Abstract

The pandemic forced changes that had to be implemented quickly. One of them was the shift from face-to-face to online psychological counseling. When this change occurred, many clients, psychologists and psychotherapists were not prepared for it and did not intend to make it. The present study aims to understand clients' perspectives on the online 1) therapeutic presence and 2) working alliance as well as 3) clients' attitudes toward online therapy and, finally, 4) the influence of clients' previous experience with online therapy on their attitudes toward it. The sample consisted of 225 participants (117 therapists and 108 clients) aged between 18 and 75 years. Data collection took place entirely online. The results showed high values for the instruments of therapeutic presence and working alliance from both therapists' and clients' perspectives. Clients' attitudes toward online interventions were neutral. Previous experience was not found to have a significant effect on attitudes, therapeutic presence or working alliance. However, clients' attitudes toward online interventions were associated with therapeutic presence and working alliance (clients' perspective) and correlated with therapeutic presence (therapists' perspective). Clients' attitudes toward online therapy are an important aspect of the online therapeutic process and should be assessed and considered before the start of this process.

Keywords: Online Therapy; Clients; Therapeutic Presence; Working Alliance.

Due to the pandemic, psychologists and psychotherapists were forced to switch their clinical practice to an online context because face-to-face consultations presented an increased health risk (Boldrini, et al., 2020). To continue their clinical practice and not stop ongoing cases, therapists turned to communication technologies (e.g., computers, cell phones) (Van Daele, et al., 2020). Online therapy became the common way of delivering therapy for most therapists, even though most had no prior experience or training to deliver it (Cipolleta & Mocellin, 2017; Glueckauf, et al., 2018; Mendes-Santos, et al., 2020).

Online therapy can be defined as the performance of psychotherapy using a telecommunication technology (e.g., computer, tablet, cell phone) that may or may not be connected to the internet (e.g., videoconferencing) and that mediates the relationship between a therapist and client who are in different physical spaces. In short, online therapy can be defined as the performance of psychotherapy utilizing technology, such as videoconferencing. Online therapy may have various other designations, such as e-counseling, e-therapy, cyber therapy, e-mail therapy, e-health, telehealth, etc. (Barak, et al., 2009; Li et al., 2013; Perle et al., 2011). Online therapy can be performed through synchronous means of communication (i.e., direct, real-time contact between the client and therapist through videoconferences, phone calls, or instant messaging and/or through asynchronous means of communication (i.e., contact between client and therapist does not occur simultaneously, such as email) (Li et al., 2013).

Prepandemic studies and meta-analyses support the efficacy of online therapy with levels similar to those of face-to-face psychotherapy for clients with various disorders (Barak, et al., 2008; Carlbring, et al., 2018; Cowpertwait & Clarke, 2013; Perle et al., 2011; Varker, et al., 2019). More recent studies (Lin et al., 2021; Thomas et al., 2021) also support its efficacy. Online therapy can be linked to various advantages, such as easier access/availability for clients, and reduced price/cost, reduced stigma or shame for seeking out mental health services (e.g., Li et al., 2013), but it still raises questions and concerns among therapists, who tend to show doubt, neutrality or slightly negative attitudes toward online therapy (Békés & Aafjes-van-Doorn, 2020; Békés, et al., 2021; Cipolleta & Mocellin, 2017; Mendes-Santos, et al., 2020). These therapists' concerns pertain mainly to the therapeutic relationship, possibly due to the impacts that relational aspects of therapy (i.e., the therapeutic relationship) have on psychotherapeutic outcomes (Flückiger et al., 2018). The loss of physical contact, nonverbal communication and

clients' tone of voice are some of the possible reasons that justify these attitudes (Cipolleta & Mocellin, 2017; Feujt, et al., 2020; Li et al., 2013). The fact that therapists have little or no experience and/or training in this therapeutic modality may also contribute to these negative attitudes (Békés & Aafjes-van-Doorn, 2020; Cipolleta & Mocellin, 2017) and to concerns that the therapeutic relationship may be negatively impacted by the online context (Geller, 2020). Some studies note that previous experience with online therapy may lead to a more positive attitude toward it (Ballesteros & Hilliard, 2016**;** Knechtel & Erickson, 2020) as well as a greater likelihood of providing online therapy (Cipolleta & Mocellin, 2017). Therefore, it is important to understand what the literature suggests regarding this aspect as well as how the therapeutic relationship can be improved or optimized in an online context since many therapists might intend to continue practicing online therapy after the pandemic. Within the therapeutic relationship, two important theoretical constructs can be highlighted: therapeutic presence and the working alliance.

Working Alliance and Therapeutic Presence

The working alliance can be defined as therapist-client collaboration in regard to three components: 1) the establishment and development of an emotional bond, 2) the therapeutic goals agreed upon by both the client and the therapist, and 3) the tasks, i.e., what is to be done to achieve these goals (Bordin, 1979). A strong working alliance is associated with better therapeutic relationships and positive therapy outcomes regardless of the therapist's theoretical framework (Bordin, 1979; Horvath & Symonds, 1991; Horvath, Del Re, Flückiger, Symonds, 2011b**;** Wampold, 2015). In an online context, some studies indicate that the working alliance can be established and presents similar levels as those of face-to-face therapy (Cook & Doyle, 2002; Simpson & Reid, 2014; Watts, et al., 2020), while others indicate that the levels may be slightly lower than those established in traditional therapy (Norwood, et al., 2018).

