Qualitative analysis of university counselors' online counseling experiences during the COVID-19 pandemic

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Abstract

This study aimed to reflect on counselors' experiences and the adaptation processes in university counseling centers during the COVID-19 pandemic. Accordingly, 15 counselors and psychologists working at different counseling centers were reached and interviewed. Thematic analysis showed that participants had to adapt to changes brought by the pandemic to continue their services. The adaptation of counseling centers to online practices showed differences according to administrative decisions and technical capacities. As a result of the urgent need to continue providing psychological help, participants moved to online practices, which caused professional and social life changes. Participant attitudes to online counseling were mainly positive. Since students had to move back to their family homes during the pandemic, limited confidentiality was the main problem aside from technological glitches in online sessions. Counselors encountered personal and professional challenges as a result of the ongoing counseling sessions and listed the self-care activities they used.

Keywords University counselors · University counseling centers · COVID-19 pandemic · Online counseling · Stress and burnout · Self-care

Introduction

On 30 January 2020, the World Health Organization (WHO) declared the coronavirus 2 (SARS-CoV-2) outbreak a public health emergency of international concern, and the epidemic turned into a global health emergency (Sun et al., 2020). Turkey is among the countries with the highest number of cases, with 16.9 million total cases as of December 2022 (Ritchie et al., 2022). After the first COVID-19 case on 11 March 2020 in Turkey, universities suspended education to prevent the contagion of COVID-19 and launched distance learning programs. Many students had to move from campus and resettle in their family homes. At the beginning of the COVID-19 pandemic, all education programs were paused for three weeks. However, after the increase in positive COVID-19 cases, the suspension was prolonged for the whole semester. Due to the increasing cases across the country, the government decided to continue online education in the 2020–2021 academic year.

The COVID-19 pandemic escalated conditions that threaten people's well-being globally and created fear. In addition, it led to a range of psychological consequences (Liu et al., 2020). A review of virus outbreaks and pandemics documented stressors such as infection fears, frustration, boredom, inadequate supplies, information, financial loss, and stigma (Brooks et al., 2020). With the COVID-19 pandemic in the world, the need for psychological help increased among different populations. Fear of losing someone, extended quarantine, and the risk of contagion of the coronavirus exacerbated anxiety, depression, and sleep disturbance (Brooks et al., 2020). Studies in Turkey showed similar results, with well-being and resilience observed to decrease during the pandemic, especially among young people, unemployed, or people with low resilience levels (Metin et al., 2021; Yazıcı Çelebi, 2020). While universities closed and continued education with distance learning, early findings showed that the psychological problems that university students experienced continued and even worsened (Cao et al., 2020; Savage et al., 2020; Wathelet et al., 2020). Restrictions in social life, lockdowns, uncertainty about the

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future, disruption of academic routines, and contamination by the virus caused stress, depression, anxiety, and obsession among university students during the COVID-19 pandemic (Agnew et al., 2019).

Implementation of online counseling

As a result of the challenges to conducting face-to-face counseling during the pandemic, online counseling (the delivery of counseling via videoconferencing) appears to be the first solution to sustain psychological help services (Inchausti et al., 2020; MacMullin et al., 2020). Online counseling is defined as professional counseling help where counselors and clients use electronic devices to communicate and establish a therapeutic relationship (Richards & Vigano, 2013; Zeren et al., 2020). In this study, the term online counseling was preferred because it is more relevant to the aim of the study and compatible with the literature.

Regardless of psychotherapists' previous experience and attitudes towards online psychotherapy, the COVID-19 pandemic forced many psychotherapists to stop their in-person sessions and switch to online therapy (Békés & Aafjes-Van Doorn, 2020). This change resulted in an increased percentage of psychologists using online counseling during the pandemic (Pierce et al., 2021). Clients and mental health practitioners mostly have a neutral or positive attitude towards online-based psychological help outside of crises (Bastemur & Bastemur, 2015; Békés & Aafjes-Van Doorn, 2020; Dunstan & Tooth, 2012; van der Vaart et al., 2014). The affordability and accessibility of online counseling were labeled essential advantages against a variety of restricting factors (Russel, 2018; Vincent et al., 2017). In addition, online counseling promotes flexibility in therapist choice, mobility, and scheduling. Nonetheless, stigma to seeking psychological help, and therefore feeling ashamed, could be less in online practice and this may increase the utilization of mental health services (Richards & Vigano, 2013). Especially men with gender role conflicts might benefit from online counseling to minimize stigmatization and utilize mental health resources (Joyce, 2012). Online counseling experience is still very new in Turkey. Several studies (Tanrikulu, 2009; Bastemur & Bastemur, 2015; Zeren et al., 2020; Zeren & Bulut, 2018) examined attitudes, ethical standards, and effectiveness of online counseling prior to the pandemic. A study during the pandemic showed that counselors continuing their master's or doctoral education emphasized the accessibility and efficiency of online counseling as advantages (Yüksel-Şahin, 2021).

However, given the percentages of technology used in psychotherapy settings before the pandemic (Glueckauf et al., 2018), direct and indirect effects of technology on mental health practice remain unclear. Both clients and therapists experienced difficulties such as having limited access to an internet connection, keeping the connection stable, and using technology that might emerge in practice (Inchausti et al., 2020; Harris & Birnbaum, 2015; Vincent et al., 2017). In online counseling, misunderstandings and miscommunications might occur due to decreasing interaction during sessions (Harris & Birnbaum, 2015; Russel, 2018). Online counseling practice makes reaching counseling centers easier for students with psychological problems (Dorsey & Topol, 2020). In addition, university counselling centers offer the chance to share concerns and get psychological help in online support groups (Rollman et al., 2018). Despite these advantages of online counseling, a study found that fewer university students attended counseling sessions during the COVID-19 outbreak than in the previous year (Erekson et al., 2021). Researchers pointed out some reasons for discontinuing online counseling sessions, including lack of adequate technology, lack of private space to attend the session, and feeling uncomfortable switching to the online setting.

