Psychotherapist Experiences With Telepsychotherapy: Pre COVID-19 Lessons for a Post COVID-19 World

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Psychotherapists accelerated their adoption of telepsychotherapy during the COVID-19 outbreak to accommodate preventative isolation and social distancing. Lessons from psychotherapist experiences with technology prior to the outbreak can offer recommendations for practitioners and professional regulators. In this study, psychotherapists were interviewed about their use of technology in practice and interviews were analyzed for consistency with current literature on usual practice and professional regulations. The researchers used actor-network theory to map and explore the links and themes that emerged from the research. We found that technology use was more integrated with psychotherapy practice and psychotherapists were more confident and comfortable with telepsychotherapy than the literature predicted. Key themes arising from the interviews were psychotherapist responsibility and trust that included expanded psychotherapist responsibility, client trust, psychotherapists' self-trust, and trust of information sources. Telepsychotherapy can be enhanced by reflective, intentional practice, making space to examine routine behaviors, and developing strategies to counteract the unreliability of technology. Further, professional and regulatory bodies can support effective practice by developing clear and achievable technological competence responsibilities and by integrating technology training with mandatory psychotherapy education.

Keywords: actor-network theory, intentionality, psychotherapy, technology, telepsychotherapy

Proponents of the use of telecommunications technology for delivering psychotherapy promote a vision of technology enhancing client access to services (Imel, Caperton, Tanana, & Atkins, 2017) and creating new and meaningful ways to work in mental health care (Andersson, 2018; Imel et al., 2017). Acceleration of telepsychotherapy adoption occurred at the beginning of 2020, when global physical distancing practices intended to slow the spread of COVID-19, the disease caused by a novel coronavirus, created an environment in which technology-based services became the only way for many to deliver or access psychotherapy (Bradbury, 2020). Previously, the use of technology in psychotherapy had been controversial: some shared technology advocates' hopes, whereas others were concerned about negative impacts on the psychotherapy process (Vincent, Barnett, Killpack, Sehgal, & Swinden, 2017).

This article is adapted from a study informed by actor-network theory (ANT), a methodological approach to studying science and technology. ANT's developers recommended engaging in research at times of controversy, when effects of our engagement with technology are most apparent and before usage practices become habitual and unexamined (Latour, 2005). Latour compared the latter obscured state with a black box: a device with inner mechanisms hidden

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from view. Widespread use of telecommunications technology in psychotherapy may be normalized during the COVID-19 outbreak, limiting opportunities for examining how or whether psychotherapists wish to integrate technology into their practice.

Relatively little is known about how technology use impacts psychotherapists and clients and whether increased use of technology in mental health care can live up to its promises (Wozney et al., 2017). Yet technology has been used by psychotherapists (Glueckauf et al., 2018), who may have been motivated by its convenience, client demand, their own preferences, or government and agency policies. If psychotherapists use technology, it is important that they understand how it affects their work with clients (Harris & Birnbaum, 2015; Lustgarten & Elhai, 2018; Russell, 2018). Understanding technology's impact on psychotherapy practice will allow psychotherapists to reflect on their technology use and intentionally respond to opportunities and challenges presented. The purpose of this article is to present a snapshot of how telecommunications technology was used in psychotherapy prior to the COVID-19 outbreak and to highlight opportunities for responses to technology that could benefit clients and psychotherapists and enhance future practice.

Technology Use and Psychotherapists' Perceptions

Taking a broad look at the technologies available, including videoconferences, text, and e-mail, telephone communication, and digital record-keeping, it is likely that virtually all mental health practitioners have been using some form of telecommunications technology in their practice. However, in a recent American survey, only 43% of responding professional psychologists ($N = 164$) said they used telecommunications technology in their weekly work with clients (Glueckauf et al., 2018). Younger practitioners were more likely to report using technology with clients, as were male respondents. Fifty-one percent of the participants responded that they would like to use telecommunications technology to deliver 10% to 100% of their services in the future. As data collection took place between January 2013 to December 2016, it is possible that reported rates of use

would have been higher when the article was published than was cited in Glueckauf et al.'s (2018) report.

Familiar uses of technology, such as keeping electronic case notes, using e-mail, and using the telephone are often underemphasized in psychotherapy literature. Glueckauf et al. (2018) noted that previous studies found highest rates of technology use in what they described as nonclinical uses of technology, including "word processing" (p. 206). In their survey, 63% of respondents reported using a landline telephone to provide psychotherapy in the past year and 51% reported using a mobile phone. Seventy-four percent responded that they believed the telephone to be useful for psychotherapy. Familiar technologies are being framed here as both more useful than the less familiar Internet interventions and as less significant. Respondents described the telephone as useful because they have experience using it and issues of data security raised by keeping electronic case notes can be minimized by describing the practice as word processing.

There is a discrepancy between how psychotherapists view their technology use and their behavior that can be explained by the ANT concept of the black box (Latour, 2005). Familiar technologies impact psychotherapy practice, but psychotherapists become less aware of their effects. Psychotherapist self-reports of technology use may not accurately reflect what they are doing in practice when they use familiar technologies.

Telepsychotherapy Challenges

Competence and Confidence

Most psychotherapists are not trained in technology use and many are uncomfortable using it (Glueckauf et al., 2018; Lustgarten & Elhai, 2018; Russell, 2018; Vincent et al., 2017). Psychotherapy literature recommends training for psychotherapists both in how to use technology for themselves and how to assist their clients (Borgueta, Purvis, & Newman, 2018; Lustgarten & Elhai, 2018). Price and Gros' (2014) study of telecommunications technology use for treatment of depression and posttraumatic stress disorder in veterans reported that psychotherapists who were well trained in the technology were able to quickly address

technical problems that arose for their clients. The authors suggested these skills supported client and psychotherapist rapport and improved the treatment experience.

Technological Challenges

Internet technology fails (Borgueta et al., 2018; Harris & Birnbaum, 2015). Videoconferencing software in particular is prone to technical challenges, as video calls can be difficult to hear, video imaging may be poor, and calls may drop or not connect at all. This has the potential to damage client-psychotherapist relationships, especially without adequate psychotherapist training and preparation of alternate connection strategies (Lustgarten & Elhai, 2018).