Therapeutic presence is a way of acting that reflects the therapist's total involvement and dedication to the therapeutic process and to the present moment of encounter with the client (Geller, 2013). It is an internal experience that is felt by the therapist as being completely in the moment, available for the client and for deep relational contact on the physical, emotional, cognitive, relational, and spiritual levels (Geller & Greenberg, 2002, 2012; Geller et al., 2010; Geller, 2017). This deep contact allows the therapist to connect with the client and his or her experience. Therapeutic

presence is a common factor to all theoretical models. According to the literature, it is necessary to create safety and to develop a stronger therapeutic alliance, consequently increasing the effectiveness of therapy (Dunn, et al., 2013; Geller et al., 2010; Geller & Greenberg, 2012; Geller & Porges, 2014; Geller, 2017; Geller, 2020). Therapists with greater levels of presence are more aware of themselves (language, posture, verbal, and nonverbal communication) and their impact on the client and the therapeutic process and are aware that the therapeutic process is ongoing. For example, therapists who have higher levels of presence may be more aware that saying a certain word or sentence might impact that client they are working with in that particular moment. Therapeutic presence involves therapists' dual capacity to pay attention to the client and his or her experience and also to themselves and their experience while being able to reflect on what is happening between the two parties (Geller & Greenberg, 2002).

It is important to note that the concept of therapeutic presence differs from the concept of "telepresence", where the latter is defined as the perception of being physically present with someone (e.g., the client) who is not in the same physical space as the other party (e.g., the therapist) (Fink, 1999). In the case of therapy through telepresence, the sharing that occurs in online sessions allows the experience of total surrender to the therapeutic process as if both parties were in the same physical space and not in an online session (Bouchard, et al., 2007; Haddouk, 2015). These different concepts can be viewed as complementary because while therapeutic presence allows the therapist to be fully present to, for and with the client, telepresence allows both parties to go a step further and have the perception that they are both physically present.

Clients' Perspective

Studies indicate that there is a discrepancy between therapists' and clients' perceptions of therapeutic presence (Geller et al., 2010) in a face-to-face context. The values reported by clients (i.e., their perceptions) are the strongest predictor of both the therapeutic relationship and session outcomes (Geller et al., 2010). This is also true for the working alliance (Geller & Porges, 2014; Hartmann et al., 2014; Tryon et al., 2007). Thus, it is apparent that clients and therapists have different views on therapeutic presence and the working alliance. These differences also seem to be present in online therapy (Cataldo, et al., 2021).

It is worth noting that clients are not merely recipients of information or techniques applied by the therapist but are also an active part of the bilateral therapist-client relationship (Bohart, 2000; Bohart & Wade, 2013; Fuertes & Williams, 2017; Levitt et al., 2016; Macran, et al., 1999). Clients are responsible for approximately 40% of the therapeutic results, while therapists are responsible for approximately 5% to 8% (Wampold & Brown, 2005; Wampold & Imel, 2015). Despite this important contribution to therapy, clients are considered by some authors to be the forgotten research variable (Bohart & Tallman, 2010; Bohart & Wade, 2013).

Studies that consider clients' perspectives suggest that, similar to therapists, clients consider the relationship to be the most important aspect of the therapeutic process (Timulak & Keogh, 2017). Hence, it is necessary to understand their perspective on relational aspects, not only in the traditional context but also in the emerging context of online therapy. The literature indicates that online therapy seems to be better accepted by clients than by therapists (Watts, et al., 2020); clients not only score the working alliance more positively than therapists but also show higher satisfaction levels similar to face-to-face therapy (Zainudin & Yusop, 2018; Zainudin, et al., 2021). Regarding clients' attitudes, previous experience or the knowledge of this possibility seems to lead to more positive attitudes toward online therapy (Knechtel & Erickson, 2020). However, more studies are needed to investigate this issue.

A study by Rathenau et al. (2021) evaluated some of these aspects. This study found that therapists' perceived difficulties had a negative impact on reported presence; that is, when perceived difficulties increased, feelings of presence decreased. Additionally, when attitudes toward online therapy were positive, the therapeutic presence was higher. However, this study considered only therapists' perceptions.

It is important to understand clients' perspectives on online therapy, therapeutic presence and the working alliance since clients are also an active part of the relationship and the therapeutic process. The study of the latter variables is important because despite being conceptually different from the therapeutic relationship, therapeutic presence and the working alliance are positively related to it. Therefore, if they are improved individually, the relationship can be indirectly improved.

The main purposes of the present study are to understand clients' perspectives on 1) online therapeutic presence and 2) the online working alliance as well as 3) clients'

attitudes toward online therapy and, finally, 4) the influence of previous experience with online therapy on clients' attitudes toward it. The research questions are as follows. 1) How do clients experience therapeutic presence and the working alliance in an online context? Are these experiences different from therapists' perspective? 2) What are clients' attitudes toward online therapy? 3) Does previous experience with online therapy influence clients' attitudes toward it?

