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ARTICLE



## Cultivating online therapeutic presence: strengthening therapeutic relationships in teletherapy sessions

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### ABSTRACT

With the recent global pandemic, therapists have had to shift their psychotherapy practice online, as they have been unable to maintain a face to face relationship due to physical distancing measures. This has created an immediate need to understand how to build and maintain strong therapeutic relationships while navigating this new online therapeutic environment. With the removal of face to face therapy, there is a question of how the therapeutic relationship is to be maintained and fostered over the internet, through considering the necessity of cultivating and maintaining therapeutic presence. This article will discuss therapeutic presence as a precondition to effective therapeutic relationships and a positive therapeutic alliance. An exploration will follow of the challenges of cultivating therapeutic presence in online therapy ; followed by tips to encourage and support both the therapist and the client to remain present while engaging in telepsychotherapy. A final discussion will include implications for future research and clinical training for cultivating presence in telepsychotherapy as well as integrating what has been learned during the pandemic back into face to face sessions.

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In a matter of days, psychotherapists across the globe had to shut down their in-person psychotherapy practice as the coronavirus pandemic escalated in early 2020. The need for social distancing required a quick shift to a virtual psychotherapy practice, with many therapists having minimal prior experience in developing online therapeutic relationships. Traditionally, psychological and emotional safety in the therapeutic relationship is generated by therapists and clients sitting together in the same room, in the same space, in a soundproof, private, and secure environment. During the pandemic, physical safety superseded this arrangement and to “flatten the curve” of coronavirus, we were all required to stay at home. Psychotherapy quickly transformed into being together yet at a physical distance, with two computer screens between therapists and clients.

We know from decades of psychotherapy research that the therapeutic relationship and the therapeutic alliance are the most consistent predictors of therapeutic change (Norcross & Lambert, 2011, 2019). Yet, relational factors that contribute to the development of strong therapeutic relationships and a positive alliance are less understood. Therapeutic presence is one common factor that has emerged in the literature and can be viewed as a necessary and preliminary step to creating safety, building a stronger

therapeutic alliance, and increasing therapy effectiveness (Dunn, Callahan, Swift, & Ivanovic, 2013; Geller, 2017; Geller & Greenberg, 2012; Geller, Greenberg, & Watson, 2010; Geller & Porges, 2014; Hayes & Vinca, 2011, 2017; Pos, Geller, & Oghene, 2011). Presence strengthens the working relationship between therapists and clients, through the mechanism of evoking psychological and emotional safety (Geller & Porges, 2014).

Despite the recognition of therapeutic presence, foundational training in therapists' presence is just beginning to be developed in psychotherapy training programs as the inner work of the therapist is viewed as core to relating with presence (Geller, 2017; Geller & Greenberg, 2012). This training involves a focus on how to *be* with clients, which is foundational to what technique they *do* in their therapy session. It also helps therapists to stay grounded and attuned within themselves, which is key to attuning with clients (Siegel, 2007). This complex yet simple stance requires a commitment to self-growth and relational skill building. With this additional challenge of conducting therapy online, there are unique features to attend to when strengthening therapeutic relationships with presence. It is not the same as sitting in the room with a client and just transferring the therapeutic approach and relationship to the computer.

Some of the challenges of online presence are reflected in the actual setting of telepsychotherapy. Clients may be in their home environment with the very people they are having issues with. They can be distracted in an online environment. Therapists have technological challenges and report feeling more tired and experiencing professional self-doubt and loss of confidence working in this new way (Aafjes-van Doorn, Békés, & Prout, 2020). Many therapists have also had to cope with their own personal anxiety, grief, and trauma related to the pandemic while supporting their clients to do the same.

This article will expand on what therapeutic presence is as well as how it contributes to developing a strong therapeutic alliance. A discussion will follow on the unique challenges faced by therapists in cultivating presence in online therapy during the current pandemic, followed by concrete tips for cultivating presence in online therapy. The paper will conclude with implications of our learning about presence in therapy from the pandemic and a suggestion for future clinical training and research.