Concerns About Relational Aspects of Electronic Communication

Psychotherapy spaces. Russell (2018) wrote extensively about how the physical environment changes for psychotherapists and clients in video psychotherapy. Traditional psychotherapy generally takes place in an intentional space. Psychotherapy literature has posited that controlled, shared physical spaces promote client safety (Pearson & Wilson, 2012), development of trust (Dales & Jerry, 2008; Russell, 2018), client organization and regulation (Dales & Jerry, 2008), and opportunities to practice managing difficult conversations (Russell, 2018). Video psychotherapy limits the creation of therapeutic spaces: Even if psychotherapists remain intentional about creating their own spaces, clients come to video psychotherapy in whatever space they choose (Russell, 2018; Vincent et al., 2017). Russell presented psychotherapist accounts of clients who arrived for therapy in bed and also reported that psychotherapists held sessions from hotel rooms.

Clients' chosen spaces give psychotherapists access to information about clients that has traditionally been part of nursing and social work home visitation programs (Cole, Kitzman, Olds, & Sidora, 1998), which is a look into the daily lives of clients that is usually unavailable to psychotherapists. Russell (2018) wrote that while this kind of information may give insight into clients' external worlds, it could also detract from focus on the internal world of the client.

Miscommunications and misunderstandings. A common theme in the critique of telepsychotherapy technologies is the perception of an increased likelihood of misunderstandings and miscommunications due to the reduced context relative to face-to-face communication (Harris & Birnbaum, 2015; Russell, 2018). Russell (2018) suggested that there could be a particular risk of misunderstanding clients in video psychotherapy during moments of intense emotion because psychotherapists could not see clients' entire bodies.

Russell (2018) cited Aviezer, Trope, and Todorov's (2012) study on the importance of body cues for interpreting facial expressions of intense emotions. However, the underlying focus of Aviezer et al.'s (2012) work was the importance of context in understanding emotion (see Aviezer et al., 2011). Aviezer et al.'s (2012) participants were more successful when asked to recognize emotion in photographs of people's full bodies in a contextual setting than when asked to recognize emotion in photographs of disembodied faces. Whatever media a psychotherapist is using, there is likely to be more contextual information present than an unmoving photo of a client's face. In Aviezer et al.'s (2011) work that addressed context more broadly, the authors pointed to a study by Widen and Russell (2010) that found young children (4- to 10-year-old children) attended more to verbal scripts to determine emotion than to facial expression. In the case of video psychotherapy verbal descriptions, tone of voice, and physical environment, as discussed in the preceding text, all support emotional communication between psychotherapists and clients.

Ethical and legal concerns. Use of telecommunications technologies raises ethical questions for psychotherapists around topics such as online anonymity, physical location, and data security (Lustgarten & Elhai, 2018).

Psychotherapy can be provided online without the need for clients to disclose their identities. The potential for anonymity presents both advantages and possible risks (Harris & Birnbaum, 2015). Anonymity may encourage clients to disclose more than they would in traditional psychotherapy (Prescott, Hanley, & Ujhelyi, 2017). Clients who may not access traditional psychotherapy due to fear of stigma may be

willing to participate anonymously (Borgueta et al., 2018).

However, if psychotherapists do not know the true identities of their clients, it will be impossible to intervene in situations when they are at risk or in situations in which they might present a threat to others (Borgueta et al., 2018; Harris & Birnbaum, 2015). Psychotherapists have a duty to report to the authorities if they are aware of a child or another vulnerable person is at risk, and arguably a duty to intervene if clients are at risk of harming themselves or other adults (Truscott & Crook, 2013). Therefore, appropriate client care usually requires detailed knowledge of clients' identities and, significantly, knowledge of their physical locations.

The security of client information in online communication is a concern for psychotherapists using Internet technologies to communicate with their clients. Videoconferencing, e-mail, and chat are all potentially vulnerable to data leaks (Lustgarten & Elhai, 2018). In a survey of school counselors in Australia conducted by Glasheen, Campbell, and Shochet (2013), only 13% of counselors responded that they believed it was possible to preserve privacy online, but 50% said they would use online counseling with their students if the option was available. This is consistent with research that suggested people's concerns about online privacy was not necessarily reflected in their behavior (Elhai & Hall, 2016). Lustgarten and Elhai (2018) encouraged psychotherapists to not only be aware of online threats to client confidentiality, but also to be cautious when using technologies with clients who are at risk of violence in their homes. Text evidence produced by Internet-based technologies could expose to partners or family members that a client is seeking help or the contents of psychotherapy sessions.

Maintaining boundaries. Psychotherapists report finding it difficult to maintain boundaries when they are contactable by clients at any time (Lustgarten & Elhai, 2018; Vincent et al., 2017). Russell (2018) highlighted Winnicott's (1971) statement that psychotherapists differ from others in their clients' lives by their reliability. If clients begin to experience their psychotherapists as no more reliable than others that they communicate with by e-mail or text because psychotherapists respond when and if it

is convenient, it could negatively affect the therapeutic relationship. An e-mail psychotherapist may be a less reliable and less responsive presence. On the other hand, if psychotherapists are expected to respond to client e-mails 24 hr a day, maintaining reasonable boundaries and client expectations becomes impossible. (Vincent et al., 2017).

Method

This research was guided by actor-network methodology. There is a great deal of diversity in actor-network research (Nimmo, 2011); the researcher endeavored to make choices that are consistent with the principles of ANT and with the practice suggested by Latour (2005). The core ontological claim of ANT is that reality is composed of *networks*: systems of associated things that act on and are acted on by each other (Latour, 1996, 2005). ANT's networks are distinct from technical networks. Rather than networks composed of similar objects working together in an organized manner, actor-networks are heterogenous and observable through transformations and tensions that run through them (Latour, 1996). An *actor* is any element of a network that acts on other elements. Actors can be human or nonhuman. For example, individuals, groups, animals, objects, rules, and ideas can all affect the thought, meaning, and/or behavior of others that associate with them (Latour, 2005; Nimmo, 2011). Human actors are not given priority or preference in ANT; they and nonhuman actors impact their networks in the same ways. Important here are the relationships between psychotherapists, clients, and the technologies they use. All influence the others and are influenced by them.

