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通訊諮商實務的挑戰與建議：以實徵研究之回顧為基礎

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摘要

通訊諮商的發展已有50年，近年因新冠肺炎（COVID–19）疫情而加速其發展。原本當事人與治療師習於實體的面對面諮商，在疫情封鎖令的影響下不得不轉換為通訊諮商。不少研究指出通訊諮商的工作同盟與效果相似於實體諮商，然從實體轉換到通訊諮商的經驗探究則多指出當事人與治療師皆感受到許多負面影響。通訊諮商的挑戰除了通訊設備及空間帶來的干擾，也因其在情境和本質上與實體諮商的差異而衍生出不少實務上的挑戰，包含治療設置的難以掌控、治療架構與界線的模糊、在虛擬空間晤談缺乏真實身體互動、非語言訊息不足造成治療性存在的淡薄等等，本文旨在透過近年通訊諮商相關實徵研究的結果及相關文獻的論述，梳理通訊諮商的現況、成效、治療實務上的挑戰以及應對之道的建議。

關鍵詞：治療性存在、面對面諮商、視訊晤談、通訊諮商、新冠肺炎

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壹、前言

2019 年開始全球的人們在新冠肺炎（COVID–19）的蔓延下，改變了社交互動、購物、就醫等等生活方式。在各國社交距離限制的政策下，心理治療與諮商的工作一度受限，然疫情籠罩*讓*人們普遍更焦慮、更需求心理協助，因此在倉促急迫下各國也放寬通訊諮商的限制，而加速了通訊諮商的發展。筆者在這期間也經歷實體轉換為視訊諮商、視訊督導的服務經驗，面對服務形式突然轉換感到惶恐，因此開始探究此主題，也發現不少學者關注疫情期間的轉換經驗，本文即是結合自身實作經驗、相關文獻及研究結果的產出，冀望能提供通訊諮商實務工作的參考。

由於科技的進步目前通訊諮商多以視訊形式為主，因此在本文中會依論述的流暢交替使用通訊與視訊二詞，同時考量通訊諮商與通訊治療相關文獻的引用，諮商與治療、心理師和治療師二詞亦交替使用。此外，由於不同國家對通訊諮商的法規可能不盡相同，不同的實徵研究可能也會因為研究參與者與研究方法而影響研究之信效度，因此本文在報告實徵研究的結果時，筆者會儘量報告該研究的相關訊息，以利讀者判讀該研究的結果及可能的文化差異。

貳、通訊諮商的界定與發展現況

一、通訊諮商的界定

通訊諮商（Telecounseling）的「tele」意指「透過*遠距離*傳送」，因此也譯成遠距諮商，近年來因 COVID–19 的影響，讓遠距醫療（telehealth）或遠距心理健康（telemental health）成為發展中的新技術（Robertson, 2020）。通訊諮商在早期稱為電子諮商（e-counseling）或線上諮商（online counseling），其發展可追溯至 1972 年 10 月在一個計算機通訊的國際會議上，在兩所大學之間首度演示了線上諮商（Wardell , 2008）。電子諮商可界定為當事人與治療師在不同地點或遠距時，透過電話、互聯網和遠距會議等電信技術媒介的諮商方法（Sanders & Rosenfield, 1998），因後來多使用到互聯網的技術，也稱網路諮商（cyber-counseling）。通訊諮商又可區分成同步及非同步，同步指當事人能在遠端與治療師進行即時交流，例如通話或視訊會議，非同步則指雙方無法即時交流，例如 EMAIL 文字訊息的互動。

回顧相關文獻，通訊或遠距諮商/治療的相關名稱有「remote counseling/psychotherapy」（Probst et al., 2021; Stadler et al., 2023）、「distance counseling/psychotherapy」（Robertson, 2020; Sandel, 2021），若特別強調運用的媒介則有「audio counseling」（Day & Schneider, 2002）、「video-delivered psychotherapy」(Fernandez et al., 2021)、「videoconference-based

counseling」（Stubbings et al., 2013）。上述這些都相對於傳統的面對面諮商（face to face counseling）、實體會面「embodied encounter」、「in-person psychotherapy」（Probst et al., 2021; Stubbings et al., 2013），本文統一以實體諮商稱呼。

二、通訊諮商實務現況與研究

臺灣在 10 多年前也有不少關於通訊諮商的實徵研究，不論是一次單元模式（張勻銘等，2012）、不同理論取向（許維素等，2007；彭信揚，2009）、或是比較網路即時諮商、電子郵件諮商與實體諮商（李偉斌等，2008；許維素等，2010），都發現通訊諮商有其成效，並且與實體諮商的成效相近，不過當時因通訊設備不若現在如此發達，有的研究是特別針對電子郵件諮商進行探究，王智弘等（2008）也指出，當時通訊諮商的發展仍有各種的困難與限制，例如人力與經費不足、電腦與諮商技術、相關專業人員缺乏網路諮商在職訓練等等的問題。

而 2019 年底開始 COVID–19 疫情造成人們各種的心理困擾，病毒的快速傳播、死亡人數的急速上升，引發了焦慮、無助、悲傷的情緒，造成人們的不安也促使精神疾病的發作或惡化（Szlamka et al., 2021）。各國考量民眾需求與安全，多放寬原有的通訊諮商規範，例如美國開放從業人員可在住家上線提供服務，甚至有些州也容許僅有聲音但無影像的服務可申請保險費用（Wehrwein, 2020），臺灣也在 2019 年年底通過《心理師執行通訊心理諮商業務核准作業參考原則》（衛生福利部，2020），讓通訊諮商合法化。通訊諮商在疫情期間成為支援民眾心理健康的重要方式，也因此大量的從業人員都面臨在短時間內需調整治療的服務形式。一項針對美國 768 位治療師的調查研究指出，在 COVID–19 前，有 39%的治療師使用通訊治療，其它多數治療師對此都有擔憂，只採用實體的形式；然而在 COVID–19 大流行期間，幾乎所有治療師（98%）都使用廣泛的通訊科技與被隔離的當事人交流，包括短訊、電話、視頻會議，甚至虛擬實境方式（Sampaio et al, 2021）。即便是患有嚴重心理健康問題（如思覺失調障礙、中重度雙相情感障礙、重度憂鬱症、物質使用障礙、邊緣性人格障礙、自殺或創傷後的人群壓力症候群）也和一般求助人群有相似的轉換率，甚至其通訊治療的出席率還高過實體治療（Miu et al., 2020）。也因為大量的通訊諮商實作，近三年（2020 年至 2022 年）有關通訊諮商的研究和論述如雨後春筍般開展，筆者統整可分為：比較通訊與實體諮商的各種議題（Greenwood et al., 2022; Zainudin et al., 2021）、探究通訊諮商的實作（Barker & Barker, 2021; Sampaio et al., 2021; Szlamka et al., 2021）、諮商關係或工作同盟（Chen et al., 2020; Dolev-Amit et al., 2021; Geller, 2020; Mccoyd et al., 2022; Sayers, 2021）、治療或諮商成效（Bennett et al., 2020; Carbone et al., 2021; Szlamka et al., 2021; Zeren et al., 2021）、當事人或治療師經驗（葉寶玲等，2021；Barker & Barker, 2021; Hanley & Wyatt, 2021）等等。

其中也因疫情之故，有些研究即時取材，探究從實體轉換到通訊諮商的當事人或治療師經驗（洪雅鳳、楊久芳，2022；Ahlström et al., 2022; Emran et al., 2022; James et al., 2022; Lewis et al., 2021; Lokai et al., 2021; Stadler et al., 2023; Stefan et al., 2021; Werbart et al., 2022）。

參、通訊諮商效果的探究

有關通訊諮商成效的探究，筆者從所閱讀的文獻將研究大致歸納為三種類型來說明。

一、單純探究通訊諮商的研究

通訊諮商成效的探究，目前多數研究指出是具備良好效果的。針對 COVID–19 爆發期間所提供的通訊諮商服務進行調查，結果顯示儘管當事人遇到各種的挑戰，但依然認為通訊諮商相當有幫助（Szlamka et al., 2021）、能有效緩解負面情緒（Carbone et al., 2021）。一個針對 65 篇探究通訊治療效果研究的後設分析指出，通訊治療在改善常見的憂鬱、焦慮、酒精相關問題方面是可以接受和有效的（Bennett et al., 2020）。而從治療師的觀點來看，在 0 至 10 的範圍內，治療師報告通訊治療的有效性是 7.45，算是高度有效（Sampaio et al, 2021）。但也有研究指出通訊諮商的效果是有限的，一項針對 115 位大學生的研究指出通訊諮商雖有助於減少心理疾病，但對於提升生活滿意度沒有幫助（Ierardi et al., 2022）。

二、比較通訊諮商與實體諮商效果的研究

比較通訊諮商與實體諮商的研究絕大多數指出兩者在治療成效上並無顯著的差異，這些研究多是採取嚴謹的隨機控制試驗（randomized controlled trial）之實驗設計，例如針對馬來西亞的高中生（Zainudin et al., 2021）、針對澳大利亞有初步精神疾病診斷的白人個案（Stubbings et al., 2013）、針對美國社區有高強度長期疼痛的成人個案（Taguchi et al., 2021）。也有採取非隨機分派的準實驗設計，例如針對土耳其大學生的研究（Zeren et al., 2021）。

多個系統性回顧的後設分析研究也同樣指出，通訊諮商與實體諮商都有顯著的治療成效，而且兩者的療效並無顯著差異。例如 Fernandez 等（2021）就 56 項組內研究（N=1681 名參與者）和 47 項組間研究（N=3564）進行後設分析，發現視訊諮商的前後效果量大且顯著，但與實體諮商並無差異，同樣都有效改善，這個研究也發現視訊諮商能發揮最明顯的效果是，兩種條件的同時存在，一是使用認知行為治療（CBT），二是針對焦慮、

