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Video-based Counseling Shifts to the Mainstream

| By Marc Milot, PhD

While video-based counseling (or teletherapy) was already growing in popularity in the last decade, the COVID-19 pandemic shifted these trends into overdrive. Now even more EA professionals provide online services to stay in line with public health guidelines, social distancing measures, or the needs of clients.

For employers, employees or purchasers of EAPs, greater reliance on video counseling may lead to questions about its effectiveness and value versus traditional in-person EAP counseling.

These concerns, while valid, are generally not supported by the findings of past studies comparing outcomes of video-based to in-person therapy. (More EAP-specific studies *are* needed.) A number of research-informed practices for video-based counseling may also help EA professionals optimize service delivery for this modality.

Comparability between Modalities

Findings from studies and systematic reviews have provided strong evidence of comparability between video-based and in-person counseling in a number of relevant outcomes.

In brief, there are similar retention rates for video-based and in-person counseling, and in therapeutic effectiveness both modalities have been found equally effective at significantly reducing symptoms of depression, anxiety and stress, and increasing quality of life. General satisfaction is also comparable to traditional in-person counseling.

The therapeutic alliance, otherwise known as the working alliance, can develop even in the absence of face-to-face interactions, with some reports of comparability between the two modalities. However, differences have been reported, including both an enhanced and diminished alliance in video-based counseling.

Some of the unique aspects of video-based counseling might be expected to *improve* outcomes, not

worsen them. For example, there have been reports of greater client participation, spontaneity and disinhibition during video-based sessions. This may be the result of the more informal setting of video, which can influence social dynamics and client perceptions.

What about EAP video-based Counseling?

An earlier EAP study compared the two modalities in an industry paper (Morneau Shepell, 2013). The findings indicated comparability on a number of outcomes but also that self-rated mental health improvements were greater for in-person versus video-based therapy.

In the 4th Quarter 2020 *Journal of Employee Assistance*, the authors (Veder, Steenstra, and Beaudoin) also reported on findings from a more recent Morneau Shepell study that showed counseling outcomes were positive across in-person, telephone, and video counselling.

More research is needed, however, to confirm the value of EAP video-based counseling, including longitudinal studies accounting for potential baseline differences between users of the different modalities, taking into consideration counselor characteristics, and using validated measures of mental health designed to detect clinical changes. Advancements in online streaming technology and tools can also influence experiences and outcomes with video-based counseling as can the many differences across EAP vendors and their programs.

Research Project on EAP Video-based Counseling

With these considerations in mind, and as a response to the pandemic, a research project supported by Canadian EAP provider Arete was developed and led by this author to determine the comparability of the two modalities on a number of relevant outcomes.

The findings reported in this article are preliminary and based only on self-reported outcomes of EAP users on a follow-up survey deployed after case close in the second and third quarter of 2020. The EAP

users accessed the same program providing up to 12 hours of counseling per year, with an average of ~7 hours accessed per case.

The final findings from the study will be based on a more robust research methodology (pre-test-post-test) with a wider range of outcomes, including validated measures of mental health and work functioning, and accounting for counselor characteristics. Three groups of EAP users were included:

- One choosing to access only video-based counseling (n=45);
- One that was only in-person counseling (n=64); and
- A group that contained a mix of both video and in-person (n=43).

The self-reported outcome measures included the degree of: problem resolution (0-3 scale), counselor focus on providing concrete solutions (0-3 scale), mental health improvement in relation to before EAP use (0-5 scale), and satisfaction with the overall EAP (0-10 scale). Linear modeling analyses controlling for demographics (gender, age, language, education) ensured that any differences between the groups were not explained by these factors.

Finally, as a research and data psychologist, one area of interest was the development of the therapeutic alliance across the two modalities. The therapeutic alliance is central to the manifestation of positive client outcomes, and it can be influenced by nonverbal cues such as eye contact and even therapist trunk movements (Dowell & Berman, 2013) in ways that theoretically could be impaired in EAP video counseling.

The five-item Workreach Brief Therapeutic Alliance Scale (BTAS-5) was used to assess this outcome. This is a validated scale designed for use in an EAP setting that is completed by the counseling client after close of the case, assessing (for example) feelings of connection and trust with the assigned therapist.

Preliminary Findings

The findings revealed an absence of statistically significant differences between the three groups on any of the outcome measures. In fact, and despite not reaching statistical significance, there was a tendency towards a higher (12%) degree of therapeutic alliance reported by the video-based versus in-person counseling group. This provided initial support of comparabil-

ity between this vendor's two EAP counseling modalities on a number of outcomes.