Latour (2005) framed the effects of networks on individuals as opportunities. Although people cannot avoid being impacted by the networks they belong to, being aware of how they are affected allows for reflection and the ability to respond intentionally to the opportunities networks present. Reflection and intentionality have been cited as components of competent psychotherapy practice (Wampold, 2014).

ANT is a descriptive methodology that allows researchers to present a snapshot of the network at a given point in time (Latour, 2005). Analysis is concurrent with data collection and guided by the ANT principle of following the

actors: concerns and themes that are emphasized by the members of the network under study become targets of investigation that direct further data collection. In this study, the researcher constructed initial interview questions from concerns raised by existing literature and developed subsequent interviews and document collection strategies in accordance with the interests of the actors (e.g., topics raised by participants in interviews). Full transcripts of participant interviews were analyzed with focuses on uncovering actor concerns, tracing connections between actors, and producing a thorough description of the network that preserved actor voices. ANT employs documents as data to capture the voices of organizational and nonhuman actors (Latour, 2005). However, as most documents collected for this study related to Canadian legislation and professional regulations, their discussion has been largely omitted here.

The Interviewer and Ethical and Reporting Standards

Karen MacMullin served as the interviewer and conducted the primary analysis. She is aware of her impact on the network by the methodological choices she made and what she included or left out of the report. She endeavored to prioritize participant voices and to maintain reflexivity through the detailed journaling recommend by Latour (2005). She used video and telephone with clients extensively prior to this study and believed that increased technology use was beneficial to psychotherapy practice, a position that has been complicated by what she saw here.

The Athabasca University Research Ethics Board reviewed and approved this project, and this article was prepared in accordance with the American Psychological Association's Journal Article Reporting Standards (Levitt et al., 2018).

Interview and Participant Information

Five semistructured interviews with psychotherapists were conducted, each lasting between 60 and 90 min, with an average length of 80 min. A convenience sampling strategy was used. As networks have no clear beginning, ANT asks its researchers to start in medias res

(Latour, 2005) with what is in front of them and what they have access to. Participants belonged to the interviewer's professional community and were recruited by e-mail. The number of interviews was determined to balance time and resource constraints with gathering sufficient data to construct a detailed description of part of the network; the interviews conducted reflected consistent patterns of participant concerns.

All of the participants were women in their thirties who resided in the province of Alberta, Canada. Each of them had been practicing psychotherapy for between 2 and 10 years as psychologists or certified counselors. All worked in independent practice at the time of interviewing: four as independent practitioners and one as a manager of a small group practice. Two participants also worked part-time at a public counseling clinic and one worked part-time in the public health care system.

Participant quotations are identified using the identifiers P1 through P4 (one participant was not quoted, see the discussion of technology failures to follow). In other areas, participants have been left unidentified to maintain a higher degree of confidentiality.

Findings

Interviews were analyzed with an eye to agreement or disagreement with existing literature—itself an actor in the telepsychotherapy network that impacts psychotherapist behavior—and core themes (actor concerns present throughout the interviews) were identified and described. Participant accounts of intentionality in psychotherapy practice were also noted.

Technology Use and Perceptions

Video psychotherapy. Participants who used video psychotherapy said they were comfortable using the medium and that the work they did online did not differ significantly from the work they did with clients face-to-face. P2 said, "It feels around the same to me. I started on [a local crisis line]. I can just zone right in. I take more notes because the pen is right here, so that's even an added bonus."

Of the participants who did not use video with clients, one had offered videoconferencing services to clients but had yet to have a client express interest, one felt it was not a fit for the

way she preferred to practice, and one believed it was not a fit for the approaches she used in therapy, primarily eye movement desensitization and reprocessing (EMDR). She said, "It doesn't fit very well with the modalities I use. I don't think it's really appropriate for trauma work." This participant identified cognitive-behavioral therapy (CBT) interventions as a more appropriate fit for video psychotherapy. However, one participant used video with somatic experiencing, another body-based trauma therapy, and another participant reported that some of her colleagues regularly use EMDR over video. The simultaneous rise in use of Internet-delivered therapies and CBT and their frequent use together (Andersson, 2018) may reinforce an unchallenged belief that CBT is a better fit for interventions using technology than other modalities.

Text and e-mail. All participants said they connected with their clients through text both on their smartphones and by e-mail. Although they emphasized that they did not provide services through either medium, all identified e-mail and text as ways clients could connect with them between sessions. They said that text and e-mail were used primarily for scheduling, but that they were also contacted by clients who were in crisis or in need of additional support. Usually they chose to respond briefly by text or e-mail, but they would occasionally follow up with a longer e-mail or text exchange or with a telephone call if they were concerned about a client's safety. They emphasized the importance of being thoughtful about responding to their clients in these cases. P2 said, "It's probably important not to always be responding to people two minutes after they've responded to you . . . to take time to put together a thoughtful response."

Although the participants did not identify with providing text-based Internet services, text-based interventions were part of their practices. None of the participants discussed specific strategies for written communication nor issues with accurate communication via text, which might have been predicted from the existing literature. The use of text as a technology was part of a routine behavior that did not require special attention and the psychotherapists had no perception that this shaped their communication with clients.

Telephone. Only one of the participants was regularly using the telephone as part of intake and crisis management in public health care. However, all participants had experience with telephone counseling and four had substantial experience working on telephone crisis lines. The participants did not speak about their crisis line experiences at length, but both the participants who currently used video for psychotherapy and the one who planned to in the future to some extent associated their comfort using distance technologies for psychotherapy with their experience with telephone counseling.

As with e-mail, participants reported using the telephone for between-session communication with clients. They generally saw telephone use as a component of face-to-face practice unless they were using it for an entire session as a substitute for videoconferencing in case of technology failures or for a face-to face session when clients were not able to travel to their offices. Perhaps in part because of their experience and comfort with telephone counseling on crisis lines, none of the psychotherapists reported communication barriers around telephone use, nor did they mention specific strategies they used with clients on the telephone.