## **What is therapeutic presence?**

Therapeutic presence is a way of *being* with a client that optimizes the *doing* and technique of therapy. It involves therapists bringing their whole self to the encounter with clients and being fully in the moment on a multitude of levels: physically, emotionally, cognitively, relationally and spiritually (Geller, 2017; Geller & Greenberg, 2002, 2012; Geller et al., 2010; Hayes & Vinca, 2011, 2017). This helps therapists to attune to their own moment-to-moment experience as well as the experience of their clients (Geller, 2017; Thompson, 2018). Therapists' presence involves being grounded in one's self, while receptively taking in the client's verbal and nonverbal experience and being responsive in the moment (Geller, 2019). Embodying and relating to clients with presence also helps therapists to stay grounded and centered amidst difficult emotions. Presence provides an invitation to clients to "feel felt" (Siegel, 2010), met, and understood, inviting a sense of safety and optimal engagement in the work of therapy (Geller, 2017; Ogden, 2018).

## Therapeutic presence as a common factor

Therapeutic presence can be viewed as trans-theoretical, or a common factor, as it is valuable and recognized across various psychotherapeutic approaches (Geller, 2017; Geller, Pos, & Colosimo, 2012). Psychoanalysts such as Freud and Reik referred to maintaining an evenly suspended attention and listening to patients with a “third ear”, maintaining an open, spacious, and attentive state of being (Epstein, 2007; Freud, 1930; Reik, 1948). Modern psychodynamic approaches highlight the present moment in the therapeutic relationship and invite therapists to approach clients with an open and authentic presence (Mitchell, 2000; Stern, 2004). Therapeutic presence was seen as an underlying condition to empathy, unconditional regard, and congruence by Carl Rogers’ client-centered therapy (Baldwin, 2000), supported by later research suggesting presence as distinct and necessary for empathy to be felt and expressed (Geller et al., 2010; Hayes & Vinca, 2011; Pos et al., 2011). Presence is a key concept in Existential and Gestalt perspectives, which both focus on here and now contact and awareness through the senses, emotions, cognitions, and in a relationship (Perls, 1970; Yontef, 2005). Therapeutic presence is an essential stance in Emotion-Focused Therapy (EFT), to support and strengthen the therapeutic relationship and support clients to engage in the work of therapy and EFT tasks and modalities (Geller, 2019).

Recent interest in the therapeutic relationship in Cognitive Behavioral Therapy (CBT) has also highlighted the role of presence. Studies suggest that presence can be a significant clinical stance in CBT, as presence and attunement to the client in the moment can optimize the timing and effectiveness of therapeutic techniques (Geller et al., 2010; Kanter et al., 2009). Further support for presence as a common factor emerged from therapeutic research. Specifically, clients who rated their therapist as present were more likely to rate the therapeutic alliance and the session outcome positively, across Cognitive Behavioral Therapy, Emotion-Focused Therapy, and Person-Centered therapies (Geller et al., 2010).

Mindfulness and self-compassion approaches recommend therapists to have a personal practice of mindfulness and self-compassion to help cultivate therapeutic presence. Therapists’ personal practices help to strengthen qualities of attention, awareness, warmth, compassion, and sensitivity which are the basis for attuning and understanding clients’ experience, and in turn strengthen the therapeutic relationship (Geller & Greenberg, 2012; Germer, 2012; Segal, Williams, & Teasdale, 2002).

## How does therapeutic presence help? Creating safety

Viewing therapeutic presence through the lens of Porges’ (2011) polyvagal theory helps to explain the mechanisms of change that presence evokes. According to this theory, our nervous systems are constantly in bidirectional communication with other peoples’ nervous systems (Geller, 2017, 2018; Geller & Porges, 2014; Porges, 1998, 2011, 2018; Thompson, 2018). When therapists are fully in the moment and attuned with their clients, their receptive and safe presence sends a neurophysiological message to clients that they are being heard, met, felt, and understood. This process elicits a reciprocal experience of safety between both therapist and client, and strengthens the therapeutic alliance (Badenach, 2018; Dana & Grant, 2018; Geller, 2017, 2018; Geller & Porges, 2014).

Research suggests that a safe therapeutic environment facilitates the development of new neural pathways for the client, which in turn contributes to the repair of attachment injuries and provides the positive social interactions that are essential for health and neural growth for the client (Allison & Rossouw, 2013; Rossouw, 2013). This sense of mutual safety and strong alliance also invites clients to be in their window of tolerance, a term coined by Daniel Siegel (1999), so they can open and engage in the necessary therapeutic work (Geller, 2017, 2018).

