
The Experiences of 17 Canadian Therapists Who Transitioned From In-Person to Online Direct Practice Les expériences de 17 thérapeutes canadien·ne·s qui ont fait le transfert de la pratique en présentiel à la pratique directe en ligne

Hannah E. Veldhuis

Redeemer University

Morgan E. Braganza

Redeemer University

ABSTRACT

When COVID-19 restricted in-person direct practice, many therapists were forced to shift suddenly, without preparation, to using an online service modality in order to continue offering mental health services. This fieldwork paper has two aims: one, to report the reflections of 17 therapists who offered online direct practice after transitioning rapidly to this modality at a family systems-informed mental health agency in Ontario, and two, to connect these therapists' experiences to recent literature on online direct practice. Although some of the therapists who provided their reflections for this paper offered individual care, most offered family therapy and were registered with the Canadian Association of Marriage and Family Therapy. This fieldwork paper reports family therapists' reflective experiences of the assets, challenges, and implications of rapidly shifting to and utilizing forms of online direct practice. Their reflections reveal that therapists experienced their rapid shift to using forms of online direct practice as both challenging and beneficial. Although therapists struggled with technical and therapeutic difficulties and to shifts in administrative, therapeutic, and technological procedures, their use of forms of online direct practice created opportunities to adapt and advance administrative and service strategies. Consequently, this fieldwork paper offers considerations and future directions for engaging in online direct practice derived from therapists' experiences during COVID-19, including suggestions for advancing policies, service procedures, and self-care practices.

RÉSUMÉ

Lorsque la COVID-19 a restreint la pratique directe en personne, de nombreux et nombreuses thérapeutes ont été contraint·e·s de passer soudainement, sans préparation, à l'utilisation d'un service en ligne afin de continuer à offrir des services de santé mentale. Cet article de terrain a deux objectifs : d'une part, rendre compte des réflexions de 17 thérapeutes qui ont offert une pratique directe en ligne après être

passé-e-s rapidement à cette modalité dans un organisme de santé mentale tenant compte des systèmes familiaux, en Ontario, et d'autre part, relier les expériences de ces thérapeutes à la littérature récente sur la pratique directe en ligne. Bien que certain-e-s des thérapeutes ayant partagé leurs réflexions pour cet article aient offert des soins individuels, la plupart ont offert des thérapies familiales et étaient inscrit-e-s à l'Association canadienne pour la thérapie conjugale et familiale. Cet article de terrain rapporte les expériences réflexives des thérapeutes familiaux quant aux atouts, aux défis, et aux implications du passage rapide aux formes de pratique directe en ligne et à leur utilisation. Leurs réflexions révèlent que les thérapeutes ont vécu leur passage rapide à l'utilisation de formes de pratique directe en ligne à la fois comme un défi et comme un atout. Bien que les thérapeutes aient été confronté-e-s à des difficultés techniques et thérapeutiques ainsi qu'à des changements dans les procédures administratives, thérapeutiques, et technologiques, leur utilisation de formes de pratique directe en ligne a créé des opportunités pour adapter et améliorer les stratégies administratives et de service. Par conséquent, cet article de terrain propose des considérations et des orientations futures pour s'engager dans la pratique directe en ligne, issues des expériences des thérapeutes pendant et après la COVID-19, y compris des suggestions pour faire évoluer les politiques, les procédures de service, et les pratiques d'autosoins.

Prior to the COVID-19 pandemic, there was a slowly growing body of research, practice, and reflection papers that explored the experiences of family therapists purposely offering online services as part of their practice (Blumer et al., 2014; Helps & Le Coyte Grinney, 2021). The pandemic, however, restricted in-person direct practice, which forced many therapists to shift rapidly, without preparation, to using an online direct service modality (Canadian Association for Marriage and Family Therapy [CAMFT], n.d.; Ontario College of Social Workers and Social Service Workers [OCSWSSW], 2020). This fieldwork paper adds to the growing scholarship in this area by documenting the reflective experiences of family therapists who transitioned rapidly to offering online direct practice and, in light of these reflective experiences, offers recommendations for future practice.