憂鬱或創傷後壓力疾患（PTSD）的症狀。而 Greenwood 等（2022）針對 12 個比較通訊與實體諮商的隨機控制試驗之實驗研究（共 931 例患者）進行分析，這 12 個研究是針對不常見的心理疾病（成癮障礙、飲食障礙、兒童心理健康問題和慢性病）患者，提供認知行為和家庭療法，後設分析的結果發現不論是立即的效果，或在任何其他時間點（3、6 和 12 個月）的追蹤效果都沒有顯著差異，比較的向度包含整體改善、功能、當事人評工作同盟、治療師評工作同盟，以及當事人滿意度都沒有顯著差異。Lin 等（2022）則針對 20 個隨機控制試驗之實驗研究，這些研究來自不同的國家（美國 11、加拿大 3、英國 2、紐西蘭 1、西班牙 1、中國 1、澳大利亞 1），其研究分析結果同樣指出通訊諮商與實體諮商沒有顯著差異。Giovanetti 等（2022）則聚焦 2000 年到 2021 年之間針對憂鬱症狀處遇的治療研究進行後設分析，其選取的研究皆是比較通訊與實體諮商的隨機控制試驗之實驗研究，研究結果也發現視訊及實體諮商在減輕憂鬱症狀方面的療效大致相當，沒有顯者差異。

上述實徵研究的結果指出了通訊諮商在療效上與實體諮商相似，只是就當事人或治療師的主觀感受來說，似乎不是那麼正面，例如少數研究指出相較於通訊諮商，當事人更滿意實體諮商的效果（Zainudin et al., 2021）、治療師也普遍不喜歡通訊諮商，感覺諮商關係變得更不真實和疏離（Szlamka et al., 2021）、覺得當事人是更不專心、更不易做情感引導及建立治療同盟（Barker & Barker, 2021）、憂心效果受到網路穩定性與通訊設備所影響（葉寶玲等，2021；Chen et al., 2023）。

三、探究從實體諮商轉換至通訊諮商的研究

上述有關通訊諮商與實體諮商比較的研究，多是分派兩群不同當事人分別參與實體與通訊諮商，並且參與通訊諮商的當事人是從一開始就接觸通訊諮商。然而轉換經驗的研究，則是聚焦在真實場域中因應疫情變化的研究，也就是原本進行實體諮商的當事人或治療師，因應疫情需求轉換到通訊諮商的經驗探究，筆者認為此類研究最能對照出實體與通訊兩種形式之差異。

探究轉換經驗的研究目前尚不多，但已發表的研究指出當事人對轉換經驗多傾向不滿意，即便在轉換後仍對關係感到安全，但其經歷的阻礙多於幫助，例如感覺有多重失落（Werbart et al., 2022）、虛擬空間感受不到療癒氛圍（洪雅鳳、楊久芳，2022）、別無選擇只好繼續通訊治療（Lewis et al., 2021）、還是比較喜歡實體治療（Lokai et al., 2021），主要的原因包含設備干擾與非語言訊息不足影響對晤談的專注與投入。當事人報告無法情緒投入或開放、失去共融（rapport）關係、失去進入真實治療空間的儀式感、失去治療性的工作（包含較無法聚焦、治療界線較模糊、治療師失去治療立場），只有少數當事人有較正向的體驗，例如感覺更便利、更自由（Werbart et al., 2022）。研究也

初步發現，當事人的特質會影響轉換經驗的知覺，自尊低落、有強烈關係需求和害怕被遺棄的當事人，其轉換經驗更傾向負向（洪雅鳳、楊久芳，2022；Werbart et al., 2022），不過研究也發現原本實體關係的基礎有助於轉換過程的適應（洪雅鳳、楊久芳，2022；Werbart et al., 2022），另一個研究針對 63 名厭食症者的調查也發現當治療時間拉長、更強的治療聯盟和更高的 COVID–19 焦慮，當事人對轉換經驗的觀點就愈正向（Lewis et al., 2021）。值得留意的是，Lokai 等（2021）之研究參與者是來自美國紐約一家醫療中心的 5 名治療師和 5 名病人，而 Werbart 等（2022）在瑞典進行的研究僅招募到 7 位不同人格取向的當事人，洪雅鳳、楊久芳（2022）則是針對臺灣 9 位大學生當事人，這三個研究雖然能夠深入探究轉換經驗，但因均採用質性訪談的方式、研究人數也相對較少，在研究結果的解釋力需要未來的量化研究補足。

治療師的觀點部分，也呈現了轉換經驗帶來的負面影響（Emran et al., 2022），一項探索心理動力取向治療師在疫情下被迫轉換到通訊治療過程中的經歷，五位治療師最初在通訊技術和安全問題上相當掙扎，尤其失去實體治療空間與非語言細微的訊息，感覺與當事人的接觸受損、對話也更膚淺，治療師深刻體驗到心理動力心理治療的本質受到影響 (Ahlström et al., 2022)。Lokai 等（2021）針對 5 名治療師進行訪談，即便多數治療師報告通訊諮商不會影響工作同盟，也認為通訊治療相當有潛力，但治療師認為與當事人難以在情感上聯繫，以及治療過程相較更貧瘠，過半的治療師也認為通訊治療效果較差；Mccoyd 等（2022）針對 448 位治療師的質性探究，發現治療師感受到通訊治療缺乏面對面接觸互動所產生的能量、長時間使用 Zoom 也帶來疲勞。針對 217 位奧地利治療師的轉換經驗之調查研究也發現，治療師一方面讚賞通訊治療的靈活性，一方面也感受到通訊治療的挑戰，例如有限的感官知覺、技術問題和疲勞現象（Stadler et al., 2023）。James 等（2022）針對 161 名心理治療師探究其轉換經驗中對治療界線的體驗以及他們如何管理這些界線，採取質量混合的研究方法，先進行線上問卷調查，再進一步使用最大變異抽樣選擇了 12 名參與者進行半結構化訪談，治療師報告說，他們在非工作時間以外工作的機會增加，也就是在家進行通訊諮商可能導致治療師工作與家庭之間界限的模糊。

儘管通訊諮商存在許多挑戰和擔憂，但隨著時間的推移，心理治療師似乎逐漸在適應，也在提高他們在通訊諮商方面的技能，而且不論治療師的取向如何，大多數治療師原則上都會採用和實施通訊諮商（Stefan et al., 2021）。也有一些治療師報告，因進行通訊治療的環境是在個人的空間進行，相較於實體諮商，治療師變得更加放鬆、角色也不那麼僵硬（Lokai et al., 2021）。

從上述三類型研究結果可知，通訊諮商有其一定的效果，在疫情期間也發揮照顧當事人心理健康的重要功能，但轉換經驗的研究發現當事人與治療師皆不滿意通訊的形式，

這突顯了通訊形式在治療本質上的問題。以下將聚焦在轉換經驗相關的探究所發現的問題來進一步論述通訊諮商在實務上的挑戰。

肆、通訊諮商實務上的挑戰

學者指出通訊諮商與實體諮商在情境或本質上是相當不同的（Burgoyne & Cohn, 2020; Lokai et al., 2021; Mccoyd et al., 2022; Werbart et al., 2022），筆者綜合上述研究結果及學者們的論述，整理出幾個通訊諮商實務上的挑戰。

一、治療設置（setting）的不易掌控

實體諮商是當事人來到專業的治療室，治療室的設置包含動線、裝飾、家具、燈光、音樂等等，皆是可依治療師的理念來設計，但通訊諮商則是當事人待在自己的住所或其他空間，非治療師所能掌控。通訊諮商的高自由度，如個案可能不開鏡頭，或未在安全隱私的環境進行諮商，這會讓心理師難以維持諮商架構（Chen et al., 2023）。相關研究即指出當事人會因為所處空間的內部環境雜亂或外部環境的干擾（如隔音不佳、隨時被家人或室友侵入）（洪雅鳳、楊久芳，2022；Werbart et al., 2022），此外，實體諮商原本會經歷交通過程、進入治療室的過程，但通訊諮商只需要打開電腦或手機，點擊視訊軟體，這對當事人來說，缺少了進入真實治療室的儀式感（洪雅鳳、楊久芳，2022；Lokai et al., 2021; Werbart et al., 2022）。當事人描繪進到實體治療室就會去感覺自己的身體狀態、覺察情緒狀態，但在家就不會（洪雅鳳、楊久芳，2022）。

二、治療架構（frame）與界線的模糊

轉換經驗的研究指出，當事人經歷了模糊的治療框架，因為在轉換前未有明確的協議轉換後的目標及進行方式（Werbart et al., 2022），此外，因為在家中上線，有些治療師變得更放鬆、穿著也不那麼正式，這有可能造成治療框架與關係界線上更鬆散，讓治療師跨越了治療界線或失去治療立場，研究指出有的當事人描述「聽到噴霧和摩擦…感覺治療師邊在做家務」（Werbart et al., 2022），針對治療師的研究也發現，的確治療師坦誠在家進行通訊諮商不易管理治療界線（James et al., 2022）。不過，也可留意由於不同國家的通訊諮商相關規範不同，有些國家的治療師（如美國、瑞典）可以在家工作，所以當事人會有「感覺治療師在晤談時做家務」的這種情形，然而目前臺灣的法規規範通訊諮商的執行必須在合格的諮商所或治療所，因此在臺灣比較不會出現這類工作與家庭間的界線模糊的問題。

但相對的，在通訊諮商中，治療師的穿著及鏡頭的背景呈現出治療師的真實生活樣貌，也讓有些當事人感覺治療師的角色更人性化（Lokai et al., 2021）、更能親近（洪雅鳳、楊久芳，2022）。學者也再指出通訊諮商是讓治療師有更多的權限進到當事人的私人空間，也讓當事人進到一個異於辦公室的地點來晤談，這些架構和界線上的改變，都可能改變了當事人與治療師之間的動力（Isaacs Russell, 2021），甚至是彼此權力關係的改變，研究指出治療師對於非身處同一空間，當事人能在晤談過程中隨時離開，而感到難掌控晤談的進行，這種掌控感的匱乏或會造成諮商關係中的權力失衡，從而影響整體的治療成效（Smith & Gillon, 2021）。