Method

Participants

Therapists

We recruited a sample of 117 therapists (N = 117), of whom 82.1% were female (N = 96), with an average age of 45 years (SD = 11.213; range = 24–75). Most of them resided in Portugal (67.5%; N = 79), had a master's degree (50.4%; N = 59), and were mainly identified with the integrative approach (35%; N = 41). Almost all therapists had knowledge of online therapy prior to the pandemic (91.5%; N = 107). However, only approximately half of them (48.7%; N = 57) mentioned providing online consultations before the pandemic, most for more than 3 years (57.9%; N = 33). The most common form of online therapy was videoconferencing (95.7%; N = 112). A small percentage of therapists had previous training with online therapy before they started to provide online consultations (11.1%; N = 13). The therapists' range of experience with online therapy prior to the pandemic and prior training with online therapy were not accounted for.

Clients

We recruited a separate sample of 108 clients (N = 108), of whom 78.7% were female (N = 85), with a mean age of 33 years (SD=11.202, range = 18–61). Most of them resided in Portugal (81.5%; N = 88), had a bachelor's or a master's degree as their main qualifications (37.5% and 38%, respectively; N = 40 & N = 41), and worked mainly in the service sector (59.3%; N = 64). Most clients had no experience with online therapy prior to the pandemic (87%; N = 94). Those who had experience mentioned videoconferencing as the most common means of this type of consultation (85%; N = 17). Despite the lack of prior experience with online therapy, approximately half of the clients were aware of its existence (52.8%; N = 57). For a more detailed description of the

participants, see Tables A1, A2, A3, A4 and A5 (Appendix A – Participant Characteristics).

Measures

Demographic Survey

The demographic survey inquired about 1) gender, 2) age, 3) country of residence, 4) academic qualifications for both therapists and clients, 5) therapists' theoretical model and the 5) clients' profession.

Previous Experience Survey

The previous experience survey had two versions, one for therapists and the other for clients. For therapists, the survey inquired about 1) awareness of online therapy prior to the pandemic, 2) whether therapists provided online consultations prior to the pandemic, 3), if so, for how long, 4), what was the means of delivering online therapy, 5) if they had previous training with online therapy, and 6) how long ago their last online session occurred. For clients, the survey inquired about 1) awareness of online therapy prior to the pandemic, 2) whether clients had online consultations prior to the pandemic, 3) if so, with what means of consultation, and 4) how long ago their last online sessions took place.

Therapeutic Presence Inventory

The Therapeutic Presence Inventory (TPI) is a self-report measure developed by Geller et al. (2010). This inventory has two versions, one for therapists and the other for clients. The therapist version was adapted for the Portuguese population by Rathenau et al. (2021), while the client version was adapted for the Portuguese population in the present study. Items are answered on a 7-point scale from 1 "Not at all" to 7 "Completely", with higher values reflecting a higher therapeutic presence on behalf of the therapist or client depending on the version used.

The Therapeutic Presence Inventory – Therapist (TPI-T) consists of 21 items that aim to assess the therapist's experience of therapeutic presence during his or her last session (e.g., "I was aware of my own internal flow of experiencing"). Items 2, 3, 5, 6, 9, 13, 15, 16, 18 and 21 are reverse scored. The TPI-T had an excellent Cronbach's alpha in the original study (.94) (Geller et al., 2010), while in this study, its value was .88.

The Therapeutic Presence Inventory – Client (TPI-C) consists of 3 items that evaluate the therapist's therapeutic presence during the last session according to the client's perspective (e.g., “My therapist's responses were truly in tune with what I was experiencing in the moment”). Item 3 is reverse scored. The TPI-C had good Cronbach’s alpha values in the original study (.82) (Geller et al., 2010), while in this study, its value was .83.

Working Alliance Inventory – Short Revised

The Working Alliance Inventory – Short Revised (WAI-SR) is a self-report measure developed by Hatcher and Gillaspy (2006) and validated for the Portuguese population by Machado and Ramos (2008). Items are answered on a 5-point scale from 1 “Seldom” to 5 “Always”, with higher scores indicating a higher working alliance. Like the Therapeutic Presence Inventory, this measure also has two versions.

The Working Alliance Inventory – Short Revised – Therapist Form (WAI-SR-T) consists of 10 items that aim to evaluate the working alliance according to the therapist's perspective in three components: bond (Items 2, 5, 7 and 9, e.g., “I am genuinely concerned for my patients welfare”), goals (Items 3, 6 and 8, e.g., “We are working toward mutually agreed upon goals”) and tasks (Items 1, 4 and 10, e.g., “My client and I both feel confident about the usefulness of our current activity in therapy”).

The Working Alliance Inventory – Short Revised – Client Form (WAI-SR-C) has 12 items that aim to assess the working alliance according to the client’s perspective in three components: bond (Items 3, 5 and 7), goals (Items 4, 6, 8 and 11) and tasks (Items 1, 2, 10 and 12). The Portuguese version has only two factors: bond (Items 3, 5 and 7, e.g., "I believe my therapist likes me") and goals and tasks (Items 1, 2, 3, 6, 8, 10, 11 and 12, e.g., "What I am doing in therapy gives me new ways of looking at my problem", "My therapist and I collaborate on setting goals for my therapy”). Items 3, 5, 6, 7, 9 and 12 are inversely scored.

