Eeva Fredland
Diaconia University of Applied Sciences
Master's Degree in Social Services
Global Change and Community Development
Thesis, 2024

THE BENEFITS AND DEFICITS OF THE SOLUTION-FOCUSED ONLINE THERAPY

DIAK

ABSTRACT

Eeva Fredland
The Benefits and Deficits of the Solution-focused Online Therapy
81 pages and 4 appendices
Autumn 2024
Diaconia University of Applied Sciences
Master's Degree in Social Services
Global Change and Community Development

The research represents the therapy form, solution-focused online therapy as a suitable way to get help for mental health issues. In any case some of us live in difficult situations and one's mental health is in danger. The aim is to analyze the benefits as well as the deficits of the online solution-focused therapy as well as understand the term accessibility in this context.

The research is qualitative, focusing on research. The research partner is therapy services in Family Federation in Finland and their leading therapists as a contact person. The key informants are independent solution-focused practitioners working in collaboration with the research partner. The data from solution-focused therapists was collected with a semi-structured questionnaire and the interviews of two leading psychotherapists were held online. One interview was held by the training institution for solution-focused brief therapist, Alfa Partners Academy. The questionnaire formula and interviews were prepared identically. Analyzing the data was implemented in the light of interpretive phenomenological analysis (IPA) and content analysis.

The basis for therapy is to establish a healing therapeutic relationship, so called alliance. In this research Moghimi's foundations and the alliance, therapeutic relationship are the guidelines in the analysis. Reaching alliance is essential for successful therapy. The development of the alliance is essential for accessibility and stigma reduction. An alliance is also a measurement of a healing relationship. As it exists there is also commitment and trust, and proactive intervention is working. It affects also the engagement of the therapy.

Empirical results reflected with Moghimi's foundations show that accessibility is often named as the main benefit of online therapy. The online therapy form is a good option to get together if there are overlapping schedules, avoidance of consuming time and money and in case of long distances. According to descriptive empirical answers, the solution would be hybrid therapy including both online and in-person therapy, because physical contact is important. Alliance, the therapeutic relationship and trust in therapy relationships are not so easy to build online. Online therapy is also not recommended in serious mental health problems. Interest in online services is increasing. Turning to those might be a solution to help people mentally, in time with reduced costs for a customer and a therapist.

Keywords: Solution-focused, Online therapy, Alliance

CONTENTS

1 INTRODUCTION

This study gives topical information and hopefulness for those who are interested in resent modes of doing therapy work efficiently or might want to find a good way to take care of their own mental wellbeing. There is help available and there are people who want to help. Lately we all have gone through difficult situations e.g. Covid-19 pandemic, which isolated us in our homes, Ukrainian war is problematic issue. These issues easily create feelings of fear, instant emergency feeling, sorrow, isolation and financial instability. Daily life might be challenging due to much more usual little issues. These issues have an impact on mental health. Service needs have increased and according to the Finnish national Mental Health Strategy and Suicide Prevention Program (Vorma et al. 2022, 49), there is a need for short therapy run by nurses and social workers.

The term telemedicine was launched already decades ago, but the pandemic increased the need for digital services. There is a high priority developing digital services in health care to fulfil the increased needs for services (Lieberman & Olfson, 2020). Local hospitals for example in Tampere, Finland are struggling as there is not enough customer positions for incoming patients suffering from mental health problems (Tehy, 2022). That is why more information is needed what the accessibility means in mental health services and what kind of benefits and deficits the online therapy form may bring.

The situation of digital service demand among vulnerable groups suffering mental health problems have been taken under consideration at the international level as well as at national level. The United Nation´s declaration on the rights of disabled persons including both physical and mental capabilities connects all countries together to solve the connection between mental health and poverty. Due to the past Covid-19 pandemic situation around the world, the UN mentions the importance of harmonising laws and policies concerning mental health to be an equal part of the human rights. There is co-operation between UN and World Health Organisation (WHO) to harmonise legislation, especially concerning mental health issues (UN, (e), 2023). United Nations States Parties met in New

York 14. – 16.6.22 for Conference of the Convention on the Rights of Persons with Disabilities, to which also mental health issues are related. The first sub theme was: Innovation and technology advancing disability rights (UN a & b, 2022). The technology would be in a role to replace some routine types of face-to-face human activities. Online services are available wherever and whenever a customer is, flexible and reachable in different life situations. These circumstances might affect positively by decreasing anxiety and depression, and in a big picture higher the global life expectancy (UN (c), 2022). In the long run we will see if the demand and supply of the services will meet and more sustainable way of providing mental health services will occur.

In social ethics the term “human capabilities” are in the midpoint. The capabilities are abilities e.g. to express freely oneself and are related to basics of human rights. In the view of that if the quality of life is decreasing because of mental illness, a person may be so sick that the one’s life is threatened because of serious mental illness. This led to situation that there are less capabilities to express the freedom of life, have fun or participate e.g. politics. The discrimination of those, rights of freedom are affecting on quality of life in general (Nussbaum, 2013). Stenlund’s (2018) article reflects Nussbaum’s theory of the freedom of thought and values in mental health services and connects it with Fulford’s (2004, 14-15) value-based practices, which are related to ethics in healthcare, but are much broader aspect.

In my opinion, if there is not any mental help available in reasonable time this is discrimination of human capabilities. There are not many opportunities to choose from and act upon if a poor mental wellbeing is a health threat. Equal availability of services is one question to figure out.

Online therapy is a well-known mode of its cost reduction and better accessibility. There are also other issues directly affecting a customer of a therapy as Moghimi (2022) mentions. Those who could be suffering of stigmatization, maybe lacking structured psychotherapy programs and engagement of therapists. The willingness to have proactive interventions and recognition of special experiences and interpersonal relationships might be an issue to be developed.

The research data is collected from the collaboration network of therapists by a questionnaire addressed to the solution-focused therapists working both online and in-person. Also, two additional interviews were held later increasing the richness of the data.

Researcher has completed one-year lasting solution-focused brief therapist studies including basics in psychology aside of doing this research. This thesis was presented for solution-focused brief therapy students in its earlier phase to get feedback from the teacher and students. Therapy studies are included as elective studies for Master's Degree Programme in Global Change and Community development.

2 THEORETICAL BACKGROUND

Digital services in this field are growing fast, because they are easily accessible. This is an interesting topic to study because there are interesting aspects of how digital services work out for different people. There are arising such questions like “Is online therapy really helpful?”, “Is online-therapy somehow disturbing valuable therapist – customer relationship so called alliance?”, “What about the future trends in this therapy form?”

This study reflects therapists’ opinions and thoughts of the online therapy. Another part of the therapeutic relationship is the customers experience. The part which should be treated with the therapeutic intervention. In this study the opinions and thoughts of working online are gathered from the therapists, but the reflected literature, theoretical background in this study is the field research about customers of online therapy.

2.1 Analysing methods to find the key concepts

Literature review was made in the starting phase of the research. It gave background information about the studied topic and define key concepts. The type of the research can be called a scoping review, because it will be understood as a part of the research, and it will aim to map previous research on the topic and to scope the nature and extent of the ongoing research (Grant & Booth, 2009). The review was carried out by using EBSCO hosted databases CINAHL, MEDLINE and ERIC (See more detailed in appendix 1: A list of literature review) together with four search words: Solution-focused therapy, digital, mental health and benefits. An EBSCO article search according to therapy frame, solution-focused therapy cropped together articles with symptoms in their initial stage. Those mental health symptoms mentioned in literature search are depression (MDD, major depressive disorder) or anxiety (GAD, generalized anxiety disorder) and insomnia (Zotero, 2022). Those are often diagnosed as a person is suffering a mental disability and those often occur simultaneously, so diseases

have so called comorbidity with or without other life-threaten mental diseases (Hemmings et al., 2021; Jensen et al., 2022). Meta-analyses, which are statistically compound several research, showed that computer therapy for depressive and anxiety disorders was effective, acceptable as well as practical treatment (Andrews et al., 2010).

The scoping review would not be complete without using PICO. Using PICO in qualitative research it is called PICo. In this case it defines the Population, the Phenomenon of Interest, and Context. In this research the **P**opulation of the study is the therapists/ practitioners giving online therapy. The phenomenon of **I**nterest is the benefits and deficits of online-therapy and accessibility. **Co**ntext is solution-focused therapy given online in the collaboration network of therapists in Finland, The PICO format is a researcher's helpful tool to create research questions. It divides the research question into different components. There are different PICO formats available according to the research design. Usually, PICO is used for quantitative research, because in that case it is a tool to find a problem-based intervention with comparison to define expected outcome (Stacey & Cook, 2019; JBI, 2023).

With the PICO it was possible shape the search up concerning research questions; the benefits and deficits of solution-focused online therapy as well as accessibility by seeing research to be studied in this topic. Unless the 3rd research question has changed from overall usability to accessibility, the appendix 1 is not updated with that change.

The scoping review with usage of PICo gave more information about the key concepts and creates research questions. As a solution-focused therapy was added to search, later with the work of PICo and research questions, the search made me clear that the solution-focused therapy is mainly used by mild mental health problems, and it is partly based on cognitive behavioural therapy *(CBT)* (Jensen et al., 2022). The word digital gave wide variety of different digital services, so I had to select most relevant articles for this research concerning online therapy. The word mental health was affecting for the symptoms occurring in review which can be treated with the solutions-focused therapy. Later the

additional review was carried out including the word benefits. Through the first search, I already got information about the benefits and deficits, but the second search helped to give more information for the research question “What are the benefits and deficits of online therapy?” The scoping review is diagrammed according to the Prisma Flow Diagram (PRISMA, 2023). You can have a look at it in Appendix 1.

2.2 The concepts of the online therapy and teletherapy

Since the online therapy has been an option for in-person, face-to-face therapy, now it has become an accepted form of treatment. Usually, the customer is travelling to place where therapist’s office is located, but nowadays one can open a mobile device to discuss via Internet having online therapy wherever one is (Dhillon & Verma, 2022).

Online therapy and teletherapy are often understood as similar concepts (Psychology today, 2023). However, online therapy can be understood as an overall term for all kinds of therapies taken place via application or device. The tele psychotherapy is a therapy pursued online (Geller, 2021). In this research the sample of research are teletherapists working online. The online word defines more the way of doing than a teletherapist is a part of online therapy together with a customer. According to above mentioned clarification, I will use that overall term online therapy throughout the thesis.

2.3 Benefits of Digital Mental Health Care Interventions

In a form of online therapy, some benefits are quite clear according to the literature review like usability, suitability, and efficacy; cost- effective, resources used, applicability as well as safety of digital services (Aemissegger et al., 2022; Lattie et al., 2019; Stefanopoulou et al., 2020).

Elnaz Moghimi PhD research results are reflected in this research by analysing the data in the light of her research “The Benefits of Digital Mental Health Care Interventions for Correctional Workers and Other Public Safety Personnel”. Moghimi is the research scientist. Her background is in Your University, which is the University locating in Toronto, Canada. Her research was implemented in prison context. The end user and participants of the research were correctional workers in prison. The result of the study showed several benefits of the online therapy mode. Moghimi was able to categorise those benefits in five categories, which I will reflect in this study by describing the deficits and benefits of online solution-focused online therapy. Moghimi (2022) mentions benefits like easy scalability as well as accessibility and relatively low cost. This researcher Moghimi claims that some digital programs are as efficient as in-person, face-to-face care. He has categorized important points of digital services into following five categories.

1. The ability to enhance accessibility and due to that reduction of stigma (Moghimi, 2022; Porter, Galloghly & Burbach, 2022).
2. The availability of evidence-based and structured psychotherapy programs.
3. The degree of therapist engagement.
4. The integration of proactive interventions.
5. The improvement of engagement by recognizing special experiences and interpersonal relationships (Moghimi, 2022).

Moghimi’s categories are used by creating questions to be asked from research population, sorting out the research data and by finding out the answers to the research questions.

2.4 Choosing between the online and in-person therapy

Despite of the positive aspects that the digitalization brings, there are also some negative sides to this kind of service e.g., lack of human contact, lack of quick response, the expectations would not meet as well as in in-person therapy, and lack of dialog (Gericke et al., 2021). There is a difference between digital

treatment and in-person treatment. Which one is more suitable and in which situation? Comparison of treatments would be useful (Jensen et al., 2022) as well applications free to use in internet and information given from others in the same situation so-called peer groups (Kaylor-Hughes et al., 2017; O'Leary, 2017) as well suitability for suicidal patients (Stefanopoulou et al, 2020). There is a need for certain architecture, planning, development, clarity of purpose, usability, scalability, and precisely timed & personalized services because there are large quantity and variety of services available (Mukhiya et al., 2020; O'Leary, 2017; Wilhelm et al., 2020). What are the factors that makes online therapy ineffective? MacLean et al. (2020) suggested that it is a poor engagement of the therapists. There might be a certain process to accept the available web-based service and to become engaged users (Matanov et al., 2021; Venning et al., 2021).

There is a need for digital services, which are well addressed for certain symptoms (Hemmings et al., 2021). In the case of solution-focused short therapy, the therapy orientation is often cognitive behavioural therapy (CBT) and in the case of digitalized blended cognitive behavioural therapy (bCBT) compounding web-based as well as in-person, face-to-face contacts (Jensen et al., 2022).

Moghimi has been (2023) recently part of the research group, who finalized a study about the comparison of online cognitive behavioural therapy (CBT) and in-person therapy. Both modes of therapy were reducing clinical symptoms equally. The difference between groups was that in online therapy, the participants were having better quality of life rate, and they also more often completed the therapy. Participants could freely choose between online and in person therapy (Alavi et al., 2023). Moghimi's (2024) another resent research foundations were about the experiences of the online platform OTT, which was not so well known to user, usually participants preferred in-person therapy. However, they found the online therapy useful.

2.5 Alliance in solution-focused therapeutic relationship

A therapist using solution-focused form of a treatment believes that the customer is an expert in therapy process and has the core information to cure oneself. During the therapy the strengths of customer are playing major role. A customer comes to the therapist with problem(s). They together aim to find a solution (Connie & Metcalf 2009, 5). The practical working situation can start with the simple questions of “What do you want?”. This question can be repeated several times, that customer has time to answer, after that the answer is followed by asking the question “What is preventing you?”. After that the question “What do you want?” will be repeated. There is another set of questions what therapist can use e.g., circular questions towards ideal situation (Huisman-Laine, 2023). The idea is that a therapist gives feedback, shows respect and understanding. That will build up the knowledge of customers’ strengths, exceptions about the times that things were in a better shape. That will produce the feeling to become understood, feeling of relieved, less troubled, less sick, and after all normalise the situation (Connie & Metcalf 2009, 25 - 26).
In stressful situations, mind and body start to feel sick. Causes for that could be poor working conditions, health problems, life, and work imbalance. The feeling of stress or need to solve a problem is so high that it turns one to meet health care specialist (O´Connell 2001, 9 – 27). Approach for solution-focused therapy was created during the 70s. The key persons were Steve de Shazer and his wife Insoo Kim Berg in the Brief Family Therapy Center in Milwaukee, Wisconsin (Connie & Metcalf 2009, 2; O´Connell 2001, 5).

In general, in a therapeutic relationship, is seen in three dimensions: 1.) The therapeutic relationships itself, so called alliance, 2.) transference as customer transfer one’s feelings to therapist and countertransference as therapist answers to customer transference according to their own beliefs, and 3.) the real relationship. The alliance is the mainstay in all kinds of therapeutic work. Within the alliance the aims of the therapy as well as tasks to be done during the therapy together with the emotional bond between customer and therapist will be defined together (Wahlström 2012, 92). The alliance is the healing part of the therapeutic relationship, and this is the one to be built up also in solution-

focused online therapy. Usually, the therapeutic treatment is based on in-person given face-to-face psychotherapeutic intervention. This is the primary treatment for adults. However, the treatment provided online vs. face-to-face was found both equally beneficial (Lindfors & Stenberg, 2020).

