Journal of Psychotherapy Integration

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The ongoing COVID-19 pandemic has led to changes in every aspect of life. Online therapy creates both difficulties and learning opportunities for therapists. The literature shows that therapeutic presence is an important variable in efficacy and therapeutic change. Attitudes toward online therapy seem to impact the acceptance and adoption of telehealth interventions. The present cross-sectional study aims to understand whether attitudes toward online interventions and therapists' perceived difficulties in online therapy have an effect in therapeutic presence in a sample composed of psychologists and psychotherapists (N = 445). The data indicate that therapists' attitudes toward online interventions (ß = .31; $p < .001$) and therapists' perceived difficulties (ß = $-.49$; $p < .001$) are both significant predictors. These data have practical implications. Enhancing online psychological service could be done by improving therapeutic presence. Finally, ameliorating therapeutic presence could be possible by doing interventions on the other 2 variables under study. Further research is needed on this topic, which appears to be gaining importance in view of the ongoing pandemic.

Public Health Significance Statement

The results of this research suggest that both attitudes towards online therapy and difficulties perceived by therapists in online therapy have a significant effect on their therapeutic presence. The literature shows that during the present pandemic, with an enormous uncertainty facing the future, psychological support becomes even more necessary. Most therapists have been forced to start online therapy without experience and training, and more research is needed to clarify how we can improve online psychology services. The present research tried to find a possible way: it is suggested that doing interventions on difficulties perceived and in the attitudes towards online therapy the therapeutic presence of the therapist will increase. The therapeutic presence is a variable that appears in the literature as a common factor associated with a stronger therapeutic relationship and a more positive therapeutic alliance. These last two variables are considered as two consistent factors of change and effectiveness in psychotherapy. Research on how to improve online psychological support services is scarce, and thus a significant research effort is needed for present and future practical recommendations.

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Keywords: online therapy, COVID-19, therapeutic presence, perceived difficulties, attitudes toward online interventions

Is it important to improve online psychology services during COVID-19? Will there be difficulties for therapists in starting online therapy? In recent months, social distancing guidelines have been established by health authorities to slow down the spread of the virus. Both clients and patients were advised to stay at home, which led to millions of therapists starting to provide online therapy. Most psychotherapists have little training and experience in providing online therapy, and many believe that online therapy is less effective than face-to-face therapy (Geller, 2020; Jerome & Zaylor, 2000; Rees & Stone, 2005; Topooco et al., 2017; Wray & Rees, 2003). Little is known regarding the impact of the use of technology on psychotherapists and clients. However, technology has been used by psychotherapists prior to the pandemic (Glueckauf et al., 2018), who may have been motivated by convenience, client demands, their own preferences, or government and agency policies. Nevertheless, during the current pandemic, many therapists began providing online therapy without much time to receive training or support, leading to possible consequences and perceived difficulties.

COVID-19 has not only seriously threatened the physical health of the world's population but is also a factor of collective risk for the development of psychological problems. Various psychological problems and important consequences in terms of mental health, including stress, anxiety, depression, frustration, and uncertainty, emerged progressively during the COVID-19 outbreak (Serafini et al., 2020). The current pandemic brings many challenges and difficulties for all areas of our lives, including mental support services. We are likely to see new problems and new client groups. Examples include mental health problems among health professionals, loneliness or anguish caused by social estrangement, the loss of a loved one with few opportunities for social support, or the loss of employment (Andersson et al., 2020). We can assume that the need for online therapy may remain for several months or even years and that without training and practice in providing online therapy, several difficulties may arise for therapists.