Counselors' experience during the COVID-19 pandemic

Like many other professions, university counselors had to adapt to the "new normal" not only in their social life but also in their therapy practice. In addition to pandemic-related restrictions and worries about health, the possibility of distress among counselors increased. Two recent studies showed that therapists experienced a high level of vicarious traumatization and self-doubt during the pandemic (Aafjes-Van Doorn et al., 2020; Aafjes-Van Doorn et al., 2022). Also, before the pandemic, studies found that vicarious trauma become more salient when counselors who provide psychological services are also affected by disasters like hurricanes (Lambert & Lawson, 2013). During the pandemic, mental health workers could face potential stressors leading to burnout. Perceived stress and post-traumatic stress were found to be a strong predictor of professional quality of life for counselors providing psychological help during the pandemic (Litam et al., 2021; Joshi & Sharma, 2020) listed a variety of stressors that could accelerate burnout, such as emotional contagion, secondary traumatic stress, poor therapeutic effectiveness and longer duration of therapy. Rokach and Boulazreg (2022) also highlighted the dangers of psychotherapy, especially for mental health practitioners who ignored self-care and how to address self-care during the COVID-19 era.

Despite the potential benefits of online counseling, many counselors were worried about technical glitches, poor

digital literacy, confidentiality issues (e.g., Titzler et al., 2018; Topooco et al., 2017), and establishing a therapeutic alliance (Roesler, 2017). In addition to these worries, the instant transition from in-person counseling to online counseling practice without proper education and preparation in the early days of the pandemic could cause counselors to question their ability to deliver online counseling. In particular, therapists with low-level clinical experience faced more challenges in shifting towards online counseling in the early days of the pandemic (Aafjes-Van Doorn et al., 2020) and experienced more uncertainty in their ability to help clients in an online setting (Aafjes-Van Doorn et al., 2022). However, counselors with previous experiences with technology-based therapies considered online practice comfortable and familiar (McMullin et al., 2020). Although therapists referred to the difficulties of online therapy, such as communicating emotions and showing empathy, most of them felt that they could form a sufficient therapeutic alliance with their clients (Aafjes-Van Doorn et al., 2020).

The current study

Studies showed that counselors experienced anxiety, fear, stress, hopefulness, and disappointment related to the COVID-19 pandemic (Bray, 2020; Yüksel-Şahin, 2021). However, the literature does not include what counselors experienced during this period while they continued to provide psychological help. The possible effects of sustaining professional duties as part of the university staff are worth examining to prevent additional burn-out. Practices and research about online counseling accelerated with the COVID-19 pandemic in Turkey (Koçyiğit Özyiğit & Erkan Atik, 2021; Poyrazlı & Can, 2020; Yüksel-Şahin, 2021). However, to the best of our knowledge, no study has examined the experience of university counseling centers and counselors during the COVID-19 pandemic. The need to urgently assess the effect of the COVID-19 pandemic on mental health among university students (Holmes et al., 2020; Zhai & Du, 2020) raises the question of how university counseling centers responded to this need. Thus, to understand how counseling centers in Turkey adapted to changes in mental health services, the researchers examined the experiences of counselors. The research questions posed were: how have university counseling centers been affected by COVID-19 and what did counselors experience during this period?

Method

Participants

After collecting data from initial participants selected using convenience sampling, the researcher asked if they knew people who might be suitable and volunteer for the study. The researcher reached out to participants using snowball sampling and interviewed them until data saturation. Qualitative data were collected in a single, semi-structured interview with 15 participants. Participants identified as female (14, 93.4%) and male (1, 6.6%), and the age range varied between 26 and 41 years. All participants worked at university counseling centers, and most of them (11, 73%) worked at public universities. Nine counseling centers were reached in this study. Most of the participants (13, 87%) graduated from the Psychological Counseling and Guidance Program; the rest graduated from the Department of Psychology. While only one participant was not continuing in a postgraduate program, most participants (10, 66.6%) received their master's degree, and one participant had a doctoral degree. Participant work experience in university counseling centers changed between three and nine years. The practice orientation of participants in counseling is cognitive-behavioral therapy (3, 20%), solution-focused therapy (4, 26.6%), person-centered therapy (3, 20%), and psychoanalysis (1, 5%).

Procedure

The study was carried out during the 2020–2021 academic year. Firstly, ethical approval requirements for the study were met. The online interview method was chosen to collect data due to the difficulties in conducting face-to-face interviews during the COVID-19 pandemic. The researchers reached university counseling centers to introduce the study and asked whether they would like to participate. Ethical approval and informed consent for the study were initially sent to counselors in different university counseling centers via online channels. The first researcher conducted all interviews with participants who agreed to participate voluntarily.

To develop the interview questions, the researchers benefited from literature and counselor experiences. Before the data collection process, semi-structured and open-ended questions were tested with two counselors working in university counseling centers. Some changes were made to the questions according to the experts' opinions. For example, the questions about which theory orientation they were using and how online counseling affected their practice was added. Interview questions were related to the reaction and adaptation process in counseling centers to the new normal,

transition to online counseling, online practice experiences, and psychological problems occurring during the COVID-19 period. Examples of the questions include; "What was it like for you to give psychological help during COVID-19?", "How did you and the counseling center adapt to the COVID-19 pandemic?", "What sort of changes occurred in the counseling center during COVID-19?", "What were the advantages/disadvantages of online practice?", "What were the differences between face-to-face counseling and online counseling?", "How does online counseling affect the therapeutic process?"

