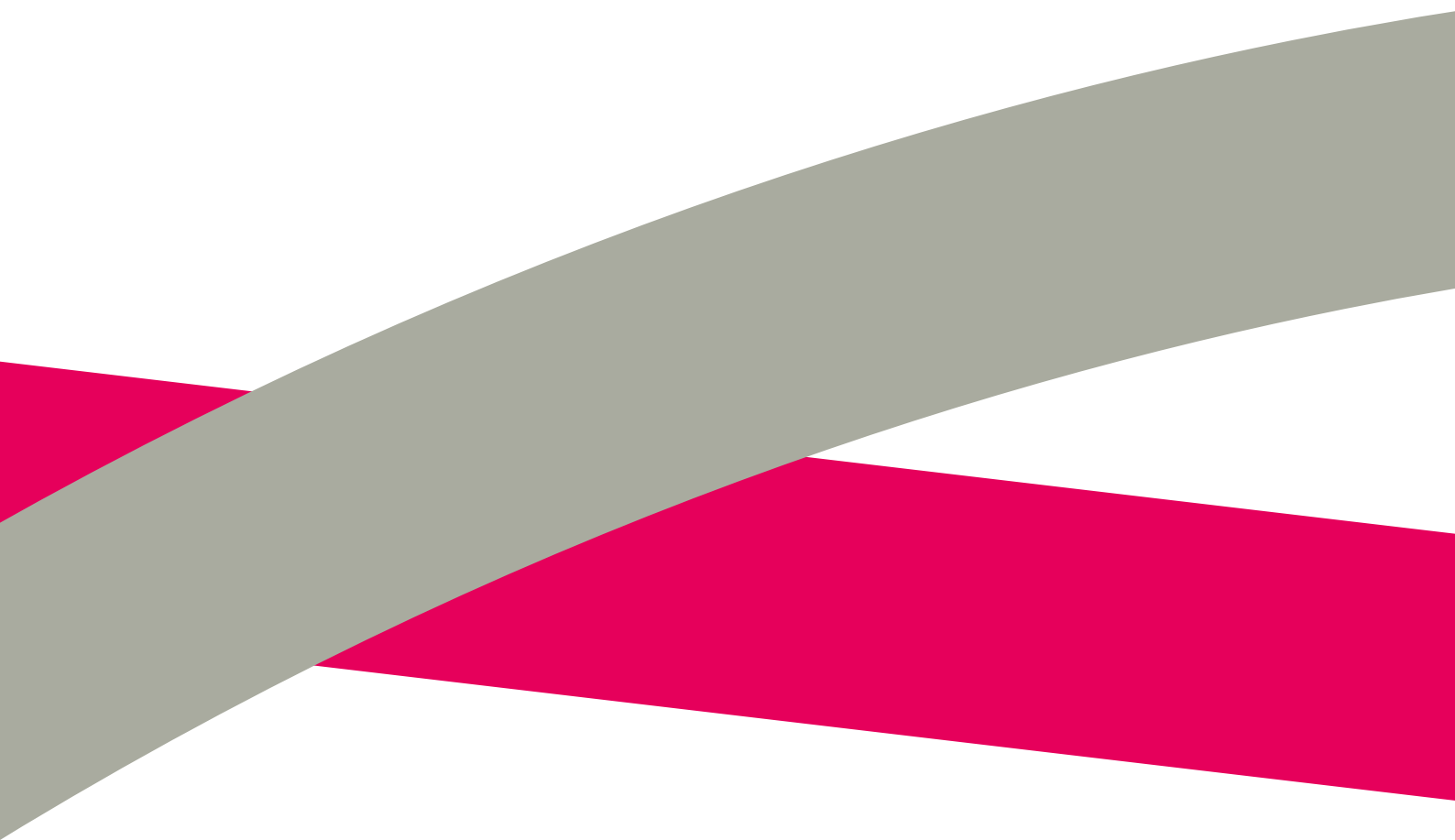


Counsellor and psychotherapist views of the impact of using online video therapy on the therapeutic relationship during the COVID-19 pandemic



