

**CLIENTS' EXPERIENCES OF ASYNCHRONOUS ONLINE COUNSELLING: A
THEMATIC ANALYSIS**

by

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ABSTRACT

The practice of online counselling is a growing field. As such, there is increasing interest in understanding the perspective of the users and their experience using this service. This understanding will allow more effective use of the modality and will guide the future direction of research. Participants' experiences of their use of asynchronous online counselling services were explored using a semi-structured online survey and thematic analysis. Seven themes arose from participants' responses; therapist presence, time as a double-edge tool, writing expressions, general accessibility, comfort of privacy, difficulties in the process of the service and outcomes of service. These experiences align with the existing literature to suggest a need for further research in the areas of stigma, therapists' perspectives, theoretical approaches to stages of online counselling, and efficiency of current online counselling training programs.

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Table of Contents

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
List of Abbreviations	vi
Chapter 1: Introduction.....	1
CHAPTER 2: Literature Review	5
Understanding Online Counselling.....	5
Understanding Working Alliance.....	11
Development of Working Alliance in Online Counselling.....	16
Objectives of Thesis.....	20
CHAPTER 3: Methods	22
Research methodology.....	22
Recruitment Process.....	24
Participants.....	25
Inclusion Criteria for participants	25
Participant Demographics.....	25
Data Collection Questionnaire.....	26
Data Analysis.....	27
CHAPTER 4: Results	31
Therapist's presence.....	31
Time as a double-edged tool.....	38
Writing expressions	40
General accessibility.....	42

Comfort of privacy.....	44
Difficulties in Processes of the Service	45
Outcomes of the service.....	48
CHAPTER 5: Discussion.....	50
The Influential Factor	50
Connection to the existing research	55
Limitations	59
Recruitment.....	59
Methodology.....	60
Future research and implications for the field	62
Conclusion	65
Appendix A.....	77
Appendix B	80
Appendix C	81
Appendix D.....	82
Curriculum Vitae	

List of Abbreviations

AOC	Asynchronies Online Counselling
CMC	Computer-Mediate Communication
CVEB	Clients of Various Ethnic Backgrounds
ECIT	Enhanced Critical Incident Technique
F2F	Face to Face
OC	Online Counselling
REM	Racial/Ethnic Minorities
TMC	Telephone-Mediated Communication
WA	Working Alliance

Chapter 1: Introduction

The Online Counselling (OC) field has been a subject of increasing interest for researchers of counselling psychology (Kingsley & Henning, 2015; Richards & Viganó, 2013). However, it is a relatively young field and the majority of the current research focuses on topics related to demographics (female versus male use, the age of users, the location of users) and comparisons of effectiveness between OC and face-to-face (F2F) forms of counselling services (Barak et al., 2008). Nevertheless, the growing body of research has advanced to other aspects of OC such as the working alliance, the helpfulness and impact of the working alliance, improvement of client rapport and client satisfaction (Richards, 2009).

Working Alliance (WA) is a key aspect of counselling. For the purpose of this study the WA will be observed as containing three dimensions:

a client-therapist bond, and a mutually agreed-upon goal and the task of treatment.

The bond refers to mutual trust and the degree that the client feels understood and respected. The goal refers to a mutual agreement about the presenting problem and target of psychotherapy. The task refers to the perception that techniques and interventions will help the client reach those goals (Leibert et al., 2011, p. 710).

The therapeutic process has traditionally involved a client and a counsellor sharing physical space and developing a WA in order to achieve a positive therapeutic experience. However, with advancements in the available technology, more counsellors are moving their practice to online services (Chester & Glass, 2006) and, therefore, do not have that same experience of sharing physical space in order to develop a WA.

Chester and Glass (2006) suggest that even though OC is a very fast-growing field, there is little research available regarding the effectiveness of OC. Additionally, a systematic review of the literature on OC supports the necessity for further in-depth and evidence-based research on OC (Clarke et al., 2015) in order to provide better services (King, Bambling, Lloyd, et al., 2006). Finally, it is important to observe that there is a deficit in research regarding the development of WA between a client and counsellor who have different ethnic backgrounds. Consequently, one of the areas of OC research that is lacking in the literature is the study of the development of WA between a counsellor and a client who have different ethnic backgrounds.

Research has also identified that OC reduces stigma towards mental health services (Dunn, 2012; Richards, 2009; Wallin et al., 2018; Wong et al., 2018), stigma that various cultures hold due to their perceptions regarding and towards mental health (Hayes et al., 2015; Kearney et al., 2005). OC provides an opportunity for people that hold these perceptions and who need mental health services to seek counselling in a way that reduces the perceived stigma towards the service and mental health. Whether or not this modality helps to remove some of the problems resulting from the mental health stigma that clients may perceive regarding seeking mental health services is an aspect that requires further exploration

For the purpose of this study, OC is defined as it is defined by Chester and Glass (2006), which is the “practice of professional counselling that occurs when client and counsellor are in separate or remote locations and utilise computer-mediated communication to communicate with each other” (p. 146). This simplified definition of OC narrows the discussion to forms of OC services that require a client and counsellor

relationship. This operational definition excludes those OC services that are intended as self-help psychoeducational guides, such as Therapist Assistance Online Connect, best known as TAO Connect, which is a digital platform that shares tools and educational materials with users so they can understand and change their thought patterns, or BreathingRoom, which is an app with a program containing educational material set in modules designed to be completed in 8 weeks. Services like these do not require interaction with a counsellor and, consequently, do not feature a therapeutic relationship.

In a F2F counselling setting, the client and counsellor relationship, best known as a “working alliance”, is developed, maintained and enhanced throughout the counselling sessions, and is defined by Cook and Doyle (2002) as the “collaboration between therapeutic participants to facilitate healing” (p.96). It has been shown that the WA is necessary for an effective therapeutic experience in F2F counselling (Flückiger et al., 2012; Greenberg, 2014; Hersoug et al., 2013; Shirk et al., 2011). Nevertheless, the research has also shown that counsellors in F2F counselling situations may experience difficulty in constructing and maintaining this WA with clients who are from a different cultural or ethnic background than that of the counsellor (Willis-O'Connor et al., 2016; Asnaani & Hofmann, 2012; Vasquez, 2007), an impact that has yet to be studied in the OC context (Mallen et al., 2005). Regardless, research into OC has begun to focus on the development of the WA and its effects. Studies have shown that, despite the lack of physical interactions, a WA can successfully be established in OC (Blake Buffini & Gordon, 2015; Cook & Doyle, 2002; Hanley, 2012; Salleh et al., 2015).

This exploratory study investigated the experience of OC clients in order to better understand clients’ perspectives on OC, why they chose OC, what has helped them

through their experience using OC services, what they have found difficult, and what other information they deemed important for the researchers to know. The purpose of the study, in part, was to understand the personal and possible ethno-cultural reasons why they chose this modality, with an additional focus on whether stigma guided this decision. The study targeted a population of anyone in the world who were over the age of 19 and who has had experience with OC in an asynchronous format. The study focused only on asynchronous online counselling (AOC) modalities such as email, because clients may experience AOC and synchronous OC in different ways, making it important to target only one modality at a time in research, to avoid confusion between the various forms of OC. The study collected participants' responses via a series of open-ended questions in a questionnaire about the participants' OC experience. This questionnaire was distributed globally via social media websites such as Reddit and Facebook, meaning that anyone in the world with access to the questionnaire could have responded. The implications of this decision will be discussed in the description of the methodology of this study. Responses were then analyzed using thematic analysis, and themes were constructed to provide a better understanding of clients' perspectives of AOC. This study did not focus on the counsellor's perspective in working with clients or their use of the selected online platforms. The implications of this decision will be discussed in the context of future study.

CHAPTER 2: Literature Review

OC research needs to be considered in terms of the advantages and disadvantages this form of counselling presents, and the current evidence behind its effectiveness. In order to understand OC's advantages and disadvantages, it is important to review the existing research on both asynchronous (e.g., email) and synchronous (e.g., chat) forms of OC evidence, such as the effects of time on the service, and the perception of voice and facial cues or lack thereof on the development of rapport. These factors, presented in both asynchronous and synchronous forms of OC, could affect the development of a WA with clients. Additionally, a definition of working alliance is provided, along with a discussion of the implications and importance of developing a WA in a counselling setting. Furthermore, the current state of knowledge about cross-cultural WA in a F2F counselling setting, the stigma behind seeking mental health services and the development of a WA in an OC setting are presented. All this information is considered in the following review of the literature on the topics of WA and OC and creates the basis for understanding the themes gathered from the data and subsequent discussion of the findings.

Understanding Online Counselling

Many forms of OC currently exist. Some of these focus on self-help alone and involve the client using online websites that mainly provide psycho-educational information, self-help guides and exercises that are to be completed at the client's own pace and time. On the other hand, there are Computer-Mediated Communication (CMC) and Telephone-Mediated Communication (TMC) forms of OC, which involve telephone

communication, video chat communication, text-based communication or some combination of these three modalities. Text-based communication can be conducted using asynchronous forms and synchronous forms. Asynchronous forms are most often text-based CMC in which individuals communicate with one another at different times, for example, through online forums and emails. Synchronous forms of CMC are real-time communications between individuals who use text based chat in real-time such as chat CMC, video CMC or texting TMC. For the purpose of this literature review, studies involving text-based OC, of both asynchronous and synchronous forms, are used in order to provide evidence of factors that may need to be explored in the course of the present study of clients' experiences using AOC.

Advantages of Online Counselling. The main advantages identified in most studies of OC have been the ability to use the service with greater privacy, the client's anonymous status and the accessibility provided by OC (Gatti et al., 2016). Studies have shown that clients who are unlikely to seek F2F counselling and have limited access to counselling due to economic or physical barriers are more likely to seek OC (Adebowale, 2014; Perle et al., 2011a; Wallin et al., 2018; Wong et al., 2018). Moreover, clients feel safer using OC, resulting in increased self-disclosure (Dunn, 2012; Gatti et al., 2016). Self-disclosure has been identified in OC as having a disinhibition effect, where clients are more willing to share quickly (Cook & Doyle, 2002; Dunn, 2012; Richards & Viganó, 2013) and potentially reducing social stigma and anxieties experienced by some clients when seeking mental health support (Richards & Viganó, 2013). In a study of 10 university students who had gone through online counselling, Dunn (2012) found four areas of focus: (a) the importance of the structure and processes involved in sessions; (b)

the client's impact on thinking and feeling; (c) the impact on relationships and self of the client; and (d) outcomes after email counselling. Dunn (2012), as part of the third area of focus in their study also identified self-disclosure, along with self-awareness, autonomy, locus of control and choice, power and judgement, mutuality, collaboration and trust as themes gathered within the area of focus. Dunn (2012) explained that these themes allow clients to feel a mind-to-mind connection away from visual cues or embarrassment judgment, and to express things that otherwise would be hidden. Additionally, text-based OC also allows clients time think about and edit responses as they type, which provides them with a sense of control and comfort (Dunn, 2012; Fang et al., 2017; King, et al., 2006). Furthermore, this format allows clients and counsellors to save and review conversations in order to reflect on them (Dunn, 2012; Gatti et al., 2016). Clients are also able to seek specialists who understand their specific concerns, regardless of demographic and cultural values, that may not be available in their geographic location (Adebowale, 2014). For example, this means that if a client lives in a remote area and might only have access to one counsellor in person, the client is able to seek out a more specialized counsellor if they find that their local counsellor does not have the skills to help them with their current challenge or if they are unable to develop rapport and a WA. Furthermore, OC tends to be more affordable than F2F counselling (Adebowale, 2014; Gatti et al., 2016; Ralston et al., 2019). OC has been found to be useful for a variety of problems and has been shown to be effective in a therapeutic setting helping clients with anxiety and depression (King et al., 2006; Richards, 2009), eating disorders, loneliness (Richards, 2009), physical illness and self-confidence (Fang et al., 2017).