Before the interviews, the researcher shared the questions with participants to ensure detailed answers. The participants who accepted an interview were interviewed individually using Zoom software, which took between 38 and 62 min. Then, recordings of the interviews were transcribed verbatim by the first researcher. Data collection and analysis were conducted concurrently until saturation. As Guest et al. (2006) noted, the researchers were assured of saturation when new information produced little or no change in the code list, and no new theme emerged from data.

Trustworthiness

The first researcher aimed to obtain the participant experiences in the same way by examining the questions before the interview in the data collection process. Attention was paid to ensure that the participants and the interviewer were not in a teacher-student relationship and confirm the independent and appropriate status of the researcher (Noble & Smith, 2015). Participant demographic information was hidden in transcripts to prevent any other bias. To supply a proper understanding of phenomena and to show the transferability of the results, the researchers gave details about the participants, the data collection methods, the number and length of the data collection sessions, and the period of all data collection processes (Moretti et al., 2011). Data saturation was used to determine the optimal sample size in the research. After the first researcher had completed a few interviews, the second researcher started the preliminary analysis to make an easier decision on saturation (Elo et al., 2014). Opinions were received from two experts in counseling and qualitative research at the stages of preparing research questions, determining the method, and analyzing and reporting the data. In addition, care was taken to address the research process, data collection tools, and data and analysis in as much detail as possible (Roberts & Priest, 2006). Quotations were used to clarify and show the connection between data and results and reflect the participants' voices in the findings (Creswell & Creswell, 2017). Researchers used prolonged engagement with data by transcribing and repeated reading to establish the credibility

criterion. The researchers tried to bracket their perceptions about counseling experiences during the pandemic to avoid bias in different research steps and increase their awareness of past experiences. For example, the first researcher followed the same questionnaire for each participant to ensure that his experiences did not affect the participants' answers. Member checking was used to ensure that what the participants shared matched what they intended and reflected their experiences (Lincoln & Guba, 1985).

Analysis

To elucidate the essence of lived experience and develop composite descriptions of it, a qualitative study approach was favored in this study (Creswell & Poth, 2016). In one sense, the study aimed to reflect pre-reflective experiences of participants (van Manen, 2016). In order to examine participants' experiences and highlight differences and similarities, deductive thematic analysis was used by the researchers. Thematic analysis is a method for identifying, analyzing, organizing, describing, and reporting themes within data during the analysis process. In deductive thematic analysis, the data is based on predetermined themes, which researchers had expectations before the research. Therefore, thematic analysis was primarily conducted on researchers' theoretical interest and analytic preconceptions in the experiences of university counselors during the pandemic (Braun & Clarke, 2006). Following Braun and Clarke's (2006) thematic analysis, the second researcher familiarized themselves with the data set by reading in the first step. The researcher re-read all data sets to understand better and become familiar with all aspects of the data. In the second phase, the researcher tried to frame the most basic units that reflect the phenomena meaningfully. During this step, the researcher utilized the data set to create codes with the deductive approach, and independent coding was performed. This iterative process was repeated until the researchers did not redefine new codes. After detecting initial codes, researchers matched them with the units in the data set. When all data was initially coded, the codes were sorted, and researchers combined them to form the main themes. Preliminary themes were refined by creating textural and structural descriptions of experiences that are reflected verbatim, with setting, and context knowledge. Researchers shared statements that fit into the themes. The research team discussed emerging themes to build consensus during the analysis. The consensus of the coding categories and a final list of key themes were achieved iteratively through discussion and re-reading of the transcripts. During this step, some themes collapsed into each other, and the researchers merged the themes into three main themes.

Results

The findings revealed three main themes of the COVID-19 pandemic that affected university counseling centers and their staff in Turkey. The three themes that emerged in the study are: adaptation to online counseling during the COVID-19 pandemic, counselors' challenges during the COVID-19 pandemic, and the need for self-care during the COVID-19 pandemic. Five sub-themes, namely transition to online counseling, the effect of the pandemic on the sessions' agenda, tailoring techniques to the online setting, advantages of online counseling, and disadvantages of online counseling, formed the theme of adaptation to online counseling during the COVID-19 pandemic. The theme of counselors' challenges during the COVID-19 pandemic was divided in two sub-themes: lack of institutional aid and stress and burnout. Finally, the need for self-care during the COVID-19 pandemic consisted of the following sub-themes; physical health, social support, balance and professional help.

Adaptation to online counseling during the COVID-19 pandemic

Transition to online counseling

While two private and one state university centers quickly adapted to the pandemic, it took time for the rest to switch their services online. For example, P4 stated that they started to provide online services in the week of the transition to distance education. There was a difference between private and public universities in providing technical support and online service. Private universities adapted to the process faster. It was also easier to reach students at smaller universities. P6 stated that they prepared social media posts and sent emails to announce and promote online counseling. Alongside center preparations, participants had to make arrangements in their homes to continue their sessions. P14 mentioned that she built a proper background and created her own space in a different room for sessions. Similarly, P11 needed a wifi signal booster and arranged internet use by family members to maintain the connection. P3 and P8 continued their face-to-face sessions twice a week with COVID-19 measures such as wearing masks, sitting remotely, and brief sessions.

