

## EXPERIENCES OF COUNSELORS DELIVERING MENTAL HEALTH SERVICES THROUGH TELETHERAPY

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### ABSTRACT

Teletherapy has rapidly evolved as an essential mode of delivering counseling services, especially following the COVID-19 pandemic, which reshaped traditional therapeutic practices. This study aimed to explore the lived experiences of counselors providing teletherapy, focusing on the challenges, strategies, and perceived outcomes of this practice. A qualitative research design was employed, and data were gathered through semi-structured interviews with six practicing counselors from diverse clinical and counseling settings. Thematic analysis revealed ten superordinate themes: transition to teletherapy, accessibility and convenience, challenges in teletherapy, client-therapist dynamics, ethical and risk management, coping and adaptation strategies, psychological and emotional impact, professional growth, future directions, and cultural considerations. Results indicated that teletherapy improved accessibility, flexibility, and client engagement, particularly for geographically distant clients, but also presented notable challenges including technical barriers, limited non-verbal communication, confidentiality concerns, and crisis intervention limitations. Counselors adopted strategies such as hybrid models, active questioning, structured routines, and technology optimization to enhance therapeutic effectiveness. This study underscores the importance of culturally sensitive tools, structured teletherapy training, and clear ethical guidelines to ensure the sustainable integration of teletherapy within mainstream counseling practices.

**Keywords:** Teletherapy, Traditional Therapeutic Practices, Coping and Adaptation Strategies, Culturally Appropriate Digital Platforms

### INTRODUCTION

A variety of challenges, adaptations, and evolutions, as well as professional identity, therapeutic relationships, and clinical effectiveness, were revealed by the experience of counselors and therapy settings. The emergence of teletherapy as a primary medium of mental health care delivery, especially sparked by the Covid-19

pandemic, has changed the landscape of counseling and psychotherapy. Mental health professionals around the world have had to navigate these abrupt transitions from traditional and in-person therapeutic interactions to digital interference without proper preparation.

A combination of resilience is suggested by preliminary investigations into therapists'

adjustment to online formats. While (Edward et al.,2025) documented therapist struggles and successes and maintained emotional focus therapy EFT techniques over teletherapy platforms, highlighting the need of therapeutic tools and techniques to suit virtual environments, (Allan et al.,2021) noted that emotionally focused therapists working online encountered destructions of enthalpy presence and connection, making it difficult to preserve relational depth. These findings highlight the dual nature of teletherapy as both a facilitator and a complex form of relational counseling.

According to (Lagetto et al.,2024) a major concern is the shift in the therapeutic relationship, which is the cornerstone of affective psychotherapy. Therapists report significant difficulties in building rapport and interpreting nonverbal cues and the context of video conferencing, while some clinicians are able to create a sense of presence and empathy digitally, while others describe a persistent sense of emotional detachment. This is similar to findings from (Betchtold et al.,2023) whose qualitative interviews with therapists revealed altered dynamics after therapy at tangible embodied settings became abstracted and diffused, leading many counselors to doubt the depth and authenticity of connection possible through a screen.

Many therapists have demonstrated exceptional adaptability in spite of these challenges. In a phenomenological study of school counselors, (Greenidge et al.,2023) described a life-changing experience whereby remote counseling increased, encouraged creativity, and necessitated a reassessment of conventional counseling guidelines. The study demonstrated how practitioners reestablished boundaries, developed new skills, and occasionally experienced and anticipated intimacy when invited into clients' homes in a similar manner. According to (Yotisdi et al.,2024) the transition of Greek systematic therapists to online therapy was initially confusing but ultimately revealed unanticipated opportunities for therapeutic continuity, flexibility, and even growth.

One recurring theme in the research is the idea that presence and embodiment are important

elements that are thought to be diminished in online formats. In their study of routine and active and phenomenological frameworks,( Gracia et al.,2022) examine how therapists conceptualize and reconstruct embodied presence during online psychotherapy. In doing so, they challenge the binary assumptions that online therapy is inherently disembodied and, thus, inferior. Therapists learn to attune to vocal modulation, screen-mediated gestures, and subtitle visual cues, suggesting a reimagined but legitimate form of relational engagement.

However, therapists find that technology mediation has a significant emotional and cognitive impact. (Ahs et al.,2023) reported that mental health providers frequently experience suffering and more abstract and disconnected ways, which can lead to increased feelings of helplessness and emotional exhaustion. Although a tool for access, the technological interference interface can also stand in the way of clinical intuition and sympathetic resonance. Counselors talk about the emotional and moral strain of having in-depth conversations with clients while juggling erratic internet connections, technological hiccups, and the fuzziness of the lines separating personal and professional life.

Further information about how these experiences affect therapists' future selves and professional identities was provided by (Kotria et al.,2021). According to their qualitative study, therapists experienced feelings of loneliness and professional vulnerability, but they also discovered a surprising sense of fulfillment in helping clients they had previously been unable to assist. While some therapists bemoaned the loss of the impromptu therapeutic movements that physical presentations provide, others praised the logistical simplicity and time efficiency of working online. Their stories' ambivalence reflects a larger professional conflict between the need to provide care and the difficulty of redefining that care in light of new technological limitations.

Nonetheless, some criticisms highlight the impact of nonverbal communication, technological barriers, the therapist's readiness, and other elements on the overall effectiveness of therapy (Markowitz,Thompson-de Benoit & Kramer

2020). Even more concerning are therapists' experiences of moderate professional self-doubt and emotional burnout regarding this change in modality (Hoffmann et al., 2020). The international nature of the studies reveals both commonalities and contextual differences in teletherapy experience as studies reported similar concerns about relational disruptions boundary management and professional fatigue. However, how therapists in each context experience the transitions is greatly influenced by cultural expectations regarding therapy, technology infrastructure, and training opportunities. Crucially, many therapists stress that the effectiveness of teletherapy depends not only on technology but also on the flexibility of therapeutic approaches. This is also true of systematic therapy, which examined how family dynamics and interactions were interpreted with constrained screen times and camera angles. Together, these results imply that modalities must change to accommodate digital tools, not just in terms of form but also in terms of philosophy.

### Rationale

In recent years, teletherapy has emerged as, significant mode of delivering psychological services across the world. The COVID-19 pandemic is accelerated its adoption, especially in developing countries like Pakistan, so where accessibility to mental health services is already limited (Alvi et al., 2024). Despite its growing importance, teletherapy carries challenges, such as technological barriers, privacy concerns, lack of nonverbal cues, and difficulties in building therapeutic alliance. (Munir and Dawood, 2022). Counselors, who are central to the process, often report unique psychosocial experiences in shifting from face-to-face counseling to an online therapeutic environment (Qureshi et al., 2024). Their lived experiences provide critical insights into both the benefits (e.g., convenience and extended reach) and struggles (e.g., ethical dilemmas, emotional exhaustion, digital fatigue) associated with teletherapy. However scientific literature within the Pakistani cultural context remains limited, particularly focusing on counselors' direct experiences of providing online

therapy. Therefore, the current study aimed to explore the lived experiences of counselors practicing teletherapy to highlight both the challenges and coping strategies they employ for contributing to the growing body of research on digital, mental health services.

The objectives of the current study were to explore the lived experiences of counselors providing teletherapy, identify the challenges and barriers they face in this setting, and examine the strategies they adopt to manage these difficulties effectively. Furthermore, the study aimed to understand the perceived effectiveness of teletherapy and its impact on the therapeutic alliance between counselors and clients. By addressing these objectives, the research sought to provide valuable insights into the evolving landscape of online counseling.

### Research Question

What are the lived experiences of counselors providing teletherapy, including the challenges, strategies, and perceived impact on their professional practice?

### Method

#### Research Design

The present study employed a qualitative research design, using the phenomenological approach to assess the lived experiences of counselors engaged in teletherapy, IPA was chosen as it allows an in-depth exploration of participants' personal meanings, Perceptions, and reflections while setting aside researcher bias (Smith & Osborn, 2004). This method provided the flexibility to capture holistic, nuanced, and authentic accounts of counselors' experiences in the digital therapeutic space. Reflective techniques were incorporated to ensure that participants' voices remained central to the interpretation process. Through this approach, the study aimed to provide a rich understanding of how teletherapy, is experienced in practice by, professional counselors.

