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Exploration of Experiences of Trainee Integrative Psychotherapists with Remote Counselling in Their Internship during the COVID-19 Pandemic

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Abstract: The emotional, social, and mental impact of the COVID-19 pandemic is well established. So far little attention has been paid to trainee psychotherapists during this challenging period. This study explores the experiences of trainee integrative psychotherapists, when they had to switch to online psychotherapy via videoconferencing with their clients in the beginning of their internship due to the quarantine. Following the qualitative paradigm six trainee psychotherapists participated voluntarily. Semi-structured interviews were conducted online to investigate in depth their experiences. The interviews were transcribed verbatim and were analyzed by the Interpretative Phenomenological Analysis method. Four master themes were identified from the narratives which refer to the quarantine, the challenges of the online framework, being a trainee therapist and the advantages of the online framework. The first three master themes are divided into subordinate themes. Findings were compared and discussed based on the existing literature. The pandemic created a lot of free time, which the trainees dedicated to their studying. Participants were trained to the online psychotherapy throughout the process, as they were unprepared for the sudden change. Most of them presented hesitant with negative attitudes toward online psychotherapy via videoconferencing but over time participants changed. They became more experienced and strengthened their image as therapists. In this process, the supervisor had an essential role. Findings strongly indicate and support the necessity of training online according to the existing literature.

Keywords: COVID-19 pandemic; Trainee integrative psychotherapists; Video conferencing

INTRODUCTION

In March 2020 people around the globe were triggered by the pandemic caused by the Coronavirus disease (COVID-19) (Ciotti et al., 2020). In the beginning, the healthcare community was unprepared to prevent the spread of the virus, so everyone needed to comply with measures such as quarantine and self-isolation (Agusto et al, 2022)

according to the World Health Organization (WHO). Pandemic and social isolation were associated with many mental health issues (Bao et al., 2020; Rajkumar, 2020). Social isolation can lead to loneliness and anxiety (Banerjee and Rai, 2020; Li and Wang, 2020; Muddle et al., 2022). Fear and anxiety were identified among mental health professionals (Probst et al., 2020) as they constitute populations at high risk of infection. For the first time on such a large scale therapists and clients were exposed to the same situation, facing the same challenges, according to Ronen-Setter and Cohen (2020) it can be identified as 'shared traumatic reality', or 'collective trauma event' by Amorin-Woods et al. (2020). Collective trauma enhances the experience of vicarious traumatization in therapists, especially if they are trainees with little clinical experience (Aafjes-van Doorn et al., 2020). Social distancing guidelines establishment disrupted human contact and the delivery of services while leading to the necessity of transition to online services (Goghari et al., 2020; Shannon et al., 2021) and learning (Lemay, Bazelais, and Doleck, 2021; Aafjes-van Doorn, Bekes and Zweig, 2022)

Never before have psychologists needed en masse to work remotely (Fisher et al., 2020; Sammons et al., 2020; Poletti et al., 2020; Perrin et al., 2020). There was considerable discussion about the integration of technology with psychotherapy before the onset of the COVID-19 pandemic, so, it is not a new phenomenon (Rochlen, Zack and Speyer, 2004; Chester and Glass, 2006; Baker and Ray, 2011; Li,Lau, Jaladin and Abdullah, 2013; McCord et al., 2015). However, during the pandemic the use of tele-psychology became more necessary (Humer et al., 2020; Cioffi et al., 2020; Humer & Probst, 2020; Greenhalgh et al., 2020). With the advance in technology, the field of psychotherapy has been upgraded offering more ways to conduct sessions from distance (Vincent et al., 2017; Cioffi et al., 2020, Connolly et al., 2020). In the literature, many terms have been used to describe psychotherapy from distance, such as telemental health, remote counselling, tele-psychotherapy, e-therapy, and internet-based treatment (Mair & Whitten, 2000; Schopp, Demiris & Glueckauf, 2006; Backhaus et al., 2012; Colbow, 2013). The focus of this study is on the synchronous way via videoconferencing,

which enables both participants to hear and see each other through a screen (Riemer-Reiss, 2000; Germain et al., 2009) and is also the most frequently used (Lin et al., 2021). Online psychotherapy offers advantages such as reduced time in traveling and cost and also allows people living in rural areas to gain access (Schopp, Demiris & Glueckauf, 2006; Barnett, 2005). Some clients may feel safer opening up (Vaičekauskaitė, Babarskienė & Grubliauskienė, 2021; Situmorang, 2020) and therapists can expand their therapeutic skills and services (Sammons et al., 2020). A feature that video-conferencing offers to therapists is the possibility to look directly at clients head movements and changes in posture (Cioffi et al., 2020). Also, they may express concerns more easily when working remotely with older people (Knott, Habota and Mallan, 2020).

Additionally, there are more concerns and risks that need to be addressed. Online psychotherapy brings its own set of confidentiality concerns compared to the traditional therapy. Therapists have a primary goal to protect the privacy of information provided by clients (Donner et al., 2008), and have the responsibility to maximize confidentiality and ensure a secure and encrypted platform to conduct the videoconferencing, so that no information regarding the client is leaked (Drum and Littleton, 2014; Gamble, Boyle & Morris, 2015; Knott, Habota & Mallan, 2020). The internet consists of many traps, therefore therapists' concern for the security of platforms and data protection is logical and anticipated (Richardson & Simpson, 2015; MacMullin, Jerry & Cook, 2020).