The scale shows good reliability, with a Cronbach's alpha of .90 in the original study (Hatcher & Gillaspy, 2006) and .93 in the Portuguese version in both the therapist and the client versions (Machado & Ramos, 2008). In the present study, the alpha was .81 for the therapists’ version and .92 for the clients’ version.

Attitudes Toward Internet Interventions

The Attitudes Toward Internet Interventions questionnaire was developed by Apolinário-Hagen et al. (2018) and adapted to Portuguese by Rathenau et al. (2021). This self-report measure has 17 items that consist of positive statements about typically cited benefits of internet therapy as well as subjective beliefs associated with online interventions (e.g., “Internet-based therapies are modern and in line with our modern times”). The items are answered on a 5-point scale from 0 “Strongly Disagree” to 4 “Strongly Agree”, with higher values representing more positive attitudes toward online interventions. The scale shows good reliability, with a Cronbach's alpha of .88 in the original study and .85 in the present study.

Social Desirability

The Marlowe-Crowne Social Desirability Scale – Reduced Version was developed by Reynolds (1982) and adapted for the present study. This measure consists of 13 items answered on a dichotomous true and false scale that are intended to assess people’s tendency to present their qualities in an inflated or exaggerated way while minimizing their weaknesses. Items 5, 7, 9, 10 and 13 are reverse-scored. The total score is obtained by summing the result of all items, with higher scores indicating greater social desirability. The scale had an internal consistency of .70 in the original study. In the present study, it showed a Cronbach's alpha of .74 for therapists and .73 for clients.

Social desirability bias can be defined as the tendency to present oneself in a way that is perceived to be socially acceptable but is not completely reflective of one's reality (Bergen & Labonté, 2020). We decided to add this measurement since therapeutic presence and the working alliance are important aspects of the therapeutic process. Therefore, participants might be careful in reporting their perception of these constructs because they do not want to present a negative image of themselves or of the therapeutic process, which in turn might impact the results of the study.

Procedures

This quantitative study with a cross-sectional design used a nonprobability snowball sampling style through social media and email.

We tried to select questionnaires that had already been validated or translated for the Portuguese population. When this was not possible, the original questionnaires were translated into Portuguese and retranslated to the original language by an independent

translator of the first translation to confirm that the translated items had the same meaning and assessed the same construct as the original version of the questionnaire. The questionnaires were created in Google Forms, and there were two versions, one for therapists and another for clients. Participants were asked to answer the questionnaire with regard to their last online therapy session. The questionnaires were available in Portuguese and English.

Initially, informed consent was presented, and then participants were asked to indicate if they were a therapist or a client. After this choice, they proceeded to the corresponding version of the questionnaire. The therapists' questionnaire was in the following order: 1) Sociodemographic Questionnaire; 2) Previous Experience in Online Therapy; 3) Therapeutic Presence Inventory; 4) Working Alliance Inventory; and 5) Social Desirability Questionnaire. The clients' questionnaire order was as follows: 1) Sociodemographic Questionnaire; 2) Attitudes Toward Online Interventions; 3) Prior Experience in Online Therapy; 4) Therapeutic Presence Inventory; 5) Working Alliance Inventory; 6) Social Desirability Questionnaire.

The initial study sample consisted of 117 therapists and 109 clients for a total of 226 participants. However, one client was removed for being under the age of 18. The final sample therefore consisted of 225 participants, 117 therapists and 108 clients. Data collection took place between February and April 2022 and was conducted online. Finally, a database was built where all the collected data were compiled for further statistical analysis.

Data Analysis – Statistical Tests

The data were analyzed using IBM SPSS Statistics 27. Initially, the descriptive statistics and Cronbach's alpha for the main study variables were calculated. These results are presented in Table B1 (see Appendix B – Supplementary Information). The skewness and kurtosis indices suggested that there was no excessive deviation from normality since their values were below 3 and 10, respectively (Mâroco et al., 2014). All scales showed good internal consistency (>.80), with the exception of the social desirability scale, which showed reasonable values (between .70 and .80).

To determine how clients experienced therapeutic presence and the working alliance in an online context and what clients' attitudes toward online therapy were, we observed the means. Additionally, we conducted two t-tests for independent samples to

determine whether clients' experience of therapeutic presence and the working alliance in an online context differed from that of therapists. This statistical test was chosen because there were only two independent groups under study.

To determine whether previous experience with online therapy influenced clients' attitudes toward online therapy, therapeutic presence and the working alliance according to both therapists' and clients' perspectives, five t-tests were conducted. Finally, two multiple linear regressions were performed to test whether clients' previous experience with online therapy and their attitudes toward online interventions had an impact on both therapeutic presence and the working alliance.

Using G*Power, we computed the required sample size to detect a medium-sized effect (Cohen's D = .5) with a statistical power of .95. This yielded a required sample size of 210 for the t tests. For the multiple linear regressions, an analysis with two predictors with a medium-sized effect (f2 = .15) yielded a required sample size of 107 for a statistical power of .95. Thus, all sample requirements were met for the proposed analysis.

