

**Exploring the Dynamics of Establishing Therapeutic Alliances in Online Therapy:
a Systematic Literature Review**

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Abstract

Introduction

The COVID-19 pandemic necessitated a rapid shift to fully online therapy sessions, highlighting the critical need for Online Therapy (OT) and prompting therapists and clients to adapt swiftly. Despite evidence supporting OT's efficacy, concerns persist about establishing a Therapeutic Alliance (TA) in OT. This review synthesizes existing literature to investigate the factors clients and therapists perceive contributing to establishing TA in OT.

Methods

A systematic literature review was conducted. In total, 74 articles were screened. After applying the eligibility criteria, nine articles, encompassing 214 participants, were included.

Results

Six key factors were identified: anonymity and confidentiality, client control, effective communication, cultural sensitivity and adaptability, trust, and therapist confidence. Anonymity and confidentiality enable open discussion of sensitive topics. Client control enhances collaboration during sessions. Digital tools, such as text-based strategies and multimedia elements, enrich interactions. Trust fosters honest dialogue and client empowerment. Cultural sensitivity enhances therapeutic alliance by adapting to client backgrounds. Therapists' confidence in technical and communication skills is crucial, despite their lower confidence in forming strong TA compared to face-to-face therapy.

Discussion

The review identified factors collectively shape TA in OT, fostering a supportive therapeutic environment. Further, it highlights practical strategies for optimizing TA in virtual settings by considering different forms of OT. Future research should focus on refining these factors to enhance therapeutic outcomes and address the evolving landscape of digital mental health interventions.

Keywords: Online Therapy, Therapeutic Alliance, Digital Mental Health

Exploring the Dynamics of Establishing Therapeutic Alliances in Online Therapy: a Systematic Literature Review

The opportunity to offer online psychological support has become more essential since the worldwide COVID-19 pandemic forced practitioners to continue therapy sessions fully online (Rotger & Cabré, 2022). In a brief period, therapists and their clients needed to adapt to new conditions, such as the setting and were exposed to new challenges and opportunities regarding Online Therapy (OT) (Abbott-Gaffney et al., 2022). However, not only the pandemic and the required switch to online sessions increased the interest in OT (Feijt et al., 2020). Also, the lack of mental health practitioners and the need to make therapy more accessible for multiple populations, such as people living in rural areas or having physical constraints, have promoted the high need for more insights concerning online therapeutic options (Abbott-Gaffney et al., 2022; Amichai-Hamburger et al., 2014; Simpson & Reid, 2014; Sweeney et al., 2016).

Although there is growing evidence supporting the usefulness of OT, concerns persist. Therapists often question whether a Therapeutic Alliance (TA) can effectively develop when clients and therapists are geographically separated (Sucala et al., 2013). While extensive research emphasises the key role of TA in traditional face-to-face psychotherapies, with meta-analyses consistently highlighting its significance across diverse psychological treatments and client contexts (Horvath et al., 2011; Martin et al., 2000), studies on the TA in OT remain lacking. Especially as therapists gradually start to complement or replace traditional face-to-face therapy with OT (Rotger & Cabré, 2022), the new possibilities for establishing and maintaining strong TA should be further examined (Sweeney et al., 2019). Therefore, this study aims to explore factors essential to developing TA in OT.

The Impact of Online Therapy

Manhal-Baugus (2001) defines an OT as a licensed mental health professional who provides services through various digital means, such as email, virtual reality, video

conferencing, and chat technology. Although OT was present before this pandemic, few practitioners were open to using this opportunity (Békés et al., 2021). Especially the lack of experience and training did bring up concerns about this form of therapy (Békés et al., 2021; Richards & Viganò, 2013). Consequently, not many studies with large sample sizes about OT were available. However, the required online therapeutic setting by the pandemic has led to a growing number of new scientific works with different and new outcomes on this topic regarding effectiveness, usability, efficiency, perceptions of clients and practitioners (Al-Alawi et al., 2021; Békés & Doorn, 2020; Békés et al., 2021; Khatib et al., 2022; Weinberg, 2020).

Forms of Online Therapy

OT, e-therapy, virtual therapy, cybertherapy, web-based therapy, and e-mental health are synonyms that have been introduced to describe online mental health services (Barak et al., 2008; Berger, 2015). Nevertheless, the forms of OT differ. Berger (2015) distinguished based on the level of therapist contact and support provided during treatment (Berger & Andersson, 2009). OT can range from (1) web-based unguided self-help programs that offer information without clinician interaction, (2) Internet-based guided self-help approaches, which combine web-based programs with minimal therapist contact, and (3) Internet-based psychotherapies like email and chat, or videoconferencing, where communication exclusively occurs through the internet between therapist and patient.

Another crucial distinction lies in the communication modes utilised between therapists and patients. In guided self-help interventions, which integrate web-based programs with minimal therapist contact, communication often involves text-based and asynchronous methods—allowing non-real-time interactions through secured email or messaging systems (Andersson, 2014). Internet-based psychotherapies, on the other hand, encompass text-based asynchronous (e.g., email therapy, apps), text-based almost real-time (e.g., chat therapy), and audio or video-based real-time (e.g., videoconferencing therapies) communication methods.

Furthermore, the therapeutic approach included in OT varies in therapeutic content and orientation. Most research has focused on internet-delivered cognitive-behavioural therapy (CBT), although multiple studies explore interventions based on psychodynamic principles, interpersonal therapy, and integrative approaches (Andersson et al. et al., 2012; Donker et al., 2013; Meyer et al., 2009).

Opportunities of OT

The developing switch from face-to-face therapy to OT showed many opportunities for future therapy (Danilewitz et al., 2020; Kersting et al., 2009; Kingsley & Henning, 2015; Murphy et al., 2020; Simpson et al., 2020). For instance, OT facilitated the availability of mental health services during the pandemic (Bhome et al., 2021; Simpson & Reid, 2014). Additionally, research suggests that OT leads to higher flexibility for the client and therapist, saving costs and time and increasing the accessibility of therapy (Kersting et al., 2009; Sturm et al., 2022). Acero et al. (2020) further underline that OT has not only facilitated access to therapy during societal crises but also for clients not physically healthy enough to leave their homes for therapy or living in rural environments (Bhome et al., 2021; Harkey et al., 2020).

Concerning the effectiveness of OT, several studies show significant improvements comparable to traditional therapy outcomes regarding, for instance, symptoms related to anxiety, depression, and insomnia (Andrews et al., 2010; Shatri et al., 2021; Shigekawa et al., 2018; Wahlund et al., 2020). Also, OT seems to be effective in treating post-traumatic stress disorder and substance abuse disorders (Andersson & Cuijpers, 2009; Andrews et al., 2010; Spek et al., 2007). Moreover, it is promising in enhancing individuals' self-expression and connection with the therapist (Simpson et al., 2020). Regarding applicability, OT has demonstrated effectiveness across various demographic groups and populations, offering an alternative to traditional face-to-face therapy (Hilty et al., 2013; Hollis et al., 2017; Titov et al., 2010; Wagner et al., 2014; Wright et al., 2005).