Working in separate environments creates barriers in the establishment of private space and increases the potential for the disruption of privacy (Vaičekauskaitė, Babarskienė & Grubliauskienė, 2021), which can cause a shift in the power balance between therapist and client (Mitchel, 2020). The lack of a professional space leads therapists and clients to work from their home, where there are probably more residents, so a need to set boundaries arises in order to establish privacy (Muddle et al., 2022). Boundaries are beneficial for both parties, as they establish a therapeutic relationship, and help to avoid conflict (BACP, 2018). Crossing boundaries in a therapeutic relationship can potentially harm the clients, so rules and guidelines are intended to protect both clients

and therapists and also create trust in the profession (Martinez, 2000). The establishment of boundaries with clients in the online setting is presented in the literature as a worry and challenge for therapists (Drum and Littleton, 2014; MacMullin et al., 2020). Flexibility in space can bring flexibility in time, with extensions of sessions or late arrivals and contact with clients out of sessions (Zur, 2007). Lack of an office setting can lead clients to perceive therapists as friends, address them more casually (Andersen, Van Raalte & Brewer, 2001), or even dress more casually (Drum & Littleton, 2014). Therapists may have difficulty maintaining boundaries in the online framework (McBeath, Du Plock & Bager-Charleson, 2020; Lin, Stone and Anderson, 2021), and the emotional burden caused by the pandemic was an aggravating factor (Ronen-Setter & Cohen, 2020).

Moreover, technical challenges were presented due to unstable internet connections, and poor sound and image quality (Lin et al., 2021; MacMullin et al., 2020), which contributes to issues with the therapeutic process. Therapists complain about interruptions and distractions during a session. A common challenge through videoconferencing is miscommunication between participants (Harris & Birnbaum, 2015). Videoconferencing does not facilitate full-body expression as it is mostly limited to faces between participants and therapists have difficulty attuning to clients and conveying nonverbal cues through their body posture (Harris & Birnbaum, 2015; Cataldo et al., 2019; Geller, 2020).

Even before the pandemic some researchers' attention was on psychologists' attitudes toward the practice of online psychotherapy. A focus was on therapeutic alliance in telepsychology. This alliance is considered the most fundamental factor for the success of psychotherapy. It refers to the collaborative relationship between a practitioner and client (Norcross & Lambert, 2019). Even though therapists may be skeptical and think that therapeutic alliance (TA) might be hindered via videoconferencing, it is found that an effective TA can be formed, and based on some studies it is rated as strong, but the fact that they seem hesitant suggests that therapists have negative expectations regarding the use of technology (Simpson and Reid, 2014). The following meta-analysis by Norwood et al. (2018) on the therapeutic alliance via videoconferencing supports previous findings that a strong TA is possible to form, although there is a preference for face-to-face sessions. The pandemic remains a significant period that shapes therapists and their attitudes toward online psychotherapy (Aafjes-van Doorn, Bekes & Prout, 2020). Based on a review, the attitudes toward videoconferencing are predominantly positive despite the above mentioned challenges (Connolly et al., 2020). Experience in videoconferencing enhances its acceptance, so although therapists believe it to be less effective their attitudes remain positive (Aafjes-van Doorn, Bekes & Prout, 2020).

Psychotherapists with previous experience in videoconferencing were more accepting of this transition and focused more on the benefits of videoconferencing sessions than the limitations (Knot et al., 2020). According to the literature, an enhanced sense of responsibility was identified among therapists regarding the use of technology (MacMullin, Jerry & Cook, 2020) and a commitment to overcome their difficulties in order to help clients (Knott, Habota & Mallan, 2020). Gaining more experience with online therapy, therapists develop a more positive attitudes and mitigate its drawbacks (Connolly et al., 2020). Therapists indicate a willingness to continue using it even after the pandemic, and also gain an enhanced confidence in their skills (Sammons et al., 2020), although there is a profound preference for in-person sessions (Simpson & Reid, 2014). Satisfaction with videoconferencing is linked to therapists' professional maturity and experience (Cioffi et al., 2020). Limitations of online psychotherapy and differences with face-to-face sessions are more salient to psychotherapists compared to clients (Connolly et al., 2020; Lin et al., 2021).

The concerns mentioned above lead to an obvious worry about the lack of training on videoconferencing (Knott, Habota & Mallan, 2020) and an extant literature supports the necessity of technology training (Backhaus et al., 2012; Lustgarten & Elhai, 2018; Aafjes-van Doorn et al., 2020; Knott, Habota & Mallan, 2020; MacMullin, Jerry & Cook, 2020; Situmorang, 2020; Chia, 2022). Therapists who are not properly trained feel uncomfortable when using it (MacMullin, Jerry & Cook, 2020; Glueckauf et al., 2018), less competent with the application of interventions (Bekes & Aafjes-van Doorn, 2020; Ronen-Setter & Cohen, 2020)

and also can experience fatigue and difficulty in concentration during sessions (McBeath, Du Plock & Bager-Charleson, 2020; Vaičekauskaitė, Babarskienė & Grubliauskienė, 2021). The therapeutic image of therapists is impacted. Moreover, training will strengthen therapists with the appropriate skills and strategies to cope with the challenges of the online framework (Connolly et al., 2020), it will also give them a sense of preparedness (Lustgarten & Elhai, 2018), as it is supported in the study by MacMullin, Jerry & Cook (2020).

