Therapists' Perceptions of Client Outcomes and Therapeutic Alliance in Online Counselling

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A phenomenological inquiry with 4 voluntary Australian online counsellors was conducted to understand their experience of forming a therapeutic alliance and monitoring client outcomes online. Interpretive Phenomenological Analysis was used to analyse semi-structured interview transcripts. Results found that a therapeutic alliance could be formed online and for most therapists' the process was alike to their face-to-face processes. All participants reported to monitor client outcomes online. Therapist processes for monitoring client outcomes significantly differed based upon each therapists' personal preference. A broader implication that emerged from therapists' experiences was that therapist attitudes and personal preferences may have a more significant influence on their experience of online counselling, than the medium itself. Recommendations included additional information technology training for counsellors seeking to practice online and for the Australian Government to invest in the improvement of internet stability and connectivity in Australia.

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The decision to engage in online counselling in Australia is becoming popular due to accessibility, affordability and convenience of online services such as BetterHelp and Supportive (Marcelle & Davis, 2017). These online platforms connect clients with high-quality therapists, who hold a membership with a professional association, and who utilise non-traditional face-to-face (F2F) methods. A widely accepted definition of online counselling is the provision of mental health services to a consumer using synchronous or asynchronous methods via the internet (Mallen & Vogel, 2005; Mallen, Vogel, & Rochlen, 2005). Synchronous methods are conducted in real-time using either instant messaging or video conferencing tools (Mallen & Vogel, 2005). An asynchronous method has a latency in response as the recipient may not receive the communication immediately, such as that of an email.

Online Counselling

Factors that contributed to growth in online counselling are the introduction of video conferencing systems and widespread access to the internet. The first online support platform, Ask Uncle Ezra, was the first online support platform and was offered to Cornell University students for free in 1986. Fee-based services were established online in 1995 and included Shareware Psychological Consultation, Help Net and Shrink Link (Skinner & Zack, 2004).

Logistical benefits to online engagement include cost-effectiveness and reduced waiting times for therapy (Griffiths, Lindenmeyer, Powell, Lowe, & Thorogood, 2006). Factors associated with the increased use of online services include ease of access, anonymity and a reported disinhibiting effect (Hanley, 2009; Suler, 2004). BetterHelp clients were reported to have more positive experiences with their counsellors online than in F2F environments, as found from analysis of Working Alliance Inventory (WAI) scores (Marcelle & Davis, 2017). Clients who have positive engagements with counsellors are more likely

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to remain engaged in therapy (Thompson, Bender, Lantry, & Flynn, 2007). This means that a therapeutic alliance is pertinent to maintaining client engagement in therapy.

Research has established that online therapies are equally as efficacious as traditional F2F therapies for treatment outcomes (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Mallen et al., 2005). In addition, there are advantages to therapists practising online. Consideration needs to be given, however, to limitations, disadvantages and ethical considerations unique to non-traditional environments. For example, anonymity is a positive feature that draws clients to engage in online therapy. However, anonymity may disempower counsellors to meet their duty of care in the event of crisis and risk (Richards & Viganó, 2013). Internet stability can interfere with the therapeutic process and poses a challenge to how the client and counsellor can navigate the disjointedness associated with unexpected connection interruptions (Baker & Ray, 2011). According to the Australian Bureau of Statistics [ABS] (2018), "households located in major cities were more likely to have internet access at home (88%) than those in remote or very remote parts of Australia (77%)." Internet accessibility in Australia had steadily increased since 2004 and has since plateaued since 2014 (ABS, 2018). An important concern is the quality of connection in regional areas of Australia as this would likely negatively impact the performance of video-based platforms.

An inquiry into the presence, or absence, of trust in online therapy, found that trust was more present and more accessible to clients within an online therapeutic relationship due to disinhibition, feeling safe and a more neutral power balance (Fletcher-Tomenius & Vossler, 2009). Online connections can be formed using technologies that include (video-based platforms) or exclude visuals (text or phone-based interactions). Research has investigated client experiences of online therapy, however, has largely neglected therapist experiences of forming and maintaining a therapeutic alliance online. Fletcher-Tomenius and Vossler noted that there was limited research that takes a phenomenological approach to understand in-session experiences of the therapist. A review of literature on Google Scholar, ProQuest and PubMed databases identified limited qualitative and quantitative studies evaluating therapist perceptions, over the past 10 years, of forming and maintaining a therapeutic alliance online. However, a notable increase in such literature was identified over the past 12 months among doctoral dissertations and peer-viewed studies in-press in a follow-up review of literature following this study.