Therapeutic Alliance

TA is characterised by a trusting and collaborative relationship, including the emotions and attitudes exchanged between clinician and client (Fourie et al., 2012; Hougaard, 1994; Norcross, 2002; Norcross, 2011). Clinicians cultivate this bond through respect, active listening, authenticity, positive regard, and empathy, which are crucial for understanding clients' challenges (Di Blasi et al., 2001; Horvath & Symonds, 1991; Kelley et al., 2014). Early interactions, such as assessments or initial calls, are essential for establishing trust, requiring clinicians to engage openly and commit to a collaborative partnership with clients (Plexico et al., 2010).

Regarding this, shared decision-making and goal setting are essential factors leading to TA. It involves a collaborative process where clinicians and clients jointly make informed choices about therapeutic actions (Elwyn et al., 2016; Haesebaert et al., 2019). This respects client autonomy and their right to participate actively in decisions to ensure that interventions align with their preferences, values, and needs (Moore & Kaplan, 2018; Turner-Stokes et al., 2015). Further, it ensures that clients understand their conditions, available interventions, and the rationale behind treatment options, fostering greater adherence, client motivation, and overall well-being (Shay & Lafata, 2015; Turner-Stokes et al., 2015).

The literature has extensively explored TA, emphasising its crucial role in influencing treatment outcomes across various therapeutic environments and populations (Baier et al., 2020; Graßmann et al., 2019; Kadur et al., 2020). Hence, a meta-analysis by Martin et al. (2000) investigated the significance of the TA, conceptualised as a multifaceted construct including rapport, trust, and mutual goals. It examined more than 100 studies affirming that a strong TA consistently correlates with positive treatment outcomes. Additionally, Horvath and Symonds (1991) underlined that the quality of the TA is a crucial predictor of treatment success, regardless of the therapeutic approaches and contexts, including, for instance, CBT or psychodynamic Therapy (Bickmore et al., 2005; Castonguay et al., 2006; Horvath et al.,

2011; Lambert & Barley, 2001; Norcross, 2011; Norcross & Lambert, 2018). Norcross and Lambert (2018) also discussed the common factors contributing to therapeutic success, recognising TA as a critical factor and emphasising the enduring impact of a positive therapeutic relationship on treatment adherence, client satisfaction, and overall therapeutic effectiveness.

Therapeutic Alliance in Online Therapy

Regarding OT, the exploration of the TA has been limited. A systematic review by Sucala et al. (2012) found that among 840 studies, only 11 studies specifically examined the therapeutic relationship in OT. Nevertheless, Sucala et al. (2012) and Simpson and Reid (2014) delved into the nuances of the TA in the context of internet-based interventions. Their findings suggest that the quality of the TA in online therapy is comparable to traditional face-to-face settings. This recognition is particularly relevant in an era where technology has become prominent in mental health services. Moreover, a meta-analysis by Cook and Doyle (2019) indicates that contrary to concerns about potential limitations in virtual therapeutic connections, such as missing trust, clients can establish strong alliances with therapists online, resulting in positive treatment outcomes. Also, Anderson et al. (2017) highlight that a virtual medium can serve as a facilitative space for building and maintaining strong therapeutic relationships.

Furthermore, OT seems to be a suitable therapeutic option regarding TA as many individuals perceive the internet as a safer and more secure environment compared to offline interactions that could foster therapeutic relationships in online therapeutic settings (Amichai-Hamburger & Hayat, 2013; Amichai-Hamburger et al., 2014). They perceive it as a "secure arena", potentially facilitating increased self-disclosure and honesty within therapeutic interactions. Moreover, the absence of face-to-face interaction may diminish feelings of anxiety and shame (Amichai-Hamburger et al., 2014). Consequently, some individuals may

find it easier to engage in online treatment, perceiving it as less stigmatised than traditional face-to-face therapy (Amichai-Hamburger & Barak, 2009).

Challenges of Therapeutic Alliance in Online Therapy

Nevertheless, several challenges concerning TA in OT were also examined. Some papers describe ethical issues with OT, such as the client's and therapist's privacy and data confidentiality (Stoll et al., 2020). Furthermore, general technological difficulties, disruptions and communication issues related to technology cause difficulties in OT that could influence TA (Abbott-Gaffney et al., 2022). Similarly, therapists demand to be equipped with knowledge about executing specific psychological techniques online, such as behavioural experiments (Buckman et al., 2021; Khan et al., 2021; McBeath et al., 2020).

Further, it became apparent that therapists need special training, additional communication and remote working skills to effectively make use of OT and establish TA (Andrews et al., 2023; Barker & Barker, 2021; Buckman et al., 2021; Khan et al., 2021; Stoll et al., 2020). For instance, therapists need to be further educated about the advantages of OT to become confident and ensure therapeutic quality and relationships (Barker & Barker, 2021). Additionally, some voices claim that OT limits the therapeutic process and could negatively influence a therapeutic relationship or make it harder to establish one because of, for instance, missing face-to-face interactions, non-verbal cues and technical issues (Cataldo et al., 2021; Reynolds et al., 2006; Rochlen et al., 2004; Sucala et al., 2013; Wood et al., 2021).

Focus of the Thesis

As a study by Békés and Doorn (2020) shows, regardless of OT's challenges, many therapists would like to continue with this form of therapy in the future and believe in its effectiveness. However, there is still a need to understand the establishment of TA in OT. While extensive literature exists on the essential role of the therapeutic relationship in face-to-face therapy (Bickmore et al., 2005; Castonguay et al., 2006; Horvath et al., 2011; Lambert &

Barley, 2001; Norcross, 2011; Norcross & Lambert, 2018), there is missing an overview in the literature about the current state of knowledge about the establishment of TA in OT. Therefore, factors such as rapport building and trust, essential in face-to-face therapy, and the digital medium's unique challenges should be considered. This is particularly crucial for the future of online therapy, as current and future clients can gather significant benefits from a solid therapeutic relationship, which not only enhances their engagement but also fosters positive outcomes in therapy. (Karver et al., 2008; Shirk & Karver, 2003). Further, this review is crucial for clinicians as it provides essential insights. Unlike traditional face-to-face therapy, OT could present unique challenges, such as building rapport and trust without in-person interaction and managing communication effectively through digital means. Understanding whether the factors influencing TA in OT are similar to or different from those in traditional therapy allows clinicians to adapt their approaches, ensuring strong therapeutic relationships and positive outcomes. Further, this comparison helps to understand how core elements like communication skills, client autonomy, and privacy translate from traditional therapy settings to digital ones. It sheds light on how traditional therapeutic principles can be adapted for online environments and highlights any unique aspects of online therapy that may require different strategies.

Therefore, this systematic literature review strives to synthesise and evaluate the current understanding surrounding the dynamics of establishing TA in OT. Therefore, this thesis will answer the question: "What factors do clients and therapists perceive as contributing to the establishment of Therapeutic Alliance in Online Therapy?". The exploration includes essential factors, including the role of online communication (Cherry et al., 2019) and factors influencing TA development (Cheng & Lo, 2018; Hilsenroth et al., 2004), and focuses on the perceptions of therapists and clients about their TA. Consequently, this review will offer evidence-based recommendations to enhance TA in digital contexts,

ultimately helping therapists deliver high-quality mental health services and better meet their clients' needs.

