et al., 2015) including people living in poverty or who experience stigmatization (Gulliver, et al., 2010); people who are unwell or disabled (Godine & Barnett, 2013); people suffering from disorders that lead them to withdrawal from others, such as, depression or social anxiety (Perle, et al., 2011). Furthermore, in the context of the COVID-19 pandemic, telepsychology has become a necessity for providing mental health support.

Effectiveness of telepsychology

In recent years, telepsychology has been building momentum, along with evidence that suggests its effectiveness (Thompson, 2016). Research indicates remote psychological care is effective and increases access (Hilty et al., 2013). A systematic review on telepsychology using video and phone demonstrated that it was effective for depression, anxiety and adjustment disorder (Varker et al., 2019), and a meta-analysis on the use of videoconferencing to deliver therapy concluded it had been used in a range of therapeutic modalities and diverse populations, was associated with good user

satisfaction, and had similar outcomes to traditional in-person interventions (Backhaus et al., 2012).

Challenges associated with telepsychology

Delivering mental health care remotely may pose particular challenges in the clinical practice of psychology (Perle, et al., 2011). These can include potential impact on the therapeutic relationship, ethical concerns, and lack of training in using telepsychology in clinical practice.

Some authors have argued telepsychology could weaken the therapeutic relationship (Lovejoy et al., 2009) due to lack of physical "presence" (Castelnuovo, et al., 2003), and through not having access to full visuals/contextual cues of facial expressions, tone of voice and body language (Mallen & Vogel, 2005). Yet there is considerable evidence that delivering care remotely does not negatively affect the therapeutic relationship. Therapeutic alliance was found to be the same whether CBT was delivered by telephone or in-person (Stiles-Shields et al., 2014) and a systematic review reported similar treatment satisfaction and therapeutic alliance across remote and in-person delivery of care (Jenkins et al., 2015).

Limitations and ethical considerations relating to telepsychology and its usage in the clinical practice of psychology have been raised (Perle, et al., 2011). The lack of clear professional and ethical guidelines has resulted in ambiguity among clinicians in terms of their professional responsibilities including confidentiality, client privacy, security and risk management (Glueckauf et al., 2018; Perle et al., 2013; Evans, 2014).

However, increases in telepsychology in response to the COVID-19 pandemic has resulted in greater development of telepsychology guidelines and resources, including a scoping review to identify available telepsychology guidelines (McCord et al., 2020).

The need to train psychologists in telepsychology has been clearly identified in the literature. Whilst clinicians generally report positive attitudes towards remote delivery

of care (Connolly et al., 2020) and have had to embrace telepsychology in order to provide service during the COVID-19 pandemic, they noted insufficient training in this area (Knott, et al., 2020; Aafjes-van Doorn, et al., 2020). Furthermore, many accredited training programs do not incorporate course content on delivery of telepsychology (McCord et al., 2020). Training is particularly important for those therapists less experienced in remote delivery of care, may encourage a more positive experience and support effective future use of telepsychology (Aafjes-van Doorn et al., 2020). Incorporating telepsychology into training programs will assist clinicians with managing professional and ethical responsibilities in the practice of telepsychology (Glueckauf et al., 2018).

Counselling and telepsychology

There is limited research on counselling psychology and telepsychology. The core values of counselling psychology can provide therapists and researchers with a strong foundation to formulate and question procedures, limitations and ethical issues related to telepsychology, and to scrutinise, examine, evaluate and implement new modalities of service delivery (Mallen & Vogel, 2005). Furthermore, telepsychology fits well with core principles of counselling psychology: to counter disparity in mental health access; incorporate counselling psychology values into telepsychology training and education; promote social justice by integrating telepsychology in service delivery; incorporate cultural factors into telepsychology (Cooper, et al., 2019). Benefits of telepsychology training for counselling psychologists has been noted (McCord, et al., 2015), and a proposed curriculum based on benchmark competencies for integrating telepsychology into counselling psychology developed (Cooper et al., 2019).