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Lay summary

The COVID-19 pandemic led to changes in the way counselling and psychotherapy was delivered, with an increase in the use of online video therapy. Previous research has shown that online video therapy is clinically effective, and some research has explored its impact on the therapeutic relationship. This evidence highlights challenges that therapists may experience when interpreting non-verbal behaviour, engaging clients and managing their own anxieties surrounding using this type of therapy. The aim of this present research was to build on this evidence base and explore the views of counsellors and psychotherapists on the impact of online video therapy on the therapeutic relationship during the COVID-19 pandemic. An anonymised online survey was sent to BACP members in April to May 2020 to explore the impact of the pandemic on their practice. The survey received responses from 2,497 BACP members, and members of the BACP research team conducted thematic qualitative analysis of survey questions exploring the impact of online video therapy on the therapeutic relationship. Participant demographic and employment characteristics are also presented within the report. Qualitative analysis identified four key themes:

Theme 1 focused on the sense of connection between the therapist and client and included subthemes pertaining to challenges in establishing connection, consultations lacking emotional depth, maintaining a close relationship with existing clients, increased bond over online working and shared pandemic experience.

Theme 2 captured issues associated with interpreting non-verbal communication and included subthemes associated with lack of access to bodily non-verbal cues, difficulties to detect therapeutic processes, the impact of technical issues and greater active listening and concentration required.

Theme 3 highlighted the importance of working with clients to adapt to the new working practices and captured boundary issues due to lack of a neutral space, greater client insight and self disclosure, adapting to the new way of working, as well as shared experience and gaining new skills.

Theme 4 captured issues of suitability for certain types of work and client groups, including barriers to working with children, challenges to working in depth with trauma and PTSD and difficulties with delivering practical exercises.

This research presents some useful reflections from BACP members on the impact of online video therapy on the therapeutic relationship during the COVID-19 pandemic. It is recommended that better training provision in online therapy may be useful. The research also shows that specific strategies are useful for managing the lack of access to non-verbal cues, developing rapport, practical therapeutic approaches, contracting, assessing risk and ensuring confidentiality. Further research is needed into working online with specific groups such as children, as well as into working in-depth with trauma and other presenting issues.

Introduction

The COVID-19 pandemic impacted greatly on people's lives, as governments introduced reduced in-person contact as the virus continued to spread. In March 2020, the first guidance was issued across the United Kingdom for people to work from home if possible and avoid non-essential travel. A rapid rise in remote working occurred as a result, with 1.7 million people (5% of the UK workforce) mainly working from home in 2019, increasing to 47% of those in employment doing at least some of their work from home by April 2020 (ONS, 2020).

This led to changes in the way counselling and psychotherapy was delivered, where therapy either stopped completely or took place online or using other remote methods (Smith et al., 2022). During April and May 2020, BACP surveyed 2,497 members working in counselling, psychotherapy and coaching. A high proportion of 87.2% reported they had continued to provide therapy, with a threefold increase in the use of online therapy using video from 18% before restrictions to 60% during restrictions (O'Donnell et al., 2021).

Online video therapy has been shown to improve clinical outcomes to a comparable extent to that of in-person therapy, as highlighted in evidence from systematic reviews. An umbrella review conducted before the COVID-19 pandemic found significant reductions in symptom severity, with short term outcomes comparable to in-person interventions (Barnett et al., 2020). This was found across various populations and clinical presentations including ethnic minorities, older adults, anxiety, PTSD, depression and substance use disorders (Barnett et al., 2020). Other systematic reviews support this, showing improvements in clinical outcomes for online video therapy as comparable to in-person therapy for depressive symptoms, anxiety, PTSD, stress and mixed presenting problems (Backhaus et al., 2012; Berryhill et al., 2018; Berryhill et al., 2019). Thomas et al (2021) highlighted the effectiveness of cognitive behavioural therapy (CBT) using online video therapy for post traumatic stress disorder, depression, health anxiety and eating disorders in a recent review. Fernandez et al (2021) reported that online video therapy resulted in similar clinical outcomes to in-person therapy and the effect was most pronounced for CBT for anxiety, depression and PTSD.

The impact of online video therapy on the therapeutic relationship has also been explored in several reviews. Overall, it was rated as strong by both clients and therapists, however clients generally rated it more highly than therapists (Backhaus et al., 2012; Barnett et al., 2020; Simpson & Reid., 2014; Thomas et al., 2021). Clients believed the therapeutic relationship was comparable to that of in-person therapy (Backhaus et al., 2012; Barnett et al., 2020; Simpson & Reid, 2014; Thomas et al., 2021), and in only one review the working alliance was rated as worse (Norwood et al., 2018). Clients felt online video therapy gave them a greater sense of control and was less confronting, creating a therapy environment that was less intense, where they could talk more freely and felt less self-conscious (Thomas et al., 2021). Conversely, there were also some reports of clients having a reduced sense of the therapists' presence (Thomas et al., 2021).