Finally, in some cultures the idea of seeking help from a mental health professional can be stigmatizing, but having counselling available in a more confidential format could reduce the stigma and allow clients to seek help in their chosen platform (Fang et al., 2017; Ralston et al., 2019). Additionally, clients who experience stigma, embarrassment, fear, or other barriers could be more inclined to seek online counselling. Wallin and colleagues (2018) conducted a study in Sweden with a sample of 267 undergraduates and 197 primary care patients. Wallin et al. (2018) studied participants' perceptions of help-seeking, self-stigma, preference or intention to seek OC, compared to their preference or intention to seek F2F counselling. They defined help-seeking as the self-care behavior to seek assistance, and self-stigma as the identification with a negative stereotype. In order to investigate this, one of the aspects they observed was that of their participants treatment preference. They identified treatment preference by asking participants two questions: (a) to indicate what form of delivery of psychological treatment they preferred if they needed it now or in the future, and (b) to indicate their preference again but based on if their problem was something they would feel embarrassed about (Stigmatized Problem). For the two questions they were provided the options of online counselling, face to face counselling or neither. Wallin et al. (2018) found that participants who perceived they had a problem that they perceived as stigmatizing sought out online counselling more than those who did not perceive their problem as a stigmatized problem. Wallin et al. (2018) showed that students were more inclined to seek online counselling compared to that of the primary care patients. They explained that this could be because the primary care patients had already overcome previous barriers seeking help whereas the students have not and therefore sought OC in order to overcome these

barriers. Overall, text-based OC has been shown to reduce stigma towards seeking therapy (Richards, 2009; Wallin et al., 2018; Wong et al., 2018). All these advantages related to OC, including increased accessibility, anonymity, flexibility, journal-like quality, the ability to revise their words for reflection, and reduction of stigma towards mental health help-seeking behaviours could allow clients who would not otherwise seek counselling services to efficiently seek and engage in counselling.

Disadvantages of Online Counselling. Studies have also shown disadvantages with the use of OC. Some of the disadvantages cited in the research are around the increasing privacy concerns involved in working online, lack of visual cues that are known to facilitate the understanding between client and counsellor, the possible increase of isolation, and time constraints on sessions (Gatti et al., 2016). Each of these disadvantages is discussed in more detail below. Additionally, one major negative issue mentioned in the literature is that of crisis intervention. The literature has noted that it may be hard to identify the immediacy of a crisis due to a lack of physical cues and it may not be possible to recognize or address the threat in therapy (Blake et al., 2015). Moreover, the literature also points out that OC may not be appropriate for situations where clients are suicidal (Chester & Glass, 2006).

Furthermore, some of these disadvantages fall around the use of technology and its implications, such as problems with internet access, low internet speed or needing to access a computer away from the privacy of the client's home (Kingsley & Henning, 2015). Subsequently, there are disadvantages in relation to the technology and procedures used. Fang et al. (2017) found, in their study with undergraduate students from ages 18 to 45 who engaged in online counselling via e-mail, that technology and procedures can be

perceived with “general resistance, frustration, and discomfort” (Fang et al., 2017). This was noted by Fang et al. (2017) to signify that clients felt that writing their responses seemed like more work, beyond their current educational workload, compared to physically attending an appointment, that clients found the online procedure to be confusing, particularly at early stages of the process, and they did not understand the parameters of composing the email.

Additionally, due to time constraints, some aspects of counselling may not be possible to implement in the same way that they might be in F2F counselling, such as the implementation of interventions. Bambling et al. (2008) observed that in a single session of OC it is difficult for counsellors to reach the completion of interventions due to time constraints. Williams et al. (2009), in their research with young clients aged 12 to 18, found that traditional stages of counselling, such as exploration of goals, orientation and termination discussions, were only partially present or not present in the OC sessions. Williams et al. (2009) attributed these findings to constraints on time such as increased response time and misunderstandings between the client and counsellor that need to be addressed. These incidents consumed time throughout the session, further depleting the available time and consequently limiting the implementation of traditional stages of counselling. It is necessary to note that these are often the stages that would foster what it is currently defined as the WA.

Finally, Chester and Glass (2006) discussed the issue surrounding the difficulty that distance may cause in the comprehension and communication between client and counsellor where the counsellor may lack awareness of the client’s specific location, events, cultural issues and cultural norms. These factors can affect the way the counsellor

interprets the client's responses in regard to their feelings, thoughts and behaviours and, consequently, may limit or lead to incorrectly using forms of intervention.

Understanding Working Alliance.

In a F2F counselling session, the development of a WA is key to providing the best quality of service to the client. The WA in this study is observed from the three dimensions presented by Leibert et al. (2011) where the three dimensions are: (a) a client-therapist bond based on mutual trust, understanding and respect, (b) goals based on the presenting problem and target of therapy, and (c) a task, which refers to the techniques and interventions that are assumed to help the client to reach their stated goal. The WA has been shown to be highly important to the development of good outcomes in therapy (Flückiger et al., 2012; Zilcha-Mano et al., 2016), where clients have reported better outcomes when they have a good WA, even if the WA is developed over time (Zilcha-Mano & Errázuriz, 2015). Zilcha-Mano and Errázuriz (2015) found, in their study, that over the course of an average of 8 sessions per participant, with a range one session to 55, and with a 74.15% attendance rate, participants who developed a better WA from the start of the sessions showed better outcomes. They also found that the effect on outcome due to the WA had a two week (two sessions) period of effect, where if the alliance was ruptured or improved it would affect the overall outcomes for the span of two weeks (two sessions) as well. Simply put, they found that participants who developed a good WA over time also showed good outcomes. Nevertheless, research is inconsistent regarding the development and effects of WA in a F2F setting with clients of various ethnic

backgrounds. Additionally, WA may develop differently in an OC setting than in a F2F setting (Richards & Viganó, 2013; Stommel, 2016).

Face-to-Face Working Alliance. The development of the working alliance in a F2F setting starts when the client sees the counsellor as a “capable and trustworthy ally to their personal struggles” (Teyber & Teyber, 2016, p. 38). The counsellor does this by understanding the issue the client is facing, providing empathy, supporting the client as their ally with the client’s best interests in mind, and providing long-lasting commitment to help them (Teyber & Teyber, 2016). A good working alliance in a F2F setting has a beneficial effect on treatment outcomes (Flückiger et al., 2012; Greenberg, 2014; Hersoug et al., 2013; Shirk et al., 2011; Zilcha-Mano & Errázuriz, 2015; Zilcha-Mano et al., 2016). One of the aspects that impacts a F2F WA is the presence of comfort, both in terms of how it is presented by the counsellor and the perception of it by the client. This was observed by Slone and Owen (2015) where comfort was measured using scores on the Therapist Comfort Scale, completed by the client. The scale instructions were as follows: “Overall, how did your therapist appear to you in your sessions”. Some of the items available for endorsement were “comfortable”, “awkward”, “nervous”, and “calm” with the options to rate their perceptions using “Strongly Disagree”, “Mildly Disagree”, “Neutral”, “Mildly Agree”, or “Strongly Agree”. Finally, results were contrasted with in-session responses of the therapists’ comfort and effective states across sessions. To maintain an on-going working alliance, Slone and Owen (2015) suggest that counsellors need to check in with the client about the WA and their perception of the therapeutic process. Additionally, eye contact and “leaning in” (where the counsellor is sitting with the upper torso leaning forward toward the client) have also been shown to have a

positive impact on the WA (Dowell & Berman, 2013). Moreover, Dowell and Berman (2013) summarized how research on F2F counselling showed that some non-verbal cues, such as gestures, help the therapist identify psychological disorders and head movements allow both client and counsellor to understand their perception of the therapeutic process. Consequently, it is important to acknowledge the various key aspects that can affect the WA, such as the bond created between client and counsellor, the ability to check in about the WA between client and counsellor, non-verbal cues and how all of these can impact the development of a WA and its effect on the outcomes of the therapeutic process.

Clients of Various Ethnic Backgrounds and Working Alliance in Face-to-Face Counselling. In the literature, clients of various ethnic backgrounds are often represented as Racial/Ethnic Minorities (REM); this is typically because the research is based in a specific location where there is an existing dominant race/ethnicity. However, it is important to note that for the purpose of the literature review and this study, Clients of Various Ethnic Backgrounds (CVEB) is a more appropriate term to represent the participant group, as the focus of this research is not on minority status but, rather, a global understanding of OC users.

In F2F counselling, cultural differences between the counsellor and client have been found to interfere with creating a WA (Flückiger et al., 2013) or contributing to a complete failure to create a WA and, consequently, clients choosing to discontinue counselling sessions (Asnaani & Hofmann, 2012; Vasquez, 2007). Furthermore, when paired with a Caucasian counsellor, CVEB typically attend fewer sessions than Caucasian clients (Kearney et al., 2005; Kim et al., 2016). Kim et al. (2016) also found that clients of different ethnic backgrounds from their counsellor show elevated distress in areas such

as social role functioning (eg. “difficulties and conflicts in social roles”; Kim et al., 2016, p. 302) or symptom distress (eg. “depressive or anxiety symptoms”; Kim et al., 2016, p. 302) by the end of the last measurement in their research, compared to Caucasian clients who were considered to show no clinically significant distress (Kim et al., 2016). To summarize, CVEB have a harder time developing a WA in F2F counselling sessions, more often fail to develop a WA and fail to continue counselling, or if they continue sessions they still experience more distress in areas of social role functioning or symptom distress by the end of their counselling sessions.

Clients of Various Ethnic Backgrounds’ Perception of Therapy. Hayes et al. (2015) discussed how often CVEB are hesitant to seek help from European American therapists due to the following perception factors: “cultural mistrust, concerns about misdiagnosis, doubts about the availability of culturally sensitive services, and cultural norms related to self-reliance and privacy” (p. 308). Additionally, Kearney et al. (2005) showed how a culturally diverse context can also impact help-seeking behaviour. They discussed how Latino university students experienced stigma towards help-seeking behaviours due to their value of wanting to maintain problems within the family circle, and consequently avoiding help-seeking outside their family circles. Furthermore, Kearney et al. (2005) discussed how African American university students’ mistrust the mental health system and use self-reliance as their first coping mechanism, hiding distress and, consequently, also avoiding help-seeking behaviours. Kearney et al. (2005) also discusses how Asians perceive psychological problems as a sign of weakness, and consequently avoid seeking mental health professional help.

Additional factors affecting WA with ethnically diverse clients. Hayes et al. (2015), during their research into symptom change with CVEB, also measured the effectiveness of counsellors based on client's symptom reduction. They found that some counsellors were good at reducing clinical distress symptoms, both with whom the authors described as "White" clients and CVEB, while other counsellors were more effective with White clients than CVEB, and still other counsellors were more effective at reducing clinical distress symptoms of CVEB than White clients (Hayes et al., 2015). Additionally, it is important to consider the idea of matching counsellors to clients with the same ethnicities because of the effects this may have on the counselling sessions with regard to the development of the WA, decreasing chances of drop-out and increasing the frequency with which clients attend counselling sessions. Maramba and Nagayama Hall (2002), however, showed that ethnic matching alone is a weak predictor of clinical therapeutic outcomes. They discussed how cultural matching occurs when the counsellor and client "shared the same language, are understanding of client's cultural background and [have] an openness to modify treatment" (Maramba & Nagayama Hall, 2002, p. 294). Cultural matching facilitates the WA, and it can be a better predictor for clinical outcomes than matching on ethnicity. In conclusion, it is evident that there are factors outside of the client's perception of mental health services that can affect the development of a WA, once they are using these services. Beyond ethnic or cultural matching that can affect the development of the WA, it is also important to observe counsellors' effectiveness in helping all clients, and the counsellor's cultural competencies and ability to modify treatment in order to successfully develop a WA with CVEB.