Mental health professionals can experience burnout (Bearse et al., 2013) and the pandemic entails an extra factor, especially for trainee psychologists who are already a group with enhanced stress and anxiety (Myers et al., 2012) and self-doubt (Aafjes-van Doorn, Bekes & Prout, 2020) during their internship (Turner et al., 2005). Trainees expressed feeling frustrated and confused by this sudden change and transition (King, 2020), a conflict between their responsibility to help their clients and remain safe during the pandemic (Schneider et al., 2020), and the pressure to find clients willing to work remotely (Goghari et al., 2020; Schneider et al., 2021), while absence of services for practice that could lead to incompletion of traineeship (Lin, Stone and Anderson, 2021) were also identified. Stress can affect trainees' ability to care for themselves and in the long run for their clients too (Bearse et al., 2013). At the end of their placement, a group of trainees in online therapy gained competence, enhanced their ability to form therapeutic relationships, and presented as more equipped with adequate skills with a willingness to continue in the future within this framework (Cosh et al., 2022). Self-efficacy is augmented by experience (Merrie et al., 2018) and responses to struggles (Chambers-Baltz et al., 2021), which, along with supervision (Goodyear & Rousmaniere, 2017) leads to development and gain of expertise. Personal therapy and supervision, which also had to switch to online during the pandemic (Bernhard & Camins, 2021), helps therapists develop professionally (Hill et al., 2017). Trainee therapists become more resilient, empathic and also gain confidence establishing boundaries with clients through personal therapy (Wigg, Cushway & Neal, 2011). A supervisor's goal is to monitor the trainees'

ethical and professional behavior (Ladany & Inman, 2012). Besides, when engaged in supervision, trainees bring their struggles as well as their achievements and self-reflection, which can increase their ability to facilitate improved client outcomes (Wilson, Davies & Weatherhead, 2016).

The integrative trainees in the study have been trained on the Transtheoretical Model of Change (TTM) (Prochaska & DiClemente, 1992, in Prochaska & Norcross, 2010), which integrates attachment theory (Bowlby 2005), person-centered theory (Rogers, 1961) and Cognitive Behavioral therapy (Dobson & Dobson, 2009). The model offers therapists the opportunity to monitor the clients' progress through different stages and levels, deciding on the plan of therapy and applying the appropriate interventions and techniques, while at the same time utilizing the processes of the model. The blending of three approaches enables therapists to work thoroughly with clients and consider the presented issues from different theoretical points of view (Prochaska & Norcross, 2010). Therapists need to recognize the client's stage when entering therapy, because each one is on a different level of preparedness (Norcross & Goldfried, 2005), in order to be able to set appropriate, realistic and achievable goals for them (Norcross, 2011). There has been some literature on the application of TTM since the pandemic struck but this has not focused on therapists' views or referred to different domains of research and theory (Chua, 2021; Thampi, Szymczak & Leis, 2020; Akdaş & Cismaru, 2021; Baek et al., 2022; Finnegan et al., 2022; Ndubisi et al., 2022).

METHODOLOGY

The present study was carried out under the qualitative paradigm, which involves a rigorous and thorough inquiry of our social world. Qualitative study can give a fresh look at the experiences of trainee psychologists (Rizou & Giannouli, 2020). The fundamental aim of this research method is to 'give voice' to the unforeseen and implicit perspectives in order to enhance knowledge. Given the times, we need to dive into other people's experiences and shed light on the after-effects of the COVID-19 pandemic. The knowledge produced from qualitative inquiry generates new understandings and it can expand the

awareness of therapists on the process and conduct of psychotherapy. The rationale behind choosing this particular method, after a thorough search of previous studies, is that it suits best the research question. There is a dearth of research on the subjective experiences of trainee integrative psychotherapists, so qualitative study allows the researcher to explore this topic more fully and flexibly. Another perspective on this research question is that it adds to the existing literature that is based mostly on quantitative methods. Also, techniques used in qualitative interviews such as active listening, and helping people narrate their stories, are similar to those used in the therapeutic room of a psychotherapist, so the therapist is accustomed to the process.

DATA ANALYSIS

The researchers used the Interpretative Phenomenological Approach (IPA) which is based on the three principles of phenomenology, hermeneutics and idiography (Smith, 1996). The principle of phenomenology, which is a study of experiences, allows interviewees to make meaning of their experiences. Phenomenology is concerned with the way individuals perceive and understand things and events rather than explaining them based on previously owned knowledge (Smith, 1996). Also, phenomenology provides a rich source of ideas on how to comprehend lived experience (Giannouli et al., 2019; Gough & Giannouli, 2020). The researcher tries to engage in an active role to be able to stand in the participants' shoes and gain access to their subjective experiences (Smith et al., 2009). Heidegger associates phenomenology and hermeneutics as a way to seek meaning through the interpretation of transcribed texts of participants. A two-stage interpretation process is followed in IPA, where the individual attempts to make meaning of a particular experience and then the researcher tries to comprehend the meaning of the individual's perspective (Smith & Osborne, 2003).

Another considerable influence on IPA is idiography. This theoretical underpinning focuses on the particular. It offers a re-evaluation of the significance of every single case (Smith et al., 2009). An in-depth examination of every interview separately provides the opportunity for a rich and insightful description of the experience under research (Reid, Flowers & Larkin, 2005). Each case can contribute considerably to the field of psychology. This concern is linked to

Husserl, who emphasized the move from exploration of individual perspectives to more general claims (Pietkiewicz & Smith, 2014).

The interviews were transcribed verbatim before being thoroughly and meticulously analyzed to structure a narrative of the researcher's interpretation of the data (Alsaawi, 2014). During the process of analysis, interpretations of both researchers and participants will be considered (Pietkiewicz & Smith, 2014).

METHOD

SAMPLE

Regarding the criteria for recruitment, first of all, participants needed to be licensed psychologists, at least in the second year of their studies in the MSc of Integrative Counseling and Psychotherapy. Hence, the sample consisted of trainee integrative psychotherapists who were conducting sessions with clients online at the time of the pandemic and the quarantine during their internship. Another inclusion criteria was the supervision of their placement, while participants with previous experience with online psychotherapy were excluded from the sample. Therefore, the sample is homogeneous and purposive (Pietkiewicz & Smith, 2014) because it provides information-rich cases and the participants possess the required experience (Lopez & Whitehead, 2013). The size of the sample in the qualitative study can be determined more by the 'richness' of the data collected than the actual number of participants (Tuckett, 2004). The rationale behind a small sample is that it is manageable and adequate for in-depth and meaningful analysis (Lopez and Whitehead, 2013).