> We noticed that individual questions were coming up too much in the seminars, like anxiety, guilt, feelings of individuals who have had COVID-19. In this sense, we realized that words were insufficient because students felt too much anxiety. Providing a collective service is not very functional. That is why we talked as a center and made a decision. Previously, we had

concerns about confidentiality and ethics. Which platform should we run it on, how can we do it? Many platforms were discussed, we talked to the university to decide what we could do in the online education system. We had to choose Zoom, just like the rest, despite ethical concerns. This is how we started (P13). First, there was a 2–3 week lockdown. At that time, our university had already set up its online platform so that no one would fall behind in the classes. In fact, with the university moving to the online environment during the course and the availability of our online system, we also made rapid progress in this process. We are a foundation university. The functioning of counseling centers in foundation and state universities is usually different. Our advantage is that we are a small university, and our rector is especially supportive in this regard, so our procedures progress a little faster (P5).

Participants emphasized additional training to run the online counseling service. With the pandemic, none of the centers provided education about online counseling, and they did their research and decided on this transition.

> None of us had experienced the online process before. We did not receive any training about online counseling in undergraduate and graduate education. As if we would always provide face-to-face counseling… always face-to-face counseling skills, how do you act face-to-face… But the online process is a bit different. What can you do when your client cries or wants to hurt themselves? (P9).
> … ethical codes, how to apply them or how some theories can be adapted to online counseling, how to use them, how to create a therapeutic relationship? How can the therapeutic relationship with the student be made healthier? What can the counselor do to improve well-being? There is a need for training on these issues (P6).

The effect of the pandemic on the sessions' agenda

The participants stated that there were some changes in the clients' problems. P8 observed that anxiety symptoms and depressive mood increased. In addition, she stated that adaptation to life with the family and family members' health problems related to COVID-19 could negatively affect clients. In general, the counselors stated that there were few requests based on fear about contagious COVID-19. P7 stated that the most common problem area before the pandemic was exam anxiety, and together with the pandemic,

there were problems arising from living with family. P4 observed that the pandemic conditions negatively affected the clients' behavior during the action phase in counseling. She stated they could create action plans with the clients, but they did not have enough opportunities to transfer these solutions into their lives, especially during lockdowns.

> Since the beginning of the process, I think 1–2 clients came because of COVID-19. In general, the reason is not COVID-19 for the clients, but the existing problems grow more, I observe. For example, there are communication problems because they stay at home due to COVID-19, the reason they come is COVID-19, but the problem is not actually COVID-19. Or, for example, they already have anxiety, which is increasing due to COVID-19. It seems to me that COVID-19 exacerbates what is happening. In other words, communication problems at home are increasing due to being in the same environment all the time (P10).

> For example, there are academic reasons for applications, but after a while, the problems and troubles they experience in the family start to increase. We started to observe this more frequently in their personal lives, especially in students staying with their families. Usually, the student could stay with their family. However, beforehand, they could go to a place other than home and limit their shared time with family. Especially domestic conflicts… Another thing is that students experience anxiety by thinking about the risks of infection of COVID-19 among family members (P2).

Tailoring techniques to the online setting

Participants expressed their experiences adapting therapeutic techniques and interventions while conducting online counseling. P3 stated that she often used the blackboard and conveyed some information by drawing or writing to the client in face-to-face counseling. She stated that she tried to do the same via Microsoft Word in online counseling, but she needed practice. Two participants stated that online counseling was easier for working with approaches such as cognitive-behavioral therapy. P12, on the other hand, pointed out that she preferred cognitive-behavioral therapy when working face to face. P6 stated that interaction-based or physical work is not feasible, especially in group counseling. It is not easy for students to communicate; therefore, they tend toward an individual-centered approach. She talked about the difficulties of applying techniques such as the empty chair. Moreover, three participants stated that studying trauma in online counseling is more challenging.

> In the cognitive-behavioral approach, you know, the process passes by constantly talking about and imagining the trauma experience. But when you do this in online counseling, especially if the client has a history of panic attacks and PTSD, the probability of showing those bodily symptoms is very high when we repeat this story. I cannot contact them. Not being with them worries me. We could at least give them water in the center. Somehow, we were able to bring it back to that moment. I feel very distant in online counseling. Not being able to touch them as I said… Sometimes touching on the shoulder, sometimes even offering a napkin, can affect a client and bring it back to that moment. These processes are very challenging as we cannot do this online. That is why I am just a little more thought-oriented, trying not to get too emotional (P12).

> CBT can be applied very easily online. However, I have difficulty explaining relaxation or other techniques, or I may have difficulty practicing it because we cannot see the client exactly. For example, when we describe a breathing exercise to reduce anxiety, does the diaphragm swell, or what happens, I cannot see it clearly (P7).

Advantages of online counseling

With the transition of universities to distance education during the COVID-19 pandemic, all centers eventually moved their work to online platforms. The participants expressed some advantages of online counseling, such as reducing the risk of COVID-19 transmission, being more practical and easier to focus on, and increasing accessibility. For example, P2 stated that before the pandemic, they opened a limited number of psychoeducation groups for students during the term, and the participants were very few. In the pandemic period, she observed that besides the increase in need, accessibility enhanced group participation. P1, on the other hand, stated that while the number of clients who did not attend face-to-face counseling due to cancellation was high, it was close to zero during the pandemic period. P3 also found that the online counseling process may be more applicable since some obstacles like changes to the syllabus and transportation were eliminated. Participants pointed out that gaining experience in online counseling and professional development was a positive result. Except for one participant, they did not experience as much negativity or inadequacy as they thought. P7 stated that she would not have had such an experience if she had not had to. Online counseling was an area she was afraid of before, but when she tried it, her fears decreased.

