

Effectiveness of Online Triads for Developing Counselling Students' Clinical Skills, Competency, and Practice: Student Perspectives Following COVID-19

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Abstract

Undergraduate counselling students usually participate in triads as part of their counsellor education. This study aimed to explore how a cohort of undergraduate counselling and addiction practice students rated the effectiveness of the online triad component of their course. A survey containing Likert-scale and open field response options was completed by nine third- and thus, final-year students. Likert data is presented using descriptive statistics, while an inductive thematic analysis of the open field responses was undertaken. The study found that online triads were rated equally as effective as in-person triads in helping to develop students' clinical skills, competency, and practice, while also improving students' confidence prior to placements. The students valued the learning accrued from participating in triads and called for more triads to be added to the curriculum. Given many counsellors now engage in a mix of in-person and online counselling, training that involves both methods of delivery will likely be beneficial to undergraduate counselling and addiction practice courses.

Keywords:

Triads, undergraduate students, online counselling, addiction practice

The popularity of online counselling (OC) increased exponentially as a result of COVID-19, when it was the only counselling support available during lockdowns (Ioane et al., 2021; Chen et al., 2023). Many counsellors transitioned to OC during the pandemic despite having minimal training in this method of delivery. Nowadays, many counsellors offer OC as part of their practice because it is convenient and less expensive than in-person counselling (given an office and counselling rooms are not required) (Ioane et al. 2021; Nagarajan & Yuvaraj, 2019).

The benefits and drawbacks of OC are extensively documented in the literature. The benefits include a greater level of anonymity and privacy for the client (Hanley, 2020; Ierardi et al., 2022; King et al., 2006), a greater willingness to discuss sensitive topics in the online space (the so-called disinhibition effect of the online environment) and a reduction in perceived stigma attached to seeking mental health support (Kura, 2021; Sweeney et al., 2019). OC is also more accessible for people with physical disabilities and mental health concerns that make in-person meetings and travel difficult (e.g., social anxiety and agoraphobia) as well as clients residing in remote locations (Hanley, 2020; Ierardi et al., 2022; Kura, 2021; King et al., 2006; Mallen et al., 2011; Reimer-Reiss, 2000; Smith & Gillion, 2021). The drawbacks of OC include internet access issues, time lags, equipment failures, and the potential for security breaches (Chester & Glass, 2006; Hanley, 2020; Najagaran & Yuvaraj, 2019). Some researchers have maintained that counsellors are unable to “pick up on” clients’ subtle behaviour cues and therefore the therapeutic relationship is negatively impacted (Hanley, 2020; Najagaran & Yuvaraj, 2019; Suler, 2004); however, others have reported that there are fewer distractions in OC, which enhances the therapeutic relationship (Najagaran & Yuvaraj, 2019; Robson & Robson, 1998). There is also a debate around the effectiveness of OC in a crisis. For example, on one hand, some question how effective OC is for a client in distress at a distance, while on the other, several researchers have stated that the ease of accessibility of OC is beneficial for those needing support in a crisis (Najagaran & Yuvaraj, 2019; Wan-Chen et al., 2023). Despite these debates, OC is popular, readily accessible and is “here to stay” (Hanley, 2020).

Counsellor Education

Undergraduate counsellor education aims to produce highly effective, competent, confident and professional counsellors (Folkes-Skinner et al., 2010). Most undergraduate counselling programmes require students to undertake several placements throughout their training, which are where many students have reported their most significant learning occurs (Folkes-Skinner et al., 2010; Hogan & Smith, under submission; Kurtyilmaz, 2015; Rabees et al., 2020; Saki & Sahin, 2021; Shauaib et al., 2019). Students must be safe to practice with real clients prior to these work placements and thus, many counselling courses include triads and student group work in the curriculum. In these groups, students practise and develop their counselling skills, competencies, and emerging counselling identities (Rabees et al., 2022; Ruiz Rodrigues, et al., 2018; Slovak et al., 2015).

Counselling students have to develop the interpersonal and professional skills needed for effective counselling practice. Such skills and qualities are usually developed in the social context of a course and when students participate in role-playing pairs, triads, or small groups (Smith, 2015). In triads, students will have the opportunity to act in the role of client, counsellor, and observer, thus, obtaining insight into counselling from these three perspectives (Smith, 2015). Students also receive constructive feedback from their peers and lecturers, who monitor and sometimes participate in these sessions (Osborn & Costas, 2013; Smith, 2015; Walter & Thanasiu, 2011). In triads, students develop skills such as rapport building, empathy, listening, paraphrasing, reflection, self-awareness, respect, patience, acceptance, open-ended questioning, the use of silence, and numerous others depending on the therapeutic modality being taught (Murphy & Schofield, 2024; Rabes et al., 2022; Ruiz Rodrigues, et al., 2018; Slovak et al., 2015). Through the triad work they also integrate classroom learning and counselling theory with practice skills, forge their emerging counselling identities, and experiment with different counselling modalities (Smith, 2015). Participating in triads and other student group work can also aid the development of group conflict resolution skills and greater sensitivity to others' needs (Murphy & Schofield, 2024).