### Participants and Sampling

The participants for the study were mental health professionals working in private clinics. A

purposive sampling technique was used to recruit participants. This method ensured that participants had relevant experience and were well-positioned to discuss the barriers and psychosocial

challenges they faced in tele therapy counseling (Palinkas et al., 2015). A total of six participants were interviewed.

**Table 1**  
**Characteristics of Participants working as Mental Health Professionals in tele-therapy settings (N= 6)**

Participant ID	Gender	Age	Highest Qualification	Experience in Counseling	Experience in Teletherapy	Client Type	Therapeutic Approach	Primary Platform Used	Work Setting
1	Male	35	MS Clinical Psychology	8 years	7 years	Mostly adults, occasional couples	CBT	WhatsApp (preferred), Zoom	Private practice
2	Female	28	MS/ADC Psychology	3-4 years	2 years	Adults, few adolescents	CBT + Integrative approach	Zoom, Google Meet	Clinic setting
3	Male	32	MPhil Applied Psychology	5-6 years	3 years	Adults, teens	CBT, Person-Centered	Zoom, WhatsApp calls	Private practice
4	Female	40	PhD Scholar (Psychology)	10 years	4 years	Mixed clients, children difficult online	REBT, CBT	Google Meet, Zoom	Academic + Private practice
5	Female	38	MS Clinical Psychology	7 years	3 years	Adults, remote clients	CBT + Mindfulness	Zoom, Google Meet	Private practice
6	Female	30	MS Clinical Psychology	6 year	5 year	Adults, teens	CBT, Person-Centered	Zoom, Google Meet	Clinic setting

#### Interview Questions

1. How do counselors perceive the therapeutic relationship in a virtual setting?.
2. What challenges and benefits do counselors encounter in teletherapy sessions?
3. How has teletherapy influenced counselors' professional identity and therapeutic techniques?
4. What ethical or boundary-related concerns arise for counselors in teletherapy?
5. How do counselors manage their own emotional well-being and burnout when working online?

## Procedure

The study followed a qualitative research design to explore the lived experiences of counselors providing teletherapy. After obtaining formal ethical approval from the institutional review board, participants were recruited using purposive sampling based on their active engagement in teletherapy during or after the COVID-19 pandemic. A total of eight practicing counselors participated in the study. Each participant was contacted via email and phone, informed about the study's purpose, and provided with a consent form ensuring confidentiality, voluntary participation, and the right to withdraw at any stage. Data were collected through semi-structured, in-depth interviews conducted online via Zoom or Google Meet, depending on participant preference. Each interview lasted between 40 and 60 minutes and was audio-recorded with participants' permission. An interview guide was designed focusing on areas such as transition to teletherapy, challenges faced, client-therapist interactions, ethical concerns, coping strategies, and perceived professional growth. Participants were encouraged to share their personal experiences, reflections, and strategies used in teletherapy practice.

All interviews were transcribed verbatim and anonymized using participant codes to protect identities. Thematic analysis, as outlined by Braun and Clarke (2006), was employed to analyze the data. Initial codes were generated manually and later refined into subthemes and superordinate themes through iterative review and peer debriefing. Two separate counseling psychology experts confirmed the validity of the final themes to increase credibility and trust. The eighth interview was the point at which data saturation occurred because no new information emerged, or no major differences were discovered.

## Results

The present study explored the experiences of a counseling psychologist in delivering teletherapy

within a counseling setting. Thematic analysis of the interview data allowed identifying nine broad themes that represent different dimensions of the teletherapy practice. These themes highlighted the transition process from in-person sessions to an online medium, the perceived benefits in terms of accessibility and convenience, and the challenges encountered during this shift. Furthermore, the results shed light on evolving client-therapist dynamics, ethical considerations, coping and adaptation strategies, as well as the psychological impact on the therapist. Themes also revealed the ways in which teletherapy contributed to professional growth and offered insights for its future integration into mainstream counseling services. Each theme is discussed below with supporting subthemes and verbatim excerpts from the participant.

### 1. Transition to Teletherapy

The transition to teletherapy was initially met with hesitation and skepticism by the participant, who expressed concerns regarding the depth and authenticity of online counseling. They reflected, *"My main concern in the beginning was whether teletherapy could truly match the depth of in-person counseling. Building rapport and observing behavior through a screen felt limited."* The sudden onset of the COVID-19 pandemic acted as a major catalyst, forcing a shift from traditional in-person sessions to virtual platforms, *"During my MS the COVID-19 pandemic forced us to shift to online mediums. Hospitals and clinics were closed for physical visits, so teletherapy became our only option."* Over time, with consistent use of various digital tools, confidence in delivering therapy remotely grew, and teletherapy became an integrated part of practice, *"Though it was unfamiliar at first, it helped me continue my work with clients without interruption."* This period also facilitated skill acquisition, as the participant learned to adapt established therapeutic techniques to the online space, reflecting a gradual professional evolution.

Figure 1

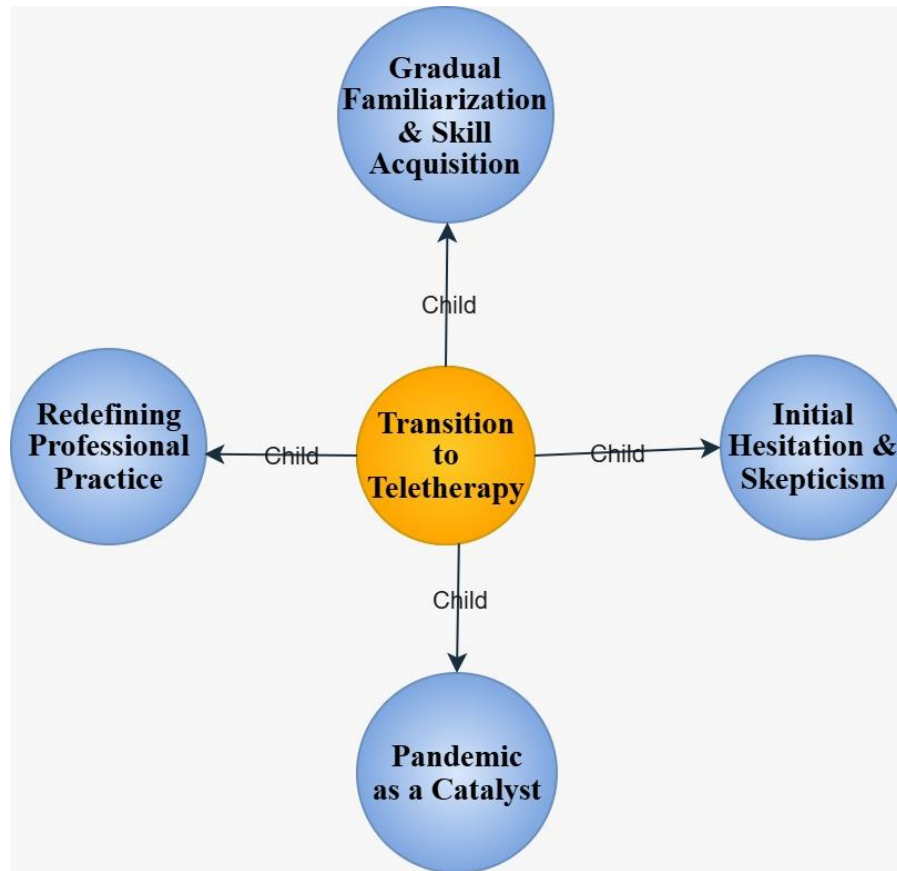


Fig 1. Sub-ordinate Themes of transition to tele therapy

Superordinate Theme	Sub-theme	Codes	Supporting Verbatim (From Interview)
1. Transition to Teletherapy	Initial Hesitation & Skepticism	Doubts about effectiveness, fear of losing depth	“My main concern in the beginning was whether teletherapy could truly match the depth of in-person counseling.”
	Gradual Familiarization & Skill Acquisition	Practice, trial-and-error, adapting to tools	“Though it was unfamiliar at first... over time... my confidence in teletherapy grew.”
	Pandemic as a Catalyst	Necessity due to a lockdown, shift from face-to-face	“Hospitals and clinics were closed for physical visits, so teletherapy became our only option.”
	Redefining Professional Practice	Change in workflow, integration with existing methods	“This experience has taught me to integrate traditional therapeutic techniques with digital tools.”
2. Accessibility & Convenience	Time and Efficiency	Cost Reduced travel, flexible schedules	“Teletherapy... proved to be cost-effective and time-saving.”