Method

Research Design

The present systematic literature review has been conducted according to the PRISMA guidelines (Page et al., 2021). It aimed to comprehensively explore and map the existing research body on a TA in OT, considering its nature, characteristics, and volume (Shaffril et al., 2020). Furthermore, it assessed the available research systematically and transparently, ensuring replicability (Page et al., 2021; Shaffril et al., 2020).

Search Strategy

The electronic databases PsycINFO, PubMed, Scopus, and Web of Science were chosen to search relevant studies published between 2005 and 2024 comprehensively. These databases were selected for their extensive medical, psychological, and social coverage. PsycINFO focuses on psychological and mental health research, while Scopus and Web of Science provide broader coverage across various disciplines.

The search strategy involved multiple iterations to ensure a thorough, up-to-date evidence base. Initially, only including "online therapy" and "therapeutic alliance" offered limited results. Therefore, the search string underwent multiple testing phases and adjustments to incorporate a wide range of synonyms of TA and OT, ensuring thorough coverage and reducing the chance of missing crucial articles. The final search was conducted on 20th April 2024. The final search query consisted of the following combination of terms: ("working alliance" OR "therapeutic relationship" OR "therapeutic alliance") AND ("internet-based psychotherapy" OR "online psychotherapy" OR "virtual therapy" OR "online counselling" OR "web-based psychotherapy" OR "online mental health"). This search string used terms related to TA and OT, occurring in the title, abstract, or keywords of published articles and aimed to

capture relevant literature on the establishment and impact of TA in OT. Additionally, articles were manually reviewed to ensure the connection to the focus of the thesis.

Eligibility Criteria

Inclusion Criteria

Articles were required to report original research, excluding literature reviews, to ensure the inclusion of primary empirical data. Studies written in English, German, or Dutch were considered, allowing for a broader examination of relevant literature. Articles were eligible if they employed a qualitative methodology or a mixed methods approach with a substantial qualitative component to ensure a deep and rich understanding of therapists' and clients' subjective experiences, perceptions, and interactions. The publication year had to be 2005 or later to ensure relevance to the current technological context of OT (Van Lotrington et al., 2023), excluding outdated studies that may not reflect current practices. Additionally, studies are required to assess TA or a related construct in OT settings. The studies needed to concentrate on therapeutic approaches to improve a person's psychological well-being, involving multiple sessions or ongoing treatment sessions with specific therapeutic goals. Further, therapy sessions needed to be delivered exclusively through online platforms, without any in-person components, aligning with the study's focus on OT.

Additionally, all age groups were included to obtain a comprehensive overview of the factors needed to establish a therapeutic alliance in online therapy across the lifespan. This approach ensures that findings apply to a diverse population, reflecting the varying needs and responses to forming a therapeutic relationship in different age demographics. By encompassing all age groups, the study could identify any age-specific trends or differences in establishing a strong therapeutic alliance, contributing to a more thorough understanding of how online therapy can be effectively tailored to foster a therapeutic connection for individuals at any stage of life. Lastly, articles must be peer-reviewed to ensure the quality of the research.

Exclusion Criteria

Studies focused on therapeutic methods primarily delivered through non-digital platforms, such as telephone-based therapy or in-person counselling, were excluded. Also, articles reporting on single interventions targeting specific psychological difficulties were excluded. Moreover, articles focusing on physical health conditions rather than mental health issues among participants were excluded to maintain alignment with the study's focus. In addition, studies targeting non-therapeutic outcomes, such as academic performance or physical fitness, were excluded if they did not address mental health concerns directly. Lastly, studies with a primary focus on developing or validating assessment measures or evaluating the effectiveness of OT or TA were excluded to maintain the relevance of selected studies to the research objectives.

Study Selection

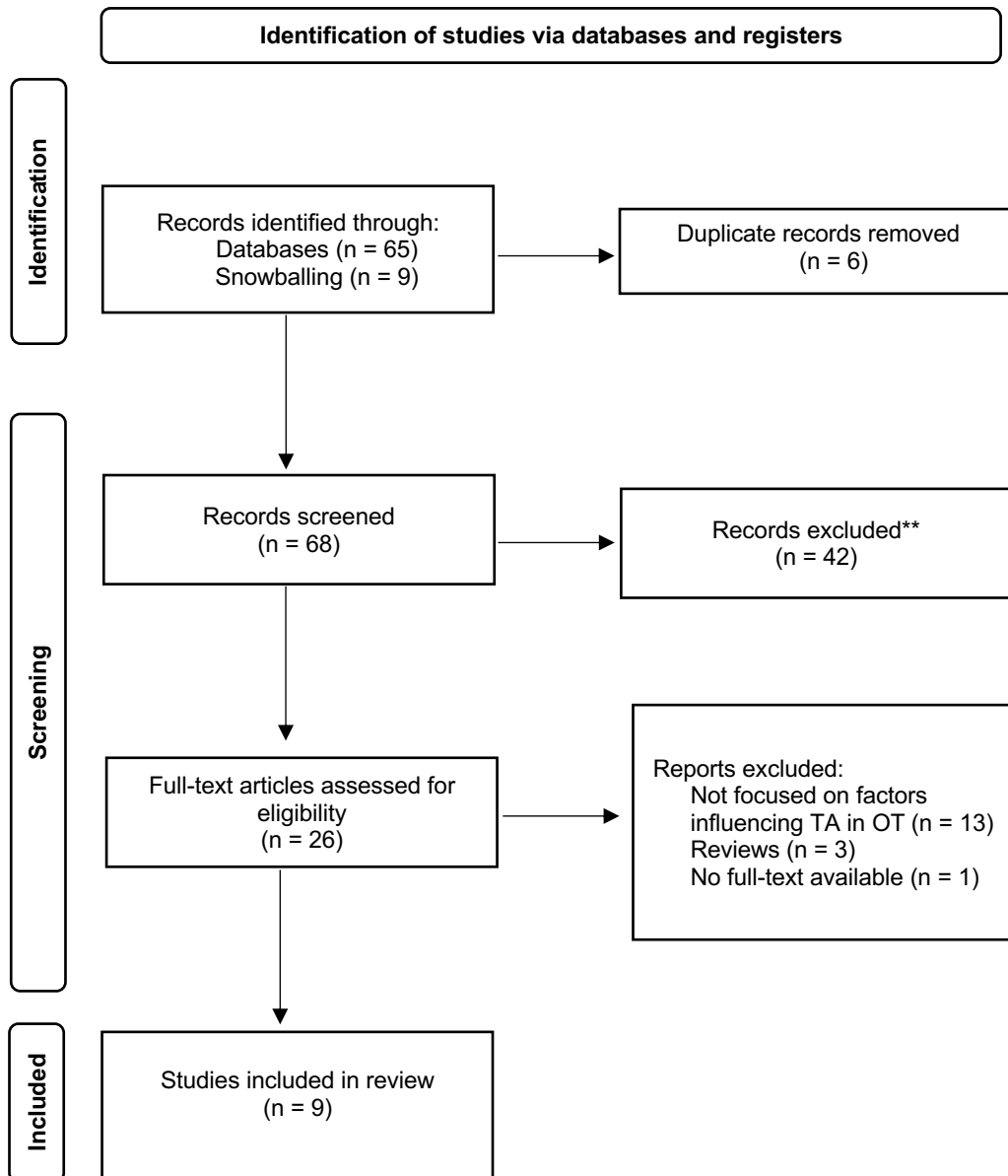
A single researcher executed the data collection process. Studies found, based on the pre-determined study eligibility criteria, were uploaded to Endnote 20.6 for screening. First, duplicates were removed. The next step included screening the title and then the abstract. Articles were excluded if the abstracts did not align with the eligibility criteria. Afterwards, it was determined whether the remaining studies were suitable based on reading the entire paper and considering the eligibility criteria again. If concerns or insecurities about the eligibility arose, a second opinion from the supervisor was included. Moreover, the reference lists of the included studies were also checked to find potential additional papers that could be important for analysis and ensure the critical literature by snowballing.