Although the majority of students have reported that they gain confidence from participating in triads and peer group work, some may experience anxiety (Osborn & Costas; 2020; Rabess et al., 2020; Smith, 2015; Truell, 2001). Often this is because they are too self-critical or feel they have shared too much personal information (Folkes-Skinner et al., 2010; Osborn & Costas, 2013; Smith, 2015; Truell, 2001). Some students may also “overshare” in the client role, which may heighten stress for other group members who are not yet trained in responding to this information and may leave the discloser feeling uncomfortable, vulnerable, or traumatised (Smith, 2015). Students may also experience challenges with the unique integration of personal and professional aspects that are required in the counselling process. This may be heightened for those with unattended to trauma or mental health concerns (Manson, 2019).

Despite the prevalence of triads in undergraduate counsellor training, few research studies have been conducted on students' experiences of these groups (Smith, 2015). We were unable to locate any studies on online triads from a student perspective. Relatedly, students' perspectives on OC itself are also limited, with one notable exception. Patterson et al. (2017) conducted research with 28 Scottish and Finnish university students (enrolled in post-graduate guidance counselling courses), regarding their perceptions of OC and its use in their practice. The participants listed the same benefits and drawbacks as previously mentioned in this article, but with one exception. Some stated that the flexibility of the OC meant they could work with their clients outside of school hours, which was good for accessing students disenfranchised within the education system. Other participants were hesitant to engage with OC because they thought counselling should be done in person or because they lacked the technological competence and confidence to do so.

The Bachelor of Counselling and Addiction Practice

The recent restructuring of vocational education in Aotearoa New Zealand has resulted in 16 former schools of technology and polytechnics becoming separate business divisions of Te Pūkenga, the nation's largest tertiary education institution. One of these business divisions combines Whitireia and the Wellington Institute of Technology (WelTec). Since 2018 WelTec has offered the nation's only tertiary degree qualification focused equally on counselling and addiction practice. An addiction practitioner is not an addiction counsellor per se but is similar to a caseworker and works personally with clients on their presenting addiction issues, but also on related concerns, such as housing or health advocacy. The Bachelor

of Counselling and Addiction Practice (BCAP) is a blended course with online and on campus lectures. Since 2021, approximately 25 students have graduated annually, which in part, serves to address the national shortage of counsellors and addiction practitioners in Aotearoa New Zealand (Hogan & Smith, under submission). BCAP graduates possess the necessary knowledge, skills, and capacity to respond to ongoing change in the addiction and counselling fields (Hogan & Smith, under submission).

On 25 March 2020, Aotearoa New Zealand entered the first of two government-mandated national lockdowns as an emergency response to COVID-19. Educational campuses were closed and many courses, including the BCAP, were delivered online (Choe et al., 2022). The triad component of the BCAP was transferred to online breakout rooms on Zoom (a video conferencing tool). Although such a step was necessary, some members of the research team were sceptical about how this shift would impact students' learning, which motivated this research study.

The aim of this research was to explore a sample of final-year BCAP students' perceptions on how effective online triads were for developing their counselling skills, competencies, and practice. A second aim was to inform change in the use of online triads, if students deemed it necessary. The research question was "How effective do third year BCAP students consider online triads for the development of their clinical skills, practice, and competencies?"

Methods

A small survey containing closed Likert-scale items (see Table 1) and open-ended qualitative response options was designed. Likert-scales were selected for the study as they are frequently used to collect student feedback in educational research (Sullivan & Artino, 2013). Open-ended questions were also chosen in order to gather more detailed data on the participants' experiences of online triads (Table 1). As hard copy surveys tend to have higher participation rates than online surveys, we also selected them for the study (Ebert et al., 2018). The open-ended questions included:

What have you learned through being involved in an online simulated counselling session?

What skills and techniques have you been able to practice through participating in an online simulated counselling session?

What things will you take into practice post-graduation that have resulted from participating in an online simulated counselling session?

In your opinion, what are the benefits of participating in online simulated counselling triads compared to face-to-face simulated counselling triads?

In your opinion what are the drawbacks of participating in online simulated counselling session compared to face-to-face simulated counselling session?

Do you have anything you wish to say about online simulated counselling triads that we have not asked you about?

Given that third-year students had experienced both in person (prior to lockdown), and online (during lockdown and post-lockdown) triads, they were chosen as the participant cohort. After ethics approval was obtained from the Whitireia and WelTec Te Pūkenga Ethics and Research Committee (March 2023, RP359-2023), the project was briefly mentioned to final year BCAP students. In order to avoid any potential conflict of interest, the third researcher, who is not a lecturer in the BCAP programme (unlike the other two researchers) discussed the project in detail in one class session, where student questions were invited and answered. Students were informed that their participation was entirely voluntary, with two leaving after this statement. Information sheets and surveys (with the informed consent information attached) were distributed to the remaining students. The completed surveys were collected after 15 to 20 minutes.

Approximately one third of the 25 BCAP students enrolled in year three attended this class. Consequently, a second class visit was arranged where surveys were distributed to those who were absent during the first visit. Students were encouraged to complete the surveys at home and return them to the research team; however, no completed surveys were returned. This was disappointing and we can only speculate on the reasons for this, but it also highlights how students were aware that participation was entirely voluntary. Given the relatively small sample size and the fact that the programme and year group is named we do not report the demographic as there is a heightened potential for participant identification.

Nine (approximately 36% of the final year BCAP cohort) students completed the surveys. Although a relatively small sample size, studies have been published with survey response rates ranging from 16–91% (Carley-Baxter et al., 2009). As this study is not reporting weighted survey data and does not involve a complex statistical analysis, nine participants were considered sufficient. The Likert-scale data is simply presented in table format for ease of interpretation (Sullivan & Artino, 2013); a joint analysis of the open-ended qualitative response data was undertaken by two members of the research team. These researchers have backgrounds in counselling and addiction practice and educational research, respectively. Their differences in background, age and gender were thought to add richness to the data analysis.