Measuring successful online therapy in this case teletherapy is not an easy task. According to leading teacher Huiman-Laine (2023) short therapies are as successful as long-lasting therapies, which are often interrupted. Wahlström writes about the Wampolds (2001) meta-analysis, which was measuring an absolute effect of psychotherapy. It found out that the therapy orientation made only an effect on 10% (Wampold 2001, 88 & 112) so the therapy orientation is not the determining factor, according to Wahlstörm (2012, pp. 43 - 44) more important is the well-maintained therapy relationship so called alliance.

3 THE PURPOSE AND OBJECTIVE OF THE THESIS

The purpose of the research is to analyze the benefits and deficits of online therapy in a frame of solution-focused therapy in the context of therapy services in the Family Federation in Finland (Väestöliiton terapiapalvelut). The research aim is to analyze accessibility, which is one of the main benefit of online therapy also aside cost efficiency.

Data collection will be based on the experiences of therapists working online. The digitalization of mental health services is a current topic, as pointed out by the government's new strategy for mental health services (Psykologilehti, 2023) and taken into use by the Finnish Institute for Health and Welfare (THL, 2024). This research brings together some points of digitalization in therapy work, especially online therapy, and accepted evidence-based practices in Finland in this case a solution-focused therapy given by healthcare professionals as a psychological intervention. This study describes some challenges and guidelines in the mental health sector at the national level in Finland and connects international perspectives according to the declarations of mental health priorities given by the UN (United Nations).

The research questions are:
1. What are the benefits of solution-focused online therapy?
2. What are the deficits of solution-focused online therapy?
3. How is accessibility understood by the therapists using solution-focused online therapy?

Setting these questions will give a possibility to find answers to the beliefs and attitudes about digitalization and the experiences of practitioners combining theoretical literature and practice.

4 BACKGROUND AND PARTNER

Acceptance from the partner organization, and from the leading therapist in the therapy services in Family Federation of Finland was a motivative, positive starting point for study. Also, a leading teacher in training organization is in the right place to teach forthcoming solution-focused brief therapists. The helpful and kind attitude towards my research was very important to go further.

4.1 Therapy services in Finland

There are different levels of solution-focused therapies as well as other therapies. The psychotherapist is a protected profession in Finland. The solution-focused brief therapist is not a solution-focused psychotherapist, despite it is a good start to become one. The brief therapist is a well-known healthcare professional, but it is not a psychotherapist.

To become a psychotherapist in Finland, there is a need for two or more years of work experience in mental health care. This program is for psychologists, psychiatrists, and nurses. Therapy can be given to individuals or families and couples. Studies are completed by studying 60 – 80 ECTS (Psychological Practitioners Finland ry, 2024).

The solution-focused brief therapist studies are additional studies including university-level psychology studies. It is directed e.g. to nurses and social sector workers, but there are also other background professions (Alfa Partners Academy, 2024). Solution-focused brief therapist is not allowed to do long-lasting, usually three years, KELA (Independent Finnish social security institution supervised by the Finnish Parliament), which needs registration of the practitioner and are financially supported therapies by KELA.

After finishing university studies in psychotherapy, and years of experience in the field and then specializing in certain psychotherapy orientations the allowance to work as a psychotherapist will be applied to Valvira (National Supervisory Authority in Health and Welfare) (Valvira, 2024). Then the psychotherapist is a so-called registered psychotherapist. The solution-focused brief therapists are not registered titles, but usually they have another registered profession in healthcare e.g. bachelor's degree in nursing or social services.

The Finnish government in collaboration with THL (Finnish Institute for Health and Welfare) and local health care providers organizing mental health services according to a model including four stages. The multi-professional team is working together for the customers´ best. Doctors, nurses, psychologists, and therapists are working throughout the process.

1. The entry-level offers self–help services and individually visited web-based therapies.
2. The short interventions will be designed for certain symptoms. They are so-called psychosocial short interventions with the support of a specialized nurse.
3. The demanding short psychosocial brief interventions are for crises and traumas. In that stage, there is also brief therapy given by psychotherapists available.
4. Later if more services are needed, longer-lasting psychotherapy will be an option for rehabilitation purposes. Also, ward treatment or outpatient treatment would be needed/might be the case (Psykologilehti, 2023).

Customers can be in several stages of the model simultaneously. There is also much more to be concerned at the same time e.g., medication, social services, services for children and families, third sector services e.g. peer group services.

4.2 Therapy services in Family Federation of Finland

The partner institution for this study is the Family Federation of Finland (Väestöliiton terapiapalvelut) and their therapy services. The collaboration network of therapists is a nationwide organization in Finland. Each therapist works as an independent service provider. The availability of each therapist can be checked through the website väestöliitonterapiat.fi. Therapists can offer either in-person meetings in a physical office or online therapy wherever you are. The Family Federation's Therapy Services has co-working locations in different cities in Finland.

This study is focused on solution-focused therapists and their experiences of online therapy. The collaboration network of therapists offers solution-focused therapy in total around 60 solution-focused therapists working both online and in in-person contact. Only via online works 28 therapist's. Therapists have usually backgrounds in social and healthcare and are registered by a central agency operating in the administrative sector of the Ministry of Social Affairs and Health Authority for Welfare and Health, called Valvira in Finland.

The plan to collect the data was to send a semi-structured questionnaire to the therapists doing only online therapy. In this case, the sample seemed to be too narrow, and a questionnaire was planned to be sent to randomly selected solution-focused therapists, who are practicing both online and in-person therapy. An additional plan to increase the richness of data was to complete additional interviews.

The collaboration network of therapists offers traditional in-person therapy as well as online therapy. Therapists are working there as entrepreneurs, and service providers and the collaboration network of therapists by the Family Federation of Finland (Väestöliiton terapiat) is offering the ready platform with tools to be used between customer and caregiver. Therapy given is made with online tools and feedback is collected as well with certain tools, which is for self-reflection for therapists.

At Family Federation of Finland Therapy Services offers different therapy services: Private customer psychotherapy, short therapy, sexual therapy, work supervision, and group activities. The range of business and community services is extensive, offering organizational customers lectures, training, work supervision, therapy packages, and smart device-assisted measurement services. They also organize therapy training. The lead psychotherapist Tarja Santalahti is responsible for the operation of therapy services. The values of the Family Federation of Finland are Reliability – All employees and practitioners are experts in their field and qualified to work as therapists, supervisors, or childminders. Trust is also the starting point for customer work. People – Be approachable and accessible in everything you do. Fairness and equality are important. Courage means constant development of practices to serve the customers better, boldly, and open-mindedly. All offices are discrimination-free areas. Treating all customers, employees, and partners equally and committed ensures that non-discrimination is implemented within the company (Väestöliitto, Family Federation of Finland, 2024).

4.3 Training to become a solution focused brief therapist

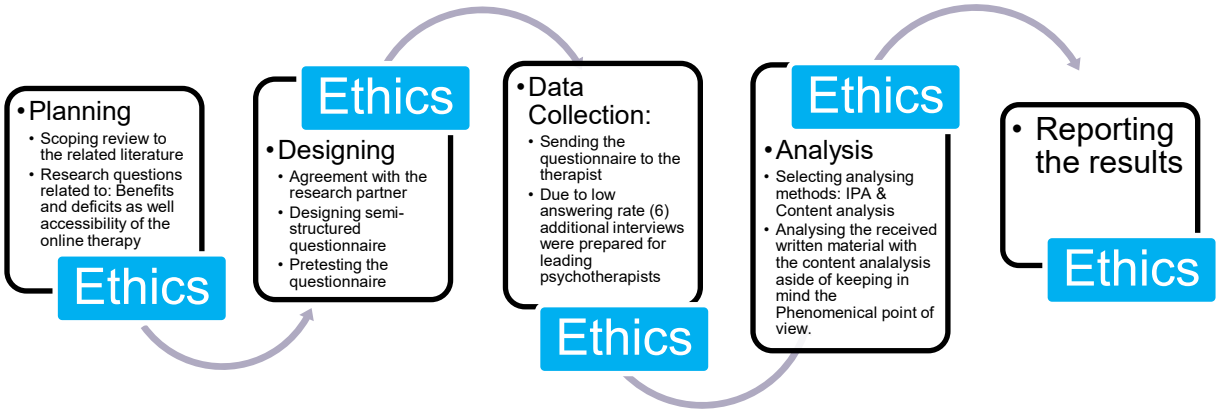
Master's studies in social services and a specialization in Global Change and Community Development include 20 credit units of elective studies. To increase my knowledge about solution-focused therapy, I studied totally 50 credit units of psychology. First in the University of Jyväskylä the compulsory studies, 30 credit unit to get permission to start therapeutic studies and then later specialization for solution-focused brief therapy, 20 credit units.

Solution-focused brief therapy is a therapy orientation, and it is taught nowadays in various places. Mainly those teaching organizations are private companies. Teachers of solution-focused brief therapy are professional psychotherapists. A professional psychotherapist can become a trainer psychotherapist to train and teach forthcoming therapists.

During my studies, I got valuable information about the therapy form itself. Also, we settled on a peer group of solution-focused therapists. The lead teacher of the studies was the one I interviewed to get the view of the teacher, and teaching institution, Birgitta Huiman-Laine. Also, this thesis was pre-presented in study purposes at the end of the solution-focused brief therapy studies with the note that it is the Master's Study Thesis in Social Services in Diak. I wanted to get feedback about the Thesis and its usability and benefits in practice. I also think that there is a need for more conversation about online services. Since May 2024 the thesis has changed focusing on the research questions concerning benefits, deficits, and accessibility instead of benefits and deficits and general usability to deny self-plagiarism although the thesis was presented only for study purposes and not officially published during the study phase in solution-focused brief therapy by Alfa Partners academy.

5 RESEARCH-ORIENTED THESIS

This thesis is research orientated. The starting point for the research was the scoping review to understand the topic, design the study, and understand the key concepts (Grant & Booth, 2009) aside to create research questions. There is also an important part to study background information like what the digitalization in mental services means and the description of an environment and the process of getting into services. This also may increase understanding of the customer's/patient's service path. The Research instrument is the semi-structured questionnaire, and the target group is selected practitioners in the collaboration network of therapists by Finnish Family Federations´ therapy services. Two additional interviews were conducted with leading psychotherapists. One is working as a leading psychotherapist in therapy services and another as a psychotherapist in a training institution as a lead teacher in solution-focused brief therapy studies. Interpretive Phenomenological Analysis and Content analysis are used to analyze the data. Moghimi's foundations are leading the analysis. Chapter 5.2.2 explains more detailed how the data is sorted in content analysis and tabularized.



Picture 1: The research process

The above presented process description shows the stages of planning, designing, producing, analyzing and reporting. Writing exists in all steps of the research; the grey arrow represents that. Ethical issues came along e.g. in a planning stage I paid attention to the target group of the research, which is in living in a vulnerable situation, very often suffering mental issues. The modification of the research question came along with the literature research, scoping review. The questionnaire was designed to ensure that the identity of respondents is protected by sending invitation letters and the questionnaire itself has the consent form. In addition, the interview data collected is accepted by interviewees and there is permission to their identification asked for by e-mail. Analyzing process was proceeded by content analysis and the raw data was excluded, only some examples included in the report. The reporting process has all the stages of the research and needed content mentioned in Diak Libguide (2024) and the process is described here according to Finnish Social Science Data Archive, TUNI (2024).

5.1 Description of the Empirical data

The empirical research was planned to be implemented with the semi-structured questionnaire to be sent to the solution-focused therapists working online. The questionnaire included Likert scale questions as introductions to long descriptive answers for open ended questions. Both methods: The qualitative and quantitative can be used and they are used in complementary issues (Patton 1999, 1194).

There were already at the beginning of the empirical research some open questions about the sample and the richness of data, which may affect on the validity of the research. Data collection was planned and agreed with the leading therapist by the Family Federation of Finland and its therapy services. The request to answer was sent through leading therapist to co-worker, who forwarded a link to the questionnaire per e-mail to all key-informant, solution-focused therapist. Finally, the questionnaire link was sent per e-mail to the all therapists working both in online as well as in person, face - to - face contact according to request

of service provider. Totally c. 60 requests were sent by the lead psychotherapist of service provider. According to that the researcher did not have any information of the defendants.

5.1.1 Pre-testing and applying the research instrument

The semi-structured questionnaire as a research instrument was pre-tested by lead psychotherapist of the collaboration network of therapists. The lead psychotherapist gave some ideas to correct it e.g., question 15 is not having a possibility to answer not an experience on that. The correction idea was to change it “In case you have an experience of online therapy, please…. Also question 19 according to lead psychotherapist would start “In case you have an experience of online therapy…”. After having a pre-testing, I recognised that there might be an advantage of pre-testing. The questionnaire was also tested by seven participants. Some of them had not any experience in solution-focused therapy or therapy services at all. Pre-testing leads for better formulations of questions. In my own evaluation of questions led me to recognition of a need of some further questions, justifications after a Likert scale question (e.g., questions 12 and 13). Also, pre-testing allowed me to correct some failures in design, e.g. lack of answering space. I also understood that the length of the questionnaire cannot be long, and a variation and structure of questions keeps defendant’s interest going on. At the beginning of the designing process, the questionnaire had another identification information, gender, and according to supervisor’s notice, I excluded that information, because it was too much information to identify an individual respondent. The final decision was that the age in scales was the only identification data collected.

At the beginning of data collection process, a therapist received an invitation letter (Appendix 2) to fulfil google form based semi-structured questionnaire (Appendix 3). After receiving that there was the actual questionnaire in Finnish language to fulfil (Appendix 4). The time to answer was a week between 24.1. – 31.1.2024. The answers received were first five pieces. Answering time was repeated during 15.2 – 22.2.2024, but the increase in answers was only one.

There were totally six answers received. The time frame was a week, because questionnaire included questions having possibility to write a long answer. The idea was also that the key-informants in this case the therapists can return to the questionnaire during the week if they want to add an essential material coming to mind regarded to the parts of the questionnaire.

The reliability and validity lean on the richness of data, but in this case the questionnaire was designed to have many long descriptive answers as expected in interpretive phenomenological analysis, IPA and content analysis. Also, later on in order to get wider information about the benefits and deficits of solution-focused therapy held in online as well as increase the reliability and validity of the empirical research was to use questionnaire to do additional interviews and due to that formulate the questions that they were also suitable to answer in a point of the lead psychotherapist view by service provider and by the lead teacher in teaching institution of the solution-focused brief therapy.

5.1.2 Additional interviews

To complete the idea about the deficits and benefits of online given solution-focused therapy, the interviews of the lead psychotherapists were a good idea. The lead psychotherapist has an overall view of services available in Therapy services in Family Federation in Finland and what the online given solution-focused therapy is in practice and what it should be. An interviewed lead teacher knows about practical work as well as from which situations the students of solution-focused brief therapist are starting their career. The lead teacher has education to work as a psychotherapist. She has a background in social services. The interview was completed in Microsoft Teams (lead psychotherapist) and in Zoom (lead teacher). Questions were exactly same, despite an angle of the leading position of interviewees, as were different compared to questions in questionnaire sent to the solution-focused therapists working online. Only the point of view of the questions were changed according to the role in the organization that the lead psychotherapists could answer according to their role at work. Data collection was done by writing notes during the online interview.

Those two additional interviews were organized and held online (Teams and Zoom) during February and March 2024. The interviews got an upper-level role in the analysing process. They were also holding more information, because the role of leading position of interviewee. Analysing of the data chapter explain more deeply how the data was sorted out according to content analysis and Moghimi's foundations.

