



Exploring the Telecounseling Experiences of Mental Health Professionals

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Abstract

As the emergence of technology has become an important alternative in delivering healthcare services, the adaptation of telecounseling has given way to the challenging responsibility of becoming a competent online practitioner. The study investigated the preparations, adjustments, and challenges of mental health practitioners to the new technology of telecounseling. In addition, a deeper understanding of the participant practitioners' physical, psychological, and social aspects was made. Husserl's interpretative phenomenological approach was used to examine their lived experiences in providing telecounseling services. Focus group discussions with eight clinical psychologists and guidance counselors were used. Results acclaimed the benefits, increased accessibility and potentially improved outcomes, and acknowledged challenges like therapist burnout and ethical boundaries. The findings also detailed how therapists navigated the new digital space, highlighting the importance of technological skills, building trust with online clients, and establishing clear boundaries separating work and personal time. For mental health professionals, adjusting to telecounseling brought initial anxieties while adapting to the frequent loss of visual cues. Nevertheless, the research revealed telecounseling's potential to democratize mental health care while recognizing the need for ongoing professional development.

Keywords: *Telecounseling; adaptation; ethical boundaries*

Introduction

The coronavirus pandemic led to a significant shift in how mental health services were delivered, with many professionals adapting hurriedly to new platforms and technologies to continue providing care (Shah et al., 2020). Telecounseling, delivering psychological services through digital means, became increasingly crucial, allowing mental health professionals to maintain quality services despite restrictions on in-person interactions (Cipolletta & Mocellin, 2017).

In the Philippines, the adaptation of telecounseling was influenced by Western practices brought in by professionals trained abroad (Tuason et al., 2012). Telecounseling offered privacy and convenience, potentially encouraging more individuals to seek help (Melgar, 2013) in a more private manner to avoid the cultural stigma around mental health and collectivist social norms (Vaishnav, 2023). It represented a shift toward more a accessible and equitable mental health care, empowering underserved communities.

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Experiences of Mental Health Professionals

In the United States, telecounseling grew in response to legal, logistical, and health challenges, helping bridge gaps in access to mental health care. This mode of service delivery was supported by organizations such as the American Psychological Association (APA, 2021), which underscored its effectiveness when practitioners were properly trained. Initially met with skepticism due to concerns about rapport, nonverbal communication, and data security (Perle et al., 2011), telecounseling proved effective, especially in areas with limited access to mental health professionals. Mental health practitioners adjusted by attending webinars, using various technologies, and ensuring client privacy and safety (Eppler, 2021a; Dores et al., 2020a). Preparing for telecounseling involved training, adapting to new tools, and managing technical and privacy issues.

However, in the Philippines, school counselors faced difficulties in adapting to new online methods due to problems in maintaining effective online communication, limitations in nonverbal cues, and handling technical issues (Yoder et al., 2020a). There were also concerns about reduced professional skills and effectiveness during virtual sessions (Dores et al., 2020c). Mental health practitioners had to modify schedules, routines, and communication methods to adapt to telecounseling (Eppler, 2021b). These problems were especially stressful for counselors in the Philippines.

In the Philippines, research on telecounseling is limited, highlighting a need for local studies to understand its effects and issues in ethical considerations (Saldajeno, 2021). Given these limitations, this study aimed to explore the lived experiences of mental health professionals in the Philippines as they navigated the preparations, challenges, adjustments of providing telecounseling and how these phenomena affect their physical, psychological and social health.

Methodology

In this study, a phenomenological approach and a qualitative research design were utilized to understand the lived experiences of mental health professionals with telecounseling. Edmund Husserl's (1913) conception of phenomenology emphasized the importance of understanding people's consciousness in an event and the intentionality behind it. This approach requires suspending preconceived views and returning to an essential point in human consciousness. In practice, this involves bracketing the researcher's preconceived notions and theoretical constructs to fully engage with the participants' experiences.

The research was conducted by collecting data through in-depth interviews using open-ended questions. After the interviews were transcribed, the researcher applied transcendental phenomenological reduction, a process of repeatedly reading the transcripts to distill the essence of each participant's experience. Each participant's experience was treated as a complete description of the phenomenon, and common themes were identified to reveal how the phenomenon of telecounseling was experienced collectively by the professionals.

The study specifically aimed to explore how mental health professionals prepared for, adjusted to, and faced the challenges of performing telecounseling as an alternative technique. By examining personal, psychological, and social aspects, the research sought to provide a deeper understanding of the phenomenon, not just describing the structure of experiences but also exploring the innermost reflections and contextual features that shape them.