Research-informed Practices for Video-based Counseling

Best practices for video-based counseling can include those related to 1) overcoming technological challenges, 2) optimizing the delivery of video counseling, and 3) addressing the unique ethical and safety issues of this modality.

Video-based counseling presents a number of technological challenges that could disrupt clinical services. In a recent research paper, a number of common technological challenges of telehealth counseling were identified as well as corresponding recommendations (see bulleted points below) based on the experiences of clinicians with the Zoom videoconferencing platform during the course of a clinical trial (Wooton, McCuistian, Legnitto Packard, Gruber, & Saberi, 2019).

➤ **The challenge of managing EAP client expectations about video counseling.** This aspect can be addressed by systematically informing clients before or early during the first session that technological issues will likely occur at least once during the course of counseling. This could help reduce feelings of disappointment and frustration in EAP users when such challenges invariably emerge.

➤ **The challenge of EAP clients being unable to participate in the first session due to an inadequate internet connection.** This can potentially be avoided by suggesting the client conduct an internet speed test on their device before the first session to ensure they meet the bandwidth requirements, which can vary across different streaming platforms.

For Zoom the bandwidth requirements are 2 Mbps (both download and upload speeds) for highest quality, 1.2 for medium quality, and 0.6 for lower (non-HD) quality. In the event of an inability to secure enough bandwidth to meet the requirements of streaming and/or therapy (i.e., non-HD quality may not be acceptable for some EAP service providers), alternative modalities can be considered to avoid an unsuccessful first EAP session.

➤ **The challenge of certain EAP clients repeatedly having difficulties using video technology.** This can be addressed through systematic logging of issues encountered on calls (e.g., client location, device used, type of internet connection) and the identification of

potential causes of recurring issues to suggest ways these can be avoided in the future (such as excluding certain devices or locations).

As for delivery, use of video can influence perceptions of making eye contact, and reduce the visibility of nonverbal cues making it more challenging to assess a client's breathing or perceive body gestures and facial expressions from which emotional states can be inferred.

► Because the camera is often positioned above the center of the screen, looking at the middle of the screen (i.e., at the client) can give the impression you (the therapist) are looking down, which may adversely affect client experiences.

► One possibility is to increase the distance between yourself and the device camera to at least one meter. This is a research-supported approach that can heighten a client's perception of making eye contact by attenuating your eye gaze angle (Tam, Cafazzo, Seto, Saleniks, & Rossos, 2007) and it also increases visibility of body gestures.

► For smaller screened devices, such as phones and small tablets, being closer to the camera may be more appropriate (even if eye gaze may not be optimal) so as to not appear distanced, bringing your hands into view and using them as body language indicators.

► While more research is needed in this area, ultimately it is a matter of taste and preference, and weight should be given to checking in with the client about their preferences and needs to feel safe and supported during a session.

There are also unique ethical and safety issues that can arise from the use of video-based counseling (Shaw & Shaw, 2006) and a number of resources are available for online mental health services, such as guidelines by the American Telemedicine Association (Turvey et al., 2013) to help practitioners provide safe, effective care when treating patients through computers and mobile devices. An ethical framework for the use of technology published by EAPA is also available (London, Nagel, & Anthony, 2011).

Summary

The pandemic propelled digital counseling services into the mainstream, and they are likely here to stay. Offering the ability to select either EAP in-person or

video-counseling is important as it provides the greatest flexibility to employees, taking into consideration needs and preferences of users to maximize satisfaction and the manifestation of positive outcomes.

Since EAPs are not the same, providers should consider conducting evaluations to ensure comparability of video-based versus in-person EAP services. Organizational clients will then be more confident that they are getting the same return and value from their EAP irrespective of the modality used for clinical service delivery.

Finally, as more people turn to mental health professionals due to the pandemic, many therapists may find themselves experiencing new levels of stress and pressure as they take on additional clients and roles as caregivers in these challenging times. That said, self-care must also be taken (including by EAPs) to prevent counselor burnout and to reduce the risk of developing mental health issues or disability; therapists are just as overwhelmed as the rest of us by the pandemic, if not more. ❖

Marc Milot is a research and data psychologist based in Montreal, Quebec. He is Managing Director and Consultant at Workreach Lab, assisting with research, analytics, and technology in employee assistance and mental health. For more information, including additional references used in this article, contact Marc at mmilot@workreachlab.com.

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