Furthermore, because multiple hypotheses were tested concurrently, we implemented Bonferroni's correction (Andrade, 2019) for the t tests and regressions by dividing the alpha by the number of hypotheses being tested in parallel (for a specific group, therapists or clients). Thus, throughout the results section, the typical cutoff of 0.05 will not be presented; rather, we present the adjusted value, which varies by analysis.

Results

How do clients experience therapeutic presence and the working alliances in an online context? What are clients' attitudes toward online therapy?

By observing the means, we concluded that this sample showed high mean values of the response scale in the therapeutic presence measure for both therapists' (M = 5.83) and clients' (M = 6.13) perspectives and high mean values of the response scale in the working alliance measure for therapists' (M = 4.28) and clients' (M = 3.99) perspectives. Clients' attitudes toward online interventions were neutral, as indicated by the mean (M = 2.32). Finally, some level of social desirability was present, which was more apparent for therapists (M = 1.63) than for clients (M = 1.45). Social desirability exhibited significant correlations with the working alliance (R =.392, p <.01) and therapeutic

presence (R =.417, p <.01) for therapists. Thus, we further explored its impacts on the results with an ANCOVA, comparing therapists' and clients' scores in the working alliance and therapeutic presence with therapists' social desirability as a covariate. Differences between the two groups were still significant and were therefore consistent with the results that will be described later. As such, social desirability was omitted from further analysis for parsimony. Table B2 shows the between-subject effects table for the ANCOVA.

Table B3 shows the correlation coefficients obtained (see Appendix B – Supplementary Information). There were significant correlations ($p \leq .05$) between the variables of therapeutic presence and the working alliance from the therapists' perspective (R =.370; $p \leq .01$) and between therapeutic presence and the working alliance from the clients' perspective (R =.491; $p \leq .01$). The variable of clients' attitudes toward online interventions showed a significant correlation with the variables of therapeutic presence (therapists' perspective) (R =.216; $p \leq .05$), therapeutic presence (clients' perspective) (R =.368; $p \leq .01$) and working alliance (clients' perspective) (R =.438; $p \leq .01$). All these variables were positively correlated, meaning that the higher the level of one of the variables was, the higher the values of the variables associated with it.

The strongest correlation observed was between the variables of therapeutic presence and working alliance (clients' perspective) (R =.491; $p \leq .01$), indicating that the greater the levels of therapeutic presence perceived by clients, the higher they tend to score on the working alliance measures.

Are clients' experiences of therapeutic presence and the working alliance in an online context different from those of therapists?

The results, presented in Table B4 (see Appendix B – Supplementary Information), reveal statistically significant differences between therapists and clients regarding therapeutic presence [t (166.121) = -2.479; p<.025] as well as the working alliance [t (169.774) = 3.483; p<.025]. Clients showed a higher level of therapeutic presence than therapists [t (166.121) = -2.479; p <.025; $\bar{x}$ Therapists = 5.83; $\bar{x}$ Clients = 6.13], while therapists reported higher levels of the working alliance than clients [t (169.774) = 3.483; p <.025; $\bar{x}$ Therapist = 4.28; $\bar{x}$ Clients = 3.99].

Does previous experience with online therapy influence clients' attitudes toward it?

The results for this analysis are presented in Table B5 (see Appendix B – Supplementary Information). Considering the present sample, the results do not support the suggestion that previous experience with online therapy influences clients' attitudes toward it. When comparing clients with previous experience with online therapy with those without, there were no significant differences in terms of attitudes [$t(23.972) = .061$, $p = .933$], therapeutic presence [$t(106) = .411$, $p = .682$], or the working alliance [$t(106) = 1.558$, $p = .122$].

For therapists, there were also no differences between those who had previously practiced online therapy and those who had not in terms of therapeutic presence [$t(115) = 1.404$, $p = .163$] and the working alliance [$t(115) = -.10$, $p = .992$].

Do clients' previous experiences with online therapy and attitudes toward online interventions have an impact on therapists' therapeutic presence (clients' perspective) or on the working alliance (clients' perspective)?

The results of the two multiple linear regressions can be observed in Tables B6 and B7 (see Appendix B – Supplementary Information). From these tables, it is possible to observe that when considering both variables (clients' previous experience with online therapy and attitudes toward online interventions), only clients' attitudes toward online interventions were predictors of therapists' therapeutic presence (clients' perspective) ($\beta = .453$; $p < .025$; Adjusted $R^2 = .192$) and of the working alliance (clients' perspective) ($\beta = .423$; $p < .025$; Adjusted $R^2 = .186$).

Discussion

The pandemic created the need to adapt mental health services, particularly psychotherapy, so that they could continue to be provided at a time when face-to-face counseling is a health risk (Boldrini, et al., 2020). In conjunction with technology, therapists began to conduct therapy sessions at a distance. Online therapy has become the norm for most therapists, although many did not have previous experience or training in this line of work (Cipolleta & Mocellin, 2017; Glueckauf, et al., 2018; Mendes-Santos, et al., 2020).