RECRUITMENT

Recruitment of participants took place from January to February 2022. The trainees were recruited from the MSc on Integrative Counseling and Psychotherapy of Mediterranean College in Thessaloniki and contacted either via email or through direct contact. Demographic details of the participants concerning their age, gender, theoretical approach and year of study, total years of education and geographic region can be seen in below (**Table 1**). Names of the participants have been altered to ensure confidentiality and protect anonymity.

Table 1. Participants' Characteristics

Pseudonyms	Age	Gender	Theoretical Approach	Year of study	Years of education	Geographic region
J	31	Male	Integrative	3rd	21	Thessaloniki
C	37	Female	Integrative	3rd	20	Thessaloniki
M	27	Female	Integrative	3rd	19	Thessaloniki
S	25	Female	Integrative	2nd	18	Thessaloniki
H	28	Female	Integrative	2nd	22	Aridaia
E	30	Female	Integrative	3rd	20	Thessaloniki

ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Research Ethics Committee of Derby University. The study was found to comply with the Policy and Code of Practice on Research Ethics (Derby.ac.uk, 2018) of the aforementioned university, the Data Protection Act 1998 (Legislation.gov.uk, 2018) and the Ethical guidelines for researching counselling and psychotherapy of the British Association for Counselling and Psychotherapy (2004).

PROCEDURE

In advance of their involvement in this study, all participants who met the inclusion criteria were handed an information sheet, a debrief note and signed a consent form.
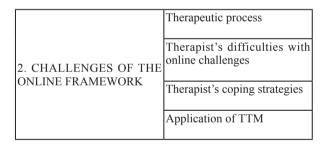
The impetus for this research came from the Covid 19 Pandemic and started amidst the first wave of quarantine. During the interviewing stage, social isolation and strict measures in Greece were abandoned, although the necessity to wear masks in public places or when meeting people outside residences was mandated. Researchers chose to conduct all the interviews online via Skype or Zoom in order to prevent the spread of the virus and also to ensure data protection. Another aim for choosing the online format was because it could elicit participants' thoughts and previous experiences regarding the topic of the research, while being under the same condition. Thus, the research was carried out throughout all phases of the pandemic and quarantine. Interviews lasted approximately one hour each and were tape-recorded to assure the researcher did not miss any given information in case of taking notes and also to avoid hindering rapport with the participants (Smith & Shinebourne, 2012). The interview consisted of a chain of open-ended questions to lead the discussion (Rapley, 2001). The order of the questions remained flexible (Flick, 2002), while the researcher adopted a non-directive stance in order to encourage participants
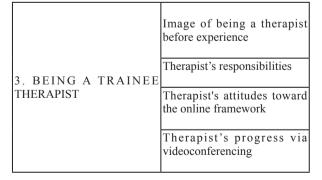
to develop the narrative of their experience (DiCicco-Bloom & Crabtree, 2006).

RESULTS

As presented in **Figure 1**. four major themes were identified through the analysis of participants' transcripts: 1) quarantine, 2) challenges of the online framework, 3) being a trainee therapist and 4) advantages of the online framework. The first three themes also included subthemes, as noted in **Figure 1**.

1. QUARANTINE	Therapist's subjective experience
	Impact on therapist's motivation to work
	Advantages of quarantine

2. CHALLENGES OF THE ONLINE FRAMEWORK	Therapeutic process
	Therapist's difficulties with online challenges
	Therapist's coping strategies
	Application of TTM

3. BEING A TRAINEE THERAPIST	Image of being a therapist before experience
	Therapist's responsibilities
	Therapist's attitudes toward the online framework
	Therapist's progress via videoconferencing

4. ADVANTAGES OF THE ONLINE FRAMEWORK

Figure 1. Major themes and subthemes that emerged from the interviews

Theme 1: Quarantine

The onset of the pandemic and quarantine period was a new and unfamiliar situation for all the participants as none of them had previously experienced a similar experience. Feelings of anxiety and fear were experienced by many participants. There was fear of the unknown and the uncertainty that would follow the pandemic. There were feelings of loneliness and isolation. The participants were secluded in their homes with their families, some of them had to relocate to their family homes to withstand the consequences. Those who relocated were somehow restricted to do all activities in a single space, which enhanced the feeling of isolation and restriction. Some said that they felt a need to escape. Self-care during the time of the pandemic was something essential but not easily accomplished. Some had difficulty spending time for self-care as they were mentally exhausted from this experience. There was no energy to spend on coping with difficulties.

Apart from the subjective impact this quarantine had on therapists personally, a lack of motivation to dedicate time on sessions was identified. This lack could sometimes lead to the temptation of cancellation of sessions on therapists' part. Some participants were sitting for the first time in a therapist's chair and seeing a client. The quarantine reduced their expectations. This caused feelings of disappointment while experiencing the extra burden of quarantine. Moreover, online therapy was seen as more time consuming in developing therapeutic skills. Many of the participants in the study believed that they benefited from the quarantine regarding their training in online psychotherapy. Setting aside the difficulties, if not for the lockdown they would not have gained experience to conduct online sessions with clients. In contrast to their personal lives where there was no motivation to progress during the pandemic, there was a willingness to become productive academically and therapeutically.