The strengths, limitations, ethics and intervention effectiveness of online counselling has been established in contemporary research studies (Anstiss & Davies, 2015; Barak & Grohol, 2011; Finn & Barak, 2010; Harris & Birnbaum, 2015). A gap exists, however, in research that expands understanding of therapists' experiences of client outcomes and the therapeutic alliance in online practice. The formation of a therapeutic relationship online shares components with F2F settings while also having unique processes such as addressing technological ruptures and the relational dominance of the therapist (Cipolletta, Frassoni, & Faccio, 2018). Investigations into the formation of therapeutic relationships are inevitable due to the increased online footprint of counselling services and counsellors.

A review of available research related to the present study in peer-reviewed journals was minimal with one study investigating therapists' perceptions of trust online (Fletcher-Tomenius &Vossler, 2009). It seemed that literature neglected considering the therapists' perspective when working with online clients. Clients were the primary focus in studies, suggesting that the consumer's experience of counselling services has a greater importance to research (Cook & Doyle, 2002; Leibert & Archer Jr., 2006). The purpose of this study is to explore the phenomenon of online counselling with practising therapists, to determine any differences between online and F2F counselling and the perceived effect technology has on monitoring client outcomes and the strengths of the therapeutic alliance.

Research Question

What are therapists' perceptions of establishing a therapeutic alliance and monitoring outcomes with online counselling clients, in comparison to the therapists' F2F experiences?

Aims and Objectives

Rationale

The research question was developed from my interests in practising counselling online. In particular, I am interested in the experiences counsellors have of forming a therapeutic alliance and monitoring outcomes online. From a review of contemporary research literature, I am informed that an effective therapeutic alliance can be established online. In this study, any preconceived notions, on my part, of the efficacy of online counselling will be bracketed through non-directive questions in the semi-structured interviews.

Aims

The study aimed to examine practitioner experiences in forming and maintaining a therapeutic alliance with non-crisis clients as well as the process for monitoring client outcomes in online environments. Using qualitative research methods, data will be analysed to identify the strengths and weaknesses of the topics and inform recommendations for supporting practitioners, developing policies and future directions for research.

Objectives

To gather and analyse emergent themes in practitioner experiences of the formation and maintenance of a therapeutic alliance. Furthermore, to identify common methods and experiences of practitioners' in monitoring client outcomes in an online setting. The primary outcome was to establish a research basis for recommendations therapists considering online clinical practice. Identification of strengths, weaknesses and areas in which individual therapists, registering bodies, or policy-makers can enhance service provision, based upon the collective experiences of the phenomenon under investigation.

The next section reviews the current literature on the topic and describes the methods used in the study. Following this, emergent findings are presented. The final section discusses the implications of the findings to the counselling field.

Literature Review

Attention has been drawn in recent decades to the importance of developing quality interpersonal exchanges between clients and counsellors (Miller, Hubble, Duncan, & Wampold, 2014). A promising component of the therapeutic

relationship is the therapeutic alliance, defined as the emotional bond between a client and counsellor and the agreement on therapeutic goals and tasks required to achieve such goals (Hatcher & Barends, 2006; Horvath, Del Re, Flückiger, & Symonds, 2011). A therapeutic alliance is the single most reliable predictor of client outcomes. A positive correlation with better therapeutic outcomes has been linked to the strength of that alliance (Horvath, Del Re, Flückiger, & Symonds, 2011). An essential component to take note of is the perspective from which the therapeutic alliance is measured. Alliance can be measured from the perspective of a counsellor, client or an observer. Research indicates, however, the most reliable predictor of outcomes is the client's perception of the alliance (Horvath & Symonds, 1991; Trichenor & Hill, 1989). Further analysis consistently replicated and demonstrated a moderate effect size for the alliance-outcome relationship, with stronger effects positively correlated to a decrease in presenting symptoms and reduced likelihood of disengaging in therapy (Wampold, 2001). Wampold further argued that the relationship accounts for more variability in outcomes than the entirety of other contributing factors.