The challenges experienced by therapists during online video therapy included a reduced ability to judge non-verbal behaviour, such as detecting emotions and body language (Thomas et al., 2021). Therapists also did not feel the relationship was as strong early in treatment and some clients took time to adapt to the technology (Simpson & Reid, 2014; Thomas et al., 2021). Research has also explored the challenges of using online video therapy during the COVID-19 pandemic, where some therapists were new to this type of therapy. Challenges included a reduced ability to detect interpersonal cues, difficulties establishing rapport, and the sense that clients were more distracted, disengaged and less open in the online environment (Aafjes-van Doorn et al., 2020; Barker & Barker, 2021; Feijt et al., 2020; McBeath et al., 2020; McKenny et al., 2021).

Therapists also experienced technical issues, feelings of isolation, a lack of control, fatigue and anxiety surrounding the online video therapy process, which contributed to professional self-doubt and anxiety (Aafjes-van Doorn et al., 2020; McBeath et al., 2020; Smith & Gillon, 2021). These effects varied depending on whether therapists had previous experience of online therapy prior to the pandemic, their overall clinical experience, their primary psychotherapy modality, and factors related to individual patients, such as their mental health concerns, home environment and overall fit for online video therapy (Aafjes-van Doorn et al., 2020; Bekes & Aafjes-van Doorn, 2020; Feijt et al., 2020; Hensel et al., 2020). Despite these challenges, most therapists reported that online video therapy had been beneficial overall, and there was a sufficient working alliance (Aafjes-van Doorn et al., 2020; McBeath et al., 2020; McKenny et al., 2021). The benefits included a sense from therapists that online video therapy had been effective for clients, flexible, enhanced their therapeutic skills and improved their listening and attentiveness. Many reported they would be including it in their core therapy business in the longer term (Feijt et al., 2020; McBeath et al., 2020; Smith & Gillon, 2021).

This evidence highlights that although online video therapy is clinically effective, counsellors and psychotherapists experience challenges related to building the therapeutic relationship with their clients when using online video therapy. These challenges include interpreting non-verbal behaviour, engaging clients, and managing their own anxieties surrounding using this type of therapy. The aim of the present research was to build on this evidence base and explore the views of counsellors and psychotherapists of the impact of online video therapy on the therapeutic relationship during the COVID-19 pandemic.

Methods

The survey

The Data and Surveys Working Group at BACP work together to support the development, build, distribution and reporting of all surveys across the association. Between 9th April and 29th May 2020, BACP members were invited to complete an anonymised online survey exploring the impact of the COVID-19 pandemic and government restrictions on their counselling and psychotherapy practice. The overall aim of the survey was to understand the impact of the crisis and the changes members had made to enable BACP to support members and respond to their needs.

A mixture of quantitative likert scale questions and qualitative open ended questions explored the impact of the pandemic on workload, client numbers, new referrals, use of remote therapy methods such as online and telephone therapy, barriers to practicing remotely, training needs and the mental health impact on clients. The survey was produced using Questback survey software and distributed as a survey link through the e-bulletin, a newsletter that all BACP members receive by email.

Data analysis

The survey received responses from 2,497 BACP members. The anonymised survey data was exported to MS Excel and two researchers in the BACP research team conducted thematic analysis on member responses to qualitative survey questions exploring the impact of online video therapy on the therapeutic relationship. Thematic analysis was conducted following the Braun and Clark methodology (Braun & Clark, 2006). An inductive approach was used, allowing the data to determine themes. Six steps were followed; data familiarisation, initial code generation, searching for themes, reviewing and refining themes, defining and naming themes, and producing the report.

Results

Participant characteristics

A total of 2,497 participants responded to the survey. Participant characteristics are presented in Table 1. Most participants were aged 45 to 54 (31.1%) or 55 to 64 (38.1%) and the majority practiced in England (86.1%). The most common primary therapeutic model was integrative (49%) followed by person-centred (27%), and 44.3% had been practising for more than 10 years, with a further 22% practising for between 6-10 years. Most respondents worked with adults aged 26 to 49 (91.9%) and adults aged 50 to 69 (74.8%), and a large proportion worked with children and young people aged 25 and under (52.7%) and older adults aged 70 and over (41.2%). The most common sector that participants worked in was private practice (76.5%), followed by the third/charitable/voluntary sector (24.3%).