The rapid increase in delivering psychological care remotely has been important and necessary in the context of the COVID-19 crisis. It has also been proposed that there is an opportunity for counselling psychologists to advance practice in telepsychology for the greater good (Cooper et al., 2019). However, there are areas related to telepsychology that still need clarification, including counselling psychologists' views on telepsychology use. The current study aimed to explore and document counselling psychologists' views and experiences of using telepsychology in their clinical practice within a New Zealand context. Findings from the current study aimed to fill a gap in the international and national literature on telepsychology and counselling psychology.

METHODS

Epistemological/Methodological Framework

Research was undertaken from within a post-positivist philosophical framework. This research paradigm is grounded in the ontological assumption that reality exists, that it is culturally and socially constructed, multiple, and only known probabilistically and imperfectly (Grant & Giddings, 2002). This post-positivist epistemological stance aligns well with the methodological framework of Qualitative Descriptive research (QD) used in the current study, as this methodology draws on the general tenets of naturalistic inquiry and recognises the effects of bias (Sandelowski, 2000). Qualitative methodologies seek to capture the myriad of subjective feelings, perceptions and meanings that are contextually tied to phenomena and

experiences (Magilvy & Thomas, 2009; Neergaard, et al., 2009). Qualitative research also aligns well with the counselling psychology paradigm and is an elegant way of embracing the scientist practitioner model within the field. The research process facilitates the development of a psychologically sophisticated understanding of researchers' personality and viewpoint, and assists with the development of an empathetic respectful and curious ability to become fully immersed in the lived world of the research participant (Thorpe, 2013).

Participants

Registered counselling psychologists currently practicing in New Zealand or counselling psychology interns were eligible for the study. Potential participants were recruited through professional networks (the counselling psychology graduate registrar and the New Zealand Psychological Society Institute of Counselling Psychology Facebook group), and snowball sampling, a process of spreading the word about this study through social networks of people, who could assist by recruiting suitable participants from among their acquaintances (Heckathorn, 2011). From this outreach, seven counselling psychologists practicing within a New Zealand setting consented to participate in the current study. Participants were mostly female (six women and one man), and aged between 36 and 56. All participants were of European descent, with one also reporting African heritage. In terms of professional status, participants' length of registration as a psychologist within New Zealand ranged from between 6 months to 16 years; six of the psychologists were employed in either private practice or for a non-profit organisation or both; one was employed by a public health service. Whilst experience with using telepsychology was not an inclusion criteria, all participants in the study reported they used telepsychology to some degree in their clinical practice.

Procedure

Ethical approval was obtained through the Auckland University of Technology Ethics Committee. One member of the research team (CP) conducted semi-structured interviews at a location convenient to the participant (home, office) using an interview guide to lead the process. Participants were asked about their views on how telepsychology might fit within the paradigm of counselling psychology; when they would consider using telepsychology and in what situations they might be more apprehensive; their actual experiences of using telepsychology in their clinical practice; and their intentions and needs in regards to training in the area. The interviewer's professional background was counselling psychology. Interviews ranged from 45 to 60 minutes, were audio-recorded and subsequently transcribed and checked for accuracy. Participants were invited to review their individual transcript.

Analytic Approach

Transcripts were analysed using thematic analysis (Braun & Clarke, 2013), which permits an exploratory examination and provides a detailed and rich account of participant data by using participants' exact words. Thematic analysis is useful for analysing, identifying and reporting themes within the data and enables the reporting of the reality, meanings and experiences of participants (Braun & Clarke, 2013). An inductive approach was taken

that allowed for the natural development of themes, relative to the data set. The thematic analysis process followed the phases outlined by Braun and Clarke (2013). Initially, one team member (CP) became familiar with the interview transcripts and looked for potential themes. The researcher then undertook initial data coding by identifying interesting and meaningful aspects of the data relevant to the research question. This was followed by organising the codes into potential themes, and a subsequent cross-checking process with the other researchers (KvK, JF). Themes' names and definitions were developed and circulated to all authors, and further feedback and clarifications were incorporated. This review process led to the refinement of the themes and subthemes presented below.