Theme 2. Challenges in the Online Framework

All of the participants in the study mentioned that the main problem in the online framework was the Internet connection. Sometimes the quality of sound and image was poor due to the unstable connection. Interruptions and pauses of therapeutic sessions due to the internet do not appear in in-person therapy. Environmental barriers such as the space used by participants to conduct the session were evident. None of the participants at the beginning of the placement was living alone, so they had to schedule sessions according to others' plans. Due to the lack of a professional office participants did their online placement from their private room, which for many of them was their private bedroom. Moreover, discontinuation of sessions occurred due to distraction from third parties, thus there was an absence of coherence online. Quite often because clients could not establish a private space and secure a session without being overheard or interrupted by third parties, it created issues with privacy and confidentiality. Therefore, difficulty in establishing a private space led to difficulty in scheduling appointments, unavoidably. However, the online setting gave the client a sense of control compared to having sessions face-to-face. Another big barrier to the online framework of psychotherapy is the reduced information received solely from the screen. Again, all the participants complained about the lack of information they could receive from the client, as they were not able to see their whole body. Most nonverbal cues are unavailable resulting in the loss of affective nuance. In the online setting, there is uncertainty about direct eye contact. As the sessions took place from home, clients usually showed up in their pajamas. According to participants, clients did not commit to therapy and thought of it as less serious because of the online framework. Establishing boundaries with clients was considered a challenge to online psychotherapy.

Along with the technical and procedural challenges of video-conferencing, therapists had difficulties managing those challenges. Many of them mentioned having trouble dealing with interruptions during sessions with clients. They also faced trouble responding to clients when disconnected after narrating a traumatic or painful experience. On the first steps in their placement, it was not easy to deal with the breaks created by the Internet connection. Thus, there was a feeling of helplessness associated with the online setting. Some of the participants could not understand how clients reacted or felt during the session and they had doubts about the clients' possible distress. Two of the participants commented on the difficulty of having the distraction of seeing their face on the screen. Not having much experience while at the same time watching their inexperienced act or facial expressions

brought an extra burden for the therapists. Moreover, fear of the traps of the Internet was identified along with a worry in case something happening with the data protection, privacy and confidentiality of the session. As the participants were all trainees during their placement in the beginning they avoided confronting their clients and did not establish some basic boundaries regarding the process, such as smoking, laying on the bed and not wearing pajamas. Most of them wanted to present themselves as open and friendly while avoiding becoming a strict or authoritarian figure to avoid creating ruptures in the relationship with the client. Although, in the beginning, this avoidance created feelings of awkwardness and discomfort in the video-conferencing. Sadness and a sense of disrespect were mentioned because some clients appeared to lack commitment.

Regarding the application of TTM via video-conferencing, there was a focus on the stages of TTM. They mentioned that they dedicated more time to clients to move through the stages during the online therapy. There was a long delay, especially on the action stage. Another observation concerning the action stage was that the client's home environment was not favourable. Isolated and without many social interactions clients could not modify their behaviors easily or did not have many opportunities to overcome their problems by applying new coping strategies.

During the placement, trainee therapists found strategies to cope with the challenges of the online framework in quarantine. The most important coping strategy mentioned by all participants in the study is acceptance of video-conferencing and the recognition of the above-mentioned challenges. Focusing on the here-and-now of the session and paying attention to the client helped some participants remain present and concentrated on clients while avoiding distractions either from their faces on the screen or negative thoughts and feelings about the setting. Another important factor that was helpful for the participants to cope with challenges was supervision. Supervision helped with the preparation of the therapist with the online framework of psychotherapy in the beginning. The supervisor took on a supportive role and some participants discussed the possibilities of alternative ways of conducting psychotherapy. It is also important to mention that personal psychotherapy

was crucial in helping them set boundaries firstly for themselves, which then led to setting boundaries in the psychotherapeutic environment.

Theme 3. Being a Trainee Therapist
Being on the training level there was not yet constructed a steady and firm professional image. For many of them, the first memory of the first contact with their clients in the online setting were feelings of anxiety, nervousness, fear, and awkwardness. Feelings of uncertainty and worry prevailed at the beginning, the former referring to their readiness to take on the role of therapist and the latter on their inexperience. Some of the participants were doubting themselves regarding their competency to deliver interventions in general and mostly via videoconferencing. A sense of insecurity was also detected regarding their ability to help their clients. Many participants also were worried and scared about the establishment of the therapeutic relationship with the client within the online framework. As most of them were young in age, there were doubts about the perception of their image. Participants were afraid in case the clients did not take them seriously due to their young age and inexperience in the field. Seeing themselves on the screen at the time of the session created feelings of critique.

Participants transitioned to the online framework of psychotherapy abruptly without any training during a stressful time. At first, therapists did not seem to be so much in favor of this transition and they were hesitant with the online framework. The majority of them had a similar point of view of the online setting before their experiences with it. There was also insecurity about the development and progress of the specific setting of psychotherapy. Many viewed the online setting as tiring, of less quality and seriousness, and that it was lacking in proximity to the client. Therapists in the beginning were worried about the establishment of the therapeutic alliance and that it would be affected by the online process. While gaining experience online they changed attitudes and noted that it is possible to have an alliance depending also on each client separately. According to two of the participants, quarantine and isolation strengthened the alliance.

Although participants had not yet established a professional image, in many of them there was a strong sense of responsibility to the profession and the clients. They recognised an urgent need for training in the

online framework of psychotherapy. Furthermore, some participants felt the responsibility to effectively deliver the interventions to clients. As a way to accomplish that participants needed to be constantly updated with research and changes in the field of psychology and psychotherapy. As none of the participants paused entirely during the placement and everyone switched to the online framework during the lockdown a strong sense of commitment was obvious in them. Despite the challenges of the pandemic and quarantine therapists felt responsible to stay motivated and adjust to the setting.

Over time all the participants noticed a gradual change in themselves. First of all, they became more familiarized with the online setting. They were habituated to the challenges of the process, so it was less unknown and unpredictable. This change led participants to feel more relaxed and comfortable with the delivery of interventions. They were more in control of the online setting. Then participants were able to adapt more quickly and enhance their flexibility in thinking and respond to any challenges that came up. Participants mentioned feeling competent along with a sense of accomplishment for overcoming difficulties. There was trust in their capabilities as therapists while honing their skills, and they also internalized a strong and competent therapeutic figure. The discernible progress of clients was regarded as a sign of the therapist's progress too.