The analysis of the open field response data was primarily based on the qualitative descriptive approach, where data is summarised in relationship to the research questions with little interpretation (Sandelowski, 2000; 2010). However, an element of the constant comparative thematic data analysis approach was also used to identify specific themes in the data that did not relate to the questions (e.g., the notion that many expected to engage in online counselling post-graduation). The participants' responses to individual survey questions were typed into Word documents under each question heading, where they were read through independently. Commonalities or patterns in the data were then jointly discussed, refined, and written in a list. After this process was completed for individual questions, the researchers discussed commonalities in patterns across responses, which led to themes being identified. When a participant's response was at odds with the most common responses, these incidents were also noted as we wished to report the full range of participants' responses.

It should be noted that rather than discussing the online BCAP triads per se, numerous participants discussed the strengths and drawbacks of OC. Although this is slightly outside the research aims, we do include this material, since online triads are situated within the domain of OC.

Findings

All participants had performed all three roles in a triad. They reported that they had participated in approximately 15 to 80 triads. Table 1 reports the Likert response data.

Statement	Strongly agree n (%)	Agree n (%)	Neither disagree nor agree n (%)	Disagree n (%)	Strongly disagree
I enjoy participating in online triads	2(22)	3(33)	3(33)	-	1(11)
Participating in online triads has helped me develop my practice skills.	4 (44)	3 (33)	2 (22)	-	-
I will take the skills I have learned from participating in online triads through to my future practice post-graduation.	6 (67)	2 (22)	1 (11)	-	-
I enjoy participating in online triads more than face-to-face triads.	2(22)	-	6 (67)	1 (11)	-
I think I can practise my counselling skills very effectively in online triads.	4 (44)	3 (33)	2 (22)	-	-
I think we should have more in-person triads in our course.	5 (56)	2 (22)	2 (22)	-	-
I feel I can integrate the theory and classroom learning I have acquired into online triads.	4 (44)	5 (56)	-	-	-

TABLE 1: Likert Data

The Open-ended Response Data

The status of online counselling

The participants' open-ended responses show how likely it was that they would engage in online counselling delivery post-graduation. For example, "Online practice is good for Zoom consultation practice after I qualify" (P8), "[It] gives a better idea of how to deal with clients over Zoom, which is becoming more and more common" (P4) and "I am open and willing to do online sessions post-graduation" (P2). Participant 5 also said that they wanted "a mixture and a lot about what modalities I [prefer] to use myself" (P5). Participant 3 stated, "I could take the experience to online counselling sessions with clients during placement last year".

Learning From Simulated Online Counselling Sessions

The participants reported learning many things from online simulated counselling sessions, which ranged from “I don’t like them” (P1) through to “I’ve learned different approaches and ideas for using in a client setting. I’ve learned a lot about what modalities I [prefer] to use myself” (P2). Participant 3 again explained that simulated online counselling sessions were useful for their work with clients on placement. For example, “I could take the experience to online counselling sessions with clients during placement last year”. One participant stressed the role of learning from classmates in simulated counselling sessions, and another the importance of feedback from a professional. These comments included “Learned from watching others too [and] help[ed] me w[ith] my issues if I take [the] client role” (P4) and “I have learned that we need professional feedback to ensure we are not doing the wrong thing!” (P7).

The overwhelming majority of participants reported that they learned about specific modalities in the online simulated counselling sessions, such as “CBT [Cognitive Behavioural Therapy], MI [Motivational Interviewing], CCP [Child-Parent Psychotherapy], DBT [Dialectical Behaviour Therapy] technique[s]” (P3), or “CT [Cognitive Therapy], CCP [Child-Parent Psychotherapy], MI [Motivational Interviewing], SBT [Strengths Based Therapy]” (P4), or simply mentioned “modalities and ethics” (P6). Slightly more detailed comments included “I have been able to practise the initial session and the contracting process – because this is [...] such a grey area [and I have been] able to practice techniques from modalities such as MI/BT [Motivational Interviewing / Behavioural therapy]” (P7) and “with my peers [I] am able to practice the relevant skills and techniques required for that session. For example, if we have been told to focus on Roger’s approach, I have done that” (P1). Participant 2 commented in more depth:

Grounding questions. Being more comfortable with the use of silence between questions. Learn[ed] a lot about how we use open-ended questions effectively. Learnt a lot about the use of MI, but not so much about CBT. I continued CBT learning on another online course. Learnt about solution focused techniques.

Participant 5 explained how they learned about “general counselling”, while Participant 9 said they learned “the same stuff ([as] in person counselling [sessions]) as face-to-face”.

Two participants made comments that were inconsistent with the most common responses. For instance, Participant 3 reported learning around “being more considerate about how culture can be important in my practice...has a useful rule in how I adapt my practice with others [and] around different drug reactions”. Participant 8 said that they learned about the “general administration set up of online simulation”, but went on to state, “Being put in breakout rooms is quite isolating. Being assigned groups that are not safe for me to be in, is quite anxiety provoking”.

The Advantages and Disadvantages of Online Triads and Counselling

Some participants also compared the benefits of simulated online counselling sessions with face-to-face counselling simulations. For example, Participant 8 said “I believe I learn just as much [in] online simulated counselling practice as I do face-to-face simulated counselling”. Participant 1 stressed that there were no differences between online and face-to-face simulated counselling sessions as both were educational approaches, rather than varying counselling methods.