ANALYSIS

The analysis of the seven transcripts revealed five major themes identified as: 1) Paradox between counselling psychology and telepsychology; 2) Benefits of tele-psychology; 3) Limitations of telepsychology; 4) Telepsychology as an adjunct; 5) Training needs. Each of the five themes had several corresponding sub-themes. These are presented in Table 1.

The first theme relates to the paradoxical view that arose universally among participants in relation to telepsychology and its fit with the counselling psychology paradigm. The majority (5 out of 7 participants) stated that telepsychology fits well with the counselling psychology paradigm. Counselling psychologists noted telepsychology as a medium was congruent with the values of counselling psychology in terms of the holistic and preventative focus, emphasis on context, being flexible and responsive, and by adopting psychological practice to benefit the client by implementing telepsychology where relevant.

"I think it can fit in the context of counselling psychology quite well as we do take that holistic whole-person approach and are responsive to the person and their situation" (P2)

Participants also noted that telepsychology has the ability to provide additional support to clients and aim to prevent future problems, which is consistent with the preventative focus in counselling psychology. Psychologists noted that telepsychology can empower clients to seek support when they are triggered or to build/maintain resilience, and encourage clients to be their own therapist.

"I think it fits well into the preventative focus ... for instance mindfulness... online resources and apps ... enables them to really take it in their lives and run with it and I think ultimately that can really help to prevent further struggle in people's lives" (P2)

On the other hand, one aspect of telepsychology was not considered to be a good fit with counselling psychology. All participants considered that the use of technology by way of a computer screen could detract from the therapeutic relationship.

"In terms of ... the therapeutic relationship...I do find the screen a ... barrier" (P7)

This sense that the screen could negatively impact on the rapport and quality of the therapeutic relationship was considered inconsistent with the crucial importance counselling psychology places on therapeutic alliance between client and therapist.

So while most participants considered telepsychology generally provided a good fit for counselling psychology, it also created a paradox given telepsychology as a medium may not facilitate the importance counselling psychology places on the therapeutic relationship.

The second theme relates to participants' experiences of using telepsychology and describes the perceived benefits of using this approach. All of the psychologists referred to general benefits of telepsychology including access, flexibility, and additional resources.

Participants outlined that telepsychology could increase access for people who struggle to get into face-to-face therapy due to physical or psychological constraints (e.g., people with social anxiety, people without a car, people who travel, who live rurally or live with an illness/disability and working parents).

"I think that therapy should be accessible to everybody and if it's not possible to do that in person then I think there's nothing better than telepsychology. Access to health services is one of the biggest barriers" (P7)

Alongside access, the flexibility inherent in the use of telepsychology was mentioned by the majority of the psychologists as an obvious advantage. Participants reported that telepsychology allowed them to adapt their clinical practice to the contextual and cultural needs of the client such as if a client with young children needed to stay home or for a young millennial client preferring telepsychology.

"That flexibility is a really good benefit...For the younger generation ... That's going to be really important to be well versed in technology and different forms of telepsychology to help them relate" (P2).

Similarly, the flexibility of telepsychology facilitated responsiveness when required. Several participants noted they were open to or have used video-conferencing when they or their client were travelling nationally or overseas in order to be responsive to the needs of the client.

"I decided to offer a video-conferencing therapy to my longer-term clients' ... so we did video calls while I was overseas" (P4).

A final area identified as a benefit of using telepsychology was related to the availability of technology based resources.

"I might refer them to a good app if they are a really stressed person" (P5).