Literature Review

Counsellors and psychotherapists (hereafter referred to as therapists) who are engaged in marriage, couple, or family therapy or in therapies informed by family theories and by therapy and relationship models such as family systems and relationship-based approaches have formally provided various forms of online direct practice (ODP) as an addition or alternative to in-person face-to-face direct practice since the 1980s (Kraus, 2011; Reamer, 2015). This includes Internet-based self-help, minimal contact treatment, and therapist administered online treatment (Ekström & Johansson, 2019; Jencius & Sager, 2001). ODP includes

a range of synchronous and asynchronous technological options including email, text, video, and website programming (Godine & Barnett, 2013).

Research that explored marriage, couples, and family therapists' experiences offering ODP prior to the COVID-19 pandemic was limited, but slowly growing (Blumer et al., 2014; Helps & Le Coyte Grinney, 2021). Some scholars found that therapists appreciated ODP (Burgoyne & Cohn, 2020; Hertlein, Blumer, & Smith, 2014). Some therapists felt that ODP could help facilitate quicker connections with clients (Burgoyne & Cohn, 2020). Clients who may be difficult to serve, including clients with geographical constraints, could be reached more easily using ODP (Hertlein, Blumer, & Smith, 2014). Scholars also found that some therapists appreciated the flexibility of ODP (Connolly et al., 2020; Helps & Le Coyte Grinney, 2021). Therapists using ODP could serve clients outside of the office (Connolly et al., 2020). Some were eager to try technology in order to improve services by facilitating client access to services or by addressing different presenting problems (Helps & Le Coyte Grinney, 2021).

That said, such appreciation of ODP often resulted from therapists' direct experience utilizing it as a service modality (Burgoyne & Cohn, 2020). Since many therapists seemed to be limited in their exposure to and utilization of ODP, gaining appreciation through direct experience was made problematic. Some researchers suggested that this limitation was because therapists had reservations about using ODP in family work (Blumer et al., 2014; Centore & Milacci, 2008; Burbach & Pote, 2021). Some researchers found that therapists rarely used ODP in practice (Hertlein, Blumer, & Smith, 2014). Of those who did use ODP, some reported experiencing challenges. Some had limited access to proper technology or to ongoing training (Hertlein, Blumer, & Mihaloliakos, 2014). Others reported experiencing challenges in practice like navigating transference (Helps & Le Coyte Grinney, 2021). In addition, the use of ODP could pose difficulties for practice as well as ethical challenges such as for maintaining confidentiality and privacy (Hertlein, Blumer, & Mihaloliakos, 2014; Pennington et al., 2017; Reamer, 2015). ODP could also introduce the potential for security breaches through hacking (Hertlein, Blumer, & Mihaloliakos, 2014). Some therapists felt that ODP could pose relational challenges. Loss of physical contact with clients and diminished non-verbal cues in body language and overall appearance are two examples that therapists named (Harris & Birnbaum, 2015; Reamer, 2015). Some therapists reported that ODP altered their practice in various ways, including their handling of communication (Helps & Le Coyte Grinney, 2021), although they did not always view such changes as negative.

Although this research is insightful, it is mostly limited to the experiences of those who utilized ODP purposely as part of their practice and who, in some cases, used it routinely. In March 2020, however, all non-essential in-person direct practice was suspended due to the COVID-19 pandemic (CAMFT, n.d.; OCSWSSW, 2020). Therapists found themselves unable to continue meeting with

clients in person. In response, therapists were permitted to use technology to serve clients (CAMFT, n.d.; OCSWSSW, 2020), and many were forced to transition rapidly to ODP without warning or adequate preparation. Consequently, little is known about therapists' experiences being forced suddenly to offer ODP due to the COVID-19 pandemic. Understanding their experiences can illuminate important insights about the utilization of ODP, including its potential assets and challenges relative to service provision. It is particularly important to consider how the forced shift to ODP, rather than the planned and voluntary usage of it, influences experiences (Doran & Lawson, 2021). Such experiences can shape attitudes toward ODP as a service modality (Aafjes-van Doorn et al., 2021), therapists' future use of it (Doran & Lawson, 2021), the development of an evidence base (Helps, 2020), and the development of guidelines for using ODP (Helps, 2020; Springer et al., 2020).