Sampling Procedure

Purposive sampling was utilized in this study. The sample included eight mental health professionals who had telecounseling service experience. This sampling method is a

process wherein selecting the informant will be based on a criterion. Purposively selecting the informants allows the study to proceed from a common ground.

Profile of the Participants

The study involved eight participants, evenly divided between counselors and psychologists, all of whom had experience with telecounseling from 2020 onwards. Among the counselors, there were two females (P1 and P2) and two males (P3 and P4), all working in school settings in Manila. The group of psychologists also consisted of two females (P5 and P6) and two males (P7 and P8), with three of them (P5, P7, and P8) working in clinics in Manila, while one (P6) was based in a clinic in Makati. This diverse group of professionals provided a broad perspective on the practice of telecounseling across different settings and roles.

Instrumentation

In conducting the focus group discussions, the researcher relied on a pre-validated script validated by three registered psychometricians run through pilot testing and was later finalized by a registered psychologist. These questions provided a structured framework, guiding the exploration of the researcher through focus group discussion.

The prepared questions were as follows:

1. What are your most unforgettable experiences in providing telecounseling during the pandemic?
2. What challenges have you encountered in providing telecounseling? How did you manage these?
3. How did you prepare and adjust from the face-to-face to the telecounseling method?
4. How has your engagement in telecounseling affected you in the following areas?
 - a. Physical
 - b. Psychological (emotionally, cognitively, and behaviorally)
 - c. Social (relations with family, friends, and community)
5. What lessons have you learned from your telecounseling experience personally and professionally?

Ethical Consideration

The informed consent explained the purpose of the study, potential benefits, and how the data would be used. It described the data collection methods, including group discussions and any surveys or interviews, and detailed how anonymity would be protected using pseudonyms and secure data storage. Participants were assured of their confidentiality and their right to access the study's findings.

Each participant was given a pseudonym for use in all research materials. Group discussion recordings were stored securely on a password-protected Google Drive, accessible only to the researcher. Once the research was complete, all recordings were permanently deleted.

The study was approved by the Ethics Review Committee of Far Eastern University, ensuring ethical standards were met. Secure platforms and data protection measures were used to minimize the risks of data breaches.

Data Analysis

After conducting focus group discussions, the collected information was carefully transcribed. The researcher then thoroughly examined the transcripts, reading them multiple times to fully understand the content while setting aside personal biases and preconceptions.

This process of repeated reading and distancing allowed the researcher to uncover key themes and patterns that were not immediately obvious, revealing the depth of the participants' experiences. To analyze the data effectively, the researcher used coding, a method for identifying important concepts in the text and understanding the relationships between them. An open coding technique was employed, where codes were systematically assigned to specific segments of the text, helping to identify themes.

To further enhance the study's validity, several measures were taken. During the focus group discussions, clarification was provided to ensure consistent data collection, and participants were given the opportunity to review and modify their statements at the end of each session. The researcher employed bracketing, guided by a thesis adviser who is a registered psychologist with experience in telecounseling, to maintain objectivity and prevent personal bias from influencing the analysis. The transcriptions of the discussions were carefully created and then validated by the participants, who confirmed their accuracy with electronic signatures.

Once the themes were identified, they were presented to the participants for verification to ensure that they accurately reflected the participants' experiences. To further validate the themes, three licensed mental health professionals who were experts in the subject matter reviewed and confirmed the findings. Any recommended changes were incorporated, and the final validation was conducted by the adviser, ensuring the overall reliability of the study.

Results

This research was conducted to achieve a thorough understanding of the telecounseling experiences of the mental health professionals. The analysis of the coded data yielded a total of fourteen main themes. The results of the study are elaborated and discussed throughout the themes identified by the researcher.

Convenience of telecounseling

Comfort/ease emerged as a key finding. P6 highlighted there is no need for rush going to work, "physical wise, the good thing about doing telecounseling services is hindi ka masyadong ngarag sa commute" (S2, P6, pp. 17, line 960-962), and at the end of sessions, "kapag telecounseling, I am in the comfort of my home, so after a session, u-upo lang ako sa couch and makaka-relax ako" (S2, P6, pp. 17, line 965-66). These experiences highlighted the importance of comfort/ease illustrating how it alleviates problems.

Personal challenges

Work-life boundaries emerged as a key finding. P2 articulated, "may moment na day off, naglalaba ako pero kausap ko yung dean, kausap ko din yung coordinator, kasi may problems sila doon sa isang student" (S1, P2, pp. 6, line 316-318) and with the urgency of the problem, even unintentionally, her time for rest was compromised.