Therapists' presence serves as a co-regulator for clients' emotions (Geller, 2019). Attuned right brain to right brain communication to nonverbal communication (body posture, vocal expressions, facial expressions, gestures), a central part of attunement from a therapeutic presence perspective, is also a pathway to regulation in therapeutic relationships (Quillman, 2012; Schore, 2009, 2012; Siegel, 2010). When clients feel met and understood with their present-centered therapist, their brain likely establishes a "neuroception" of safety (Dana & Grant, 2018; Geller, 2018; Geller & Porges, 2014; Ogden, 2018; Porges, 1998, 2011). Clients who have experienced mis-attunement or trauma are often wired to perceive a situation, or person, as unsafe, even when the situation is safe (Geller & Porges, 2014; Gray, 2018). They relate to the world with a heightened state of fear and protection as their sympathetic nervous system (SNS) is aroused, or if it is over-aroused, the dorsal vagal wing of the parasympathetic nervous system (PNS) kicks in evoking a state of shut-down or freeze (Dana & Grant, 2018). When therapists relate with their clients as a calming presence, it activates their social engagement system and invites calm and connection in the ventral vagal wing of their clients' parasympathetic nervous system. Over time, this supports clients' felt sense of safety and regulation in the therapeutic relationship, which supports clients to feel safe to express their emotional vulnerabilities, pain, traumas, and fears and engage in the work of therapy (Geller, 2018; Geller & Porges, 2014; Ogden, 2018).

There are also intrapersonal aspects to the mechanisms of change from a presence perspective for therapists. With therapeutic presence, therapists use their selves and their attuned bodily awareness as tools for understanding their clients as well as for perceiving how their responses are facilitating the client's therapeutic process and the therapeutic relationship (Geller & Greenberg, 2012; Thompson, 2018). Their presence is like an antenna, reading the experience of the moment by resonating with clients' experience and attuning to their own felt experience of the moment. Therapists are looking for cues in the client's nonverbal expression. They are then listening internally for a combination of (a) their own resonance with their clients, (b) their understanding of the client's history and goals, and (c) clinical theory and wisdom (Geller, 2017; Geller & Greenberg, 2012).

The ongoing practice of presence in therapy demands much of a therapist's personal resources and active engagement. Therapists' self-care is also an integral part of the model of therapeutic presence (Geller, 2017; Geller & Greenberg, 2002, 2012). Practicing presence outside of session, in one's life and personal relationships, helps to build the neural pathways for presence to be able to be experienced in the session with clients. As well, the intentional aspect of self-care is a necessary part of lowering the risk of burnout and increasing the ability to sustain presence in session with clients.

## The challenge of therapeutic presence in telepsychotherapy

Amidst the fears and challenges in navigating this global pandemic, therapists had the additional task of moving their therapy practice online. There are technological challenges, of course, in that transition – yet there was also the challenge of cultivating presence and building safe, helpful relationships with clients. Below are some common challenges of cultivating therapeutic presence and effective therapeutic relationships online, particularly in the time of the coronavirus pandemic.

Telepsychotherapy places physical distance between the therapist and client, which limits non-verbal communication (Oshni Alvandi, 2019; Sjöström & Alfnsson, 2012). A part of therapeutic presence is to use body to body non-verbal cues to communicate presence, which includes having a prosodic vocal tone, leaning forward, gesturing, having an open body posture, and soft facial features (Geller, 2017, 2018; Geller & Porges, 2014; Ogden & Goldstein, 2019). Through the bidirectional communication of the nervous system of therapists and clients, therapists' embodiment and expression of their calm and grounded presence can facilitate a sense of calm and safety for clients through the process of co-regulation, which allows for emotional stability and connection in the therapeutic relationship (Butler & Randall, 2013; Geller, 2017).