Superordinate Theme	Sub-theme	Codes	Supporting Verbatim (From Interview)
3. Challenges in Teletherapy	Geographic Reach	Serving distant or overseas clients	“For clients who are abroad or from distant cities, I directly begin online sessions and still find them effective.”
	Client Punctuality & Attendance	Less cancellations, timely joining	“Clients join sessions on time without worrying about transportation or delays.”
	Therapist Work-Life Balance	Less commute stress, structured routine	“I keep my counseling sessions in a separate workspace at home to maintain professionalism.”
	Technical Barriers	Internet disruptions, platform reliability	“Initially, we had technical challenges, like poor internet and difficulty finding reliable platforms.”
	Client Digital Literacy & Preparedness	Elderly struggles, children needing help	“Children and elderly clients often need assistance from family members to set up sessions.”
	Communication Barriers	Missing non-verbal cues, facial expression difficulty	“At first, missing nonverbal communication was a big difficulty... poor video quality sometimes made it harder to notice facial expressions.”
4. Client–Therapist Dynamics	Distractions & Session Interruptions	Family noise, multitasking, low attention span	“With children, distractions are frequent—they lose focus easily in front of a screen.”
	Initial Rapport Building	Need for first face-to-face session	“Personally, I prefer having one face-to-face session at the start... to build rapport.”
	Client Openness in Home Environment	Reduced anxiety, increased disclosure	“Most of my teletherapy clients are university students and working adults. They are more comfortable with technology.”
	Age-related Preferences	Adolescents/adults more adaptable, elderly/children less	“With adults and teenagers... they also show better involvement.”
	Engagement Strategies	Active questioning, reflective listening	“I learned to use active questioning... encouraging them to describe feelings in words.”
5. Ethical & Risk Management	Confidentiality & Privacy Risks	Screen recording, weak app security	“There are clear risks, like breaches of confidentiality through screen recording or weak security on apps.”
	Informed Consent Procedures	Pre-session consent, app instructions	“Before starting teletherapy, I always take informed consent and check whether the client has stable internet.”

Superordinate Theme	Sub-theme	Codes	Supporting Verbatim (From Interview)
6. Coping & Adaptation Strategies	Crisis Intervention Limitations	Suicidal ideation, emergency response challenges	“Another major concern is handling crises such as suicidal ideation, where immediate physical support is not possible.”
	Ethical Boundaries in Digital Context	Over-familiarity risk, out-of-session messages	“I fix my schedule strictly, making sure I don’t overload myself with back-to-back sessions.”
	Technology Optimization	Zoom, Google Meet, reliable platforms	“Now, my experience with teletherapy is much smoother. I rely mostly on Zoom and Google Meet.”
	Tailoring Interventions for Online Settings	Worksheets, relaxation techniques, mindfulness	“Techniques like reflective listening and Socratic questioning help bridge this gap.”
	Environmental Adjustments	Dedicated workspace, soundproofing, lighting	“I keep my counseling sessions in a separate workspace at home to maintain professionalism.”
7. Psychological & Emotional Impact	Time Management & Self-Care	Avoiding session overload, breaks	“I also fix my schedule strictly, making sure I don’t overload myself with back-to-back sessions.”
	Therapist Psychological Relief	Less travel fatigue, reduced logistical stress	“Psychologically, online sessions feel less burdensome because of reduced traveling.”
	Emotional Strain from Limited Non-Verbal Cues	Increased attentiveness, mental effort	“Emotionally... they require more attentiveness since you cannot always rely on physical presence.”
	Client Empowerment & Comfort	Familiar settings reduce performance anxiety	“Teenagers seemed less nervous in online sessions compared to my office.”
8. Professional Growth & Training	Teletherapy research interest, skill enhancement	Teletherapy research interest, skill enhancement	“This experience... showed me the importance of further research in teletherapy.”
	Skill Development in Digital Therapy	Ethics, platform use, digital boundaries	“It also showed me the importance of... developing culturally suitable apps.”
	Resilience & Flexibility	& Adapting to changing contexts	“This experience has taught me to integrate traditional therapeutic techniques with digital tools.”
9. Future Directions in Teletherapy	Initial face-to-face then online, flexible follow-ups	Initial face-to-face then online, flexible follow-ups	“Personally, I prefer having one face-to-face session at the start... and then I continue online.”
	Teletherapy Normalization & Growth	Accepted part of modern counseling	“I think teletherapy is here to stay; it has become a regular part of counseling.”

Superordinate Theme	Sub-theme	Codes	Supporting Verbatim (From Interview)
10. Cultural & Contextual Considerations	Need for Culturally-Specific Tools	Local language apps, cultural relevance	“It also showed me the importance of... developing culturally suitable apps.”
	Family Involvement	Parents helping children, elderly support	“Children and elderly clients often need assistance from family members to set up sessions, which can be a challenge.”
	Socioeconomic Factors Affecting Teletherapy	Internet affordability, access to devices	(Implied) “Before starting teletherapy, I always take informed consent and check whether the client has stable internet.”
	Community Awareness & Acceptance	Teletherapy as emerging concept in local context	“This experience... showed me the importance of further research in teletherapy and the need for developing culturally suitable apps.”

## 2. Accessibility and Convenience

Teletherapy provided significant improvements in accessibility and convenience for both clients and the therapist. The participant highlighted its efficiency in saving time and reducing logistical burdens, stating, “Teletherapy, on the other hand, proved to be cost-effective and time-saving.” It allowed clients from remote cities and even those living abroad to access consistent counseling without travel barriers, “For clients who are abroad or from distant cities, I directly begin online sessions and still find

them effective.” Furthermore, online sessions enhanced punctuality, as clients were more likely to join on time, eliminating delays caused by transportation, “The biggest difference is punctuality and convenience. Clients join sessions on time without worrying about transportation or delays.” For the therapist, the modality improved work-life balance by enabling structured schedules and the use of a dedicated workspace at home, “I keep my counseling sessions in a separate workspace at home to maintain professionalism.”

Figure 2

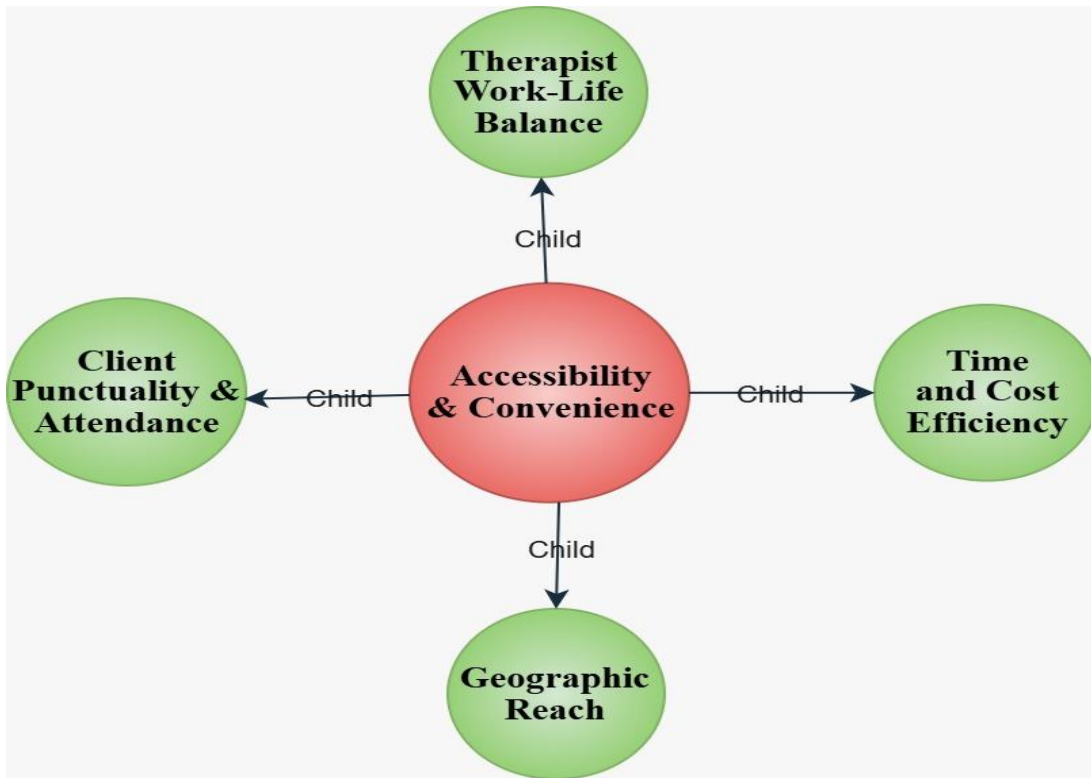


Fig 2. Sub-ordinate Themes of therapist work life balance

### 3. Challenges in Teletherapy

Despite its benefits, teletherapy posed significant challenges, particularly in the early stages of adoption. Technical issues such as poor internet connectivity and unreliable platforms were frequently encountered, *“Initially, we had technical challenges, like poor internet and difficulty finding reliable platforms.”* Digital literacy also played a major role, as children and elderly clients often required assistance from family members to access services, *“Children and elderly clients often need assistance from family members to set up sessions, which*