Development of Working Alliance in Online Counselling

Studies have shown positive results with regard to the effectiveness of OC compared to that of F2F (Richards & Viganó, 2013). Also, clients using OC have been found to be just as satisfied with the service as those in F2F counselling (Murphy et al., 2009). Nevertheless, it has also been suggested that it is possible that OC and F2F counselling may have different requirements that are necessary in order to be effective (Richards & Viganó, 2013; Stommel, 2016). Some of these differences include the use of time, the strategies used to develop understanding between the client and counsellors, the form in which rapport is built, and the use of technology in OC.

Time. One of the differences between F2F counselling and OC is the use of time. Richards and Viganó (2013) discussed the time delay as being helpful in synchronous OC, as quick clarifications can be done. They also discussed how time delay in asynchronous forms of OC is built into the process. Nevertheless, they also stated that time delays can create concern for the therapist or the client wondering about the response. Additionally, as mentioned previously, one of the disadvantages of OC observed by Fang et al. (2017) was that clients felt that constructing and sending an email meant a heavier workload for them than just attending a F2F session. Their research, however, did not consider the effect of that increased workload on the WA. Additionally, counselling using the telephone has been shown to be more effective than synchronous OC (King et al., 2006). However, the authors attributed this difference to the amount of the counselling work that was applied during sessions, not to differences in the development of the WA in the two types of counselling.

On the other hand, research shows that the time allowed to respond and the ability to reflect on past or current text/emails in OC has helped with the development of an effective therapeutic process (King et al., 2006). As mentioned by King et al., time greatly helped OC clients, both through the provision of time to think for writing and time to reflect on their past emails. Additionally, due to the flexibility of time in OC, counsellors can easily communicate with the client in regards to misunderstandings in order to avoid rupturing the WA (Bambling et al., 2008). In summary, time impacts OC both negatively, by creating greater stress in regard to workload for writing and hindering OC effectiveness to help clients, but also positively, by allowing clients to review and reflect on their responses and allowing counsellors the ability to avoid rupturing of the WA.

Voice and Facial Cues. Facial cues and elements of voice, such as pitch, tone or laughter can also impact the development of a WA. King et al. (2006) discussed how some of the participants in their research stated that they were unable to create a WA with their counsellor due to a lack of these voice elements from the counsellor. Thus, participants were unable to understand the counsellor's mood. Furthermore, King et al. (2006) discussed how, for some of the participants, this inability to grasp the voice or mood of the counsellor led to overall misunderstandings during their sessions, which was later also observed by Williams et al. (2009) in their research. Additionally, Bambling et al. (2008) found that counsellors fear that the lack of non-verbal cues in OC can increase the "risk of missing serious issues or suicidality" (p. 112). Overall, elements of voice and facial cues seem to be aspects of research that are key concerns present in the

development of a WA and which are absent in text-based OC affecting, consequently, rapport building and therefore the overall WA.

Building Rapport. One key aspect of developing WA is that of building rapport, a task in therapy where the counsellor and client gather information about the client and their presenting challenge and where the client gathers information to see if they feel safe and understood by the therapist (Teyber & Teyber, 2017) and from there develop a WA. Hanley (2012) discussed different variables that affected rapport in his study. He identified “the competency both individuals [counsellor and client] have at communicating effectively online” (p. 39) as impacting the development of rapport. Hanley (2012) further pointed out that rapport is impacted by “‘netiquette’ (etiquette whilst using the Internet), and enriching conversations by utilising text-based skills such as emoticons (‘compensatory techniques’)” (p. 39). Additionally, visual anonymity could impact rapport, as discussed by Mallen et al. (2005). Mallen et al. (2005) discussed how rapport-building could be affected by an OC setting, and where cultural differences which are surface level, but not visible, may mean that first impressions are not available to the client nor the counsellor. Nevertheless, Mallen et al. (2005) discussed how this situation could have positive effects, where it can also lead the counsellor away from relying on stereotypical information, an observation that, has not yet been studied. Another difficulty discussed in the research by Hanley (2012), is the possibility of technical problems, which could hinder rapport building.

Alternative requirements: Technology Knowledge. Fang et al. (2017) discussed how participants in OC had a hard time understanding the process involved in using OC, including understanding the software, remembering passwords, and the

parameters of their responses, meaning that the clients were conflicted in regard to starting their emails or how long their emails should be. These requirements in using OC can cause frustration for the client or counsellor and may hinder the development of the WA. Having accurate knowledge of the software or communication platform may allow participants to increase their understanding and communication, for example, counsellors can use add-ons (additional forms of communication) such as rating scales, which can allow the OC client to communicate their feelings better (Bambling et al., 2008) and help to develop a better WA and a more effective therapeutic process.

Alternative requirements: Acknowledging Control. Hanley (2012) in his research with youth clients, found the core category that emerged was the client's encounter of the services process. This process is broken down into three subcategories that affect the development of a WA. These subcategories are as follows: initial engagement, developing rapport, and establishing control. In Handley's (2012) research, initial engagement and developing rapport correspond with these same categories reported in the creation of a F2F WA. However, Hanley (2012) provided an important argument regarding the subcategory of establishing control. OC grants both the client and the counsellor different forms of control, anonymity being one, as previously mentioned. However, Hanley (2012) discussed how control can affect the relationship and observed four variables that can affect the relationship: issues of control (who controlled the conversation), intervention type, duration and regularity of support, and referring to other services where these caused resistance during the counselling sessions. As Hanley (2012) stated, unlike F2F counselling where clients may feel the counsellor has most, if not all, of the control over the sessions, clients using OC may find that the power dynamic shifts.

He discussed how this shift allows clients to feel comfortable to speak their minds and, ultimately, make the choice to remain in counselling or continue attending the online platform. Granting the clients a greater sense of control can help develop the WA further in an OC service; nevertheless, it could also hinder WA. The connection between control and WA in OC is important to explore further in future research.

Objectives of Thesis

Based on the literature reviewed, the importance of developing a WA in a F2F counselling setting has been identified as necessary for the client to receive the best services possible, maintain their presence in the relationship, and to establish and potentially achieve their goals. The WA has also been examined in terms of how it may affect the continuation of treatment of clients with ethnicity differences from those of the counsellor, particularly the observation of how CVEB perceive help-seeking behaviours, counselling services and stigma towards these. Additionally, these perceptions were explored in the context of OC and the development of a WA in this modality was also presented. The presented research on OC discusses, for the most part, results based on participants from a specific region, program, or online platform. Going beyond this limited focus, the current study sought to explore the experience of asynchronous OC clients globally, without platform restrictions.

Consequently, the study presented here addressed questions of: (a) why participants have chosen this modality, attending particularly to reasons that may be due to their cultura-ethno background; (b) how participants have experienced asynchronous OC; (c) what has helped them throughout the OC experience; (d) what they have found to

be difficult during their OC experience; (e) what role, if any, stigma and cultural differences played in the decision they made to seek OC over F2F services; and (f) what they wish for researchers to know beyond these questions. It is important to note that asynchronous OC was chosen because, at the time that the study was designed, asynchronous modalities were identified as one of the most effective forms of OC, with levels of effectiveness closest to F2F counselling (Dunn, 2012; Richards, 2009) and were the most popular methods of OC with clients (Li,Lau et al., 2013).

CHAPTER 3: Methods

Research methodology

The methodology used for this research combines collecting data using an asynchronously administered online questionnaire with open-ended interview questions, and analyzing data using Virginia Braun and Victoria Clarke's (2006, 2012) Thematic Analysis (TA).

In-person interviews are traditionally used for qualitative studies, however, for the purpose of this study and due to the targeted population, an online semi-structured questionnaire was chosen to gather data for this study. Participants of the study may have sought out OC anonymously for the purpose of maintaining the highest level of privacy possible and asynchronous OC for personal reasons such as enjoying writing, needing time to think or accessibility of the service over synchronous forms. Consequently, the researcher wanted to allow participants to feel comfortable with the method used for participants to respond, in this case maintaining online accessibility, writing of their responses and maintaining anonymity. Furthermore, to maintain the anonymity of the participants, no contact information was requested; consequently, no follow-up questions were asked to the participants after they had completed their questionnaire.

TA is among the most accessible and flexible of methods of qualitative analysis, as described by Braun and Clarke (2012, 2013). In contrast to other forms of qualitative research that require an ongoing interaction between the interviewer and participant, such as phenomenology and grounded theory (Cresswell & Poth, 2017), TA can accommodate

for asynchronous methods of data collection. OC is a new and growing area of research, and TA allowed for a broader exploration of the experience participants had throughout OC. Additionally, TA provided an avenue for the research to explore these experiences without theoretical restrictions, using an approach to understanding experiences from an inductive approach, meaning that the codes and themes came from the data alone, linking them to the content of the data and not from a theoretical basis (Braun & Clarke, 2012).

Braun and Clarke's (2012) phases of TA are as follows:

- **familiarization of data:** researcher reads and re-reads the data, developing a clear understanding of the data gathered and noticing ideas and patterns.
- **development of codes:** coding features of the data, and collecting relevant data to each code from across the data set.
- **noticing themes:** gathering the developed codes into coherent categories leading to potential themes, including collecting all data corresponding to the potential theme.
- **developing themes:** noticing if the potential themes relate to all the codes developed and to the overall data collected in order to develop a concrete theme.
- **defining and naming themes:** throughout the process of analyzing the data, gathering clear information order to provide a clear definition and name of the them congruent with the overall data gathered for the theme.
- **creating the report:** creating a report drawing from the data gathered by presenting the themes gathered, providing clear examples, referring to the research question and literature review, and developing a clear report of the findings.

Recruitment Process

The study presented encountered challenges related to participant recruitment regarding accessing AOC clients. Consequently, the primary recruitment and data gathering site became the website “Reddit” (www.reddit.com), along with other social media platforms like Facebook and Instagram, and a one time advertisement in an online newsletter provided by the Technology and Innovations Solutions Chapter of the Canadian Counselling and Psychotherapy Association. This variety of recruitment efforts was used in order to provide more avenues for recruiting this specific population of participants. It is important to note that the participants in this research were not asked to explain where they came in contact with, received or accessed the questionnaire, therefore it is impossible to state unequivocally that the participants were recruited only from these social media platforms. Additionally, the participants were not given any incentive to participate other than that of sharing their experience for the purpose of expanding research. The provision of an incentive (monetary or of any kind) has been suggested to decrease credibility of data and having no incentive allowed participants to respond honestly (Shatz, 2016) .

The decision to use Reddit as a participant recruitment platform was made due to its flexibility and the credibility of results using this source in past research. Reddit’s subforum [r/samplesize](https://www.reddit.com/r/SampleSize/) (<https://www.reddit.com/r/SampleSize/>, Retrieved June 2019) is a subforum specifically dedicated to recruiting participants and gathering data for personal and academic research. Additionally, Reddit has been shown to be effective in recruiting difficult-to-find populations (e.g., fathers during pregnancy of partner, research on father’s worries; Pilkington & Rominov, 2017), which proved helpful in regards to

reaching the population needed for this study. Furthermore, studies looking at mental health concerns within the Reddit community have been discussed and Reddit forums have been used previously to explore mental health concerns within specific topics to observe themes and behaviours (Ethayarajh & Rudzicz, 2017; Park et al., 2018; Sharma et al., 2016). Most importantly, Reddit, as a source for participant recruitment and data gathering, has been found to be as effective as in-person recruiting (Jamnik & Lane, 2017). In order to recruit participants, the questionnaire used for this study (Appendix A, Appendix B, Appendix C) was placed in a Google form, which was linked to an online post uploaded weekly in the social media platforms for over five months.