In the literature, therapists reported higher levels of professional self-doubt in their online sessions than previous levels reported in studies on in-person therapies (Nissen-Lie et al., 2013; Odyniec et al., 2019). Recent research suggests that teletherapy is effective for clients who have various disorders (Varker et al., 2019). The literature also suggests that clients can benefit from online therapy and develop a positive alliance (Cook & Doyle, 2002; Reynolds et al., 2006). In a study performed this year (Békés & Aafjes-vanDoorn, 2020); the results show that for therapists, despite the feeling that the patient-therapist relationship was less authentic than in-person therapy, relatively strong and real relationship and positive therapeutic alliance online was developed, similar to levels reported in studies of in-person therapy (Anthony, 2004; Bhatia & Gelso, 2018; Gelso et al., 2012; Kiropoulos et al., 2008; Knaevelsrud & Maercker, 2007; Norwood et al., 2018; Simpson & Reid, 2014; Watts et al., 2020;). Despite the potential benefits of online psychotherapy, many psychotherapists report conflicts and concerns about its use. Some professionals oppose online therapy based on the impossibility of overcoming physical distance limitations (e.g., Lester, 2006; Wells et al., 2007). The authors, who recognize the positive possibilities of online therapy, believe that although physical distance exists, online therapy maintains the standard principles of traditional face-to-face therapy (e.g., Fishkin et al., 2011).

Although the literature shows that online therapy is effective, the quick change in context due to the pandemic can be considered to create several difficulties and challenges in psychological intervention. These difficulties can be felt in the implementation of techniques, in the creation of the relationship, in the expression of empathic communication, and in understanding a possible defensive attitude of the patient, among other things (Roesler, 2017; Titzler et al., 2018; Topooco et al., 2017). How can we improve online psychological support services? The most recent literature states that therapeutic presence is related to therapeutic change (Dunn et al., 2013; Geller, 2017; Geller & Greenberg, 2012; Geller et al., 2010; Geller & Porges, 2014).

Therapeutic Presence

Improving therapeutic presence in the online context could be a way to improve the online

psychological support service. Some authors emphasize the manifestation of "telepresence" - the feeling of being in the presence of someone without sharing physical space - as a vital component of online therapy (Fink, 1999). Briefly, therapeutic presence is defined by the therapists' internal experience of being fully in the moment, fully available for the now and for the patient. Telepresence reflects that the therapist forgets about being in an online context, feel absorbed in the session, and the therapist interacts with the client as if they were in the same room.

It is important to emphasize that the concept of telepresence is different from the concept of therapeutic presence but maybe they can be complementary. The concept of telepresence is used in various contexts and services (e.g., customer service), while therapeutic presence refers specifically to the context of therapy. However, over several years of research, it is found that telepresence is a variable involved in the communication process between patients and therapists and that it is present in the creation and development of therapeutic attachment in online therapy (Bouchard et al., 2000; Berthiaume et al., 2018). Haddouk (2015) tells us that the feeling of presence is facilitated by the quality of the exchanges during psychotherapy, where the client talks about his personal story and his life, including a fantasy side. Bouchard & collaborators' (2007) show that when patients and therapists are telepresent, they forget that they are not physically together, and the therapeutic bond can be established as if they were face-to-face. In Berthiaume et al. (2018) found that telepresence in psychotherapy involve three factors: physical presence, social presence and absorption. We can consider that although telepresence and therapeutic presence are different constructs, they can be complementary: both constructs refer to internal sensations, either by experience or by the feeling of sharing the same physical space, which as the literature shows are essential to the success of psychotherapy. Disturbances in telepresence may negatively influence therapeutic presence and the other way around.

Therapeutic presence is defined by Geller and Greenberg (2002, 2012) as the therapist bringing their whole self to meet clients by being completely in the moment at various levels: physical, emotional, cognitive, relational, and spiritual. The in-body experience of the therapists' presence involves four factors: first, being grounded and in contact with the self in the present moment; second, being immersed, open, and receptive to what is happening in the moment; third, a greater sense of expansion and amplitude of consciousness and perception; fourth, this grounded, immersed, and expansive consciousness is accompanied by the intention to be with and for the clients at the service of the other in their healing process (Geller & Greenberg, 2012; Geller et al., 2010). The process of presence (Geller & Greenberg, 2012; Geller, 2017) involves the receptive taking of all aspects of the client's in-the-moment experience, the internal attunement to how that experience resonates in the therapist's own body, together with an openness to the therapist's own intuition and professional knowledge, and a direct extension and contact with the client from that place of attunement to self and client. Is the therapeutic presence important for the therapeutic process?