Recent scholarship on marriage, couples, and family therapists' experiences of their rapid transition to ODP during the COVID-19 pandemic has emerged across the globe through blog posts, empirical research, and reflective papers (see Aafjes-van Doorn et al., 2021; Barker & Barker, 2022; Lyseng, 2020; Rego, 2020). The scholarship on this topic seems to suggest that therapists' experiences of transitioning suddenly to ODP are mixed. Some scholars have found therapists' experiences to be mostly "reasonable" or "good" (Machluf et al., 2021, p. 149; Mc Kenny et al., 2021). Machluf and colleagues (2021) found that therapists' perceptions of ODP became more positive after they began using ODP in practice, despite the fact that they did not plan on continuing to offer online services after the pandemic ended.

Some therapists reported having initial reservations about ODP but were driven to utilize it because of their commitment to continuing to support clients during the pandemic (Cronin et al., 2021; Mc Kenny et al., 2021). In some cases, therapists whose reservations about using ODP as a service modality were challenged ended up viewing it more positively than they expected (Mc Kenny et al., 2021). Although some therapists reported experiencing some professional self-doubt in adjusting certain practice techniques (Taffagli et al., 2020) and using technology for therapy after the sudden shift to ODP (Cronin et al., 2021; Mancinelli et al., 2021), they felt that their relationships with clients were mostly "good" (Aafjes-van Doorn et al., 2021, p. 478; Helps, 2020; Machluf et al., 2021; Mancinelli et al., 2021) and even improved in some instances (Cronin et al., 2021).

Several researchers found that through the rapid transition to ODP, therapists discovered, and even appreciated, new options for flexibly using technology (Cronin et al., 2021; Feijt et al., 2020; Mc Kenny et al., 2021; Mishna et al., 2020) and creative approaches for connecting with clients (Joshi et al., 2021; Mishna et al., 2020), especially those challenged in accessing services (Amorin-Woods et al., 2020; Mc Kenny et al., 2021). Through using ODP, therapists also

gained a greater awareness of clients' general ability to access services (Cronin et al., 2021; Joshi et al., 2021; Mishna et al., 2020). This included clients' constraints to attending therapy like the ability to travel and access child care (Mc Kenny et al., 2021). ODP also offered deeper insight into clients' lives, including their homes and pets (Amorin-Woods et al., 2020; Mc Kenny et al., 2021).

For some, the shift to ODP forced novel conversations about therapeutic identity as well as competent and creative practice (Cronin et al., 2021). Therapists conversed about balancing their sense of incompetence and uncertainty about how to use ODP with their moral obligation to continue offering services (Cronin et al., 2021). These service realities also shifted their understanding of their therapeutic identity as it relates to engaging in practice (Cronin et al., 2021). Additionally, the shift to ODP facilitated increased relationships and conversations among colleagues and supervisors and with other agencies and therapists (Cronin et al., 2021), all without increased travel (Mc Kenny et al., 2021). Some therapists were encouraged by the shift to alter their practice in beneficial ways, such as by taking additional time between sessions (Mc Kenny et al., 2021). Some therapists were inspired to alter their lifestyle by slowing down (Amorin-Woods et al., 2020), spending more time with family, and attending to self-care (Mc Kenny et al., 2021).

Some therapists experienced ODP less positively (Mc Kenny et al., 2021) or pointed to challenges relative to its usage. Some experienced technological issues (Feijt et al., 2020; Joshi et al., 2021) that were not always sufficiently addressed by their agencies (Feijt et al., 2020; Mc Kenny et al., 2021). Others struggled with the functionality of the technology being used for ODP (Barker & Barker, 2021). This was particularly challenging for those who had little prior training or experience with ODP (Cronin et al., 2021). Some therapists lamented technological challenges during sessions. They felt that glitches and poor Internet connections disrupted care (Mc Kenny et al., 2021). Some had difficulty navigating complex ethical (Taffagli et al., 2020) and privacy concerns (Cronin et al., 2021; Mc Kenny et al., 2021; Mishna et al., 2020) as well as professional boundaries (Cronin et al., 2021; Helps, 2020; Mc Kenny et al., 2021; Mishna et al., 2020). Some therapists felt that they missed insights gained through face-to-face sessions, such as through non-verbal cues (Barker & Barker, 2021; Burgoyne & Cohn, 2020; Helps, 2020; Mc Kenny et al., 2021; Taffagli et al., 2020). Therapists also felt that some therapeutic techniques—including the use of props and strategies for managing client safety like assessing self-harming behaviour—simply did not and could not work online as effectively as they had in person (Mc Kenny et al., 2021). Some felt that ODP made it more challenging to engage certain clients including teenagers or multiple family members when they shared one screen (Helps, 2020). Others felt that it was challenging to communicate and foster presence, intimacy, and connection with clients (Taffagli et al., 2020). Some therapists claimed that they felt more overwhelmed (Taffagli et al., 2020),