Similarly, trust is generated in the therapeutic relationship through the synchronization of physiological rhythms and bodily movements, expressed through mutual eye gaze and therapists' mirroring of gestures and expressions of the client (Geller, 2017; Marci, Ham, Moran, & Orr, 2007; Marci & Orr, 2006; Ramseyer & Tschacher, 2014). Research findings indicated that movement synchrony at the start of psychotherapy predicted client ratings of a positive therapeutic alliance and symptom reduction at the end of each session (Ramseyer & Tschacher, 2011). In online therapy, therapists have a reduced ability to express their presence with their full-body (prosody, open body posture, gestures, mirroring the movement of clients in real time), which limit their ability to attune and convey a sense of safety and build trust through presence. In a study exploring trust in mixed communication environments using social dilemma scenarios, it was found that trust can be delayed and more fragile in video and telephone conferencing (Bos, Olson, Gergle, Olson, & Wright, 2002).

Attuning to clients' non-verbal cues is also limited in online therapy. Reading facial expressions for markers of emotion or attuning to the gestures or posture to understand clients' emotional states are a part of the process of therapeutic presence. Therapists have reduced access to the physical cues of clients' emotions and experience (i.e. clients' gestures, posture, non-verbal expression) in virtual therapy (Oshni Alvandi, 2019; Sjöström & Alfnsson, 2012).

Another challenge in online therapy during the pandemic is the possible increased likelihood of therapists' countertransference. Clients express increased anxiety, trauma, and fear in relation to the pandemic, along with their ongoing longstanding issues and underlying pain. Therapists' anxiety and fear, as well as grief and loss in relation to the pandemic, can be activated by clients' shared distress, eliciting countertransference issues and interfering with the ability to be fully present and responsive to their clients' fears.

Increased fatigue can also occur for therapists working online (Aafjes-van Doorn et al., 2020). Being on a computer for excessive amounts of time can facilitate disconnection and exhaustion if not balanced with non-screen activities and connections (Dodgen-

Magee, 2018). Therapists' fatigue may be amplified by the stress they are experiencing in relation to the pandemic and the increased social isolation and lack of balance of outdoor time. Therapists may try to schedule themselves as they would in the office, yet more time may be required between sessions and after sessions to restore energy and wellbeing.

Technological challenges and glitches as well as lack of training in engaging in online therapy can also impact therapeutic presence and the alliance (Brahnam, 2014; Oshni Alvandi, 2019). Clients can attribute delays or glitches in the technology to a therapist's characteristics or lack of presence, rather than the actual technological issues (Schoenenberg, Raake, & Koeppe, 2014). While glitches are inevitable, technology challenges can be heightened for therapists who are not as familiar with the virtual platforms or technology, and who are lacking adequate training to conduct therapy online (Hafermalz & Riemer, 2016; Schoenenberg et al., 2014). Research shows that therapists are more likely to use the technology and strengthen therapeutic relationships when they are trained and supported in how to use telepsychology in their practice (Pierce, Perrin, & McDonald, 2020). Unfortunately, many therapists were not provided a training opportunity given the necessary response to the pandemic, with little time to develop skill in navigating this new environment.

A further challenge is that clients may not feel safe to express difficult emotions and vulnerabilities without the physical presence of their therapist. They also may be in the homes and environments with family or others that they have emotional challenges and complex relationships with. Finding ways for therapists to express presence so that clients can sense and feel their presence is critical. Also, helping clients find safe places within the home to express their emotional experience is important.

### **Can therapeutic presence and the therapeutic relationship be effective in online therapy?**

Nascent research suggests that teletherapy is effective in working with clients who have various disorders (Varker, Brand, Ward, Terhaag, & Phelps, 2019). Research suggests that clients can both benefit from online therapy and develop a positive working alliance (Cook & Doyle, 2002; Reynolds, Stiles, & Grohol, 2006). Despite this research, therapists tend to have a negative view towards telehealth therapy and the possibility of developing a positive alliance online (Jerome & Zaylor, 2000; Rees & Stone, 2005; Wray & Rees, 2003). These negative views can impact how therapists rate the alliance in online therapy and may even impact how they approach online therapy with a bias that can inhibit the potential to generate a positive therapeutic alliance online (Rees & Stone, 2005). This bias could be based on limited resources (literature, training, and experience) around this approach and fear that therapists will not be able to attune to clients while in an online setting (Hafermalz & Riemer, 2016; Sjöström & Alfonsson, 2012).