Theme 4. Advantages of the Online Framework

Participants mentioned that they could save time from transportation when working directly from their homes. Another great advantage of online psychotherapy is the professional perspectives that it offers. Therapists can create a broader clientele. It also provides the opportunity to work with people regardless of geographic region. Therapists have more opportunities to work when living in rural areas or those with a small population. Marginalized communities and people with disabilities have access to psychotherapy online. Clients with anxiety problems can benefit from this setting too, and for others, the safety of their home can help them open up to the therapist.

DISCUSSION

People have been impacted by the restrictive measures and fear of the pandemic emotionally, behaviorally, and socially. There is emerging evidence on the psychological implications of the pandemic (Inchausti et al., 2020). Isolation in homes had some negative outcomes; feelings of fear, worry, frustration, and anger were observed. Uncertainty was prevalent among people as it was a situation they were experiencing for the first time. There was uncertainty about the predictability of the virus and the repercussions on health (Perdosa et al., 2020). Under such circumstances, people do not know how to react and behave. The isolation turned upside-down the normal routines, followed by distress. Impacts of the pandemic were identified in all the participants of the study. Burnout of trainees is repported in the literature from the situation of the pandemic (Myers et al., 2012) and also as a feature of the time of internship (Turner et al., 2005).

The pandemic also had professional implications for psychotherapists. While being mentally and psychologically exhausted therapists had to support their clients at the same time, leading to a struggle of conflicting needs. Their inability to help and neglection of clients (Schneider et al., 2021) sometimes created feelings of guilt in therapists (Ronen-Setter & Cohen, 2020), a finding that was also identified in the narratives of this study. Personal challenges make effective therapy more difficult (Chambers-Baltz et al., 2021) as they faced difficulties separating personal from professional responsibilities. Emotional overload mentioned by participants can cause the blurring of boundaries in the therapeutic relationship (Ronen-Setter & Cohen, 2020).

A finding that is worth noting is the view of trainees that despite the difficulties of working during the pandemic, training through this time enhances the feeling of privilege compared with previous trainees, as they were trained under challenging circumstances, while gaining the ability to adjust quickly from their expeditious response to the transition to online. It is remarkable that all participants in the study remained committed and kept striving to continue their placement contrary to the personal challenges involved. Struggles in therapy often lead to the therapist's development and expertise (Chambers-Baltz et al., 2021).

A set of challenges that the online framework of psychotherapy creates is regarding the therapeutic process. Video-conferencing is based on the internet, thus unstable connection and interruptions of the

internet hinder therapy. Therapists and clients cannot see or hear each other clearly (Lin et al., 202; MacMullin et al., 2020). The lack of a professional space both for therapist and client is a big challenge that needs to be handled. Therapy outside the therapist's office leads to privacy and confidentiality issues, as they cannot control third parties in the clients' environment (Vaičekauskaitė, Babarskienė & Grubliauskienė, 2021). This is a finding supported by participants' narratives in the study. That is a reason why the online environment is described as a semi-controllable environment (Mitchel, 2020; Lin et al., 2021). Trainees also believe there is an imbalance of power in online therapy.

In addition, as participants have mentioned, clients via video-conferencing can move away from the camera or even hang up whenever they want, giving them control over the session (Goss & Anthony, 2003). In this study trainees mentioned emphatically the difficulty of interruptions in the online session (Harris and Birnbaum, 2015). Working from home adds difficulty in scheduling sessions, both for therapists and clients while they need to plan their time based on others' schedules too, in addition to managing the time of the session (Zur, 2007). Moreover, due to the flexibility of the space clients dress casually (Drum and Littleton, 2014) and may perceive this way of therapeutic work as less serious (Andersen, Van Raalte and Brewer, 2001), so trainees express difficulty dealing with these issues.

Dealing with clients' distress and strongly expressed emotions is the therapist's priority, although this task in the online framework is more difficult and therapists feel uncomfortable when confronted with such situations (Knott, Habota & Mallan, 2020). Another challenge that concerns trainees is the safeguarding of data (Lustgarten & Elhai, 2018), and leakage of clients' sensitive information (Richardson & Simpson, 2015; MacMullin, Jerry & Cook, 2020). Video-conferencing limits the received information for both parties. Thus, therapists need to work without some non-verbal cues of the client and also have difficulty conveying warmth and empathy (McBeath et al., 2020). Cioffi et al. (2020) reported that the image of the therapist's face during the session can function self-reflectively and promote attunement between therapist and client, although this study points out the drawback that has on the therapist,

with the distraction and difficulty in concentrating on the client.

According to Cain et al. (2018) trainees' avoidance of confrontation could be explained by their friendly submissiveness and their tendency to be accommodating with their clients. The more enhanced friendly submissiveness they present the more difficulty they face in navigating the therapeutic process and maintaining boundaries (McBeath et al., 2020). Moreover, is it suggested that they feel less confident in the application of interventions. Another finding from this study that agrees with the existing literature is the feeling of exposure therapists have when working in their private environment (Ronen-Setter & Cohen, 2020). Knott, Habota and Mallan (2020) in their study mention the difficulty with worksheets, which verifies the participants' experiences in the current research.

Some of the participants adopted coping strategies according to suggestions from the literature. A therapeutic session begins with the creation of therapeutic space. Although all trainee participants were working from their homes, they mentioned trying to create an environment as neutral as possible to avoid showing personal objects that might lead to inappropriate self-disclosure. Additionally, therapists soliciting feedback from clients enhance therapeutic alliance by eliminating the distance from the online setting (Inchausti et al., 2020). Personal application of relaxation techniques is essential and helpful for therapists' well-being. Taking a few minutes before the session assists therapists to connect (Norcross & Phillips, 2020). Moreover, seeking support from colleagues is an extra factor in coping with the challenges induced by the pandemic (Aafjes-van Doorn et al., 2020). Most of the participants mentioned supervision as a contributing factor to coping with challenges (Wilson, Davies & Weatherhead, 2016) and the fact that supervision sessions were held online during quarantine (Bernhard & Camins, 2021) contributed positively, while they could address any occurring challenges and the supervisor acted as a role model, being already familiarized with video-conferencing. As for the establishment of boundaries, many participants referred to the significance of personal therapy (Wigg, Cushway & Neal, 2011), setting boundaries firstly for themselves helps them set boundaries in the therapeutic room later.