Another is personal space problems. P6 articulated her concern about, "yung space because as a telecounselor, you are held within the confinement ng ethics natin na dapat private and confidential" (S2, P6, pp. 13, line 717-718). P3 has echoed this:

Bilang isang counselor dahil nasa bahay no, is yung space lang siguro. Also, kailangan ko ng space na may privacy ako. Eh paano nalang din kung sa bahay or yung tinutuluyan nating mga counselor eh limited din yung space, that is the biggest issue no or concern on my part. (S1, P3, pp. 2, line 62-66)

This concern highlighted the necessity of having a specifically designated private area for conducting telecounseling sessions. The absence of adequate space posed a significant

challenge, demanding adjustments to ensure an effective counseling service can be delivered smoothly.

Professional challenges

Initially, the overwhelming service demand brought by the pandemic was highlighted by P6 stating, "lalo nung 2020 talaga, halos araw araw may pasyente ako, siguro six a day ang peg ko noon, or not even six eh, minsan pa nga eight to ten, pag kailangan" (S2, P6, pp. 19, line 1088-1089) which lead to a greater problem as per P2, because according to her, "mag se-set ka ng boundaries, pero pag ikaw kasi yung nasa situation, and alam mong high-risk si client, hindi mo rin sila matitiis, kaya it is like you are caught in a dilemma with should I attend to this" (S1, P2, pp. 6, line 306-309). But for P8, he told himself, "tumataas yung cases, I really need to go beyond" (S2, P8, pp. 12, line 702). He stated that he "provides the session sometimes for free kasi beyond hours na" (S2, P8, pp. 14, line 700).

P5 was having a hard time with the new mode of communication stating, "nahihirapan din ako diyan sa telecounseling, yung kapag nag o-open up ng mabigat na issue yung client tapos umiiyak na, so, parang on my end nahihirapan ako for them kasi yung presence ko hanggang salita lang" (S2, P5, pp. 13, line 746-749).

Additionally, relying to verbal cues only make it harder for professionals as, "kasi nga it is virtual, it is difficult to assess yung mga nonverbal cues ng mga clients because 100% through teleconsult and a lot of them are also not turning on their camera, so I really had just rely on their voice and how they describe their situation" (S2, P7, pp. 14, line 767-770).

Without any camera, there were problems leading to a, "point of miscommunication kapag hindi face-to-face eh, they tend to read your message na parang hindi ka ganun ka approachable pero hindi ganun po yung tone na gusto mo sanang i-send sa kanila nung tynpe mo yung message na yun" (S1, P1, pp. 5, line 243-245). Being misinterpreted, "Ang gusto mong sabihin sana, I will talk to you later, na ang tone mo ay ganito lang, pero ang dating sa kanila, na I will talk to you later na parang galit ka, ganun po, so parang you have to explain yourself to them" (S1, P1, pp. 5, line 250-252). and "I need to demonstrate that I am here and you are not just talking to a robot or an AI" (S1, P2, pp. 3, line 133-134) because what matter most is that as professional:

P6 shared that, "Kapag nawawalan ako ng signal, its stops eh the momentum of therapy" which needed competency to bounce back and continue the said session (S2, P6, pp. 12, line 672-673). P6 had the most unfortunate experience, shared "since alam nilang nasa bahay ka lang, people tend to take advantage of that, na nasa bahay ka lang naman, gawin mo to, gawin mo yan, so parang nawawalan tayo ng boundaries" (S2, P6, pp. 17, line 960-970).

Another challenge encountered was about the client's preference. "We have to acknowledge also naman na it is not for everyone, there are still some people who prefer the face-to-face" as stated by P6 (S2, P6, pp. 44, line 1343-1344).

Refusing service was noted by P7, "if ever yung presenting problem na nakasulat or diniscuss sakín is something na I know I cannot handle, I refuse" (S2, P7, pp. 22, line 1241-1242) but trainings are few and the load of other professionals are already high. He also specified his lack of professional competency as he stated:

Naging challenge sakín yung what I have said yung handling cases ng mga health workers because I am a starting Psychologist back then and hindi pa ganun ka extensive yung training ko and quite honestly, may mga mental health conditions na hindi ko pa alam kung paano ihandle. (S2, P7, pp. 13, line 759-762)

Being contacted at any time adds also to the challenges encountered by the telecounselors. P6 shared, "some clients think that you are kind of a call center agent that they can contact any time" (S2, P6, pp. 13, line 726-728). She stated:

Even at night makaka-receive ka ng email from the client ganyan, so you have to go back through the parang mag aano ulit kayo, mag boundary setting ulit kayo na oh, diba napag usapan na natin, na once a week lang talaga yung therapy mo with me and you have to explain it to them again ... therapy does not work that way, it is not a Papa Jack radio program that anytime you can call. (S2, P6, pp. 13, line 730-737)