三、虛擬空間缺乏真實身體互動

實體諮商與通訊諮商最大的差異即是在兩人的物理距離，前者是近身的接觸，有直接身體與身體的互動，而後者則有一定距離。依據 Siegel（1999）提出的人際神經生物學取向（Interpersonal Neuro-Biological approach，IPNB）的觀點，在人與人互動中會透過身體互動來調節彼此（Siegel, 2006; 2019），實體諮商中，治療師溫暖的注視、平靜的語調、前傾的姿勢等等身體語言，有助於當事人感受到被涵容、進而能調節身體狀態，這是一種右腦與右腦的交流，也是一種彼此身體間無意識的影響（Weinberg & Rolnick, 2021）。研究指出，當事人感受在實體諮商中，與治療師的眼神交流相當能鼓舞自我表達，但在視訊的屏幕上，怎麼尋找都找不到眼神的對焦（洪雅鳳、楊久芳，2022）。缺乏真實互動也讓當事人感覺與治療師的連結受到損害、彼此距離變遠，分享上變得無法那麼開放、談話也變得平淡（Werbart et al., 2022），甚至當事人感覺治療師的角色變得「像網友」、「原本是不可取代的支持者掉到像只是聽我說話的人」（洪雅鳳、楊久芳，2022），治療師無法觀察到當事人的非語言訊息，也就無法貼切地評估當事人（Lokai et al., 2021），尤對心理動力取向的治療師來說，原本在實體治療中，當事人的沈默是有意義的，但在通訊治療中就很難判斷（Lichtenstein, 2021）。學者指出情感、關係和調節變化的機制是心理治療的核心，然而通訊治療消除了多數影響人們感覺親密與依附的氣味、信息素（pheromones）（Weinberg & Rolnick, 2021），這也讓治療師對當事人的影響力下降，Bizzari（2022）從訪談 19 位治療師及 9 位當事人的研究結果中指出，缺乏身體的共鳴會導致治療關係中缺少了具身的信任（embodied trust），這種信任是一種對他人的感覺和身體開放，尤其是如果治療的目標不僅只是在減輕症狀，還涉及要解決潛在的人格障礙時，身體的存在更為重要。相關研究也指出治療師報告通訊諮商對體驗取向的治療進行有較多限制，諸如身體工作、空椅等技術不好操作與介入（Chen et al., 2023）。

四、治療關係深度交流變得困難

學者 Geller 從「治療性的存在（therapeutic presence）」來論述治療師對當事人的影響力，這是有效治療關係所必需的，是指治療師的整個自我，包含身體、情感、認知、關係和精神等等多層面地融入當下，接受當事人的語言和非語言的訊息並在當下做出反應，來展現理解及建構安全的氛圍，也是彼此連結和建立信任的基礎，是一種完全的存在（Geller, 2020），一位當事人這樣描述「實體實際看到心理師，很自然注意力就放在他身上……他人就在這裡會有一種氣場」（引自洪雅鳳、楊久芳，2022）。治療性的存在有一部分是身體與身體之間非語言的提示，包含語調的韻律、面部柔和的特徵、手勢、開放的身體姿勢等等（Geller, 2020），在通訊的數位世界中，有雙重因素影響治療性存在，一是設備的干擾，通訊品質不佳導致當事人在轉換初期，最常跟治療師說的就是「哈囉，哈囉，你在嗎?」（洪雅鳳、楊久芳，2022）；二是非語言交流的受限，當事人無法完整接收來自治療師的身體訊息，治療性的存在也深受威脅。治療師陳述「通訊諮商這些（傳遞出來的關懷、感受、溫度）會被打折扣，……甚至敏感度，或是支持都沒辦法像實體諮商這麼好」（Chen et al., 2023）。

Sayers（2021）進一步論述通訊諮商可能阻礙了同理鏡像（empathic mirroring）及當事人被涵容的體驗，同理鏡像指的是治療師對當事人的同理，就如同能真的感受到當事人的感受，這是因為我們神經系統中的鏡像神經元細胞，在看到別人行為時會被觸發，就好像自己也在經歷一樣，但在通訊諮商中，非語言訊息的匱乏侷限了治療師的同理能力，不僅如此，學者也指出通訊形式來進行心理分析治療並不利於當事人的移情或退化（Lichtenstein, 2021; Sayers, 2021），連帶地反移情也很受限（Sayers, 2021），因為移情與反移情的發展也都與身體的非語言訊息有關。

五、倫理或保密性之疑慮

通訊諮商是透過網路的虛擬空間進行會談，一方面降低了進到實體治療空間身分曝光的疑慮，但也同時增加了有關空間與設備隱私性不足的問題，洪雅鳳、楊久芳（2022）指出當事人憂心的隱私及保密問題有三：一是憂慮自身所處環境/空間之隱私性不足；二是憂慮心理師進行視訊諮商時的空間之隱私性不足；三是憂慮心理師所選用的視訊軟體之隱私性不足。

同樣的，治療師也會因保密與隱私的挑戰，而降低對通訊諮商使用的熱忱，Sampaio 等（2021）調查 768 位心理健康專業人員，有超過一半（50.9%）憂心安全/保密的問題，也有將近一半擔心是否符合法規及無法處理緊急情況等倫理問題。臺灣一項衛生福利部的研究也指出心理師認為目前通訊諮商的執行，在準備上多採且戰且走，從經驗中學習

的應對方式，通訊諮商的倫理議題，包含適用對象、危機個案評估機制與處置、資訊保密與處理等等，未來都需納入制度面的規範（Chen et al., 2023）。

伍、通訊諮商實務的建議

承續上述並參酌學者的論述（Chen et al., 2020; Dolev-Amit et al., 2021; Geller, 2020; Weinberg & Rolnick, 2021），筆者整理出以下實務上的建議。

一、評估是否執行通訊諮商

（一）當事人適切性評估

一是從人格特質的角度來評估：目前研究發現，自尊低落、在關係中害怕被拋棄的人際特質（洪雅鳳、楊久芳，2022；Werbart et al., 2022）在轉換到通訊諮商的歷程中，可能會經歷嚴重的失落，美國現階段也正有研究從依附特質角度來探究轉換經驗，未來將有更清晰的了解；二是從年齡與發展的角度來看：兒童與青少年的專注力與情緒調節能力有限，最好採取更短、更頻繁的治療方式，例如每週多次、每次 30 分鐘（Burgoyne & Cohn, 2020），如果其議題與家庭有關，例如受到虐待、忽視或其他創傷，則要留意社交封鎖令使得孩童可能與施虐者相處時間更多而無法敞開心扉處理他們的創傷（Racine et al., 2020）；三是從當事人議題的角度來評估：尤其面對有危機問題的當事人，尤其易引發治療師的焦慮（Tsalavouta, 2013），筆者在實務經驗中，確實發現通訊諮商在處理自殺危機問題上的困難。

（二）確保當事人有適宜的通訊諮商配備

通訊諮商的基本配備，包含有品質的電子設備（例如電腦或手機，和網路）、進行通訊的私密實體空間、通訊軟體的資訊安全性，這三者是進行通訊治療最基本的條件，治療師在通訊諮商前需評估當事人是否能取得這些資源，這三個條件的不足會造成不必要的情緒損耗。學者指出在實務上，可將責任回歸給成人當事人，直接指導他在通訊治療期間為自己準備一個安全的環境，不受干擾及確保隱私（Weinberg & Rolnick, 2021），或在必要時與當事人檢核是否需討論如何與家中成員溝通空間上的需求（Geller, 2020)。

二、通訊諮商前的準備

（一）確切執行通訊諮商的知後同意

前述已提到通訊諮商的治療本質與實體相當不同，因此治療師和當事人有必要共同討論轉換到通訊治療架構的內容和意義（Werbart et al., 2022），例如通訊諮商的時間、

為期多長、進行過程、互動方式、彼此的責任與任務、限制等等。轉換經驗的研究也指出當事人期待在轉換前能有一個治療晤談之外的時段，來討論通訊諮商過程的擔心與問題，或是最好可以安排一次通訊諮商的演練，以測試各種設備的使用方式及溝通品質（洪雅鳳、楊久芳，2022）。

（二）治療師的準備—通訊晤談架構的設置

1. 治療師在虛擬治療空間的一致性

一個穩定一致的框架提供了安全的基礎，能協助當事人探索導致其內在不安的因素（Sayers, 2021)，Geller（2020）提醒治療師需在家中或辦公室設置一個固定的地方，並儘量能反映此空間的背景，以能提供當事人可預測的環境，研究也指出當事人期待治療師不是設定虛擬背景，真實的背景能讓當事人感受到治療師同樣有注重談話的私密性（洪雅鳳、楊久芳，2022）。此外，Geller（2020）建議要使用更大的螢幕，以幫助當事人能看到完整看到治療師的手勢及身體訊息，才有助於治療性存在的提昇，研究也指出當事人認為在螢幕中至少要能看到治療師的上半身（洪雅鳳、楊久芳，2022）。

2. 治療師呈現在當事人螢幕上的形象

Geller（2020）提出幾項具體的建議：（1）治療師要試驗一下與屏幕之間的距離，太近有侵略性、太遠又顯得渺小，可以直接請教當事人的知覺來調整；（2）治療師的螢幕上當事人的影像要儘量要靠近視訊攝影機，這樣治療師的目光在看著螢幕上的當事人時，當事人會較能感覺到治療師在看著他；（3）治療師要留意所在地的燈光，最好不要在身後有明亮的窗戶，以免當事人看到的治療師圖像會眩光；（4）治療師的穿著最好像在辦公室一樣專業，不要假設當事人看不到自己的下半身而任意穿著。

（三）提醒當事人做準備

1. 空間環境的隱私與不受干擾

除了確保當事人能在獨立的空間進行視訊晤談，最好請當事人戴上耳機來確保隱私（Geller, 2020），也請當事人能佈置一個乾淨不雜亂的空間或位置來進行通訊。

2. 通訊設備的設置及降低干擾

Geller（2020）指醒治療師要請當事人打開視訊鏡頭，才能看到當事人非語言訊息，同時確保當事人談話時無其他人在場，也要協助當事人找到照明適切的地方，才能看清楚當事人的面孔及眼神的注視。研究也發現通訊過程中，當事人可能會受到其他通訊軟體的干擾（洪雅鳳、楊久芳，2022），例如 LINE、FB、IG、電話、電子郵件等等，所以需請當事人在進行通訊諮商時關閉或避開這些干擾。

3. 療癒性空間的設置

為協助當事人能較投入視訊晤談，可請當事人為自己準備布偶或抱枕等有助於放鬆的物品，Geller（2020）也指出可提醒當事人先準備好面紙，或平日習慣在治療室使用的情緒調節工具，例如加重毛毯、冰塊或感覺球；而不同治療取向的治療師，也可視治療工作的需求請當事人先備好需要的材料，例如完形治療取向，可請當事人先備好空椅。此外，有研究指出通訊晤談結束後，當事人需有時間與空間過渡，才能有更好的反思，或減少家人碰見其哭泣（洪雅鳳、楊久芳，2022），治療師可與當事人先討論如何應對。