The pandemic forced many therapists who may have been reluctant previously to offer virtual therapy to quickly move their therapy practice online. Hence, shifting their bias is imperative. The need for online therapy may remain for several months, even years, and there will likely be clients and therapists who want to stay with virtual therapy beyond the impact of the pandemic. While some studies suggest that clients favor face to face therapy over online therapy (i.e., Berle et al., 2014), a literature review suggests that clients generally do not have a preference between in-person or online therapy and it does

not interfere with developing a therapeutic alliance (Simpson & Reid, 2014). Varker et al. (2019) suggest that there is great potential in telepsychology overcoming access barriers in rural communities and offering an effective method for various disorders. In fact, online therapy may offer novel ways to form strong therapeutic relationships with a variety of clients and may facilitate an even stronger therapeutic intimacy than in face to face therapy (Kocsis & Yellowlees, 2018). Not only is it a great option for rural communities and various populations, it is also time and cost efficient (Simpson, 2009).

With respect to therapeutic presence particularly in online therapy, there is minimal research. Nursing literature offers some examples where the presence can be felt by nurses in the nurse–patient interaction in telehealth interactions, which gives a suggestion that presence can be transferred online (Hafermalz & Riemer, 2016; Tuxbury, 2013). For example, Tuxbury (2013) interviewed 6 nurses about their experience of therapeutic presence in telehealth sessions with patients. Results of semi-structured interviews suggested that nurses who had previously engaged in the process to attain presence felt that it could also be accessed and experienced through non-video telephone and computer calls. This allowed nurses to offer care and develop presence in relationships with patients that they may not have the opportunity to meet in person.

Hafermalz and Riemer (2016) suggest presence can be generated in online therapy if nurses are trained and accustomed to the equipment and the technology. They can then focus on the relationship and engage aspects of presence such as expressing care, being present, and visualizing patients' difficulties through mirroring gestures and experience. The authors reference co-presence, a term used in information systems literature, which is the "illusion of having access to a remote or distant other that shares the same distant place, that is, being there with others" (Schultze, 2010, p.438). The adaptation of the concept of co-presence suggests that when nurses embody presence, they can adapt to the lack of physical distance and their mind and body perception can transcend time and space to provide the experience for both of really being together.

Similar suggestions come from psychotherapy research with CBT for the treatment of panic disorder with agoraphobia. Bouchard, Robillard, Marchand, and Riva (2007) demonstrate that in addition to empathy, warmth, understanding, and technique, clients are able to access a sense of presence that transcends the distance and helps them forget they are not actually physically with their therapist. Although telepsychotherapy does not allow individuals to be physically in the same room, it is possible to create the feeling that both people are in the same room even when they are not.

A conceptual understanding of how therapeutic presence can be expressed and received to optimize the effectiveness of cybertherapeutic engagement was proposed by Oshni Alvandi (2019). The author proposes three modules of counselling presence online – cognitive, counselling, and emotional. Cognitive presence includes the ability to empathize with clients. Counselling presence reflects the expression of qualities of presence such as listening, trust, compassion to ensure the client feels heard and understood. Emotional presence reflects feeling emotions with the client and helping clients to express and manage emotions. While the author discusses how missing nonverbal cues online can negatively impact therapists expressed presence, the expression of facial cues, gestures, and prosodic vocal tone can still be expressed online. This supports clients feeling safe, from a polyvagal perspective, in the online therapy environment

## Tips for cultivating therapeutic presence online

Below are some tips to help therapists create an online environment to cultivate and communicate presence in online sessions, which can strengthen positive therapeutic relationships. Given the research of therapeutic presence in online psychotherapy is limited, the following discussion and suggestions are based on the few studies on online presence (i.e., Hafermalz and Riemer, 2016; Ogden & Goldstein, 2019; Oshni Alvandi, 2019; Tuxbury, 2013); and on the research, literature, and empirically validated model of therapeutic presence (Geller, 2017; Geller & Greenberg, 2002, 2012; Geller et al., 2010).

### Creating safety

#### *Online safety and security*

- Ensure you are engaging with your clients on a telehealth system that has HIPAA (PHIPA in Canada) compliance with the BAA agreement. This ensures a level of encryption that provides confidentiality and safety for all.
- Offering your embodied presence in session will further create psychological safety for your client and for yourself. Even if physical presence is not an option, therapists can deepen other aspects of presence when working online. Haddouk (2015) contends that physical distance should not be viewed as opposite to presence since research indicates psychological presence is also integral to the therapeutic alliance built online.