At the beginning of the placement, trainees have not yet acquired experience and the building of their therapeutic image is still in progress. A study focused on trainee integrative therapists mentioned feelings of professional uncertainty and lack of therapeutic competence (Ladmanová, Řiháček & Roubal, 2020). Anxiety for psychotherapists who are on a training level is anticipated and in a way inescapable (Myers et al., 2012). Doubts and insecurity about therapeutic skills and self-efficacy mentioned by participants in the study are justified (Aafjes-van Doorn, Bekes & Prout, 2020). It is worth noting that these feelings were also augmented due to the pandemic and obligatory transition to the online framework (Schneider et al., 2020).

Furthermore, worries over establishment of the therapeutic alliance via video-conferencing are in alliance with existing studies (Norwood et al., 2018). The establishment of a therapeutic alliance was one of the first concerns participants mentioned (Simpson & Reid, 2014), as they were afraid that the online framework would affect it. Results indicate that technical and environmental challenges in their first steps had an impact on the relationship with clients. In the meantime, they became more acquainted and found coping strategies to overcome the problems and were capable of creating strong and stable therapeutic relationships (Norwood et al. (2018).

Trainees during this time had the opportunity to experience a client's perspective immediately from the beginning of the placement. The pandemic is a 'collective trauma event' (Amorin-Woods et al., 2020). Therefore, therapists could easily empathize with clients and step in their shoes, which according to literature heightens therapists' professional self-awareness (Ladmanová, Řiháček & Roubal, 2020). This finding could be a reason that explains trainees' progress over time. On the other hand, trainees are susceptible to vicarious traumatization (Aafjes-van Doorn et al., 2020), while they were exposed to undealt with stressful conditions and were responsible at the same time for the wellbeing of others.

A surprising finding in the study was the heightened sense of commitment of participants. It is interesting that despite their challenges they did not neglect their responsibilities and duties as therapists. All of them were concerned with providing therapy of high quality. It is important to note that all participants continued their placement and none of them stopped or paused it because of the pandemic. In addition, everyone mentioned the necessity of being prepared for the challenges of training in online psychotherapy. Participants felt that they were mostly responsible for that. This finding agrees with results from another study (MacMullin, Jerry and Cook, 2020). Also, the finding of feeling a responsibility to overcome challenges and barriers to help clients adds to the existing literature (Knott, Habota and Mallan, 2020). The necessity for developing knowledge of relevant literature (Knott et al., 2020; Chia, 2022; Backhaus et al., 2012; Situmorang, 2020) was regarded as the therapist's responsibility in this study. Trainees present a sense of commitment towards the profession and clients to be ready and prepared for the online setting and to be able to cope with any upcoming challenges.

The research literature supports the view that therapists who have not gained experience with the online framework of psychotherapy are seen as doubtful and uncertain about the creation of therapeutic relationships via video-conferencing (Simpson & Reid, 2014) it is confirmed in this study too. Trainees at the beginning of their placement were hesitant about the effectiveness of video-conferencing and were negatively predisposed to the expected quality of the therapy. This finding can be explained as being due to the trainee participants having no previous experience with establishing therapeutic relationships with clients and no training for video-conferencing sessions.

In the meantime, with time, participants' attitudes changed positively. Although the shift to the online framework was sudden, participants' progress was gradual. Gaining experience and becoming familiarized with online platforms led to more positive attitudes (Connolly et al., 2020). A significant factor that contributed to this change was participants' acceptance of the online framework, as they gradually let go of their anxiety and gained competency. As is indicated from the analysis of the participants' interviews, progress and familiarization with the online framework were profound, and that led to enhanced confidence. This finding is also supported by the study of Backhaus et al. (2012). Participants have mentioned that by becoming aware of the above-mentioned challenges, they are capable of providing alternatives to clients,

as they are not overwhelmed by technical difficulties, another finding supported by the existing literature (MacMullin, Jerry & Cook, 2020).

A developing sense of comfort with video-conferencing was obvious among all trainees, a finding that supports previous research (Sammons et al., 2020). As seen from participants' narratives, trust in the self as a therapist leads to trust in the therapeutic progress so that more satisfaction is gained from the process of psychotherapy (Cioffi et al., 2020). As participants moved toward the completion of their placement they acquired a more stable and strong sense of therapeutic identity.

The pandemic on the other hand brought to the surface the online framework of psychotherapy. Advantages need to be recognized, such as the gain in time from traveling to therapy both for clients and therapists (Green-Hamann, Eichhorn & Sherblom, 2011). Moreover, therapists can work with clients living in different geographic areas, expand their clientele (Saladino et al., 2020; Situmorang, 2020) and not remain restricted to a specific area (Schopp et al., 2006; Barnett, 2005). This way of working benefits professionals living in rural areas with a small population. In addition, people with disabilities can be included through the online framework of psychotherapy (Dores et al., 2020). Not all people have the ability to attend face to face therapy and not all offices are adequately equipped to provide accessibility to people with movement disabilities. Video-conferencing provides access to more target groups and marginalized communities. The benefits that were identified in the interviews supported the existing literature. Reduced travel time for therapists and clients is an important advantage of the online setting. Online psychotherapy offers flexibility in the scheduling of sessions. Gaining experience with online psychotherapy, many therapists intend to incorporate this way of practice in their future planning (Sammons et al., 2020). Participants in the study expressed willingness to implement video-conferencing in their practice, as they perceive it as a trustworthy means of conducting psychotherapy. Taking into consideration the clients, for some, the comfort and security of their homes facilitate their expression and disclosure of their problems sooner than they probably would do in face-to-face sessions (King et al., 2006; Reynolds, Stiles &

Grohol, 2006; Situmorang, 2020; Lamb, Pachana & Dissanayaka, 2018). These findings are in agreement with the participants' experiences, as they also emphasized the advantages of online psychotherapy.