Technological challenges

Findings emerged emphasized problems in infrastructure: internet connections are not always reliable in the Philippines. P5 sharing her experience with lag issue stating, “kapag nag lag din, mayroon siyang sinabi, then I have to ask ano yung, yung pinapaulit ba because of the technical concern sa internet connection. Yun yung isang mahirap dun sa telecounseling” (S2, P5, pp. 13, line 658-660). Most mentioned this problem: “connectivity at that time. I can still remember na mobile data palang yung gamit ko” (S1, P1, pp. 2, line 96-97). P8 also specified, “kasi internet is not perfect no, so there are times na unstable yung internet so hindi mo mahandle yung client mo diba” (S2, P8, pp. 14, line 776-778). This was echoed by P6: “so like I said yung connection talaga. It is not a secret naman that the Philippines has one of the poorest internet connections” (S2, P6, pp. 13, line 712-714).

Furthermore, P4 highlighted that is a major concern especially when dealing with a high-risk client especially which were prominent at the earlier months of the pandemic. “determined na siya, dun sa sabihin nating suicidal plan niya, then wala po akong other contacts, yung po yung isang challenge. (S1, P4, pp. 4, line 189-193)

Telecounseling retooling

As telecounseling transitioned, retooling is needed as a preparation for the possible challenges that may occur. P1 iterated that “we have to prepare ourselves also because mataas po talaga yung clinical cases so parang kailangan nagbabasa ka rin, so nire-review mo din yung sarili mo” (S1, P1, pp. 5, line 253-255) which was echoed by P2 stating the need to keep yourself updated as, “lesson, is that you really as mental health professional, you really have to keep yourself updated, keep reading reputable journals especially when it comes to evidence-based counseling interventions” (S1, P2, pp. 10, line 588-590). P4 emphasized the need for, “updating ourselves with siguro yung techniques on how to provide our services kahit na walang in-person interaction” (S1, P4, pp. 11, line 620-621).

Attending webinars were highlighted by two psychologists. P5 happily shared “dealing with attending seminars and looking for three internal webinars, so nakakatulong din siya, na instead mag attend ako locally, so I want to learn more, yung global perspective when It comes to the practice of therapy or assessment” (S2, P5, pp. 23, line 1324-1327). and this was echoed by P8: “nag attend ako ng mga webinars from PAP about telecounseling, about teleassessment, about telepsychology, kung ano ano” (S2, P8, pp. 14, line 820-821).

Another key finding is technology readiness; having the tools for telecounseling. According to P6, “preparations would be to get the proper tools for that. I used to just use yung maliit na laptop na sobrang bagal, hindi siya pwede kasi may video sharing tayo, so I had to get a gaming laptop” (S2, P6, pp. 15, line 876-877).

Telecounselor's flexibility

The first key finding that emerged is time flexibility. P3 articulated the scheduling convenience as, “may mga ibang pagkakataon na pwede ma-set natin yung schedule ng counseling na appropriate din on my part na oops, tamang tama pwede yung estudyante sa hapon” (S1, P3, pp. 5, line 281-282). For P8, scheduling makes it better now it is easier to make and more time to allot for other responsibilities:

To further explain this, P1 also emphasized: "I can still remember that we have to adjust our time also kasi parang nung mga panahon pong yun, nag iba din yung oras ng mga bata, so mas gumigising sila ng hapon or hanggang gabi, so most likely the counseling session would start on a later hour pa po, although dapat and office hours po namin ay nagsisimula ng morning to afternoon, so yun, isa pong adjustment yun. (S1, P3, pp. 4, line 233-237). Coping with the demand, most clinics also implemented a new expectation for every session that they will provide:

Kunyari in face-to-face counseling session, I usually do it 1 hour, 60 minutes. Pero nung nag telecounseling so, nireduce ko siya ginawa kong 45 minutes no kasi nga, concern din yung internet, attention span din ng clients, ganun so may mga adjustment din. (S2, P8, pp. 15, line 832-835)

The second key finding emerged is crisis intervention. P4 articulated his concern about where to get the contact details of the family members of his clients. With the new guidelines in his department, it became much easier to contact any relative whenever there are any emergency or high-risk students. "With the practice ngayon sa FEU, na hinihingi na agad yung contact details before palang mag start yung counseling, it really helps, yung ganun concern ko, especially po yun na nga, yung mga other contact details po nung estudyante" (S1, P4, pp. 4, line 193-196). Furthermore, as P5 has now become adept with the provisions of telecounseling, the challenge of physical presence can also be fixed: "I have to be resourceful no, like, for example, asking for him to drink a glass of water or to get some tissue or a comforting object, na puwede meron siya sa tabi niya." (S2, P5, pp. 53, line 749-756)