#### *Consistency and set-up*

- Set up a place in your home or office where you can see clients consistently and that mirrors your therapy room to the best that you are able. This can allow for a predictable environment for your clients.
- Consider using a larger screen to allow more visual contact and gestures with your full body versus from just the head up.
- Ensure privacy and remind your clients to ensure their own privacy by asking family members or people who share the home to be in a different room, with headphones on ideally.

#### *Optimal distance*

- Find a safe distance between you and the screen. Not too close that feels invasive to clients or not too far away that makes you look distant and small. You can ask clients to collaborate on finding an optimal distance that feels right to them, by asking them how they are experiencing the view of you (too close, too far, just right).
- Maintain your eye view at the level of the camera so clients experience you looking at them. If you are looking down at the camera, clients may experience you looming over them.
- Place the video box of your client as close to the camera as possible. This will help to maintain your eyes as close to the camera as possible to keep as direct eye contact as possible.

- Also have your notes, if you are referring to any notes in session, as close to the camera as possible (i.e. at the top of your computer screen) so you appear to be looking into the camera as you speak.

### **Lighting**

- Experiment to find a place where the lighting is optimal – not too bright where there are reflections or too dark that you cannot be seen clearly. It is best to not have bright windows behind you, as this will cause your image to glare.
- Collaborate with your client to help them also find a place with optimal lighting so you can have a clearer view of their facial expressions and eye gaze.

### **Professional dress**

- Dress professionally as you would in the office. It may be tempting to stay in comfortable bottoms assuming that clients cannot see your pants!

### **Optimizing clients presence**

- Ensure clients have a private environment where they will not be disturbed and can feel safe to engage in therapy and express their emotions and experience. Empower clients on how to speak to members of their home to ask for what they need for this.
- Invite clients to intentionally minimize distractions – turning off phone, turning off background apps, such as email feeds, text alerts, or messages.
- Ask them to keep their camera on, so you can feel connected and read their visual and non-verbal cues. It also ensures confidentiality as it can support there are no other extraneous people present when the session is being conducted.
- Remind them to have Kleenex boxes on hand. I learned this in one of my first virtual sessions as I could not pass the box online!
- Invite them to prepare emotion regulation tools that they may be used to having accessible in the office, such as a weighted blanket, ice, or sensory balls, if that is part of your practice or items typically available in office with you.
- If you are engaging in therapeutic work that involves props, have clients prepare material they may need before the session. Some examples include EFT therapists guiding their clients to set up chairs beforehand or have empty chairs in reach for chair work. CBT therapists can ask clients to have their thought records accessible, and DBT therapists can remind clients to bring their diary cards or emotion regulation tools to session.
- Help clients to determine what they need in order to transition gently after sessions – given they do not have the time in the waiting room or travel home that they usually have, as they may want time to absorb the session before opening their door and re-entering their home environment.
- Provide written guidelines or a tip sheet to clients about the above preparation in advance of sessions, to optimize their ability to create a safe and supportive space to engage in online therapy. One study suggested that preparation and support offered to the client through the transition of the pandemic allowed

therapists to feel more positively about online therapy and supported the alliance to be sustained (Aafjes-van Doorn et al., 2020).

### **Pre-session/therapy day**

- Take a walk or do something physically to shift to and from your “virtual office” – just as you would transition to your live therapy office.
- Take 5–10 minutes to center in yourself to help activate your embodied presence. Research suggests that a 5 minute practice prior to session contributes to a stronger therapeutic presence and positive therapeutic alliance (Dunn et al., 2013). Take some mindful breaths or execute a grounding yoga posture to prepare yourself to invite your client into the virtual therapy room. Then, intentionally invite clients into the virtual therapy room once you have prepared the ground within yourself. Simpson and Reid (2014) suggest the potentially greater inclination toward taking more time to prepare and settle into sessions would likely improve clinical outcomes in online therapy.
- Allow time for self-care outside of sessions – including moving your body or doing some gentle stretches. This is particularly important since your physical therapy space may be less comfortable than usual and being on screen can be more tiring than live person to person interaction. Self-care and cultivating presence outside of the therapy room is a part of the model of therapeutic presence. An increase in this kind of self-care is even more prominently needed during the pandemic.