… when I look at these last ten years in my counseling practice, there would always be things like my clients going to their family, hometown, or going out of the city between semesters, and the process would be interrupted. One-two-three weeks anyway… We would have ended our counseling sessions in the summer because we would have to break for a long time. Now we can continue. There is continuity; they can have a session wherever they go. Sometimes when I go out of town for assignments or something else, I can take my laptop and talk to the client in the evening. Online flexibility is a big advantage. (P9)

Participants were in favor of sustaining hybrid services in the future. For example, P1 stated that while 50–60 students participated in face-to-face informative conferences, around 700–800 students participated when they were online during the pandemic. She stated that it is an advantage for the students to listen to the conference from the environment they are in, without turning on the camera. All participants stated that the centers should include online services in the next period. Unlike most participants, a few stated that they could allocate more time for personal and professional development, especially with distance education and home office work. P8 stated that providing online services and working from home saved her time. She stated that instead of time lost on getting ready and going to work, being at home saved her time. P11 described the counseling sessions as her routine, and she felt happy to return to her routine thanks to online counseling.

I am doing my job and have access to the appropriate tools to do it despite these conditions… I am very happy. With the feedback, we get from students and clients… I feel more and more that I am working on an increasing level, frankly. I wish I had experienced online counseling before the pandemic (P2).

Disadvantages of online counseling

The negative aspects of online counseling for participants included concerns about the security of online platforms, insufficient center facilities for online counseling, and environmental factors. In addition, limitations specific to online counseling were mentioned. For example, challenges to creating a boundary between the client and the counselor, role confusion, late establishment of a therapeutic relationship, inability to establish a private area during the session, and technological disruptions were essential issues. All participants emphasized technical problems and internet connection as ongoing problems. Connection problems,

client internet limits, or problems with their devices were mentioned.

Sometimes we may have problems with insufficient internet quota of clients. We may have to hold meetings a little less frequently in this sense. Or we may not be able to hold our scheduled meeting that week at all because the client-student has to make a choice. It is understandable that they prefer to use the quota for their own courses (P2).

When we come to a crucial point in counseling, problems may sometimes occur with the internet and the computer. For example, our face may freeze, the other person's face may freeze. That process is interrupted for a few minutes, and it may be necessary to start over and warm-up (P6).

Participants also shared some thoughts on how being away from clients in online sessions affected them and their practice. P14 pointed out the difficulties arising from not being able to control the client's environment. For example, when one of her clients had a panic attack, she felt helpless and did not know what to do. It was frequently mentioned that attending sessions in the home environment, especially sessions in the clients' family home, led to various difficulties. Especially during full lockdowns, important agendas tend to be hidden and postponed due to privacy concerns. To overcome this hardship, P7, for example, said to her client that she could turn on music so that her family would not hear what she was talking about in sessions. P4 also addressed a challenge related to a cultural aspect of counseling. She stated that it is tough to say goodbye to clients, especially in online counseling, and that it is not possible to shake hands or hug the client as in face-to-face sessions. According to what the participants shared; it is understood that online counseling is open to unexpected situations. Counseling sessions can be interrupted by family members or even unexpected things. Another thing that might happen is missing the session. P9, for example, shared that he forgot the session, and its effect on the therapeutic relationship might be unrecoverable. He described the chance of the same situation occurring in the counseling center as unlikely thanks to the secretarial service and planning, but home conditions might be distracting.

…for the client, they cannot speak comfortably because they are with family. I have done sessions with much whispering. The doorbell rings sometimes. The client is trying to express themselves in a way. I feel like they do not care *(anymore)* as time progresses in the online sessions. Turn on your computer, sit down and start the session. But in face-to-face sessions, they

take the bus or come on foot. They are climbing that ladder. They are sitting in a different place. I feel like they use their defense mechanisms more when they are in their own home because it is their own space. But when they come to my room… they are more open in many ways (P13).

The police knocked on the door once while I was at the session. Sirens were ringing for an incident that happened to another neighbor. Then the ambulance came, the police were ringing my door and so on. Such a thing had happened. This would not happen in face-to-face counseling because we are on campus, in an institution (P9).

Counselors' challenges during the COVID-19 pandemic

Lack of institutional aid

During the transition to online counseling, nearly all participants had to use their computers and devices to continue providing psychological help. In all centers, they do not have the financial support for supervision, and participants received supervision with their own efforts during the pre-pandemic and pandemic period.

> …what are the things where the institution makes it more challenging? The fact that we do not have enough equipment is the most challenging for me. We use our personal computers, and I use my personal computer all the time. Its battery is starting to give warnings now because I also use my personal computer for work. If my computer shuts down after a while, I will not be able to provide any services. I will not give seminars or individual support. We asked for a camera; it still has not arrived. When we were in the office, there was a period that required us to go to the office, and at that time, the problems with wireless internet were tough. It broke down from time to time, and our voice did not transmit. We made requests to work from home, at least during the sessions (P2).

Stress and burnout

Some counselors had difficulty creating boundaries with clients beyond the center's expectations. P1 stated that she "cannot resist" students due to difficulties such as exam periods urgent needs, and she accepts clients outside of working hours, so she is exhausted. The number of counselors working in the centers is insufficient. P12 stated that there was a long waiting list for clients before the pandemic, the number of clients increased with the pandemic, and they could not serve them. She mentioned that working with four experts is not enough to provide psychological help for forty thousand students. In addition, the administrations did not support the centers in the provision of technological devices and services. P10 stated that the number of clients decreased during the pandemic period, and the center did not open group counseling. However, there was increased workload and changing problem areas brought to the centers in general. For example, P1 stated that they worked both weekdays and weekends.