STRENGTHS AND LIMITATIONS

This study has given voice to the experiences of trainee integrative psychotherapists. Future trainees and experienced therapists have the potential to learn from others' experiences. It is important to note that that this study has provided data to fill a gap in the research. No studies have so far explored the experiences of trainee integrative psychotherapists using video-conferencing during the pandemic.

As the nature of the study was qualitative it means that the results are not conclusive as they are based on the subjective experiences of participants (Queirós, Faria & Almeida, 2017). The sample size was small so results cannot be generalized. A possible limitation might be that half of the participants were in the middle of their placement while others were almost completing it. Although not many differences were observed between these groups. Participants were not trained in online psychotherapy, which could impose a limitation on the study.

Participants' professional self-doubt and uncertainty of their therapeutic abilities might be impacted more given the high impact of the pandemic and restricted measures during their placement. Due to the sudden uptake of remote sessions they were not prepared adequately to present their skills. Looking forward, the study will shed light on the development of professionals in the mental health field and also could be used as guidance in case of another quarantine or pandemic. Although the study focused on the context of the pandemic, its finding might not apply to a non-pandemic period. There is little doubt that another limitation is the focus on the challenges and difficulties via video-conferencing during the pandemic.

FUTURE STUDIES

An issue that was not explored in depth was the integrative approach, thus further research is needed specifically regarding the application of the model and the effectiveness of the processes involved during the Covid-19 pandemic. Researchers could also focus their attention on the stages of the model and explore possible differences or similarities in clients' progress

from one stage to another during the pandemic. In addition, more attention could be given to standardized assessments via video-conferencing. Researchers could also take into account the difficulties novice therapists faced during the pandemic with their practice and explore the possibility of vicarious traumatization in the years following the quarantine. Future research could focus on trainees who conduct online psychotherapy without being in quarantine and explore their development. Lastly, researchers could give more emphasis to the role of supervision during that time and explore the experiences of supervisors with their work during the pandemic, especially those who were seeing trainee therapists.

CONCLUSIONS

The Covid-19 pandemic and the restricting measures of quarantine and isolation had undeniable impacts on trainee psychotherapists. The process of quarantine created a lot of spare time for trainees, as they took advantage of the time for reading and enriched their knowledge of interventions and therapeutic techniques. The impact of the quarantine academically was positive although they were impacted negatively in the application of therapeutic skills in their placement. Although these trainee therapists were raised in the digital era and are acquainted with technology, they presented as hesitant and doubtful with online psychotherapy at first. Despite their initial negative attitudes toward video-conferencing, habituation with it changed them. Dedicating time to online sessions and strengthening their therapeutic image, over time all of them became more competent, effective and experienced in coping with challenges and establishing the therapeutic alliance. Private and group supervisory sessions, either online or in vivo during that time, played a major role. A necessity in training to conduct therapy via video-conferencing was obvious among all participants and from the existing literature. It is strongly recommended that educational institutions take this necessity into account and implement training in online therapy within their main corpus of studies. Video-conferencing should be considered as an alternative way to conduct psychotherapy with people that do not have the chance to experience this in vivo, or in times of need, such as a pandemic. Taken together, it is concluded that online therapy is seen as a form that does not replace face-to-face therapy, but that can facilitate the process when needed.

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Semi-structure Interview Schedule

Semi-structured interview schedule

Introductory questions/ ice breaker

Short review of subject and purpose of research

Key information, duration of the interview, right to withdraw/make a pause/choose not to answer a question

□ Tell me a little bit about your self

□ What were your first thoughts when you had to switch to online psychotherapy with your clients?

Follow-Up (F.U): How did this sudden situation make you feel?

Experience of the therapeutic relationship

□ Can you describe your me your view on the psychotherapeutic process via videoconferencing with your clients?

F.U : what can you recall from your first exposure?

□ What did you experience as challenging at delivering psychotherapy via videoconferencing?

F.U :How did you copy those challenges?

□ How would you describe the therapeutic alliance with your clients during online counseling?

□ How did you experience setting boundaries with your clients at online therapy?

F.U : What was challenging for you regarding this topic?

F.U : What are your feelings regarding this situation?

F.U : In case you experienced differences in relation to prior therapy from face-to-   face, how did you copy?

Experience of being a therapist

□ Could you describe in your own words how do you experience yourself as a therapist during online psychotherapy?

F.U : how does that make you feel ?

□ How do you perceive yourself as a therapist after experiencing online therapy?

□ How does that make you feel?

□ Based on your experience what do you believe was the impact of this transition to you?

□ How do you think your subjective experience of quarantine affected the psychotherapeutic work with your clients?

F.U : how did you manage your self-care/ how did you copy with that?

Experience regarding the Integrative Approach

□ Could you describe how did you view the integrative theoretical approach in your online practice of psychotherapy?

F.U : did you manage to apply all three modalities (person-centered, cbt, attachment theory)?

□ What is your experience with the application of interventions of these approaches through an online setting?

□ Could you give me same examples of interventions which you found more challenging from online delivery, and which were more effective?

Closing questions:

□ Do you notice in yourself any change in the use of online psychotherapy with the passage of time?

□ what advice would you give to future trainee psychotherapists?