Table 1: Survey respondent characteristics (N = 2,497)

Participant characteristics		%
Age category	16 to 44	16.1
	45 to 54	31.1
	55 to 64	38.1
	65 to 74	12.4
	75 and over	1.2
	Prefer not to say	1
Where do you practise (select all that apply)	England	86.1
	Scotland	7.3
	Wales	4.4
	Northern Ireland	2.4
	Other UK location	0.4
	Outside of the UK	2.7
	Prefer not to say	0.3
	Other	1
Primary therapeutic model	Integrative	49
	Person-centred	27
	Psychodynamic	11.2
	Humanistic	6.7
	CBT	2.4
	TA	2
	Gestalt	1.6
Length of practice	More than 10 years	44.3
	6-10 years	22
	2-5 years	18.3
	Less than 2 years	10.5
Client groups that you work with (select all that apply)	Adults 26-49	91.9
	Adults 50-69	74.8
	Older adults 70+	41.2
	Children and young people, 25 and under	52.7
Settings that you work in (select all that apply)	Private practice	76.5
	Third/charitable/voluntary sector	24.3
	Workplace/Employee Assistance Programme	13.6
	Primary and/or secondary education	13.5
	Further and/or higher education	6.7
	Private/non NHS healthcare setting	6.4
	Other NHS service	5.5
	NHS funded third/charitable/voluntary sector service	5.4
	NHS IAPT service	3.9
	Social care	1.2
	Criminal justice e.g. prison, probation service	1

Qualitative analysis

Qualitative data analysis identified four key themes related to respondent perceptions of the impact of online video therapy on the therapeutic relationship, which were: sense of connection between the therapist and client; interpreting non-verbal communication; working with clients to adapt to the new working practices; suitability for certain types of work and client groups.

Theme 1: Sense of connection between the therapist and client

Challenges to establishing connection

Most respondents reported either a negative or neutral impact of online video therapy on their sense of connection with their clients. Many described that establishing connection was a particular issue with new clients, where it could take longer to get to know them when working online. For existing clients, it could also be challenging depending on the client, and with some clients it was felt that something was missing in online interactions compared to those in-person. However, there was a sense from therapists that this may improve over time.

Consultations lacking emotional depth

The therapeutic process was described as more intellectual, surface level, and lacked emotional depth. It was more challenging to access emotional processes and consultations were felt to lack warmth. During therapy, there was also a greater focus on immediate and surface level fears surrounding the impact of the COVID-19 pandemic and the transition to online video therapy. Therapists felt that this was still supportive and necessary for some clients, however there was also a sense that this was a distraction from the presenting issues that clients had originally sought therapy for, and they were not working at the same depth as previously.

Overall, therapists reported that they found it more difficult to hold the therapeutic frame, which was essential to creating an environment to enable the client to be open about their life. Respondents described feeling as though they were in a more supportive role and maintaining contact with clients rather than a therapeutic role where they were working with clients on their presenting issues.

Maintaining a close relationship with existing clients

Many respondents had a neutral response to using online therapy. They explained that the therapeutic relationship with several of their existing clients, with whom they had previously worked in person, was not affected by using the technology. Many therapists felt they were still able to maintain a close relationship and rapport with these clients because this had already been established during in-person therapy. It was also reported that clients were understanding and accepting of the differences of online working, and there was a sense of gratefulness on their part that therapy was able to continue.

Increased bonding over online working and shared pandemic experience

A very small number of respondents reported that intimacy actually increased with some existing clients. This was due to bonding over new ways of working and the shared experience of the pandemic. This increased openness and therapists described feeling able to share their own feelings about the pandemic, which adjusted the power balance in a positive direction and enhanced the bond with clients.

Theme 2: Interpreting non-verbal communication.

Lack of access to bodily non-verbal cues

Being unable to see the whole client on a webcam during online consultations to interpret their body language was described as a problem by almost all respondents. The lack of bodily cues meant it was more challenging to see complete reactions, assess engagement and understanding. Therapists also explained the lack of cues affected their own reactions to clients. Furthermore, as their own body language was not fully visible to clients, it could not be completely communicated and they felt limited in using it to demonstrate engagement and support towards the client.