> I am pretty sure we are getting into something more brutal in terms of workload… I personally suffer a lot as my screen time has increased. I feel exhausted. At the end of the day, this feeling does not bother me much, you know, anger… I can count three or four days when I want to break my computer (P1).
>
> I realize that it is challenging in the online process, especially burn-out. Sometimes I have a hard time executing because I do not have space. In addition to client numbers, increased workload caused a hard time creating our own space. Sometimes such requests may come from the clients. Can't we meet in the evening outside of working hours? It was very difficult for me to say no to them at first. Or weekend meeting requests… It is hard to help and try to do self-care (P2).

Counselors stated that the pandemic led to some challenges in their professional and social life. Experiencing difficulties similar to those experienced by clients due to the pandemic and trying to cope with anxiety were significant challenges. P15, for example, mentioned the emotional burden of helping others. According to her, especially during the pandemic, the emotional burden is much more because counselors are experiencing the pandemic under pandemic conditions, exposed to it, and still in it. P12 shared how she faced difficulties in effectively listening to the experiences of clients who lost someone related to the coronavirus, as her daughter suffers from a chronic illness. Along with these, worries about physical health were also expressed. P15 shared physical complaints, such as eye pain caused by looking at the screen for a long time.

> Pretty compelling. Because frankly, I also had a hard time dealing with my anxiety. Students also asked for help from us in this regard. But I could not deal with my anxiety anyway. Do I have OCD or generalized anxiety disorder? I can support myself in this sense while evaluating myself in many ways. Yes, on the

one hand, I could understand them, but on the other hand, talking about these issues with someone else while I could not even find a cure for myself sometimes increased my anxiety. It was not very good to see that we had similar feelings, frankly (P12).

I am tired, my friends. I swear I am tired *(laughs)*. I also received psychological support in this process. I think it was one of the hardest times. It was a bit of a hassle due to my personal reasons, and the workload increased too much. Maybe we can come back to the office after the vaccinations. But it probably will not be the same as before. I get a little worried when I think about it. Then I say to myself, focus on the moment. I am trying to use my skills on it (P1).

The need for self-care during the COVID-19 pandemic

Physical health

Most participants used physical exercise to maintain their well-being even though they faced some barriers related to the lockdown during this time. Walking, running and kickboxing was shared by the counselors as repeated physical exercises. P3 said she combined diet with physical activity and lost ten pounds during the pandemic. Participants shared some physical problems related to online counseling since they were mostly sitting in their practice. To prevent these negative outcomes, counselors emphasized the importance of activity.

Social support

Social support was another self-care practice used by counselors. Generally, participants stated that spending time with their families helped them to feel safe. P5 described her family as her biggest motivation resource. P13 and P12 shared that spending time with their children helped them feel calm. Another social support resource that was shared by participants was the possibility to talk with colleagues. With increasing isolation during the pandemic, counselors continued to talk with their colleagues and shared their experiences, this way they understood that they were not alone. To help students during the pandemic, counselors communicated with colleagues as a part of their job. P11, for example, shared that planning seminars related to the pandemic with colleagues and talking about different projects helped her to feel worthwhile.

Balance

Maintaining balance between personal and professional life was shared as another self-care technique by participants. P6 realized that as a member of a mental health provider, she needed to take care of herself, and she prioritized her needs. To develop the work-life balance, counselors made arrangements after moving their practice to their home with online counseling. P2 shared that she drew a line between her life and her job, like not answering emails after working hours. To achieve life balance, participants shared various techniques to maintain self-care during this time, including reading books and watching movies, doing art activities, adopting a cat and repeating their daily routines.

I started to set more limits on my personal space. Before (*the pandemic*), yes, I did not have a session out of working hours, but if the client had a request about the cancellation of the session or changing the day of the session, I would have answered it even at 10 pm. Now, I tried to reduce the response to such requests to a more specific hour. I don't have to answer the e-mail at 10 pm; it can wait until tomorrow (P2).

Professional help

A few participants stated the need for professional help and received counseling sessions during this time. P15 said that she returned to psychoanalysis sessions after feeling an emotional burden. P13 got depressed and took medication to overcome it. She added that she also received support by her academicians and husband during this time. P14 and P1 shared that the need for psychological help arose, and they got help. P12 shared the need for psychological help after she realized that she could be dragged to negativity by clients during the pandemic. Participants shared that supervision support was another professional help. Only a few participants received feedback about their clients and their practice with their effort since there was no institutional aid during the pandemic. P2 mentioned peer supervision as another option, but increased stress and burnout among all peers made it difficult for them to maintain it.

Discussion

This study focused on the experiences of counselors working in university counseling centers during the COVID-19 pandemic. In general, universities transitioned to online services following a period of shock and recession. The indirect outcome of the COVID-19 pandemic had some effects

on university students, but the fear of being contagious or losing someone was not shared to counselors as a frequent request. Counselors adapted the therapy techniques to online settings and discovered alternatives while they were having more practice. The increased accessibility of counseling was mostly shared by participants as an advantage, while technical glitches and lack of privacy were more often considered as disadvantages. Counselors faced some challenges related to restrictions brought by the pandemic and counseling practices such as increased workload, lack of staff and institutional aid during the pandemic. To overcome these challenges, counselors developed new ways to continue counseling sessions in their homes and offices. In addition to these adaptations, counselors benefited from self-care activities to relieve the burden of providing psychological help during the pandemic.