The third key finding that emerged is privacy. One statement specifically targeted the privacy of telecounselors. To make sure that they have their own privacy with personal versus professional, P1 articulated a story about this: "I can still remember during, na parang few months before, we have to use our own messenger account or Google so we have to find ways to protect also our privacy, kasi if we are going to use our own personal account, so most likely, the students keep on sending messages kahit po beyond office hours na. (S1, P1, pp. 4, line 229-233)

While remaining participants explained the privacy in terms of what they have done to make the counseling session private and free from any distraction. P2, "allotted a specific space where she would really do the telecounseling session and that is my designated space to conduct it" (S1, P2, pp. 4, line 137-140). P3 adjusted so that he cannot be heard by his family, "Talagang naghanap ako ng sariling kong space kasi kasabayan ko yung family ko, so talagang magkakadinigan kami" (S1, P3, pp. 5, line 276-278).

And when you have the right spot, the last adjustment is avoiding any external distractions like sounds from neighbors. "Hanggang maari, sinasara ko yung bintana at pinto, para mareduce, malessen yung sounds na nanggagaling sa labas and yung ginagamit ko naman naearphone noon ay yung noise reduced ba tawag dun" (S2, P8, pp. 14, line 793-795).

With some extreme cases, counselors resorted to the best alternative to continue telecounseling sessions:

Ini-inform ko siya na may internet is not working right now. Are you okay with the voice call or cell phone, or are you okay with chat, using facebook messenger instead or other platforms, using my data or kahit ano, or if I have it reschedule yung session namin ganyan. (S2, P8, pp. 14, line 778-782)

Technological changes are a must that every mental health professional should go along with through innovation and learning technology is one adjustment that the telecounselors faced. "Hindi naman pwedeng maging excuse na I am not tech savvy kasi eh, so I have to adjust with time, I took time na pagaralan itong mga to" (S2, P6, pp. 16, line 866-868). P5 also emphasized the importance of adapting to new technology stating: "ayun nga

dahil sa technology, I really have to adapt well in terms of navigation ng gadgets and platforms no, I really have to be good in navigating those technology-related gadgets and platforms" (S2, P5, pp. 20, line 1125-1127).

P1 advocated for investment in a stable internet connection: "I really resort to get Fiber internet especially nung pandemic kasi diba nauso naman talaga, ang daming biglang nag offer ng Fiber connection, so we got the one na mas reliable than our previous one" (S2, P6, pp. 13, line 714-716). P5 emphasized that as mental health care advances, there is no going back. "Dapat pala, yung gadgets nag uupgrade din no, yung kumbaga, sumasabay din sa time yan, so hindi komo sanay ka dito sa face-to-face eh yun nalang gagawin mo. So even when we are doing face-to-face, our gadgets ... must be also compatible" (S2, P5, pp. 23, line 1313-1316).

Counseling skills

P4 articulated he had developed skills for active listening and shared the importance of this competency. "You need to have active and careful listening skills in a not judgemental way no, kasi syempre hindi mo nakikita po eh, so parang kailangan din idevelop mo yung skill na yun at ready ka kung ano mang adjustments ang kailangan mong gawin" (S1, P4, pp. 11, line 594-597). He also added that: "Development na parang na-sought after ko mag telecounseling is yung being more vigilant dun sa tone nila, yung sinasabi nila, yun talaga yung emotions and feelings nila rather than yung sinasabi lang nila just for the sake of matapos na, okay, despite na hindi." (S1, P4, pp. 6, line 336-340)

Another major competency developed is communication skill. This skill was illuminated by P5 concerning the changes from in-person to telecounseling. Talking in a technology-mediated platform is different from the onsite session. "One thing na I learned is to develop, yung I have to learn to speak in front of the camera no, yung social, paano ba, ano bang term dun, yung ability ko to socialize through the camera like this one" (S2, P5, pp. 11, line 594-597) which for P5, took her long time to be at ease with this setup. Though all of them have prior experience doing it, they highlighted the major difference compared with telecounseling.

In addition, P7 underscored the importance of the willingness of each telecounselors to experience changes because only then when one could grow, develop and be the competent professional they can be and that is to become adaptive in all aspects:

Personally, yung parang mas maging adaptive, mas maging open na hindi close-minded o fix mindset parang ganun, oo, na mas maging open na, hindi pala naka box ito na, black or white lang parang ganun, mayroon palang gray sheet na parang ganun na pwede pala ito, parang ganun. (S2, P8, pp. 22, line 1277-1281)

In essence, a successful telecounseling cultivates opportunities for openness, flexibility, and adaptiveness that would empower them to deliver quality mental health care.