Participant Perceptions of Technology Challenges

Competence and confidence. Participant reports were not consistent with expectations in the literature around confidence and perceived competence. Despite the lack of formal training available to psychotherapists, the participants felt confident in their abilities to use technology competently and ethically in their practices. P1 admitted that this may be unusual, "I think I'm pretty savvy with technology. I know a lot of people have a harder time figuring it out." The participants talked about researching software and trying out new technologies as means of learning. Most of them talked about their learning being solitary, with little discussion with other professionals, although some reported taking advice from technology service providers and one participant said she took substantial guidance from her supervisor.

The participants who used video psychotherapy cited experience as the most important factor in developing both confidence and compe-

tence with video delivery. P4 said, "It's almost like you work out the kinks and you see what works and what doesn't work and you get better with each client." Both participants said the importance of experience applied not only to the general practice of video psychotherapy, but also to using video with each individual client. One participant described the process as learning the rhythm of her clients and of their sessions together. Again, both also mentioned their experience as telephone crisis line workers as supportive for their current work.

The participants had differing opinions about the need for formal training for psychotherapists in using technology. P2 said,

[Technology] seems daunting to look at. It seems like a big, scary piece. People think maybe they need to take a course on it. When I think we can just apply all the ethical things we know about therapy to this way of doing therapy.

She added that, "A class makes people feel secure about it," and said that training could be simple and focus on common ethical questions. Other participants agreed that training was unnecessary but suggested that any training that is developed should focus on ethical issues, as opposed to technical issues. Two participants said that they believed that ethical training around technology would be important for psychotherapists going forward and one expressed a wish that her regulatory body would provide expert support on the topic for its members.

Technology failure. The most significant barrier to using technology in psychotherapy is the technology itself. As part of the ANT approach to this study, interviews were conducted via Skype in order to emulate, in part, the video psychotherapy experience and to provide an opportunity to give the technology a voice in the research. Despite the interviewer using a teleconferencing and recording software and hardware configuration she had used successfully for two years, audio from three participant interviews was lost due to technology failure. One participant was reinterviewed and intact audio and notes from the two other participants were used. One participant is not quoted here because too much interview audio was lost. Hence, the modality chosen for data collection for this study expressed itself as unreliable.

P2 spoke about the challenges presented by unpredictable technology failures occurring during video psychotherapy.

Sometimes it's perfect, but then other times for seemingly no reason at all the video or audio gets really choppy and I just don't know what they're saying. And it really sucks because the most important thing about our job is connecting with people and when you cannot understand them it really is awful to have to interrupt and get them to repeat it or at least try to get a sense of their message and hopefully try to respond.

Knowing that technology failure is likely to happen at some point if psychotherapists use telecommunications technology to provide services to clients allows psychotherapists to create alternative plans and communicate them to their clients. Both participants who used video included cautions and directions for alternate means of connecting in their consent forms. They said they had always found a way to connect with clients when their standard platforms failed, which sometimes meant using older landline telephone technology.

Ethics and Legal Issues

Anonymity, client verification, and crisis. One participant acknowledged the potential benefits of anonymous work with clients, as she felt that people may share more or share differently about themselves when they are not asked to disclose their identities.

None of the participants identified concerns about client verification in their practice, however it is worth noting one author's experience in working with clients affected by domestic violence has been consistent with the literature on this point: Couples or family members may share smartphones and thus texts and e-mail and this is often a concern when clients are trying to privately access support.

Participants did not report challenges related to determining clients' locations at times of crises or when they believed a safety risk existed. One participant, however, described a situation in which technology facilitated her ability to support a client in suicidal crisis. The client had moved away from the participant's city and called late at night with a stated intention of killing herself. The participant was able to persuade the client to go to the emergency room. She stayed with the client on the phone, keeping her calm and focused until she connected with hospital staff. Technology gives

psychotherapists the ability to extend their presence and support client safety, regardless of their location. The trade-off may be that psychotherapists' increased reach creates an increased responsibility for managing crises, or that psychotherapists are differently responsible for managing imminent crisis without the support of external agencies.

Security. Several participants identified security as the primary concern of their regulatory bodies around technology use. This is reasonable considering one of the primary ethical obligations of psychotherapists is to preserve clients' privacy (Canadian Counselling and Psychotherapy Association [CCPA], 2007; Canadian Psychological Association, 2017) and record-keeping is one of the few aspects of professional practice subject to legislation external to regulatory bodies' standards of practice.

However, not all participants believed maintaining data security was possible. P4 offered the opinion that, "At the end of the day whatever we do is secure but there's always the chance it's not secure no matter how we safeguard it." Moreover, they did not always follow their own security standards. The participants who engaged in video psychotherapy reported that they used FaceTime if their platform of choice was not working for that session. They said they knew they should not, as they both believed FaceTime to be less secure than other platforms. The participants were concerned about security but were not necessarily confident or consistent in practicing data security measures.

Miscommunications and misunderstandings. Although some of my participants expressed concerns about miscommunication in telepsychotherapy, those with the most experience in telephone and video psychotherapy did not report difficulties understanding their clients at a distance. P2 said, "I never get the feeling that there's something I'm missing here. Maybe there's other things we are attending to and that's enough in itself even if it's not everything." Even the participants who did not want to participate in video or telephone psychotherapy reported no particular misunderstandings when communicating with their clients by telephone, e-mail, or text.

Drop-outs. One participant, when asked at the end of the interview whether there was anything that was missed, talked about drop-out rates. She said that client drop-outs, while still few, were much more common among her video clients than her face-to-face clients. She said that after one or two sessions, some of her clients told her that they would prefer to see someone face-to-face and if it was not possible for them to meet due to location, she would refer them to another practitioner. The participant said she was surprised by the difference and attributed it to the medium not being a fit for some clients. Investigating what clients may feel uncomfortable with and whether it would be possible to address any of their concerns using alternative technologies could be important future research.