Following the initial integration, 68 articles were screened for their abstracts. As a result of their lack of relevance based on the eligibility criteria, articles were excluded. The remaining 26 articles were then thoroughly read, and each paper was evaluated to determine their eligibility based on the established inclusion and exclusion criteria. This process led to the identification of 9 articles that met the inclusion criteria for the review. A flowchart

illustrating the study selection process of the present systematic literature review according to the PRISMA guidelines (Page et al., 2021) is presented in Figure 1.

Figure 1

PRISMA Flowchart



Data Extraction

The included studies were analysed using a thematic synthesis approach, a qualitative research method that helps identify key themes, patterns, and concepts within articles in

literature (Thomas & Harden, 2008). This method goes beyond commonly used thematic analysis in primary qualitative research (Brown & Clarke, 2006). Systematic reviews use thematic synthesis to synthesise findings from multiple qualitative studies (Thomas & Harden, 2008). It involves three main steps: (1) coding the findings, (2) generating descriptive themes, and (3) generating analytical themes (Thomas & Harden, 2008). The initial step involves open coding, where the studies are coded individually. Related codes are grouped, labelled and combined to develop descriptive themes close to primary data (Thomas & Harden, 2008). Further, analytical themes are generated through interpretation (Nicholson et al., 2016). Finally, these themes are utilised to address the review question.

Therefore, the final articles were uploaded to ATLAS.ti 9. Then, the articles were coded to identify similarities and patterns and organise findings effectively. As examples of coded data, categories included "Factors influencing TA", "Therapeutic Methodology", and "Client Perceptions". These codes were continuously reviewed and, in some instances, combined to organise findings better and enhance the clarity of the analysis. This iterative process ensured that the categorisation was comprehensive and manageable, allowing for a more effective data exploration. Moreover, the software facilitated systematic analysis, by minimising the probability of overlooking essential information.

The data ultimately used for this study were selected based on three primary categories of characteristics, focusing on TA in OT. Firstly, population characteristics were identified, including age ranges, gender distributions, and the specific type of mental health problem addressed in the studies. Additionally, study characteristics were extracted, including details such as the type of OT, treatment duration, number of sessions, therapeutic approach, and kind of therapist. Finally, special attention was given to extracting TA-related data, including the quality of the therapeutic relationship, factors that enhance TA and assessment methods. The data extraction process was conducted independently. In case information in the articles

about one of the categories was missing, these were not described but marked as "n.s." (not specified).

Results

Article Information and Participants

Table 1 provides a comprehensive overview of the participant characteristics extracted from the included articles in this systematic literature review, encompassing various dimensions such as authorship, publication year, geographical location, age range, gender distribution, and sample size.

Table 1

Included Articles and Participant Characteristics

Author(s)	Year	N	Age Range	Gender	Location*
1. Cipolletta et al.	2018	7	30-38	28.57% Female	Italy
2. Dunn, K.	2012	10	19-25	70% Female	UK
3. Giordano et al.	2022	51	22-72	60.78% Female	Italy
4. Hanley, T	2009	7	n.s.	n.s.	UK
5. Hanley, T	2012	15	15-20	100% Female	UK
6. Khan et al.	2022	4	53-73	25% Female	Canada/ USA
7. Fletcher-Tomenius & Vossler	2009	6	n.s.	n.s.	UK
8. Sucala et al.	2013	106	M = 47.37	58.5% Female	USA
9. Wood et al.	2021	8	30-50	75% Female	UK

*Note: *location of the study = sample origin*

The included studies were published in 2012 or later, with two exemptions published in 2009 (Fletcher-Tomenius & Vossler, 2009; Hanley, 2009). Studies were conducted in Italy (22.22%), the UK (33.33%), Canada/USA (11.11%), and the USA (11.11%), highlighting the global interest and engagement in exploring therapeutic alliance in online therapy across

different cultural contexts and healthcare systems. Furthermore, the age range of participants varied widely across the studies, ranging from 15 to 72 years. Some studies reported specific age ranges (e.g., 30-38 years in Cipolletta et al., 2018), while others provided age brackets (e.g., 19-25 years in Dunn, 2012) or the mean (Sucala et al., 2013). The sample sizes varied across studies, with participants ranging from 4 to 106 individuals. Additionally, gender distribution varied, with studies reporting percentages of female participants ranging from 25% to 100%. Thus, several studies (n = 5) display a visible skew towards female participants (Dunn, 2012; Giordano et al., 2022; Hanley, 2012; Sucala et al., 2013; Wood et al., 2021).

Study Characteristics

Table 2 overviews the key study characteristics extracted from the included articles. It illustrates various dimensions, including the study design, assessment tools used, analysis methods, type of OT, and type of therapist involved.

Table 2

Study Characteristics

Author(s)	Study Design	Assessment Tool	Analysis Method	Type OT	Type of Therapist
1. Cipolletta et al.	Qualitative	Analysing videos	Content Analysis	Online counselling (Skype sessions)	Psycho-therapists
2. Dunn, K.	Qualitative	Email Interviews & Questionnaire	IPA	Online Counselling	Counsellor
3. Giordano et al.	Qualitative	Online survey	CQR	Individual/ Group Therapy	Psycho-therapists
4. Hanley, T	Qualitative	Interviews & Questionnaire	Grounded Theory	Kooth.com Counselling	Clinical psychologists & Counsellors
5. Hanley, T	Qualitative	Semi-structured online interviews	Grounded Theory	Kooth.com Counselling	Clinical psychologists & Counsellors

6.	Khan et al.	Qualitative	Semi-structured Interviews	Narrative Analysis	Online counselling	Counsellors and psychologists
7.	Fletcher-Tomenius & Vossler	Qualitative	Semi-structured interviews	IPA	Synchro-nous/ Asynchro-nous online counselling	Counsellors
8.	Sucala et al.	Mixed-Methods*	Online Survey	Open coding	Online Counselling	Clinicians
9.	Wood et al.	Qualitative	Semi-structured Interviews & online Survey	Narrative Analysis	Kooth.com Counselling	Counsellor, psychologists, emotional well-being practitioner

*Note: IPA = Interpretative Phenomeno-logical Analysis, CQR = Consensual Qualitative Research, * focused on qualitative part of the study.*

The studies in this review, with the exception of one mixed-methods study by Sucala et al. (2013), utilised qualitative methodologies. Hence, these studies focus on understanding participants' experiences and perceptions related to OT and therapeutic alliance TA.

Furthermore, a variety of assessment tools were employed in the studies. Cipolletta et al. (2018) analysed videos, while Dunn (2012) used email interviews and questionnaires.