For example:

I don't think there is any particular thing resulting from these online sessions that I'd take into practice. I see the session as a way to learn/practice what we have been learning in face-to-face class. The online sessions are simply an extension of what [we] covered in person in class. It's done online, as online classes were required due to space or whatever reason. (P1)

Two participants also mentioned how the online simulated counselling sessions made them feel “comfortable engaging with [real] clients because of experience of online practice sessions” (P4), and “practicing consultation [in] break out rooms [has] made me comfortable” (P9).

Other participants made positive comments about simulated counselling sessions regardless of whether they were online or face-to-face. For instance, “[They are a] great way to test skills and try new things” (P8) and “Solid feedback in triads (e.g. constructive) has helped me [to] be a better practitioner” (P5).

All participants listed at least one disadvantage of online simulated counselling sessions. For instance, “[face-to-face] can assist me with more understanding on a deeper empathetic level” (P3). Participant 4 stated that “[I] cannot read body language. [In the] future with clients, it will be difficult to manage complex clients over Zoom/online”. The following excerpt from Participant 1 is similar:

“You can’t pick up on any slight body language due to the fact that [clients are] not face-to-face. It feels very artificial. I don’t see any benefits over face-to-face other than it is convenient”. However, of interest is Participant 7’s comment that online counselling impacted “rapport building” but was also impacted by “socio-economic [status as], not everyone has access to internet and [a] laptop/computer”.

Participant 1 listed a disadvantage of online simulated counselling sessions as “technical issues [and] I don’t think there’s a lot that can be done as such issues will always occur when using a computer”. Participant 2 also stated that online counselling led to “headaches of screen and auditory stimulants”. Participant 3 reported that they found “shar[ing] notes in person [was] more useful”, while Participant 9 stated that “I like to work with a whiteboard when working with clients, different modalities, this is more difficult online”.

Final suggestions

The participants were asked if there was anything that they would like to discuss about online triads that they had not been asked about. Participant 6 thought that more triads were needed “in last year [practicum skills]. We did absolutely none with the tutor, he said we should practise out of class”. Other suggestions for improving online triads included “having designated time for triads so it helps people who are working and study[ing] to schedule time” (P3) and to “give us the option in modalities week at [the] end of lectures, as an opportunity to grow” (P4). Others simply wanted more triads. For instance, “The more practice the better, online OR face to face” (P9), and “Just have more opportunities for us to practice” (P3).

Discussion

Online Triads

Of the participants who specifically mentioned online triads, one stated that they were prone to technical issues, a second that they led to headaches, and another maintained that they learned the same material in class as online. Given technological issues are commonly cited as a drawback of online counselling, it is not surprising that they were also mentioned in relation to online triads. There is also a proven causative link between excessive screen time and headaches, though taking regular breaks, blinking, maintaining good bodily posture and not sitting too close to the screen can prevent these headaches (Healthline, 2021; Kim et al., 2017; Lund et al., 2022). Nevertheless, given many tasks that were originally done in person are now being undertaken online, such as entertainment, reading, and education,

amongst others, we contend that such headaches are not solely due to participating in online triads; however, counsellor educators need to be aware that participating in online classes and online triads may impact some students' wellbeing.

One participant also went on to explain that online triads were utilised because of in-person classroom space restrictions. As reported previously, the BCAP is a blended course where students participate in block courses on campus as well as online classes and triads. The two participants who mentioned how what they learned in online triads was either an extension of class learning or gave them a chance to practise various modalities learned in class are correct, as this was the way the course was designed.

Nevertheless, Participant 9's comment that "I like to work with a whiteboard when working with clients, with different modalities, this is more difficult online" was an insightful one that invited further consideration, as some modalities and techniques are more easily transferred to the online environment than others. For instance, cognitive behavioural therapy (CBT) appears to be the most common modality employed in OC, so much so that an online variant, computerised cognitive behaviour therapy (cCBT) has been created and trialled, and some counsellors recommend it to clients experiencing depression and anxiety (Kaltenthaler et al., 2010; Wickersham et al., 2010). Other techniques, such as two-chair work, sand trays, specific forms of art, and whiteboard use may be harder to implement online. Nevertheless, advancements in technology and OC are happening rapidly, with some counsellors offering virtual sand tray and art therapy and utilising virtual whiteboards in applications such as Zoom (Hanley, 2020; Havlik et al., 2023; Korman-Hacohen et al., 2022). The effectiveness of these virtual tools and approaches may not yet have been evaluated, given we were unable to locate any such studies.

The participants reported that they developed their skills in motivational interviewing, cognitive behavioural therapy, community therapy, client-centred practice, dialectal behavioural therapy, solution-focused therapy and Rogerian therapy in online triads. One participant also stated that they learned which modalities they preferred and would implement these in their future practice. Nevertheless, a counsellor has to adapt their approach to fit with their client's presenting issue, counselling goals, resistance to, or readiness for, change, and so on (Ko et al., 2023). In order to do so, counsellors will draw from a variety of approaches and techniques (McLeod, 2018).

Having a solid grounding in several modalities as well as perfecting their counselling techniques in online triads (e.g., the effective use of silence) is a step in the journey towards professional competency.