Core Themes

Responsibility. One theme that ran throughout participant interviews was the association of increased responsibility and technology use. Technology imposes new responsibilities on psychotherapists as they employ new tools and work with clients in environments outside of the office. Psychotherapists are responsible for competence with technology, both to facilitate consistent communication and for data security, for client safety in an extended psychotherapy environment, and for setting boundaries around technologically mediated expectations.

Responsibility for data security. Participants had differing ideas about what was necessary for data security and admitted that they did not always follow their own standards, as in the example above of psychotherapists using a platform they believed was not secure. Additionally, some participants said they were not aware of their professional organizations' guidelines concerning technology use.

Responsibility for client safety in the extended psychotherapy environment. Outside elements of a client's life are being brought more closely into psychotherapy by technology use, and participants had varying levels of awareness of environmental factors. Participants who used video said they generally did not attend to their clients' environments during sessions. P2 said, "I don't notice much of what's in their space because it tends to be mostly their face." At the same time, P2 said she knew that clients' home environments could impact psychotherapy. She shared a story of one

of her client's challenges attending a video session from home. P2 said the client initially found participating in psychotherapy surrounded by daily home distractions difficult, although ultimately beneficial: "At home it was kind of chaotic, so it was helpful bringing our therapy back into the real world. It was more challenging to take those tools back but really helpful." Further understanding of the risks and benefits presented by clients' home environments would be beneficial to psychotherapists.

Responsibility for setting boundaries. As the issue of the difficulty of boundary-setting and technology use was prominent in the literature (Lustgarten & Elhai, 2018; Vincent et al., 2017), participants were asked about how they handled setting professional boundaries around between-session technology-mediated communication. Participants identified that clients often contacted them between sessions when they were in crisis. P1 said,

> Some of them I've given my phone number to if they are kind of higher risk. I know some people have regretted giving their phone numbers out . . . One person who texted me at 11:00 last week. It was just a few back and forths. Not a big deal. I would certainly put boundaries around it if my time was being too much . . . It happens rarely enough that I'm okay with that and if someone was in crisis of suicide or something. You know I might not always get them; I'm not always up until 11 o'clock but I happened to be at this time.

P1 said she felt it was her responsibility to set boundaries. Similar to the other participants, she accepted that the technology gave people the ability to contact her and believed that if she was using time outside of working hours to contact clients, she needed to improve her boundary-setting. She talked about pressure she felt to respond to clients:

> Pressure I put on myself I think more than anybody else puts on me. But right now it's pretty manageable because I do not have a lot of that happening on weekends or evenings. I think my clients are pretty respectful in that regard. If I felt that it was getting to be too much I could certainly limit that or clarify like I'm only available between this time and this time and of course I'll answer the next time I'm available.

However, P1 and P3 both identified repercussions for how they chose to with clients outside of office hours. P1 felt that she needed to answer the phone over the weekend rather than allowing calls to go to voicemail: "Like if they call on a Friday evening, we don't get it until

Monday. They've probably already gone and booked with somebody else at that point, right?"

P3 spoke about a conflict she experienced between what she felt to be her ethical responsibility to clients and her boundaries around work, especially working without compensation. She and most of the other participants said they used the *Psychology Today* psychotherapist directory to connect with clients. Clients were able to find psychotherapists on the *Psychology Today* website and to provide them with contact information and a description of their concerns, which psychotherapists could then use to arrange initial appointments. P3 said of the contact form clients used that

> [i]t doesn't really limit people's ability to tell me what they want to tell me . . . maybe there are some potential risks I can pick up on or concerns I have for somebody's safety or well-being that kind of really puts it into another category, so probably a couple times a month . . . I'll get e-mails from people who say . . . I'm fighting with my spouse, I'm unemployed . . . I have suicidal ideation, I'm thinking about hurting myself . . . It really forces you as a practitioner to figure out, you know, what your boundaries are, what your duty for responsibility and ethics are in terms of connecting with these people. And, you know, how much do you want to work for free?

P3 said that she knew of other practitioners who did not respond to these communications. She said her colleagues told her they did not have time, but she noted that they did not prioritize the users in crisis. All participants identified setting boundaries as their responsibility alone; this is a complicated claim from an ANT perspective, which will be discussed later in the text.

Trust. The second theme that ran throughout the interviews was trust. When participants spoke about how they learned about technology, impacts technology had on practice, and the differences between face-to-face psychotherapy and services delivered via technology, they often referred to trust or mistrust. Jerry (2014) discussed the integration of technology by psychotherapists in terms of Erikson's (1963) developmental stages. The two earliest stages are concerned with issues of trust of others (basic trust vs. mistrust) and trust of self (autonomy vs. shame and doubt). While some of the issues that participants brought up (e.g., managing relationships) could suggest individuals related primarily to a later stage of development, founda-

tional concerns about trust were consistent throughout the interviews. This points to psychotherapists' relationships with technology at this place and time belonging to these foundational developmental stages.

Trust and learning about technology. The participants identified two methods they used to learn about technology and to choose the technology they employed in practice: suggestions from others or reading about the technology online. None of the participants had received formal training in technology use and while some of them said they took care to follow their professional bodies' guidelines, the guidelines did not provide detailed instructions about what technology to use or how to use it. Some participants mentioned learning about specific services from colleagues who used them in their practice, but more often they spoke about learning from supervisors, family members, and service providers. When they did, they spoke about trust. P4 said she mostly took direction from her supervisor and cited her trust of the supervisor as the basis for her reasoning, "At the time it made me feel like, okay, I trust you, I trust that you know what you're talking about." P2 said that she did not remember the rationale that led her to choose one of her software platforms, but that she had talked with support staff from the service provider before she started using it. She said, "They assured me this was going to be a lot more safe and secure." On one hand, this ability to trust in others facilitated learning and the ability for psychotherapists to make informed choices about the technology they used. On the other, a reliance on trust could be problematic for professionals: the advice was coming from single sources and in the case of the service provider was part of making a sale.

In other cases, participants said they had learned about technology by doing their own research. P1 said. "I pretty much learned this stuff on my own in terms of how to do the website and all that. Just kind of figure it out as I go." Most participants spoke about doing research about technology by reading about it online. This suggests a higher level of autonomy and trust in one's own abilities than would taking on practices based on others' advice.