### **During session**

During the initial virtual session, discuss openly any feelings or concerns as you shift to this new virtual space.

### ***Communicating presence, empathy and resonance***

- Facial expression, prosody of voice (rhythm, timbre, volume, pace), eye gaze, non-verbal cues, gestures, are some of the ways we communicate our presence and attunement with clients. Ensure these are visible to clients so they can feel you with them in session. You may need to do more of this with online therapy, as the face is the main connection point between you and your clients.
- Stay attuned to your own experience as you connect with clients. This includes attention to your own affect tolerance and verbal and non-verbal cues of presence so clients can feel that you are present with them (Geller, 2017; Ogden & Goldstein, 2019).
- Maintain mutual eye gaze as the camera corrects for distance and you do not need to stare at the recording light. Ask your client if they feel your eye gaze is in contact with them given the limitations of direct knowledge of their experience online. Research suggests that mutual gaze results in clients feeling present and empathically attuned to (Marci et al., 2007).

### ***Inviting synchronicity***

- Allow yourself to co-regulate with clients by mirroring their expressions, eye gaze, vocal tone and pace, and entraining with their breathing rhythm. This can invite a felt sense of what their experience is and can allow clients to feel you present with them. This shared presence can evoke interpersonal synchrony and enhance a feeling of safety and connection (Geller, 2017; Koole & Tschacher, 2016; Imel et al., 2014; Ramseyer & Tschacher, 2014).
- Stay aware of matching the eye gaze of your clients. Clients' and therapists' physiological arousal has been shown to come into concordance when a therapist's eye gaze is in contact with their client's, and this can increase further a sense of interpersonal synchrony and connection (Marci & Orr, 2006).

### ***Receptivity***

- While starting the session with an open, centered place within yourself, continue through the session to let go of distraction or fixation on a certain insight in order to be present, open and receptive with clients' moment to moment experience. Tuxbury (2013) suggested that attaining online presence includes the ability of the nurse to be receptive and open to the patient and their experience.

### ***Attuning to yourself***

- Stay in contact with your own body and emotional state in a compassionate way – to recognize important states such as emotional resonance with clients' experience (awareness of how clients' emotions and experience are being felt in your own body) and countertransference responses (shutting down, triggers, etc.). Hafermalz and Riemer (2016) describe telenurses' experiences of presence and attunement through visualization and honouring their gut instincts during phone calls with patients.

### ***Tracking clients' response***

- Notice the nuances in clients' micro-expressions – noticing when they are open and in their window of tolerance or overwhelmed or shut down. To enhance a sense of co-regulation, adjust your posture or vocal tone as needed to meet your client with presence and empathy.
- Notice microexpressions of emotions in your clients' facial expressions. Emotions can be read most prominently in facial expressions (Ekman, 2004), and in online therapy, you have even more direct access to this point of contact.

### ***Contact***

- Keep confirming with the thumbnail image of yourself in online therapy that your camera is at eye level, so clients experience you looking directly at them.
- Pay attention to your responses so they are reflective of clients in the moment experience and larger therapy goals.

- Check-in with clients ongoingly about your distance and whether you or they need to adjust to allow for an optimal feeling of safety.

### ***Managing countertransference and challenges to presence***

- You and your clients are likely experiencing increased stress and trauma due to the coronavirus and staying indoors. If you find your resonance with clients' distress creating increased anxiety for you, then try a PNR (pause, notice, return) practice (see this and other practices in Geller, 2017), or a brief self-compassion or grounding practice to help you to re-center. This can help tap into a sense of common humanity, while also acting as a good modelling opportunity for clients.
- If the technology freezes or you fumble with how to use it, have compassion with yourself, acknowledge the trouble, and try again.
- If you find yourself in self-doubt as you cannot read clients' experience in the moment; then you can check in with them about their experience and acknowledge the shift in online therapy vs expecting yourself to attune to their experience with the same ease. You can also try a brief practice to help let go of self-doubt and re-center and bring your attention back to the moment (i.e. take three breaths with long exhalations and feel your feet on the ground or engage in a self-compassion practice).
- Overall, allow yourself to be authentic and be yourself in online therapy, acknowledging your humanness in moments of challenge can be helpful to you and your client.