三、治療師在通訊晤談前及晤談過程的應對

（一）每次晤談前的準備

Geller（2020）建議治療師每次在進入視訊晤談前可以散步或做一些身體上的活動來來往返於虛擬治療室，以模擬平日過渡到實體晤談空間的狀況；或是在進入視訊晤談前花個 5-10 分鐘專注於自己，不論是正念呼吸或緩和的瑜珈，幫助自己做好進入治療的準備，也有助於提昇視訊晤談過程的治療性存在。研究指出治療師感覺終日掛在視訊軟體上相較於實體互動會更容易疲憊（Mccoyd et al., 2022），因此在通訊晤談期間，治療師需做好自我保健工作，包括移動身體或做一些輕柔的伸展運動，自我照顧的工作亦有助於培養治療性的存在（Geller, 2020）。

（二）每次晤談過程的應對

在通訊治療中，治療師必須比平時更積極、負責並展現更大的興趣，以協助當事人感受到治療師的存在（Dolev-Amit et al, 2021）。具體的做法有幾點：（1）治療師需更觀注自己的面部表情、聲音韻律（節奏、音色、音量、節奏）、目光注視、非語言暗示、手勢，確保當事人能感受到這些，也可以直接詢問當事人能否感覺到彼此目光的接觸（Geller, 2020）；（2）治療師需要注意當事人微表情中的細微差別，因為情緒最容易透過面部表情呈現出來，Weinberg 與 Rolnick（2021）指出其實在視訊中因更近距離看到身體，對於面部表情的識別比在現場來得好，治療師可以訓練自己對面部表情更敏感，則能獲得比實體治療更多的面部資訊；（3）透過反映當事人的表情、眼神、語調和節奏，並隨著他們的呼吸節奏來調節，這種共享的存在可以喚起人際同步並增強安全感和聯繫感（Geller, 2020）。治療師也可以要求當事人報告其身體感覺，並根據當下需求來邀請他們遠離或靠近屏幕（Weinberg & Rolnick, 2021），Ahlström 等（2022）研究也發現，在轉換初期，心理動力取向的治療師相當不適應通訊治療的型式，但在一年後的追蹤訪談中，治療師表示他們不斷發展新的應對策略，包含更具教學性和實事求是的方式，例如更主動、更多交流、提供更多訊息，包含更多反映當事人的面部表情，來彌補有限的非語言交流，同時也發展了新的傾聽方式，關注視訊交流中可獲得的線索（面部表情、

避開螢幕等），並邀請當事人查看在通訊交流中發生的事情，透過這些應對策略，也漸漸能回到治療重點；（4）治療師需覺察自己的身體與情緒狀態，來關注可能的反移情反應，並視需要調整姿勢或語氣，以表達同理（Geller, 2020），然而治療師也得留意身處在疫情多變的環境中，自己可能也受到影響，要能辨識自己的情緒反應的來源。有時通訊形式的晤談，治療師也可能因為無法掌握當事人的經驗而產生自我懷疑，此時，可試著與當事人檢核其經歷，並自我坦誠亦需適應通訊治療的過程（Geller, 2020）；（5）在通訊諮商中，治療師會感覺到一定程度的自我意識，有些治療師會透過使用「自我」（use of self），例如向當事人揭露個人的感受、想法和經歷等以增進治療效果，這不僅能令諮商關係更加穩固，也使治療師對其自我感到更有安全感和更自信（Smith & Gillon, 2021）。適當的此時此地的自我揭露與透明度，也是有助於提昇治療性的存在（Weinberg & Rolnick, 2021）。

四、在轉換初期辨識諮商關係的變化並儘早修復

學者指出轉換到通訊諮商，當事人的反應如果變得簡短、沈默，或是更少情緒反應，或迴避話題，甚至出現做家務、與周圍的其他人交談或在治療期間照顧他們的寵物等等退出治療的行為，治療師要能辨識這類型治療同盟的破裂（Dolev-Amit et al, 2021），為了能儘早覺察諮商關係的轉變以即時修復，有幾個作法：（1）在轉換到通訊諮商後立即公開討論在虛擬環境中的任何感受或疑慮，在第一次晤談結束前也預留 10-15 分鐘詢問當事人對通訊諮商的感受；（2）治療師也可以透過自我揭露感受到在通訊晤談過程談話的不流暢或其他談話方式的改變，來邀請當事人來留意轉換帶來對關係的影響；（3）使用直接處理治療同盟的支持性技術，例如討論治療目標和朝著這些目標的任務活動，或者表達欽佩當事人進入陌生環境的能力和意願（Dolev-Amit et al, 2021）， 相關研究也指出治療師對於當事人情緒變化的覺察及即時的情緒安撫與溝通也有助於當事人在轉換上的調適（洪雅鳳、楊久芳，2022）

五、治療師得關注自己的身心健康與倦怠感

研究指出，在 COVID–19 大流行期間，治療師對職業倦怠感（Burnout）的自我評估顯著增加 37%，以 0-10 分的評量方式，從 COVID–19 前自評 3.93 分提高到 6.22 分（Sampaio et al, 2021）。職業倦怠感的提昇，可能與 COVID–19 期間，當事人遇到的困難比平日高，處在危機狀態的當事人也比平日多有關，也與治療師自身同時也在面對疫情引發的孤立、恐懼和焦慮等各種困難有關（Prime et al., 2020; Sampaio et al, 2021）。奧地利有關治療師的研究也指出，遠距心理治療需要花更多時間盯著螢幕，而且在家工

作的分心，這都使得治療師更疲憊（Stadler et al., 2023）。這些也都會影響治療師執行通訊諮商的成效。

陸、結語

綜上所述，通訊諮商在實務上的挑戰來自其虛擬空間的治療情境特性所衍生的問題，包含治療設置的不易掌控、治療架構與界線的模糊、缺乏真實身體互動、治療關係深度交流變得困難等等，也因此，實務工作者如果能在執行通訊諮商時，不論是一開始就直接進行通訊諮商，或者一開始是實體諮商後來轉為視訊諮商。實務工作者能在執行通訊諮商前做好各種評估與準備，也協助當事人做好各種設備與心理的準備，彼此對通訊型式的諮商可能的挑戰與應對有清楚的認識與共識，有助於減少不必要的干擾、提昇諮商的品質；更重要的是在通訊諮商的程中，治療師更需要細心關注自身與當事人的各種身體與情緒的變化，並有更多的溝通與檢核，才能更維繫關係的連結與提昇治療性的存在。一項追蹤心理動力取向治療師的轉換經驗也指出，治療師對於通訊諮商需有一段適應的歷程，並從中發展一些創意的方式來應對非語言訊息不足的限制（Ahlström et al., 2022）。未來通訊諮商的訓練、繼續教育與督導，也應關注提昇治療性存在與維繫關係連結的主題。尤其可以從長期執行通訊治療或諮商實務的工作者經驗中去整理出，在通訊諮商中如何促進深度關係交流及如何辨識移情反移情的策略，做為培訓與督導之參考。例如研究指出在疫情之前 2006 年開始，「中美精神分析聯盟」（The China American Psychoanalytic Alliance, CAPA）就採取互聯網為中國的心理衛生從業人員提供精神分析取向心理治療培訓、團體及個體督導、個人分析或治療等服務，因此相較於 COVID–19 疫情衝擊才開始施行通訊治療的美國精神分析從業人員，CAPA 的從業人員在疫情前、疫情期間皆對通訊治療有較正面積極的態度，並且對通訊治療在處理移情、關係問題和抗拒方面的有效性有更積極的看法（Wang et al., 2021）。

此外，從目前通訊諮商的相關研究可知，通訊諮商可能並不適合用於所有人，治療師需謹慎評估其適用性。即便適合使用通訊諮商，學者也指出不宜變成長久的治療方式，若要長期施行，採取通訊與實體混搭的治療形式可能是一解決方案（Luiggi-Hernandez & Rivera-Amador, 2020）。目前對於通訊諮商的研究仍在發展中，未來的研究需要更多進一步的探究以能了解通訊形式如何影響治療過程、對什麼樣的當事人、在什麼情況下、在何時的影響為何，甚至通訊形式對不同治療取向的影響為何。若能釐清這些議題，或能發掘出通訊諮商的獨特價值，例如哪些取向是相對不會因通訊的本質而受到負面的影響、甚至可以發揮正面的影響，如此通訊諮商就不只是做為疫情來襲的短暫替代型式。

最後，值得一提的是通訊諮商與文化的議題。目前有少數學者關注到，由於在通訊諮商過程可能對案主的各種語言、非語言訊息的感知較無法完整，需特別留意文化差異

的問題，並提供適切文化的介入。Goldin 等（2021）指出在印度，水平搖頭可能表示「是」的意涵，專業人員在不確定的情況下，最好能進一步澄清或檢核；又如信奉印度教的婦女多是依靠配偶來做出與健康相關的決定，也因此在通訊醫療會議中常堅持其配偶要在場，如果專業人員不了解不同文化的需求，將無法提供適切文化的回應和介入。而華人文化相較西方文化來說，對於向外求助有更高的羞恥感，所謂「家醜不可外揚」，求助專業等同揭示了家庭的弱點，代表家庭正在辜負其成員（Yeung & Ng, 2011），也就是羞恥、面子和隱私等考量是影響華人是否尋求心理健康服務決定的重要因素（Lui, 2017），因此採取通訊諮商對華人來說，相較於實體諮商能增加某種安全性，降低求助污名，但由於通訊諮商的執行有可能是在家中的空間，治療師需敏銳到案主的會談空間是否安全有隱私性。此外，本文指出有些相關研究發現，在由實體轉換到通訊諮商的過程中，當事人感受治療關係的連結可能會受損（洪雅鳳、楊久芳，2022；Werbart et al., 2022），而在華人文化中，俗語常說「見面三分情」，意指不論彼此關係如何，一旦面對面，總會有一些情份，比較好商談、溝通，不致於太絕情。從這個角度分析，通訊諮商的本質有可能不利於華人文化中治療關係的情感連結之建立，究竟通訊諮商在華人文化中能展現其降低求助污名的優勢，亦或突顯可能在治療關係情感連結之劣勢，值得未來研究進一步探究。

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Challenges and Suggestions for Telecounseling Practice: Based on a Review of Empirical Research

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Abstract

Telecounseling has been developed for 50 years, and its development has been accelerated in recent years due to the COVID–19 epidemic. Originally, clients and therapists were accustomed to face-to-face counseling, but under the influence of the epidemic blockade order, they had to transition to Telecounseling. Many studies have pointed out that the working alliance and effectiveness of Telecounseling are similar to those of face-to-face counseling. However, empirical research exploring experiences from face-to-face to Telecounseling has pointed out that both the client and therapist feel many negative effects. The challenges of Telecounseling are not only the interference caused by communication equipment and space, but also many practical challenges due to the differences in context and nature from face-to-face counseling, including the difficulty of controlling the therapeutic setting, ambiguity in treatment structure and boundaries, lack of real physical interaction in the virtual space, and lack of non-verbal information resulting in weak therapeutic presence, etc. The purpose of this article is mainly to review the current situation, effectiveness, practical challenges of Telecounseling, and to provide suggestions for coping through the results of empirical research and the discussion of related literature related to Telecounseling in recent years.