5.2 Analyzing the data

There was during the research design discussion about the analyzing method. Is it thematic analysis or content analysis? By weighing those two analyses and after going through results of the empirical analysis, I rather turned to content analysis (Coolican, 2014, 299 - 304), because there were only six answers from therapists and two additional interviews including the lead psychotherapists of the service provider and a teacher in teaching institution of solution-focused therapy. I made up my mind especially after including those two interviews. First the questionnaire was sent to the solution-focused therapists working in both methods; online and in-person. Those answers were easy to put in themes because a questionnaire was sent to the therapist by using google form. The results were nicely categorized in Excel form. By analyzing the answers of the lead psychotherapist and the lead teacher it was not so easy, because two empirical research were interviews and held in online (Teams and Zoom) and I as a researcher wrote down the answers. In addition to the online interview, I asked both to write shortly benefits and deficits of online therapy to sum up their ideas about it. I received one written A4 from the thoughts and ideas of both psychotherapists in leading position. The interview data was included in the content analysis, but the later sent summary paper was received to clarify that the answers in interviews were understood correctly.

5.2.1 Selecting analysing method

In this study I will gather information about the participants own thoughts, attitudes, and values. According to research methods in psychology one of the suitable analysing methods is the phenomenological analysis. Research methods in psychology calls that analyse method for interpretive phenomenological analysis (IPA) (Coolican 2014, 261 – 263). In this research the Phenomenon is solution focused online therapy and the thoughts/believes/attitudes/values of solution-focused therapists working online are to be concerned as describing the phenomenon.

By increasing trustworthiness of the research alongside of the IPA thematic analysis or content analysis can be used. The content analysis is often related to phenomenological analysis because it is also studying a phenomenon. The philosophical background for it is communication theory. Gathered data can be settled in themes/units according to frequency of occurrence (Elo et al., 2014, 5; Vaismoradi, Bondas & Turunen, 2013, 399). It is suitable for open-ended question e.g., concerning the description of one therapy session as an event. The analysing methods depends on the sample size and content. In case the replies to open-ended questions are short, the thematic analysis would be better, since content analysis is for smaller sample and detailed long answers. In this study content analysis is used.

5.2.2 Analysing the data

The starting point to data analysis and the results identification was the research instrument the semi-structured questionnaire. It was designed to be qualitative and had inside quantitative Likert scale questions as an introduction to long descriptive answers as expected in interpretive phenomenological analysis. (IPA) and content analysis as an analysing method. To get wider information about the benefits and deficits as well accessibility of solution-focused therapy held in online as well as increase the reliability and validity of the

empirical part of the research the additional interviews were held. Those interviews were designed to be similar with the therapists' questionnaire.

After data collection the results should be written in table format or other e.g., chart form (Finn & Barak, 2010). In addition, there will be explanations of the tables. The Google form is automatically producing tables and charts also in excel table out of the answers in questionnaire. Part of the written answers will be used completely or partly after analysis of answers to the research questions.

Quantitative data is as introductions to long descriptive qualitative data. The five scale Likert scale answers can be represented as percentages either never and seldom (1-2) or neutral, often to very often (3-5). According to Finn and Barak´s (2010) results can be grouped instead five scale to the two by representing results. The table gives also a mean and a standard deviation. Those numbers are giving more information between questions in survey. By looking at mean, which is most often used in empirical studies (Lane, 2023), the most common answers can be found out. Standard deviation will be calculated by using mean and variance. It tells about the variability of the values in the data (Lane, 2023).

Researcher´s role is not only to act as an interpreter of the research material as for the research method, IPA is built up, an important role is to act reflexive by analysing participants experience about the phenomenon, online therapy. This is called double hermeneutic (Coolican 2014, 262), because researcher is interpreting the interpretations of therapist thoughts about the online therapy. In my opinion the scoping review as a supporting theory becomes very important to increase objectivity and make the final evaluation comparing research results with the other already released research (TUNI, 2024).

To analyze and find the opinions and thoughts of solution-focused therapists about benefits and deficits as well as accessibility, the collected data must be read well through and sorted. Solution-focused therapists are perfect key informants in studying the benefits and deficits of online therapy. Usually, they are in charge, aside from the customer, to support the therapy process towards the normalized life. Also, it is easier to collect research data from the therapist than

a customer of psychotherapy. This group of people is in a vulnerable situation and often the stigma or other health issues as well as data protection prevent cooperation for research purposes. The online fillable semi-structured questionnaire was a freeware service product from Google, the so-called Google Form. The questionnaire has four sections (numbers in brackets with # are related to raw data and numbering there):

1. participants consent form,
2. Background information, questions 1. (#1) – 4. (#4)
3. Therapy session – therapy process, questions 5. (#5) – 14. (#14)
4. The benefits and deficits of online therapy, questions 15. (#15) – 20. (#20) (Appendix 3 and 4).

The data in Google form is represented and automatically sorted out to Excel table form. In that table, each defendant has a timestamp and line throughout the answers. It is easy to follow each defendant, question and answer. As the answers of the therapists were in Excel format, those were integrated and organized with two additional interviews of the lead psychotherapists. That was produced by creating a separate table using Word, which had columns according to Moghimi's study topics. Integration and organization of the data was made by a thinking process in which questions relate to certain theoretical foundations by Moghimi (2022). Often the open-ended answers of the therapist could suit more than one column in content analysis.

The questionnaire started with a question about age. This was the only question that gave identification information. The questions about the age of psychotherapists described the age range. The data was small 6+2 participants, since the expected was over 10, so the data was not used by figuring out quantitative data as it was designed. The first background questions about the usage and willingness to use online therapy did not include the tabulation nor the hours spent online. Likert scale answers became introductions to the long open-ended questions. Those questions were identified in results e.g. how age reflects the willingness to use online therapy, what about hours completed online, does it affect your willingness to use online therapy, or is it telling more about your opinion which amount is one's opinion of "a lot of usage" in online.

The collected data was tabulated according to Moghimi's theory about online completed therapy. The beginning of the analyzing process was organizing the data into columns.

Table 1: Organization of the questions in questionnaire to content analysis according to Moghimi's foundations to analyze the data

1. Improve accessibility and reduce stigma	2. Availability of quality psychotherapy interventions	3. Commitment to the therapy	4. Integration of the proactive interventions	5. Factors affecting on engagement
#5	#6	#7	#10	#8 Likert
#18	#12 Likert	#14 Likert	#17	#9
#19	#13			#11
#20	#15 Likert			#16 Likert

The 1st column of "Improve accessibility and reduce stigma" included question number 5 in a questionnaire. Question number 5 (#5) in the questionnaire "What kind of situation does the customer come to the therapy from? The answer of the therapist was written in table form. This question gave me information about the situation of the customer from the therapist's point of view.

Table 2: An example of the data collected and organized in content analysis according to Moghimi's (2022) theory

1. Improve accessibility and reduce stigma	2. Availability of quality psychotherapy interventions
Therapists: What kind of situation does the client come to therapy from? #5: Scheduling difficulties prevent coming, or it's a long-term client who has moved far away, or the client (or I) is a little sick and we switch to a remote meeting, or the couples therapy parties are at different addresses and it's difficult to organize everyone in the same place, or it's a first meeting and the client doesn't want to to see the trouble of coming there, because he doesn't yet know if I'm the kind of Therapist whose meeting will be useful for him in the long run.	Therapists: Question #6 computer, headphones, internet connection Diarium, Skype, phone. Same as in face-to-face therapy Teams or Väestöliitto, therapy services application. Phone or remote connection using a computer Computer, headphones.

Table 2. shows how the content analysis has started. Moghimi's foundations are in the key position designing content analysis. 1st Category in Moghimi's study is "Accessibility and stigma neutralization". For that category I added first question 5 (#5) 5. If you do online therapy, tell me what kind of situation the customer comes to online therapy from? (Possibly three different situations). There is one answer to the open-ended question concerning scheduling difficulties, moving away, sickness or a couple who live at different addresses. 2nd category is in this 1. Table to show that the categories were presented vertically and according to Moghimi's theory the issues related to "Availability of the quality psychotherapy interventions" were mentioned in here. I considered the online connection between customer and therapist the one of the quality marks. According to that question six (#6) was suitable for this category. It was following: "What kind of tools do you use to communicate online?" Answers surprisingly varied a lot, e.g. computer, headphones and internet connection, Diarium, Skype, phone, same as in face-to-face therapy, Teams and Väestöliitto therapy work application, phone, or online connection using a computer, computer, headphones.

After explaining table 2. Above, the chronological order of the table continues with the explanation of the first column of the content analysis. After setting the number five (5#) to the first category "Improve accessibility and reduce stigma", comes the question 18 (#18) "If you have experience with the disadvantages of online therapy in a therapeutic relationship, could you tell us about the disadvantages with a few examples?" and question 19. (#19) Does the possibility of online therapy facilitate the initiation of therapy? Select 1 – 5.
Question 20. (#20) "Here you can justify your answer to the previous question by answering why and how the possibility of online therapy contributes to starting therapy" (Appendix 3).

For the 2nd column "Availability of the quality psychotherapy intervention" were the questions: 6. (#6) What kind of tools do you use to communicate online? 12. (12#) Are the issues or problems discussed in online therapy different from those that come up in an in-person reception? Select 1 – 5. Question 13. (#13) If the conversation differs within online therapy, could you give examples of these differences? and Question 15. (#15) In my opinion, a therapeutic

relationship can be built only through online therapy reserve. In my opinion, it helps the customer just as well as the therapy received in-person. Select 1 – 5.

For the 3rd column “Commitment to the therapy” were following questions from questionnaire included: Question 7. (#7) What special preparations does online therapy need to take place? Question 14. (#14) If you hold an online therapy reception, does it usually end with a joint decision? Select 1 – 5. And the last for this column complete the previous question here by answering the open-ended question: What factors influence the end of therapy?

For the 4th column “Integration of the proactive interventions” were questions: 10. (#10) How do you lead the conversation during online therapy? and Question 17. (#17) What things do you think indicate the customer's recovery in online therapy?

For the 5th column “Factors affecting on engagement” were questions: 8. (#8) Does observation differ in online therapy compared to therapy in-person. Select 1 – 5. Question 9. (#9) What kind of observation do you make during online therapy? and question 11. (#11) What kind of issues or problems do you think are difficult to solve during online therapy?

Table 3: Column 5. Factors affecting engagement and questions #8 and #9 related to that?

5. Factors affecting on engagement
Therapists: #8: Does observation differ: 4,5,5,5,4,2
#9: Rationale: The changeability of general expressions. In remote therapy, the focus is more on speech, and I observe the client's facial expressions and gestures less than in a live meeting. I use clarifying questions more to make sure that the customer has understood what I mean.

Table 3. explains the way of using content analysis in this thesis. All the questions in semi-structured questionnaire were put in categories according to

Moghimi's theory. This table shows the fifth column "Improving engagement by identifying special experience and relationships". The first question from the semi-structured questionnaire to be included was the number eight (#8), which was a Likert type of question having the rate scale 1 - 5 (1. Never, 2. Rarely, 3. Neutral answer, 4. Often and 5. Very often). In content analysis I have shortly marked only numbers answered by the therapist, which are: 4,5,5,5,4,2. The question nine (#9) was included second to this category, which is open-ended question "9. What kind of observation do you make during online therapy? (If possible, give at least three examples)". The answer is given in text form. In remote therapy (online therapy), the focus is more on speech, and I observe the client's facial expressions and gestures less than in a live meeting. I use clarifying questions more to make sure that the customer has understood what I mean. The underlined part highlights the importance of understanding each other in therapy. This also directs to the alliance, therapeutic relationship.

6 RESULTS

Results will be represented first by giving the background information, second the analysis made by using the content analysis and table format including theoretical background from Moghimi (2022). All the data collected was divided in collum's to find answers for research questions. Results section and data analysed is represented going through each answer from questionnaire, including Likert questions as a numerical opinion for certain statement and open-ended questions and interviews of the lead psychotherapist as well as the lead teacher putting those answers to the content analysis table form according to Moghimi's research of the important factors in online therapy: 1. Accessibility and stigma reduction, 2. Availability of the quality psychotherapy interventions 2. Commitment to the therapy 3. Integration of the proactive intervention 4. Factors affecting engagement.

Raw data is reflected with Moghimi's (2022) theory in sections 6.1 – 6.5. in order to analyse it according to research questions about the benefits and deficits as well accessibility of the solution-focused online therapy. The data and analysis from the questionnaires sent to therapists are represented first and the data and analysis from the lead psychotherapist and the lead teacher in a form of interviews are represented last.

The first part discussed the explanation of data protection and voluntary participation according to TENK and the therapist's approval of participation in the study before starting to answer the questions. In addition, background information was asked, such as the age of the respondents, the use of online therapy and the willingness to use it, as well as the number of online therapy hours completed during the year. There were six responses to the survey. All respondents were in the age range of 45 to 65 years. Some of the respondents actively used the online therapy form. In 2023, the number of online therapy hours held by therapists varied between 3 and 100 hours. Willingness to use online therapy in the future was lower than current use (Questionnaire #2. and

#3.). This was a Likert type question and as the sample was small the quantitative data is in minority in this research.

The answer of the service provider's lead psychotherapist about the use of online therapy and the willingness to use might influence future trends. He answered both questions with the number 4 (often). The lead teacher rated these two questions with number 5 (very often) and number 4(often). This means that the teacher uses online communication with solution-focused students very often and is willing to use it less. This is understandable, as there are more than 500 online teaching hours per year.

In this study, based on the opinions of solution-focused therapists, I analyzed the benefits and deficits of solution-focused online therapy, reflecting it on the research results that have already been done and considering national and international plans for organizing this form of therapy in Finland. When analyzing the therapists' answers, I came to analyzing methods of IPA, i.e. the phenomenon analysis method as a general idea how to describe data, and content analysis to tabularize the data. Content analysis method tabulates the answers of the questionnaire and interviews according to the five categories named by Moghimi (2022). According to previous studies, online therapy is just as effective as therapy given in-person (Lindfors & Stenberg, 2020). This is also expected positive outcome according to literature in this study.

6.1 Accessibility and stigma neutralization

Solution-focused therapists saw accessibility as one very important mode when thinking about online therapy. Especially in cases where distance separates. These issues are mentioned in previous studies mentioned by Moghimi and other researchers (Moghimi, 2022; Porter, Galloghly & Burbach, 2022).

The therapists' answers were as follows regarding accessibility and stigmatization: Online therapy is a good option when the schedules do not match and it is difficult to arrange a close meeting or sometimes the customer has moved to

another city, lives far from the therapist. The customer or therapist can also be sick, so online therapy gives the opportunity to keep in touch. In couple therapy, the therapy parties can be at different addresses.

> *Online therapy is also suitable for the first meeting. In it, the customer can evaluate the therapy relationship, the alliance and the therapist, if and how the therapist meets the customer's needs.*

The customer may need special help that is familiar to a therapist. Some customers may be in the middle of a crisis. These can be e.g. relationship problems and severe anxiety.

The customer may live abroad or is shy. Almost all therapists mentioned distance problems in connection with the need for online therapy. Either being abroad, having a travel day, living at different addresses or making life situations like illness or everyday logistics easier in the situation of choosing an online therapy option came up (questionnaire, #5).

There were few deficits of solution-focused online therapy:

> *Especially for a trusting relationship, it may take longer to create an alliance, therapeutic relationship during online therapy.*

Sometimes there are technical problems, e.g. the Internet connection breaks, the customer cannot get in touch, the sound in computer needs adjustment (questionnaire, #18).