Giordano et al. (2022) relied on an online survey. Hanley (2009, 2012) utilized interviews, questionnaires, and semi-structured online interviews. Khan et al. (2022), Fletcher-Tomenius & Vossler (2009), and Wood et al. (2021) used semi-structured interviews. The mixed-methods study by Sucala et al. (2013) employed an online survey.

The studies reviewed used various qualitative analysis methods to investigate the TA in OT. Content Analysis was employed by Cipolletta et al. (2018) to systematically interpret video data (Drisko & Maschi, 2016), while Interpretative Phenomenological Analysis (IPA) was used by Dunn (2012) and Fletcher-Tomenius & Vossler (2009) to explore participants' lived experiences (Murray & Chamberlain, 1999). Giordano et al. (2022) employed Consensual Qualitative Research (CQR) to reach a thematic consensus (Hill & Knox, 2021), and Grounded Theory was applied by Hanley (2009, 2012) to develop theoretical frameworks

from interviews and questionnaire data (Seale et al., 2006). Narrative Analysis, utilized by Khan et al. (2022) and Wood et al. (2021), analyzed participant stories (Josselson & Hammack, 2021), and Sucala et al. (2013) categorized themes from survey responses with Open Coding (Seale, 2004). Together, these methodologies provide a comprehensive understanding of the factors influencing the TA in OT, emphasizing the importance of qualitative approaches in uncovering subjective experiences and relational dynamics within digital therapeutic contexts.

The type of OT also varied across the studies, with therapeutic sessions delivered via Skype (Cipolletta et al., 2018) or other videoconferencing platforms and Kooth.com, offering live chat sessions (Hanley, 2009; Hanley, 2012; Wood et al., 2021). Hence, the included studies mainly emphasized synchronous online counselling sessions (Dunn, 2012; Fletcher-Tomenius & Vossler, 2009; Khan et al., 2022; Sucala et al., 2013). However, the study by Fletcher-Tomenius and Vossler (2009) also included asynchronous OT delivered through mail, online forums, or mobile apps. Although most studies focused on individual therapy, Giordano et al. (2022) reported also about online group therapy.

Moreover, the therapeutic approaches integrated varied significantly across the studies. Cipolletta et al. (2018) employed Brief Strategic Therapy, while Fletcher adopted a psychodynamic, person-centred, and integrative approach. Wood et al. (2021) utilized a person-centred, CBT, and integrative approach. However, other studies reviewed did not detail their specific therapeutic methods.

Regarding the psychological difficulties clients address, Cipolletta et al. (2013) was the only study in this review to provide a comprehensive range. Their study included panic attacks, sexual problems, interpersonal issues, and work-related challenges. In contrast, other sources did not report on participants' disorders or concerns. Nevertheless, each study aimed to address the specific problems through online therapy tailored to the participant's needs.

The treatment durations varied across studies: Cipolletta et al. (2018) and Wood et al. (2021) conducted sessions lasting 50 minutes each. Additionally, Hanley (2009) implemented a six-week treatment plan, while Hanley (2012) extended the duration to 18 months, with other studies reviewed not specifying their treatment durations. Further, regarding the number of sessions clients received, Cipolletta et al. (2018) and Dunn (2012) specified a fixed number of at least three sessions for inclusion in their study. In contrast, the other articles did not specify a minimum session requirement for participant eligibility, indicating variability in the treatment intensity and duration across studies.

Lastly, the studies involved a range of professionals as therapists, including psychotherapists, clinical psychologists, counsellors, emotional well-being practitioners, and clinicians. This diversity in the type of therapists reflects the multidisciplinary nature of online therapy practice, with professionals from different backgrounds contributing to the delivery of mental health services in virtual settings.

Factors influencing TA in OT

Table 3 highlights the factors influencing therapeutic alliance in online therapy as identified during an iterative coding process across the included articles. Age did not appear to be associated with the factors facilitating therapeutic alliance in online therapy across the studies reviewed. All articles, including Hanley's research (2009, 2012), focused on adolescents, and the study by Khan et al. (2022), including participants above 50, found consistent factors contributing to TA in OT.

Several common themes emerged from the analysis, including the role of anonymity and confidentiality, control, communication skills, trust, cultural sensitivity and contextual adaptability and clinicians' confidence.

Table 3

Factors influencing TA in OT

Factor	Explanations	Authors
Anonymity & Confidentiality	- It helps with the sense of safety from distance, allowing clients to disclose personal matters without fear of judgment.	Dunn, K.
	- Physical separation reduces inhibition, enabling deeper conversations (“ <i>you can say your deepest sins, and nobody will judge you</i> ”).	
	- Anonymity aiding the therapeutic relationship by broadening the range of discussable topics.	Hanley, T. (2009)
	- Easier access to difficult subjects due to the online setting.	
	- Clients may feel more comfortable sharing personal information due to the screen's perceived protection.	Giordano et al.
	- The absence of physical contact prompting earlier discussion of sensitive issues than in face-to-face sessions.	Khan et al.
	- Disinhibition effect and therapist anonymity.	Fletcher-T. & Vossler
	- Supports creating a relaxed and safe environment	Wood et al.
Control	- It increases clients’ ability to control their environment can impact their comfort and engagement.	Cipolletta et al.
	- Influence of the therapist's and client's surroundings, including background noises and contextual information.	Hanley, T. (2012)
	- Potential for significant changes in power dynamics, with clients feeling more empowered.	Khan et al.
	- Greater control over session scheduling and communication pace.	
	- Benefits of reviewing and editing responses.	Fletcher-T. & Vossler
	- Balanced power dynamics and client empowerment	
	- Control over the duration and depth of communication.	Wood et al.
	- Supports to balance power.	
- more control about sharing information and details.		
Communication Skills	- Importance of maintaining proper online etiquette.	Hanley, R. (2012)
	- Enhancing communication through text-based skills like using emoticons.	
	- Internalization processes through typing and reviewing text passages.	Fletcher-T. & Vossler
	- E-therapy training programs and specific online communication skills, such as using emoticons are crucial.	Sucala et al.
	- Facilitating skills include strong communication abilities, understanding client needs, conveying warmth online, and technological competence	
	- Keeping the engagement going, follow-up messages, note-taking.	Wood et al.
	- The use of emojis to relax the atmosphere.	
	- Making use of language and writing styles	

Trust	- Improved perception of the therapist, fostering feelings of respect, trust, intimacy, and humanization.	Giordano et al.
	- High trust levels and rapid progression of online relationships with early self-disclosure.	Fletcher-T. & Vossler
	- Initiating the therapeutic process with limited personal information requires a "leap of faith."	
	- Emphasis on the role of disinhibition and its impact on the therapeutic process.	
	- Need for online boundaries and expectations.	Wood et al.
Cultural Sensitivity and Contextual Adaptability	- Importance of being comfortable with technology for both counselors and clients.	Khan et al.
	- Need for therapists to be knowledgeable about legal and ethical considerations.	
	- Significance of technological literacy and awareness of client jurisdiction issues.	
	- Managing technical challenges is crucial.	Sucala et al.
Clinicians' Confidence	- Supports creating a relaxed and safe environment	Wood et al.
	- Creates a person-centred therapeutic online environment facilitative to client growth and self-exploration	
	- Clinicians' confidence in their ability to develop a strong alliance is lower in E-therapy, with only 13.2% feeling confident in E-therapy compared to 47.2% in face-to-face settings	Sucala et al.