Participants

Inclusion Criteria for participants

Participants were recruited through an array of social media platforms including, but not limited to Reddit, Facebook and Instagram. As soon as participants clicked the questionnaire's link, they were directed to the Consent Form (Appendix A), where they were asked to acknowledge that they were 19 years of age or older. Additionally, they were requested to acknowledge that they recognized that, in order to complete the questionnaire, they must have had three or more Asynchronous Online Counselling (AOC) sessions.

Participant Demographics

The resulting sample consisted of 15 participants between the ages of 19 and 42. Participants identified their gender as follows: eight females, five males, one transgender

man and one transgender woman. At the time of completing the questionnaire their countries of residence were as follows: one from Argentina, three from Canada, one from Finland, two from Germany, one from India, one from Latvia, two from the United Kingdom, and four from the United States. Ethnically they identified as follows: three Caucasian, one German, one Indian, one Latino, one Latvian, one Merina, four White, one White–European, one White-Non-Hispanic, and one identified as Human. Overall, participants had a wide variation in the number of AOC interactions with their counsellor ranging from 4 to 20+ (20+ as stated by one of the participants).

Additionally, as part of the demographic questions and in order to understand if there were any cultural differences presented in the participant’s experience, they responded to the following question: “If you remember, or were aware of your service provider’s ethnicity, please indicate your counsellor’s (or therapist, psychotherapist, psychologist, social worker) ethnicity”. Out of the 15 participants, seven responded that they thought their counsellor was white, two said Caucasian, one Latvian, one white-non-Hispanic, one stated possibly Caucasian, three refrained from responding and one participant, who had various online counsellors, stated that one of their counsellors was Caucasian, but that he did not know about the remaining counsellors.

Data Collection Questionnaire

Depending on the social media platform, participants were directed to a Google Questionnaire containing the research questions. The participants were asked to read the consent form (Appendix A), and complete two questions to verify that participants have read the consent form (Appendix B), as is a practice that is currently being used in some

of the surveys on Reddit, with a final option to agree to the consent form followed with demographic information questions. Once the consent form and the demographic questions were completed, the questionnaire was provided to the participants. The questionnaire contained a total of eight open-ended questions (Appendix C); at this point it was repeated (as mentioned on the consent form) that the researcher did not want information on the reasons why they chose to seek counselling but rather why they chose this modality rather than other forms of counselling, such as F2F. The first question asked participants about the reasons behind their choice for using OC and their overall experience. The subsequent questions were related to the factors participants may have found helpful during their experience of OC, items that participants may have found problematic or difficult during their experience of OC, and if stigma had any impact on their decision to seek OC. Finally, they were asked if they would like to provide any further information in regards to their experience with OC.

All participants were invited to participate in accessing and discussing the themes gathered from the results in order to verify and provide credibility to the data. If they were interested in doing this, participants were asked to contact the researcher via email with the email subject line “Volunteer for Research Credibility”.

Data Analysis.

The online survey system saved each participant's data to a Google Sheet immediately after they completed their questionnaire. The Google Sheet containing all the data was reorganized in order to be analyzed. Demographic information was compiled into an excel sheet and the answers to the questionnaire were placed in another

excel sheet for analysis. The data was compiled and organized according to the number of the participant (eg. Participant 1), the specific question, and their response. Following the model of the previously described six phases of TA (Braun & Clarke, 2006, 2012), the following phases took place.

Phase 1. Familiarization of data: for each specific question, and for each participant's response, the researcher developed codes by becoming familiar with the data and gathering data corresponding to the code (Braun & Clarke, 2012). Specifically, the researcher closely read the participants' responses and gathered the consistent idea behind their response.

Phase 2. Developing codes: Coding focused primarily on the explicit content of participants' responses. Some of the codes developed were “fixing mistakes”, “easy scheduling”, “ease of conversation”, and “previous experience”, to name a few. Cross-checking was then conducted as a credibility check (see "Credibility of data analysis" section).

Phase 3. Noticing themes: The codes were then further examined in order to find similarities and develop more specific clusters. Furthermore, specific examples from the data were gathered into these clusters in order to gather all the evident evidence for each cluster.

Phase 4. Developing themes: Once the codes were developed into meaningful and coherent clusters and patterns, potential themes were developed, and then reviewed by the researcher to observe their relation to the overall data (Braun & Clarke, 2012).

Phase 5. Defining and naming themes: Finally, these clusters were developed into specific themes by providing them with names and definitions based on the data set and examples gathered during phase three and four.

Phase 6. Creating the report: Based on the themes' names and definitions, a final clear report of the themes was developed, including the themes' names and definitions. Finally, the emergent themes were reviewed by a research assistant and one participant. The research assistant provided grammatical corrections and agreed with the overall report, and the anonymous participant also agreed with the report.

Credibility of data analysis

An important aspect of TA is rigor, which is applied in an effort to provide credibility of the data results and to facilitate checking or replication of the research in the future. The following step took place in order to provide further credibility to the results.

Following the researcher first coding of the data set, A random set of responses, amounting to 25%, was provided to a research assistant to observe and they were asked to code. From there the researcher verified if the codes given to the responses of the participants were the same or similar and an agreement on the codes was made by the researcher and the research assistant. This method of ensuring credibility is called cross-checking, and is used by researchers in other forms of analysis like Enhanced Critical Incident Technique (ECIT) to provide credibility (Butterfield et al., 2009) where a portion of the data is analyzed by a second reviewer in order to reach to an agreement between researchers for the purpose of providing data credibility.

Additionally, as part of the credibility check, participants were asked if they wanted to take part in the credibility check of the data. This would require them to contact the researcher and identify that they wanted to volunteer to be part of the credibility process. One participant who was willing to discuss the themes contacted the researcher. This participant was provided with a copy of the themes and definitions and given the opportunity to provide feedback and to agree or disagree with the themes and definitions generated by the researcher, as well as provide any additional information they would like to add to the results.

Finally, the research assistant who had provided the codes was also given a copy of the themes and granted the same opportunity as the participant above. These steps took place in order to provide further credibility to the results. Once agreement was reached between the researcher, the research assistant and the participant, the report of the themes was finalized.

CHAPTER 4: Results

Each theme was derived from the perspectives of the participants. The main theme that appeared across all responses was that of the therapist's presence within the sessions, followed by the following themes: the time as a double-edged tool, writing expressions, difficulties with processes of service, comfort with privacy, and outcomes of services. The reasons as to why participants sought out online counselling rather than face-to-face counselling was initially considered as its own distinct theme. However, participants' responses to this question also fall under the various themes just mentioned and the actual reasons varied from participant to participant. Consequently, a separate theme for this was not created. Nevertheless, it is important to recognize that answers to this question are found across the themes developed.

Therapist's presence

An effective working alliance starts by developing a bond between the client and the therapist, one which can be changed throughout the process of therapy. This theme captured the participants' perception of the interaction they had with their therapists and consequently how these affected the working alliance by helping or hindering the development of the bond or rupturing the bond throughout their sessions. The theme was identified from participants' positive and negative perspectives and included three subthemes: the therapists' level of communication, the therapists' level of care, and the activities provided.

Level of Communication. The level of communication that the therapists provided to participants affected the development of a working alliance positively or

negatively. The communication subtheme was derived from various aspects of the participants' responses, ranging from the way in which therapists responded, and the way in which they asked questions, to properly interpreting the participants responses. Additionally, discussion of the participants' responses to the communication of therapists about their feelings and where the therapist stood within the therapeutic relationship is included in this subtheme. Finally, the participants' perspectives on expecting a response in a reasonable time frame to facilitate communication was discussed.

Participants expressed the need for clear communication from their therapists. Some participants found it helpful in understanding their therapists when the therapist used emoticons to express their emotions. For example, referring to their therapist, Participant 14 stated: "He also put some emoticons that was really good for me to understand how he meant some sentences." Participants described how it helped when therapists asked questions to clarify information, which in turn helped participants to feel understood and they felt that the therapist was interested in them and cared about them. A common response by participants was mentioned by Participant 10 who stated, "Therapist asked me a lot of question to try to understand me." In contrast, some kinds of communication led participants to question the qualifications of their therapists; one participant explained that they felt their therapist was not qualified to help them as the participant had to often explain basic information the therapist. Participant 4 stated, "I felt that my counselor did not understand the basics of the reasons I was seeking counseling, and was unqualified to counsel me. I found myself having to explain definitions of words to my counselor." Some participants also stated that it was annoying how many questions therapists asked. Participant 13 shared, "He asked me questions to understand me a lot.

Sometimes I found it annoying how much he asked.” One participant explained that this action of therapists asking multiple questions could be both a possible positive and negative experience, “Something positive was the dedication of my counsellor to checking what I meant. At first I felt stupid like I was not making any sense to him. But eventually I just realized he was just trying to make sure he understood. But I only found out because I asked him.”

Most participants did not hesitate to express the many difficulties they encountered throughout their sessions regarding their therapists' communication. Some participants had difficulty interpreting the therapist's tone, found the therapist impersonal or had difficulty understanding how the therapist felt about them. Participant 2 stated:

The most difficult thing for me was figuring out the tone of the counsellor. I already find it difficult to understand what emotion or motive someone is expressing when they are speaking to me in person, so through writing I did not know whether I was talking to someone detached or sincere. I think this made it harder for me to really warm up to my counsellor, even though I don't really want a bond with a counsellor.

Additionally, participants expressed that there was a lack of thoughtful responses from their therapist. Participant 13 stated that, “The difficult part with my first therapist online was how it really seem like she was a robot. Like she was just copy pasting stuff. That felt very un personal.” Additionally, Participant 1 experienced a clear lack of thoughtfulness from their counsellor as they stated that, “no personal communication at all. was all premade text modules even mixed up my sex (blamed menstruation for my problems. I am male).” These behaviours led some participants to feel no connection to

the therapist; they were unable to tell if the therapist was sincere or detached, even to the point of feeling the therapist's responses were premeditated. Furthermore, participants had difficulties understanding how their therapists were feeling about their client-counselor relationship. Participant 9, in regards to their therapist's form of communication stated that, "I think maybe I felt a bit judge sometimes by my therapist, I wasn't sure how they truly were feeling about our conversations." Furthermore, Participant 15 stated the following about their interactions with one of the OC therapists: "One of them even told me that we would not be a good fit? Like what the hell does that mean?" It is evident from this quotation that to the present day, the participant does not understand what their therapist meant by "good fit," showing the inability of the therapist to communicate clearly to their client why they were unable to provide them with services. Ultimately, participants raised the concern of the lack of communication and clarity expressed by their therapist in regard to their interaction. This theme shows that the level of therapist communication created negative experiences across multiple participants.

Time negatively impacting communication. Beyond written communication, participants found that therapists took too long to provide responses. Participant 8, referring to their counselor's response time being difficult, stated, "Sometimes, she would take over a month to respond." Additionally, participants would have preferred synchronous communication, due to the time negatively affecting communications. Participant 7 stated, "I would prefer to have faster answers, more chat type style would have been better. I think this is because you get an immediate response and it feels more real. Like I'm going through this now, in 1 day I might not be on the same level." Participants' lives could change so quickly they felt they required faster responses.