Justification for the Likert question #19 is by answering to the open-ended question #20. The possibility of meeting online may be necessary for someone. For example, there may be obstacles to physically coming to the place. Therapists are pretty much on the same page about this. The answers varied between 3 - 5, mean of the numbers being 4, which means that the customer is satisfied with the possibility of online therapy because he cannot meet physically, sometimes it is also easier to make the first appointment online. The customer may

want to make sure of the therapist's suitability, and the customer may later feel safer in a close meeting after getting to know each other online. Online therapy is easy to start with because it doesn't matter where you live. Online therapy as an option meeting is good to exist. In some cases, it is easier to talk online. Also, if you're feeling shy, it's easier to start an online conversation.

Both the lead Psychotherapist (4, often) and the lead teacher (5, very often) agreed "The online possibility helps to get the customer to meet." (question #19) The lead Psychotherapist adds that contact is safe online if you don't know the other person. There is less tension. This is important for customers with anxiety or obsessive-compulsive disorder. In addition, in an online meeting, you can estimate, is the therapist the best possible choice starting a therapy. An online therapy session is well suited for such a first meeting. The form of therapy is also good to research and discuss together with the therapist. There are also many questions at the beginning of therapy. There the solution-focused online therapy can be useful. The lead teacher also says that solution-focused brief studies may be the first step on the way to becoming an officially recognized psychotherapist. In online learning, it is possible to investigate whether this career is the right one.

6.2 Availability of the quality psychotherapy interventions

Finland has strict standards for therapy work. Security and data protection are increasingly important today. Therapists' answers bring out daily routines and interviews with the lead psychotherapist clarifies the desired practices. There may be a need for improvement in secure communications. According to the therapists (question #6), the online connection between the customer and the therapist was diverse according to the survey. According to the contact responses, online therapists use the following tools: Computer, headphones and Wifi. Therapists used different applications: Diarium, Skype, telephone, and Teams. Some therapists also offer various web-based services to the customer.

One of the answers was related to the content of the therapy itself and the tools of solution-focused therapy itself. The therapist replied that they use the same tools in online therapy as in a local reception. I understood that the therapy methods do not change, and the same methods can be used, regardless of whether it is online therapy or in-person therapy. On the other hand, this is important that you don't have to give up the way of working, nor the frame of reference of the solution-focused method, but it is possible to implement it in a variety of ways in online therapy.

Can online therapy be the only way to implement therapy in the therapists' opinion. According to the literature, it is as good as the therapy received at a local reception (Lindfors & Stenberg, 2020). To weigh the previous question, the therapists' perception of therapy work, and successful therapy was also asked by stating the statement in Likert scale in questionnaire #15 "Online therapy is as useful as therapy received in-person". Different answers were received regarding the possibilities of online therapy to help compared to an in-person meeting. Therapists answered the 1 – 2 – 3 – 4 – 5 (never – neutral – very often) question as follows: 2, rarely – 2 pcs, 3, neutral – 1 pc, 4, often – 2 pcs 5, very often – 1 pc. There was quite a bit of dispersion in the answers. This question divides opinions.

According to leading therapist and research partner, in this case the service provider of solution-focused therapy uses the North Health service and the related online communication tool, Diarium. The phones are also connected to the North Health service. The Lead psychotherapist clarifies that the therapists are health professionals approved by Valvira (registration authority for social and health professionals). The North Health service promises: strong identification, secure connection, advance information and video calls (Nortdhealth.fi).

The lead teacher of solution-focused therapy described that students come from a wide variety of backgrounds. They have social and health education, philosophical education, they are multi-talented, have experts in human and nursing science or maybe they are rescue professionals. Most of the students are university level students.

According to the survey and interviews, the online connection between the customer and the therapist was diverse. The teaching of solution-focused students is carried out using ZOOM technology. In addition, the lead psychotherapist mentioned the correct use of the devices and their training. The connection link for video calls must work. The customer will be informed in advance about the link and its use. An ICT expert checks the therapists' computers and audits information security.

"Safety above all" says the lead psychotherapist.

To the Likert question #12 "Are the issues or problems discussed in online therapy different compared to the issues that come up at a local reception?" and following questions #13 is written answer for previous Likert question. Answers for the #12 Likert question were between 1 – 3, meaning that the issues addressed in therapy are no different whether you are sitting at home in online therapy or in-person with a therapist. If the conversations differ in online therapy (question #13), one therapist says that the customer may be more courageous in online therapy. On the other hand, sensitive things seem to be easier to avoid. Therapists say that they listen to the customer more carefully in online therapy than in-person meetings. Other answers said that there is little to no difference when comparing online therapy and in-person therapy.

The leading psychotherapist says that online therapy and in-person therapy do not really differ.

In case that happens, the meeting is more superficially, situations are crazy. There will be negative quiet moments. Customer is not present. The situations are not so spontaneous. Painful and sensitive things exist.

In online contact listening and words to use are very important, says the lead teacher of solution-focused therapy.

6.3 Commitment to the therapy

Commitment to online therapy is influenced by many factors. How do you prepare for starting online therapy (questionnaire, #7, Appendix 3)? The therapists answered that a quiet place is important, sending a link to the customer, paper for taking notes, a pen, maybe a mini flipchart, a working internet connection, the therapy material to be used, the design of training material focusing on a digital solution is ready, planning the situations where there are more than two participants. Planning and preparation of the therapy session are important, and this might be one important factor of quality and commitment to the therapy.

Therapists stated that personal experience, situation, and change, as well as signs of recovery, are quite easy to detect in online therapy sessions. 3/6 of the answers were 3, neutral. The rest of the answers were even more positive, saying that it is often or very often easy to catch up with the customers' situation during an online therapy session.

Regarding the Likert question #14, consensus at the end of the online therapy, more than half of the therapists' answers were in favor of the decision made together. There were no clear opposing opinions. Therapists explained the common understanding of the end of online therapy, that usually already at the beginning of the therapy, a certain number of online therapy sessions has been agreed upon. Sometimes it is also difficult to use the tools of solution-focused therapy, because in an online session the customer may not have enough self-confidence, and this is also the reason that sometimes the therapy relationship, alliance does not go as deep as expected. Some therapists only use online therapy on a one-time basis. Sometimes online therapies end because the customer wants to meet in-person or the need for therapy has ended. This is a clear reason not to continue. One therapist has no experience of moving from online therapy to in-person therapy, but sometimes customers who live abroad want to meet in-person when they travel geographically closer to the therapist. The method of operation must always be clarified on a case-by-case basis by the customer oneself.

Psychotherapists in a lead position had a more positive view of the use of online connections and wished to use it. In the teaching work of solution-focused therapy, there was pressure to reduce lessons held online. Most of the time, these training courses take place only through an online connection. The lead teacher also mentions the constant dialogue and feedback between teacher and student during the learning process. The frequency of contact, discussions and completed homework indicate a willingness to learn.

6.4 Integration of the proactive interventions

Three out of six therapists say that the therapy itself works the same way if it's online or in-person, it doesn't matter (questionnaire, #10). Especially in solution-focused therapy, information can be obtained by using a scale, e.g. the customer can describe his own resources on a scale of 1-10, which 1 is poor, instead the number 10 used describes very good condition, in which case the usable capacity is ideal. By asking such questions, it is possible to create more things to discuss, which are kept in mind towards a common goal. A lot of help comes from the solution-focused form of therapy itself, different questions, different roles, outsourcing techniques, e.g. by writing topics on a mini flipchart, it is also important to check the customer's message and assignments with confirmatory questions.

According to the therapists, clear signs of recovery in online therapy (questionnaire #17) leans on the customers' own experience and feedback. One therapist believes that it works in the same way as in-person therapy. The customer's speech turns to solution speech, the problems seem to become challenges that can be handled. Sometimes the customer can give examples of recovery themselves. The therapist and customer compare the goal set at the beginning of the therapy process and, over time, reflect together on how the journey towards the goal is progressing and at what stage the situation is now. Progress is assessed

between the third and fifth meeting. Usually, the customer gives feedback on changes in the situation.

> *The most important measure is the customer's own experience of recovery. This is also visible externally. The customer has a sense of hope when expressing oneself.*

Can there be only online therapy without close in-person contact (Questionnaire #15)? According to the responses, this divides opinion. Different answers can also inform about different opinions of the therapists. The lead psychotherapist responded 3 (neutral), with the additional comment: "It depends on the customers' symptoms".

The lead teacher's opinion about education is very positive. He says that studies can only be built on online contact. He adds that in some cases the connection may be thin, like "not so serious online chat". Online teaching makes it possible to successfully reach all students at the same time, even around the world.

Exemplary training supports future solution-focused therapists in their work. This is the opinion of the lead teacher of solution-focused therapy and adds that the one is preparing for the lecture held a week in advance, checking the planned PowerPoint presentation so that the students' wishes can be realized. It is important to check those tools such as microphone, webcam, wifi and other tools are working. Mental preparation, a calm atmosphere and a sense of presence are also important. The lead teacher of solution-focused therapy says that he does not see facial expressions as well in an online meeting as in an in-person meeting. Sometimes students don't use the web-cam at all. The lead teacher says that there is possibility to find a contact by asking. The comment box in ZOOM gives you the opportunity to ask questions during the lectures. It is not possible to implement some practices during the online session, e.g. therapy cards and exercises that are usually done physically. It is also common to improve the posture of customers during relaxation. The therapist may see something that needs to be changed. Then we go and show a physically better position, but this is not possible in online contact.

The lead teacher described the online lecture: "Lack of physical presence significantly complicates teaching. Sometimes I don't see the students. On the other hand, it usually doesn't matter. In some cases, I really feel a connection with the students. Especially when there is a good conversation."

6.5 Factors affecting on engagement

Moghimi (2022) explored this topic under the title “Improving Engagement by Identifying Specific Experiences and Relationships”. I combined this with an observation made by the therapist during online therapy versus in-person therapy. In addition, I believe that the availability of high-quality psychotherapy programs also increases commitment. Related to this, the topics in section 6.2 are relevant when reading these results.

According to the answers to Likert question #8, observation in online therapy and in-person meeting are often different. A half of the responses received a mark of 5, the findings differ very often. This answer gives indications that solution-focused therapy in online is often different compared to an in-person meeting. During online therapy, observation focuses on expressions. Another therapist focuses on the conversation and the customer's words, which are becoming more important than facial expressions. Additionally, this therapist uses questions to make it clear that thoughts and understanding are what they are meant to be. Another therapist pays attention to the breaks and says that in online therapy I have noticed that

> *at the end of the therapy session, it is important to discuss the experiences and feelings during the therapy*.

Therapists say that asking questions is key, and e.g. a good way to continue the conversation is, for example, to say "tell me more about the problems you just told me about".

Some problems are difficult to solve during online therapy (Questionnaire, #11). According to therapists, such situations are serious mental health problems or traumatic crises. Sometimes it is difficult to get into a safe and intimate situation where the traumatic events can be repaired and empathize with the traumatic event. It is also difficult to see the customer's body language and expressions. The customer can do something else during the online therapy session. One therapist reflected on the similarity of gestures and expressions. Another therapist answers from the same themes that it is easier to do things that require physical contact in an in-person meeting. In couple therapy, the option of online therapy remains open, because in some cases it works very well, but sometimes not at all. According to the therapist, the risk of failure is greater. Especially there can be a lot of sadness and in this case an in-person meeting is safer. The rest of the therapy can be completed at the customer's pace.

Likert question #16 states “I get the information about the customer's experience, and I can measure the recovery”. Therapists stated that personal experience, situation and change, as well as signs of recovery, are quite easy to detect in online therapy sessions. 50% of the answers were 3, neutral. Also, 33.3% meant that it is often easy to catch up with the customers' situation during an online therapy session.

The lead psychotherapist’s opinion for the different observation in online therapy is neutral. The lead psychotherapist continues that the observations differ if it is either a new customer or a customer who is already well prepared. In the case of a new customer, observation is not easy. Customers' situations also vary. Sometimes the first contact with a therapist can be easier online. You can stay at home in a safe place, you don't have to find a place for your car or go to the waiting room with other customers. In the case of obsessive-compulsive disorder, an online connection may be helpful. The customer's situation may vary.

The lead psychotherapist continues that the alliance and the need for time to build, it varies.

> *Sometimes it can take five times, sometimes 20 times, before a relationship and trust is built.*

The lead teacher describes the observation very briefly: "Observation is difficult during online therapy, but I follow gestures and expressions. The questions are useful in the therapy session to move forward. She also says that therapists use repeated and circular questions to find out the customers' situation. The tasks to be performed also play an important role here. According to the lead psychotherapist, a traumatized customer should not be treated with online therapy. Observation in online therapy is too narrow to treat a traumatized customer. The lead psychotherapist says that there are more misunderstandings in online contacts. Otherwise, there are no deficits.

According to leading therapist, the therapy process usually ends is mutual consent. She stated by asking why the online therapy should end in anything other than an agreement of both sides. She continues that it will end because the therapy is over. The lead psychotherapist adds that perhaps the form of therapy does not suit the customer, or the therapy needs more physical presence, perhaps in-person therapy. There may also be too many technical problems during online therapy.

The essence of success is in the therapy relationship, its dependents on the development of the alliance, as the lead psychotherapist said:

> *"Recovery can be identified from the emerging alliance. At some point, the customer begins to trust. At that point, recovery begins. In therapy, there are certain signs that the customer begins to understand and evaluate his feelings and thoughts. The symptoms start to decrease. Thanks to the alliance, the feeling of security is present".*

The lead teacher says that sometimes therapy students don't want to open about their own situation, e.g. by practicing wonder questions. In this case, videos can be used to present an instructive practical example. "The lead teacher

proceeds with the help of dialogue. He also says that the elements of teaching are the same as in solution-focused therapy itself. The philosophy of solution-focused therapy is also present in the teaching. I ask questions in lectures and since they have assignments to complete at home, this way they get solution-focused feedback from me. The students get the experience of solution-focused therapy and the feedback that is part of the actual therapy.

The lead teacher says that it is not always easy to monitor everyone's progress. Sometimes someone quits for no reason. Homework helps to control that student’s study actively. This active doing of the tasks also helps to monitor the progress of the therapy. She continues that the reason for abandoning solution-focused studies can be burnout or other energy-consuming situations in life, such as health problems, financial reasons, and life crises.

7 ETHICAL PERSPECTIVE AND RELIABILITY

The study is made for the interest of understanding the situation of online therapy today. The interest is to be part of developing better mental health services so that these would be equally delivered and efficient. Understanding the variety of services is important to practitioners to be able to select the right treatment or intervention or advice a customer to select that.

7.1 The research integrity in human science

In this study practitioners, therapists in the field of solution-focused psychotherapy are the key informants. The ethical issues are important because in a spotlight is a human being. Vulnerable people suffering mental health problems are the customers of solution-focused therapists. The overall first-hand information about the online therapy is owned by therapists, to whom questionnaire will be given to fulfil.

The research methods in psychology mention following ethical issues: Confidentiality, anonymity, privacy, informed consent, debriefing, and participants rights (Coolican, 2014, 281 - 289). Combining these with the TENK, Finnish national board of research integrity in human science and this research, confidentiality and anonymity are ensured with the web-based questionnaire which is designed to gather answers without the need of detailed personal information. Answering for the questionnaire is voluntary. As per TENK guidelines (TENK, 2021, 7 - 8) participants can quit and leave the questionnaire anytime. Information about the solution-focused therapists practising online is free information available in the web page of the collaboration network of therapists. See: https://vaestoliitonterapia.fi/terapeutit-kaikki/english/.

The selected purpose sampling, in this case knowledge about the online-therapy given, leads for *key informant* sampling (Johnson et al., 2020, 141), which are in this study solution-focused therapist working online or in-person with the

customer. They have the expertise to answer to the questions about the benefits of online therapy relationship with customer. They have obligation of confidentiality under data protection law according to the role of working professional in the health sector (Finlex, Data protection act 2018, §35). In case it is not possible to continue research without personalized information, data protection law mentions that with a research plan, researcher and named supervisors the personalized information can be handled (Finlex, Data protection act 2018, §31).