*can be a challenge.”* The inability to consistently observe nonverbal cues further hindered the therapeutic process, particularly when video quality was compromised, *“At first, missing nonverbal communication was a big difficulty. Poor video quality sometimes made it harder to notice facial expressions.”* Additionally, distractions during sessions, especially among younger clients, reduced focus and engagement, *“With children, distractions are frequent—they lose focus easily in front of a screen.”*

Figure 3

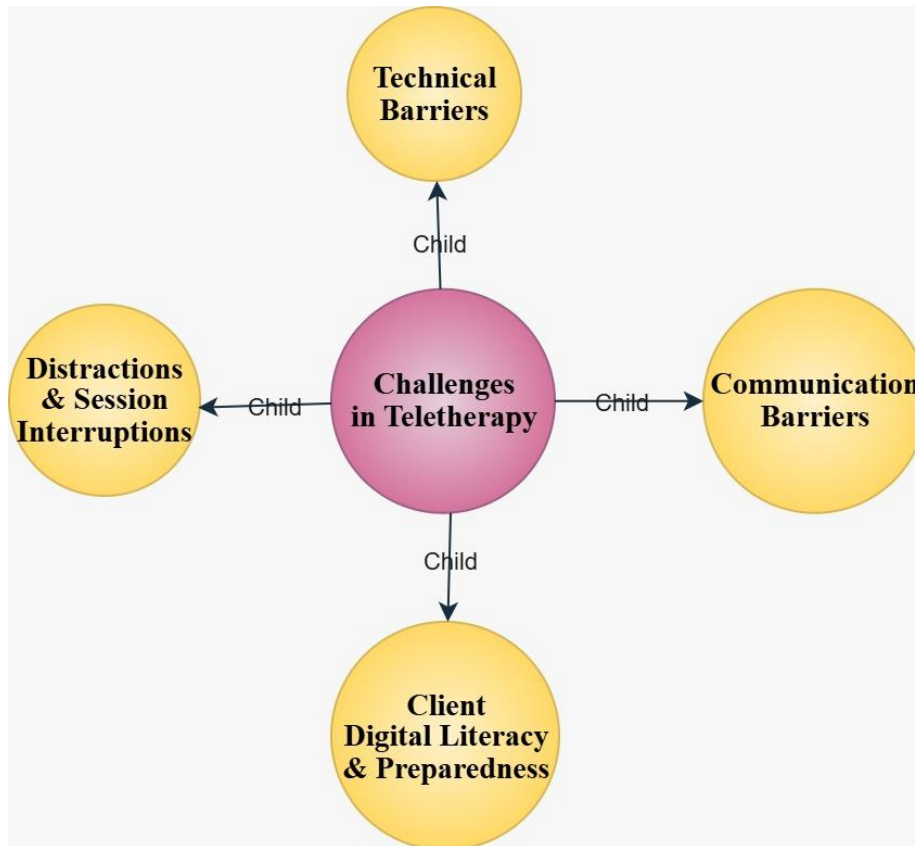


Fig 3. Sub-ordinate Themes of challenges in therapy

#### 4. Client–Therapist Dynamics

Teletherapy reshaped the dynamics between therapist and client, requiring new strategies to build rapport and foster openness. The participant preferred hybrid approaches where feasible, explaining, “Personally, I prefer having one face-to-face session at the start, if possible, to build rapport, and then I continue online.” Adult and adolescent clients generally adapted well, demonstrating greater involvement and comfort with technology, “Most of my teletherapy clients are university students and

working adults. They are more comfortable with technology, which makes the process smoother.” However, elderly clients and children often needed additional support, and engagement strategies such as active questioning and reflective listening became essential, “I learned to use active questioning, asking clients directly about emotions, and encouraging them to describe feelings in words.” These methods compensated for reduced physical presence and enhanced the therapeutic connection in the online setting.

Figure 4

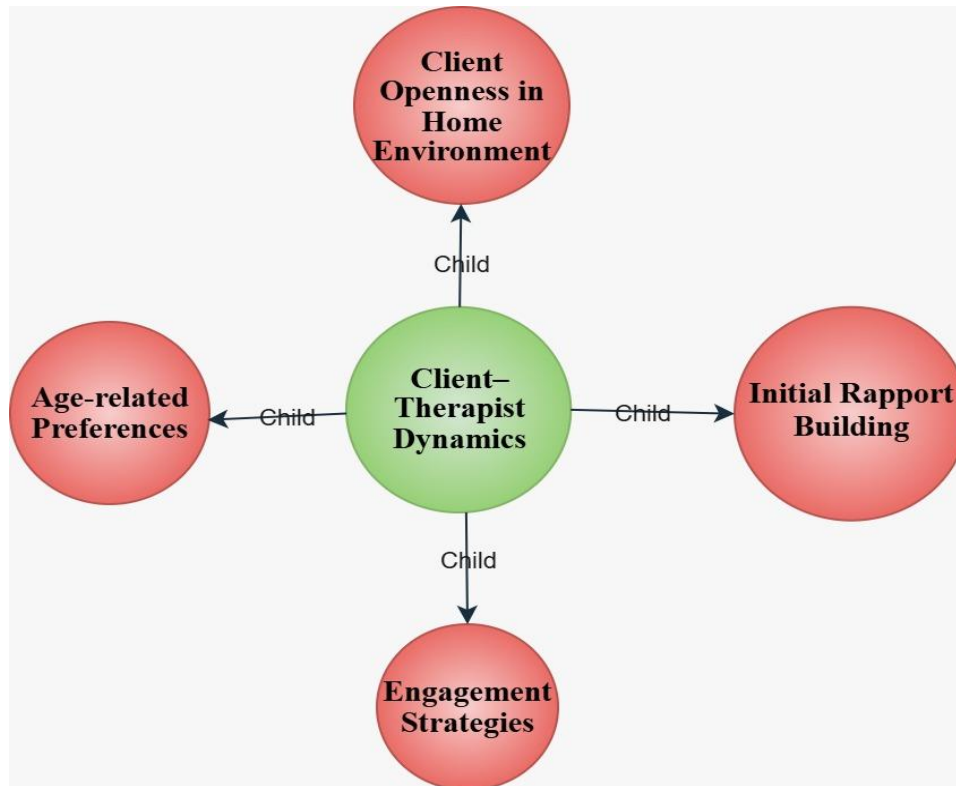


Fig 4. Sub-ordinate Themes of client openness in the home environment

### 5. Ethical and Risk Management

Ethical concerns were a core aspect of the teletherapy experience, with the participant emphasizing the importance of confidentiality and informed consent. Risks such as screen recording or platform security vulnerabilities were acknowledged, "There are clear risks, like breaches of confidentiality through screen recording or weak security on apps." Prior to beginning sessions, thorough screening was conducted to ensure client readiness and connectivity, "Before starting teletherapy, I always

take informed consent and check whether the client has stable internet and knows how to use the app." Crisis intervention was identified as a limitation in remote settings, particularly for clients at risk of self-harm, "Another major concern is handling crises such as suicidal ideation, where immediate physical support is not possible." Clear boundaries and structured scheduling were seen as crucial in maintaining professionalism and protecting both therapist and client.