Body aches

Working as a telecounselor can indeed have its own set of challenges, especially when it comes to physical strain. P4, a guidance counselor, highlighted his experience of having a stiff back due to work; explaining, "ako laging ngawit yung likod dahil syempre kailangan sa upuan, hindi ka nakasandal" (S1, P4, pp. 7, line 402-403). P3 articulated, "yun nga lang kapag umupo na, hindi lang conducive yung upuan, so kapag medyo nakaupo ng matagal, dahil maliit din yung space, hindi makagalaw, eh yun na yung may kaunting pain na nararamdaman" (S1, P3, pp. 8, line 457-459). Moreover, P8 shared his same sentiment when sitting for a long time: "medyo masakit siya sa balakang, yung pag upo ng matagal, so, hindi ko makakalimutan yun, yung nagkakacounseling ka pero nararamdaman mo yung sakit ng balakang mo dahil sa matagal na pag upo." (S2, P8, pp. 16, line 929-934)

Weight changes

Among the key findings that emerged are weight gain and weight loss. P2 shared her weight gain journey. The sudden transition and overwhelming changes of responsibilities performing telecounseling provoked her to gain weight. P2 articulated, “nagkaroon ako ng weight gain” (S1, P2, pp. 7, line 373) adding, “pero ako naging problema ko yun, kasi wala na akong physical activity, I am not getting enough sunlight, I am not walking around or moving around so naapektuhan din po, yun lang po yung sakin sa physical” (S1, P2, pp. 7, line 375-377).

P3, a guidance counselor and P5, a clinical psychologist, highlighted the stress they experienced incorporated with the technological problems they had encountered. P5 shared, “nakaka-stress din yung telecounseling kapag may mga technical glitch no” (S2, P5, pp. 16, line 942-943). While for the remaining participants (P1, P2, P4, P6 and P7) also highlighted some statements regarding the general effect of telecounseling on their psychological well-being. P1 summarized, “based on experience at that time, it is stressful personally” (S1, P1, pp. 1, line 16-17).

Furthermore, P7 illuminated the after-session problems he endured as a mental health professional. He underscores his restlessness after sessions, “While behaviorally naman Sir, is that parang aligaga ka kahit na supposedly tapos na yung shift mo” (S2, P7, pp. 18, line 1035-1036). He also added, “I could not help myself but to make sure to monitor that patient to the point na every hour tinetext ko na siya or minomonitor ko talaga kung kumusta siya just to make sure that the patient is safe” (S2, P7, pp. 18, line 1036-1038). This concern for clients exhibits anxiety-inducing thoughts which affect his professional boundaries and limitations of each relationship.

Improved interpersonal relationships

Most participants (specifically P2, P3, P6 and P8) agreed that they obtained a positive impact from telecounseling in relation to interpersonal relationships, P8 summarized this improvement as he developed more communication with others: “napansin ko na mas maraming nag memessage at nagtatanong, kasi alam nila I am a psychologist so, kahit sa community, kapamilya, kamag-anak, o kaibigan, dahil nga alam nila ang trabaho ko, nagchat sila sa akin to consult parang ganun” (S2, P8, pp. 20, line 1132-1135). P6 supported this by sharing, “in terms of social naman, I would say ... mas gumanda yung relationship ko with other people when I started telecounseling” (S2, P6, pp. 20, line 1173-1174).

Discussion

The aim of this research was to explore the lived experiences of mental health professionals in the Philippines who transitioned to the new normal situation. The research explored through knowing and understanding how they experience telecounseling, the preparations and adjustments made, the challenges encountered and lastly, the effects in their life aspects.

Convenience of telecounseling

The accessibility of telecounseling has revolutionized the delivery of the recent mental health services here in the Philippines, thus, providing significant benefits for mental health professionals. The comfort and ease that telecounseling can offer minimizes the stress in commuting. Professionals no longer need to rush through traffic, saving a lot of time and anxiety associated with commuting in the Philippines. This finding is supported in a study conducted by Titelman et al. (2018) who found benefits in terms of commuting and stress

reduction. This flexibility allows sessions to be scheduled around work and personal commitments.

Additionally, telecounseling allows the sessions to be conducted from the comfort of home, which creates a more relaxed environment. After sessions, individuals can immediately unwind in their own space without worries. Furthermore, telecounseling reduces barriers and gives access to a wider range such as issues regarding geographic location, mobility issues, and transportation costs, making telecounseling more accessible and convenient to a broader population. This is supported by Ahn et al. (2021) which determined that clients in the Philippines are now increasingly open to receiving telecounseling services, in particular, those who live in rural areas with restricted access to mental health services.