The pandemic had radical effects on university counseling practice like any other therapy setting (Inchausti et al., 2020). The findings of the current study showed there was no standardization among the centers. The transition process was not the same for all centers, and apparently, small and private universities adapted quickly. Participants continued their counseling sessions from their homes or offices online. Two participants did face-to-face sessions part-time in their offices with precautionary measures. Participants had to rearrange their lifestyle and create a space to continue sessions at home. These updates were mainly about getting technological devices (e.g., camera, microphone, and wifi signal booster) and designing a private room that met the needs of counseling sessions. Two participants also made arrangements in their settings such as brief sessions with opened windows, cleaning counseling rooms after every session, wearing masks, etc. Besides these arrangements, counseling centers changed consent documents to regulate online counseling practices. These changes mainly aimed to organize settings for counseling sessions, including an open camera/microphone and a private place where they can freely talk. Unlike other legal preparation by centers (Erekson et al., 2021), counseling centers did not work on how they practice across state lines since there is no regulatory law about mental health practices in Turkey. Consistent with other results (Yüksel-Şahin, 2021), our findings showed that online counseling education is necessary during counselor education.

The findings showed that students getting psychological help did not bring healthy concerns about the COVID-19 pandemic to sessions. The problems were mostly about sharing home with their families and lack of privacy. In line with Erekson et al. (2021) study, most university counselors stated that the distress level of students did not change during this era. However, both this research and our research, contrary to other studies (etc. Söğütlü & Göktaş, 2021; Tang et al., 2020; Qiu et al., 2020; Wang et al., 2020), concern students going to counseling centers during the pandemic era, not only the general university students. Contrary to previous results (Erekson et al., 2021), most counselors mentioned the same or increased counseling demands compared to the pre-pandemic period. However, counselors who received fewer counseling requests pointed out similar explanations: limited internet quota, lack of privacy in the family home, and low efficiency.

Because many clients lived in the same house as their families, they had difficulties attending sessions and sharing private matters. Clients had difficulty focusing on counseling, expressing themselves without self-censorship, or completing an entire session. The family home involves border violations for counseling. Considering that Turkish culture is characterized as interdependent and has collectivist features rather than separation from the family (Kağıtçibaşı & Ataca, 2005; Sümer & Kağıtçibaşı, 2010), it may be challenging to maintain autonomy in the home environment. In addition, studies showed that online counseling is open to potential ethical violations according to the experiences of mental health practitioners. Many psychotherapists are concerned about the impact of privacy issues in online counseling (Titzler et al., 2018; Topooco et al., 2017). In addition to current ethical risks in literature (see Stoll et al., 2020), not establishing a private setting in a home is a potential ethical problem for university counseling centers.

Participants shared different experiences tailoring the therapeutic intervention to online counseling depending on their orientation. Participants faced difficulties applying experiential techniques such as empty chair or interaction-based techniques in counseling. However, a few participants benefited from the opportunities of the Zoom platform (etc., screen-sharing). It was mentioned that these opportunities were primarily used for cognitive techniques. This finding aligns with previous findings that showed CBT therapists favored online therapy more than therapists who oriented toward other approaches (Békés & Aafjes-Van Doorn, 2020; Perle et al., 2013). It indicates that more computer software and applications are needed for therapeutic adaptations of different approaches.

Participants evaluated the online counseling experience generally positively. However, participants stated that they were uncomfortable with online counseling in a crisis situation. Participant accounts agreed with other results in terms of attitudes to online practices (Békés & Aafjes-Van Doorn, 2020; Dunstan & Tooth, 2012; van der Vaart et al., 2014). Young therapists are more motivated to adapt telepsychotherapy (Gilmore & Ward-Ciesielski, 2019), and this result might not be surprising given that the participant age range in this study varied between 26 and 41 years. The current study showed that participants' prejudices about online

counseling decreased with more practice. However, most participants stated they feel more comfortable in face-to-face counseling, suggesting that online counseling is not valid for all counselors. Although online practice enabled psychological help to continue during the COVID-19 pandemic, all counselors stated they would prefer to continue face-to-face counseling in the period after the pandemic. Our result demonstrated that establishing the therapeutic relationship with a client could take longer compared to face-to-face counseling. However, participants added that they mostly achieved therapy aims at the end of the sessions as planned with clients. Unlike the early findings (Buyruk-Genç et al., 2019), all participants observed that dropouts from sessions did not change or even became less during online counseling.

All participants cited that online counseling allowed them to continue counseling sessions even though students were in a different location. Similar to previous findings (Chester & Glass, 2006; Inchausti et al., 2020; Richards & Vigano, 2013), accessibility to psychological help was also frequently repeated by participants as an advantage of online counseling. In consequence of increasing accessibility, most participants stated that client participation and continuity of sessions increased. It is an important advantage that clients can create opportunities to attend sessions during their stay at home. Not having to take a break from counseling sessions during the semester breaks and not interrupting the gains in counseling also appear to be significant advantages. Stigma to seeking psychological help or feeling ashamed could weaken with online therapy practice and enable clients to utilize mental health services (Richards & Vigano, 2013; Zeren, 2016). Similar to this result, the findings show that online counseling can reduce the fear of stigma from receiving psychological help in a visible environment and result in more applications.