Despite multiple studies attesting to the effectiveness of online therapy (Barak, et al., 2008; Carlbring, et al., 2018; Cowpertwait & Clarke, 2013; Perle et al., 2011; Varker, et al., 2019; Lin et al., 2021; Thomas et al., 2021), it continues to raise questions and

concerns for therapists, particularly regarding the therapeutic relationship (Cipolleta & Mocellin, 2017; Feujt, et al., 2020; Geller, 2020; Li et al., 2013;). The present study did not assess the therapeutic relationship per se; however, it assessed two constructs related to it, therapeutic presence and the working alliance (Bordin, 1979; Dunn, et al., 2013; Flückiger, et al., 2018; Geller et al., 2010; Geller & Greenberg, 2012; Geller & Porges, 2014; Geller, 2017; Geller, 2020; Horvath & Symonds, 1991; Horvath, Del Re, Flückiger, Symonds, 2011b**;** Wampold, 2015).

The results show that the values of therapeutic presence and the working alliance obtained in these measurements are, on average, on the higher end of the response scale from both clients' and therapists' perspectives. As mentioned in the results, social desirability does not have a significant impact on the results obtained; therefore, we do not explore it further. In an online context, certain elements of the therapeutic relationship can be positively developed. Despite the positive values obtained, statistical analysis indicates that there are significant differences between therapists and clients in these two variables, which is in line with previous studies suggesting a discrepancy between therapists' and clients' perceptions of therapeutic presence and the working alliance (Cataldo, et al., 2021; Geller et al., 2010; Geller & Porges, 2014; Hartmann et al., 2014; Tryon et al., 2007).

One possible reason for these differences may be that the groups did not have an equivalent number of participants. Another possible reason for these differences may be related to the different perspectives of clients and therapists about these theoretical constructs (Cataldo, et al., 2021; Geller et al., 2010; Geller & Porges, 2014; Hartmann et al., 2014; Tryon et al., 2007) and what they consider most important in therapy and in the therapeutic relationship, particularly in relation to the working alliance (Bachelor, 2013; Hatcher et al., 1995). These studies indicate that although both parties value the therapeutic relationship, therapists tend to value aspects related to therapist-client collaboration and goal setting, while clients are more concerned with aspects regarding the helping relationship and the help therapists can offer them to solve their problems (Bachelor, 2013; Hatcher et al., 1995).

Another result was that although clients' attitudes toward online therapy were neutral, they were positively and significantly correlated with therapeutic presence (therapists' and clients' perspectives) and with the working alliance (clients' perspectives). In addition, when paired with previous experience, clients' attitudes toward

online therapy were a significant independent variable that influenced therapeutic presence and the working alliance (clients' perspective). Therefore, positive attitudes toward online interventions are associated with higher values of therapeutic presence (therapists' and clients' perspectives) and the working alliance (clients' perspectives).

This is in line with previous studies that found that when therapists' attitudes toward online therapy are positive, their therapeutic presence value increases (Rathenau et al., 2021). In practical terms, these correlations mean that by improving one of these variables, the other variables associated with them will also improve, which in turn will result in better psychotherapeutic results (Dunn, et al., 2013; Geller et al., 2010; Geller & Greenberg, 2012; Geller, 2013; Geller & Porges, 2014; Geller, 2017; Geller, 2020;Horvath & Symonds, 1991; Horvath, Del Re, Flückiger, Symonds, 2011a; Horvath, Del Re, Flückiger, Symonds, 2011b; Martin et al., 2000). Thus, clients' attitudes ultimately have an impact on the online therapeutic process since they are related to both therapist and client variables.

Clients' attitudes may also help to explain the differences in therapists' and clients' perspectives on therapeutic presence and the working alliance insofar as what clients consider to be the advantages or disadvantages of online therapy may influence their openness to it. For example, a client who sees the advantages of online therapy as outweighing the disadvantages will tend to have more favorable attitudes toward it, whereas a client who considers aspects present only in face-to-face therapy (e.g., a designated and predefined therapeutic space where only the therapist and client are present and can hear what is said during the psychotherapeutic session) to be the most important aspects of therapy may have more negative attitudes toward it because something they consider important is not present. This may negatively impact therapeutic presence and the working alliance as well as outcomes.

Finally, the present study showed that although several therapists and clients were aware of online therapy before the pandemic, only approximately half of the therapists and a small percentage of clients had previous contact with it (by practice or by receiving online counseling). This may have contributed to the fact that in this study, prior experience with online therapy did not have an impact on attitudes toward online therapy and on other variables related to the online therapeutic process, as it did in previous studies (Ballesteros & Hilliard, 2016**;** Cipolleta & Mocellin, 2017; Knechtel & Erickson, 2020).

The practical implication of this study is that clients' attitudes toward online therapy are an important aspect of the online therapeutic process. Therefore, as also proposed by Amos et al. (2020), we suggest that clients' attitudes should be assessed at the beginning of the online therapy process so that any fears of clients can be clarified. In this way, online therapy has a greater likelihood of being successful. It is important to spread information about online therapy and its benefits and effectiveness to both therapists and clients so that this service can reach and help more people. In other words, it is important to increase the literacy of both therapists and clients about online therapy. It may also be important to invest in online therapy training.

Limitations

The small sample size in the present study, including groups that did not have the same number of participants and that had little previous experience and/or training with online therapy, is a limitation that does not allow good representativeness of the population under study. Additionally, since this was a convenience sample, the results cannot be generalized. The study presents a cross-sectional design that does not allow us to infer causality, which is only possible in studies with experimental designs (Bastos & Duquia, 2007). Finally, the measures used in this study might further limit the validity of the research results. These scales for therapeutic presence and the working alliance are normally used post-session. Additionally, the measure used to assess attitudes toward online therapy was originally created to measure attitudes toward internet therapy, which is not the same as online therapy/teletherapy.