Decades of research in psychotherapy has shown that the therapeutic relationship and the therapeutic alliance are the most consistent predictors of therapeutic change (Norcross & Lambert, 2019). However, there are relational factors that contribute to the development of strong therapeutic relationships and a positive therapeutic alliance. Therapeutic presence is a common factor (to all theoretical models) that appears in the literature and can be seen as a necessary factor for creating safety, building a stronger therapeutic alliance, and increasing the effectiveness of therapy (Dunn et al., 2013; Geller, 2017; Geller & Greenberg, 2012; Geller et al., 2010; Geller & Porges, 2014). In view of the above, it seems that this variable is important and should be included in an integrative view of clinical practice. How is therapeutic presence experienced in an online context?

It is known that telepsychology places physical distance between the therapist and client, which limits nonverbal communication (Oshni Alvandi, 2019; Sjöström & Alfonsson, 2012). A part of therapeutic presence is using body-to-body nonverbal cues to communicate presence, which includes having a prosodic vocal tone, leaning forward, gesturing, having an open body posture, and soft facial features (Geller, 2017, 2018; Geller & Porges, 2014; Ogden & Goldstein, 2019). In online therapy, therapists have a reduced capacity to express their presence with the whole body (prosody, open body posture, gestures, mirroring the movement of clients in real time), which limits their ability to tune in and transmit a sense of security and build trust through presence (Geller, 2020). In addition to the

challenges that online therapy brings to therapeutic presence, the reduced practice and experience in this context, as well as possible difficulties perceived felt by therapists, may negatively influence the therapeutic presence in online therapy. In relation to the therapeutic presence in an online context, the research is reduced. The literature on nursing offers some examples where the presence can be felt by nurses in nurse-patient interactions in telehealth interactions (e.g., Tuxbury, 2013). Hafermalz and Riemer (2016) suggest that presence can be generated in online therapy if nurses are trained and used to the equipment and technology. This information may suggest that therapeutic presence can be felt in online therapy (Hafermalz & Riemer, 2016; Tuxbury, 2013). Prenn and Halliday (2020), in an article published in "The AEDP Journal", report that online teletherapy sessions require therapist presence in active and explicit ways. In a study by Aafjes-van Doorn et al. (2020), using a sample of 141 therapists, it was found that one reported concern regarded the nature of the patient-therapist interaction, such as feeling less connected with the patient. We can consider that this feeling of being less connected may be related to the therapeutic presence, as it focuses precisely on being present and connected to the present moment.

It can be assumed that perhaps the difficulties perceived in online context can influence therapeutic presence but what other variable might also influence presence? MacMullin et al. (2020) conducted a study in which they considered that the lack of reliability of the technology used by therapists endangers the perception of reliability of psychotherapy, in which trust is central. Intentional responses to the lack of trust inherent in technology are critical. It has been found that psychotherapists can improve their relationship with technology use by examining these aspects through a lens of intentional practice (MacMullin et al., 2020). This research seems to suggest that the trust (or, in other words, the beliefs or attitudes) that a therapist has regarding online therapy may influence psychotherapy and the therapeutic presence.

Attitudes Toward Online Interventions

It is possible that negative expectations of video therapy affect therapists' perceptions of the working alliance in video therapies (Rees & Stone, 2005). Again, in the study by Aafjes-van Doorn et al. (2020), they found that the therapists still thought that video therapy was somewhat less effective than in-person therapy. In the same study, therapists who experienced a strong, real, online relationship during the pandemic or thought their patients viewed it positively tended to be more accepting of video therapy. In another study conducted not on therapy but on counseling (Mitchell, 2020), it was found that perceived suitability and usefulness of online counseling predicted a significant proportion of variance in usage intentions. Topooco et al. (2017) conducted an online survey with 175 mental health stakeholders in eight European countries. The survey sought to explore stakeholders' knowledge, attitudes, acceptance, and expectations of digital treatments for adult depression. The results indicated that while stakeholders were aware of the potential benefits of the medium, its cost effectiveness, expectations and knowledge varied considerably from country to country.