Counselors also stated that online counseling made it challenging to focus and maintain sessions primarily due to technological glitches, similar to previous findings. Difficulties experienced by both clients and therapists in the literature, such as having limited access to an internet connection, difficulty keeping the connection stable, and not being able to use technology, emerge in practice (Inchausti et al., 2020; Harris & Birnbaum, 2015; Vincent et al., 2017). The possibility of misunderstanding between the counselor and the client was also mentioned (Russel, 2018). In addition, psychotherapists were concerned about technical glitches and poor internet literacy (Titzler et al., 2018; Topooco et al., 2017). Although the percentage of access to the internet is high (92%) in Turkey (TUIK, 2021), the strength of the connection and the price is not optimal (Speedtest Global Index, 2022) to maintain a robust therapeutic relationship. Participants observed that students preferred to use their

internet quotas for online courses rather than counseling. Both counselors and clients might have experienced more struggles to engage in online counseling in Turkey than in other countries where internet connection is efficient and affordable.

Some counselors faced hardships that negatively affected their wellness due to increased workload and personal experience with the COVID-19 pandemic. Not surprisingly, counselors who provided psychological help during the pandemic experienced more stress and trauma, which affected their professional quality of life (Litam et al., 2021). In addition to the practical difficulties of online counseling, pandemic-related stressors could result in burnout (Madani, 2020). In this study, half of the participants shared similar experiences of stress and burnout due to workload and loss of boundaries. Participants shared how they had difficulty managing screen time and suffered from physical pain consequently. In addition, living under a restricted social life with clients and delays in therapeutic relationships during the pandemic caused counselors to feel less effective. This finding supports the claims of Aafjes-Van Doorn et al. (2022) that self-doubt in therapists increased during the pandemic.

To diminish these negative effects and cope with stress counselors tried to prioritize their needs. Similar to Posluns and Gall's (2020) literature review, participants in this study reported using specific self-care practice areas such as physical health, balance, social support, and professional help. In addition, some participants stated that being at home with their families was positive for their mental health. This finding is consistent with other research findings showing increased family time (Kamdi & Deogade, 2020) and perceived family support reduced stress (Brown et al., 2020) during the COVID-19 pandemic. In addition to these preventative self-care strategies, four counselors shared that they had received psychological help during the pandemic, and one pointed to the rising need for psychological help. In contrast to previous findings (Bearse et al., 2015; Dearing et al., 2005), participants in this study did not share any obstacles to getting psychological help. Although the participants shared the pressing need for supervision as another helpful resource during the pandemic, they could not take enough support from their institutions to afford it. Furthermore, even though counselors reported some self-care activities during this challenging time, the findings showed that they did not take any training about self-care in their education. This is supported by prior studies indicating that counselor education programs do not highlight self-care enough (Culver, 2011; Guler & Ceyhan, 2021).

Conclusion

In this study, the experience of university counselors during the pandemic was investigated, and the results showed the factors influencing their personal and professional lives and how they adapted to them. Online counseling has been widely accepted by counselors and clients in Turkey for the first time during the pandemic. Counselors defined online counseling as a compensative practice since face-to-face counseling had to be suspended during the pandemic. Besides common advantages and disadvantages (accessibility, technical glitches, lack of privacy) shared by participants, how counselors experience online counseling depends on the former online experience, practice orientation, the problems they are working on, and clients' privacy in online counseling. In addition to the pandemic's hardships in daily life, participants mainly cited the increasing workload, unclear role definitions, lack of staff, and absence of technological devices as challenges related to counseling practices. To diminish these adverse effects, counselors used a variety of self-care activities.

Limitations

To our knowledge, this study is the first attempt to reflect on the working experiences of university counselors during the COVID-19 pandemic. It provides an idea about the adaptation of university counseling centers to the pandemic in Turkey. However, several limitations can be listed. The reported sample represents a specific population and, therefore, may not be generalized to other populations. Additionally, the data were collected over limited cases, with nine centers and 15 participants. Although counseling centers are mandatory services in Turkey, not all universities have centers. Moreover, some universities did not provide these services during the COVID-19 pandemic. Due to these reasons, it can be said that the reached population in the study, namely the nine centers and 15 participants, might reflect the online counseling experience during the pandemic with an important ratio. The findings in this study only reflect the participants' perspectives aged between 26 and 41 on their online counseling experiences, and attitudes may differ in other age groups. Counselors, psychologists, clinical psychologists, and social workers work in counseling centers in Turkey; however, in this study, data were collected only from psychological counselors and psychologists. The study also obtained information about students' applications and essential problem areas. However, this information is limited to what the counselors observed.

Future research

This study aimed to reflect counselors' experiences, but it might be enlightening to examine the clients' experiences during the COVID-19 pandemic as the other aspect of counseling. In addition, this study only examined counselors' experiences working at university counseling centers. Future research examining other clinical settings and populations will provide an important basis for online counseling practices during the pandemic and improving current conditions. Also, it may be helpful to empirically examine the impact of specific outreach approaches to guide efforts to expand and develop counseling services. There is a need for systemic studies involving students, authorized personnel, and managers in the centers. In future studies, it may be suggested that one of the centers could be considered more comprehensively. There is a pressing need for more research on self-care in Turkey, especially among university counselors. Considering the irregularities in their work environment, how they cope with stress and burnout, what type of self-care activities they use and what strategies they can learn in the future, may become areas for further research. Another recommendation is to conduct a study that includes different age groups. In addition to counselors, the experiences of clinical psychologists and social workers can also be discussed in future studies. Lastly, we suggest creating systematic models about online counseling practice by examining both client and counselor experiences. Like grounded theory, creating a comprehensive model might be enlightening to see all factors and relationships.

Declarations

Informed consent Informed consent was obtained from all participants included in the study and they voluntarily agreed to participate in the study.

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