Nevertheless, there was one participant that expressed an opposite concern. Participant 4 stated, “I worried that my counselor felt they had to respond quickly to me, rather than developing a reasoned response.” Another concern surrounding time negatively affecting the therapist’s level of communication was due to the lack of understanding from the therapist, consequently the multiple questions and different interpretations of the messages taking up time. Participant 12 expressed that, “Sometimes there were differences in interpretation. the semantics would need to be figured out and that could take a few back-and-forth exchanges.” Overall, these actions would take up time and affect the overall experience of the participants.

Level of care. This sub-theme captures the perspective of participants in regard to the therapists’ ability to show their clients that they did care about them by communicating in a way that allowed their client to see that they were interested in the relationship and willing to support them. Some participants felt encouraged by the level of care they received from their therapists, where they seemed engaged, interested and prepared to go beyond the paid sessions for their client. Participants who had experienced face-to-face therapy in the past reached out to online counselling because, as stated by Participant 10, “I tried to use face to face and it did not help” and, as Participant 13 stated, “The second [online therapist] was really good. He was very helpful, alot more than the in person.” Others found the advice, support and level of information provided by their therapists was very helpful, “The long responses from my therapist. They were very informative” (Participant 9). In addition, some participants felt understood, accepted and therefore cared for by their therapists when they asked questions to better understand the client and showed interest in their responses. Participant 14 shared about their

therapist that, “he showed an interest in trying to understand me fully and that was very helpful. I felt cared for.” Additionally, Participant 15 provided an example of how a therapist can demonstrate care online: “My last therapist showed she care. She was very interested in working with me and she even made the effort to give me more responses when I asked silly questions, even when it wouldn't count towards her getting paid I think.” Additionally, Participant 3 felt cared for when the platform they were using announced it would shut down, “but my counsellor continued working with me via telephone.”

Nevertheless, there were also opposite experiences for some of the participants. As stated by Participant 1, they felt a “lack of responsibility, accountability and liability” on the part of the therapist. Starting with qualifications, participants felt that their therapists were not qualified to help them, as stated by Participant 4 previously. Additionally, Participant 13 wished that, “It would be nice to see a way to verify people are not robots? I don't know beyond trying it out. It doesn't seem fair because you spend the money for the service just to speak to a robot.” Furthermore, participants' responses discussed therapists' lack of cultural/environmental competencies in order to support their clients' needs. An example of this comes from Participant 8:

The therapist lack of understanding of my situation. Like, she didn't understand my culture and how I couldn't just escape it even if I really wanted to or didn't believe in certain things. It sounded so easy for her to suggest things like that but did not give me an alternative that would work for me.

This kind of sentiment led participants to wish that they had a therapist from their own local region, even though they had sought out online counselling in order to avoid local

therapists, as stated by Participant 14: “I think that was very difficult for me, I kind of wish the counsellor would know my place, like my town, and have an idea of how it is here to better understand my situation.” In addition, some participants felt that the therapists did not do enough to support them, despite obtaining the assistance they required; as Participant 14 explained: “I feel there was much more the counsellor could do for me but I mainly got what I needed.” Additionally, some felt their therapist disregarded important information in their responses, such as what happened to Participant 8: “Sometimes it felt she disregarded so of the things I said I found important about my culture” and did not provide them with more alternatives or guidance as mentioned by Participant 4: “now when I think about it, I might have wanted more interaction or comments/guidance from them.” Finally, participants talked about how discouraging it was to not find a match with an adequate therapist. Participant 15 goes further in regards to what they found difficult: “...I guess the lack of interest in the first Therapists, like they didn't have enough time, or they didn't seem to care.” Overall, these therapist behaviours hindered participants' connection to their therapists. Participant 4 summarized the situation well: “I didn't feel like my counselor and I had a connection.”

Activities provided. This sub-theme captures the positive feelings participants felt towards their therapist's ability to suggest activities during their sessions to complete. Participants referred to these as shared activities, homework, or worksheets. Participants found these activities helpful and participants continued to use them even after they had completed their sessions and were no longer in contact with their therapist. Participant 5 expressed their overall experience of online counselling based on these activities:

I liked it! I was motivated in doing my homework and exercises every week and my therapist also mentioned how committed I was. I liked the convenience of doing the exercises at home, in my own time and how I was able to pay attention to the contents of the counseling material at peace.

Later on, in another question regarding activities, Participant 5 stated that, “I found it helpful and I still use the material and exercises given to me during the therapy.” They enjoyed these activities because they could do them at any time, any number of times, and they could review their past responses and make comparisons. Participant 13 explained, “Another thing is I think the activities my second therapist gives me are great. It keeps me on task and even when we take long to respond to each other I can go back to just doing the activities.”

Overall, the ways in which the participants perceived their therapist was one of the major themes across participants' responses. This theme is highly important as the participants' perception of their therapists shows how easily a negative perception can create ruptures in the working alliance and how easily it can be built or rebuilt, depending on actions taken by the client or the therapist.

Time as a double-edged tool

This theme encapsulates how time can bring both a positive aspect to the process of asynchronous online counselling, as well as a negative aspect to the process. Participants' perspective of time revolved around using time wisely to convey messages, the accessibility of the service in regard to their time and having time to reflect on responses. Time could also be disengaging in situations where clients needed to wait for

responses and when writing extensively to express themselves or when interpreting responses used a lot of time.

Most participants agreed, in one way or another, that using asynchronous forms of response for therapy allowed them to respond in a timely manner without rushing or, as Participant 5 stated, in regards to what they found helpful, “I also did not have to stress about making it to the appointments at a certain time every week.” Similarly, Participant 4 stated, “I liked that it didn't matter what time of day I responded to my counselor, so I could find the time to carve out a bit of time for a response, even if it was late at night.” Additionally, this format allowed participants to seek help on the spot and not have to be wait-listed. Furthermore, Participant 12 explained that their reason to seek OC was, “I couldn't leave the house without assistance. Email counselling allowed me to get short-term support where I was.” This participant further explained they are home-bound and would have needed someone to take them to in-person therapy. Instead, they searched for online counselling and found online counselling more helpful as they did not have to request the assistance of someone else to attend F2F appointments and using their time more wisely. Additionally, participants stated that since they were not time constricted, they had the ability to respond from work, home, or even the bus. Freedom from the time constraints of F2F counselling also provided them the extra ability to reflect on their message in response to their therapist's comments, rather than simply reacting. Time allowed participants to reflect on their own thoughts and review past responses when needed. Participant 5 provided a clear example of this, “...I was able to take my time when really reflecting on my thinking processes, feelings and actions. I also did not have

to react right away but instead was able to figure out how I really felt about my therapist's comments, etc.”

Nevertheless, some negative aspects of time were also discussed. As previously mentioned, some participants described the negative impact time has on communication when the therapist took too long to respond. Another participant, as mentioned previously as well, stated how it took a long time to reach an agreement on interpretations. Finally, Participant 14 mentioned, “ Hmm sometimes I felt I wrote too long” and that it was time-consuming to write descriptions of emotions or locations, which leads into the next theme.

Writing expressions

The Writing Expressions theme contains the perspectives and feelings that participants described regarding using text-communication as their method of communication throughout their therapeutic experience. Participants found writing helpful in regard to understanding their thoughts, allowing for reflections, and the ability to communicate in other forms such as emoticons. Some of the negative aspects, however, were how long it took to write emotional expressions, descriptions of locations, the restrictions they had on their writing due to the platform they used or losing those written responses.

Most participants discussed written expression in the sense of facilitating the processes and understanding of their thoughts. Participant 4 stated, “It was helpful to type out my responses and send them to someone else, because it meant I had to solidify my thoughts into words.” Participant 5, as previously quoted, also explained that writing

allowed them to take the time to respond to their therapist's response, rather than just reacting, and they could observe how they felt about their therapist's response before replying. Participant 12 explained that it was helpful, "Being able to go over the reply email several times kept me from making a quick response and let me really think about what was being conveyed." The ability to reflect on their writing in order to best convey their message was a positive aspect across participants' responses; participants mentioned how it was helpful to be able to review their responses weekly, including viewing their responses on previously completed activities given by the therapist, and to be able to observe their own growth. Participant 15 explained how, "it helped me a lot to be able to reread what they [the counsellor] had said and redo any exercises or go in depth about their questions." Finally, Participant 14 explained it was good that they were able to use emoticons in their platform: "I also found helpful how I could use emoticons to explain when I was feeling silly or sarcastic", helping the therapist to understand their expressions and thereby allowing the participant to feel understood by their therapist.

Nevertheless, participants also identified some difficulties or negative aspects of writing. Participant 1 expressed that "text communication is very insufficient in any therapeutic context." As mentioned in the theme "Time as a double-edged tool", writing was sometimes experienced as burdensome, "sometimes I felt I wrote too long or like when I was trying to explain something that needed more focus on emotions or like locations. It was hard because I had to give him a lot of detail and sometimes I didn't feel like it" (Participant 14). Another participant explained how it was difficult to write within the restrictions of how many words they were allowed to write in their response. Finally, Participant 13 expressed:

Sometimes while on the bus I would write and then if I didn't send it the writing would disappear. I think it has to do something with their platform but that was annoying. I had to make sure I would end my response. Or make sure I did not log out by accident from my account. I just had to be extra careful.

This clearly showed that writing could also be a frustration or give clients a negative experience. There were both negative and positive elements related to writing as part of the online experience of the participants.

General accessibility

This theme is presented as the ability of the participants to access various aspects that helped or hindered their experience of asynchronous online counselling, including the affordability of the service, the types of services provided, and the flexibility of the modality.

Participants discussed accessibility in terms of the cost of service as still being expensive while others saw this option as more affordable, which is what allowed them to use the service in the first place. Additionally, Participant 3 discussed accessibility in terms of “being able to use my health insurance” to cover the costs of their sessions. However, Participant 4 discussed, in their reason as to why they sought out online counselling, that they were unable to use insurance to cover the cost: “I cannot afford to have a counselor because I don't have mental health insurance. I cannot have a record of seeking counseling on my health record because it would disqualify me from positions I would like to apply for later in life.” A final participant discussed how they found it

helpful that the service was convenient and they could access the service adding that it was “free of charge” (Participant 5).

Another aspect of accessibility present in participants’ responses was their ability to have access to various therapists. Participant 10, when asked if stigma had influenced their decision to choose online counselling, stated, “Not really, maybe the fact that I couldn't find someone in my country I truly wanted to speak to. Because I felt they would be too judgmental”, showing that they lacked trust in local therapists due to ethno-cultural reasons, and choosing online counselling to avoid therapists in their area. Additionally, Participant 14, in their response to the question of why they chose online counselling, expressed that, “I live in a small town, the few counsellors here are mostly known by my family and friends so I did went for online to feel my privacy was safe.” Once again, participants were able to avoid the therapists in their area, but were still able to obtain the mental health services they felt they needed. Furthermore, participants discussed accessibility to therapists in terms of seeking a specific approach (e.g., “cognitive-behavioral therapy method which was recommended to me” from Participant 5) or to seek a therapist who focused on a specific presenting problem (e.g., “I looked for a counselor who dealt with grief, specifically, because I didn't want to be told to ‘get over it’ again” from Participant 12) or changing therapists with ease (e.g. “the ease on how I could switch Therapists” from Participant 15).

Finally, participants discussed the accessibility of the service that, regardless of location, they were able to respond from their workplace, bus or home. Participants also discussed the accessibility of using computer-mediated communication (using the computer to access therapy), or telephone-mediated communications (using text on their

cellphone to access therapy). Finally, Participant 2 shared, “you could even opt for a scheduled live chat with them [the therapist]” in their platform, showing the flexibility of the modality for its users in allowing users the opportunity to engage in the various online counselling forms.