The literature on therapist and stakeholder perceptions of online therapy reveals some degree of acceptance of the medium. In general, however, therapists appear less accepting than clients, which itself poses interesting questions (Mitchell, 2020). Positive public attitudes could be an indicator of acceptance and adoption of telehealth interventions. In general, attitudes can be characterized as a set of subjective assessments on an object, ranging, for example, from harmful to useful (Ajzen, 2001). According to the unified theory of acceptance and use of technology (Venkatesh et al., 2003); the expectation of performance (e.g., the usefulness of an intervention in relation to a given objective) can play an important role in the adoption and acceptance of telehealth interventions (Hennemann et al., 2016).

In a study conducted in 2018; it was found that the subjects' preference for therapist-guided telehealth interventions was higher for individuals who were aware of telehealth treatment. The results also indicate that efforts should be focused on increasing public knowledge about online therapy interventions, including information about their effectiveness, to promote acceptance and uptake (Apolinário-Hagen et al., 2018). Another study revealed that most Portuguese psychologists are not familiar with and have no training or prior experience using Internet interventions and have a slightly negative/neutral attitude toward such interventions (Mendes-Santos et al., 2020). For many therapists, the experiences gained during the pandemic may shape their views and attitudes

about video therapy and impact their attitudes toward future online work (Békés & Aafjes-vanDoorn, 2020). Therefore, there is a need for research on the attitudes that therapists have toward online therapy.

The present research aims to provide results that can contribute to any technician regardless of their preferred theoretical model. Given the greater flow of psychotherapists and psychologists providing support over the Internet and the world pandemic we are living in, there is a need to understand what are the possible solutions to improve psychological support in this current time. The first question we seek to answer is "How can we improve online psychology services?." The literature has shown that the majority of psychologists and psychotherapists do not have training and preparation for the online context, and difficulties may be expected. It is mentioned above that subjects prefer online interventions when they are more aware of online treatment and setting. The same can be considered to happen to mental health technicians. Additionally, it is noted that one of the most consistent factors of therapeutic change is the therapeutic relationship and therapeutic alliance. As already mentioned, therapeutic presence is a variable that appears in the literature as being related to higher values of therapeutic relationships and more positive values of therapeutic alliances. Thus, a second and more concrete question arises: "How can we improve the therapeutic presence in online therapy?." A cross-sectional survey study was followed, and a multiple regression was done to answer the above and the following question: "Will attitudes toward online therapy and difficulties perceived by therapists have an effect on the therapeutic presence?"

Method

Participant Characteristics

We recruited a sample of 445 therapists ($N = 445$), of which 83.6% were female ($N = 372$), 55.7% had a master's degree ($N = 248$) and 70.3% worked for a private institution ($N = 313$). The average age was 45 years ($SD = 11.73$; range= 21–84), and the average weekly working hours in online therapy was 19 hr. Of the sample collected, 63.8% were persons residing in

Portugal ($N = 284$), 10.8% in Brazil ($N = 48$) and the remaining participants were from other countries ($N = 113$). For a more detailed description of the participants, see Table A1 and Table A2 (Appendix A—participant Characteristics).

Measures

Demographic Survey

The demographic survey inquired about gender, age, educational qualifications, working hours per week in online therapy, and whether the participant works for a public institution, a private institution or both.