Interestingly, Wong et al. (2018) assert that in-person counselling is the preferred method of delivery for most counsellors. However, in respect to online triad practice, the Likert responses of this study showed that over half of the participants strongly agreed or agreed with the statement that they “enjoyed participating in online simulations”. Only one participant disagreed with the statement “I enjoy participating in online simulated counselling sessions more than face-to-face simulated triads”. However, seven of the nine participants also strongly agreed or agreed with the statement that “I think we should have more in person triads in our course”. Although the data could be seen as limited due to the small sample size, it suggests that Wong et al.’s (2018) blanket assertion about most counsellors preferring in-person mediums needs further investigation. At the same time, Wong et al.’s (2018) study was conducted prior to the global COVID-19 pandemic. Many counsellors’ negative attitudes to OC have potentially changed as they utilised this method of delivery and became more familiar, competent, and confident with it (Bray, 2021).

Counsellors can misread clients’ responses if they are from another culture different to their own (Chester, 2006). BCAP students learn about Te Tiriti o Waitangi responsibilities, as well as aspects of tikanga and indigenous knowledge, while Puawānanga Kaitiakitanga (formerly cultural supervision) is built into year two and three of the programme. Under the New Zealand Association of Counsellors’ (NZAC) Code of Ethics (2020), counsellors must act with respect and care when working with cultural diversity. The code of ethics for the Addiction Practitioners’ Association Aotearoa New Zealand (Ddapaanz, 2021) also states that addiction practitioners must acknowledge the mana whenua status of Māori and the principles of Te Tiriti o Waitangi in their work. Given that BCAP graduates are eligible for registration in both of these professional bodies, becoming “more considerate about how culture can be important in my practice”, as reported by Participant 3, is very useful learning resulting from online triads. At the same time, such learning should not be limited to undergraduate study, but should be an ongoing process in which counsellors reflect on their own cultural positioning and how this impacts their work with clients (NZAC, 2020).

One participant made a further comment that was inconsistent with their peers, which is that online triads were "... not safe for me to be in, is quite anxiety provoking". There are several possible interpretations of this comment, which we acknowledge are purely speculative as we did not talk to the participant concerned. Firstly, the participant could be experiencing social anxiety, which may manifest in the online environment, despite OC being framed as advantageous for such clients (Ierardi et al., 2022; Kura, 2021; King et al., 2006; Reimer-Reiss, 2000). Moreover, despite BCAP students being given scenarios to enact in the triads, the participant might have shared too much personal information with the group, which, as previously stated, can lead to feelings of anxiety and stress (Smith, 2015; Storrie et al., 2010). It should be noted that another participant stated that triads helped them with their own issues if they took on the client role. Such comment suggest that the students may be sharing personal information outside of the triad scripts, which appears to be common when counselling students engage in group work (Osborn & Costas; 2020; Rabess et al., 2020; Smith, 2015). Nevertheless, it is also possible that the participant has had previous negative experiences with their classmates, which may have left them feeling anxious in breakout rooms. Whatever the reasons for the participant's response, the comment highlights how lecturers should not assume that everyone feels safe engaging in triads generally, and particularly in Zoom breakout rooms (Smith, 2015).

Two participants also stated that taking part in triads gave them confidence in their counselling skills and in working with clients prior to their placements. Such findings support Smith's (2015) assertion that triads provide a rich source of learning for counselling students. Many counselling students enter training with self-doubt and trepidation, which is considered to dissipate as they participate in work placements with real clients (Al-Darmaki, 2004). In this case, the participants' confidence increased through participation in online triads, which in turn, prepared them for their placements.

The participants also desired more experience of triads, whether online or in person because they provided an "opportunity to grow" (P4). Such comments show the participants viewed triads as effective for their personal and professional development.

Online Counselling

In the post-COVID-19 era, numerous counsellors have returned to only providing in-person counselling, while many others provide a mixture of online and in-person counselling (Gangamma et al., 2022). The participants' comments suggesting that they expected to engage in a blend of online and in-person counselling post-graduation highlight the current demand for OC (Hanley, 2020; Skinner & Zack, 2004). However, despite this, training in online delivery is not a compulsory component of counsellor training, with some researchers arguing that it should be (Ioane et al., 2020; Situmorang, 2020).

The participants also made comments detailing the benefits and drawbacks of OC, which were primarily consistent with the literature (Hanley, 2020; King et al., 2006; Kotera et al., 2001; Mallen et al., 2011; Smith & Gillion, 2021; Stoll, Muller & Trachsel, 2020). The benefits were that OC is convenient, easy to access, poses fewer distractions, and provides comfort for clients who can access counselling from their homes. The drawbacks were technological issues, that OC negatively impacted rapport building and that it was harder to read body language online. However, there were two notable exceptions, with one participant maintaining that OC could provide consistency in mental health care if another COVID-19 lockdown were to occur and a second participant stating that not everyone has access to the internet or a laptop.

The New Zealand Government has removed all COVID-19-related restrictions, with another national lockdown being unlikely. Nevertheless, other pandemics, natural disasters, or extreme weather events (such as Tropical Cyclone Gabrielle, which devastated parts of the North Island of Aotearoa New Zealand in early 2023) highlight how OC can be a useful tool for managing mental health in such disasters (Choe et al, 2022).