Anonymity and Confidentiality

Anonymity and privacy appear essential in establishing TA in OT, offering clients a confidential and secure environment to explore their thoughts and emotions (Cipolletta et al., 2018; Hanley, 2009). Cipolletta et al. (2018) found that the online environment facilitates privacy when disclosing sensitive information (Cipolletta et al., 2018; Giordano et al., 2022). Further, the participants of the studies by Hanley (2009) and Khan et al. (2022) showed how the perceived distance and reduced visibility in online settings allow clients to discuss more profound, more personal topics they might hesitate to address face-to-face, enhancing therapeutic engagement and decreasing the fear of judgment. This anonymity encourages clients to express themselves more openly than in traditional therapy settings, fostering deeper exploration and personal growth (Khan et al., 2022; Wood et al., 2021). Further, the study by Fletcher-Tomenius & Vossler (2009) found that anonymity levels the playing field between therapist and client, fostering a balanced power dynamic and empowering clients to control

the pace and depth of their disclosures. Nevertheless, Giordano et al. (2022) report that a few participants felt embarrassed and uncomfortable in the online setting.

Moreover, several studies found that therapists use anonymity to create a supportive space where clients feel validated and understood, enhancing the therapeutic alliance (Cipolletta et al., 2018; Dunn, 2012; Hanley, 2009). By safeguarding confidentiality and privacy, online therapy platforms upholding ethical standards promote anonymity by removing barriers related to stigma or shame (Cipolletta et al., 2018; Giordano et al., 2022; Sucala et al., 2013). Lastly, Sucala et al. (2013) found that anonymity in online therapy significantly contributes to creating a therapeutic environment that facilitates introspection and positive outcomes.

Control

Control is found to be fundamental in establishing TA in OT by empowering clients to participate actively in their therapeutic journey (Hanley, 2009; Khan et al., 2022). Clients can decide about their therapeutic interactions' pace, depth, and direction, enabling them to explore challenging topics at their own pace and comfort level (Hanley, 2009; Hanley, 2012; Khan et al., 2022).

Hanley (2009) found that online therapy platforms offer clients the flexibility to engage in therapy sessions from the comfort of their environment, further enhancing their sense of control and fostering TA. Clients can choose the mode of communication that best suits their needs, whether it is through email, chat, or video calls, tailoring the therapeutic experience to their preferences (Fletcher-Tomenius & Vossler, 2009; Khan et al., 2022). By respecting client autonomy, therapists acknowledge the client as an active participant in the therapeutic process, promoting TA (Fletcher-Tomenius & Vossler, 2009; Hanley, 2009).

Moreover, the empowerment gained from control in OT extends beyond managing sessions, including decision-making about treatment goals, interventions, and self-disclosure (Hanley, 2009; Khan et al., 2022). Clients feel empowered to explore their emotions and

experiences in a safe and supportive environment facilitated by the therapist's guidance and encouragement (Giordano et al., 2022). This collaborative approach strengthens the TA and promotes client empowerment and self-efficacy (Cipolletta et al., 2018).

Communication Skills

Effective communication is found to be essential for building a strong therapeutic alliance in online therapy, which is facilitated by various digital communication tools. Email interviews, online surveys, and semi-structured interviews allow clients to articulate their thoughts, feelings, and experiences easily and conveniently (Dunn, 2012; Fletcher-Tomenius & Vossler, 2009). Text-based skills, such as the strategic use of emoticons and tailored language and rules for online environments, enrich online conversations when complementing them with warmth, empathy, and understanding (Hanley, 2012; Khan et al., 2022; Wood et al., 2022). These linguistic nuances enrich the therapeutic dialogue, fostering emotional resonance and deepening the therapeutic bond (Wood et al., 2022).

In addition to text-based tools, the use of multimedia elements in online therapy, such as visual aids, audio recordings, and video messages, significantly enhances communication efficacy. These elements bridge the gap between verbal and nonverbal expression within the digital setting, enriching the therapeutic experience for clients and further strengthening the therapeutic bond (Hanley, 2012; Khan et al., 2022; Dunn, 2012; Wood et al., 2022).

Trust

Developing trust and rapport is also found to influence TA, as it establishes a supportive and nonjudgmental therapeutic environment. Therapists use the anonymity of online platforms to foster trust and vulnerability, facilitating open and honest dialogue (Fletcher-Tomenius & Vossler, 2009; Wood et al., 2021). The initial "leap of faith" (Fletcher-Tomenius & Vossler, 2009, p. 6) required in online therapy stresses the importance of therapist authenticity and empathy in building client confidence. Therapists harness the anonymity of online platforms to foster trust and vulnerability, creating a safe space for

clients to engage in open and honest dialogue (Fletcher-Tomenius & Vossler, 2009; Wood et al., 2021). Further, developing trust and rapport promotes online therapeutic interventions' success (Fletcher-Tomenius & Vossler, 2009; Wood et al., 2021).

Additionally, balancing power dynamics and client control's empowering impact contributes to establishing a trusting therapeutic relationship (Fletcher-Tomenius & Vossler, 2009; Wood et al., 2021). By relinquishing control and respecting client autonomy, therapists promote a sense of agency and self-determination, strengthening the therapeutic bond and facilitating therapeutic outcomes (Fletcher-Tomenius & Vossler, 2009). This mutual trust and empowerment form the foundation of effective TA in OT, enabling clients to navigate their therapeutic journey with confidence and resilience (Dunn, 2012).

Cultural Sensitivity and Contextual Adaptability

Khan et al. (2022) found that cultural and contextual considerations impact the therapeutic dynamics within OT (Khan et al., 2022). Therapists must show cultural competency and adaptability, recognizing and respecting their clients' diverse backgrounds and values (Giordano et al., 2022; Khan et al., 2022). By incorporating culturally sensitive communication strategies, therapists can build trust and rapport across cultural differences, thus facilitating effective TA (Fletcher-Tomenius & Vossler, 2009).

Additionally, contextual factors such as technological literacy and jurisdictional regulations affect the effectiveness of TA and accessibility of OT, highlighting the importance of tailored and contextually relevant OT (Hanley, 2012; Khan et al., 2022). Hanley (2012) found the importance of therapists and clients being comfortable with computer hardware and keyboarding skills to facilitate smooth online interactions. Additionally, therapists, being the participants in the study by Khan et al. (2022), showed the significance of therapists being trained and informed about legal and ethical issues, ensuring the ethical practice of online therapy across different jurisdictions. Clinicians must navigate these environmental factors

with skill and foresight, ensuring therapeutic sessions are culturally responsive and technologically accessible to diverse client populations.

Clinicians' Confidence

The therapist's confidence is instrumental in creating a person-centred therapeutic online environment facilitative to client growth and self-exploration (Wood et al., 2021). Therapists who show confidence in their abilities create a space where clients feel heard, understood, and valued, enhancing the therapeutic alliance and facilitating positive therapeutic outcomes (Wood et al., 2021).