Perceived Difficulties

This instrument was built based on the "Self-perception of psychotherapeutic competence" instrument of Buckley et al. (1981). A pretest was conducted 1 week (numerals should be used with units) before the main study with a sample of 48 Portuguese therapists currently doing online therapy to verify the validity of the adaptation and elimination of items of the instrument "Perceived Difficulties." After evaluating the instrument's psychometric capabilities, which were deemed good (Cronbach $\alpha = .91$; KMO = .85; CFI = .98; GFI = .85; TLI = .98; PCFI = .73; RMSEA = .05), we conducted an online survey to collect data about the perceived difficulties in online therapy. The original instrument consists of 29 statements in which the subject answers the question "Did you experience difficulty" on a scale of 1 ("Not at all") to 4 ("Very"). After the pretest, some statements were eliminated; statements 1, 2, 3, 8, 16, 17, 18, 19, 22 and 23 were maintained. Both statements 20 and 28 were adapted. The "Perceived difficulties" instrument results from 12 statements (e.g., "Tolerating silences "or "Empathize with the patient"), with the answer scale remaining the same as the original. This instrument measures the degree of difficulty the participant feels in relation to different spheres that are part of the psychotherapeutic process. Cronbach's alpha was excellent in the adapted instrument ($\alpha = .91$).

Therapeutic Presence Inventory—Therapist

The therapeutic presence inventory (TPI-T) was developed by Geller et al. (2010) and has 21 items (e.g., "I was aware of my own internal flow of experiencing" or "I felt tired or bored"). The following instructions are given to the

participant: "Take a moment to reflect on your internal experience of today's session to answer the following questions." The answer scale varies between 1 ("*Not at all*") and 7 ("*Completely*"). Cronbach's alpha was excellent in this instrument ($\alpha = .90$).

Attitudes Toward Guided Internet Interventions

A modified 17-item version of an e-therapy attitudes measure (Apolinário-Hagen et al., 2017) was used. The 17-item version was created and tested by Apolinário-Hagen, Harrer, Kählke, Fritsche, Salewsk & Ebert (2018) and contains positive statements about typically cited benefits of Internet therapy and its comparability with face-to-face psychotherapy, as well as subjective beliefs (e.g., about data security). The higher the value, the more positive the attitudes toward online interventions. Participants were asked to rate their agreement with each statement on a 5-point rating scale ranging from 0 ("strongly disagree") to 4 ("strongly agree"). The higher the value, the more positive the attitudes toward online interventions. Cronbach's alpha was also very good in this instrument ($\alpha = .88$).

Procedures

After the pretest was completed on April 14, we conducted the main online survey to collect data about the difficulties in online therapy, therapeutic presence and attitudes toward online interventions during the pandemic. The data were collected between April and May 2020. Psychotherapists and psychologists were recruited via professional mailing lists, an alumni list of psychology faculty, social media, and individual contacts across the world. No incentive was offered, and all participants completed all the surveys. There were no missing data. The Order of the Portuguese Psychologist assisted with the divulgation of the survey. To be eligible to participate, individuals had to be more than 18 years old, work as a psychologist or psychotherapist (licensed or as a trainee), and currently perform online therapy. Participation was voluntary, and before answering the questionnaire, participants were given information on the study and its purpose on the first page, where they also had to check their informed consent before, they could start taking the survey.

The study was reviewed by the ethics commission of the Order of the Portuguese Psychologists and the psychology faculty. After giving consent, participants answered the main survey. Each set of questions specified that the participant's answer should be in the context of online therapy and COVID-19. Three instruments and other questions were administered in a fixed order, taking approximately 15 minutes to complete. This is a quantitative and cross-sectional study. Cross-sectional research is characterized by the measurement of predictors or background and criteria or consequences at a single point in time. This design does not allow inference of causality.

Results

The data were analyzed using IBM SPSS Statistics 25. A table with the normality and internal consistency of the variables under study is presented in Table B1 (see Appendix B—Supplementary Information). It is possible to verify that the three variables follow a normal distribution by asymmetry and kurtosis (Kline, 2015). The scales' minimum and maximum values were observed in all variables with the exception of therapeutic presence, where the minimum value is three, corresponding to "A little."