Research has firmly established the therapeutic alliance as a primary ingredient for successful therapy. This knowledge further supports training counsellors from a person-centred framework, to equip them with the foundational skills for building an alliance. Therefore, a single question remains, "What is needed for practitioners to be able to establish an equally viable, reliable and effective alliance in an online environment?"

Cook and Doyle (2002) conducted a small-scale quantitative study with 15 participants who were recruited through online practices. The aim was to identify any differences in an alliance between online text-based therapies and a F2F representative sample. The Working Alliance Inventory (WAI) was implemented to measure alliance in both samples. Analysis indicated that both WAI subscale and composite scores were higher than those in the F2F group. These findings clearly indicate that an alliance can be formed as effectively online as in F2F interactions. Despite indications from these findings that strongly suggest that clients were able to experience a positive relationship and alliance with their therapist online, the study had a poor design due to the small sample size that negatively affected statistical power. Implications are that an effective therapeutic alliance can be established online. However, larger sample sizing is required to strengthen statistical validity for this quantitative design.

Research suggested that a therapeutic alliance was establishable in a similar way to F2F environments (Reynolds, Stiles & Grohol, 2006). The study included a total of 48 dyads that consisted of 16 therapists and 17 patients. A total of 98 independent ratings on the Agnew Relationship Measure (ARM) and Session Evaluation Questionnaire (SEQ) were obtained from the dyads. Results of the study indicated that evaluations for online sessions were as strong as F2F sessions. The study provided preliminary support that online counselling sessions can be as effective as F2F sessions.

Not all research has found an alliance of the same strength between online and F2F counselling. A study conducted by Leibert and Archer Jr. (2006), collected information from 81 clients who self-reported on therapeutic alliance and satisfaction in online counselling services. The information collected was compared to previous F2F findings. Participants in that study were satisfied with both their treatment and the relationship in online therapy. However, satisfaction was higher for participants who had engaged in F2F therapy. Such findings may influence a reader to feel that the medium is less effective. The study reinforced the finding that a meaningful relationship can be formed online. Findings recommended that larger samples be utilised in future research as current studies have limited generalisability. Factors that have contributed to this include small sample sizing and poor research designs. There is limited data available to support efficacy or effectiveness, and current results are considered preliminary as a result.

The present study used a qualitative methodology and a moderate sample size of four (4), which is appropriate within phenomenological research. Sample sizing in qualitative research should be large enough to facilitate a contextually rich understanding of the phenomena, while also being small enough to focus on case-orientated analysis (Sandelowski, 1995). An important factor in producing contextual richness is the structure of the open-ended questions that are used (Ogden & Cornwell, 2010).

A study was identified that focused explicitly on experiences of counsellors in online environments. Bambling, King, Reid, and Wegner (2008) employed a focus group methodology with 26 online counsellors from Kids Help Line service in Australia. The primary benefit reported was the emotional safety for the client engaging online. This was attributed to reduced physical proximity to the counsellor. Paradoxically, the main disadvantage was also reduced proximity as this resulted in reduced non-verbal cues and communication difficulties that hindered the counsellor's ability to assess the needs of a young person adequately. The study focused on youth accessing an Australian helpline service. The results provided validation of counsellor's experiences that can, in turn, lead to the development of strategies to improve online practice.

Conversely a recent study reported a preference for counselling in F2F environments as opposed to utilising online technology to engage with clients amongst counsellors (Nagarajan & Yuvaraj, 2019). However, the study focused on the problems associated with online technologies, and research questions may have been biased towards favouring F2F engagement. Interestingly, nine counsellors reported that the formation of a therapeutic alliance online is not dissimilar to that experienced in F2F environments. The counsellors expressed that they felt it took slightly longer to form an alliance online.