Key words: therapeutic presence, face-to-face counseling, videoconference-based counseling, Telecounseling, COVID–19

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Preface

Since 2019, people worldwide have changed their lifestyles, such as social interaction, shopping, and medical treatment, due to the spread of COVID-19. Under various countries' social distance restriction policies, psychotherapy and counseling were once limited. However, the epidemic has made people generally more anxious and in need of psychological assistance. Therefore, in a hurry, countries have also relaxed restrictions on Telecounseling and accelerated the development of Telecounseling. During this period, the author also experienced the service experience of face-to-face counseling to videoconference-based counseling and videoconference-based supervision. Faced with the sudden change in service form, I panicked, so I began exploring this topic. I also found that many scholars paid attention to the transition experience during the epidemic. This article combines the output of my own practical experience, relevant literature, and research results and is expected to provide a reference for Telecounseling practice.

Due to technological advancements, Telecounseling is currently mainly video. Therefore, in this article, the words tele and video will be used interchangeably to ensure the smoothness of the discussion. At the same time, considering the citations of literature related to Telecounseling and Teletherapy, the terms counseling and therapy, psychologist and therapist are also used interchangeably. In addition, since different countries may have different regulations on Telecounseling, different empirical studies may also affect the reliability and validity of the research due to research participants and methods. Therefore, when reporting the results of the empirical research in this article, the author will try to provide relevant information about the research to help readers interpret the results and possible cultural differences.

The Definition and Development Status of Telecounseling

Definition of Telecounseling

The "tele" in Telecounseling means "transmission through long distances," so it is also translated as distance counseling. In recent years, due to the impact of COVID-19, telehealth or telemental health has become a developing new technology. (Robertson, 2020). Telecounseling was called e-counseling or online counseling in the early days. Its development can be traced back to October 1972, when online counseling was first demonstrated between two universities at an international conference on computer communications (Wardell, 2008).

E-counseling can be defined as a counseling method in which the client and the therapist are in different locations or remotely, through telecommunication technology media such as telephone, Internet, and remote conferencing (Sanders & Rosenfield, 1998) because later Internet technology was often used, also called cyber-counseling. Telecounseling can be divided into synchronous and asynchronous. Synchronous means the client can communicate with the therapist remotely in real-time, such as via phone call or video conference. Asynchronous means that the two parties cannot communicate in real-time, such as the interaction of email text messages.

Reviewing relevant literature, related names for tele or distance counseling/therapy include "remote counseling/psychotherapy" (Probst et al., 2021; Stadler et al., 2023), "distance counseling/psychotherapy" (Robertson, 2020; Sandel, 2021), if particular emphasis is placed on the media used, there are "audio counseling" (Day & Schneider, 2002), "video-delivered psychotherapy" (Fernandez et al., 2021), and "videoconference-based counseling" (Stubbings et al., 2013). The above are all compared to traditional face-to-face counseling, "embodied encounter," and "in-person psychotherapy" (Probst et al., 2021; Stubbings et al., 2013). This article uses face-to-face counseling title.

Practical Status and Research of Telecounseling

There were many empirical studies on Telecounseling in Taiwan over ten years ago. Whether they were about Single Session Counseling Model (Chang et al., 2012), different theoretical orientations (Hsu et al., 2007; Peng, 2009), or comparative Internet real-time counseling, email counseling, and face-to-face counseling (Li et al., 2008; Hsu et al., 2010), all found that Telecounseling has its effectiveness and is similar to face-to-face counseling. However, due to the communication equipment at the time, it was not as developed as it is now, and some studies specifically focused on email counseling. Wang et al. (2008) also pointed out that the development of Telecounseling at that time still had various difficulties and limitations, such as insufficient workforce and funding, computers, and counseling technical and related professionals lacking on-the-job training in online counseling, and other issues.

Since the end of 2019, the COVID-19 epidemic has caused people a variety of psychological distress. The rapid spread of the virus and the rapid increase in the death toll have triggered emotions of anxiety, helplessness, and sadness, causing people's uneasiness and promoting the onset or worsening of mental illness (Szlamka et al., 2021). Considering the needs and safety of the people, many countries have relaxed their original Telecounseling

regulations. For example, the United States allows practitioners to provide services online at home, and some states even allow services with only sound but no images to apply for insurance premiums (Wehrwein, 2020). Taiwan also passed the "Reference Principles of Approved Work for Psychologists to Perform Telecounseling." (Ministry of Health and Welfare, 2020) at the end of 2019, legalizing Telecounseling. Telecounseling has become a meaningful way to support people's mental health during the pandemic. Therefore, many practitioners are faced with the need to adjust treatment service forms quickly. A survey of 768 therapists in the United States pointed out that before COVID-19, 39% of therapists used Teletherapy. Most other therapists were worried about this and only used face-to-face; however, During the COVID–19 pandemic, almost all therapists (98%) used a wide range of communication technologies to communicate with quarantined parties, including text messages, phone calls, video conferencing, and even virtual reality (Sampaio et al, 2021). Even people with severe mental health problems (such as Schizophrenia, moderate to severe bipolar disorder, major depression, substance use disorder, borderline personality disorder, suicide, or post-traumatic stress disorder) have similar transition rates to the general help-seeking population. The attendance rate of Teletherapy is higher than face-to-face therapy (Miu et al., 2020). Also, because of many Telecounseling implementations, research and discussion on Telecounseling have sprung up in the past three years (2020 to 2022). The author can summarize it by comparing Telecounseling and face-to-face counseling in various issues (Greenwood et al., 2022; Zainudin et al., 2021), exploring the implementation of Telecounseling (Barker & Barker, 2021; Sampaio et al., 2021; Szlamka et al., 2021), counseling relationship or working alliance (Chen et al., 2020; Dolev-Amit et al., 2021; Geller, 2020; Mccoyd et al., 2022; Sayers, 2021), treatment or counseling effectiveness (Bennett et al., 2020; Carbone et al., 2021; Szlamka et al., 2021; Zeren et al., 2021), client or therapist experience (Barker & Barker, 2021; Hanley & Wyatt, 2021; Yeh et al., 2021), etc. Among them, due to the pandemic, some studies used real-time materials to explore the experiences of clients or therapists switching from face-to-face to Telecounseling (Ahlström et al., 2022; Emran et al., 2022; Hung & Yang, 2022; James et al., 2022; Lewis et al., 2021; Lokai et al., 2021; Stadler et al., 2023; Stefan et al., 2021; Werbart et al., 2022).

Research on Telecounseling Effect

The author roughly summarizes the research on the effectiveness of Telecounseling into three types from the literature I reviewed.

Research Specifically Exploring Telecounseling

Most current studies show that Telecounseling has good results. A survey on Telecounseling services provided during the COVID-19 outbreak showed that although the parties encountered various challenges, they still believed that Telecounseling was helpful (Szlamka et al., 2021) and could effectively alleviate negative emotions (Carbone et al., 2021). A meta-analysis of 65 studies exploring the effect of Teletherapy pointed out that Teletherapy is acceptable and effective in improving common depression, anxiety, and alcohol-related problems (Bennett et al., 2020). From the therapist's point of view, on a scale of 0 to 10, the effectiveness of communication therapy reported by therapists is 7.45, considered highly effective (Sampaio et al., 2021). However, some studies have pointed out that the effect of Telecounseling is limited. A survey of 115 college students pointed out that although Telecounseling can help reduce mental illness, it does not help improve life satisfaction (Ierardi et al., 2022).

Research Comparing the Effects of Telecounseling and Face-to-Face Counseling

Most studies comparing Telecounseling and face-to-face counseling show no significant difference in treatment effectiveness. Most of these studies adopt rigorous randomized controlled trial experimental designs, such as High school students in Malaysia (Zainudin et al., 2021), white individuals with initial psychiatric diagnoses in Australia (Stubbings et al., 2013), and adults with high-intensity and long-term pain in the American community (Taguchi et al., 2021). There are also quasi-experimental designs using non-random assignments, such as a study on Turkish college students (Zeren et al., 2021).

Meta-analysis studies of multiple systematic reviews also pointed out that Telecounseling and face-to-face counseling have significant therapeutic effects, and there is no significant difference in the effectiveness of the two. For example, Fernandez et al. (2021) conducted a meta-analysis on 56 within-group studies (N=1681 participants) and 47 between-group studies (N=3564) and found that the before-and-after effects of videoconference-based counseling were large and significant. Still, there is no difference between Telecounseling and face-to-face counseling, and both can be effectively improved. This study also found that the most apparent effect of videoconference-based counseling is when two conditions exist simultaneously. One is the use of Cognitive Behavior Therapy (CBT); The second is for symptoms of anxiety, depression, or Post-Traumatic Stress Disorder (PTSD). Greenwood et al. (2022) analyzed 12

experimental studies (931 patients) of randomized controlled trials comparing Telecounseling and face-to-face counseling. These 12 studies were for uncommon mental illnesses (addiction). Disorders, eating disorders, childhood mental health issues, and chronic disease), post hoc analyses of providing cognitive behavioral and family therapy to patients found effects either immediately or at any other time point (3, 6, and 12 months). There was no significant difference in the tracking effects or the dimensions of comparison, including overall improvement, function, client-rated working alliance, therapist-rated working alliance, and client satisfaction. Lin et al. (2022) analyzed 20 experimental studies of randomized controlled trials from different countries (United States 11, Canada 3, United Kingdom 2, New Zealand 1, Spain 1, China 1, Australia 1). The results also indicate no significant difference between Telecounseling and face-to-face counseling. Giovanetti et al. (2022) conducted a meta-analysis focusing on treatment studies on the treatment of depressive symptoms between 2000 and 2021. The selected studies were all randomized controlled trials comparing Telecounseling and face-to-face counseling. Research results also indicated that Telecounseling and face-to-face counseling are roughly equivalent in reducing depressive symptoms, with no significant difference.