Table B2 (see Appendix B - Supplementary Information) shows that age is negatively and significantly related to perceived difficulties (R = $-.12$; $p \leq .01$). However, the correlation is weak (Marôco et al., 2017). It can be observed that the relationship between age and the therapeutic presence of the therapist is positive and significant (R=.02; $p \leq .01$). Similar to the previous relationship, it is a weak correlation. In addition, it is observed that the perceived difficulties relate negatively and significantly to the therapeutic presence of the therapist (R = $-.50$; $p \leq .01$) and to attitudes toward online interventions (R = $-.32$; $p \leq .01$). These correlations are considered moderate (Marôco et al., 2017).

Multiple Linear Regression

In the next table (Table B3) it is possible to observe the values of the regression under study. The validation of the regression assumptions was performed through the residuals plot (Hair et al., 2006).

From table 5 it can be seen that both perceived difficulties ($p < .001$) and attitudes toward online interventions ($p < .001$) are significant predictors. It should be noted that perceived difficulties ($\beta = -.49$) is a more relevant predictor than

attitudes toward online interventions (ß = .31). This model explains 22% (Adjusted R^2 = .22) of the variance in the criterion variable therapeutic presence.

Discussion

Mental health is the basis of general well-being (Direção-Geral da Saúde, 2020). The COVID-19 pandemic has not only seriously threatened the physical health of the world's population but also represents a collective risk factor for the development of psychological problems.

As mentioned above, various psychological problems and important consequences in terms of mental health, including stress, anxiety, depression, frustration, and uncertainty, emerged progressively during the COVID-19 outbreak (Serafini et al., 2020).

The reader should be reminded of the purpose of this research: to perceive a possible way to improve psychological support services during the present time. Our proposal for a possible way forward is through answering the following question: Will attitudes toward online therapy and difficulties perceived by therapists have an effect on the therapeutic presence? Through the results of this research, it is possible to verify that both variables have a significant effect on the therapeutic presence in an online context.

The effect of difficulties perceived online by therapists has a negative effect. This means that when perceived difficulties increase by one point the therapeutic presence decreases by .49 points. The perceived difficulties have several relational dimensions, and their therapeutic presence is strongly related to the therapeutic relationship and alliance, which may justify the previously found relationship. Perceived self-competence is a task-specific construct related to one's assessment of the level of expertise on a specific task or in a specific setting (Williams & Lillibridge, 1992). Accordingly, it is influenced by the joint effects of situational and dispositional factors. It should be noted that the instrument of perceived difficulties was created through an adaption of the instrument Self-perception of Psychotherapeutic Competence by Buckley et al. (1981). Thus, the self-competence of psychologists and psychotherapists may have been altered due to the change in work setting, which may justify the negative relationship.

In addition, the effect of attitudes toward online therapy is positive. This means that when attitudes toward online therapy increase by one point, that is, they are more positive, the therapeutic presence increases by .31 points. The results are in line with what would be expected from the literature. As stated above, MacMullin et al. (2020) carried out research in which they found that unreliability in the technology used by therapists endangers the perception of reliability of psychotherapy, where trust is central. The study by Békés & Aafjes-van-Doorn, 2020 found that the experiences of feeling tired, feeling less confident and compassionate, and feeling less connected and authentic in sessions also influence therapists' attitudes toward online psychotherapy. Therefore, it would be expected that more positive attitudes toward online therapy would lead to higher values of therapeutic presence. It is important to remember that the literature shows that the therapeutic presence is a common factor and can be seen as a necessary factor for creating safety, building a stronger therapeutic alliance, and increasing the effectiveness of therapy (Dunn et al., 2013; Geller, 2017; Geller & Greenberg, 2012; Geller et al., 2010; Geller & Porges, 2014). Thus, we can suggest that improving therapeutic will also improve the quality of psychological support services (Bouchard et al., 2007).