The use of such resources was considered to be an important aspect of telepsychology by participants, with nearly all reporting they had recommended technology based resources to clients as a form of additional support outside of face-to-face therapy (e.g., mindfulness apps,

Table 1. Summary of Themes and Sub-Themes of the Thematic Analysis

Themes	# participants who endorsed theme	Sub-themes	# participants who endorsed sub-theme
1. Paradox between counselling psychology and technology	All	1.1. Fits well 1.2. The screen as barrier	5 All
2. Benefits of telepsychology	All	2.1. Access 2.2. Flexibility 2.3. Additional resources.	All 5 6
3. Limitations of telepsychology	All	3.1. Ethical issues 3.2. Technical issues 3.3. Different therapeutic context	All All 6
4. Telepsychology as an adjunct	All	4.1. Strengthen the therapeutic relationship 4.2. Need for human connection 4.3. Suitability	All 4 All
5. Training needs	All	5.1. Evidence-based telepsychology training 5.2. Practice and ethical guidelines 5.3. Practical/technical skills	4 5 All

websites, psychoeducation, YouTube, TED Talks and podcasts).

The third theme identified in the thematic analysis relates to the perceived limitations or concerns participants had in relation to the use of telepsychology. These included ethical and technical issues as well as the different therapeutic context created through using telepsychology.

All of the participants identified ethical issues as a limitation to using telepsychology in clinical practice. More specifically, issues of safety and risk, vulnerable groups and privacy were mentioned frequently. Participants described concerns using telepsychology with clients who were highly distressed or who were suicidal. Participants outlined vulnerable groups that were not suitable for specific telepsychology modalities (video-conferencing and computer automated programmes) due to risk and safety concerns, along with a lack of resilience and mental capacity. For example, clients with trauma histories (sexual abuse), highly distressed clients, emotionally volatile clients (personality disorders), clients with suicidality or clients who were unsafe (at high risk of harming themselves or doing harm to others). Delivering psychology remotely with this client group may be considered unethical, and could impact on the psychologist's ability to respond.

"If we were talking about video-conferencing for anyone who is ... high risk or emotionally quite volatile ... people sitting on ... the borderline or any kind of personality disorder I probably steer away from .. video-conferencing." (P2)

"I don't think it would work in trauma.... because trauma has so much going on ...sexual abuse trauma - so many little things can trigger a person and if they are doing an online course in their bedroom there's so many pitfalls there I want to ensure that they are safe so It's about being

mindful of that, that's a potential drawback is not knowing the material well enough myself to be able to ensure their safety at either end" (P4)

"I think one of the potential risks or challenges is if you have a client who is high risk or highly suicidal ... if you are having a video-conferencing session with them they are not in the room and they act out ...There's a lot more limitations" (P2).

Participants also expressed concern about ethical issues related to privacy and confidentiality when undertaking telepsychology. For example, two participants highlighted that the security of the videoconferencing platforms are a concern:

"I'm not really sure about video-conferencing itself and how secure that is -that's a bit of a worry..... I think that can be a problem if the client doesn't have a place to be able to kind of do that... and not be interrupted" (P3)

"There are all sorts of problems with confidentiality that need to be ironed out... I don't video-conference any clients because we are not allowed [participant employed within a national health service context in 2017]" (P6)

Another participant highlighted that clients may lack a private and confidential space to undertake telepsychology:

"There might be interruptions in the background or people's children coming in and out and people aren't able to talk so loud because they might have other family members sitting near or people could potentially hear them" (P7)

Another limitation noted by participants was related to the technical aspects of using telepsychology. The majority (6 out of 7 participants) described technical

issues with computer/connection issues and their general lack of technological proficiency.

"When I video-conference sometimes the line goes down so that would be a worry for me" (P1).

Despite not feeling fully competent in providing clinical services remotely, one participant had attempted to use video-conferencing.

"I couldn't get video-conferencing working last time so we did a phone therapy session" (P3).

The third sub-theme on limitations of telepsychology related to the different therapeutic context when delivering care remotely. Nearly all of the participants observed changes when telepsychology replaced face-to-face therapy including an absence of non-verbal information, distractions, boundary issues and an overall sense the therapeutic frame/setting felt different. All four participants whom had used video-conferencing described that some information was absent when a therapist works using telepsychology modalities.