Moreover, Wood et al. (2021) found that therapists' confidence extends beyond technical proficiency to encompass their communication and cultural competence. A confident therapist has the knowledge and expertise to effectively convey warmth, empathy, and understanding through digital communication channels. Nevertheless, according to Sucala et al. (2013) clinicians' confidence in their ability to develop a strong alliance is significantly lower in OT, with only 13.2% feeling confident compared to 47.2% in face-to-face settings.

Discussion

This systematic literature review aimed to discover existing literature on the factors necessary to establish a Therapeutic Alliance in Online Therapy and to provide an overview of the current state in this field. The present study reviewed nine articles involving 214 participants and highlights practical approaches for clinicians and clients to optimise TA in virtual settings. The results indicate that several factors are crucial in establishing a TA in OT. Key factors identified include anonymity and privacy, control, effective communication, cultural sensitivity and contextual adaptability, trust and clinician confidence. These factors collectively shape TA dynamics in online settings, each playing a crucial role in fostering a supportive therapeutic environment.

Anonymity & Confidentiality

Examining the results in light of face-to-face therapy, anonymity and privacy, which are crucial in OT, also play significant roles in face-to-face therapy. In both settings, confidentiality allows clients to feel safe and secure when disclosing personal information (Norcross, 2002; Rogers, 1957). Protecting privacy encourages clients to engage more openly with therapists, fostering trust and enhancing the therapeutic relationship (Cipolletta et al., 2018; Geller et al., 2018; Hanley, 2009). This aligns with Barak et al. (2008), emphasising how digital platforms mitigate inhibitions and encourage deeper emotional exploration. Further, this factor's mechanisms align with online behaviour and digital communications research. Suler (2004) reported that the online disinhibition effect highlights how anonymity increases openness and disclosure in digital environments.

However, while in face-to-face therapy, the therapist's physical presence and the therapy room's confidential setting provide a sense of privacy and security for clients (Norcross, 2002; Rogers, 1957), in OT, the digital platform offers anonymity through reduced visibility and physical distance (Sucala et al., 2013). Nevertheless, OT can mitigate fears of judgment or stigma associated with face-to-face interactions due to the perceived distance (Barak et al., 2008). Conversely, according to Elliott et al. (2011), face-to-face therapy benefits from physical presence, positively influencing how therapists establish rapport and interpret client reactions (Elliott et al., 2011).

The study revealed that anonymity is a complex issue in OT regarding TA. Whether anonymity can be fully achieved in OT remains questionable, and practitioners should be aware of and prepared for any issues. Previous research has discussed the nuances of anonymity in digital therapeutic environments, including pseudonymity and the challenges of maintaining true anonymity (De Choudhury & De, 2014; (Mayopoulos & Farber, 2023; Pavalanathan & De Choudhury, 2015). Also, Feldstern (2022) highlights discrepancies between perceived and actual anonymity in online therapy, underscoring the importance of

clear communication and secure platforms to protect client data and uphold patient confidentiality. Hence, the results of this study could indicate varying levels of anonymity, depending on the platform and practices employed.

Especially in synchronous videoconferencing, clients are less anonymous when they show their faces than clients using asynchronous chatrooms. Moreover, regarding online group sessions, the present study did not reveal different perceptions regarding anonymity (Giordano et al., 2022). Nevertheless, it remains unclear whether "real" anonymity can be reached when facing other clients. According to Rehm et al. (2016), avatars can foster anonymity in online group sessions and improve the development of TA.

Therapists must implement robust security measures to safeguard client confidentiality and privacy and ensure the security and confidentiality of client data. Given the reliance on digital communication platforms, the potential for data breaches or privacy violations must be minimised (Barak et al., 2016). Still, future research should develop suitable features to improve and maintain privacy and anonymity in different virtual settings. Otherwise, the therapeutic relationship could be harmed (Ioane et al., 2021).

Control

Client control and autonomy have also been found to support the development of TA in OT. This factor is not unique to TA in OT but also in face-to-face therapy (Scheel, 2010). According to Eubanks-Carter et al. (2005) and Khan et al. (2022), clients in both modalities appreciate having a say in the therapeutic process, including session pacing, content, and treatment goals that positively influence the therapeutic relationship. Also, Lee and Choi (2011) underline the importance of control mechanisms in online environments, leading to an empowering effect of user control. Similarly, client autonomy is essential for fostering collaboration and trust online, mirroring the principle of client empowerment in traditional therapy contexts (Bordin, 1979). In face-to-face therapy, clients may choose when to reveal

personal information or address sensitive topics, similar to how clients in OT can control the timing and depth of their disclosures.

However, OT's level of control and autonomy are higher, allowing clients to dictate communication modes on specific platforms (Khan et al., 2022). In OT, clients can more easily choose the mode of communication that best suits their needs, whether it is through email, chat, or video calls, tailoring the therapeutic experience to their preferences. Moreover, clients can review and edit their responses, improving reflection, clarity and precision of clients' concerns (Fletcher-Tomenius & Vossler, 2009). Additionally, OT offers greater scheduling flexibility, as sessions can be arranged outside traditional office hours and across different time zones (Abbott-Gaffney et al., 2022). This flexibility can lead to a greater sense of control over the therapeutic process compared to the more rigid structure often found in face-to-face settings (Cipolletta et al., 2018; Rees et al., 2005; Khan et al., 2022). Further, this sense of control and autonomy fosters collaboration over the therapeutic process and enhances trust and rapport, laying the foundation for meaningful TA (Khan et al., 2022).

Communication Skills

Communication skills such as empathy, active listening, and clear expression are necessary in face-to-face therapy and are also essential in OT to establish rapport and trust with clients (Norcross, 2002; Geller et al., 2018; Rogers, 1957). Therapists in both modalities use verbal and nonverbal cues to convey understanding and warmth, enhancing the therapeutic relationship. In contrast to OT, face-to-face therapy benefits from immediate nonverbal cues and physical presence, which influence how therapists establish rapport and interpret client reactions (Elliott et al., 2011).

Thus, the absence of these cues in OT necessitates adaptations in communication strategies to maintain rapport and enhance client engagement (Sucala et al., 2013). Therefore, effective communication in OT has a unique component and needs to be facilitated by various digital communication tools such as email interviews, online surveys, and video

calls (Dunn, 2012; Khan et al., 2022). These tools allow clients to articulate their thoughts, feelings, and experiences quickly and conveniently, potentially enhancing the therapeutic dialogue (Fletcher-Tomenius & Vossler, 2009). Further, in line with Derks et al. (2008), text-based skills, such as the strategic use of emoticons and tailored language for online environments, enrich online conversations with warmth, empathy, and understanding (Hanley, 2012; Wood et al., 2021). By leveraging these tools and skills, therapists can bridge the gap created by the lack of physical presence and immediate non-verbal cues, fostering a supportive and effective therapeutic bond in online settings.

Trust

Cultivating trust is essential in OT to establish TA. Therapists strive to create a safe and supportive environment where clients feel understood and validated, leading to positive therapeutic outcomes (Geller et al., 2018). In OT, therapists use the anonymity of online platforms to foster trust and vulnerability, creating a safe space for clients to engage in honest dialogue (Fletcher-Tomenius & Vossler, 2009; Wood et al., 2021).

The initial "leap of faith" required in OT highlights the importance of therapist authenticity and empathy in building client confidence (Fletcher-Tomenius & Vossler, 2009, p6). In contrast, face-to-face therapy relies more on immediate interpersonal interactions and physical presence to establish trust, which may involve different dynamics of disclosure and relationship-building (Elliott et al., 2004; Norcross, 2002).