Unable to detect therapeutic processes

Therapists were able to view only facial cues, and other body language cues that might be present in an in-person therapy session were missing. This meant certain therapeutic processes were more challenging. Some respondents expressed how embodied attunement was missing in online consultations, defined as the ability to experience in our bodies the emotions in the bodies of others. Some therapists also described how they struggled to detect transference during online therapy, defined as instances where clients redirected their feelings about a specific person on to their therapist. Therapists also could not recognise countertransference and work through this, which refers to situations where the therapist may project their feelings unconsciously on to the client.

Impact of technical issues

Technical issues could take place during online video therapy, such as internet lagging and sound issues. This was described as challenging both for therapists and clients because it could interrupt the overall flow of the session. Issues such as visual and sound delays also meant that subtle nonverbal cues such as facial reactions and tone of voice could be lost. This affected therapists' ability to perceive these cues and sometimes therapists were unable to hear what clients were saying.

Greater active listening and concentration required

The lack of access to body language cues meant therapists needed to concentrate more and engage in active listening to a greater extent to understand what clients were experiencing. This led to therapists checking and clarifying more with clients, and they reported feeling more tired and mentally drained by these consultations.

Overall, there were very few positive comments on the impact of online video therapy on the ability to perceive non-verbal cues. A small number of respondents explained that intimacy was enhanced due to the face being more magnified, which made it easier to observe changes in client facial expressions.

Theme 3: Working with clients to adapt to the new working practices

Boundary issues due to lack of a neutral space

Remote working during the pandemic meant that both therapists and their clients held consultations in their own homes, and many reported that this impacted negatively on the therapeutic relationship. Therapists explained that the home was not a neutral space and they perceived less control over the therapeutic environment, which caused some to feel less confident in their practise.

Disinhibition was described as an issue for both clients and therapists because they were able to see in to each other's home environment. For example, some clients asked more personal questions or behaved differently at home. This required therapists to pay more attention to boundary issues to ensure consultations remained professional and did not feel too casual.

Greater client insight and self disclosure

A small number of respondents described the benefits of working in the home environment, where it gave them greater insight in to the client's world. Some reported that it removed barriers and enabled them as a therapist to self-disclose to a greater extent, which they felt strengthened the therapeutic relationship.

Adapting to the new way of working

There was a sense from many respondents that both therapists and clients were still going through a process of adjusting to the situation and the new ways of working. It was therefore viewed as too soon to gauge the impact on the therapeutic process.

Adaptation involved gaining confidence with online working and adjusting to a suitable and comfortable therapeutic environment within the home. Some reported that therapy had initially been affected, however they and their clients had already started to adapt and the sessions were gradually improving. The period of adjustment also varied depending on the therapist and client, where some felt comfortable immediately whilst others took longer. Regularly reviewing progress with clients was described as very important.

Shared experience and gaining new skills

Some respondents reported positive elements of the new way of working. It was useful to share the experience of online working with clients and discuss barriers, issues and limitations. The lack of a sense of presence in the room was also managed through normalising this with clients and working collaboratively. Although respondents felt it was beneficial to have previous experience of online working, those who were inexperienced explained it enabled them to learn new skills and become a stronger practitioner.

Theme 4: Suitability for certain types of work and client groups

Barriers to working with children

Working with children was described as more challenging and in some cases respondents needed to stop therapy because confidentiality was a risk at home. For those who continued, engaging children was more challenging online, particularly those under 13 years old. Some therapists explained that they had previously used play therapy, creative and practical resources for in-person therapy with children, and it had not been possible to continue this online.

Challenges to working in depth with trauma and PTSD

Respondents explained that they could not work at the same depth as during in-person therapy with clients experiencing trauma issues or PTSD. For some a shift in focus of the therapeutic work was required, and this meant they could not continue working through the trauma and the healing journey they were initially on with clients. It was explained that they were focusing more on regulation, mindfulness and developing compassion.

Difficulties with delivering practical exercises

Delivering cognitive behavioural therapy exercises was described as more challenging online and therapists lacked the confidence to do this. Working more creatively with adults and working with electronic worksheets was also described as more challenging. It was explained as more difficult to assess client engagement and understanding during creative activities or using worksheets.