"I think there's just so much that you get from face-to-face that does go missing on video-conferencing... the amount of information and energy that is contained when you are in the room with someone is quite different" (P2)

"There's a lot of things you don't see about a person, how they behave, facial expressions, how they hold themselves, all these things that give you so much insight into a person and how they are feeling that day so it becomes a little bit ...it disappears a bit" (P7)

These four participants also highlighted that the therapeutic context changes during video-conferencing in comparison face-to-face therapy, whereby these psychologists felt detached from their clients.

"There's this kind of disembodiment in the therapeutic experience and I think most of my clients would of felt that, like we both talked about it afterwards when we reconvened" (P4)

"It feels quite removed when you are not in the same room as the person ... things might be misinterpreted.... It's not as easy communicating with someone through video-conferencing" (P3).

One participant mentioned there is increased potential for distraction and boundaries issues as well as experiencing a shift in the power dynamic in session.

"You don't know what the client is doing while you are talking to them. They could very well be drunk, stoned or distracting themselves with other stuff" (P7)

"It almost becomes a bit more conversational than therapeutic that was what I found it was almost like... when you talk to someone on the video-conferencing usually it's a friend or family member you sit and chat and I found that it became more chatty rather than therapeutic" (P7)

So far, the thematic analysis of the structured interviews highlighted participants generally considered there was a good fit between telepsychology and

counselling psychology and considered both advantages and limitations to providing psychological care remotely. Interestingly, a fourth theme emerged from the data which in and of itself proposed a synthesis of some the earlier issues raised.

The fourth theme referred to telepsychology as an adjunct. Participants suggested that integrating telepsychology within a more traditional face-to-face format could enhance delivery of care. Data analysis identified a subtheme that combining telepsychology with face-to-face therapy could strengthen the therapeutic relationship. This was noted by all participants, who expressed that there was a time and place for it where telepsychology can benefit, and even strengthen, the therapeutic process and outcomes.

"Telepsychology always has its benefits but ultimately if we rely completely on that there's always going to be something missing in terms of that person-to-person therapeutic relationship...but we can ... use them both together wisely. So in that sense, we can use it to add value to the therapeutic relationship ... to strengthen it" (P2)

Another sub-theme identified was the need for human connection in psychological care. The majority of participants expressed the importance of real human connection and support for mental health difficulties.

"We have to keep that therapeutic relationship that human-to-human relationship at the front of everything we do" (P2)

Participants (5 out of 7 participants) also highlighted that the need for face-to-face contact was particularly important during the initial contact before undertaking any form of telepsychology.

"I wouldn't do it with a new client because I don't feel that I know them well enough...I need a therapeutic relationship" (P4)

It was unclear from the data whether the emphasis on human-to-human relationships directly excluded telepsychology, and several participants (3 out of 7 participants) were concerned that mental health stakeholders (e.g., clients, practitioners, organisation leaders, and politicians) may conclude telepsychology is the panacea of all mental health problems.

"I think it should be an adjunct rather than a be all end all. I think policy makers might potentially see it as a quick-fix solution." (P5)

The final sub-theme related to telepsychology as an adjunct was suitability. It was noted by all participants that the suitability of telepsychology in the clinical practice of psychology is dependent on the client and their presenting issues. They commented that psychologists need to consider carefully whether telepsychology is feasible and appropriate for the client, their context and their mental health challenges.

"I think there are probably clients that wouldn't like it at all. I think it would be good to provide it as an option rather than the only way" (P3)

The fourth theme of 'telepsychology as an adjunct' describes some thoughtful considerations from

counselling psychologist participants about how they could utilise telepsychology, including the idea of using it as an adjunct to traditional face-to-face delivery of care. This may also apply during a pandemic or other circumstances when, by necessity, therapy needs to move online.

The final and fifth theme from the analysis highlights the training needs of counselling psychologists. All participants agreed that upskilling/training in telepsychology would benefit all counselling psychologists. This final theme encompassed three subthemes: evidence-based telepsychology training, ethical guidelines, practical/technical skills.

The majority (4 out of 7 participants) expressed that it would be beneficial for training to incorporate evidenced-based telepsychology modalities and outline relevant research. This included in relation to specific client presentations.