The results of the above-mentioned empirical studies show that Telecounseling is similar to face-to-face counseling in terms of efficacy. Still, it does not seem so optimistic regarding the subjective feelings of the client or the therapist. For example, a few studies point out that compared with Telecounseling, clients are more satisfied with the effect of face-to-face counseling (Zainudin et al., 2021), therapists generally dislike Telecounseling and feel that the counseling relationship has become more unreal and alienated (Szlamka et al., 2021), It is thought that the client is less attentive and less able to provide emotional guidance and establish a therapeutic alliance (Barker & Barker, 2021). Therapists are concerned that the therapeutic effect might be influenced by internet stability and communication equipment (Chen et al., 2023; Yeh et al., 2021).

Research on the Transition from Face-to-Face Counseling to Telecounseling

The studies mentioned above on the comparison between Telecounseling and face-to-face counseling mostly assign two different groups of parties to participate in face-to-face counseling and Telecounseling, respectively, and the parties involved in Telecounseling have been exposed to Telecounseling from the beginning. However, the research on transition experience focuses on the research in response to changes in the epidemic in the actual field,

that is, the experience of clients or therapists who initially conducted face-to-face counseling, transitioning to Telecounseling in response to the needs of the epidemic. The author believes that This type of research can best compare the differences between face-to-face counseling and Telecounseling.

There are not many studies exploring the transition experience, but published studies indicate that clients tend to be dissatisfied with the transitioning experience. They still feel safe in the relationship even after the transition. Still, they experience more obstacles than help, such as feeling multiple losses (Werbart et al., 2022), cannot feel the healing atmosphere in virtual space (Hung & Yang, 2022), having no choice but to continue communication therapy (Lewis et al., 2021), still prefer physical therapy (Lokai et al., 2021), the main reasons include device interference and insufficient non-verbal messages that affect concentration and investment in the interview. Clients reported being unable to be emotionally engaged or open, losing the rapport relationship, losing the ritual sense of entering the real therapeutic space, and losing therapeutic work (including being less able to focus, having blurred therapeutic boundaries, and the therapist losing the therapeutic stance). Only a few reported that the clients have more positive experiences, such as feeling more convenient and accessible (Werbart et al., 2022). Research has also preliminarily found that the client's characteristics will affect the perception of the transition experience. Clients with low self-esteem, vital relationship needs, and fear of abandonment will have more negative transition experiences (Hung & Yang, 2022; Werbart et al., 2022). However, research has also found that the original entity relationship's basis contributes to the adaptation of the transition process (Hung & Yang, 2022; Werbart et al., 2022). Another study surveyed 63 people with anorexia and found that when the treatment time is prolonged, the stronger the therapeutic alliance and higher COVID–19 anxiety, the more positive the client's perspective on the transition experience (Lewis et al., 2021). It is worth noting that the study participants of Lokai et al. (2021) were five therapists and five patients from a medical center in New York, USA, while the study conducted by Werbart et al. (2022) in Sweden only recruited seven people with different personality orientations of clients, Hung and Yang (2022) focused on nine university student clients in Taiwan. Although these three studies can delve into the transition experience in-depth because they all used qualitative interviews and the number of researchers was relatively small, the research results are limited. The explanatory power needs to be supplemented by future quantitative research.

The therapist's perspective also shows the negative impact of transition experiences (Emran et al., 2022). A study explored the experiences of psychodynamic therapists who were forced to transition to Teletherapy during the epidemic. Five people the therapist initially

struggled with communication technology and security issues, especially the loss of physical therapy space and subtle non-verbal messages. He felt that client contact was impaired, and conversations became more superficial. The therapist deeply experienced that the essence of psychodynamic psychotherapy was affected (Ahlström et al., 2022). Lokai et al. (2021) conducted interviews with five therapists. Even though most therapists reported that Telecounseling would not affect the working alliance, they also believed that Teletherapy had considerable potential. However, the therapists thought that it was difficult to connect emotionally with the client, and the treatment process is relatively poor, and more than half of the therapists also believe that Teletherapy is less effective; Mccoyd et al. (2022) conducted a qualitative study of 448 therapists and found that the therapists felt that Teletherapy lacked the energy generated by face-to-face contact and interaction. Using Zoom for a long time also brings fatigue. A survey of 217 Austrian therapists' transition experiences also found that while therapists appreciated the flexibility of Teletherapy, they also experienced challenges with Teletherapy, such as limited sensory perception, technical problems, and fatigue (Stadler et al., 2023). James et al. (2022) explored 161 psychotherapists' experiences with therapeutic boundaries in their transition experiences and how they managed these boundaries. They adopted a qualitative mixed research method, conducted an online questionnaire survey, and further selected using maximum variation sampling. In semi-structured interviews with 12 participants, therapists reported increased opportunities to work outside of working hours, i.e., Telecounseling from home could lead to a blurring of boundaries between therapists' work and home.

Despite the many challenges and concerns associated with Telecounseling, psychotherapists appear to be adapting and improving their skills in Telecounseling over time, and regardless of the therapist's orientation, most therapists will adopt and implement Telecounseling (Stefan et al., 2021). Some therapists also report that because the environment of Teletherapy is conducted in a personal space, compared with face-to-face counseling, the therapist becomes more relaxed, and the role is less rigid (Lokai et al., 2021).

The results of the above three types of studies show that Telecounseling has certain effects and also plays an important role in caring for clients' mental health during the epidemic. However, the study on transition experience found that both clients and therapists were not satisfied with the form of communication, which highlights problems with the nature of communication forms in therapy. The following will further discuss the practical challenges of Telecounseling by focusing on the issues found in research related to transition experience.

Practical Challenges of Telecounseling

Scholars point out that Telecounseling and face-to-face counseling are quite different in situation or nature (Burgoyne & Cohn, 2020; Lokai et al., 2021; Mccoyd et al., 2022; Werbart et al., 2022), Based on the above research results and scholars' discussions, the author has identified several practical challenges of Telecounseling.

Treatment Settings are Difficult to Control

In face-to-face counseling, the client comes to a professional treatment room. The setting of the treatment room includes elements such as circulation, decoration, furniture, lighting, music, etc., all of which can be designed according to the therapist's ideas. However, in Telecounseling, the client remains in their own home or another space, which is beyond the therapist's control. The high degree of freedom in Telecounseling, such as the client not turning on the camera or not being in a safe and private environment, makes it difficult for psychologists to maintain the counseling structure (Chen et al., 2023). Relevant studies have pointed out that the clients may be affected by a cluttered internal environment or external environment (such as poor sound insulation or intrusion by family members or roommates) (Hung & Yang, 2022; Werbart et al., 2022). In addition, face-to-face counseling involves the process of traveling to and entering the treatment room, which creates a ritualistic experience for the client. Telecounseling, on the other hand, only requires the client to turn on a computer or mobile phone and click on the video software, lacking this ritualistic element (Hung & Yang, 2022; Lokai et al., 2021; Werbart et al., 2022). Clients have described that entering a physical treatment room helps their physical state and be aware of their emotional state, an experience that is often missing when they are at home (Hung & Yang, 2022).

Treatment Framework and Blurring of Boundaries

Research on transition experiences pointed out that clients experienced a vague therapeutic framework because there was no explicit agreement before transition on the goals and methods of Telecounseling (Werbart et al., 2022). In addition, because of going online at home, some therapists became more relaxed and less formally dressed, which may lead to a looser therapeutic framework and relationship boundaries. This allows the therapist to cross the therapeutic boundaries or lose the therapeutic stance. The study noted that some clients

described "hearing spray and friction...feeling the therapist is doing housework while in the Teletherapy" (Werbart et al., 2022). Research on therapists also found that it is indeed difficult for therapists to manage therapeutic boundaries when Telecounseling from home (James et al., 2022). However, it can also be noted that due to different Telecounseling regulations in different countries, therapists in some countries (such as the United States and Sweden) can work from home, so clients may feel that the therapist is doing housework during the session. However, Taiwan's current regulations stipulate that Telecounseling must be carried out in qualified counseling centers or treatment centers, so this blurred boundary between work and family is less likely to occur in Taiwan.

On the other hand, in Telecounseling, the therapist's clothes and the background of the camera show the therapist's real-life appearance, which makes some clients feel that the therapist's role is more humane (Lokai et al., 2021) and easier to relate to (Hung & Yang, 2022). Scholars have also pointed out that Telecounseling gives the therapist more authority to enter the client's private space and allows the client to enter a location different from the office for sessions. These changes in structure and boundaries may alter the dynamics between the client and the therapist (Isaacs Russell, 2021) and even change the power relationship between them. Research points out that therapists find it difficult to control the progress of the session because they are not in the same space, and the client can leave at any time during the session. This lack of control may create a power imbalance in the counseling relationship, affecting the therapeutic effectiveness (Smith & Gillon, 2021).