Discussion

Our survey research suggests that online video therapy has an impact on the therapeutic relationship with clients in various ways. Respondents to the survey were BACP members and practising counsellors and psychotherapists. They felt that their sense of connection was not affected with existing clients, however it was perceived as challenging to connect with new clients online. Therapy with both new and existing clients was also less likely to involve discussion of deeper issues and communication was negatively affected by technical problems and the absence of nonverbal cues. Boundary issues were also common due to the home environment not being a neutral space. It was described as more challenging to work with certain client groups and psychotherapeutic approaches, such as working in depth with clients with trauma and PTSD, play therapy with children, CBT and creative working. Therapists believed there was a process of adaptation to the new way of working which they felt themselves and their clients were able to adjust to over time. This adaptation involved therapists' paying attention to boundary issues, ensuring a suitable therapeutic environment in the home, reviewing progress with clients and gaining confidence with online working. There were only a small number of positive comments about online video therapy. A small number of respondents believed that it gave them greater insight in to their clients home environment, increased bonding over the shared pandemic and online working experience, and increased therapist self-disclosure. A very small number felt that online working could enhance intimacy because it magnified clients faces, making it easier to observe changes in their facial expressions. Some respondents were also positive about being able to learn new skills of online working as a practitioner.

Our findings present a more negative picture of online therapy compared to most previous research, which found the online therapeutic relationship was comparable to in-person therapy (Backhaus et al., 2012; Barnett et al., 2020; Simpson & Reid, 2014). However, we did not survey clients, and previous research highlighted that clients viewed online video therapy more positively than therapists (Barnett et al., 2020; Simpson & Reid, 2014; Thomas et al., 2021). Furthermore, many of the studies in previous reviews were conducted prior to the covid-19 pandemic, where therapists have viewed the impact of online video therapy on the therapeutic relationship more positively compared to studies conducted during the pandemic.

A potential explanation is the lack of choice during the pandemic, where online therapy was the only option for therapists to continue seeing clients due to the restrictions on in-person contact. Prior to the pandemic, online therapy was a choice, and clients chose to do this for specific reasons, such as living in a remote geographical area or being housebound (Smith & Gillon, 2021). Before the pandemic, some evidence also suggests that some therapists may have delivered online therapy in clinics, rather than their home (Smith & Gillon, 2021). This previous evidence suggests that the clinic environment is more neutral than the home environment, meaning that therapists may be better able to handle interruptions, ensure privacy and hold the therapeutic frame in this setting (Smith & Gillon, 2021). Most of the research conducted prior to the pandemic was also focused on CBT practitioners and our research highlighted that some therapists found delivering CBT exercises challenging online (Smith & Gillon, 2021). Only 2.4% of our sample were primarily CBT practitioners and in other studies conducted during the pandemic, theoretical orientation was either not reported or there were a low proportion of CBT practitioners included as participants in those studies (Aafjes van Doorn et al., 2020; Barker & Barker, 2021; Feijt et al., 2020; McBeath et al., 2020; McKenny et al., 2021). The most common theoretical orientations in our sample were integrative (49%) and person-centred (27%), so there may be differences in perceived impact of online video therapy on the therapeutic relationship for different therapeutic approaches. Some of our therapists may have also felt less comfortable delivering CBT exercises if it was not their primary therapeutic orientation.

Developing a sense of connection was described as challenging with new clients and some existing clients, where they were less open and consultations focused on current events such as the pandemic, rather than deeper issues. However, it is worth noting that our survey was conducted early on in the Covid-19 pandemic and it was acknowledged that a period of adaptation to remote methods of delivering therapy may be needed. Previous research has also found that therapists reported fewer of these relational challenges over time as comfort and proficiency with the technology increased (Connolly et al., 2020; Thomas et al., 2021). A lack of formal training and support has been described as a reason for initial reluctance towards online therapy, so better provision may be advantageous. (Aafjes van Doorn et al., 2020; Vincent et al., 2017). Previous research also suggests that it may hinder the development of a positive therapeutic relationship if clients perceive online video therapy as inferior, so it is helpful if therapists are comfortable and enthusiastic rather than apologetic about connecting with their clients online (Barker et al., 2021). During initial contracting, therapists can help clients adapt to the technology, explain that technical issues may disrupt the session and inform clients what to do should this arise (ASCA, 2020).