"It would be great to have some training available ... about evidence-based sites or apps that would benefit my clients ... what particular one's work best for what population groups." (P1)

The majority of participants indicated that clear practice and ethical guidelines from a counselling psychology perspective would be helpful in order to feel more comfortable and confident in administering telepsychology.

"There could be a set of clear guidelines around what exactly telepsychology is and how to implement it ... having a specific ... process or ways that it's practiced within counselling psychology" (P3)

"I need to know about the ethical implications ... how it might impact on the therapeutic process" (P7)

All participants explicitly expressed they would like training on practical/technical skills relevant to telepsychology. For example how to deliver cognitive behaviour therapy or self-compassion therapy remotely, and developing e-resources. One of the points participants made multiple times was that they wanted training on practical video-conferencing skills.

"Training around again the technology side of things ...for instance, video-conferencing ...that's the main one because that's the main medium I could see myself potentially using...just how to conduct therapy over video-conferencing" (P2)

Data also revealed that psychologists could benefit from training that incorporated learning from peer practitioners who were proficient in using telepsychology.

"Hearing from therapists who have done it, so them running a session where they can talk about the challenges or benefits they have and how they have overcome it" (P6)

The findings representing the fifth theme of training needs reflect a clear interest and need for both knowledge acquisition and opportunities to enhance practice.

In summary, thematic analysis of the seven transcripts revealed several themes relating to counselling psychologists' views and experiences of using

telepsychology in clinical practice. These included the general view that telepsychology can fit within counselling psychology paradigm; that participants considered various benefits as well as limitations to using telepsychology in clinical practice from a counselling psychology perspective; that telepsychology could be an adjunct alongside more traditional face-to-face therapy; and that counselling psychologists have clear training needs in the telepsychology space.

DISCUSSION

The current study aimed to explore and document counselling psychologists' views and experiences of using telepsychology in their clinical practice within a New Zealand context. Counselling psychologists expressed paradoxical views on the practice of telepsychology situated within the counselling psychology paradigm. They generally perceived telepsychology as having a good fit with counselling psychology values in terms of the preventative focus; the holistic whole-person approach to mental health; facilitation of social justice; emphasis on context and being responsive to client needs; and the scientist-practitioner approach to telepsychology as a modality. These findings were consistent with existing literature that indicated the core values of counselling psychology, with its emphasis on process and outcome research, equip counselling psychologists with skills to examine, evaluate and implement new modes of service delivery such as telepsychology (Mallen & Vogel, 2005; Mallen, et al., 2005; Mallen, et al., 2005), and that telepsychology fits well with the core principles of counselling psychology (Cooper et al., 2019).

Findings suggested less of a fit between counselling psychology and telepsychology in relation to the primacy of the therapeutic relationship. The predominant view of the counselling psychologists was that the screen detracted from the therapeutic relationship, and could result in miscommunication and misinterpretation. This perspective reflects other research that advocates the importance of the therapeutic relationship for successful therapeutic outcomes (Norcross & Wampold, 2011), and that new online modes of service delivery can negatively impact the psychologist-client relationship (Thorpe & Farrell, 2016; Lovejoy et al., 2009). At the same time, there is also evidence that delivering care remotely does not negatively affect the therapeutic relationship (Jenkins et al., 2015; Stiles-Shields et al., 2014), is associated with good user satisfaction, and has similar outcomes to traditional in-person interventions (Backhaus et al., 2012). More research is needed to investigate the process of telepsychology and the impact it has on the therapeutic relationship and therapy outcomes, especially within counselling psychology.

Advantages and limitations of telepsychology reported in the current study were consistent with those noted elsewhere in the literature. The counselling psychologists had all used telepsychology to some degree within their clinical practice, and identified advantages of delivering care remotely consistent with the counselling psychology paradigm. For example, increased access to therapeutic support was considered an important advantage. This finding was similar to other reports that telepsychology increases access to mental health services and reduces barriers for people (Godine & Barnett, 2013;

Perle, et al., 2011), and is aligned with core principles of counselling psychology (Cooper et al., 2019). Furthermore, while this study was carried out prior to the current pandemic, COVID-19 has been a major constraint to in-person therapy and telepsychology has offered a useful alternative for providing access to care.