stressed (Mc Kenny et al., 2021), or fatigued while offering ODP than they had offering in-person therapy (Mancinelli et al., 2021; Mc Kenny et al., 2021). Some felt more isolated from their colleagues and supervisors (Mc Kenny et al., 2021).

Researchers also pointed to experiences of therapists that were not described as either positive or negative. Some therapists claimed that ODP did force them to alter their practice by adjusting their verbal and non-verbal communication techniques (Mc Kenny et al., 2021), their intake meetings, the progression of sessions, their approach to setting boundaries (Helps, 2020), or the ways they engaged various family members (Helps, 2020) and fellow therapists during sessions (Taffagli et al., 2020). Some therapists also discussed becoming more committed to taking risks and making mistakes when adapting in-person techniques to online practice and a willingness to try new things (Taffagli et al., 2020).

The Current Paper

This reflective fieldwork paper adds to the emerging body of literature that explores therapists' experiences using forms of ODP. It documents therapists' reflections on offering ODP after transitioning to this modality rapidly as demanded by the COVID-19 pandemic. Through their reflections, this paper discusses issues and considerations important for practitioners. This reflective paper is informed by a group of 17 therapists at one agency in Ontario. In March 2020, these therapists transitioned to the exclusive use of forms of ODP during the COVID-19 pandemic. This primarily included the use of Zoom, but also telephone and OnCall (a telehealth platform in Ontario). Most therapists at this agency were registered with the Canadian Association of Marriage and Family Therapy (CAMFT), now the Canadian Association of Couple and Family Therapy (CACFT). This registration includes CAMFT-approved supervisors. Additionally, although some of the therapists at this agency (and who provided their reflections for this paper) offered individual care, most offered family therapy. Prior to COVID-19, these therapists offered online therapy only as a temporary solution in situations with special circumstances. Consequently, they had limited experience with online therapy.

These therapists wanted to discuss and then share their reflections on their experience of shifting rapidly to online practice. One agency-based reflective dialogue process was held during a regularly scheduled monthly staff meeting in June 2020. It was hosted by the agency's executive director. Through conversation, therapists discussed their practice experiences of shifting rapidly to online direct practice. This reflective process was conducted so that therapists could assist their colleagues in navigating the shift to ODP and ultimately advance service provision. Therapists engaged in discussion in small groups, and one member of each group documented group members' reflective experiences by taking detailed notes. Out of the 18 therapists employed at the agency, 17 were in attendance.

One therapist was absent due to scheduling challenges. This therapist did not contribute their reflections, although they had been invited to do so.

Following this meeting, the agency approached the authors and asked them to compile the reflections to produce this fieldwork article, which aims to describe how therapists' service provision suddenly shifted as a result of the move to online forms of therapy. The authors had previous involvement with this agency through research activities separate from this paper. This prior involvement prompted members of the agency to invite the authors to generate the current paper on their behalf.

This reflective paper has one primary aim in sharing therapists' experiences. Specifically, this paper considers the assets, challenges, and implications of shifting rapidly to and utilizing ODP in order to add to the literature and offer considerations for practice and future directions. There is a need for more scholarship that explores the experiences of therapists utilizing ODP and the changing nature of family work in light of the increasing use of technology. Describing therapists' experiences after suddenly being forced to utilize ODP offers important insights and possible directions for utilizing ODP—both during and after the COVID-19 pandemic.