Participants of the study shall not be identified of the answers of questionary nor their patients/customers. This issue is validated by anonymous online query produced using google form. The form is protected with the username and password. In the query is an information that the identification data is not needed. In case of identification data is in answers of questionary, data will be changed that the person will not be recognized (Tuni, 2023). This means that there is as less as possible of the data which is concerned as having identification possibility. Only data is the age and this is also given in a scale of: *18-25, 25-35, 35-45, 45-55, 55-65 and 65+.* The data collected will be destroyed as soon as possible after the research is completed, at the latest on 25.4.2027 (TENK, 2023, 18).

In the questionnaire, about the personal information an age will be asked. That information is used to find answers on how that indicator might affect on how a solution-focused therapist is seeing benefits and deficits of online therapy. The questionnaire is pre-tested by the lead psychotherapist of the collaboration network of therapists. The pre-testing of questionnaire will be organised with the participants if needed.

7.2 The need for ethical review

According to TENK there is a special research design check-up in case participants are over 15 years old. Key informants, therapists are adult (+18) practitioners of psychotherapy. Their professional expertise is presented in the webpage of the collaboration network of therapist. It is free information for anybody

who enters to their webpage. In my opinion the study is designed the way that is not causing any harm not physical nor mental and the research content will be informed by invitation letter in advance. There will be a note in invitation letter, that there is no need to give any information about the customer of the therapy. Answers can be given in general level. According to that in my opinion there is no need to ask to do ethical review from Finnish national board of research integrity (TENK, 2019, 20).

7.3 Ensuring the privacy of the participants

According to Coolican (2014, pp. 286 - 287) and TENK (2019, 18) participants will be informed in advance first by letter sent via e-mail (Appendix 2). This letter includes information about the forthcoming research and the questionnaire to send to the participants. Later the informed consent and agreement of participation is included in the web-based questionnaire accepted by the mark X at the end of the consent information. This mark X is obligatory, before continuing questionnaire (Appendix 3). The lead psychotherapist of the collaboration network of therapists will handle that information about to whom to send the questionnaire to fill in.

8 DISCUSSION

The digitalization of mental health services has taken huge steps forward mainly due to the external recognized threats. The Universal declared human rights by United Nations include now the right for overall mental health. The mental health matters relate to the life expectancy (UN (a), 2022). There is an increasing need of therapists. Finnish governments´ planned reforms of scaling up mental health services to effectively treat early symptoms (Psykologilehti, 2023). I think this is a wise decision. The answers of the leading therapists about the eagerness to use online therapy also might indicate the future trend to increase online working hours, despite the therapists were not exactly in the same line. Solution-focused online therapy can serve as a good first aid for mental health issues such as anxiety, depression or insomnia. As using online option, there are not so many obstacles to build a connection between customer and therapists, especially for the first time connection which is important to do before building up longer lasting therapeutic relationship so called alliance. According to literature and the empirical part of this research, research questions about the benefits and accessibility are going hand in hand because accessibility is the most recognized benefit of the forms of online therapies (Moghimi, 2022).

The sample in this research was rather small. This research reached six partly online working solution-focused therapists, in research so called key-informants. It is not much, but enough to get some information about the therapists' opinions about the issue of doing therapy online. There was possibility to get an overall view for the same question, which were presented for therapists by arranging two additional interviews for leading therapists. Those interviews were giving weight to repeated sentences and words in the analysing phase.

The therapists as healthcare professionals are slightly older people. Lately released publication stated, that over 30% of psychotherapists are over 65 years old (Laukkanen 2024, 20). In this study the age range is between 45 – 65 years. In therapy work life experience is important. I think helping is easier when you

can identify with the customer's life story. The future of therapy services concerns me, if there are not enough professional therapists working actively, what happens for the supply of therapy services? For the future would be interesting to run the same set of questions for therapists working in another cultural context than in Finland.

Development of an alliance in online therapy is rather slow. Solution focused therapists and the leading therapist mentioned the slow development of the alliance, i.e. the trust in relationship that develops in online therapy rather slow, is seen as a deficit in this study.

Moghimi (2024,6) mentions Knaevelsrud's and Maercker's research (2006) about alliance development in online therapy that the in-person therapy contributes better alliance. There is development towards better alliance in online therapy in resent studies compared to previous studies. In my opinion the alliance, valuable customer therapist relationship can be committed to Moghimi's (2022) foundations about the online therapy as I connected them in this research. Development of the alliance in therapeutic relationships is essential for accessibility and stigma reduction. It is also a measurement of a healing relationship. As the alliance exist, there are also commitment and trust, and proactive intervention is working. It affects on engagement.

Motivation to use online therapy is related to the commitment of that therapy form. Regarding the questions about the use of online therapy and the willingness to use it, the following emerged. In my opinion the scarce number of online therapy session hours of the therapists are tied with the statement about the use of online therapy and the willingness to use online therapy in general. Therapists who had a smaller number of online therapy hours found online therapy more difficult compared to those therapists who had a lot of online therapy hours. It seems that there is a question of motivation in usage of online therapy.

Situations in therapies varies. A customer might be shy or inhibited or suffers anxiety or obsessive-compulsive symptoms. In this case online therapy is suitable, because it can reduce stigma, the feeling of shame as entering to the

therapy. An online therapy relationship enables contact to be established more easily in these cases and if there exist online possibility aside of in-person contact, it is certainly beneficial. According to the therapists' answers, solution-focused therapy can be obtained using the same methods both online and at an in-person therapy. There was also statement about the needed amount of in-person therapy. There should be also face-to-face, in-person meetings despite the therapy is designed to be in online. Also, Moghimi's (2022) research underlines that for successful therapy there should be some degree of therapist contacts.

Good quality of the therapy interventions affects on engagement. It would be good to spend time planning the therapy sessions and guarantee a calm environment for both the customer and the therapist, i.e. a functioning alliance in an online therapy situation. As a good therapy relationship, alliance, is the driving force towards healing (Wahlström 2012, 92), it was positive to notice that the therapists can easily find out about the customer's situation during online therapy and are able to measure the recovery and see it, for example, from the change in the customer's speech towards hopefulness.

The duration of online therapy is usually planned advanced. According to the therapists, there has not been a situation where the customer suddenly stops the therapy without saying anything. Discussions are relatively same in online and in-person contact. On the other hand, according to therapists' the observation is very different in online therapy than in-person therapy. In some cases, it would be easier to avoid sensitive issues when working online. Technical problems can cause headaches. The applications used in online contact by therapists vary. According to leading psychotherapist, it is important to find a safe operating platform for the customer that the therapists would use.

Lack of physicality is a kind of deficit. To address its lack, therapists look for connection verbally and by following the customers' facial expressions and gestures. However, they do not always tell the truth about the customer's situation. According to a lead psychotherapist, serious traumatic mental health problems

cannot be treated online. There is also a risk of failure in couples therapy if the therapy relationship is based only on online contact.

Beneficial in solution-focused online therapy according to empirical research done within therapists and literature review is the establishment of alternative therapy form, if schedules do not fit or travel or perhaps living in another country is an obstacle to access to therapy (Moghimi, 2022; Porter, Galloghly & Burbach, 2022). The leading therapist mentioned a group of people to whom it would be a solution, especially at the beginning of the therapy, for a shy or anxious customer. In the situation when the therapist's suitability for him or her are not sure, it is easier to meet first time via online. In some cases, even one session of solution-focused therapy helps, and it can be one session of solution-focused online therapy.

In a light of treatment path, anyone can book an online therapy appointment by contacting a professional who does therapy. This may become a challenge in the future, because the solution-focused online therapist must, however, guide the customer forward in such cases when the one finds that the customer's situation needs more extensive expertise and help to resolve the situation. It is called ethical obligations of professionals (Valvira, 2024). There may be a situation where the customer falls out of the scope of services and the service path is interrupted. I was expecting different answers to the question about the end of online therapy and common understanding, e.g. about the customer's challenging situation and e.g. redirecting forward. The field analysis of this study did not answer the so-called deviation in the treatment path. In my opinion, the knowledge of the right moment to go in different directions is not so clear. Is the customer ready for it and what effects does the therapist have in this life change?

Online therapy would certainly become more common as an alternative way to meet a therapy customer, as the government's new decisions direct resources towards preventive mental health and intervention at an early stage (Psykologilehti, 2023). The effectiveness of solution-oriented therapy is based on strong evidence (Neipp & Beyebach, 2024) and as online therapy it is a good

and easy option to take care of your own mental well-being when difficult situations are faced in life. The UN's sustainable development health and well-being (3. Health and well-being) goals include reducing non-communicable, fatal diseases by a third by 2030 and promoting mental health (goal 3.4), (UN, (c) 2024). Technological solutions, products and services maintain and improve an individual's ability to function and know-how and enable participation and improve the general well-being (UN, (a) 2024). Quick contact with a therapist may even prevent the emergence of more serious mental health problems.

9 CONCLUSION

I think therapy is a changing process or the process of the change. There are the beginning and the end. Online therapy works best as a form where part of the appointments is arranged at an in-person basis. More up-to-date research information on the effectiveness of solution-focused online therapy would be helpful. There are some clear benefits e.g. accessibility and deficits e.g. lack of physicality, but usually there is some degree reached of those e.g. the alliance development therapy session by therapy session. For example, accessibility is not reached, if internet connection is down or the webcam is not working. Many factors in functioning online therapy are related to each other's.

Contrary to previous studies, the views of the therapists who participated in this study about online therapy as the only option to be used to help divided opinions. This data was collected with the quantitative Likert type of question. In this case the empirical study and expected outcome according to literature about equal help rate comparing online and in-person therapy are not met. Despite a small number of answerers and a quantitative form of the question, which is the minority in this report, the opinions brought following thoughts for me. Also, double Hermeneutic style of the study encouraged me to express following: "Some therapists might not feel the online working model their own. There might be problems with managing the devices and online therapy as a form seems awkward. A difficulty can also be a personal feeling, attitude that an in-person therapy helps better. As the only way to help the customer, it may not be the best possible. According to the therapists and the lead teacher of solution-focused therapy as well as literature, the combination of online and in-person meetings may promote more effective therapy work".

The studies in Master's program and the possibility to complete elective studies by specializing in solution focused brief therapy are useful by analyzing the results of this study. I was able to plan my own practical trainee in the form of online therapy, in such a way that some of the sessions, especially individual therapies, took place online. From my own training customer experiences and

the theoretical background as well as empirical study results, I would say that accessibility is definitely the most common benefit in this therapy form, but in some cases, it may lead to isolation if you are only meeting in online, also a certain intensity was exhausted when the meetings were organized using an online connection. Sometimes it can also be useful. The customer does not immediately have to deal with difficult feelings to the full extent and can, with time, later consider a close in-person meeting. I don't think the therapy connection, the therapy relationship so called alliance suffers because of the online connection. In some cases, it is really the only possible way to organize a therapy moment e.g. if you live in another country. Due to easy accessibility, there is also a benefit of cost reduction, because no travelling costs from the customer or office costs from the therapists. However, having a therapy in online, there is a need for good and safe online connections, which may need finance.

The lead teacher says that the reason for abandoning solution-focused studies can be burnout or other energy-consuming situations in life, such as health problems, financial reasons, and life crises. I believe that similar situations come up in the customer's life when therapy needs to be interrupted or stopped. Therapy is not always suitable treatment for every customer (Frances, 2015). The results of psychotherapies are also not currently monitored. This means there is need for monitoring patients' rehabilitation back to working life or studies (Sailas, Heimola & Stenberg, 2019).

The thesis process and studies in Diak opened a new world to me aside new possibilities. Studying the solution-focused brief therapy reminded me about the importance of one’s strengths, mine besides others and how these are important to consider by reaching wellbeing. At the beginning of my studies, I had an idea about my own business in a social recovery service. At the end, the service idea turned to become an online working solution-focused brief therapist.

There are phenomenologically reflective parts in this study: The therapy session as an event and the alliance in overall in this study. The online therapy as a way the customer connects therapist might be good to describe more detailed. As a person working in health care, we may take many parts of the process as given

to say in words “everybody knows how it goes”, but e.g. person looking for first contact in mental health care might be very confused with all the procedures and ways to proceed to get help. There are some clear benefits, e.g. accessibility and deficits e.g. lack of physicality in online therapy mode. However, usually there is some degree reached about the essential part of online therapy e.g. the development of alliances. There is not always black or white, benefits or deficits, rather something between there.

Why develop further the practices in mental health e.g. online services? Listening to UN legislative special rapporteur Melzer (2024), for the consultation on mental health and human rights held on 15th November 2021 states the importance of the question: “Human mind is vulnerable and mental illness is the healthiest reaction for cruelty, violence and insane environment. Mental health is not someone’s problem. It is our problem. Do we want to create an inclusive or exclusive society?”

REFERENCES

Aemissegger, V., Lopez-Alcalde, J., Witt, C.M., Barth, J., (2022). Comparability of Patients in Trials of eHealth and Face-to-Face Psychotherapeutic Interventions for Depression: Meta-synthesis. Journal of Medical Internet Research 24, N.PAG-N.PAG.

Alavi, N., Moghimi, E., Stephenson, C., Gutierrez, G., Jagayat, J., Kumar, A., Shao, Y., Miller, S., Yee, C. S., Stefatos, A., Gholamzadehmir, M., Abbaspour, Z., Shirazi, A., Gizzarelli, T., Khan, F., Patel, C., Patel, A., Yang, M., & Omrani, M. (2023). Comparison of online and in-person cognitive behavioural therapy in individuals diagnosed with major depressive disorder: A non-randomized controlled trial. Frontiers in Psychiatry, 14, 1113956. https://doi.org/10.3389/fpsyt.2023.1113956

Alfa Partners academy. Solution-focused brief therapist. Retrieved September 28, 2024 from https://www.alfapartners.fi/ratkaisukeskeinen-lyhyt-terapeutti-30-op/

Andrews, G., Cuijpers, P., Craske, M-G., McEvoy, P., Titov, N. (2010) Computer Therapy for the Anxiety and Depressive Disorders Is Effective, Acceptable and Practical Health Care: A Meta-Analysis. PLoS ONE 5(10): e13196. doi:10.1371/journal.pone.0013196

Connie, E., & Metcalf, L. (2009). *The art of solution-focused therapy*. Springer Publishing Company, Incorporated.

Coolican, H. (2014). Research methods and statistics in psychology. Sixth edition. Psychology Press New York.