Limitations of telepsychology commonly reported in the literature include ethical and professional concerns (Perle, et al., 2011; Glueckauf et al., 2018; Perle et al., 2013; Evans, 2014). Counselling psychologists in the current study raised similar concerns, and proposed the integration of telepsychology within a more traditional face-to-face format as one way to overcome some of the limitations of delivering psychological care remotely. Combining both approaches has been suggested by other authors (Grassi, et al., 2009; Reid et al., 2013; Riva, et al., 2007). Where this may not be possible, such as in the context of a pandemic like COVID-19, psychologists need to be proficient in providing clinical services remotely. This highlights the need for training and research in how to best transition from one mode of delivery to the other, and how to build and maintain the therapeutic relationship if remote service delivery is the only option.

Whilst participants had used telepsychology in their practice, they all agreed there had been a lack of training in the area and that upskilling in telepsychology would benefit counselling psychologists. Insufficient training in this area had been noted prior to the pandemic (Knott, et al., 2020; Aafjes-van Doorn et al., 2020). The preference for using telepsychology as an adjunct suggests an area for training might also focus on how to transition from one mode of delivery to the other whilst building/maintaining a sound therapeutic relationship. Psychologists also need to actively keep up to date with guidelines, legislation and policies, relating to telepsychology and privacy (Gamble, et al., 2015).

It is interesting that despite the call for specific telepsychology training, many accredited training programs have not incorporated course content on remote delivery of psychological care (McCord et al., 2020). Incorporating telepsychology into training programs would support clinicians with managing professional and ethical responsibilities in the practice of telepsychology (Glueckauf et al., 2018). A proposed curriculum based upon the benchmark competencies for integrating telepsychology into counselling psychology has been developed in the United Kingdom (Cooper et al., 2019), and could potentially be adapted for other countries and contexts. For example, in a pandemic, face-to-face psychological care may no longer be a certainty and counselling psychology could take a lead in promoting

and developing the best possible approaches to telepsychology. A set of practical and ethical guidelines concerning the integration of telepsychology into clinical practice for counselling psychologists and other mental health professionals could be established to promote a cohesive practice in this area.

Findings from this small-scale study need to be interpreted cautiously given the size and homogeneity of the sample, and do not necessarily represent the views and experiences of telepsychology in counselling psychologists universally. While all participants reported they had used telepsychology to some degree in their clinical practice, little is known about the nature of the remote delivery of care they had used and whether they had received any training in the area. The fact that all participants identified strongly with the need for training does suggest they had not participated in any formal telepsychology training. Despite these study limitations, the findings regarding telepsychology are likely relevant to practicing counselling psychologists more broadly.

There are a number of potential future research directions that follow on from the work already completed. It would be of interest and relevance to investigate: client experiences of telepsychology; the effectiveness of telepsychology as an adjunct to face-to-face therapy within the counselling psychology scope; the process of telepsychology and its impact on the therapeutic relationship from a counselling psychology perspective; aspects of the therapeutic process such as client's and therapists' experience of the change from face-to-face to telepsychology; the benefits and risks inherent in the use of telepsychology. Once telepsychology training programmes are developed and implemented, it would be useful to evaluate what effect these have on counselling psychologists' confidence, competence and use of telepsychology.

In summary, this study investigated counselling psychologists' views and experiences of using telepsychology in clinical practice. It has contributed to the limited body of literature on telepsychology by providing a unique practice-based counselling psychology perspective from within a New Zealand context. Face-to-face psychological care, particularly in the pandemic era, may no longer be the only way to provide psychological care and support. Telepsychology, and approaches that integrate face-to-face with remote delivery of care, are likely to become an important aspect of psychological service. Counselling psychology could make an important contribution to research and development of approaches and training in telepsychology and thereby offer the best possible quality of care for clients.

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