Reflections and Experiences, Including Implications for Practice

Therapists' reflections have been organized into themes based on common experiences. The themes detailed in this section are: altered initial perceptions of online direct practice, assets to service provision and delivery, administrative assets, improved practitioner lifestyle, therapeutic procedures, technological challenges, service provision challenges, and therapeutic challenges.

Altered Initial Perceptions of Online Direct Practice

Before they switched to ODP, some therapists had reservations about this service provision strategy. They had concerns about the quality of the modality itself, about it being an unequal alternative to in-person support, and about it being more of a stopgap in care. The sudden shift to ODP at the start of the COVID-19 pandemic, however, brought with it a number of unanticipated assets for service provision and practitioners that altered therapists' initial perspectives on ODP. After exploring its usefulness fully, therapists felt that ODP does not offer clients lesser quality care and that it provides many benefits to clients instead. As a result, they advocated for purposefully incorporating it into future service provision.

Assets to Service Provision and Delivery

Some therapists felt that the shift to ODP brought with it several assets to service provision and delivery. First, it introduced therapists to new ways of sharing information with clients. Therapists were able to share their screen during

psychoeducation through Zoom calls. They were also able to send clients preparatory content including videos and documents in advance of sessions through various platforms. Although the technology needed to engage in these activities existed prior to the pandemic, the necessitated usage of technology because of COVID-19 brought about attitude shifts for therapists that altered their utilization strategies. Additionally, technology itself was quickly adapted during the pandemic. The ethical viability of various technologies increased in order to keep up with service delivery demands. Email companies, for example, added or highlighted encryption options. These adaptations allowed therapists at this agency to utilize pre-existing technology with clients in ways that differed from before the pandemic.

Second, the shift to ODP drove innovation and advancement in services. The shift facilitated the creation of a hybrid model of counselling. This advancement meant that both in-person and ODP options could eventually be offered.

Finally, the use of ODP allowed therapists to support clients they would not otherwise be able to serve due to time and geographical constraints. As such, it also facilitated the return of former clients. Since clients could join sessions quickly and easily, something particularly advantageous for those who had to travel or who had limited time and availability, therapists felt that ODP offered clients the benefit of accessibility. Clients could also join sessions from their homes, which therapists felt in some cases allowed clients to feel more comfortable and safe talking during sessions.

Administrative Assets

As part of the sudden shift, therapists developed new administrative, workplace, and client engagement procedures to accommodate ODP. One newly developed procedure involved the holding of online meetings between therapists, which was not something that had been done at this agency when services had been offered entirely in person. This allowed therapists to meet with one another more efficiently, which they appreciated. ODP had the added advantage of encouraging therapists to find new, creative, and intentional ways of fostering staff connectivity.

The move to ODP also shifted administrative responsibilities. Therapists suddenly became responsible for scheduling and managing their own session loads, which had been primarily the responsibility of intake staff before the shift to ODP. With the ability to manage their own appointments came a reduction in the frequency of missed appointments and last-minute cancellations, since therapists could call their clients to determine whether they could still join the scheduled session remotely. It also provided therapists more flexibility within their schedules to incorporate other important therapeutic processes such as self-care.

Improved Practitioner Lifestyle

The shift to ODP proved to be an asset for therapists' lifestyles for a variety of reasons. Some therapists found that offering services online allowed them to have a simpler lifestyle that created more room for self-care and time with their own family. The work pace also became easier to handle because therapists had more control over their own schedule. The removed need to travel to work was also an asset because it increased the level of flexibility in their schedule.

Therapeutic Procedures

New therapeutic procedures needed to be established with the shift to ODP. New expectations for online video etiquette had to be clearly communicated with clients in order to maintain confidentiality and professionalism during sessions. This was because clients would join sessions dressed inappropriately (e.g., in sleepwear) or while engaged in other tasks (e.g., feeding their dog or folding laundry). Clients would also join sessions from public places or with other people, like their children, in close proximity. This limited their privacy and challenged confidentiality.

Administrative processes handled during the therapeutic encounter were also impacted. Some therapists needed to adjust how they managed and scheduled appointments to handle privacy. They needed to ensure that clients did not come to private sessions with other family members in the room and that all clients would be there for couples or family sessions. Adjustments in documentation were also made. One example was adjusting informed consent procedures, which shifted from being paper-based to encrypted emails sent to clients prior to sessions.