Figure 5

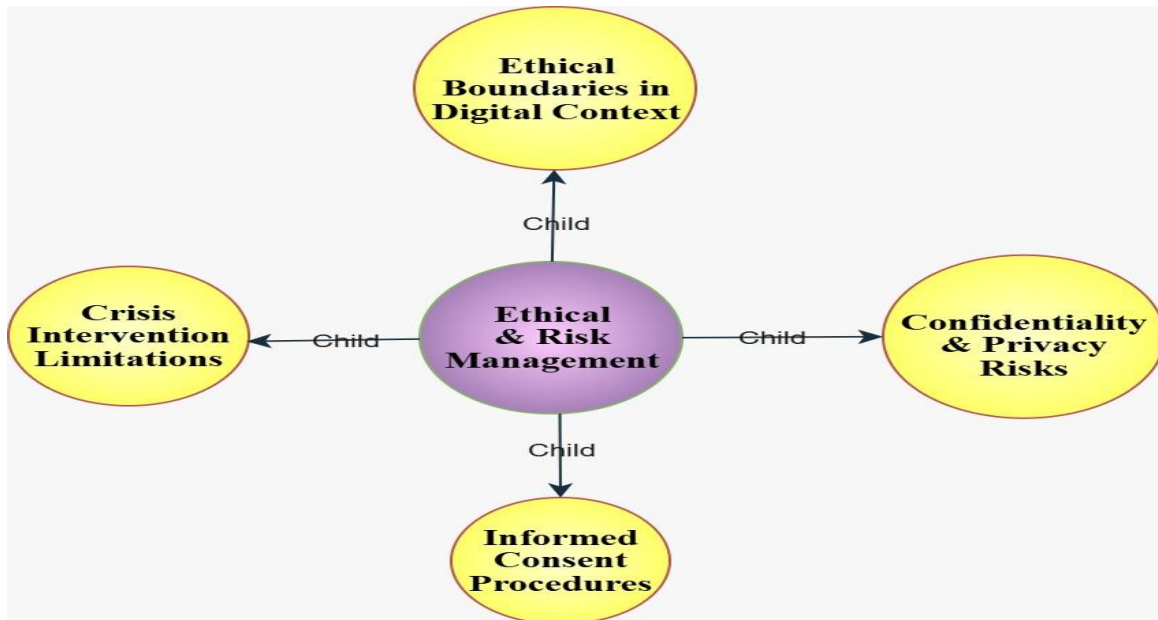


Fig 5. Sub-ordinate Themes of Ethical boundaries in the digital context

### 6. Coping and Adaptation Strategies

To address challenges, the participant developed several coping strategies that streamlined teletherapy practice. Reliance on stable platforms such as Zoom and Google Meet replaced earlier inconsistent tools, “Now, my experience with teletherapy is much smoother. I rely mostly on Zoom and Google Meet.” They tailored interventions to suit the digital medium, making greater use of verbal

expression and reflective questioning to bridge the nonverbal gap, “I learned to use active questioning... encouraging them to describe feelings in words.” Environmental adjustments, such as creating a dedicated counseling space at home, maintained a professional atmosphere, while structured scheduling helped avoid burnout, “I also fix my schedule strictly, making sure I don’t overload myself with back-to-back sessions.”

Figure 6

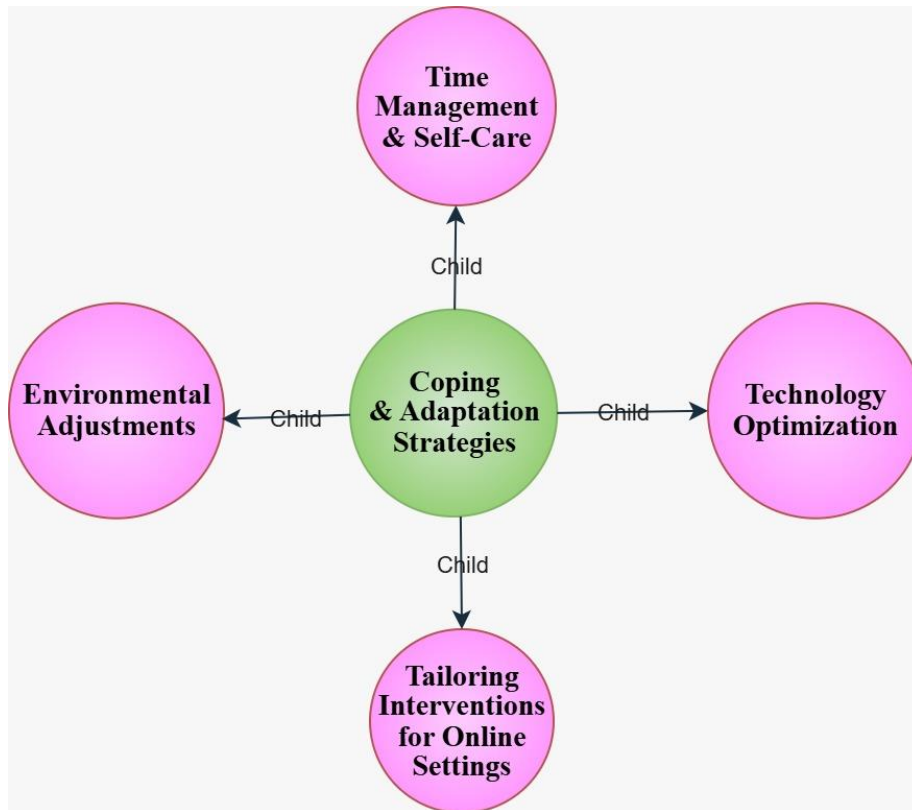


Fig 6. Sub-ordinate Themes of time management and self-care

### 7. Psychological and Emotional Impact

Teletherapy had both relieving and demanding psychological effects on the therapist. Reduced travel and logistical demands decreased overall workload, contributing to a sense of ease, "Psychologically, online sessions feel less burdensome because of reduced traveling and easier client access." However, emotional labor increased due to the constant attentiveness required to monitor clients

without full access to body language, "Emotionally, however, they require more attentiveness since you cannot always rely on physical presence to read clients' states." For many clients, particularly young adults, the online format provided comfort and enhanced their willingness to participate, "They are more comfortable with technology, which makes the process smoother."

Figure 7

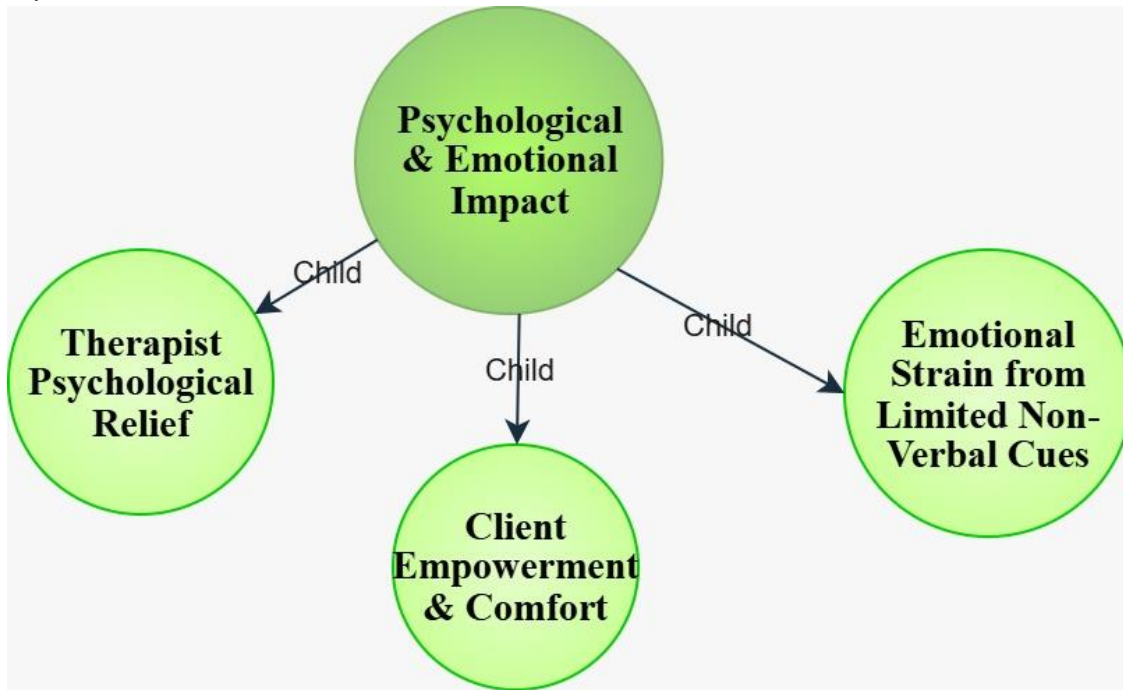


Fig 7. Sub-ordinate Themes of Psychological and Emotional Impact

### 8. Professional Growth and Training

The shift to teletherapy also promoted professional growth and highlighted the need for continued training. The participant described the period as a time of learning, during which they integrated traditional therapeutic tools with digital innovations, *“This experience has taught me to integrate traditional therapeutic techniques with digital*

*tools.”* Skill development extended beyond therapy delivery to include technical competence and client screening, *“As I adapted and gained more experience with different apps, my confidence in teletherapy grew.”* Exposure to remote counseling during a global crisis strengthened resilience and flexibility, ensuring uninterrupted client care.