Virtual Space Lacks Real Physical Interaction

The most significant difference between face-to-face counseling and Telecounseling is the physical distance between people. The former is close to direct body-to-body interaction, while the latter is at a certain distance. According to the Interpersonal Neuro-Biological (IPNB) approach proposed by Siegel (1999), in interactions between people, they regulate each other through physical interaction (Siegel, 2006; 2019). In face-to-face counseling, the therapist's warm body language, such as gaze, calm tone of voice, forward-leaning posture, etc., can help the client feel contained and adjust to the physical state. This is a communication between the right brain and the right brain and an unconscious Impact between each other's bodies (Weinberg & Rolnick, 2021). Research points out that clients feel that in face-to-face counseling, eye contact with the therapist is quite encouraging for self-expression. In Telecounseling, no matter how hard the therapist looks for it on the video screen, they cannot

concentrate on each other's eyes (Hung & Yang, 2022). The lack of real interaction also makes the client feel that the connection with the therapist is damaged; the distance between them becomes distant, the sharing becomes less open, and the conversation becomes dull (Werbart et al., 2022), and the client even feels that the role of the therapist has changed to be "*like a netizen*" or "*from being an irreplaceable supporter to someone who just listens to what I say*" (Hung & Yang, 2022), the therapist cannot observe the client's non-verbal messages and cannot appropriately assess the client. (Lokai et al., 2021), Especially for therapists with a psychodynamic orientation, the client's silence is originally meaningful in face-to-face therapy, and it isn't easy to judge in Teletherapy (Lichtenstein, 2021). Scholars point out that the mechanisms of emotion, relationship, and regulatory change are the core of psychotherapy. However, Teletherapy eliminates most of the smells and pheromones that affect people's feelings of intimacy and attachment (Weinberg & Rolnick, 2021), which also allows therapists to the influence on clients has declined. Bizzari (2022) pointed out from the research results of interviews with 19 therapists and nine clients that the lack of physical resonance will lead to the lack of embodied trust (embodied trust) in the therapeutic relationship. This kind of trust is an openness to the feelings and bodies of others, especially if the goal of treatment is not just to reduce symptoms but also to address the underlying personality disorder; physical presence is even more critical. Relevant research also points out that therapist report that Telecounseling has many limitations on experience-oriented therapy, and techniques such as body-work and empty chairs are difficult to operate and intervene in (Chen et al., 2023).

In-depth Communication in the Therapeutic Relationship Becomes Difficult

Scholar Geller discusses the therapist's influence on the client regarding "therapeutic presence," which is necessary for an effective therapeutic relationship. It refers to the therapist's entire self, including body, emotion, cognition, relationship, spirit, and so on, integrated into the present at multiple levels, accepting the verbal and non-verbal messages of the clients and reacting in the present to show understanding and build a safe atmosphere. It is also the basis for mutual connection and building trust. It is a complete existence (Geller, 2020); one client described this: "When the entity sees the psychologist, it is natural to focus on him... he will have an aura here" (cited from Hung & Yang, 2022). Part of the therapeutic presence is non-verbal cues between the body and the body, including the rhythm of the tone of voice, soft facial features, gestures, open body postures, etc. (Geller, 2020). In the digital world of communication, two factors affect the existence of therapy. One is the interference of

equipment and poor communication quality. In the early stage of transition, the most common thing clients say to the therapist is, "*Hello, hello, are you there*?" (Hung & Yang, 2022). The second is the limitation of non-verbal communication. The client cannot fully receive the physical messages from the therapist, and the therapeutic existence is also seriously threatened. Therapists state that "*Telecounseling (the care, feeling, and warmness conveyed) will be compromised, and... even sensitivity or support cannot be as good as face-to-face counseling*" (Chen et al., 2023).

Sayers (2021) further discussed that Telecounseling may hinder empathic mirroring and the client's experience of being contained. Empathic mirroring refers to the therapist's empathy for the client as if he can really feel the client's feelings; this is because the mirror neuron cells in our nervous system are triggered when seeing another people's behavior as if they are experiencing it themselves. However, in Telecounseling, the lack of non-verbal information limits the therapist's communication ability. Not only that, but scholars also pointed out that using telecommunication forms for psychoanalytic treatment is not conducive to the client's transference or regression (Lichtenstein, 2021; Sayers, 2021), and countertransference is also very limited (Sayers, 2021). Because the development of transference and countertransference is also related to the body's non-verbal messages.

Concerns about Ethics or Confidentiality

Telecounseling is counseling through the virtual space of the Internet. On the one hand, it reduces the doubts about identity exposure when entering the face-to-face therapy space; on the other, it also increases the problem of insufficient space and equipment privacy. Hung and Yang (2022) pointed out that there are three privacy and confidentiality issues that clients are worried about. First, they are concerned about the lack of privacy in their own environment/space; second, they are concerned about the lack of privacy in the space where the psychologist conducts Telecounseling; third, they are worried about the video software used by psychologists do not provide enough privacy.

Similarly, therapists will also reduce their enthusiasm for the use of Telecounseling due to challenges of confidentiality and privacy. Sampaio et al. (2021) surveyed 768 mental health professionals, and more than half (50.9%) were worried about security/confidentiality issues. Nearly half are concerned about ethical issues such as regulation compliance and the inability to handle emergencies. A study by the Ministry of Health and Welfare in Taiwan also pointed out that psychologists believe that the current implementation of Telecounseling is based on a

proactive approach to preparation, a learning-from-experience response method, and the ethical issues of Telecounseling, including applicable targets and crises. Case assessment mechanisms and handling, information confidentiality and processing, etc., need to be included in the system and standardized in the future (Chen et al., 2023).

Practical Suggestions for Telecounseling

Continuing the above and taking into accounts the discussions of scholars (Chen et al., 2020; Dolev-Amit et al., 2021; Geller, 2020; Weinberg & Rolnick, 2021), the author has compiled the following practical suggestions.

Evaluate Whether to Execute Telecounseling

Assessment of Suitability of Clients

The first is to evaluate from the perspective of personality traits: current research has found that the interpersonal traits of low self-esteem and fear of being abandoned in relationships (Hung & Yang, 2022; Werbart et al., 2022) are in the process of transitioning to Telecounseling may experience severe loss. There is currently research in the United States to explore the transition experience from the perspective of attachment traits, and there will be a more precise understanding in the future. The second is from the perspective of age and development: children and adolescents have limited concentration and emotional regulation abilities. Therefore, it is better to adopt shorter and more frequent treatment sessions, such as multiple times a week for 30 minutes each time (Burgoyne & Cohn, 2020). Suppose the topic is related to the family, such as abuse, neglect, or other trauma. In that case, it should be noted that social blockade orders may cause children to spend more time with their abusers and be unable to open up and deal with their trauma (Racine et al., 2020); third, evaluate from the perspective of client issues: especially when facing crisis issues Clients are particularly likely to cause anxiety in therapists (Tsalavouta, 2013). In practical experience, the author has indeed discovered the difficulty of Telecounseling in dealing with suicide crises.

Ensure That the Clients Concerned Have Appropriate Telecounseling Equipment

The essential equipment of Telecounseling includes high-quality electronic equipment (such as computers or mobile phones and the Internet), a private physical space for communication, and information security of communication software. These three are the most

basic for Teletherapy. The therapist needs to assess whether the client can obtain these resources before Telecounseling. Insufficiency of these three conditions will cause unnecessary emotional loss. Scholars pointed out that in practice, the responsibility can be returned to the adult client, directly instructing him to prepare a safe environment for himself during Teletherapy, free from interference and ensuring privacy (Weinberg & Rolnick, 2021), or communicating with the client when necessary and checking to see if there is a need to discuss space needs with family members (Geller, 2020).

Preparation before Tele- Counseling

Exact Informed Consent for the Implementation of Telecounseling

As mentioned above, the therapeutic nature of face-to-face counseling and Telecounseling are quite different, so it is necessary for the therapist and the client to jointly discuss the content and meaning of transitioning to the Teletherapy structure (Werbart et al., 2022), such as the time of Telecounseling, the duration, process, interaction methods, mutual responsibilities and tasks, restrictions, etc. Research on transition experience also points out that clients expect to have a period of time outside of the therapy session before transition to discuss concerns and issues about the Telecounseling process. Or it is best to arrange a Telecounseling drill to test the use of various devices and communication quality (Hung & Yang, 2022).

Preparation of the Therapist: Setting Up the Structure of the Tele-interview

Therapist Consistency in the Virtual Therapy Space. A stable and consistent framework provides a safe foundation and can assist clients in exploring the factors causing their inner uneasiness (Sayers, 2021). Geller (2020) reminds therapists to set up a fixed place at home or in the office and try to reflect this. The background of the space can provide the client with a predictable environment. Research also indicates that the client expects the therapist not to set a virtual background. The natural background can make the client feel that the therapist also pays attention to the privacy of the conversation (Hung & Yang, 2022). In addition, Geller (2020) suggested using a larger screen to help the client fully see the therapist's gestures and body messages, which will help improve the therapeutic presence. Research also pointed out that the client believes that at least the upper body of the therapist should be visible on the screen. (Hung & Yang, 2022).

The Image of the Therapist on the Client's Screen. Geller (2020) made several specific suggestions: (1) The therapist should experiment with the distance from the screen. If it is too

close, it will be aggressive; if it is too far, it will look small. The therapist can directly consult the client's perception to adjust; (2) The client's image on the therapist's screen should be as close as possible to the video camera so that when the therapist's eyes are looking at the client on the screen, the client will be able to feel that the therapist is looking at the client; (3) The therapist should pay attention to where the therapist is. For lighting, it is best not to have a bright window behind the therapist to avoid glare when the client sees the image of the therapist; (4) The therapist should be dressed as professionally as in the office and do not assume that the client cannot see therapist's lower body and wear whatever therapist want.

Remind the Client to Prepare

Privacy and Freedom from Interference in the Space Environment. In addition to ensuring that the client can conduct video conversations in an independent space, it is best to ask the client to wear headphones to ensure privacy (Geller, 2020) and to arrange a clean and uncluttered space or location for communication.

Setting up Communication Equipment and Reducing Interference. Geller (2020) pointed out that the therapist must ask the client to turn on the video camera to see the client's non-verbal messages. At the same time, he must ensure that no other people are present when the client is talking. He must also help the client find a place with appropriate lighting so that he can see clearly what the client is saying—the gaze of faces and eyes. Research has also found that during the communication process, the client may be interfered with by other communication software (Hung & Yang, 2022), such as LINE, FB, IG, phone calls, emails, etc., so the client needs to be asked to close or avoid these distractions.

Setting up a Healing Space. To help the client be more engaged in the video interview, the client can be asked to prepare items such as stuffed dolls or pillows that help them relax. Geller (2020) also pointed out that the client can be reminded to prepare tissues first or those used in the treatment room on weekdays. e.g., Emotional regulation tools, such as weighted blankets, ice cubes, or sensory balls; therapists with different treatment orientations can also ask the client to prepare the necessary materials according to the needs of the treatment work. For example, with Gestalt therapy orientation, the client can be asked to prepare empty chairs. In addition, some research points out that after the tele-interview, the client needs time and space to transition to have better reflection or to reduce the crying when family members encounter him (Hung & Yang, 2022). The therapist can discuss with the client how to deal with it first.