Comfort of privacy

This theme includes participants' perspectives towards the comfort that privacy created for them during their sessions and granting them the opportunity to share their challenges without concerns. Comfort is seen here from the perspectives of the clients where they felt free to express themselves, to be honest, and to not feel concern about their personality, topics of conversation, and mental health records.

The comfort of privacy created an environment for users of the modality to express themselves freely. Participants expressed their comfort around being able to remain anonymous, which allowed them to be more honest, as stated by Participant 11: “it feels easier to give honest answers.” Participant 7 shared that, “Also, for me it was helpful that I didn't have that face to face interaction (since I was I guess shy)” and they were able to talk without being bounded by their shyness. Additionally, Participant 7 shared the reason why they sought out online counselling: “I was really embarrassed about the issue that was affecting me, I felt that the impersonal nature of email was a little easier for me to swallow.” Email OC allowed them to share their concerns despite their fear or feelings towards their presenting problem. Additionally, as mentioned before by Participant 4, the privacy of OC allowed them to be able to seek support without having a record of accessing mental health and therefore not jeopardizing their chance of pursuing

a specific career. Finally, a clear example of the comfort of privacy presented in the form of location and the raising of feelings during therapy sessions can be observed in Participant 4's description of what they found helpful about online counselling: "I felt it was a way which I could talk about my issue from the comfort of my home. idk, I felt less violated and anxious, if that makes sense." This relates to the feeling of control, discussed previously in the review of the literature about clients developing a sense of control over the sessions, and granting them more comfort to speak their mind. However, as most themes thus far have shown, there is always a concerning or negative perspective. Participant 10's response embodies this clearly in their answer about what they found negative about online counselling: "I think negative was how I felt insecure about other people sometime seeing my responses. I felt scared that it would happen." Nevertheless, they did not continue to discuss how or why this impacted them.

Difficulties in Processes of the Service

Participants described various difficulties with the AOC process, including: (a) their experience of searching for services, along with limitations during the search and wishes they had during the search; (b) their experience with the matching part of the process to a therapist and wishes related to that; (c) limitations they experienced during their therapeutic experience, mainly due to technological issues or platform limitations; and (d) expectations after completing their therapeutic experience.

Two participants expressed how, in the past, they were unable to access the service due to their age. They wished the service was also available for younger people, as both participants chose to use online counselling due to their families' stigma towards

mental health or intrusion by their parents in their mental health support journey, which had created a barrier to them seeking F2F counselling. Participant 2 described this clearly in their response to the question of how they felt overall about their online experience: “I liked it because it was easier to communicate, and I also didn't need to have my parents with me to help communicate.” Furthermore, Participant 2 continued in another question explaining that, “Usually it was my parents who had to communicate to my school about my problems, but my counsellor was able to give me the confidence to talk to the school myself about dropping two subjects and repeating another year to pick up two new subjects.” Overall, Participant 2 had a desire for the services to be more available to young people. Participant 9 also stated this concern by sharing what else they wished researchers knew about their online counselling experience:

It was difficult for me to find therapy options at the age I looked for help. I couldn't find any until later. And I think that impacted me. I understand some legalities about being under age, or lack of funds or insurance, and stuff like that but it would be nice to have like a space for young adults.

From there, as participants were able to use the services, they expressed concerns around the difficulties in the process of matching to therapists such as the example provided by Participant 15: “... it is horrible to have to bounce between Therapists. Like is super demotivating and super annoying.” Participant 15 further explained that, with one therapist they felt they did not connect, another therapist expressed that they were too busy to support the participant as a client, another therapist informed the client that they were not a good fit, and finally they reached a therapist that was willing to work with them. This situation was also discussed by Participant 4: “I disliked not being able to

‘shop around’ for an online counselor, and instead had to speak with the one I was randomly matched with and would be charged a fee if I switched. This resulted in being matched with a counselor who I did not feel was qualified to counsel me”. An additional difficulty in the processes of the service is that some participants had to pay a fee for changing therapists, as indicated in Participant 4’s previous quote. Nevertheless, it is important to note that Participant 2 felt the opposite, “My counsellor was matched to me based on a questionnaire, and I found the match to be very appropriate.” Overall, some encountered difficulties with finding a therapist. Participants found it difficult to not be able to shop for therapists, but rather to be at the mercy of the matching system in their platform to obtain a therapist while others had no complaints about the matching system.

Another difficulty that ran throughout their responses was the technological difficulties that many participants experienced. Participants shared some of these difficulties, stating that they would lose their typed responses prior to sending due to a lack of connection or due to the way the platform they used was designed. Moreover, others were limited to a specific number of words per response due to the way the platform they used was designed. Participant 10 clearly depicted this by stating, “Sometimes I lost my replies, I wrote alot and then the connection failed and I would lose what I wrote. So that made me frustrated. Maybe too that the box to respond had a limit of words.” Nevertheless, Participant 3 discussed how they found it helpful that their service provider would always compensate them whenever they had any technical issues, “Every so often, there was a tech issue, but in these cases, I was always compensated with vouchers/discounted services.”

Finally, one suggestion or wish for the closing process of therapy was indicated by Participant 5: “I would have liked to have even one follow-up at later date (like, 3-6 months later) where I perhaps could have gotten new guidance/comments/etc. This would have helped me to see if I was going to the right direction.” The meaning here is that even though they were satisfied with the overall experience, they still wished there was even just one follow-up session after the program had ended. Along with the various positive aspects of AOC identified by participants within the other themes, this theme embodies the fact that participants clearly experienced some difficulties throughout the process of AOC.

Outcomes of the service

This theme contains the positive outcomes participants shared that they experienced by seeking support through asynchronous online counselling. Although not many participants discussed their outcomes of using the service, it is important to note that some did. Participant 8 shared about OC: “It helped to gather my thoughts and not feel crazy about my situation. I felt so lost before and like I was not supposed to feel how I was feeling.” Therapists helped participants with learning about themselves as shared by Participant 9: “I learned a lot about myself and the reasons why I felt the way I felt.” OC therapists also helped participants with a specific presenting problem: “It helped me with depression” (Participant 10), and as mentioned previously, it helped Participant 2 with developing self-confidence towards having their own voice. There are several potential reasons for the low number of comments related to outcomes. The consent form stated that “the purpose of this study is to gain a better understanding of the experience

between the client and counsellor during their counselling sessions," indicating that therapeutic outcome was not the focus. The questionnaire specifically requested participants to not disclose the challenges they were personally facing. Also, none of the open-ended questions explicitly asked participants to describe the outcomes of their therapy.

CHAPTER 5: Discussion

The Influential Factor

From the themes gathered, it can be concluded that users of online counselling go through different experiences, some negative, others positive, and some a mix of both, depending on the various aspects of the processes of online counselling. The stages in which participants engage in their journey towards using OC services and while using the services are the most influential factors among the identified themes. This process can be broken down into three stages: (1) seeking help, (2) achieving access to help, and (3) processes within services.

Users from the start of the process, which involves a *help-seeking* behavior, have a clear reason as to why they are seeking OC services over F2F services. Reasons for this arise from factors such as the need for a specialist in the field, fear of being stigmatized by family or friends, self-stigmatization related to help-seeking in person, and self-stigmatization about the need to seek help. Nevertheless, people continue to encounter barriers to reaching a supportive service, in this case, therapy. Some barriers that were evident in the themes of the present study were the inability to qualify for services in person due to age or lack of insurance. Others stemmed from inaccessibility to in-person services due to a lack of access in the region or due to more personal reasons such as living in a small community, being homebound, or the inability to access a therapist in their own region due to more substantial personal reasons such as knowing all the therapists in the area or not trusting a therapist from their own ethnicity.

Eventually users found their way towards Online Counselling services.

Throughout the themes that emerged in this study, participants revealed that the ease of accessing OC services is due to factors such as accessibility of the service related to monetary conditions or insurance coverage of the cost, and to the ability to use the services even without insurance. Additionally, ease is created in the process by aspects such as the ability to select the form of service (asynchronous versus synchronous) to the ability to select therapists, depending on needs, and the ability to change therapists if desired. All the aspects mentioned here are parts of the process that are based solely on the users' barriers and challenges without having reached or started any OC services. These aspects need to be addressed as they are key in influencing the overall experience of users' seeking mental health services online as shown throughout the themes developed in this study.

Once users have overcome barriers and have been able to access OC, other barriers in the process arise in stage two, where clients finally have reached *access to help*. In this stage, the clients have access to help, and this starts by connecting to their future therapist, this starts by being matched to a therapist. In principle, therapists are ethically bound to inform clients of any important information regarding governing body's rules and regulations before starting a therapeutic relationship (Childress, 2000; Li, Lau et al., 2013). This particular part of stage two is affected by all the parties involved: the user (client), the provider platform, and the provider of the service (the therapist, counsellor, social worker, psychologist, etc). To start, the users (clients) need to be able to independently understand the qualifications of their therapists. Nevertheless, in order to do so, responsibility falls to the honesty of the Online Counselling platforms to

accept or hire accredited therapists and to freely share this information. Additionally, it falls to the honesty of the provider of the service (e.g., therapist, counsellor, social worker, psychologists, etc) to communicate their credentials (Li, Lau et al., 2013) and any agreement or policy information. Finally, the responsibility falls back to the users to understand the certifications or qualifications of therapists and to be aware of and understand any agreement terms.

Under the seven themes identified, participants discussed their concerns around matching to a qualified therapist, accountability and liability, verification of qualifications of the therapists, and concerns surrounding the therapists' abilities within a therapeutic process. Experiences that participants disclosed as problematic included how the development of a connection to their therapist was hindered if they did not feel their therapists were qualified. Nevertheless, questions arise here related to who is responsible to communicate this information and what is the level of responsibility of the OC client to verify this information? It is also important to consider the reasons why some participants sought out online counselling. Some were in search of a therapist outside of their area due to perceptions of stigma towards their own culture's therapists. However, in hindsight, some participants wished they had someone of their same culture background after they had completed therapy, because they did not feel completely understood by their culturally dissimilar therapist. This sometimes led to 'shopping for therapists'. Other participants wished their online service provider would allow them to 'shop' for their therapists. Still others, even though they had had a positive overall experience, wished their therapist had done more in order to support them beyond showing interest; participants wanted more comments or feedback in their sessions.

Additionally, participants described difficulties they encountered throughout the process of accessing services, such as being mismatched to various therapists therefore making the process annoying and discouraging. Nevertheless, not all participants felt this way; it is evident that this is a part of the process that varies from user to user. Once users' have been assigned to a therapist, the next process is that of the overall experience within the service.

The final stage of the process, *experience within the services*, will vary depending on the OC platform selected by the user, as some of the participants had access to their therapists via appointments or without appointments, via chat or video beyond email, and some had limitations in regards to the amount of writing space they had for responses. Among all these aspects that can affect this process, one aspect emerged as clearly significant in participants' responses: the interactions that users experience with their therapist. All participants discussed the experience with their therapist. They described their experiences as either positive or negative, creating a clear understanding of how, and to what level, the therapist shows involvement and care to their clients as key to the experience of the users.

Nevertheless, the way in which users observe these interactions is what is important in the process within the service. In the literature review chapter, WA was shown to be key in the experience of therapy in order to achieve ultimate outcomes. WA is developed through building rapport between the client and counsellor and where the client feels safe and sees the therapist as trustworthy, and feels understood by the therapist (Leibert et al., 2011; Teyber & Teyber, 2017). As shown by the themes gathered from the participants, the main theme was that of the Therapist's Presence and how this

affected their overall experience. The literature review also revealed that an important action for therapists to take to maintain a good WA is checking in with the client, to understand that both are on the same path, developing a bond and aiming towards the same goals. This important action is missing from participants' descriptions of their online counselling experience. Instead, participants discussed their concerns related to understanding the therapist's tone of voice and mood, and feeling judged by their therapist, even to the point of feeling stupid due to misunderstanding their therapist's behaviour.