First, it is important to mention again that this study focused on the concept of therapeutic presence, with few studies in the online context. Previous studies focused on physical distance and linked telepresence to the strength of the therapeutic relationship experienced during telepsychotherapy (Bouchard et al., 2011; Germain et al., 2010). In an earlier study (Witmer & Singer, 1998); the importance of the sensation of presence in online therapy was stressed. It is defined as the subjective experience of being in a specific place, while in reality, the individual is physically somewhere else. Studies support the existence of telepresence in online therapy (e.g., Himle et al., 2006; Porcari et al., 2009). It is possible to reflect again on the difference between therapeutic presence and telepresence, but also about the possible complementary relationship.

Second, it highlights the practical contributions of this research for all therapists, especially those who follow an integrative vision, since therapeutic presence is a common factor. When the quality of presence is cultivated in the therapeutic relationship, it can facilitate the alleviation of feelings such as anxiety, self-judgment, and isolation for clients. Consequently, it provides clients with a frame of reference that can facilitate long-term emotional

health (Hall-Renn, 2007). The use of therapists' presence can facilitate the flexibility of thought, the ability to think through details, identify patterns, and the ability to make connections, as well as the ability to feel connected to emotions (Hall-Renn, 2007). Future interventions in attitudes toward online interventions and perceived difficulties should consider the information mentioned above. Helping therapists feel more confident in online therapy through training in this modality, educating them on the benefits, and helping to find ways to support their own wellbeing while working online could increase their attitude in a positive direction and also their therapeutic presence.

In an exploratory analysis, it was possible to verify that age is related to negative and significant forces with perceived difficulties. It can be hypothesized that the older the age is, the more years of clinical practice the therapist will have and that therefore, there are fewer difficulties in online therapy. On the other hand, although the relationship is very weak, age is significantly and positively related to the therapeutic presence of therapists. We can hypothesize that perhaps a therapist with more years of experience can more easily present higher values of therapeutic presence even in an online context. Like all research, this investigation has limitations, which are described in the following section.

Limitations

Regarding the present research, it should be noted that the minimum possible level of therapeutic presence was not observed. This can be partly explained by the presence of social desirability. This bias of response is defined as the tendency of subjects to attribute to themselves attitudes or behaviors with socially desirable values and to reject in themselves the presence of attitudes or behaviors with socially undesirable values (Almiro, 2017).

Another limitation is that clients were not rated on their perception of their therapist's presence (e.g., with the TPI-C). Research shows that clients' perception of therapeutic presence has a positive impact on session outcome and the therapeutic alliance, whereas therapists' self-ratings are less reliable (Geller et al., 2010). The theoretical approach and experience in online therapy are two variables that may have influenced the results.

The design of this study is cross-sectional and does not allow inference of causality, directionality

and duration of effects that could be addressed by a longitudinal design and in the presence of a control group. In addition to the above, the type of closed answer used in this study has several limitations, such as the difficulty in elaborating possible answers to a certain question, the need for a high concentration of the respondent on the subject in question and may also lead the subject to opt for an answer that is closer to his or her opinion, which is not a faithful representation of reality.

Other variables should have been introduced as predictors, which will be discussed in another section.

Constraints on Generality Statement

Finally, about constraints on generality it should be noted that this is a convenience sample; thus, the results only apply to the sample and cannot be generalized. Even though our best effort was done in order to ensure maximum global coverage, not all countries are equally represented, while some are not represented at all. As such, the findings cannot be generalized to countries which are not covered by the sample, as cultural or legal differences might impact or even alter the findings. Additionally, this study was conducted in the context of a pandemic, and its findings might not be generalizable to a non-pandemic situation.

Future Studies

What are the other variables that might have a significant effect on the therapeutic presence? It is considered that it may be relevant for future studies to understand whether the characteristics present in effective therapists, such as verbal fluency, empathy, emotional expressiveness, flexibility, capacity to doubt oneself and deliberate practice (Wampold, 2017; Wampold et al., 2017), could have an effect on therapeutic presence in online therapy. Another variable that could have an effect is experience or training in online therapy. In the future it might also be interesting to use one of the predictors as a mediator.