The relationship between poverty stress and its negative impacts on mental health has also generally been overlooked in research (Ballo & Tribe, 2003). However, due to poverty stress, the financially disadvantaged often have poorer mental health than their more financially advantaged counterparts (Knifton & Inglis, 2020). Those residing in low socio-economic areas are also less likely to have the internet and to access counselling due to its cost (Ballo & Tribe, 2003). The participant who stated that some people do not have access to the internet or computers/laptops is aware of how OC is likely out of reach of the financially disadvantaged. It is interesting that despite many studies mentioning the same

drawbacks of OC found in this study, we were unable to locate any studies mentioning a client's financial status as a barrier to, or enabler for accessing OC. However, in stating this, a participant in one study reporting nine counsellors' experiences of OC during lockdown commented that his clients needed iPads or other digital devices during COVID-19 lockdowns, which his clients possessed (Bray, 2021). Counsellors need to be aware of their clients' socio-economic status and how this affects their mental health and access to counselling support (Niemeyer & Knaevelsrud, 2022).

Evaluating the Study

Given this study is small in scope, the findings cannot be generalised; however, students' perspectives on triads are relatively rare and on online triads, even more absent. This study provides further information on an under-researched, yet pervasive component of undergraduate counselling education. More studies reporting students' perspectives on OC are needed, as students are future members of our mental health workforce. Future studies on students' perspectives of online or in-person triads should also aim to gather a larger number of participants. Although nine participants is a relatively small number, the sample is approximately one third of the final-year BCAP student cohort. Future research studies are being planned that will explore BCAP graduates' perspectives on how the BCAP programme prepared them for their career.

Conclusion

Counselling students develop their clinical skills, competencies, emerging counselling identities, and future practice in triads and other peer group work. Whether online or in person, triads provide students with the opportunity to meld their classroom and practical learning, while simultaneously boosting their confidence and self-efficacy (Smith, 2015). Given the many benefits of triads, they should be employed in the undergraduate counselling curriculum; however, lecturers need to carefully monitor these sessions to ensure that students feel safe, secure, and supported in their learning.

References

- Ballo E, & Tribe R. (2023). Therapeutic work with clients living in poverty. *International Journal of Social Psychiatry*, 69(4), 1043–1050. <https://doi.org/10.1177/00207640221139798>
- Bray, B. (2021, April). Pandemic telehealth: What have we learned? *Counseling today: A Publication of the American Counseling Association*. <https://ct.counseling.org/2021/04/pandemic-telehealth-what-have-we-learned/>
- Carley-Baxter, L.R., Hill, C.A., Roe, D.J., Twiddy, S.E., Baxter, R. K. & Ruppenkamp, J. (2009). Does response rate matter: Journal editors use of survey quality measures in manuscript publication decisions. *Survey Practice*, 2(7). <https://doi.org/10.29115/SP-2009-0033>
- Chen, W.C., Chan, H.Y., Sung, Y.H., Chen, P-L., Hung, Y-F., & Hsu, S-S. (2023). Therapists’ practical implementation and preparation of online counseling in the post-pandemic era. *Curr Psychol* 42, 30548–30560. <https://doi.org/10.1007/s12144-023-04614-0>
- Chester, A. & Glass, C.A. (2006). Online counselling: A descriptive analysis of therapy services on the internet. *British Journal of Guidance & Counselling*, 34(2), 145–160. <https://doi.org/10.1080/03069880600583170>
- Choe, L., Smith, L., Rodrigues, A. & Haggerty, C. (2022). A sample of vocational tertiary educators’ experiences of transitioning to online teaching during the 2020 national lockdown. *Whitireia Journal of Nursing, Health & Social Services*, 29, 11–20. <https://doi.org/10.34074/whit.2901%C2%A0>
- Dapaanz (2020). *Tikanga matatika: Dapaanz code of ethics*. Wellington: *Addiction Practitioners Association of Aotearoa New Zealand* <https://dapaanz.org.nz/wp-content/uploads/tikanga-matatika-2021-final.pdf>
- Ebert, J.F., Huibers, L., Christensen, B. & Christensen, M.B. (2018). Paper- or web-based questionnaire invitations as a method for data collection: Cross-sectional comparative study of differences in response rate, completeness of data, and financial cost. *Journal of Medical Internet Research*, 20(1), Article 24. <https://doi.org/10.2196/jmir.8353>
- Folkes-Skinner, J., Elliott, R. & Wheeler, S. (2010). ‘A baptism of fire’: A qualitative investigation of a trainee’s experience at the start of their training. *Counselling & Psychotherapy Research*, 10(2), 83–92. <https://doi.org/10.1080/14733141003750509>