A recent empirical paper explored practitioner experiences of delivering counselling online and found that practitioners viewed the formation of a therapeutic relationship to be both the same and different to F2F environments (Wong, 2018). A common theme was that the positives of online therapy far outweighed the negatives. In another study, therapist perceptions of forming an alliance online were evaluated using an online survey. Therapists felt an alliance was able to be formed online, although, rated alliance as being more important in F2F environments (Sucala, Schnur, Brackman, Constantino, & Montgomery, 2013). Additionally, therapists reported less confidence in their ability to develop an alliance online when compared to F2F practice. The therapists' professional orientation may contribute to a lack of confidence, as only 3.8% of the 106 clinicians were counsellors. Such findings are relevant to the current investigation as it demonstrates preliminary support that counsellors who practice online feel that a therapeutic alliance can be formed online. Furthermore, the research design used in Wong's research reflects methods used in the present study.

Research Methods

A preference in counselling research is the use of the qualitative methodology. Qualitative inquiry has become influential for use in real-life topics and to explore problems in the counselling field (Larkin, Watts, & Clifton, 2006; McLeod, 2011). Further, McLeod asserts that qualitative inquiry offers flexible and sensitive methods for exploring meanings and generating fresh insights into old issues. Phenomenology in counselling research has been used as a way to gain a deeper and richer understanding of topics which could not be achieved through a quantitative survey.

Recruitment

Participants were included voluntarily using mixed recruiting methods. A recruitment email was sent to MindStar, Supportive, BetterHelp, the Australian Counselling Association (ACA), the Queensland Counselling Association (QCA) and the Psychotherapy and Counselling Federation of Australia (PACFA) seeking permission to distribute recruitment material to their members. Furthermore, direct recruiting of suitable counsellors identified as being eligible and snowballing techniques were utilised.

Inclusion Criteria

All participants were required to hold current membership as a counsellor with either the ACA or PACFA. Furthermore, to participate, counsellors were required to be practising in Australia with online clients and also to have previous experience working with clients in F2F environments. The present study sought to evaluate therapeutic alliance formation with longer-term clients online, and therefore feedback on short-term online crisis interventions was excluded. This requirement ensured that therapist experiences were represented by individuals who had been formally trained and recognised as having the required experience to hold a membership with the ACA or PACFA.

Sample Sizing

Qualitative frameworks and phenomenological studies utilise smaller sample sizes than quantitative studies. Morse (2000) noted that the size of a sample is dependent on scope, topic, data quality and research design. For qualitative enquiry, a limited sample size has been deemed preferable to a larger study that might seek to generalise findings to a larger proportion of therapists (Higginbottom, 2004). McLeod (2011) has suggested that a sample size of six participants is common and widely accepted amongst counselling researchers. For this project, a sample size of four participants was finally achieved after some challenges in the recruitment process. A criticism of qualitative research is that the findings are not generalisable due to the small sample sizes. Unlike quantitative research, however, data collected through qualitative enquiry can be rich and meaningful and is therefore regarded as reflective of a natural environment rather than an artificial one (Given, 2008).

Characterised by its in-depth subjective nature, a qualitative approach lends itself well to better understanding the needs and concerns of receivers of professional support (Greenhalgh & Taylor, 1997).

Data Collection

The most applicable method of data collection for this project was semi-structured interviews, as the intention was to speak directly with therapists to arrive at a more informed understanding of their experiences and perceptions. Furthermore, a semi-structured interview is coherent with the way a counsellor works through engagement in conversation to better understand the individual experience. All interviews were audio-recorded and subsequently transcribed for analysis. Each participant was invited to read copies of their transcripts and were invited to rescind or change comments that were made during the interview to more accurately reflect their experience.

Data Analysis: Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) is an inductive process of de-textualising and re-textualising the data. The analyst separates the data from its original context and assigns codes, then analyses it for units of meaning; then reduces, reorganises and reintegrates the data (Starks & Trinidad, 2007). The process of coding involves assigning data codes, examining the codes, grouping codes together, and then searching for patterns of meaning. Through this process, a double hermeneutic occurs. This means the researcher attempts to make sense of the participant's attempts to make sense of the phenomenon experienced by participants. A two-way relationship occurs between the researcher and participant when attempting to understand the phenomenon. The result is the fusion of horizons in what is known as the hermeneutic circle of understanding. This means the researcher and participant co-construct the data (Laverty, 2003).