Technological Challenges

Technological challenges accompanied the shift to ODP. Having to implement ODP quickly while having no previous system in place for virtual services was experienced by some therapists as a challenge. Shifting suddenly to ODP was also accompanied by a steep learning curve in terms of using technology to facilitate direct practice. Therapists also needed to learn to anticipate technical problems during services such as dropped calls resulting from clients' poor Internet connections.

Service Provision Challenges

Although ODP created positive opportunities for service provision in many ways, the shift also created challenges. Several therapists felt that ODP hindered service for some clients. Two examples given were serving clients with language barriers and those with particular cultural expectations about relationship building like the use of physical contact. Some clients voiced their struggles with online

services due to their own aversion to or unfamiliarity with technology, trouble focusing, anxiety, or self-consciousness. Some older clients reported to their therapists that they struggled with ODP. Therapists also reported that for various reasons, not all clients have access to the technology required to participate in some forms of ODP (e.g., Zoom). Others do not have the capacity to use it (e.g., children). Ultimately, therapists felt that since the provision of ODP seemed to have a negative impact on the quality of service provision for some clients, it should not be considered a one-size-fits-all service modality.

Therapeutic Challenges

The shift to ODP was accompanied by a number of therapeutic challenges. Three therapists described the importance of being mindful about becoming tired. Since more time was spent on a screen than typically required, therapists needed longer breaks between sessions than for in-person sessions. They also felt that conducting therapy on screens was physically draining.

ODP impacted therapists' use of therapeutic skills such as rapport building and non-verbal communication. A number of therapists described ODP as demanding more effort on their part to pick up on and assess body language. They also felt that it was more difficult to read clients' affect on a screen. Clients' positioning on the screen also made it challenging to pick up on body language cues. Challenges included clients who appeared at the edge of or outside the therapist's ODP window. As a result, therapists needed to heighten their listening and observation skills.

Additionally, communication strategies used effectively in person could not be used in ODP, so adjustments needed to be made. Touch was an example of a strategy that could not be utilized. But such strategies were important for some clients, depending on their culture or their reason for seeking services (e.g., trauma). Lost physical contact reduced connection between therapists and some clients.

The switch to ODP also caused several therapists to become more aware of processes that they felt were not always positive. They became more critical of their own body language. Their use of hand gestures while speaking was offered as an example.

Conclusions and Applications

In March 2020, the COVID-19 pandemic caused all non-essential in-person service provision to become suspended, and in response, many therapists in Ontario chose to transition rapidly from in-person services to forms of ODP (Office of the Premier, 2020). This reflective fieldwork paper illuminates 17 therapists' experiences offering direct practice online after they transitioned rapidly to this modality as demanded by COVID-19.

This group of therapists generally found that although the unanticipated shift was accompanied by some administrative, therapeutic, and technological challenges, it also created a number of administrative and therapeutic assets. It also sparked new opportunities to adapt traditional administrative and service practice strategies and ultimately raised important questions about service provision—during and after the COVID-19 pandemic.

In light of these therapists' experiences, increasing the integration of ODP might be considered. Not only could this be beneficial for advancing the care of couples, families, and individual family members, but also, it might facilitate the development of new services and policies and improve processes such as community building among employees in the workplace and self-care for therapists.

Therapists might be encouraged to utilize online service provision intentionally. In keeping with previous research, the initial reservations about ODP by therapists at this agency were challenged only after they were forced to switch to ODP (Mc Kenny et al., 2021). Like therapists elsewhere, they were initially concerned that clients' care would be compromised (Cronin et al., 2021). Also, like other therapists, after the sudden switch to ODP, they developed more positive attitudes toward it (Machluf et al., 2021) and learned that it can be an effective service modality with many important benefits for clients (Cronin et al., 2021). ODP can simplify access to services (Joshi et al., 2021; Mishna et al., 2020), which may translate into an increased number of new clients served and the return of former ones (Mc Kenny et al., 2021).