A specific challenge reported by practitioners who participated in our survey was the increased need to interpret nonverbal communication when working online. A very small number of participants in our study felt that intimacy was enhanced due to the magnified facial image. However, research shows that some people may find this level of intimacy unnerving, therefore this could cause discomfort for some clients (Bailensen, 2021). Furthermore, clients sitting near to the camera may reduce therapists' ability to observe body movement and hand gestures. Strategies to manage this can include using a mounted webcam and sitting further away from the camera to attempt to replicate eye contact of in person therapy sessions (Grondin et al., 2020). A lack of mutual eye gaze during online therapy can also reduce communication quality and the sense of connection (Bayliss et al., 2006). It is helpful for the therapist to explain that it may appear as though they are not looking at the camera to normalise the experience of online communication for clients who may lack familiarity with this. Furthermore, clients can be advised to switch off their own picture in picture settings to avoid being distracted by looking at themselves, however it has been recommended for therapists to retain the picture in picture mode so they are aware of what the client can see (McCord et al., 2015). Therapists may also have to consciously work on strategies to convey empathy to compensate for the absence of nonverbal cues. This includes more exaggerated gestures, being more facially expressive, mirroring client bodily cues, observing client facial micro-expressions and relying on tone of voice (Barker & Barker, 2022; Geller, 2020). Therapists may also need to rely more on verbal gestures to convey understanding, such as more elaborate verbal feedback, asking clarifying questions and verbal affirmations (Berger, 2017; Bischoff et al., 2004; Richards & Vigano, 2013; Simpson & Reid, 2014).

Participants explained that their home was not a neutral environment when working with clients online. As a result of this, therapists felt a lack of control over maintaining boundaries, where clients were more likely to display disinhibited behaviour such as asking personal questions. This sense of therapists' perceiving a lack of control over their environment and client disinhibition during online video therapy has been found in previous research, and there may be a greater need to establish therapeutic boundaries when working online (McBeath et al., 2020; McKenny et al., 2021; Smith & Gillon, 2021; Thomas et al., 2021). This can be explored during initial contracting by discussing the impact of the online disinhibition effect on therapy with clients and having a shared agreement on appropriate and inappropriate behaviour to ensure engagement (BACP, 2021). Ensuring clients feel safe is also essential to building trust and attachment, so conducting a safety assessment during contracting is also essential (ASCA, 2020; Simpson & Reid, 2014). This includes establishing confidentiality in the home by ensuring clients have a good online set up and have access to a space free from interruptions where they can concentrate on the session (ASCA, 2020; BACP, 2021).

Our findings also highlight that some therapists found working with particular presenting issues and therapeutic approaches more challenging when working online. Working with trauma was described as challenging to identify clients at risk and also engaging in the deeper work required. Other research has found online therapy has been successfully offered to clients with these clinical presentations (Backhaus et al., 2012; De Luca et al., 2020; Hasson-Ohayon & Lysaker, 2020; Thomas et al., 2021). Further research surrounding strategies to engage clients experiencing trauma in deeper therapeutic work may be required, however therapists may also find employing more general strategies to manage nonverbal communication and initial contracting useful. Certain steps are recommended when working with clients potentially at risk of suicide or self-harm (DeLuca et al., 2020). These include using routine outcome measures, consulting the client's social support network, including in the consent form that the client should be transferred to in room treatment if deemed unsafe, confirming the clients address at the beginning of each session, obtaining emergency contacts and signposting to local crisis and emergency resources (DeLuca et al., 2020).

Using practical therapeutic approaches were also described as more challenging online. Document sharing during sessions by email or screen sharing is a useful approach and clients may be able to complete some tasks as homework, for example exposure activities or using CBT worksheets online (Federico, 2020; Thomas et al., 2021). Using resources in the home for play therapy with children and art therapy was also recommended (Federico, 2020). Interviewees also described challenges in engaging children online. Research in this area is limited, however Vermiere and Van den Berge (2021) recommended creating a context that encourages the child to be an active participant. This includes emailing the child and parents or carers to ask them to bring specific items to the session, for example toys, and ask if there is anyone they would like to be in the session and consider if anyone can hear in the background. Furthermore, use of emoticons or coloured strips ensure the child has a choice in the direction of the discussion and agreeing how they would stay connected if the child got upset or angry is useful.

This survey research has presented useful reflections from BACP members surrounding the impact of online video therapy on the therapeutic relationship during the Covid-19 pandemic. We have discussed the usefulness of better training provision in online therapy for therapists. Specific strategies have been recommended to manage having reduced access to nonverbal cues, developing rapport, practical therapeutic approaches, initial contracting, assessing risk and ensuring confidentiality. More research may be beneficial for working with certain presenting issues such as trauma and working with children.

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