Diak Libguide. Structure and content of the thesis report. Retrieved October 22, 2024 from https://libguides.diak.fi/c.php?g=684087&p=4883831

Dhillon, S., Verma, G. (2022). Online Therapy and its Effectiveness in the Treatment of Mental Disorders. Indian Journal of Health & Wellbeing., Vol. 13 Issue 4, p554-560. 7p., Database: Academic Search Premier

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative Content Analysis: A Focus on Trustworthiness. SAGE Open. https://doi.org/10.1177/2158244014522633

Elo, S. & Kyngäs, H. (2007) The qualitative content analysis process. Journal of Advanced Nursing 62(1), 107–115 doi: 10.1111/j.1365-2648.2007.04569.x

Finn, J., & Barak, A. (2010). A descriptive study of e-counsellor attitudes, ethics, and practice. Counselling & Psychotherapy Research, 10(4), 268–277. https://doi.org/10.1080/14733140903380847

Finlex. Laki terveydenhuollon ammattihenkilöstä 26.6.1994/559. Retrieved September, 13, 2023 from https://finlex.fi/fi/laki/ajantasa/1994/19940559

Finlex. Tietosuojalaki 5.12.2018/1050. Retrieved December 6, 2022 from https://www.finlex.fi/fi/laki/ajantasa/2018/20181050

Frances, A. (2015). Psychotherapy works but not for everyone. Psychology today. Retrieved November, 4, 2024 from https://www.psychologytoday.com/gb/blog/dsm5-in-distress/201502/psychotherapy-works-not-everyone?msockid=3cc6faa3446363ea1af1ee44453462ae

Fullford, B. (K.W.M) & Woodbridge, K. (2004) Whose Values? A workbook for values-based practice in mental health care. © The Sainsbury Centre for Mental Health 2004. https://valuesbasedpractice.org/wp-content/uploads/2015/04/Whose-Values-A-Workbook.pdf

Geller, S. (2021). Cultivating online therapeutic presence: strengthening therapeutic relationships in teletherapy sessions, Counselling Psychology Quarterly, 34:3-4, 687-703, DOI: 10.1080/09515070.2020.1787348

Gericke, F., Ebert, D.D., Breet, E., Auerbach, R.P., Bantjes, J. (2021). A qualitative study of university students' experience of Internet-based CBT for depression. Counselling & Psychotherapy Research 21, 792–804.

Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. Health Information & Libraries Journal, 26(2), 91-108. http://doi.org/10.1111/j.1471-1842.2009.00848.x

Hemmings, N.R., Kawadler, J.M., Whatmough, R., Ponzo, S., Rossi, A., Morelli, D., Bird, G., Plans, D. (2021). Development and Feasibility of a Digital Acceptance and Commitment Therapy. Based Intervention for

Generalized Anxiety Disorder: Pilot Acceptability Study. Journal of Medical Internet Research 23, N.PAG-N.PAG.

Huisman-Laine, B. (2023). Lead teacher of solution-focused therapy at Alfa Partners oy. Online lecture held on 1st and 7th of October 2023.

JBI, Promotes and supports evidence-based health care. Retrieved November, 15, 2023 from https://jbi-global-wiki.refined.site/space/MANUAL/355829789/9.2.2+Developing+the+title+and+question.

Jensen, E.S., Ladegaard, N., Mellentin, A.I., Ebert, D.D., Titzler, I., Araya, R., Pashoja, A.C., Hazo, J.-B., Holtzmann, J., Cieslak, R., Smoktunowicz, E., Baños, R., Herrero, R., García-Palacios, A., Botella, C., Berger, T., Krieger, T., Holmberg, T.T., Topooco, N., Andersson, G. (2022). Effect of Sleep Disturbance Symptoms on Treatment Outcome in Blended Cognitive Behavioral Therapy for Depression (E-COMPARED Study): Secondary Analysis. Journal of Medical Internet Research 24, N.PAG-N.PAG.

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A Review of the Quality Indicators of Rigor in Qualitative Research. American Journal of Pharmaceutical Education, 84(1), 7120. https://doi.org/10.5688/ajpe7120

Kaylor-Hughes, C.J., Rawsthorne, M., Guo, B., Williams, L., Morriss, R.K., Coulson, N.S., James, M., Simpson, S., Simpson, J., Simons, L., Hollis, C., Moran, P., Avery, A.J., Tata, L.J., 2017. Direct to Public Peer Support and e-Therapy Program Versus Information to Aid Self-Management of Depression and Anxiety: Protocol for a Randomized Controlled Trial. Journal of Medical Internet Research 19, 1–1.

Knaevelsrud, C., Maercker, A. (2006). Does the Quality of the Working Alliance Predict Treatment Outcome in Online Psychotherapy for Traumatized Patients? J Med Internet Res 2006;8(4):e31. URL: https://www.jmir.org/2006/4/e31. DOI: 10.2196/jmir.8.4.e31

Lane, D.M., Online statbook. Retrieved May 13, 2023 from https://onlinestatbook.com/2/chi_square/Chi_Square.html

Lattie, E.G., Adkins, E.C., Winquist, N., Stiles-Shields, C., Wafford, Q.E., Graham, A.K., (2019). Digital Mental Health Interventions for Depression, Anxiety, and Enhancement of Psychological Well-Being

Among College Students: Systematic Review. Journal of Medical Internet Research 21, N.PAG-N.PAG.

Laukkanen, E.,(2022). Psychotherapy studies, its current state and challenges and proposal for necessary measures. Ministry of social affairs and health in Finland. Retrieved September 9, 2024 from https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/164386/STM_2022_19_rap.pdf?sequence=1

Lieberman, J.A., & Olfson, M., (2020). Meeting the Mental Health Challenge of the COVID-19 Pandemic. Psychiatric Times

Lindfors, O., Stenberg, J-H, (2020). Yhteistyösuhteen ja terapeutin merkitys depression hoidon tuloksellisuudelle. Käypähoitosuositus; Duodecim; https://www.kaypahoito.fi/nak06943

MacLean, S., Corsi, D.J., Litchfield, S., Kucharski, J., Genise, K., Selaman, Z., Testa, V., Hatcher, S., (2020). Coach-Facilitated Web-Based Therapy Compared with Information About Web-Based Resources in Patients Referred to Secondary Mental Health Care for Depression: Randomized Controlled Trial. Journal of Medical Internet Research 22, N.PAG-N.PAG.

Matanov, A., McNamee, P., Akther, S., Barber, N., Bird, V., 2021. Acceptability of a technology-supported and solution-focused intervention (DIALOG+) for chronic depression: views of service users and clinicians. BMC psychiatry 21, 263. https://doi.org/10.1186/s12888-021-03256-5

Melzer, N. Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, United Nations. Consultation on mental health and human rights, 23 October 2024. Retrieved October, 26 from (https://vimeo.com/656489766) https://www.ohchr.org/en/health/mental-health-and-human-rights

Moghimi E, Knyahnytska Y, Omrani M, Nikjoo N, Stephenson C, Layzell G, Frederic Simpson AI, Alavi N. (2020). Benefits of Digital Mental Health Care Interventions for Correctional Workers and Other Public Safety Personnel: A Narrative Review. Front Psychiatry. 2022

Jul 8;13:921527. doi: 10.3389/fpsyt.2022.921527. PMID: 35873240; PMCID: PMC9304966.

Moghimi, E., Gutierrez, G., Stephenson, C., Gizzarelli, T., Jagayat, J., Holmes, C., Patel, C., Omrani, M., Simpson, A., Ian F, (2024). Experiences using an online therapist-guided psychotherapy platform (OPTT) in correctional workers with depression, anxiety, and PTSD. DOI link: https://doi.org/10.3389/fpsyt.2024.1365746

Mukhiya, S.K., Wake, J.D., Inal, Y., Pun, K.I., Lamo, Y., (2020). Adaptive Elements in Internet-Delivered Psychological Treatment Systems: Systematic Review. Journal of Medical Internet Research 22, N.PAG-N.PAG.

Neipp, M. C., & Beyebach, M. (2024). The Global Outcomes of Solution-Focused Brief Therapy: A Revision. The American Journal of Family Therapy, 52(1), 110–127. https://doi.org/10.1080/01926187.2022.2069175

Nussbaum M. (2013). Creating Capabilities. The Human Development Approach. https://ebookcentral.proquest.com/lib/diak/detail.action?docID=3300953

O'Connell, B. (2001). Solution-Focused Stress Counselling. SAGE Publications Ltd.

O'Leary, K. (2017). Designing Chat Guidance for Positive Psychological Change (Thesis).

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. Health Services Research, 34(5 Pt 2), 1189–1208. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1089059/

Porter, C., Galloghly, E., & Burbach, F. (2022). The effective delivery of digital CBT: A service evaluation exploring the outcomes of young people who completed video conferencing therapy in 2020. The Cognitive Behaviour Therapist, 15, E27. doi:10.1017/S1754470X22000216

PRISMA, Transparent reporting of systematic reviews and Meta-Analyses. http://www.prisma-statement.org/PRISMAStatement/FlowDiagram.aspx.

Psychological Practitioners Finland ry. Getting registered. Retrieved September 28, 2024 from https://mentalhealth.fi/getting-registered-finland

Psychology today. Online Therapy. Retrieved November 15, 2023 from https://www.psychologytoday.com/us/basics/online-therapy.

Psykologilehti (2023). Hallitusohjelma lupaa hyviä rakenteellisia uudistuksia mielenterveyspalveluihin, mutta myrskyä työmarkkinoille. Retrieved August 28, 2023 from https://psykologilehti.fi/hallitusohjelma-lupaa-hyvia-rakenteellisia-uudistuksia-mielenterveyspalveluihin-mutta-myrskya-tyomarkkinoille/

Stacey, G. & Cook, G. (2019). A scoping review exploring how the conceptualisation of resilience in nursing influences interventions aimed at increasing resilience. International Practice Development Journal 9, (1). DOI:10.19043/ipdj.91.009

Stefanopoulou, E., Hogarth, H., Taylor, M., Russell-Haines, K., Lewis, D., Larkin, J., (2020). Are digital interventions effective in reducing suicidal ideation and self-harm? A systematic review. Journal of Mental Health 29, 207–216.

Stenlund, M. (2018). Promoting the freedom of thought of mental health service users: Nussbaum's capabilities approach meets values-based practice. Journal of Medical Ethics, 44(3), 180. https://doi.org/10.1136/medethics-2016-103637

THL, Finnish Institute for Health and Welfare. Therapeutic methods and services (Terapeuttiset menetelmät ja terapiapalvelut) Retrieved on May 14, 2024 from https://thl.fi/aiheet/mielenterveys/mielenterveyspalvelut/terapeuttiset-menetelmat-ja-terapiapalvelut

TEHY, (2022). Retrieved December 3, 2023. https://www.tehylehti.fi/fi/uutiset/ruuhkautunut-pitkaniemen-sairaala-kanteli-itsestaan-aville-hoitajapula-suuri-mutta

TENK, Finnish national board on research integrity (2019). Retrieved April, 6, 2023. https://tenk.fi/sites/default/files/2021-01/Ethical_review_in_human_sciences_2020.pdf

TUNI, Finnish Social science data archive. An example of anonymization plan for qualitative research. Retrieved April 7, 2023 from https://www.fsd.tuni.fi/fi/palvelut/aineistonhallinta/anf-kvali.pdf

TUNI, Finnish Social Science Data Archive. Process of qualitative research. Retrieved October 22, 2024 from https://www.fsd.tuni.fi/fi/palvelut/menetelmaopetus/kvali/laadullisen-tutkimuksen-prosessi/tutkimuksen-kulku/

TUNI, Finnish Social Science Data Archive. Qualitative research. Retrieved October 22, 2024 from https://www.fsd.tuni.fi/fi/palvelut/menetelmaopetus/kvali/mita-on-laadullinen-tutkimus/laadullisen-tutkimuksen-nakokulmat/

UN, United Nations (a), Mental health and human rights. Retrieved November 1, 2022 from https://www.ohchr.org/en/health/mental-health-and-human-rights

UN, United Nations (b), Department of Economic and Social Affairs. Disability. Retrieved November 1, 2022 from https://www.un.org/development/desa/disabilities/conference-of-states-parties-to-the-convention-on-the-rights-of-persons-with-disabilities-2/cosp15.html

UN, United Nations (c), Sustainable development, SDG-tools. Retrieved December 7, 2022. https://www.un.org/sustainabledevelopment/health/

UN, United Nations (d), Declaration on the rights of disabled persons. Retrieved November 9, 2023 from https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-rights-disabled-persons

UN, United Nations (e), Launching mental health guidelines. Retrieved November 9, 2023 from https://www.ohchr.org/en/statements-and-speeches/2023/10/launching-mental-health-guidelines

Un, United Nations (f), Human rights. Retrieved September 7, 2024 from https://www.ohchr.org/en/what-are-human-rights

Vaismoradi, M., Bondas, T. & Turunen, H. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. Journal of Nursing & Health Sciences 15(3), 398-405.Venning, A., Herd, M.C.E., Oswald, T.K., Razmi, S., Glover, F., Hawke, T., Quartermain, V., Redpath, P., 2021. Exploring the acceptability of a digital mental health platform incorporating a virtual coach: The good, the bad, and the opportunities. Health Informatics Journal 27, 1–12.

Valvira (National supervisory authority for welfare and health). Ethical obligations of professionals. Retrieved November, 4, 2024 from https://valvira.fi/sosiaali-ja-terveydenhuolto/ammattieettiset-velvollisuudet.

Valvira (National supervisory authority for welfare and health). Psychotherapists trained in an EU or EEA Member State. Retrieved September 2, 2024. https://valvira.fi/en/rights-to-practise/psychotherapist-trained-in-an-eu-or-eea-member-state

Venning, A., Herd, M.C.E., Oswald, T.K., Razmi, S., Glover, F., Hawke, T., Quartermain, V., Redpath, P., 2021. Exploring the acceptability of a digital mental health platform incorporating a virtual coach: The good, the bad, and the opportunities. Health Informatics Journal 27, 1–12.

Vorma, H.,Rotko, T., Larivaara, M., Koslof, A., (2020). Kansallinen mielenterveysstrategia ja itsemurhien ehkäisyohjelma vuosille 2020–2030. http://urn.fi/URN:ISBN:978-952-00-4139-7

Väestöliitto, Family Federation of Finland. Retrieved May 14, 2024 from https://vaestoliitonterapia.fi/meista/

Väestöliitto, Family Federation of Finland, Values. Retrieved September 22, 2024 from https://vaestoliitonterapia.fi/meista/#:~:text=%EE%80%80V%C3%A4est%C3%B6liiton%20Hyvinvointi

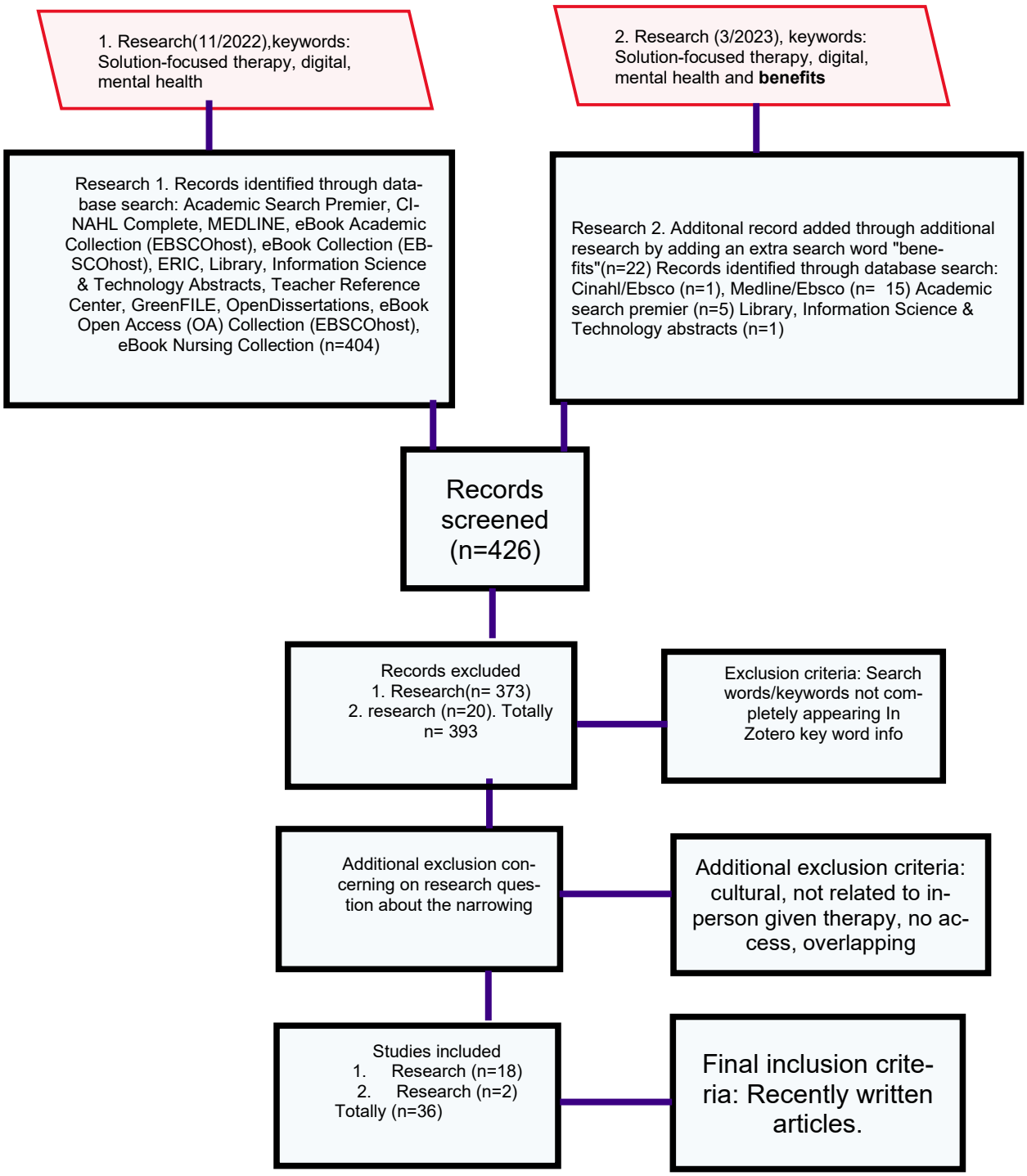
Wahlström, J., (2012). Psykoterapian tulos ja siihen vaikuttavat tekijät. In Eronen & S. & Lahti-Nuuttila, P. (Eds.), *Mikä psykoterapiassa auttaa? Integratiivisen lähestymistavan perusteita.* (pp. 35-63). Helsinki: Edita.