- Gangamma, R., Walia, B., Luke, M. & Lucena, C. (2022). Continuation of teletherapy after the COVID-19 pandemic: Survey study of licensed mental health professionals. *JMIR Formative Research*, 1(6), Article 32419. <https://doi.org/10.2196/32419>
- Hanley, T. (2020). Researching online counselling and psychology and psychotherapy: The past, the present and the future. *Counselling Psychotherapy Research*, 21, 493–497. <https://doi.org/10.1002/capr.12385>
- Havlik, S, Malott, K.M., Gamerman, T. & Okonya, P. (2022). Working across differences while online: Examining the experience of facilitating a virtual group. *International Journal for the Advancement of Counselling*, 45, 291–309. <https://doi.org/10.1007/s10447-022-09496-8>
- Hogan, S. & Smith, L. (in press). Evaluating the Bachelor of Counselling and Addiction: Final year ākongā perceptions of the course and whether it met their needs. *Whitireia Journal of Nursing, Health and Wellbeing*.
- Healthline. (2021, March 22). *Screen headaches and migraine: Can you prevent them?* <https://www.healthline.com/health/migraine/screen-headache>
- Ierardi, E., Bottini, M. & Riva Crugnola, C. (2002). Effectiveness of online versus face-to-face psychodynamic counselling intervention before and during the COVID-19 period. *BMC Psychology*, 10, Article 35. <https://doi.org/10.1186/s40359-022-00742-7>
- Ioane, J., Knibbs, C. & Tudor, K. (2021). The challenge of security and accessibility: Critical perspectives on the rapid move to online therapies in the age of COVID-19. *Psychotherapy Politics International*, 19, Article 1581. <https://doi.org/10.1002/ppi.1581>
- Kaltenthaler, E., Parry, G., Beverley, C. & Ferriter, M. (2008). Computerised cognitive behaviour therapy for depression: Systematic Review. *The British Journal of Psychiatry*, 193, 181-184. <https://doi.org/10.1192/bjp.bp.106.025981>
- Kim, J., Lee, W., Won, J.U., Yoon, J.H., Seok, H., Kim, Y.K., Lee, S. & Roh, J. (2017). The relationship between occupational noise and vibration exposure and headache/eyestrain, based on the fourth Korean Working Condition Survey (KWCS). *PLoS One*, 12(5), Article e0177846. <https://doi.org/10.1371/journal.pone.0177846>

- King, R., Bambling, R., Lloyd, C., Gomurra, R., Smith, S., Reid, W. & Wegner, K. (2006). Online counselling: The motives and experiences of young people who choose the Internet instead of face to face or telephone counselling. *Counselling and Psychotherapy Research*, 6(3), 103–108. <https://doi.org/10.1080/14733140600848179>
- Knifton, L. & Inglis, G. (2020). Poverty and mental health: Policy, practice and research implications. *British Journal of Psychiatry*, 44(5), 193–196. <https://doi.org/10.1192/bjb.2020.78>
- Ko, G, Collins, S., Yasynskyy, Y., Azevedo, A., Woodend, J & Djuraskovic, I. (2023). Chapter 7: Relating in client and culture-centred ways. In G. Ko, S, Collins & Y. Yasynskyy (Eds.). *A Practical Guide for Counsellors: Co-creating safe and culturally responsive relational spaces*. PBPress Books. https://pressbooks.pub/responsiverelationships/chapter/counselling_style/
- Korman-Hacohen, S., Regev, D. & Roginsky, E. (2022). Creative arts therapy in the “remote therapeutic response” format in the education system. *Children (Basel)*, 9(4), Article 467. <https://doi.org/10.3390%2Fchildren9040467>
- Kura, C. (2021). *Delivering online therapy curing COVID-19: Counselling psychologists’ experience* [master’s dissertation, Auckland University of Technology]. Tuwhera Open Access. <https://openrepository.aut.ac.nz/items/60d95481-4a51-432e-9a85-23a4ec75fd62>
- Kurtyilmaz, Y. (2015). Counselor trainees’ views on their forthcoming experiences in practicum course. *Eurasian Journal of Educational Research*, 61, 155–180. <https://doi.org/10.14689/ejer.2015.61.9>
- Lund, J., Berring-Uldum, A., Colak, M., & Debes, N.M.M. (2022). Headache in children and adolescents: The association between screen time and headache within a clinical headache population. *Neuropediatrics*, 53(4), 221–226. <https://doi.org/10.1055/s-0041-1740550>
- Mallen, M.J., Jenkins, I.M., Vogel, D.L., & Day, S.X. (2011). Online counselling: An initial examination of the process in a synchronous chat environment. *Counselling & Psychotherapy Research*, 11(3), 220–227. <https://doi.org/10.1080/14733145.2010.486865>
- Manson, J.L. (2019). *The wounded healer: A phenomenological study of the experiences of counselors-in-training with complex trauma histories* [Doctoral dissertation, University of Northern Colorado]. UNC Scholar Commons. <https://digscholarship.unco.edu/dissertations/628>

- Maykut, P. & Morehouse, R. (1994). *Beginning qualitative research: A philosophic and practical guide*. Falmer Press.
- McLeod, J. (2018). *Pluralistic therapy: Distinctive features*. Routledge.
- Murphy, R. & Schofield, M. (2024). How do counselling trainees describe group process and does this change over time? *Counselling & Psychotherapy Research, 24*, 219–229. <https://doi.org/10.1002/capr.12633>
- Nagarajan, M. & Yuvaraj, S. (2019). Mental health counsellors' perceptions on use of technology in counselling, *Current Psychology, 40*, 1760–1766. <https://doi.org/10.1007/s12144-018-0104-4>
- New Zealand Association of Counsellors (2020). *Code of ethics: A framework for ethical practice*. <https://nzac.org.nz/document/6629/NZAC-Code-of-Ethics-2002-Revised-2020.pdf>
- Niemeyer, H. & Knaevelsrud, C. (2022). Socioeconomic status and access to psychotherapy. *Journal of Clinical Psychology, 79*(4), 937–953. <https://doi.org/10.1002/jclp.23449>
- Osborn, D. & Costas, L. (2013). Creating space for connection: Creativity in the classroom: Role playing in counsellor student development. *Journal of Creativity in Mental Health, 8*(1), 92–103.
- Patterson, S.M., Laajala, T. & Lehtela, P-L. (2017). Counsellor students' conceptions of online counselling in Scotland and Finland. *British Journal of Guidance and Counselling, 47*(3), 292-303. <https://doi.org/10.1080/03069885.2017.1383357>
- Rabees, A., Tarziers, K., Coleman, J., Istre, M. & Zeligman, M. (2020). Shifting the culture of counselling skills courses: Alleviating anxiety through experiential approaches. *Journal of Counselor Practice, 11*(2), 44-65. <https://doi.org/10.22229/stc1122020>
- Reimer-Reiss, M.L. (2000). Utilizing distance technology for mental health counselling. *Journal of Mental Health Counseling, 22*(3), 189–203. <https://go.gale.com/ps/i.o?p=AONE&u=googlescholar&id=GALE|A6758316&v=2.1&it=r&sid=AONE&asid=0cfd2120>
- Robson, D., & Robson, M. (1998). Intimacy and computer communication. *British Journal of Guidance and Counselling, 26*(1), 33–41. <https://doi.org/10.1080/03069889808253836>