A critical element in IPA is the process of bracketing. The researcher is required to put aside prior knowledge and assumptions about the phenomenon to attend to participant accounts with an open-mind (Gearing, 2004).

In this project, a bracketing journal will be utilised to monitor thoughts, feelings and emotions the researcher is experiencing. Bracketing has similarities with counselling practice as the researcher must attend to data, analysis and interpretation without preconceptions of their values, beliefs, emotions and interests (Tufford & Newman, 2012). The data analysis process was based on Shosha's (2012) research methods where: significant statements were identified in transcripts; meanings were formulated from the statements; categories, clusters and themes were assigned; and the exhaustive description was reduced based upon the research question.

Ethical Considerations

The research intended to understand the experiences of therapists offering online support. Therefore, recruitment was requested voluntarily through contact with suitable organisations within Australia and using a snowball technique.

An important ethical consideration was confidentiality of the semi-structured interviews, recordings and data. All data was treated confidentially, and all information that could identify a therapist was de-identified to protect therapist anonymity. Participant are referenced according to a pseudonym to protect their identities. An informed consent form was a requirement for all participants to inform them of the purpose and process of research and data handling. Precautions were taken to ensure that data collected from participants was managed in accordance with the University of the Sunshine Coast Data Management

Procedures. Ethics approval was received for the project by the Chairperson of the Human Research Ethics Committee of the University of the Sunshine Coast (S/19/1301).

Findings

The researcher manually coded and then imported qualitative data into NVivo. Frequency counts identified two emergent superordinate themes, "similarity of practice" and "monitoring client outcomes". Four sub-themes (alikeness, building rapport, verbal check-ins and outcome measures) were identified, see Table 1:

Table 1

The two superordinate themes with their sub-themes across all participants. Numeric values indicate the number of instances a theme occurred in a transcript.

	Emily	Julie	Martin	Susan	Instances of Occurrence
THERAPEUTIC ALLIANCE SIMILARITY					
ALIKENESS	1	1	2	5	**9**
BUILDING RAPPORT	4	1	1	2	**8**
MONITORING CLIENT OUTCOMES					
RATING SCALES	4	1	0	3	**8**
VERBAL CHECK-INS	0	0	3	1	**4**

Similarity of Practice

Alikeness

All participants reported that the therapeutic alliance was establishable in online counselling environments. Most participants described the process of forming a therapeutic alliance online as being alike to the F2F process. Martin said:

[Building a therapeutic alliance online] is still very similar. You know, you're trying to build a relationship with someone. If they were coming face-to-face, I would ask them where they're from? What they're doing? How old their kids are? What the name of their dog is? And all that sort of stuff. So you have some general chit-chat, and over the phone, it's actually as easy. So the relationship-building from that point of view is very similar and can be pretty much seen as a similar thing. (Line 57)

Susan reported that, "I treat my sessions the same. I feel like you don't have to do it [building an alliance] any differently" (line 218). Another participant said, "as far as the therapeutic alliance . . . I don't see much difference" (Emily, line 315). Although one participant reported that forming a therapeutic alliance online is more challenging than in F2F settings in their experience. However, they indicated that maintaining a therapeutic alliance online is viable, "once the connection is made [F2F], then it is okay" (Julie, line 134).

Building Rapport

Participants reported that the process of building rapport with a client in an online setting

was similar to the processes used in traditional F2F settings. Emily reported that the reality of building initial rapport with a client online was better than anticipated, "I guess I was probably thinking it would be difficult to create a rapport and make that connection with people. But in reality, I haven't really

found that. I've actually found it to be, um, quite good" (line 141).

One participant provided a case example of her experience of building rapport with a client that had previously had negative experiences with therapists:

Halfway through I said, "you know what? We're not going to do this. Can you just tell me about what you love? Things that really interest you." And he told me about his Marvel, DC and Star Wars comics. I asked him to bring some into the next session. . . . And that type of thing you would do, whether it was online or not online. (Susan, line 247).

In this verbatim, Susan stated that the examples of relationship-building processes are a regular component of counselling that would be done regardless of the counselling medium.