Given the data, telecounseling can create a more positive work environment for mental health professionals. Reduced commuting stress, likely translates to saved time and less anxiety. These conveniences provide an idea and promote growing openness to telecounseling services. By eliminating geographical barriers and addressing limitations, telecounseling has the potential to reach a broader population who might otherwise struggle to access mental health services. This shift ignites a potential positive step towards a more accessible health care system helping more of the population overall. The growing social acceptance of mental health services, creating a supportive environment for telecounseling, exemplifies how social interactions and cultural norms shape the value and meaning of mental health services.

In the analysis, data also revealed three core challenges faced by mental health professionals throughout their transition to telecounseling, highlighting the need to balance personal, professional, and technological demands.

Telecounselors felt pressured to respond to client messages or emergencies outside of work hours, leading to constant stress and affecting their time to rest. Furthermore, limited space at home made it difficult to ensure client confidentiality and create a professional atmosphere for sessions.

Telecounselors also faced difficulties in maintaining the quality of service and providing emotional support through understanding nonverbal cues and making the clients feel their physical presence. Additionally, client preferences for face-to-face sessions and misunderstandings in telecommunication can further complicate the telecounseling experience. Dores et al. (2020d) specified the difficulties experienced by mental health professionals in the Philippines. Specifically, concerns related to maintaining a good therapy relationship because both parties were used to face-to-face intervention. Issues concerning the lack of physical interaction and non-verbal communication, and the need for online etiquette make telecounseling more challenging.

Telecounselors must also establish clear boundaries in line with professionals as opposed to a friend and manage client expectations to maintain a professional relationship while ensuring they provide effective care. Setting clear guidelines about communication outside of scheduled sessions helps prevent misunderstandings and establishes healthy boundaries between the two parties.

Technological challenges

The adoption of telecounseling has introduced various technological challenges that directly impact the quality and effectiveness of telecounseling sessions. Stable internet connections are crucial for a successful session. Ahn et al. (2021) mentioned the challenges faced by mental health professionals due to unstable connections, which lead to a significant barrier in telecounseling sessions. Telecounselors also often rely on mobile data, which is more costly and can be less reliable than broadband connections, especially in areas with poor infrastructure. Such disruptions can be problematic when working with high-risk clients,

as delays in communication could hinder intervention in critical situations. Lag and connectivity problems can interrupt conversations and create confusion, necessitating frequent repetition and clarification of misunderstood content. Colella et al. (2020) found that lag in telecounseling sessions can negatively impact the experience for both telecounselors and clients. This lag caused delays in speech and audio and made it difficult to understand each other. This also disrupted the flow of the conversation and led to frustration for telecounselors. It also stops the momentum of the session.

Unstable internet connections and limited space at home impacting privacy further emphasized the complexities of integrating technology into the existing social practices.

Telecounseling retooling

Professional development is essential. Preparation involves staying updated on the current practices and evidence-based interventions by reading reputable journals and attending webinars for a global perspective on therapy and assessment. Yuen et al. (2020) highlighted the importance of therapists staying current with evidence-based practices, particularly when it comes to telecounseling. Researchers found that therapists who participated in ongoing training on cognitive-behavioral therapy for depression were more effective at delivering the intervention. Additionally, according to Bernard and Goodyear (2019), by doing so, it guarantees that they retain an international viewpoint on therapy and evaluation.

Coaching and one-on-one supervision sessions with experienced colleagues can provide invaluable guidance for managing complex cases. Techniques for remote delivery must be modified for telecounseling. In comparison to in-person sessions, Barak et al. (2022) investigated how therapists modify their communication tactics in telecounseling which could be done with assistance.

Also, telecounselors must have adequate hardware, software, and tools to handle video conferencing and other technical aspects. Furthermore, maintaining a professional appearance, even off-camera, can help prepare for any unexpected technical glitches. Rashid et al. (2019) showed a connection between counselor competency in telecounseling and technological proficiency. Having dependable hardware, software, and video conferencing equipment is part of this. Continuous learning and investment in updated technology are crucial in delivering high-quality telecounseling services.

Telecounselor's flexibility

In response to the surge in telecounseling, mental health professionals have demonstrated adaptability and flexibility by acquiring new skills and adjusting their practices. One key area of adaptation is time flexibility. Telecounselors can schedule sessions according to their clients' needs and availability. This increased flexibility has improved access to care, especially for those in rural areas or with limited mobility (Liu et al., 2020).