Figure 8

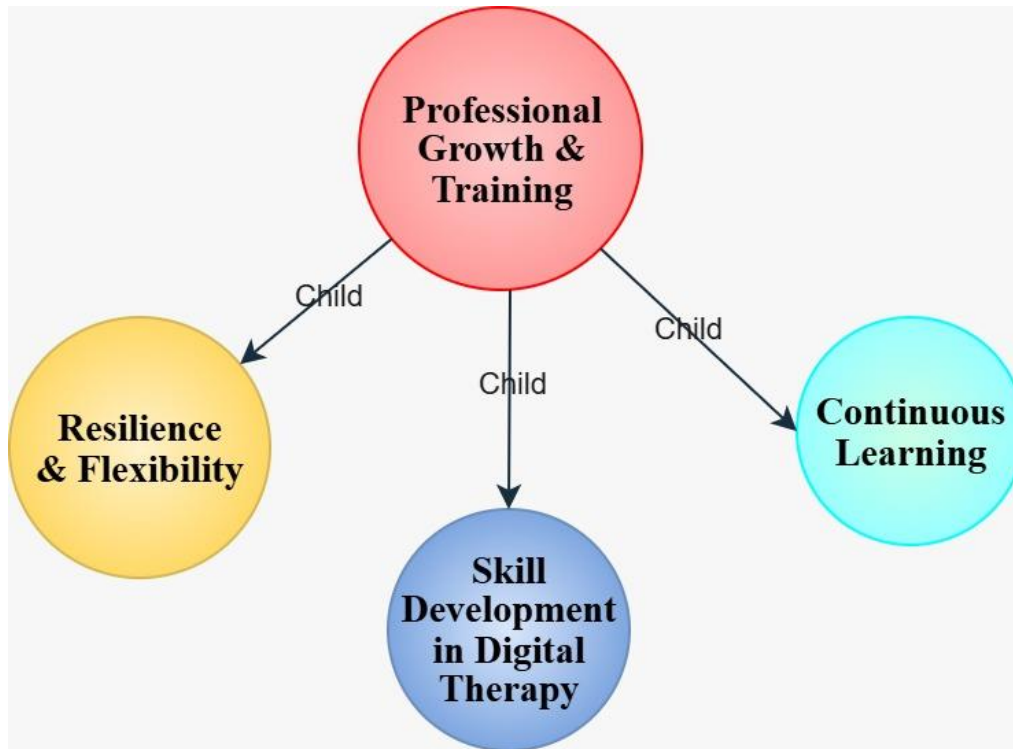


Fig 8. Sub-ordinate Themes of Professional growth and training

### 9. Future Directions in Teletherapy

Looking ahead, the participant advocated for hybrid models that combine the advantages of both modalities, “Personally, I prefer having one face-to-face session at the start... and then I continue online.” Teletherapy has transitioned from a pandemic necessity to a mainstream practice, with growing acceptance among clients and therapists, “Now, my

experience with teletherapy is much smoother. I rely mostly on Zoom and Google Meet.” The participant also emphasized the importance of developing culturally appropriate teletherapy tools and conducting further research to enhance its effectiveness, “It also showed me the importance of further research in teletherapy and the need for developing culturally suitable apps.”

Figure 9

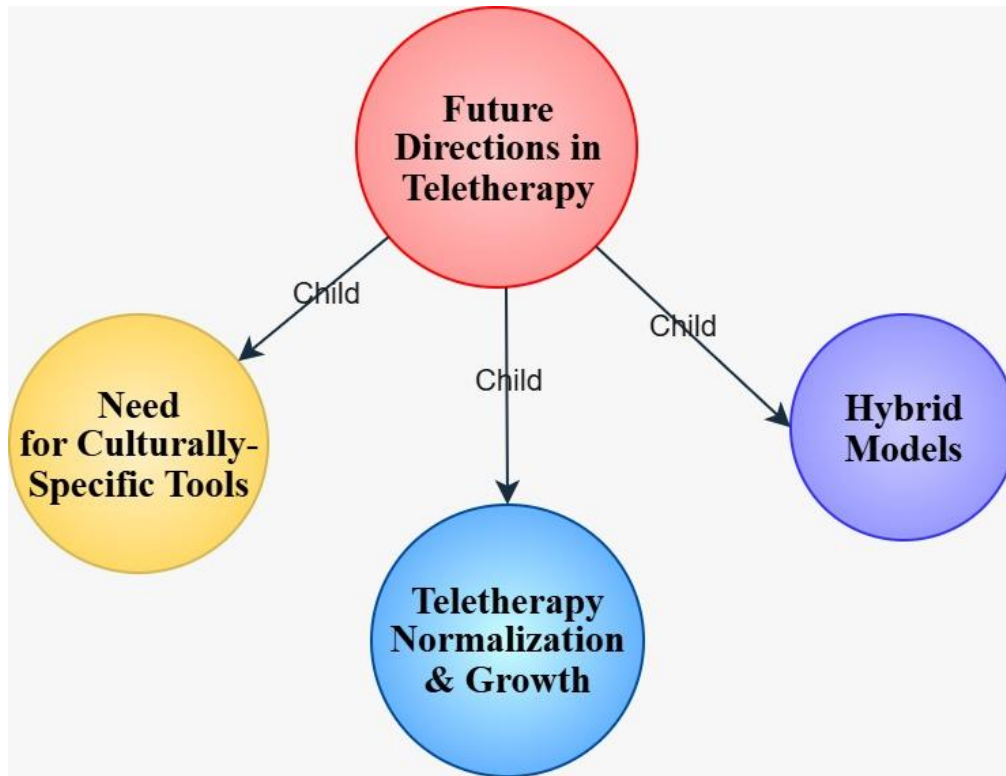


Fig 9. Sub-ordinate Themes of future direction in teletherapy

#### 10. Cultural & Contextual Considerations

The theme sheds light on how cultural beliefs, socioeconomic background, and perceptions of the community affect the implementation and success of teletherapy. Counselors stressed that the degree of family engagement in a session is often dictated by the cultural requirements of those clients, such as children and older adults, who can need technical support of their family members. One counselor said, children and older clients may require family members to help them arrange sessions, and this is sometimes a problem. This means that teletherapy here is not just between the counselor and the client but a third party, which may have an impact on confidentiality and openness.

Socioeconomic influences were critical as not all clients had access to secure internet, they could not afford to buy devices, and they might not be technologically literate. There were cases where

counselors needed to evaluate the stability of the internet prior to the onset of the session, demonstrating unequal access: “Before initiating teletherapy, I always take informed consent and check whether the client has good internet connection. Besides, teletherapy remains a novel development in most local settings, and has little awareness and acceptance. Counselors reported an urgent need to develop culturally specific platforms such as language customization and user-friendly layout to increase engagement: “This experience demonstrated to me that there is still more research to be done in the sphere of teletherapy and that there is a necessity to create culturally fit applications. The theme highlights the importance of context-sensitive measures, policy-level assistance, and population education to incorporate teletherapy successfully into a variety of sociocultural contexts.