The Therapist's Response Before the Tele-interview and During the Interview

Preparation Before Each Interview

Geller (2020) suggests that therapists can take a walk or do some physical activities to get to and from the virtual treatment room each time before entering the tele-interview to simulate the daily transition to the face-to-face interview space or before entering the tele-interview - Spend 5-10 minutes focusing on yourself before the interview, whether it is mindful breathing or gentle yoga, to help yourself prepare for treatment and to enhance the therapeutic presence of the tele-interview process. Research has pointed out that therapists feel more likely to be tired if they are hung up on video software all day long than in physical interactions (Mccoyd et al., 2022). Therefore, during tele-interviews, therapists must do self-care work, including moving their bodies or doing gentle stretches. Self-care work can also help cultivate a therapeutic presence (Geller, 2020).

Response to Each Interview Process

In Teletherapy, the therapist must be more active and responsible and show greater interest than usual to help the client feel the therapist's presence (Dolev-Amit et al., 2021). There are several specific methods: (1) The therapist needs to pay more attention to their facial expressions, voice rhythm (rhythm, timbre, volume, rhythm), gaze, non-verbal cues, and gestures to ensure that the client can feel these and You can directly ask the client if they can feel each other's eye contact (Geller, 2020); (2) The therapist needs to pay attention to the subtle differences in the client's micro expressions because emotions are most easily shown through facial expressions, Weinberg and Rolnick (2021) Pointing out that, because the body is seen closer in the video, facial expression recognition is better than in person. Therapists can train themselves to be more sensitive to facial expressions and obtain more facial information than face-to-face therapy; (3) By reflecting the client's expression, eyes, tone, and rhythm and adjusting it to their breathing rhythm, this shared presence can evoke interpersonal synchrony and enhance a sense of security and connection (Geller, 2020). Therapists can also ask clients to report their body sensations and invite them to move away from or closer to the screen according to current needs (Weinberg & Rolnick, 2021). Ahlström et al.'s (2022) study also found that in the early stages of transition, therapists with a psychodynamic orientation were entirely were not adapted to the Teletherapy format, but in follow-up interviews one year later, the therapists stated that they continued to develop new coping strategies, including more didactic and pragmatic approaches, such as being more proactive, communicating more, and

providing more messages, including more facial expressions that reflect the client, to make up for limited non-verbal communication, and also develop new ways of listening, paying attention to the clues available in video communication (facial expressions, avoiding the screen, etc.), and inviting the client to view What happens in communication can gradually return to the focus of treatment through these coping strategies; (4) The therapist needs to be aware of his or her physical and emotional state, pay attention to possible countertransference reactions, and adjust posture as necessary or tone of voice to express empathy (Geller, 2020). However, therapists must also pay attention to being in the changing environment of the epidemic and may be affected, and must be able to identify the source of their emotional reactions. Sometimes, in communication-based interviews, the therapist may also have self-doubt because he cannot grasp the client's experience. At this time, he can try to review his experience with the client, and he needs to be honest with himself and adapt to the process of Teletherapy (Geller, 2020). (5) In Telecounseling, the therapist will feel a certain self-awareness. Some therapists will use "self" (use of self), such as revealing personal feelings, thoughts, and experiences to the client. Improving therapeutic effectiveness strengthens the counseling relationship and makes the therapist feel more secure and confident about themselves (Smith & Gillon, 2021). Appropriate here-and-now self-disclosure and transparency can also help enhance therapeutic presence (Weinberg & Rolnick, 2021).

Identify Changes in the Counseling Relationship in the Early Stages of Transition and Repair Them as Soon as Possible

Scholars point out that when transitioning to Telecounseling, if the client's responses become brief, silent, or less emotionally reactive, or avoid topics, they may even appear to do housework, talk to other people around them, or take care of their pets during therapy, etc. For the behavior of withdrawing from therapy, the therapist must be able to identify this type of breakdown in the therapeutic alliance (Dolev-Amit et al., 2021). To detect the change in the counseling relationship as early as possible and repair it immediately, there are several methods for the counselor: (1) After transitioning to Telecounseling, openly discuss any feelings or concerns in the virtual environment immediately and also set aside 10-15 minutes before the end of the first session to ask the client how he feels about the tele-interview; (2) The therapist can also use self-disclose perceived disfluencies or other changes in conversation patterns during the Telecounseling process to invite the client to notice the impact of the transition on the relationship; (3) Use supportive techniques that directly address the therapeutic alliance,

such as discussing therapy goals and task activities toward these goals, or expressing admiration for the client's ability and willingness to enter unfamiliar environments (Dolev-Amit et al., 2021). Related research also points out that the therapist's awareness of the client's emotional changes' and immediate emotional comfort and communication also helps the client adjust in transition (Hung & Yang, 2022)

Therapists Must Pay Attention to Their Own Physical and Mental Health and Burnout

The study noted that therapists' self-assessment of burnout increased significantly by 37% during the COVID-19 pandemic, from a pre-COVID-19 self-assessment of 3.93 to 6.22 on a 0-10 scale points (Sampaio et al, 2021). The increase in job burnout may be related to the fact that during COVID-19, clients encountered more difficulties than usual, and more clients were in a crisis than average. It is also associated with the fact that therapists themselves are also facing isolation and fear caused by the epidemic. And related to various difficulties, such as anxiety (Prime et al., 2020; Sampaio et al., 2021). Research on therapists in Austria also pointed out that tele-psychotherapy requires spending more time staring at screens and the distractions of working from home, which makes therapists more tired (Stadler et al., 2023). These will also affect the effectiveness of Telecounseling performed by therapists.

Conclusion

To sum up, the practical challenges of Telecounseling stem from issues inherent in the virtual therapeutic environment. These challenges include difficulty controlling the treatment setting, blurring of the therapeutic structure and boundaries, lack of actual physical interaction, and the changes in establishing deep therapeutic relationships. Therefore, practitioners can implement Telecounseling, they can directly conduct Telecounseling from the beginning or start with face-to-face counseling and later switch to Telecounseling. Practical workers can make various assessments and preparations before implementing Telecounseling and assist the parties in preparing multiple equipment and psychology. They will have a clear understanding and consensus on the possible challenges and responses to Telecounseling, which is helpful. To reduce unnecessary interference and improve the quality of counseling, more importantly, during the Telecounseling process, the therapist needs to pay more careful attention to the various physical and emotional changes in himself and the client and have more communication and only by checking can maintain the connection of the relationship and enhance the

therapeutic existence. A study tracking the transition experience of psychodynamic therapists also pointed out that therapists need to adapt to Telecounseling and develop creative ways to deal with the limitations of insufficient non-verbal messages (Ahlström et al., 2022). Future Telecounseling training, continuing education, and supervision should also enhance therapeutic presence and maintain relational connections. In particular, strategies for promoting deep relationship communication and identifying transference and countertransference in Telecounseling can be sorted out from the experience of workers who have implemented Telecounseling for a long time as a reference for training and supervision. For example, research points out that before the epidemic, starting in 2006, the China American Psychoanalytic Alliance (CAPA) used the Internet to provide psychoanalytically oriented psychotherapy training, group, and individual supervision, and Personal analysis or therapy services, therefore, compared to American psychoanalytic practitioners who only started practicing Teletherapy during the COVID-19 epidemic, practitioners at CAPA had a more positive view of Teletherapy before and during the epidemic. , and have a more positive view of the effectiveness of Teletherapy in dealing with transference, relationship issues, and resistance (Wang et al., 2021).

In addition, it can be seen from the current research on Telecounseling that Telecounseling may not be suitable for everyone, and therapists need to evaluate its applicability carefully. Even if Telecounseling is suitable, scholars have pointed out that it is unsuitable to become a long-term treatment method. For long-term implementation, a treatment form that mixes Telecounseling and face-to-face counseling may be a solution (Luiggi-Hernandez & Rivera-Amador, 2020). The current research on Telecounseling is still developing, and future research needs more research to understand how the form of communication affects the therapeutic process, on what kind of clients, under what circumstances, when, and even what the impact is. What are the effects of communication formats on different treatment orientations? If these issues can be clarified, the unique value of Telecounseling may be discovered, such as which orientations are relatively unaffected by the nature of communication and can exert a positive influence. In this way, Telecounseling is not just a temporary alternative when the epidemic hits.

Finally, it is worth mentioning the issues of Telecounseling and culture. At present, a few scholars have noticed that during the Telecounseling process, the client's various verbal and non-verbal messages may be less fully perceived. Special attention must be paid to cultural differences, and culturally appropriate intervention must be provided. Goldin et al. (2021) pointed out that shaking the head horizontally in India may mean "yes." When professionals are uncertain, it is best to clarify further or check; for example, women who believe in Hinduism

mostly rely on their spouses to do so. They make health-related decisions and often insist that their spouses be present during communication medical meetings. If professionals do not understand the needs of different cultures, they cannot provide culturally appropriate responses and interventions. Compared with Western culture, Chinese culture has a higher sense of shame when asking for help. As the saying goes, "Family scandals should not be made public." Asking for professional help reveals the family's weaknesses and means that the family is failing its members (Yeung & Ng, 2011); that is, considerations such as shame, face, and privacy are important factors that affect the Chinese people's decision to seek mental health services (Lui, 2017). Therefore, Telecounseling can increase certain benefits for Chinese people compared with face-to-face counseling. This provides safety and reduces the stigma of seeking help. However, since Telecounseling may be performed in a home space, the therapist must be sensitive to whether the client's meeting space is safe and private. In addition, this article points out that some relevant studies have found that in the process of transitioning from facade-to-face counseling to Telecounseling, the client's connection with the therapeutic relationship may be damaged (Hung & Yang, 2022; Werbart et al., 2022), and in Chinese culture, there is a common saying that "three feelings arise when you meet," which means that no matter what the relationship is, once you face each other, there will always be some feelings, which makes it easier to negotiate and communicate without being too heartless. Analyzed from this perspective, the nature of Telecounseling may not be conducive to establishing emotional connections in the therapeutic relationship in Chinese culture. After all, Telecounseling can demonstrate its advantages in reducing the stigma of seeking help in Chinese culture, or it may highlight the possible role of Telecounseling in the therapeutic relationship. The disadvantages of emotional connections deserve further exploration in future research.

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