Trust appears as a distinct factor in this thesis, yet its singular justification may seem uncertain upon closer examination. It intertwines with other factors, such as effective communication and perceived anonymity (Hanley, 2009; Hanley, 2012). These components are inherently linked with trust, as they shape and are shaped by it within the therapeutic context. However, trust is a multifaceted construct that extends beyond these overlaps (Joinson et al., 2010). It contains the reliability and confidentiality between client and therapist and the client's confidence in the therapist's clinical competence and qualifications.

Ackerman & Hilsenroth (2003) highlighted that the personality and especially the trustworthiness of therapists significantly enhance the TA, fostering a deeper connection and more effective therapeutic outcomes. Although the specific trust in the clinician's qualifications may not have been explicitly identified in the studied articles, it remains implicitly integral to the broader concept of trust in therapy.

Cultural Sensitivity and Contextual Adaptability

Moreover, in line with Kirmayer (2012), the results highlight that cultural sensitivity and contextual adaptability are crucial in OT and face-to-face therapy to recognise and respect clients' diverse backgrounds and values. Therapists in both modalities adapt their approaches to consider cultural norms and contextual factors that influence the therapeutic process, enhancing TA and the effectiveness of therapy. Further, aligning with Vogel et al. (2014), therapists' adaptability and technical competence are essential in navigating these dynamics, ensuring effective therapeutic interactions.

Although not discussed in the selected studies, different OT forms could require additional unique requirements for establishing a strong therapeutic alliance (TA). Video conferencing platforms demand high-quality audiovisual capabilities to approximate face-to-face interactions, enabling better interpretation of nonverbal cues and fostering a sense of presence and immediacy. This allows therapists to pick up on subtle body language, facial expressions, and tone of voice, which are crucial for building rapport and trust (Simpson, 2009). Text-based platforms, such as chat or email, require therapists to be adept at conveying empathy and understanding through written communication, formulating clear, supportive, and validating responses despite the absence of real-time feedback and visual cues (Suler, 2004). Additionally, text-based interactions require careful consideration of language and tone to ensure that messages are interpreted as intended, reducing the risk of misunderstandings (Murphy et al., 2009). Moreover, chat therapy provides a more immediate, yet still text-based,

interaction that can create a dynamic and responsive therapeutic dialogue to ensure TA (Hanley, 2009).

Clinicians' Confidence

Furthermore, the therapist's confidence fosters a supportive and effective therapeutic environment (Geller et al., 2018). This confidence allows therapists to convey empathy, warmth, and professionalism, which is essential to developing a strong therapeutic alliance. Bartle-Haring et al. (2022) further support this, reporting that therapist confidence is linked to reduced early termination of therapy and improved client outcomes. Similarly, a meta-analysis by Johnson et al. (2018) found a significant association between therapist confidence and treatment adherence in online therapy settings, underscoring the crucial role of confidence in facilitating effective therapeutic alliances.

Moreover, McMahon and Hevey (2017) emphasise that psychotherapy training quality significantly influences clinicians' confidence. They found that satisfaction with training, supervisory support, and personal therapy enhances therapeutic confidence. Concerning, Sucala et al. (2013) report a marked discrepancy in therapist confidence between OT and face-to-face settings, with only 13.2% feeling confident in OT compared to 47.2% in face-to-face therapy. These findings highlight the need for targeted training and support to bolster therapist confidence, particularly in online therapy contexts.

Age

The study did not find age-specific differences in establishing TA in OT. It indicates that age does not significantly influence these factors, as they are often similar and overlap across different age groups. Thus, they are overarching factors for multiple populations. However, the present review did not examine whether age influences preferences for online therapy over face-to-face interactions. Kessler et al. (2020) indicate that younger clients, typically more adept with digital communication, may find online platforms more intuitive and conducive to therapeutic interactions. Conversely, Hernandez-Tejada et al. (2021) report

that some older adults might encounter technological barriers or prefer face-to-face interactions due to their familiarity and comfort with traditional methods (Hernandez-Tejada et al., 2021). Thus, future research could examine whether their opinions about OT influence the factors establishing TA.

Implications and Recommendations for Future Research

The findings of this review have significant implications for clinical practice and future research in the mental health field. Clinicians can optimise their therapeutic approaches and enhance treatment efficacy by understanding the factors contributing to TA establishment in OT. Therapists engaging in OT must prioritise ongoing training and professional development to navigate the unique challenges of online therapeutic relationships (Andrews et al., 2023). Efforts should also be directed towards addressing potential barriers to access and ensuring equitable delivery of mental health services in online settings. Future research should focus on identifying best practices for fostering positive therapeutic relationships in OT and evaluating long-term client outcomes. This understanding is crucial for advancing digital mental health interventions and improving outcomes globally.

Moreover, integrating technology into mental health care presents opportunities for innovation and expansion. Digital platforms can facilitate reaching underserved populations, reducing treatment barriers, and promoting inclusivity in mental health care delivery. However, concerns about data privacy, security, and ethical considerations must be addressed to ensure responsible technology use in mental health care.

Regarding differences from traditional therapy, factors influencing TA in OT may include unique aspects such as managing technological interfaces and ensuring data security, alongside relational factors like empathy, rapport building, and client-centred care. Future research could explore the balance between digital and relational factors in online therapeutic settings to optimise treatment effectiveness.

Limitations

Despite the valuable insights gained from this study, several limitations should be acknowledged. The first limitation of this review was that it was based on the judgment and interpretation of a single researcher. Although the approach followed systematic principles like PRISMA, the subjective character of qualitative research implies potential biases in interpreting the findings. Having additional researchers involved in the analysis could have provided a more balanced interpretation of the findings (Stoll et al., 2019).

It is also worth considering that the researcher may not have created an extensive enough search string when working alone. Essential inclusion criteria and search terms may have been overlooked, resulting in the inability to identify all relevant articles from the databases. Having two reviewers make decisions can ensure that all relevant information is considered, biases are minimised, and the quality of the articles to be included is further guaranteed (Grant & Booth, 2009; Mahood et al., 2013).

Moreover, the rapid pace of technological change and evolving circumstances, such as public health emergencies like the COVID-19 pandemic, pose significant challenges to the temporal relevance of the study's findings. New technologies and shifts in mental health care practices could swiftly alter the landscape of online therapy. For instance, innovations in artificial intelligence, virtual reality applications, or advancements in telemedicine platforms might introduce new therapeutic modalities or reshape existing ones. Therefore, while the study provides valuable insights into current practices, its findings may quickly become outdated as technology evolves.

Conclusion

In conclusion, TA in OT represents a multifaceted interplay of various factors, from technological considerations to interpersonal dynamics. Therapists can optimise therapeutic outcomes, promote well-being and strengthen TA in virtual settings by fostering a culture of trust, respect, confidence, privacy and autonomy. Moreover, by embracing effective communication strategies and navigating environmental factors with proficiency and

foresight, therapists can create inclusive and accessible therapeutic environments for individuals from diverse cultural backgrounds. Future research should continue to explore the mechanisms underlying TA in OT and develop innovative interventions to meet the evolving needs of populations.

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