Trust in the body, trust in the professional self. Many psychotherapists trust in the presence of the body, as reflected in the concerns in the literature about potential loss of information when psychotherapists and clients are not present in the same space. Some participants endorsed this perspective. Those who did not choose to use video attributed their choices in part to the importance they placed on the presence of the body in psychotherapy sessions. P1 said that she felt comfortable during her interview and in using videoconferencing for consulting, but did not think that comfort could extend to work with clients: "If we were doing actual therapy stuff for me to read your body language and be more attuned to you I think that would be more difficult." She said that with clients it was important for her to know, "what their feet are doing, what their hands are doing, are they hugging a pillow?" P3 agreed and emphasized the importance of being able to practice in a shared physical space:

> I don't do online counseling, I don't do Skype counseling because I really feel that having that person in the room is very important and especially when it comes to practicing interventions or practicing coping strategies I think it's important to have that one on one connection.

However, as discussed earlier, participants who had substantial experience with telephone and video psychotherapy did not identify any kind of loss in the work they did with people at a distance. As P2 suggested, psychotherapists who provide services using technology may be attending to different kinds of information and what they receive may be enough to do effective therapeutic work. Existing literature concerning technology use is primarily theoretical and based on an understanding of decades of face-to-face psychotherapy communication. Without process and outcome comparisons of psychotherapy using different media, psychotherapists who take either position are relying on trust: either trust in the importance of the body or trust in the professional self.

Trust and the technology-mediated psychotherapist. It is important to highlight again that technology presented itself as unreliable repeatedly during this study. The unreliability of the technology psychotherapists use endangers the perceived reliability of psychotherapy, in which trust is central. Psychotherapists and the technologies they use cannot be separated out in the network or in clients' experiences. Intentional responses to the unreliability inherent to technology are critical. Bor-

rowing again from Jerry's (2014) Eriksonian developmental model, without a positive resolution of the foundational trust versus mistrust stage of the development of technology use in psychotherapy, detrimental effects will be carried forward as technology use continues to develop.

Intentionality. Practicing intentionally and reflectively is integral to psychotherapy (Wampold, 2014). All participants identified thoughtful decision making as important to their uses of technology, both in the decisions they made about which technologies they used and in how they used them. P4 explained that she was careful in deciding whether to use video with her clients and that much of her decision was based on clients' responses in the first couple of sessions. She said, "Is there something that we need to work through or is that something we need to scrap? I think with technology there is a lot of clinical decision making on whether it's a good fit for the client." Other participants also spoke about clinical decision making. In each interaction they described, they assessed their clients' situations and personalities and how they communicated in video sessions, or by e-mail, or over the phone, and decided how to proceed based on their education, their experiences and what they were seeing.

P2 spoke to a threat she saw to intentionality in psychotherapy from technology use. She spoke about discount text-based services that allow users to text their psychotherapists as often as they want, whenever it is convenient for them. P2 saw a risk to people experiencing psychotherapy as a smartphone app:

> It's important that we take therapy seriously; it's not just something we fit in, it's something you commit to, you take on. You wouldn't want clients to feel "Oh yeah, I'll fit you in on the lunch break . . ." It's an undertaking. It's hard work. An so I guess with technology if it's something that's easy to slip in, is there still a way to have it felt as an important commitment?

P2 pointed to technology shaping the way people experienced and thought about psychotherapy. She was one of the heaviest technology users interviewed. She was also one of the most aware of how important it was for psychotherapists to be intentional about how they used technology with clients and how they thought about the technology they used. She compared potential risks she saw in telecommunications

technology use with thoughts she had about manualized practice:

> When people get very rigid and manualized, like when they're stuck to their technology like glue, that it can start to feel robotic. Where we can start to lose the humanity in what we do . . . if we grip on to any of our technologies, whatever they may be.

Discussion

Participant accounts describe telepsychotherapy practice experiences that differ from the literature in significant ways. Issues related to core themes of trust and responsibility point to opportunities for enhancing intentionality in responding to technology's impacts on psychotherapy.

In/consistency With Literature

Participant accounts agreed with the existing literature in some respects. Participants had experienced technology failures, they saw advantages to anonymous communication, they were aware of technological challenges to boundary setting and data security, and some offered concerns about losing the shared physical space in psychotherapy.

However, the literature did not accurately reflect how participants were using technology or how they felt about it. Participants reported much more technology use than the literature suggested they might. Apart from those who used videoconferencing software for sessions, all of the participants routinely used e-mail, text, and telephone to communicate with clients. These practices were integrated into the participants' practice to the point that many of them did not think of them as technology use: They were comfortable, habitual, and black boxed. Moreover, the participants expressed confidence in their ability to learn about and use technology, despite their varying levels of trust in specific technologies and their divided opinions on the need for technology-specific training for psychotherapists. This comfort and confidence was likely impacted by the age demographic of the participants, who were all in their thirties; further research would be useful to uncover attitudes of older psychotherapists. While technology use may have been controversial, its use was much more integrated than

the existing literature reflected. Further, participants reported no notable miscommunications or misunderstandings when using technology to communicate with clients, excepting those caused by technology failures.

The Black Box, Intentional Responses, and the Network

Latour's (2005) black box is the state of routine practice where the flow of work through a network becomes invisible, and the impacts of individual actors become difficult to identify. Participants' accounts of e-mail and text use suggested that the use of these technologies in psychotherapy practice had already become routine. They viewed text interventions as essential components of face-to-face services rather than as belonging to a separate category of psychotherapy. Between-session communication is part of practice and should receive the same attention as in-session work. Conscious planning around ethical and technical issues are important for both.

The obscurity of telepsychotherapy practice has likely been heightened by increased use of videoconferencing to provide services during the COVID-19 outbreak. Ethical and practice questions remain unresolved after decades of telephone use in psychotherapy, many of which carry over to contemporary applications of technology (Manosevitz, 2002). Slowing down and examining the process of technology adoption by increasing the space for further research and controversy is necessary. This will allow for the development of strategies to address technology's impact on psychotherapy practice.