Additionally, the therapists' level of interest can also impact how users feel and, consequently, the quality of the WA. The themes from the present study revealed how participants felt more connected to therapists who show they cared in various forms, such as asking questions, showing interest in participants' responses, providing insightful information and providing extra services for the wellbeing of the client. What was concerning about participants' descriptions of their experiences was how easily this bond can be hindered due to the therapist taking too long to respond, a lack of feedback, the inability to comprehend users' responses, the inability to communicate adequately and clearly and the inability to check-in on the relationship between client and therapist to diminish client worries. These are all issues that could be easily resolved by the action of checking in with the client. Despite all these concerns, the overall experience of most participants was stated to be good, or positive.

Overall, the themes developed show that OC service users have barriers that incline them towards seeking OC over F2F counselling. Some are clearly identified due to internal or external stigma about or towards mental health. However, the themes that

emerged in this research clearly point towards the important finding that OC users have expectations on the process of therapy, particularly surrounding the therapist's ability to support them, regardless of ethnicity, or country of residence. Users are also at risk to encounter challenges throughout the process of seeking help that could completely discourage them from continuing to seek the services, such as the possibility of being exhausted by being mismatched to a counsellor, an inability to cover the service cost, and lack of development of a WA or rupture of a working WA with their therapist once they finally have access to the services.

Connection to the existing research

To connect the themes gathered in this study with past research, it is necessary to revisit the definition of a WA. The particular definition of WA used here, and related to the client-therapist bond, refers to mutual trust, and the degree to which the client feels understood and respected (Leibert, 2011). Additionally, clients have reported better outcomes when they have developed a good WA, even when it has been developed over time (Zilcha-Mano & Errázuriz, 2015).

The WA starts to develop with the initial bond between client and therapist, and is one that can be hindered or developed by the therapist's interactions with the client. The theme that emerged about therapist's presence, starting with the level of communication from therapists, confirms Hanley's (2012) findings that rapport can be affected by the efficiency of communication between client and therapist, which can be impacted by netiquette and the use of emoticons. Furthermore, it substantiated King et al.'s (2006) discussion of their participants' inability to create a WA due to being incapable of

understanding their counsellors' mood, due to a lack of voice elements. Furthermore, it confirms the concerns of clients regarding their counsellors' responses as being automatic or robot-like. Gibson and Cartwrite (2014) showed that their participants found counselors' responses "cold and unemotional." A potential contributor to this problem is suggested in research by Bambling et al. (2008), which found that counsellors save sentences and even paragraphs to paste into conversations with clients in order to avoid time delays. Additionally, the time subtheme of the level of communication also confirmed past research conducted from the perspective of counsellors, where they expressed concern with the time taken to gather information and understand clients (Bambling et al., 2008). Participants, in this case clients in the present study, were also concerned about the time needed to be understood by the counsellor, creating an annoyance over the time needed to understand each other.

In regards to the development of a WA in F2F counselling contexts, cultural differences between the therapist and client have been found to interfere with the development of a WA (Flückiger et al., 2013). The subtheme level of care from the therapist's presence can substantiate these findings as participants described concerns surrounding cultural contexts and environmental contexts. Additionally, the concern that Chester and Glass (2006) presented is confirmed by these results, as they stated that distance may create difficulties with client-therapist comprehension and communication, in which the therapist could lack awareness of the client's specific location, events, cultural issues and overall culture. This sentiment was evident in some of the participants' responses, where they stated that they did not feel understood and wished, in hindsight, that they had a therapist who understood their location and culture.

Furthermore, as per the account of one participant, a WA rupture can easily be avoided by checking-in. Even though, in this case, the action was taken by the participant rather than the therapist, it is important to note that previous research has consistently made this suggestion to therapists in the interest of avoiding a WA rupture in F2F counselling. Slone and Owen (2015) have suggested that counsellors need to check in with their client about the WA in F2F counselling and their perception of the therapeutic process. This check-in strategy has been suggested for OC settings as well (Bambling et al., 2008). As Tyber and Tyber (2016) explained, it is important for participants to feel that their therapist is a trustworthy ally, an aspect of the WA that it is also clearly identified from this study, along with the requirement for therapists to check-in, and for therapists to be flexible in their treatment approaches as suggested by Maramba and Nagayama Hall (2002)

The second theme identified in this research, time as a double-edged tool, confirms prior research regarding how technology can create frustration and discomfort due to the increased time it takes to convey messages (Fang et al., 2017). Additionally, the assumption that time delay is built on AOC process by Richards and Vigano (2013) is challenged, as some of the participants discussed their concerns around therapist's delayed responses. Nevertheless, it confirms Richards and Vigano (2013)'s suggestion that regardless, these delays can create concerns and, as mentioned by Gibson and Carwright (2014), are experienced as intolerable by some users. However, participants descriptions of the ability to take time to write and reflect messages confirmed the results of other studies (Dunn, 2012; Gatti et al., 2016) in regard to this positive aspect of OC.

This brings us to the third theme, writing expressions, and how it aligned with past research. The overall action of writing has been conceptualized as frustrating, and an increase in workload (Fang et al., 2017). Nevertheless, these results confirm previous research where participants also stated that they found the ability to review conversations in order to reflect, helpful (Dunn, 2012; Gatti et al., 2016). Similar to results found by King et al. (2006), where one of their participants found it difficult to type clearly when they were upset, participants in the present study found it difficult to express emotions as it took longer to write. In response to this concern, Bambling et al. (2008) suggested that additional forms of communication, such as scales, could allow clients to communicate their feelings more efficiently, something our participants seem to need and would be a beneficial addition to OC generally.

Moreover, the theme of the general accessibility of OC service also aligns with the existing literature. The results found here, as in previous studies, reconfirmed that OC is seen as affordable (Adebowale, 2014; Gatti et al., 2016; Ralston et al., 2019), that clients with financial and physical barriers seek OC over F2F (Adebowale, 2014; Perle et al., 2011b; Wallin et al., 2018; Wong et al., 2018), and that clients use OC to obtain services from specialists, where they would otherwise be unable to access these specialists (Adebowale, 2014)

Additionally, themes in this study confirmed previous findings regarding the comfort users experience due to the privacy of the OC services. The results found here confirm the literature stating that clients do, in fact, feel safer using OC and that OC allows increased self-disclosure (Cook & Doyle, 2002; Dunn, 2012; Gatti et al., 2016; Gibson & Cartwright, 2014). The present study also confirmed that there are various

barriers that OC users experience in their attempts to seek mental health services, some of which are stigma-related as identified in Dunn's (2012) research around stigmatized problems. Problems identified by Kingsley and Henning (2015), such as low internet speed or access, were also experienced by some the participants of this study.

Finally, the theme of outcomes of services further confirms that OC users benefit from the service in areas such as anxiety, depression (King et al., 2006; Richards, 2009) and self-confidence (Fang et al., 2017), where participants of the study clearly stated that OC helped them with these challenges.

Limitations

Recruitment.

One of the main limitations of this study was the format for recruitment of participants. AOC users were a difficult population to access. A large amount of data (participant responses) was not achieved, due to time constraints. Braun and Clarke's (2013) thematic analysis guidelines, which categorize studies into three groups based on the type of data collection and size of project (eg, small, medium, or large), were used to identify the sample size needed to complete the research. According to their guidelines, the current study falls under the type of data collection called participant-generated text. This type of data collection is based on an online survey or questionnaire. Furthermore, according to their guidelines, the suitable sample size is identified as small as the research question is looking to identify the experiences of the participants (Braun & Clark, 2013). Consequently, the recommendation of an ideal number of participants for this particular kind of research is to have 15 to 50 participants (Braun & Clarke, 2013).

Although this study recruited 15 participants over the course of five months, meeting the minimum number for criteria, a larger number, 30 to 50 would provide further evidence for current themes, more responses for disregarded themes (such as reasons for choosing online) and development of additional themes beyond the responses of this sample. Consequently, the number of themes gathered in this research may be limited .

Additionally, participants were recruited anonymously, limiting the research to their one-time response and removing the possibility of follow-up questions. Moreover, due to the recruitment format, one concern that was evident from the start was if participants would answer the questions in a way that would provide enough data for the purpose of the data analysis (Shatz, 2016). However, most participants in this research responded with good detail. Some responded with more than 3 sentences per question, allowing for a better understanding of their responses. Nevertheless, there were a few who wrote “N/A” or a one sentence response, thereby limiting data and subsequent interpretation.

Regardless, Reddit was found to be as effective as in-person recruiting (Jamnik & Lane, 2017) in research, and it allows researchers to reach difficult to reach populations. Since the survey did not provide any monetary incentives, participants were less likely to provide untruthful data (Shatz, 2016), allowing for increased credibility of the data.

Methodology.

Questionnaire. The questionnaire allowed participants to write as much or as little as they wanted with the one guideline to write a minimum of three sentences, a strategy that was considered after reading of other research where participants that used

OC became frustrated when they did not know how much to write (Fang et al., 2017). Nevertheless, this guideline was not followed by some participants, as previously mentioned. Furthermore, in the responses provided by the participants, they would refer to the previous questions to submit answers to the new questions. This practice was evident primarily among the following questions of the questionnaire: “What specifically did you find difficult, confusing or problematic during your time using online counselling? And why?”, followed by, “What were some negative aspects of your experience using online counselling? And why?”. This could be because the key words of the questions are “difficult”, “confusing”, “problematic” and can be seen as synonymous to the word “negative” found on the second question. Nevertheless, participants provided further detail on the second question or a different response to that of the previous question, thereby providing further data. This could have created discouragement for participants in responding to the second question. In hindsight, this limitation could have been avoided by breaking the questions down differently such as asking independent questions for each word to allow participants to view them as separate and allow them to respond according to how they perceive each word. Additionally, changing the wording of these questions could have helped in order to allow participants to know they were responding to a different question.

Perspective of the client. The study was only conducted from the perspective of the client, creating a limit on the themes as they were based only on what the client found helpful or problematic during their OC experience. Even though this was the aim of the research, it is important to note that this research does not present any observations from practitioners who use this modality to provide therapy. It would be ideal to obtain

information from both members of the therapeutic relationship (i.e., clients and their therapists) , to have a more complete understanding of what both parties to the relationship experience. The logistics of collecting data from clients and their therapists, while also maintaining participant confidentiality, were beyond the scope of this master's thesis. This added perspective would be useful in order to explore what is most important to address for future research, and possible training strategies to improve both the clients' and clinicians' experiences.

Future research and implications for the field

The available body of research on OC is still growing. This study helped provide further understanding of the perceptions of users of OC. It was observed that what is seen as helpful can also be hindering in the experience of users of OC, dependent on their perception and use of the service by the client and behaviours and interactions provided by the therapist within the service.

The next step, in line with this research area and due to the limitations of the present study, would be to replicate and extend these findings with a larger sample size in order to verify themes and discover any that might be missing due to the small sample size. Nevertheless, due to the findings in this research, further research in the area can also focus on four aspects of OC.

First, the importance of access to online counselling by people whose internal or external stigma limits their access to counselling, and how to increase this accessibility, where it was evident through participants' responses that these were key reasons for why they needed OC. Additionally, the present research can open the door to further

discussion about whether this modality allows clients of various cultural and ethnic backgrounds to willingly and more efficiently participate in the therapeutic process to completion with successful changes and achievements of goals.