Future Studies

Future studies that seek to replicate this study should use a larger sample, groups with equivalent numbers of participants and more previous experience as well as previous training in online therapy to assess whether and to what extent the results vary. It may be relevant to study other variables that have an impact on both clients' and therapists' attitudes toward online therapy, namely, perceived difficulties, comfort level with the technology, and, in the case of clients, perceived empathy and the therapist's ability to repair disruptions in the working alliance as well as therapeutic engagement (Elliot et al., 2011; LeBeau et al., 2013; Rathenau et al., 2021; Safran et al., 2011; Watson, 2016).

Qualitative studies in which both clients' and therapists' perspectives are assessed are also recommended to determine what particular aspects both parties consider most

relevant (positive or negative) in online therapy and to what extent these impact their attitudes toward it. We also suggest that studies about previous experience with online therapy should continue to be conducted to determine how previous experience impacts outcomes and/or attitudes toward online therapy. One possible suggestion is to conduct a longitudinal study that assesses attitudes toward online therapy before starting online therapy and then assesses this construct several times throughout the process to understand the extent to which it varies with experience. Finally, in future studies, it is important to understand how the pandemic continues to play a role in the implementation of online therapy and in the choice of online or in-person therapy modalities as well as how the transition to online therapy is made (e.g., whether treatment starts in person and then transitions to online therapy).

Conclusion

The results of the present study highlight an aspect that should be taken into account when considering an online therapy process, i.e., clients' attitudes, which influence important variables (i.e., therapeutic presence and the working alliance). Therefore, we suggest that before starting an online psychotherapeutic process, clients' attitudes, beliefs and fears about online therapy should be assessed and clarified so that clients can receive a service that meets their needs and preferences.

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(Appendices follow)

Participant Characteristics

		n	%
Gender	Male	21	17.9%
	Female	96	82.1%
	Other	0	0%
Country			
	Portugal	79	67.5%
	Brasil	21	17.9%
	Angola	0	0%
	Cape Verde	0	0%
	Mozambique	1	0.9%
	Croatia	4	3.4%
	Hungary	5	4.3%
	Italy	1	0.9%
	Argentina	1	0.9%
	Israel	1	0.9%
	United States	3	2.6%
	Canada	1	0.9%
Academic Qualifications	Bachelor's Degree	20	17.1%
	Graduate Certificate	1	0.9%
	Master's Degree	59	50.4%
	Doctoral Degree/PhD	30	25.6%
	Other	7	6.0%
Theoretical Model	Cognitive-Behavioral Approach	12	10.3%
	Humanistic Approach	11	9.4%
	Existential Approach	25	21.4%
	Behaviorist Approach	0	0%

Psychodynamic Approach	21	17.9%
Systemic Approach	7	6.0%
Integrative Approach (2 or more theoretical models)	41	35.0%

Table A1

Frequency and Percentage of Therapists' Sociodemographic Category Variables

(Appendices continue)

Table A2

Frequency and Percentage of Clients' Sociodemographic Category Variables

		n	%
Gender	Male	22	20.4%
	Female	85	78.7%
	Other	1	.9%
Country			
	Portugal	88	81.5%
	Brasil	20	18.5%
	Angola	0	0%
	Cape Verde	0	0%
	Mozambique	0	0%
Academic Qualification			
	4^{th} year	0	0%
	6^{th} year	0	0%
	9^{th} year	0	0%
	12^{th} year	10	9.3%
	Bachelor's degree	40	37.0%
	Master's Degree	41	38.0%
	Doctoral Degree/PhD	8	7.4%
	Other	9	8.3%
Profession/Job			
	Student	28	25.9%
	Primary Sector	0	0%
	Secondary Sector	1	0.9%
	Tertiary Sector	64	59.3%
	Unemployed	2	1.9%
	Retired	2	1.9%
	Other	11	10.2%

Table A3

Mean and Standard Deviation of Therapists' and Clients' age

Variables	*M*	*SD*	Minimun	Maximun
Therapists' Age	45.25	11.21	24	75
Clients' Age	32.69	11.20	18	61

(Appendices continue)

Table A4

Frequency and Percentage of Therapists' Previous Experience with Online Therapy Variables

		n	%
Were you aware of the existence of online psychotherapy prior to the pandemic context?			
	Yes	107	91.5%
	No	10	8.5%
Were you practicing online therapy before the COVID-19 pandemic?			
	Yes	57	48.7%
	No	60	51.3%
If yes, for how long?			
	Less than 6 months	3	5.3%
	Less than or including 1 year	6	10.5%
	More than 1 year	9	15.8%
	More than 2 years	6	10.5%
	More than 3 years	33	57.9%
How do you practice online therapy?			
	Videocall	112	95,7%
	Phone cal	1	0.9%
	Email	0	0%
	Instant Messaging	0	0%
	Other	4	3.4%
Did you have previous training in online therapy before you started giving online sessions?			