Wampold, B. (2001). The great psychotherapy debate. Models, methods and findings. Mahwah, NJ: Lawrence Erlbaum Associates.

Wilhelm, S., Weingarden, H., Ladis, I., Braddick, V., Shin, J., Jacobson, N.C., (2020). Cognitive-Behavioral Therapy in the Digital Age: Presidential Address. Behaviour Therapy 51, 1–14.

APPENDICES

Appendix 1: The List of literature review: Purpose of the study, Sample, data collection and data analysis methods, Main result, Quality appraisal



Appendix 2: Invitation letter to be sent to contact solution-focused therapists

This is the beginning part of a consent form in Finnish: Letter to participate in the study, part of the participant information form

Research object of the thesis:
Advantages and disadvantages of solution-oriented online therapy

Invitation to participate (by e-mail) to all therapists practicing solution-oriented therapy

We would like to invite you to participate in evaluating the benefits and harms of teletherapy in a solution-oriented framework. The goal is to find out issues related to the usability of distance therapy in the therapy relationship in a customer-oriented way. The researcher has been in contact with Tarja Santalahti, the responsible therapist of Väestöliitto's therapy services, and the thesis research on the benefits and disadvantages of online therapy aroused interest. At the beginning of the research, the researcher familiarized himself with the subject area and surveyed existing studies on digital in therapy work. The information helped the researcher create an understanding of the benefits and harms of online therapy and its usability.

Theoretical knowledge alone cannot create a comprehensive picture of the situation. Research is needed to find out the practical situation. That's why I'm sending you a questionnaire I created, consisting of 20 questions Google Forms form management software. Some of the questions are multiple-choice questions that can be filled in quickly, but there are also questions in which you can write as much as you want.

The question form behind the online link is open for one week after submission on January 24, 2024. So, you can come back to it when the answers mature. Filling out the form in one sitting takes about 30 minutes. You can answer it for a week, whenever it suits you best, until January 31, 2024.

Focusing on solutions and brief therapies are part of the new government's plan to step up mental health services. The services of the first step would include guided self-care and online therapy as well as brief interventions (Oittinen, P., Psykologilehti 22.6.2023).

The researcher, Eeva Fredland, is particularly interested in service innovations and the use of online therapy, because she has started the studies of a solution-focused brief therapist, which are part of the YAMK degree related to this research at Global Change and Community Development Diakonia University of Applied Sciences.

I hope that you too, a solution-focused therapist, are interested in the research about your work. You will be sent the actual questionnaire on Wednesday. Answers are processed in such a way that individual respondents cannot be

identified from them. For details on research ethics aspects, see the start page of the questionnaire, which also asks for consent to the study. You should open the survey in the Google Forms service. Then it can also be filled with different devices.

You are welcome to participate in the study!

Appendix 3: Questionnaire to be sent for solution-focused therapists

Research: Advantages and disadvantages of online therapy in solution-oriented brief therapy *Eeva Fredland*
This is a survey about the benefits and disadvantages of online therapy and its usability in therapy work. The survey is aimed at Väestöliitto therapists who practice solution-focused therapy.

The research is carried out at DIAK within the framework of the English-language program Master of Social Services, whose orientation option is Global Change and Community Development.

The research questions are divided into three categories: 1. Background information, 2. Therapy moment - therapy process, 3. Advantages and disadvantages of distance therapy, including a total of 20 questions. We hope for at least three different perspective options for the open questions.

The Likert scale assigns answers to five different categories 1. Never, 2. Rarely, 3. Neutral answer, 4. Often and 5. Very often

More detailed answer instructions in brackets (...) for each question separately.

First, read through the privacy notice of the scientific research and give your consent as a participant in the research by checking the box in principle after this text:

Data protection notice for scientific research

In this study, your personal data is processed in accordance with the European Union's General Data Protection Regulation (679/2016) and current national legislation. The processing of personal data is described as follows:
Research controller: Eeva Fredland, Master of Social Services student/researcher
Contact person in matters related to the processing of personal data:
Eeva Fredland, e-mail: eeva.fredland@gmail.com, p. +358 50 5398925
The information defined as personal data and collected in this study is age (on the age scale: 18-25, 25-35, 35-45, 45-55, 55-65 and 65+)
There is no legal or contractual requirement to provide your personal information, participation is completely voluntary.
Personal data is not collected from other sources
Principles regarding the protection of personal data: The questionnaire is based on the Forms questionnaire of Google services. The service creates an excel-based database of answers. The tabulation of the answers takes place there automatically.
The information processed in the information systems is protected with a username and password
With age information, the average age of solution-oriented therapists and the age-related dispersion of answers can be mapped in the study.

The purpose of the study is to evaluate the benefits and harms of online therapy. The goal is to find out the general usability of online therapy as a form of treatment.
The legal basis for personal data used in research is the subject's own consent
A research participant has the right to withdraw consent at any time as described in this privacy notice.
Research material will be collected and processed during 12/2024 – 5/2024. It will be stored for three years until April 25, 2027, after which it will be destroyed.
The study is a one-off.
Information is not transferred outside the research register.

Your rights registered

Since your personal data is used in this study, you will be registered. Your rights as a registered user are as follows
The processing basis is the consent given by the data subject, i.e. you have:
· The right to receive information about the processing of personal data
· The right to access information
· Right to rectification of data
· Right to delete data (right to be forgotten)
· The right to withdraw consent regarding the processing of personal data
· The right to restrict processing
· Notification obligation regarding the correction, deletion or restriction of processing of personal data
· The right to transfer data from one system to another
· The data subject can allow automatic decision-making (including profiling) with his express consent
· The right to notify the data protection commissioner if you suspect that an organization or person is processing personal data in violation of data protection regulations.
If the purposes for which the data controller processes personal data do not or no longer require the data controller to identify the data subject, the data controller is not obliged to keep, acquire or process additional information to identify the data subject solely to comply with this regulation. If the data controller is unable to identify the data subject, the right of access to information, the right to correct or delete, the obligation to notify and to transfer data from one system to another do not apply, except if the data subject provides additional information that can be used to identify him.
You can exercise your rights by contacting the research registrar.
The personal data collected in this study is not used for automatic decision-making
In scientific research, the processing of personal data is never used in decisions concerning research participants.

Pseudonymization and anonymization

All information collected from you is treated confidentially and in accordance with the law. Individual participants are coded in the register with a time stamp, and the material is stored in coded form in research files. The results are analyzed and presented in coded form. Individuals cannot be identified without a

code key. A code key that can be used to identify individual subjects and their answers are automatically saved in a google forms excel table, which is behind the username and password created by Eeva Fredland. The data will not be handed over from the researcher to outside parties. The final research results are reported in an aggregated form, and it is not possible to identify individual participants. The research register will be stored in the Google forms file for three years until April 25, 2027, after which it will be destroyed by deleting the file and related data.
The data collected from you will not be used in future theses.

Participant consent

I have received sufficient information about the collection, processing and transfer/handover of my personal data during the research and the Privacy Policy has been available.

I voluntarily agree to participate in this study. I have not been pressured or persuaded to participate. I have had sufficient time to consider my participation in the study. I am aware that if I withdraw from the study (I can continue it later), all information collected from me before withdrawal can be included as part of the research material. By ticking my approval research participant at the end of this form, I give my consent to the processing of personal data. I have the right to withdraw my consent to the processing of personal data as described in the privacy statement.

Thank you for answering!

I agree with the voluntary participation, mark X to square

Background information

1. Age: select on the age scale: 18-25, 25-35, 35-45, 45-55, 55-65 and 65+
2. I use an online connection for therapy work: select 1 - 5
3. I hope to use online connections: select 1 - 5
4. During 2023, I have held a total of online receptions (complete the answer in approx. hours)

Therapy session - therapy process

5. If you do online therapy, tell me what kind of situation the customer comes to online therapy from (Possibly three different situations)?

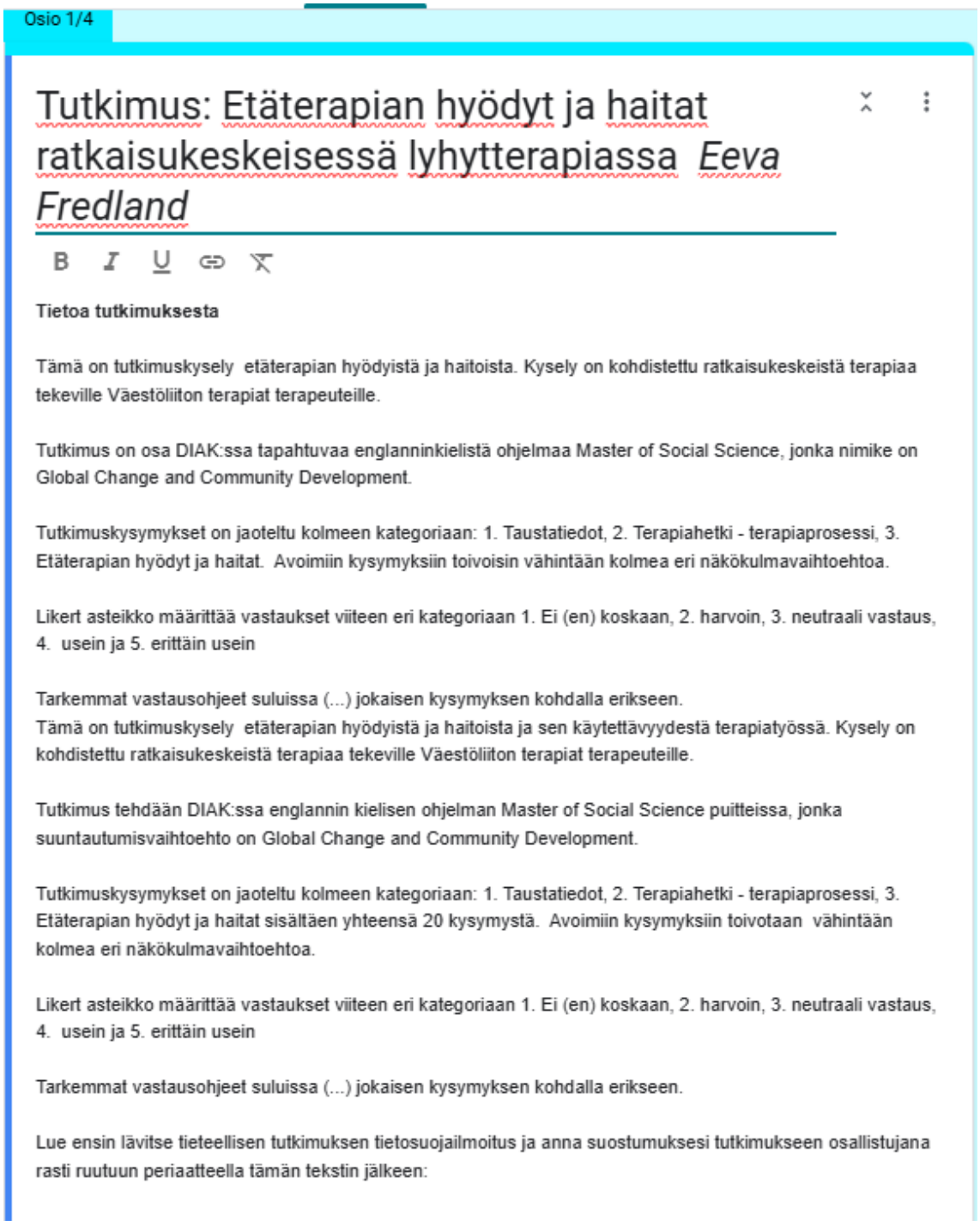
You can complete the answer by telling a general level about the stage of the customer's customer journey.

6. What kind of tools do you use to communicate online?
7. What special preparations does online therapy need to take place?
8. Does observation differ in online therapy compared to therapy in-person Select 1 - 5

9. What kind of observation do you make during online therapy? (If possible, give at least three examples)
10. How do you lead conversations during online therapy? (If possible, write three different ways you use)
11. What kind of issues or problems do you think are difficult to solve during online therapy? (the three most common examples in your opinion).
12. Are the issues or problems discussed in online therapy different from those that come up in a face-to-face reception? Select 1 - 5
13. If the conversation differs within online therapy, could you give examples of these differences?
14. If you hold an online therapy reception, does it usually end to the common understanding? Select 1 – 5
Complete the previous question here by answering the question: What factors influence the end of therapy?

Advantages and disadvantages of online therapy
15. In my opinion, a therapeutic relationship can be built only through online therapy connection. In my opinion, it helps the customer just as well as the therapy received in-person. Select 1 - 5
16. In online therapy, can I find out the customer's personal experience, situation, change and can I measure recovery? Select 1 - 5
17. What things do you think indicate the customer's recovery in online therapy? (Write three examples that you think are suitable)
18. If you have experience with the disadvantages of online therapy in a therapeutic relationship, could you tell us about the disadvantages with a few examples? (Write three examples that you think are suitable)
19. Does the possibility of online therapy facilitate the initiation of therapy? Select 1 - 5
20. Here you can justify your answer to the previous question by answering why and how the possibility of online therapy contributes to starting therapy.

Appendix 4: The semi-structured questionnaire in Finnish



Osio 1/4

Tutkimus: Etäterapian hyödyt ja haitat ratkaisukeskeisessä lyhytterapiassa *Eeva Fredland*

Tietoa tutkimuksesta

Tämä on tutkimuskysely etäterapian hyödyistä ja haitoista. Kysely on kohdistettu ratkaisukeskeistä terapiaa tekeville Väestöliiton terapiat terapeuteille.

Tutkimus on osa DIAK:ssa tapahtuvaa englanninkielistä ohjelmaa Master of Social Science, jonka nimike on Global Change and Community Development.