### ***Closing sessions/post work day***

- Determine if you need more time than usual between sessions to transition, take notes, regroup, and do some physical stretching or moving.
- When finished with your therapy day, be intentional about closing your virtual therapy space as you would your live office – i.e. closing and putting away your computer, going on a walk, or some other ritual or gesture that lets you intentionally close your therapy day.
- Before engaging in the news and home life, ensure you have some time to transition and take care of yourself.

## **Conclusion**

Telepsychotherapy is here to stay and therapists would benefit from understanding further how to cultivate therapeutic presence and effective therapeutic relationships online. While online therapy is necessary during this global pandemic, this modality will likely continue to grow long after the pandemic is over. The utilization of online therapy may have greater appeal to therapists and clients after having experience with it through this time of social isolation. Hence, a focus on cultivating therapeutic presence online in order to build and strengthen therapeutic relationships is essential. This would help clients to feel emotionally and psychologically safe with their therapists, even from a physical distance.

The ability to generate presence and cultivate positive therapeutic relationships is an important topic that this current pandemic is inviting us to learn more about. Therapists with a previous bias against telepsychotherapy need to bring a present state of mind,

such as being open, flexible, curious, and non-judgmental to discovering how to cultivate presence and positive therapeutic relationships online. While there is still much to learn in this area, research exploring (a) whether presence can be cultivated and effectively communicated and felt in online therapy; (b) how therapeutic presence can contribute to creating a more positive therapeutic alliance in online therapy and (c) the development and evaluation of training programs in therapeutic presence, so that the cultivation of therapeutic presence could be integrated into future training programs in online therapy.

Training in cultivating therapeutic presence and effective therapeutic relationship would also increase the likelihood that therapists would use telehealth, which would allow access to therapy to a much broader community (such as those who live in rural communities, have physical, cognitive, or emotional limitations and cannot come into office, or want to access a particular therapist who is geographically distant). Training in both the logistics, technology equipment, and mode of therapy, including training in therapeutic presence, would increase this likelihood.

Training specifically in therapeutic presence in teletherapy would include preparing for presence – through intention prior to and in session as well as increasing self-care to offer balance and sustainability to do online therapy. It would also include helping therapists to embody presence through grounding and centering within themselves and activating a calming nervous system with exercises that enhance the ventral vagal nervous system. Helping therapists enhance the process of presence and relational engagement through attuning to their own experience when online would serve both as a tool to attune to clients and to recognize countertransference, therapeutic ruptures, or interpersonal responses so they can work with them in the moment. Not only would this training help therapists attune to their own experience, it would also highlight attuning to clients through mirroring or other related modalities.

Helping therapists to communicate their presence online is also an essential component of training. Even though nonverbal cues can be missed online and negatively impact presence, facial cues, gestures, and prosody can still be expressed over online therapy mediums (Oshni Alvandi, 2019; Ogden & Goldstein, 2019). Generating more understanding would be helpful on how technology-related issues (glitches, freezing, screen pixilation) and misunderstandings can negatively impact expressed presence (therapists' frustration showing through facial expression) and perceived presence (clients wondering if the therapist is angry with them) in online therapy. This can help therapists recognize when this is occurring and to soften their expression or communicate with clients to work through these potential ruptures. It will be important to address any ruptures and repair misunderstandings that are inherent to the use of technology and specifically, online therapy. With training and user-friendly technologies, therapists can learn how to exude presence to help clients to feel heard and understood. Clients therefore could feel emotionally and psychologically safe with their therapists, even from a physical distance.

In summary, despite its challenges, the coronavirus pandemic has taught us a great deal. The difficulty of cultivating and sustaining presence online and working through those challenges can hopefully benefit therapists to bring back to their face to face therapy. Since the challenges to presence mentioned in this article become heightened in online therapy, the experience of struggling and overcoming these obstacles can illuminate the resilience of therapists and their abilities to retune and refine their ability to be present and increase

safety and intimacy in the therapeutic relationship. Therapists can hopefully carry forward their learning including the ability to remain humble and authentic to their strengths and weaknesses, to push through difficult times, and to grow themselves professionally when they are required to be creative in the provision of services. This will hopefully leave therapists more skilled in developing presence and therapeutic relationships, and to continue their work with increased self-care.

## Disclosure statement

No potential conflict of interest was reported by the author.

## Notes on contributor

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