As P2 alluded to with her comments about technology and manualized psychotherapy, the ubiquitous nature of contemporary telecommunications technology can make it easy for people to interact with others in a way that is routine: standardized and thoughtless. Psychotherapists can respond by being reflective and intentional; part of this is being aware of the influences of technologies and other actors in the networks they belong to.

From an ANT perspective, people are embedded in networks of diverse actors that impact and are impacted by each other. The impact of network effects is particularly clear in the example of boundaries in technology and psychotherapy. Both the participants and the literature acknowledged difficulties setting boundaries with clients when using technology, despite the importance of boundaries for client and psychotherapist safety highlighted by telepsychotherapy practice guidelines (College of Alberta Psychologists [CAP], 2018; CCPA, 2019). Participants believed they were responsible for managing the challenges to setting boundaries with clients presented by telecommunication technologies.

However, other actors participated in creating an increased responsibility for boundary setting (see Figure 1). Concerning P3's example, *Psychology Today* shares responsibility for its specific website design that allows users to freely share concerns with psychotherapists with whom they do not have an existing relationship. Governments share responsibility for choices about funding and promotion of crisis services which could support clients in immediate need. The culture as a whole, as well as specific corporate actors and engineers, share responsibility for creating and popularizing technology that is always on and the associated expectation that people are always working. Importantly, the presence of the technology itself shapes the behavior of psychotherapists and clients. Awareness of the external imposition of complications around boundary setting could change the way psychotherapists think about technology and boundaries and allow for different responses. People are never free of their networks, but Latour's (2005) framing of network impacts as opportunities for intentional responses suggested terms of proactive engagement.

Implications for Practice

Two core themes that emerged in this research were responsibility and trust. Psychotherapists can enhance their relationship with technology use by examining these aspects through a lens of intentional practice.

Responsibility. The participants in this study were not always clear on what their responsibilities were in relation to technology use. Although recent practice guidelines (CAP, 2018; CCPA, 2019) addressed many of the points discussed in this article, the guidelines appeared to be insufficient to guide practitioners in more challenging areas, such as boundary
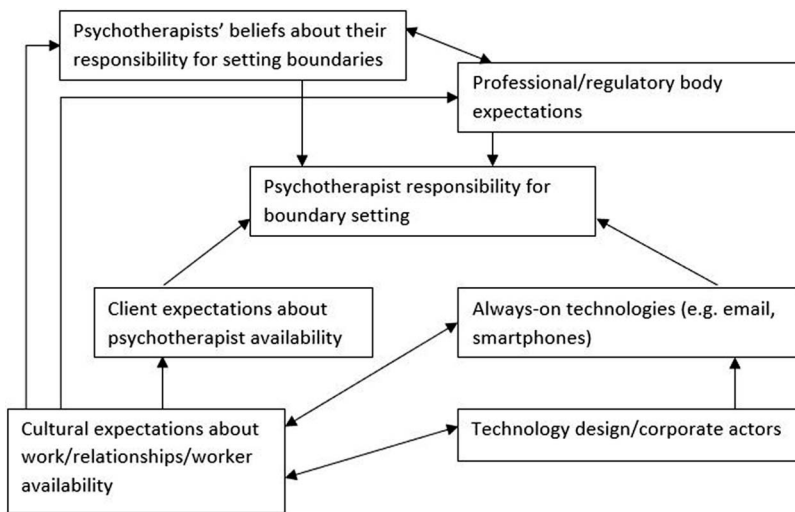
Figure 1. Impacts on psychotherapists' responsibility to set boundaries in telepsychotherapy as an example of network effects. This figure illustrates one small part of the larger telepsychotherapy network; similar relationships between human and nonhuman actors exist throughout the network.

setting, or in ambiguous areas, such as managing complicating external (partners and families) and internal (client responses to environmental cues) factors in clients' home environments. Regulatory and professional bodies can respond to gaps between guidelines and psychotherapist awareness and practice by developing clear, achievable technological competence responsibilities and by integrating technology training with mandatory psychotherapy education. Although not all participants considered training to be necessary, standardized training allows for consistency in knowledge and practice for professionals.

Where regulatory guidance is not possible or desirable, psychotherapists can "apply all the ethical things we know . . . to this way of doing therapy" (P2). Reflective practice and proactive use of ethical decision-making processes can assist psychotherapists in making intentional determinations about their responsibilities in telepsychotherapy, with awareness of the need to take routine practice out of its black box.

Interdisciplinary learning. Psychotherapists can also draw on the professional experience of other disciplines. Social work and nursing literature on home visitation has suggested the need for an enhanced level of awareness of client environments for professionals who do home

visits (Sharps et al., 2016), as has telephone crisis support training (domesticshelters.org, 2017). As psychotherapists move into clients' homes during video psychotherapy, they may need to expand their focus beyond clients' faces. Psychotherapists could benefit from lessons learned in related fields about interacting with clients' environments to enhance outcomes and client safety. Similarly, qualitative researchers who use videoconferencing for interviews have insights around using the medium for confidential, potentially sensitive conversations (Gray, Wong, Rempel, & Cook, 2020).

Trust. Psychotherapists should reflect on who and what they trust. There are several questions that could be helpful for psychotherapists to ask themselves: When they make decisions about technology, where are they getting their information? Why do they trust their sources? On what basis do they trust their competence in technology use? Do they trust the technology they use and the people who created it?

Falzon, Davidson and Bruns (2010) noted the challenges of following an evidence-based research process for practicing psychologists who may have limited time and limited access to research evidence. Resources related to technology use have been especially limited: little lit-

erature existed on the topic, especially on specific practices, and most documentation available concerning software platforms was promotional material. Service providers are biased and may not have an accurate understanding of the needs of mental health professionals (MacMullin, 2019). Participants relied on perceived competence of others, assurances, and beliefs they held about psychotherapy and their own ability as psychotherapists when they made decisions about technology. The decision-making process would be enhanced by adding an intentional research process, such as that suggested by Falzon et al., alongside the reflective clinical decision-making participants indicated they used already.