The sudden shift to ODP served this agency by forcing service innovation (Cronin et al., 2021; Mishna et al., 2020). This innovation was felt by therapists to be so beneficial that in their future practice, they intended to develop intentionally a hybrid in-person/online service model. This model would offer clients more service options.

It might be expected that shifting to ODP will necessitate the creation and adjustment of policies and procedures (e.g., confidentiality and privacy procedures) as well as administrative and therapeutic practices (Hertlein, Blumer, & Mihaloliakos, 2014; Mishna et al., 2020; Pennington et al., 2017). Some of these new practices, however, may benefit clients and therapists (Cronin et al., 2021; Mc Kenny et al., 2021). Therapists at this agency implemented virtual lunch meetings, which promoted staff community. ODP also created a situation where therapists could spend more time at home with family and experience simplified schedules. Utilizing ODP, then, may create opportunities to establish self-care and work-life balance practices for therapists, including fostering time spent with their own families (Mc Kenny et al., 2021).

Therapists might anticipate needing new expectations to facilitate appropriate video and session etiquette (Cronin et al., 2021). New documentation policies and procedures may also be required. Additional considerations concerning matters

such as privacy and confidentiality will be required when family members are part of sessions or excluded from certain sessions.

The lessons that these therapists learned also pointed to potential challenges to be expected with ODP. Some clients, including elderly clients, may not be able to engage with ODP (Joshi et al., 2021). Additionally, clients will not have equal access to ODP (Holmes et al., 2020). Some will lack the ability to access the technology required to receive ODP (e.g., those experiencing poverty), while others will not have the digital literacy (competence) required to utilize the technology (Beaunoyer et al., 2020).

Therapists may also experience technological challenges (Barker & Barker, 2022). They may experience dropped client calls or a steep learning curve in terms of using technology unless training is provided. The therapeutic process with ODP may also heighten language barriers or hinder relationship building (Taffagli et al., 2020). Traditional therapeutic practices including reading body language cues may also be challenged (Burgoyne & Cohn, 2020; Helps, 2020). New practices may be established, however, including the sending of materials in advance of sessions to facilitate dialogue during them.

It is our hope that by describing the reflective experiences of therapists after the sudden shift to ODP, we will provide important and necessary considerations and direction for offering online services to engage in family work during and after the COVID-19 pandemic. We recognize, however, that this paper has several limitations. First, this paper reports on the reflections of a small group of therapists from one agency. Their experiences may differ in important ways from those of therapists elsewhere. Second, this paper presents the realities of these therapists early in the COVID-19 pandemic. It is possible that their experiences changed at different points since that time. At the same time, their reflections add authenticity to the challenges of using rapidly changing technology with human professionals. Finally, the purpose of this fieldwork paper is to offer reflections and not to report on the findings of a research study. While these reflections may not be generalizable, they may be transferrable to other settings given their insights into therapists' direct experiences. Future research should be done to explore, monitor, and analyze reflections on the experiences of marriage, couple, and family therapists after the sudden shift to ODP. Such research should be done in various geographical contexts and agencies to explore diversified experiences related to the rapid shift to ODP. Research should focus on the assets and challenges of the shift relative to clients, therapists, and service provision. We hope that this paper provides direction to researchers developing future qualitative and quantitative studies across Canada and internationally that explore how therapists and clients have been impacted and affected by the rapid shift to ODP and whether they experienced the transition as positive or negative.

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About the Authors

Hannah E. Veldhuis holds a B.A. in social work from Redeemer University in Ancaster, Ontario, and a B.S.W. from Renison University College in Waterloo, Ontario.

Morgan E. Braganza is an assistant professor of social work in the Department of Applied Social Sciences at Redeemer University. Her research interests include improving interactions with those who hold contentious differences (e.g. identity, viewpoint). She works regularly with community organizations to conduct research and evaluation projects on topics selected by agencies including domestic violence, healthy behaviour and relationships for teenage girls, and mobile crisis response. <https://orcid.org/0000-0001-8160-2852>

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Correspondence concerning this article should be addressed to Morgan E. Braganza, Department of Applied Social Sciences, Redeemer University, 777 Garner Road East, Ancaster, Ontario, L9K 1J4. Email: mbraganza@redeemer.ca