- Ruiz Rodrigues, J., Lopez, A.B., Fuste Escolano, A. & Garcis-Grau, E. (2018). Peer counselling versus role-playing: Two training methods of therapeutic skills in clinical psychology. *Psicothema*, 30(1), 21–26. <https://doi.org/10.7334/psicothema2016.286>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23, 334–340. <https://doi.org/10.1002/1098-240X%28200008%2923%3A4%3C334%3A%3AAID-NUR9%3E3.0.CO%3B2-G>
- Sandelowski, M. (2010). What’s in a name? Qualitative description revisited. *Research in Nursing & Health*, 33, 77–84. <https://doi.org/10.1002/nur.20362>
- Saki, V. & Sahin, M. (2021). Examining the experiences of counsellor trainees towards practices in individual counseling practicum course. *International Journal of Psychology and Educational Studies*, 8(1), 110–123. <https://doi.org/10.17220/ijpes.2021.8.1.298>
- Shuaib, M.A., Olayinka, O.A. & Olamilekan, A.S. (2019). Impact of counselling practicum on trainees in University of Ilorin Nigeria. *Anatolian Journal of Education*, 4(2): 61–68. <https://doi.org/10.29333/aje.2019.427a>
- Situmorang, D.D.B. (2020). Online/cyber counseling services in the COVID-19 outbreak: Are they really new? *Journal of Pastoral Care Counseling*, 74(3), 166–174. <https://doi.org/10.1177/15423050209481>
- Skinner, A. & Zack, J.S. (2004). Counseling and the Internet. *The American Behavioural Scientist*, 48(4), 434–446. <https://doi.org/10.1177/0002764204270280>
- Slovak, P., Thieme, A., Murphy, D., Tennent, P., Olivier, P. & Fitpatrick, G. (2015). On becoming a counsellor: Challenges and opportunities to support interpersonal skills training. *Proceedings of the 18th ACM Conference on Computer Supported Cooperative Work & Social Computing*, 1336–1347. <https://doi.org/10.1145/2675133.2675190>
- Smith, J. & Gillion, E. (2021). Therapists’ experiences of providing online counselling: A qualitative study. *Counselling & Psychotherapy Research*, 21(3), 545–554. <https://doi.org/10.1002/capr.12408>
- Smith, K. (2015). Learning from triads: Training undergraduates in counselling skills. *Counselling & Psychotherapy Research*, 16(2), 126–131. <https://doi.org/10.1002/capr.12056>

- Stoll, I., Muller, J.A. & Trachsel, M. (2020). Ethical issues in online psychotherapy: A narrative review. *Frontiers in Psychiatry*, 10, Article 993. <https://doi.org/10.3389/fpsyg.2019.00993>
- Suler, J. (2004). The online disinhibition effect. *Cyberpsychology & Behavior*, 7(3), 321–326. <https://doi.org/10.1089/1094931041291295>
- Sullivan, G.M. & Artino, A.R. (2013). Analyzing and interpreting data from Likert-type scales. *Journal of Graduate Medical Education*, 5(4): 541–542 <https://doi.org/10.4300/JGME-5-4-18>
- Sweeney, G.M., Donovan, C.L., March, S. Forbes, Y. (2019). Logging into therapy: Adolescent perceptions of online therapies for mental health problems. *Internet Interventions*, 15, 93–99. <https://doi.org/10.1016/j.invent.2016.12.001>
- Truell, R. (2001). The stress of learning counselling: Six recent graduates comment on their experience of learning counselling and what can be done to reduce associated harm. *Counselling Psychology*, 14(1): 67–89. <https://doi.org/10.1080/09515070110059133>
- Walter, S.M. & Thanasiu, P.L. (2011). Enhancing role-play activities with pocket camcorder technology: Strategies for counsellor educators. *Journal of Creativity in Mental Health*, 6: 284–297. <https://doi.org/10.1080/15401383.2011.630601>
- Wickersham, A., Barack, T., Cross, L., Downs, J. (2022). Computerized cognitive behavioral therapy for treatment of depression and anxiety in adolescents: Systematic review and meta-analysis. *Journal of Medical Internet Research*, 24(4): Article 29842. <https://doi.org/10.2196/29842>
- Wong, K.P., Bonn, G, Tam, C.L. & Wong, C.P. (2018). Preferences for online and/or face to face counseling among university students in Malaysia, *Frontiers in Psychology*, 9: Article 64. <https://doi.org/10.3389/fpsyg.2018.00064>