Transitioning from face-to-face counseling to virtual sessions required adjustments in session length and style, as well as the adoption of chat or voice calls to overcome connectivity issues. A comparative study (O'Mahony et al., 2020) supported this finding and highlighted that in-person and video counseling have similar effectiveness. However, the study also noted that session length may be adjusted according to preference to account for technological limitations.

Telecounselors have embraced technological changes, becoming proficient in using various platforms and tools to facilitate effective sessions. One study supported this and found that counselors who perceived technology as helpful and easy to use were more likely to adopt it in their practice (Yuen et al., 2020). This highlighted the importance of ongoing

training and support to help telecounselors to feel comfortable and confident in using technology in telecounseling.

Despite facing challenges, mental health professionals in the Philippines showed resilience and resourcefulness in making telecounseling a reliable and effective form of care for clients. They adapted to different aspects of telecounseling, making it a valuable tool for expanding access to mental health services.

Body Aches and Weight Gain

Being a telecounselor comes with its own set of concerns, one of which is the physical strain and discomfort that can arise from long periods of sitting. This can result in problems like back pain and stiffness, as well as eyestrain from extended screen viewing. Burton et al. (2020) found that office workers who sat for extended periods were more likely to report back pain, stiffness, and discomfort. The strain on their bodies can affect their performance and concentration levels, making it essential for telecounselors to address and alleviate physical discomfort through methods like taking breaks and incorporating exercises.

Telecounselors may face fluctuations in weight due to the demands of telecounseling and shifts in responsibilities. The lack of physical activity, sunlight, and movement that come with working from home can play a role in these weight changes. Engaging in telecounseling could bring about lifestyle modifications. Healy et al. (2021) investigated the effects of remote work and observed a noteworthy decrease in daily step count. This decline in movement can contribute to weight gain over an extended period of time.

The participant's apprehension about the necessity to regularly monitor clients emphasizes another anxiety-inducing aspect of telecounseling: the potential blending of professional work-life boundaries. This persistent concern can complicate the maintenance of a healthy work-life balance and clear distinction between professional and personal life. These instances highlight the difficulties that telecounselors encounter in managing anxiety while delivering high-quality care to their clients.

Improved interpersonal relationships

Despite these difficulties, telecounselors frequently discover that their profession results in enhancements in their personal relationships. Telecounseling can promote improved communication and connection with family, friends, and community members if they work from home and have more time for themselves.

Maheu's CBITS, emphasized the social construction of experience through technology which could address the well-being challenges faced by telecounselors. Their focus is designing technology for behavior change that could combat issues like physical strain from sitting and stress from unclear work-life boundaries, ultimately promoting a healthier work environment for mental health professionals.

Conclusion

The advent of telecounseling has truly transformed the landscape of mental health care. This innovative approach has not only provided mental health professionals with more manageable and flexible schedule, but also allowed them to work in the comfort of their own homes, free from the constraints of distance and transportation. By embracing telecounseling, counselors were able to alleviate the burden of long commutes and rigid schedules, allowing them to focus more on delivering quality care for those in need. This shift towards telecounseling signifies the evolution of mental health services in the Philippines, as it can enhance accessibility and convenience. With this new technology, the barriers are now

reduced, paving the way for a more inclusive, accessible, and comfortable mental health care experience.

While telecounseling lies in its advantages, navigating its intricacies demands a delicate balance of boundaries to safeguard both work-life harmony and client confidentiality, especially in the intimate confines of a home setting. The surge in the demand for telecounseling amid the pandemic has brought to light the crucial need for effective workload management and the setting of boundaries and expectations. To effectively solve these problems, telecounselors are advised to establish clear communication guidelines, set realistic client expectations, and leverage reliable technology solutions to counteract issues that can disrupt the therapeutic process. Proactively addressing these enhances the telecounseling experience.

Mental health professionals adapted to telecounseling by engaging in ongoing learning, including workshops, coaching, and staying updated on evidence-based practices. They gained the necessary skills to provide remote therapy effectively by adjusting therapy techniques and investing in reliable technology like modern laptops and efficient internet connections. The increased demand for telecounseling required more flexibility, offering tailored scheduling options to improve access, especially for those in remote areas or with limited mobility. Telecounselors adjusted session lengths and styles to accommodate technological limitations. Embracing technology, they became proficient in various platforms to maintain a therapeutic environment. This highlighted the importance of ongoing training and support for using technology confidently in telecounseling. Overall, the shift to telecounseling showcased the adaptability of mental health professionals and the potential of this approach to expand access to high-quality mental healthcare.

In the end, therapists learned to adapt to a new way of working, honed their communication skills, and found creative ways to connect with clients in a virtual space. And through it all, they emerged stronger, more resilient, and more dedicated to their mission of helping others.

AUTHOR INFORMATION

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