Figure 10

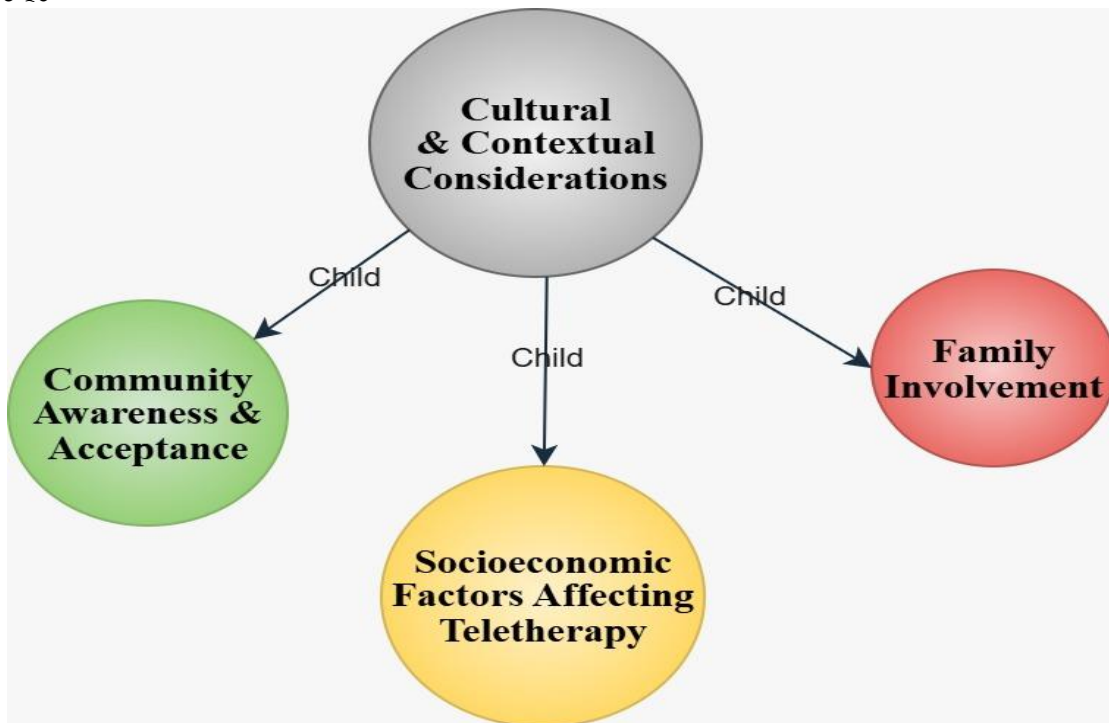


Fig 10. Sub-ordinate Themes of cultural context and consideration



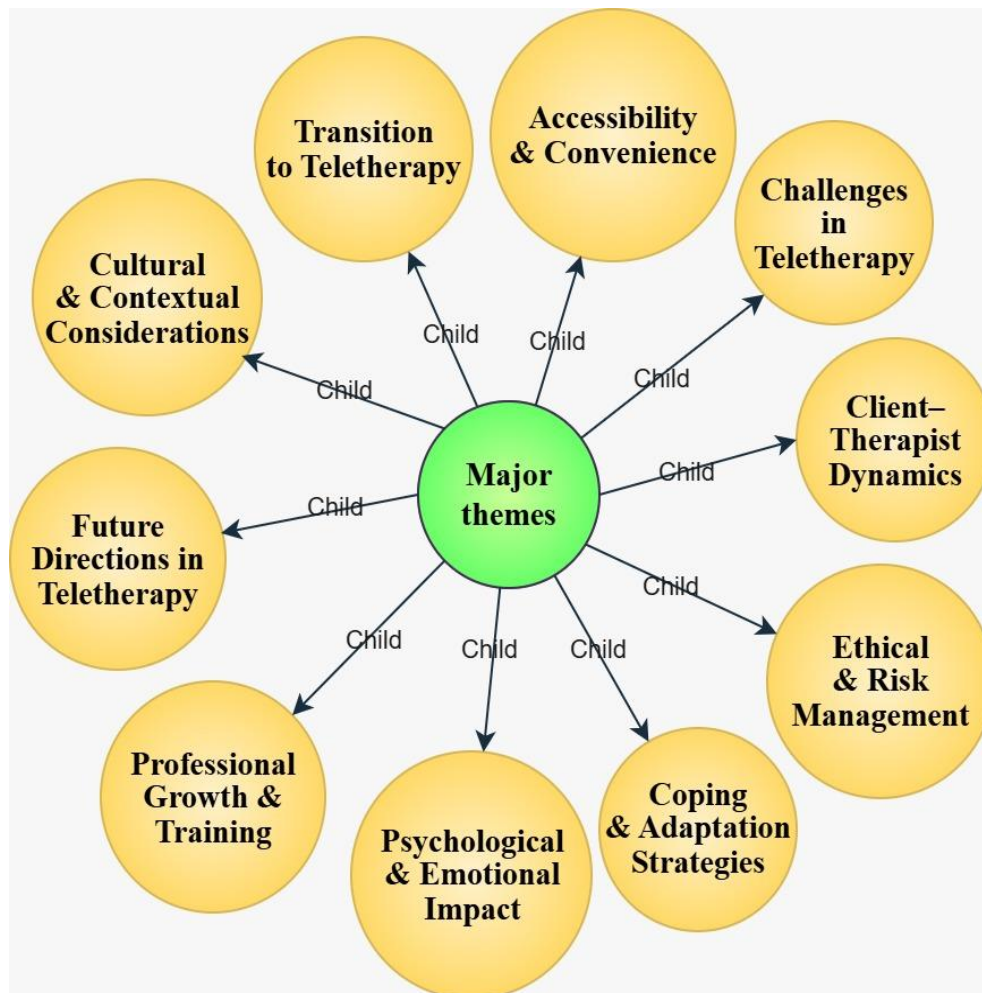


Fig 11. Themes of teletherapy setting

**Discussion**

The counselors in the study first expressed skepticism and doubt about tele therapy, and they frequently asked whether online sessions could be as deep and linked as in-person interactions. The concern is similar to the previous studies where therapists raised doubts about the therapeutic relationship in the online context. Over time, though, counselors have described an incremental familiarization process where experience, trial, and familiarity with digital tools increased confidence and competence. Concur with the current studies similar patterns have been established where clinicians who felt comfortable with tele therapy stated they felt more comfortable with the method when experiencing it at first hand (Pierce et al., 2021). The COVID-19 pandemic served as an

acute catalyst in this change, which is consistent with more general evidence that the master crisis in the sphere of public health was the tipping point to the rapid emergence of digital health services (Smith et al., 2020). One of the findings in this study is that the participants reported a shift in their professional identity. They were not only replacing face-to-face sessions with online tools, but also learning how to integrate traditional and digital approaches.

Additionally, Counselors indicated convenience and accessibility as some of the greatest advantages of tele therapy, especially when it comes to less travel time, more convenient scheduling, and cheaper treatment. The other impact registered as positive was on attendance and timekeeping because the clients were not required to cancel

appointments or be late due to traffic issues (Bashshur et al., 2020). Lastly, Counselors stated that tele therapy enables them to have a better work-life balance, including alleviating stress during the commute to their workplace and letting them maintain a regular routine at home. The finding is consistent with the previous research that remote delivery therapy mode have the ability to benefit both clients and therapists by increasing flexibility and well-being (Pierce et al., 2021). All of these findings suggest that tele therapy not only increases the number of persons receiving psychological services, but also improves the efficiency and sustainability of clinical practice.

Despite the benefits, the participants identified some obstacles that impacted their tele therapy experience. Poor internet connectivity and unreliable platforms were also identified as technical hurdles, particularly in the early phases. These same issues are supported by previous research where technological disruptions being identified as the primary hurdle to successful tele therapy offering (Smith et al., 2020). The other challenge was the digital literacy and readiness of the clients especially the children and older adults who had the tendency of having to be helped by family members to create the sessions (Bashshur et al., 2020). Combined, these results suggest that teletherapy is enhancing access, but needs to solve technological, communicative, and environmental constraints to facilitate the effective practice.