Monitoring Client Progress

All participants reported that monitoring client progress was a regular component of their therapeutic practice. Two sub-themes emerged about monitoring client progress, "rating scales" and "verbal check-ins".

Rating Scales

Half of the participants reported using standardised outcome measures as part of their regular counselling practice both online and F2F. The measures reported included the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS) (Miller, 2019). Julie discussed the implementation across different online mediums:

I'll do the Outcome Rating Scale and then the Session Rating Scale. We do that every session. Some clients don't mind it. Some clients absolutely hate it. I can do that if I'm seeing them face-to-face. If I'm seeing them on the screen we can do it that way so they can move a little indicator along to where they want it to be. If I'm doing it on the phone, I just have to ask them the

questions on the phone and write down their responses. (Line 165)

On the other hand, Susan acknowledged that the ORS and SRS were used infrequently as part of her online practice, "it's something my supervisor wants me to do. Every so often I do use the Outcome Rating Scale and Session Rating Scale" (line 287).

Verbal Check-Ins

Half of the participants reported using non-standardised feedback measures to monitor client outcomes. The reported non-standardised feedback measures had similarities to questions on the ORS and SRS. However, it was facilitated as a verbal check-in with the client and did not make use of scaling. Martin discussed the verbal process of checking in with a client in online-based sessions:

I always do check-ins, like you know . . . was this useful? What do you take away? Are we still on the right track? Am I still covering what you would like to be cover? So that feedback stuff happens anyway. (Line 93)

Susan described the process of checking-in with clients about therapeutic progress as being done consistently, despite not using standardised measures, "in terms of outcomes, I don't think that I have a standardised way that I do it. But I am checking in fairly consistently" (line 303).

Discussion

Therapeutic Alliance

A significant theme that emerged from therapists' experiences of forming a therapeutic alliance in online counselling environments was it was alike to their F2F experience. Most participants emphasised there was consistency in the process of building a therapeutic alliance online and F2F. An implication is that the medium does not have a significant impact on therapists' experiences of forming a therapeutic alliance in online environments when either a visual or auditory cue is present. An exception may be text-based sessions due to the complete absence of sensory information. Furthermore, disruptive communication can occur in asynchronous text-based sessions, as Martin reported that clients often send additional comments prior to receiving a response. It must be acknowledged that only one participant commented on text-based sessions. Therefore, further investigation into this medium is required.

A therapeutic alliance is comprised of three crucial elements: agreement on therapeutic goals, agreement on tasks and the development of a personal bond (Bordin, 1979). Early stages of therapy focus on establishing trust and rapport with a client. A person-centred framework utilises congruence, unconditional positive regard and empathy to establish a bond with the client (Seligman, 2006). Overall, participants in this study had positive experiences with alliance formation online. However, Julie perceived that online counselling 'suspends reality'. Her experience of technology was artificial and she did not perceive it to be an authentic experience for clients or herself. Although, Julie noted that an alliance can be formed online, however, it may take longer to establish than in F2F sessions. Martin reported that an alliance formed online was as effective as a F2F counterpart when facilitated via video or phone-based sessions. The participants' experiences imply that a therapists' attitude towards technology may more significantly impact a therapists' perception of alliance formation in an online environment. Therefore, factors such as personality, personal preferences, therapeutic framework and professional orientation of the therapist have a greater influence on their experience of alliance formation online.

In general, most therapists reported a preference to engage with clients F2F despite the positive experience of alliance formation. Therapists attributed their online engagement to convenience, reaching more clients and delivering continuity of care.. An interesting comment made by Julie was that online counselling fosters a stronger commitment to the therapeutic process, "the convenience of [online counselling] facilitates a more regular committed relationship, because it's as convenient as it can be for them" (line 222).

Monitoring Client Outcomes

Therapists reported being consistent with monitoring client outcomes in their online counselling practice. In particular, the participants reported monitoring client and session progress regularly. However, the process of monitoring outcomes differed significantly between participants. Research promotes the implementation of ORS and SRS measures regularly with each client (Campbell & Hemsley, 2009). Two participants reported using these standardised measures to assist in monitoring their session and client outcomes. There were significant differences in the reported frequency of use between the two participants. Julie reported using the measures consistently at each session with her clients, utilising an electronic version for video-based sessions and a verbal scale for phone-based sessions. Susan reported to use the measures infrequently in her practice and preferred to use verbal check-ins to gain feedback on progress.