MacMullin et al. (2020) have shown that professional and regulatory bodies can support effective practice by developing clear and enforceable technological responsibilities and integrating technological training with compulsory education in psychotherapy. Two common strategies for dealing with environmental demands are problem-focused and emotion-focused coping (Latack, 1986). We

may consider that studying these two coping strategies as possible predictors in the future may provide relevant information.

As stated above, the literature shows that clients' perception of therapeutic presence has a positive impact on session outcome. In further studies, a measure for clients' perception of therapeutic presence (e.g., the TPI-C; Geller et al., 2010) and to study the attitudes that patients have toward online therapy could be included. Another future study should include the theoretical approach and experience in online therapy that could influence the results. Finally, in the future, it would also be pertinent to conduct a longitudinal and experimental study to understand potential causality among the variables studied.

Conclusion

There is nothing permanent except change (Heraclitus, ca. 500). Mental support services are changing, increasing the flow of support via telehealth services. The data from this research show a possible way to improve online psychological support by changing the attitudes that technicians have toward online therapy and help them with their difficulties to improving its therapeutic presence values.

On August 17th, the Portuguese Psychologists Order and 60 Psychology Associations from all over the world collaborated in a statement that highlights the contributions of Psychologists and reinforces why we need more psychological services now (Ordem dos Psicólogos, 2020). Efforts are expected to be made to improve online psychology services. We need more and better psychological support.

To keep in mind, now and in the future: Where do we want to take therapy in times of COVID-19? What can we do to help therapists feel supported in this transition to online therapy? Educating them about this resource and supporting them to see the benefits may help improve their attitudes and reduce their difficulties about this modality and thus improve their therapeutic presence while working online.

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(*Appendices follow*)

Appendx A

Participant Characteristics

Table A1
Frequency and Percentage of Sociodemographic Category Variables

Variables	n	%
Gender		
Female	372	83.6
Male	71	16
Other	2	.4
Academic Qualifications		
Graduation degree	122	27.4
Master's degree	248	55.7
Doctorate/PhD	75	16.9
Works for		
Public Institution	50	11.2
Private Institution	313	70.3
Both	82	18.4
Country		
Portugal	284	63.8
United Kingdom	33	7.4
United States of America	25	5.6
Brazil	48	10.8
Greece	13	2.9
Other	42	9.5

Table A2
M and Standard Deviation of Age and Working Hours

Variables	M	SD	Minimum	Maximum
Age	44.80	11.73	21	84
Working hours	18.87	11.66	1	50

Appendx B

Supplementary Information

Table B1
Normality of the Variables Under Study

Variables	M	SD	Minimum	Maximum	Skewness	Kurtosis
Perceived difficulties	1.64	.56	1	4	1.44	2.12
Therapeutic presence(TPI-T)	5.34	.80	3	7	−.60	−.07
Attitudes toward online interventions	1.98	.65	0	4	.07	.08

(*Appendices continue*)

Table B2
Spearman Correlations Between the Variables Under Study

		R spearman
Age	Working hours	−.05
	Perceived difficulties	−.12**
	Therapeutic presence – T	.02**
	Attitudes toward Online Interventions	.03
Working hours	Perceived difficulties	−.05
	Therapeutic presence	−.02
	Attitudes toward Online Interventions	.00
Perceived difficulties	Therapeutic presence—T	−.50**
	Attitudes toward Online Interventions	−.32**

** $p \leq .01$.

Table B3
Multiple Regression With the Variables Under Study

Model	Unstandardized coefficients		Standardized coefficients β	t	Sig
	ß	St. Error			
Constant	5.53	.17	—	33.15	<.001
Perceived difficulties	−.49	.06	−.34	−7.88	<.001
Attitudes toward online interventions	.31	.05	.25	5.80	<.001

Note. Criterion Variable: Therapeutic Presence (TPI-T); R^2 = .22; Adjusted R^2 = .22.