Counteracting unreliability. It bears mentioning again that technology represented itself as unreliable in this research, which passes on a risk to psychotherapist reliability. Psychotherapists must consider how to offset this risk to remain trustworthy people for their clients. Professional and regulatory bodies currently require professionals to address the potential for technology failure through informed consent (CCPA, 2019; CAP, 2018) and participants described backup plans they used in practice. However, participants also spoke about not choosing to break unstable connections with participants and being inconsistent with responding to messages between sessions. Making detailed plans with clients around technology use and failures and acting on them immediately and consistently is important for ethical professional practice.

Recent Developments

Two recent developments are worth noting. First, during the COVID-19 crisis, professional and training organizations have produced a wide variety of web-based resources to support psychotherapists in providing technology-based services. Some of these actively addressed previously neglected aspects of video psychotherapy, including how to attend to clients' bodies in a video environment and how to intentionally shape clients' environments (e.g., Sensorimotor Psychotherapy Institute, n.d.). These resources will likely enrich psychotherapists' knowledge and comfort with telepsychotherapy and create a changed landscape for practice going forward. Second, while Skype was the dominant video-

conferencing platform at the time of this research, Zoom has become the tool of choice during the COVID-19 crisis, in spite of its emerging issues with personal data collection and security concerns (Davis, 2020). Although concerns remain about data security and stability for Zoom users (Davis, 2020; Gray et al., 2020) platform features that contribute to its relative reliability may point to a future of reduced technology failures (Gray et al., 2020).

Study Limitations and Future Research

This study was small and limited in scope and the participants were all women similar in age and geographic location. Future research including a broader demographic of psychotherapists' views is needed. As noted earlier and reflected in Glueckauf et al.'s (2018) survey, psychotherapist age may impact patterns of technology use; investigating generational differences in attitudes and adoption will be important.

Client experiences were not directly investigated in this report. From an ANT perspective, it would have been preferable to follow the actors and obtain client views on issues psychotherapist participants raised around the extended psychotherapy environment, boundaries, and drop-outs. This was not possible due to limited time and resources; a follow-up study exploring client experiences of telepsychotherapy would give a more complete view of the network.

Participants were interviewed at the beginning of 2019 and, considering recent developments and changes in technology use patterns, their usage and concerns may not reflect the current state of telepsychotherapy. However, ANT is intended to provide a snapshot of the network at a specific point in time; lessons uncovered here establish a clear baseline prior to COVID-19 against which future telepsychotherapy research can be compared. Research that examines changes in telepsychotherapy practices post-COVID-19 will be important to understand how accelerated technology adoption impacts psychotherapy and to counteract the black-boxing of technology effects.

Conclusion

Participant accounts suggested that technology use had been integrated in psychotherapy practice prior to the COVID-19 outbreak. Psy-

chotherapists were more confident and comfortable with technology than predicted by the literature and reported few instances of miscommunication when using technology. Responsibility and trust were major themes in participant accounts. Participant narratives point to opportunities for intentional responses to technology's impacts on psychotherapy that can be enhanced by reflection and awareness of the obscuring influence of routine practice.

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Experiencias psicoterapeutas con telepsicoterapia: lecciones previas a COVID-19 para un Mundo despues de COVID-19

Psicoterapeutas aceleraron su adopción de la telepsicoterapia durante el brote de COVID-19 para acomodar el aislamiento preventivo y el distanciamiento social. Lecciones de las experiencias de psicoterapeutas con tecnología antes del brote pueden ofrecer recomendaciones para profesionales y reguladores profesionales. En este estudio, Los psicoterapeutas fueron entrevistados sobre su uso de la tecnología en la práctica y se analizaron las entrevistas para determinar la consistencia con la literatura actual sobre la práctica habitual y regulaciones profesionales. Los investigadores utilizaron la teoría de la red-actores para mapear y explorar los enlaces y temas que surgieron de la investigación. Encontramos que el uso de la

tecnología estaba más integrado con la práctica de psicoterapia y psicoterapeutas estaban más seguros y cómodos con la telepsicoterapia de lo que la literatura había predicho. Los temas clave que surgieron de las entrevistas fueron la responsabilidad del psicoterapeuta y confianza que incluía una mayor responsabilidad del psicoterapeuta, la confianza del cliente, la autoconfianza de los psicoterapeutas y la confianza de las fuentes de información. La telepsicoterapia puede ser mejorado por la práctica reflexiva e intencional, haciendo espacio para examinar los comportamientos rutinarios y desarrollar estrategias para contrarrestar la falta de fiabilidad de la tecnología. Además, los organismos profesionales y reguladores pueden apoyar la práctica efectiva mediante el desarrollo de responsabilidades de competencia tecnológica claras y alcanzables y integración de capacitación tecnológica con educación obligatoria en psicoterapia.

teoría del actor-red, intencionalidad, psicoterapia, tecnología, telepsicoterapia

心理治療師的遠程心理治療經驗：提供COVID-19之前的經驗給COVID-19之後的世界

心理治療師在COVID-19爆發期間，加快了遠程心理治療的採用，以配合預防性的隔離和社交距離。心理治療師在疫情爆發前使用科技的經驗可以提供給實務工作者和專業管理者一些建議。在這個研究中，心理治療師接受了有關他們在實務中使用科技的訪談，而訪談內容被拿來分析其與當前有關常規做法和專業管理的文獻之一致性。研究人員使用行動者網絡理論來繪製和探索研究中出現的鏈接和主題。相較於文獻所預期，我們發現科技更多的被整合在心理治療實務中，心理治療師也對遠程心理治療感到更有自信和更加自在。從訪談產生的關鍵主題是心理治療師的責任和信任，包括擴大的心理治療師責任，客戶的信任，心理治療師的自我信任和對信息來源的信任。遠程心理治療可以透過以下策略得到加強：反思性的、有目的性的練習，留出空間檢查日常行為，並製定策略應對技術的不可靠性。此外，專業和管裡機構可以透過下列方式支持有效的實務：發展明確和可實現的技術能力職責，並將科技培訓與強制性心理治療教育相結合。

行動者網絡理論, 意向性, 心理治療, 技術, 遠程心理治療