Moreover, Counselors indicated that rapport-building in teletherapy had to be a purposeful process, and some wanted at least one face-to-face meeting to create an atmosphere of trust and connection. The result is consistent with current studies that indicated that the therapeutic relationship can be effectively built using videoconferencing psychotherapy and validated instruments of alliance, e.g., Working Alliance Inventory, are applicable in both face-to-face and online settings (Stefana, 2025). Meanwhile, study found that numerous clients were found to be more receptive and self-expressive in their home settings especially those who were already technology-savvy like university students and working adults. The study finding aligns with the previous findings that reported discomfort

decreases when familiarity is established digitally and that more disclosure is possible in the virtual environment (Pierce et al., 2021). There were also age-related differences, with teenagers and adults responding to tele therapy more quickly than older individuals or small children. The difference is in line with other studies that revealed that relationship-building skills and communication style are very important to create relationships during online sessions (Tyrrell et al., 2025). Counselors shared in their responses to these dynamics that they used active asking, reflective listening to counter the absence of nonverbal communication, that these perspectives are consistent with prior research that suggested the need to tailor communication during tele therapy (Maheu et al., 2020). On the whole, these results indicate that, although the client-therapist relationship can be problematic in an online environment, the preparation and client-technological literacy can be utilized to facilitate positive therapy.

The results of the study have suggested that the threats to confidentiality, informed consent, crisis intervention, and boundaries between the professional and patients among others are some of the ethical and risk management issues in tele therapy. Fear of invasion of privacy, such as screen capture or a poorly designed application, is valid based on the recent evidence that the majority of digital mental health applications are not encrypted with strong algorithms and thus can potentially expose vulnerable data to unauthorized access (Henson et al., 2022). To minimize possible risks, clinicians have emphasized on informed consent before sessions, which is aligned with the informed-consent guidelines in tele therapy that must address therapeutic intentions but also technological limitations and privacy (Greenhalgh et al., 2020). The other important concern that was raised was the problem of addressing crisis and suicidal thoughts in the face of no immediate physical assistance. Lastly, counselors explained the necessity of keeping ethical distance in the digital realm, including scheduling their work to avoid overload and reducing non-session interactions which is consistent with research demonstrating the Risks of combining personal

and professional boundaries, as well as the necessity for defined online norms of behavior. (Clough and Casey, 2022). Together, these findings emphasize the significance of maintaining ethical supervision and adapting standard clinical protective procedures to the digital realm.

The counselors clarified that they resorted to multiple coping and adjusting strategies to address the particular needs of tele therapy, including utilizing reliable platforms (Zoom, Google Meet), tailoring interventions, setting up their physical space, and safeguarding their health through time management. Their focus on predictable, safe platforms is consistent with the previous research demonstrating that platform trust increases therapeutic continuity and minimizes session disruptions. According to counselors, they successfully transferred the main therapeutic approaches, including reflective listening, Socratic questioning, relaxation, and mindfulness, into digital platforms, which is consistent with the findings that interactive approaches can still succeed in digital care (Linardon et al., 2022). Additionally, Environmental adjustments (building a sound-controlled, well-lit, dedicated workspace) were guided by the concept of prior research that the professional environment enhances therapeutic presence and client interaction (Smith et al., 2021). The counselors also stated that such time management routines as having a break and no consecutive sessions are in line with the current literature regarding the necessity of avoiding digital burnout, as well as therapist fatigue in tele therapy practice (Guishard, 2023). All these measures collectively show how therapists can actively change their practices and environments in such a way that quality can be preserved in remote clinical practice.

Psychological relief and emotional distress experienced by counselors undertaking a tele therapy session during the study. The majority of online sessions are reported to be less taxing in terms of commuting and logistical needs, which coincides with other studies which report that tele therapy alleviates professional stress and enhances work-life balance (Shklarski et al., 2021). Several counselors however, also reported higher

emotional load related to the absence of nonverbal cues, where they reported higher levels of vigilance and mental effort needed to maintain therapeutic presence online. The absence of physical presence has been reported repeatedly in the past, where clinicians may be overburdened to monitor and are prone to burnout due to the lack of physical presence (Békés & Doorn, 2020). Meanwhile, counselors mentioned that clients (particularly adolescents) found themselves more comfortable during the sessions due to the familiarity of their home bases, and one said that teens became less anxious during the online sessions compared to my office, which aligns with the evidence that tele therapy can decrease performance anxiety and promote disclosure in safe private environments (Simpson & Reid, 2014). Collectively, these findings indicate that, although tele therapy is capable of delivering psychological relief to therapists and greater comfort to clients, it also demands that the practitioner raise their emotional vigilance in online communication, which underscores the necessity to train clinicians and prepare them to address attentional strain in online communication.

The transition to tele therapy was not only challenging, but also a source of major professional growth for counselors. Many clinicians reported that the switch to digital platforms led to ongoing learning and an increase in continued interest in tele therapy research, which is consistent with evidence suggesting that the COVID-19 pandemic has sped up innovation (Feijt et al., 2020) and skill acquisition in digital mental health care. Competence was most clearly observed in areas such as ethical boundary setting online, use of technology platforms, and understanding the cultural adaptability of digital tools align with the findings from the literature which also highlighted continual training as important to maintain competence in remote practice (Clough & Casey, 2022). Furthermore, the therapists demonstrated resilience and flexibility by combining traditional therapeutic methods with digital approaches, which is consistent with a recent trend in the professional literature that professional flexibility is associated with more effective service delivery in dynamic

settings (Shklarski et al., 2021). Thus, Tele therapy experiences have been catalysts for progress, pushing clinicians to expand their skills in preparation for the future of hybrid and technology-based treatment approaches.

The current study offered three main directions for the future of tele therapy, focusing on hybrid models, online counselling normalization and culturally adapted tools. Counselors in the study recommended an initial face-to-face session which is followed by flexible online sessions to establish rapport but also allow for access. Finding of the study is consistent with previous research that has shown that tele psychological interventions have recently been found to be as effective as in-person care, indicating that hybrid models of tele psychological intervention may best leverage rapport-building in combination with accessibility and flexibility (Bakhti et al., 2025). Furthermore, counselor's perceptions of tele therapy as a normalized and sustainable practice are consistent with recent research demonstrating that digital mental health services are no longer peripheral but increasingly integrated into routine care pathways, particularly in the aftermath of COVID-19 (Lenartowicz, 2024). Finally, counselors' emphasis on culturally adapted platforms aligns with the recent research in which systematic evaluations show that culturally tailored digital interventions have medium-to-large benefits on improving mental health outcomes in ethnic minority communities and are typically acceptable and practicable (Li et al., 2023). Collectively, study findings demonstrate that counselors' lived experiences not only align with but also expand prior empirical research, emphasizing the necessity of hybrid delivery models, tele therapy mainstreaming, and the creation of culturally suitable digital tools. It was observed by counselors that young and elderly clients often needed the assistance of family members to attend to or start sessions, potentially creating logistical and confidentiality problems. Access was also influenced by socioeconomic factors, with participants adopting that it was important to evaluate the internet stability of clients and their devices prior to initiating therapy

### Implications

The study has important implications ,for practice, training, and policy Clinicians should be provided with structured training .in digital competencies rapport-building in virtual environments. And ethical risk management to, maximize the effectiveness of teletherapy. Institutions and, policymakers must invest ,in reliable digital infrastructure and culturally adapted platforms, to expand access, particularly in underserved regions. Moreover, hybrid models that. blend face to face and online sessions may offer an optimal balance. between therapeutic alliance and accessibility. By acknowledging these directions, mental- health systems can better, prepare for the future of blended, technology driven care.

### Limitations

This study is not without limitations, the reliance on self-reported experiences may have introduced subjectivity or social desirability bias. Finally as tele-therapy continues to evolve .the study captures a snapshot in time and may not reflect future advancements in technology and practice. Future research should, therefore include larger, more diverse samples. and longitudinal designs to better understand the sustained impact of tele-therapy, on both clients and practitioners.

### Conclusion

The findings of this study reveal that, tele-therapy has evolved from an emergency response, during the COVID-19 pandemic. into a sustainable mode of clinical practice. Counselors reported both, challenges and opportunities, highlighting that the transition required adaptation, resilience, and. a redefinition of professional identity. While initial skepticism. was prevalent, continued practice fostered competence, and the perceived benefits—such as accessibility, flexibility, and. improved work-life balance ,position tele-therapy as more than a temporary substitute .Collectively these results affirm that tele-therapy has significant potential to serve as a long-term, integrated component ,of mental health care.

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