	Yes	13	11.1
	No	104	88.9
When was your last online session?			
	Today	49	41.9%
	In the last 3 days	41	35.0%
	Within the last week	18	15.4%
	Within the last 15 days	9	7.7%

(Appendices continue)

Table A5

Frequency and Percentage of Clients' Previous Experience with Online Therapy Variables

		n	%
Were you aware of the existence of psychotherapy in an online context before the COVID-19 pandemic?			
	Yes	57	52.8%
	No	51	47.2%
Had you ever had online psychotherapy consultations before the pandemic context?			
	Yes	14	13.0%
	No	94	87.0%
If yes, in which online therapy modality?			
	Videocall	17	85.0%
	Phone cal	1	5.0%
	Email	0	0%
	Instant Messaging	0	0%
	Other	2	10.0%
When did you receive your last online session			
	Today	11	10.2%
	In the last 3 days	19	17.6%
	Within the last week	25	23.1%
	Within the last 15 days	53	49.1%

(Appendices continue)

Appendix B

Supplementary Information

Table B1

Normality and Cronbach's alpha of the Variables Under Study

Variables	*M*	*SD*	Min/Max	Skewness	Kurtosis	Cronbach's alpha
Therapeutic Presence – T	5.83	.63	3.76-6.90	-1.15	1.61	.88
Therapeutic Presence – C	6.13	1.08	2.67-7.00	-1.36	1.15	.83
Working Alliance – T	4.28	.44	2.80-5.00	-.52	.49	.81
Working Alliance – C	3.99	.74	1.08-5.00	-1.25	1.96	.92
Attitudes	2.32	.56	.88-3.47	-.50	-.14	.85
Social Desirability – T	1.63	.22	1.08-2.00	-.50	-.27	.74
Social Desirability – C	1.45	.23	1.00-2.00	.030	-.32	.73

Table B2

ANCOVA controlling for social desirability

Variable	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	p-value
Group (Therapist / Client)	TP	505218.689	1	505218.689	5710.644	.000
	TA	1662.581	1	1662.581	35.153	.000
Social Desirability	TP	1849.940	1	1849.940	20.910	.000
	TA	178.661	1	178.661	3.778	.053

Table B3

Spearman Correlations Between the Variables Under Study

	1	2	3	4	5	6	7	8
1. Previous Experience – T	1.00							
2. Previous Training	-.02	1.00						
3. Previous Experience – C	-.10	.13	1.00					
4. Therapeutic Presence – T	-.11	-.07	-.17	1.00				
5. Working Alliance – T	-.01	-.02	-.01	.37**	1.00			
6. Attitudes	.05	-.08	.01	.22*	.04	1.00		
7. Therapeutic Presence – C	-.03	-.18	-.02	.08	.08	.37**	1.00	
8. Working Alliance – C	.03	.09	-.14	.03	.06	.44**	.49**	1.00

Note:

* The correlation is significant at the 0.05 level (2 tailed)

** The correlation is significant at the 0.01 level (2 tailed)

(Appendices continue)

Table B4

Comparison of the mean levels of the variables under study according to whether the participant is a therapist or a client

Variables	Therapist/Client	N	Mean	St. Deviation	*t*	*p*	Effect size
Therapeutic Presence	Therapist	117	5.83	.63	-2.79	.014	-.34
	Client	108	6.13	1.08			
Working Alliance	Therapist	117	4.28	.44	3.48	.001	.47
	Client	108	3.99	.74			

Table B5

Comparison of the mean levels of the variables under study according to previous experience with online therapy or not, by therapist/client

Therapist/Client	Variables	Previous experience	N	Mean	St. Deviation	*t*	*p*	Effect size
Therapist		Yes	57	5.91	.54	1.40	.163	.26

	Therapeutic Presence	No	60	5.75	.69			
	Working Alliance	Yes	57	4.28	.43	-0.01	.992	-.00
		No	60	4.28	.44			
Client	Therapeutic Presence	Yes	14	6.24	.45	.411	.682	.12
		No	94	6.11	.77			
	Working Alliance	Yes	14	4.28	.94	1.558	.122	.44
		No	94	3.95	1.11			
	Attitude	Yes	14	2.32	.45	.61	.952	.02
		No	94	2.31	.76			

Table B6

Multiple Regression – Effect of Clients' Previous Experience and Attitudes on Perceived Therapeutic Presence

	Unstandardized Coefficients		Standardized Coefficients β		
Model	β	St. Error		t	Sig.
Constant	4.32	.66	-	6.56	.00
Attitudes	.87	.17	.45	5.22	.00
Previous Exp – C	-.12	.28	-.04	10.96	.67

Note. Criterion Variable: Therapeutic Presence (clients' perspective) (TPI – C); R^2= 0.21; Adjusted R^2 = 0.19.

Table B7

Multiple Regression – Effect of Clients' Previous Experience and Attitudes on Perceived Working Alliance

	Unstandardized Coefficients		Standardized Coefficients β		
Model	β	St. Error		t	Sig.
Constant	3.31	.45	-	7.31	.00
Attitudes	.56	.11	.42	4.84	.00
Previous Exp – C	-.32	.19	-.15	-1.69	.10

Note. Criterion Variable: Working Alliance (clients' perspective) (WAI-SR-C); R^2= 0.20; Adjusted R^2 = 0.19.