Second, research into synchronous OC would be warranted. Given the current pandemic and the incredible need for mental health support forcing therapists to drift from F2F counselling to Video OC, it is key to explore the many aspects that impact this modality. Starting with the ethics of using video OC platforms, use of time within the video OC setting, the strategies used (observing the differences between F2F and video OC) in regards to maintaining privacy and safety, the interventions used in Video OC, it is important to consider which are effective and which are not, the phases or stages of Video Counselling (setting up lights both from the clients setting and the counsellors setting for best view of each other, assessing internet connection, discussing alternative plans with client in case connection fails, greetings, interventions, and appropriate closing of the session as it is very different to stand and walk a client out of the office to simply pressing a button to close the session, to name a few of the possible phases), theoretical approaches to Video OC which could vary from F2F, AOC, and text-based synchronous OC.

It is still unclear as to whether or not OC stages of therapy are the same as those found in traditional F2F therapy. Therefore, another future research direction would be the development of a theoretical approach describing the stages of therapy in OC (using an asynchronous approach and a synchronous approach). Having said that, it has been suggested that OC may have different frameworks compared to those of face-to-face counselling (Richards & Viganó, 2013; Stommel, 2016). Something that was evident was

the difficulties participants encountered in this research in regard to expressing what they wanted through text and how it seemed difficult for their therapist to interpret their responses (Bambling et al., 2008). This finding suggests that the overall interaction in AOC is different from the interactive experience in F2F counselling, where the back and forth communication can occur in a couple of minutes and traditional stages of therapy can take place. Additionally, as shown in one of our participant's statements, they were also able to continue doing the work even while waiting on the responses of their therapist by rereading their responses, redoing activities or even navigating back to observe their growth. Currently research does not know how this can also affect the overall OC experience and stages of therapy. Consequently, stages of OC may be slower or different, overall, from those of F2F in order to achieve effective services. Additionally, the balance of control within the session between the counsellor and client could in fact also affect these stages, allowing the clients to feel more in control of the overall stages of therapy. More studies that examine the stages and strategies used in synchronous and asynchronous OC could benefit greatly the development of training for counsellors in the field.

A fourth and final suggestion is that of the study of training for therapists in the online field. As pointed out by Mallen et al. (2005), in regard to culturally diverse clients, it is currently unknown whether OC can contribute to allowing a client to feel more comfortable, to not feel judged or avoid feeling misunderstood as the cultural context may be difficult to understand through OC. Participants in this study were concerned about some of these topics, such as being misunderstood, feeling judged and feeling more comfortable. This all pertains to the training and interactions of the therapist. Regarding

CVEBs, Li, Lau, Poh, et al. (2013) suggest that therapists should develop sensitivity to diverse cultures, awareness of their assumptions on expressions, and familiarity with the cultural norms and local events of their clients. Regarding misunderstandings and feelings of judgement, Li, Lau, Poh, et al. (2013) suggest addressing clients who may feel the therapist bias by approaching the client slowly. Additionally, they recommend clarifying with the client any of their perceptions of thoughts, feelings, and behaviors, to maintain language to professional level, and learn 'netiquette'. Finally, as also indicated by Bambling et al. (2008), it is imperative to check-in regularly with the client. Nevertheless, these are suggestions observed only from the data gathered in this study. Consequently it would be ideal to investigate and study the current training available for therapists, to observe if these are providing sufficient training to become knowledgeable in the field and provide the best online services to clients.

Conclusion

In the midst of the current pandemic of COVID-19, we have seen a significant rise in the demand for remote therapy services and the need for therapists to do the best they can to accommodate their client's needs, despite the closure of physical offices. In this context, OC has risen to the challenge. Therapists have switched their services to online to continue providing services to their clients (Fraser, 2020). This global challenge has come to show the great need for OC service. Yet, research and applications of this research to services need to continue in order to understand OC services. OC services may differ from F2F services, and different kinds of OC services may also differ, depending on format (synchronous or asynchronous) and experience of their users. This

study observed global participants' experiences of asynchronous forms of OC, which resulted in seven themes describing how participants find AOC helpful or challenging. These themes represent how therapist presence is viewed by clients and how it can increase or decrease the chances of developing a good WA. These present the ambiguity of the use of time in AOC and its impacts on the overall experience of OC users. Additionally, they look at how writing expressions can be rewarding, but also hindering as it creates difficulties in regard to time consumption and frustration in regard to length of messages. Finally, the themes explained the general accessibility to AOC, the comfort privacy creates among users, the difficulties users encounter throughout their process to use AOC and the overall outcomes of the service. These themes provide insight into the users' perspectives and advances the discussion about what therapists could implement to provide more effective OC services and what software developers need to understand in order to develop more user-friendly platforms that could enhance the overall experience of OC users.

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Appendix A

PARTICIPANT CONSENT FORM

Researcher: The researcher, Andrea Rivera, is currently a student at The University of New Brunswick, enrolled in the Master of Education (M.Ed.) degree in Counselling. If you have any questions or wish to receive further information about the study, you can contact her through arivera@unb.ca

You may also contact the Supervisor of this research: Jeff Landine, Faculty of Education, University of New Brunswick at 1-506-453-4839 or if you wish the associate dean of graduate studies and education, Dr. Ellen Rose 1-506- 526125 or via email at erose@unb.ca.

Purpose: The purpose of this study is to gain a better understanding of the experience between the client and counsellor during their counselling sessions using an asynchronous computer-mediated communication (For example but not limited to: Email). The researcher will be looking at what factors help or create difficulties, the overall counselling experience, in order to have a better understanding of the use of online counselling for Ethnic minorities and if the use of this modality facilitates their counselling experience. This research is being conducted as part of the requirements for a Master of Education (M.Ed.) degree in Counselling at The University of New Brunswick.

Procedure: If you volunteer for the study, you will be asked to complete 6 demographic questions and 8 research questions which will take approximately 10 minutes to complete or less depending on your interest to provide detail. You will be asked to respond to the

research questions on the questionnaire with the option to write your own answers without prompts or selection of choices.

Potential Risks/Harm:

1. Due to the nature of the questionnaire platform, and as the internet is not a secure space, your responses could be accessed. (Advice to protect information mentioned below)
2. Frustration with technology: as studies have found, correspondence can become frustrating for some participants. If you encounter this issue, feel free to communicate it for possible solutions for future research.

Potential Benefits: Participants may feel a sense of contribution towards greater understanding of the modality of online counselling and implications of its development for future users.

Confidentiality: All identifying information about you will be kept confidential to the best of our abilities in my side of the communication. You will not be asked to disclose your name. Due to the nature of how the survey is being provided, providing personal information through this platform, you are responsible for maintaining any record of your responses protected and inaccessible to others but you. You are advised to clear your cache and history once the survey is completed to maintain confidentiality. Additionally, with disclosure of certain information the researcher is legally and ethically obligated to act if they believe there is risk to the participant or others. Beyond technological/internet lack of safety, the researcher will keep, to the best of their ability, your information confidential except if you give permission for me to share it or as required by law.

Dissemination of Findings:

The results of this study may be presented or published in collective form. Your personal information will not be used and as such, any published results cannot identify you as an individual. As a research participant you have the right to request a copy of the final report of the findings of this research study.

Consent: I acknowledge that I have read and understand the information above. I understand that my participation in this study is entirely voluntary and that I may withdraw at any time without penalty. By clicking on the “consent to participate” button below I am providing my informed consent.

- Consent to participate
- I do not consent to participate

Appendix B

To help us know if you have read the consent form, please respond the following questions.

1. What University is the research being held from?
 - a. University of Calgary
 - b. University of New Brunswick
 - c. University of Toronto
2. What example of asynchronous communication is given in the consent form?
 - a. Chat
 - b. Email
 - c. Virtual Reality

Appendix C

Demographic Questions

1. What is your age?
 2. Please indicate your gender
 3. Please indicate your ethnicity (Defined as per the Cambridge Dictionary: a large group of people who have the same national, racial, or cultural origins, or the state of belonging to such a group)
 4. Please indicate the country you currently reside
 5. If you remember, or were aware of your service provider's ethnicity, please indicate your counsellor's (or therapist, psychotherapist, psychologist, social worker) ethnicity.
 6. How many asynchronous responses did you provide to your counsellor/therapist/psychotherapist/psychologist/social worker during your counselling sessions??
- Reminder the purpose of this research: Asynchronous responses mean text-based computer mediated communication in which individuals communicate with one another in different times, for example emails.

Appendix D

Survey Questions

Objective is to get a sense of clients' experiences with asynchronous counselling

Please answer with minimum of 3 sentences. Thank you.

Overall

1. Explain, in detail, the reasons why you choose online counselling over other forms of counselling (eg. face-to-face) *Please refrain from providing details about the challenges you were personally facing*
2. How do you feel overall about the experience you had using online counselling?

Helpful

3. What specifically did you find helpful about your experience using online counselling? And why?
4. What were some positive aspects of your experience using online counselling? And why?

Difficult/Problem

5. What specifically did you find difficult, confusing or problematic during your time using online counselling? And why?
6. What were some negative aspects of your experience using online counselling? And why?

Other Important Information

7. How/If any at all, has stigma affected your decision to seek counselling?
 - a. *Stigma can be defined as the disgrace associated with a circumstance. For the purpose of this questionnaire, it would be towards mental health treatment. Stigma may come from culture, family, friends, personal perspective *
8. Is there anything else important you would like to share with the researchers about your experience using online counselling?

If you are at risk of hurting your self or others, please contact your closest mental health facility, police or crisis service in your area

Would you like to participate in accessing and discussing the themes gathered from the results in order to verify and provide credibility to the data? If so please contact the researchers email (arivera@unb.ca) with the email subject line “**Volunteer for Research Credibility**”.

Curriculum Vitae

Candidate's full name: Andrea Rivera

Universities attended:

Bachelor of Arts (Major: Psychology; Minor: Classics)

Memorial University of Newfoundland (MUN), St. John's, NL

May 2010 – April 2015

Master of Education in Counselling (Thesis Track)

University of New Brunswick (UNB), Fredericton, NB

September 2017 – Present

Conference Presentations

Domene, J. F., Johnson, S. M., & Rivera, A. (2017, November).

"My career, your career, our career:" Possibilities and perspectives in career practice with university students in romantic relationships.

Paper presented at the 2017 New Brunswick Career Development Association Conference, Fredericton, NB.

Rivera, A. & Wilson, C. (2018, March).

The Benefits and Limitations of Using Life Space Mapping with Immigrants and Refugees: A Scoping Review.

Poster presentation at the 2018 CRIEVAT Student Symposium, Quebec City, QC.

Rivera, A. & Domene, J. (2018, May).

Comparing My System of Career Influences and Life Space Mapping: as Culturally Diverse Career Counselling Interventions.

Poster presentation at the 2018 Canadian Counselling and Psychotherapy Association's annual Conference, Winnipeg, MB.

Wilson, C., Rivera, A., Record, R., Silva, V., Pradhan, K., Mackensie, M., Chiang, M., Ahmadian, S., Yu, C., Liu, Y., Popadiuk, N., Domene, J., & Young, R. (2018, June)

Goal-directed support for young adult newcomers to Canada: An action project method intervention program.

Poster presentation at the 2018 International Congress of Applied Psychology.

Larsen, D., Domene, J., Hudson-Breen, R., Arsenault C., & Rivera A. (2018, June)

Career-Life Support for Accompanying Partners of International Students: The SHARP-AP Program (Strengths, Hope, and Resources Program for Accompanying Partners).

Poster presentation at the 2018 International Congress of Applied Psychology.

Rivera, A. (2019, May)

A Summary of The Current Research on The Development of a Working Alliance Using an Online Counselling Platforms

Poster presentation at the 2019 Canadian Counselling and Psychotherapy Association and International Association of Counselling