Martin and Emily did not include the outcome measures as part of their practice. Both participants utilised verbal check-ins consistently with their clients each session. Their decision to not use a standardised measure to monitor outcomes was not specific to their online sessions and extended to F2F clients. A verbal check-in with the client was the most comfortable process for these participants to obtain feedback. An implication for therapists is that monitoring client outcomes can be facilitated online. Therapists use the same tools and processes online as in their F2F sessions. Therefore, the medium is less likely to impact upon a counsellor's decision to utilise a formal feedback measure. Instead, the decision to utilise a standardised measure is based on the counsellor's personal preference. Susan reinforced that the decision was a personal preference when she said, "it's something that my supervisor wants me to do. Every so often, I do use the ORS and SRS" (line 287). While Susan occasionally reported using outcome measures, she had a preference to use verbal check-ins in a non-standardised measure.

Limitations and Opportunities

Small sample sizing in the present study made it difficult to claim data saturation for participant experiences. Recruitment was unsuccessful in private and government agencies that

facilitated online counselling. Counsellors in private practice were successfully recruited via professional association distribution channels. A limitation of the study was the unwillingness of agencies to forward recruitment material to counsellors. A hypothesis for the lack of engagement amongst counselling agencies is a plausible concern that the results of the study may negatively impact their direct business or funding.

The study collected informative data regarding therapists' experiences of technological problems. However, this was outside of the scope of the research aims. In general, therapists had reported that internet instability was a cause of anxiety in their online practice. While research acknowledges the barriers of internet instability to facilitating effective online therapy, it has not directly explored the phenomena of interruptions from the therapists perspective. Further investigations into this topic may assist in improving the well-being of online counsellors facing technological problems.

Recommendations

A finding from the study was that therapist preferences were more likely to impact their experience of forming a therapeutic alliance and monitoring client outcomes online. Therefore, it is recommended therapists maintain self-awareness of personal and therapeutic preferences, as well as attitudes towards different online mediums. Each participant had a preference for the online medium that was suitable for them. Martin preferred video-based sessions, while Susan reported a preference for phone-based sessions.

Additional training specific to online counselling would not likely improve the formation or maintenance of a therapeutic alliance with online clients. Therapists indicated there was a negligible difference in forming a therapeutic alliance online compared to F2F. An emergent concern amongst therapists' was technology reliability (e.g. connectivity, drop-outs and disconnections) during sessions. Improving therapists understanding of information technology (IT) systems may improve their ability to resolve technology-based issues mid-session. It is recommended that education providers of accredited counselling courses offer elective subjects in IT. While this recommendation does not directly relate to the research question, it has broader impacts on the maintenance of a therapeutic alliance in online counselling.

The Australian Government would, ideally, prioritise the investment of additional resources to stabilise the quality of the internet in Australia. Maintaining a stable internet connection is essential for therapists to form a therapeutic alliance with clients.

Conclusion

A literature gap pertaining to therapists' perceptions of forming a therapeutic alliance and monitoring client outcomes in online counselling was explored in the present study. A qualitative inquiry utilising IPA methodology explored four therapists' experiences. All participants stated that a therapeutic alliance could be established in online-based counselling settings. Three of the participants stated that the process of forming an alliance was alike to their F2F experience. Furthermore, all

participants reported monitoring client outcomes in their online practice. However, significant differences in each therapists' process of monitoring outcomes were evident. While two participants employed the ORS and SRS measures, most utilised non-standardised verbal check-ins with their clients to evaluate the therapeutic progress. The findings imply that a therapists' preconception and attitude of technology use in online counselling may determine their experience of forming an alliance with a client online, more so than the impositions of the technology itself.

Furthermore, all therapists monitored client outcomes in their online practice. The tools and processes did not significantly differ between their online and F2F session practice. Therefore, therapist preferences were likely to have a more significant role than the technology itself.

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