Tutkimuskysymykset on jaoteltu kolmeen kategoriaan: 1. Taustatiedot, 2. Terapiahetki - terapiaprosessi, 3. Etäterapian hyödyt ja haitat. Avoimiin kysymyksiin toivoisin vähintään kolmea eri näkökulmavaihtoehtoa.

Likert asteikko määrittää vastaukset viiteen eri kategoriaan 1. Ei (en) koskaan, 2. harvoin, 3. neutraali vastaus, 4. usein ja 5. erittäin usein

Tarkemmat vastausohjeet suluissa (...) jokaisen kysymyksen kohdalla erikseen.
Tämä on tutkimuskysely etäterapian hyödyistä ja haitoista ja sen käytettävyydestä terapiatyössä. Kysely on kohdistettu ratkaisukeskeistä terapiaa tekeville Väestöliiton terapiat terapeuteille.

Tutkimus tehdään DIAK:ssa englannin kielisen ohjelman Master of Social Science puitteissa, jonka suuntautumisvaihtoehto on Global Change and Community Development.

Tutkimuskysymykset on jaoteltu kolmeen kategoriaan: 1. Taustatiedot, 2. Terapiahetki - terapiaprosessi, 3. Etäterapian hyödyt ja haitat sisältäen yhteensä 20 kysymystä. Avoimiin kysymyksiin toivotaan vähintään kolmea eri näkökulmavaihtoehtoa.

Likert asteikko määrittää vastaukset viiteen eri kategoriaan 1. Ei (en) koskaan, 2. harvoin, 3. neutraali vastaus, 4. usein ja 5. erittäin usein

Tarkemmat vastausohjeet suluissa (...) jokaisen kysymyksen kohdalla erikseen.

Lue ensin lävitse tieteellisen tutkimuksen tietosuojailmoitus ja anna suostumuksesi tutkimukseen osallistujana rasti ruutuun periaatteella tämän tekstin jälkeen:

Osio 1/4

Tutkimus: Etäterapian hyödyt ja haitat ratkaisukeskeisessä lyhytterapiassa *Eeva Fredland*

Tietoa tutkimuksesta

Tämä on tutkimuskysely etäterapian hyödyistä ja haitoista. Kysely on kohdistettu ratkaisukeskeistä terapiaa tekeville Väestöliiton terapiat terapeuteille.

Tutkimus on osa DIAK:ssa tapahtuvaa englanninkielistä ohjelmaa Master of Social Science, jonka nimike on Global Change and Community Development.

Tutkimuskysymykset on jaoteltu kolmeen kategoriaan: 1. Taustatiedot, 2. Terapiahetki - terapiaprosessi, 3. Etäterapian hyödyt ja haitat. Avoimiin kysymyksiin toivoisin vähintään kolmea eri näkökulmavaihtoehtoa.

Likert asteikko määrittää vastaukset viiteen eri kategoriaan 1. Ei (en) koskaan, 2. harvoin, 3. neutraali vastaus, 4. usein ja 5. erittäin usein

Tarkemmat vastausohjeet suluissa (...) jokaisen kysymyksen kohdalla erikseen.
Tämä on tutkimuskysely etäterapian hyödyistä ja haitoista ja sen käytettävyydestä terapiatyössä. Kysely on kohdistettu ratkaisukeskeistä terapiaa tekeville Väestöliiton terapiat terapeuteille.

Tutkimus tehdään DIAK:ssa englannin kielisen ohjelman Master of Social Science puitteissa, jonka suuntautumisvaihtoehto on Global Change and Community Development.

Tutkimuskysymykset on jaoteltu kolmeen kategoriaan: 1. Taustatiedot, 2. Terapiahetki - terapiaprosessi, 3. Etäterapian hyödyt ja haitat sisältäen yhteensä 20 kysymystä. Avoimiin kysymyksiin toivotaan vähintään kolmea eri näkökulmavaihtoehtoa.

Likert asteikko määrittää vastaukset viiteen eri kategoriaan 1. Ei (en) koskaan, 2. harvoin, 3. neutraali vastaus, 4. usein ja 5. erittäin usein

Tarkemmat vastausohjeet suluissa (...) jokaisen kysymyksen kohdalla erikseen.

Lue ensin lävitse tieteellisen tutkimuksen tietosuojailmoitus ja anna suostumuksesi tutkimukseen osallistujana rasti ruutuun periaatteella tämän tekstin jälkeen:

Tieteellisen tutkimuksen tietosuojailmoitus

Tässä tutkimuksessa henkilötietojasi käsitellään Euroopan unionin yleisen tietosuoja-asetuksen (679/2016) ja voimassa olevan kansallisen lainsäädännön mukaisesti. Henkilötietojen käsittely kuvataan seuraavasti:

Tutkimuksen rekisterinpitäjä: Eeva Fredland, Master of Social Work opiskelija/tutkija

Yhteyshenkilö henkilötietojen käsittelyyn liittyvissä asioissa:

Eeva Fredland, e-mail: eeva.fredland@gmail.com, p. +358 50 5398925

Henkilötiedoiksi määriteltäviä ja tässä tutkimuksessa kerättävää tietoa on ikä (ikäasteikolla: 18-25, 25-35, 35-45, 45-55, 55-65 ja 65+)

Henkilötietojesi antamiseen ei ole lakisääteistä tai sopimuksellista vaatimusta, osallistuminen on täysin vapaaehtoista.

Henkilötietoja ei kerätä muista lähteistä

Henkilötietojen suojaa koskevat periaatteet: Kyselylomake perustuu Google palveluiden Forms kyselylomakkeeseen. Palvelu luo excel pohjaisen datapankin vastauksista. Siinä vastausten taulukointi tapahtuu automaattisesti.

Tietojärjestelmissä käsiteltävät tiedot on suojattu käyttäjätunnuksella ja salasanalla

Ikätiedolla tutkimuksessa voidaan kartoittaa ratkaisukeskeisten terapeuttien keskimääräistä ikää ja ikään liittyvää vastausten hajontaa.

Tutkimuksen tarkoitus on arvioida etäterapian hyötyjä ja haittoja. Päämääränä on selvittää etäterapian yleistä käytettävyyttä hoitomuotona.

Oikeusperusta tutkimuksessa käytettäviin henkilötietoihin on tutkittavan oma suostumus

Tutkimuksen osallistujalla on oikeus peruuttaa suostumus milloin tahansa tässä tietosuojailmoituksessa kuvatulla tavalla.

Tutkimusaineistoa kerätään ja käsitellään 12/2024 – 5/2024 aikana. Se säilytetään kolme vuotta 25.4.2027 saakka, jonka jälkeen se tuhotaan. Tutkimus on kertaluontoinen.

Tietoja ei siirretä tutkimusrekisterin ulkopuolelle.

Oikeutesi rekisteröitynä

Koska henkilötietojasi käytetään tässä tutkimuksessa, sinut rekisteröidään. Oikeutesi rekisteröitynä ovat seuraavat

Käsittelyperuste on rekisteröidyn antama suostumus, eli sinulla on:

Oikeus saada tietoa henkilötietojen käsittelystä

Oikeus saada pääsy tietoihin

Oikeus tietojen oikaisemiseen

Oikeus tietojen poistamiseen (oikeus tulla unohdetuksi)

Oikeus peruuttaa henkilötietojen käsittelyä koskeva suostumus

Oikeus käsittelyn rajoittamiseen

Henkilötietojen oikaisemista, poistamista tai käsittelyn rajoittamista koskeva ilmoitusvelvollisuus

Oikeus siirtää tiedot järjestelmästä toiseen

Rekisteröity voi sallia automaattisen päätöksenteon (mukaan lukien profilointi) nimenomaisella suostumuksellaan

Oikeus ilmoittaa tietosuojavaltuutetulle, jos epäilee, että organisaatio tai henkilö käsittelee henkilötietoja tietosuojasäännösten vastaisesti.

Jos tarkoitukset, joita varten rekisterinpitäjä käsittelee henkilötietoja, eivät edellytä tai eivät enää edellytä, että rekisterinpitäjä tunnistaa rekisteröityä, rekisterinpitäjällä ei ole velvollisuutta säilyttää, hankkia tai käsitellä lisätietoja rekisteröidyn tunnistamiseksi pelkästään tämän asetuksen noudattamiseksi. Jos rekisterinpitäjä ei pysty tunnistamaan rekisteröityä, tiedonsaantioikeutta, oikeutta oikaista tai poistaa, ilmoitusvelvollisuutta ja siirtää tiedot järjestelmästä toiseen ei sovelleta, paitsi, jos rekisteröity antaa lisätietoja, joiden avulla hänet voidaan tunnistaa.

Voit käyttää oikeuksiasi ottamalla yhteyttä tutkimuksen rekisterinpitäjään.

Tässä tutkimuksessa kerättyjä henkilötietoja ei käytetä automaattiseen päätöksentekoon

Tieteellisessä tutkimuksessa henkilötietojen käsittelyä ei koskaan käytetä tutkimukseen osallistuvia koskevissa päätöksissä.

Pseudonymisointi ja anonymisointi

Kaikki sinulta kerätyt tiedot käsitellään luottamuksellisesti ja lainsäädännön mukaisesti. Yksittäiset osallistujat koodautuvat rekisteriin aikaleimalla, ja aineisto tallennetaan koodatussa muodossa tutkimustiedostoihin. Tulokset analysoidaan ja esitetään koodatussa muodossa. Yksilöitä ei voida tunnistaa ilman koodiavainta. Koodiavain, jota voidaan käyttää tunnistamaan yksittäiset tutkittavat ja heidän vastauksensa tallentuvat automaattisesti google forms excel taulukkoon, joka on Eeva Fredlandin luoman käyttäjätunnuksen ja salasanan takana. Tietoja ei luovuteta tutkijalta ulkopuolisille. Lopulliset tutkimustulokset raportoidaan kootussa muodossa, eikä yksittäisiä osallistujia ole mahdollista tunnistaa. Tutkimusrekisteriä säilytetään Google forms tiedostossa kolme vuotta 25.4.2027 saakka, jonka jälkeen se tuhotaan poistamalla tiedosto ja siihen liittyvä data.

Sinulta kerättyä dataa ei käytetä tulevissa opinnäytetöissä.

Kiitos, kun vastaat!

Osallistujan suostumus *

Olen saanut riittävästi tietoa henkilötietojeni keräämisestä, käsittelystä ja siirtämisestä/luovuttamisesta tutkimuksen aikana ja tietosuojaseloste on ollut saatavilla.

Suostun vapaaehtoisesti osallistumaan tähän tutkimukseen. Minua ei ole painostettu tai suostuteltu osallistumaan. Minulla on ollut riittävästi aikaa harkita osallistumistani tutkimukseen. Olen tietoinen siitä, että jos vetäydyn tutkimuksesta (voin jatkaa sitä myöhemmin), kaikki minulta ennen vetäytymistä kerätyt tiedot voidaan sisällyttää osaksi tutkimusaineistoa. Rastittamalla hyväksyntäni tutkimuksen osallistuja tämän lomakkeen lopuksi, annan suostumukseni henkilötietojen käsittelyyn. Minulla on oikeus peruuttaa suostumukseni henkilötietojen käsittelyyn tietosuojaselosteessa kuvatulla tavalla.

Kiitos, kun vastaat!

☐ Suostun vapaaehtoisesti osallistumaan tähän tutkimukseen

Osion 1 jälkeen Jatka seuraavaan osioon

Osio 2/4

Taustatiedot

Kuvaus (valinnainen)

1. Ikä

- 18 - 25
- 25 - 35
- 35 - 45
- 45 - 55
- 55 - 65
- 65+

2. Käytän etäyhteyttä terapiatyössä

	1	2	3	4	5	
en koskaan	○	○	○	○	○	erittäin usein

3. Toivon käyttäväni etäyhteyksiä *

	1	2	3	4	5	
en koskaan	○	○	○	○	○	erittäin usein

4. Vuoden 2023 aikana olen pitänyt yhteensä etävastaanottoja (täydennä vastaus n. tunneissa)

Lyhyt vastausteksti

Osion 2 jälkeen Jatka seuraavaan osioon

Osio 3/4

Terapiahetki - terapiaprosessi

Kuvaus (valinnainen)

5. Mikäli teet etäterapiaa, kerro minkälaisesta tilanteesta asiakas tulee etäterapiaan (Mahdollisuuksien mukaan kolme erilaista tilannetta)?

Voit täydentää vastausta kertomalla yleisellä tasolla asiakkaan asiakaspolun vaihetta.

Pitkä vastausteksti

6. Minkälaisia välineitä käytät yhteydenpitoon etänä? *

Pitkä vastausteksti

7. Mitä erityisiä valmisteluja etäterapia tarvitsee toteutuakseen?

Pitkä vastausteksti

8. Eroaako havainnointi etäterapiassa verrattuna lähivastaanotolla tapahtuvaan terapiaan? *

	1	2	3	4	5	
ei koskaan	○	○	○	○	○	erittäin usein

9. Minkälaista havainnointia teet etäterapian aikana? (Anna mahdollisuuksien mukaan min. kolme esimerkkiä) *

Pitkä vastausteksti

10. Miten johdattelet keskustelua etäterapian aikana? (Kirjoita mahdollisuuksien mukaan kolme eri käyttämääsi tapaa)

Lyhyt vastausteksti

11. Minkälaisia asioita tai ongelmia on mielestäsi vaikea ratkoa etäterapian aikana? (Kirjoita kolme mielestäsi yleisintä esimerkkiä).

Pitkä vastausteksti

12. Eroavatko keskusteltavat asiat tai ongelmat etäterapiassa verrattuna lähivastaanotolla esiin tuleviin asioihin? *

	1	2	3	4	5	
ei koskaan	○	○	○	○	○	erittäin usein

13. Mikäli keskustelu eroaa etävastaanotolla, voisitko antaa näistä eroista esimerkkejä? *

Pitkä vastausteksti

14. Mikäli pidät etävastaanottoa loppuuko se yleensä yhteiseen päätökseen?

	1	2	3	4	5	
ei koskaan	○	○	○	○	○	erittäin usein

Täydennä tässä edellistä kysymystä vastaamalla kysymykseen: Mitkä asiat mielestäsi vaikuttavat etäterapian päättymiseen? *

Pitkä vastausteksti

Osio 4/4

Etäterapian hyödyt ja haitat

Kuvaus (valinnainen)

15. Terapeuttinen suhde voidaan rakentaa mielestäni pelkästään etäterapian varaan. Se auttaa mielestäni asiakasta yhtä hyvin kuin lähivastaanotolla saatu terapia.

	1	2	3	4	5	
ei koskaan	○	○	○	○	○	erittäin usein

16. Saan etäterapiassa selville asiakkaan henkilökohtaisen kokemuksen, tilanteen, muutoksen ja osaan mitata toipumista.

	1	2	3	4	5	
ei koskaan	○	○	○	○	○	erittäin usein

17. Mitkä asiat mielestäsi kertovat asiakkaan toipumisesta etäterapiassa? (Kirjoita kolme mielestäsi sopivaa esimerkkiä) *

Pitkä vastausteksti

18. Mikäli sinulla on kokemusta etäterapian haitoista terapeuttisessa suhteessa, voisitko kertoa haitoista muutamalla esimerkillä? (Kirjoita kolme mielestäsi sopivaa esimerkkiä).

Pitkä vastausteksti

19. Edesauttaako etäterapian mahdollisuus terapian aloittamista?

	1	2	3	4	5	
ei koskaan	○	○	○	○	○	erittäin usein

20. Tässä voit perustella edellisen kysymyksen vastaustasi vastaamalla miksi ja miten etäterapian mahdollisuus edesauttaa terapian aloittamista. *

Pitkä vastausteksti

Erityinen kiitos sinulle vastauksestasi!