Comparing the level of working collaboration in treatment between in person and e-counseling among selected therapists during the Covid-19 Pandemic in Nairobi County, Kenya

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## Abstract

*In the counseling process, the move to technological space has created a different meaning to the interaction in the counseling process, which is felt but not fully realized. The person-to-person interaction is regarded as beneficial not only to the authentic counseling relationship but also to various dynamics such as assessment, interviewing, building rapport and physical observation which are key to information gathering on the client's story and the treatment process. This study sought to compare the level of working collaboration in treatment between in person and e-counseling among Selected Therapists during the Covid 19 Pandemic in Nairobi County, Kenya. Respondents were therapists in Nairobi County. Stratified and purposive sampling techniques were used to select the sample. The target population was 324 counselors who have their offices within the Nairobi County. A sample of 100 therapist who practiced both in-person and e-counseling during Covid participated in the study. The study adopted a comparative qualitative design, data was collected using a questionnaire. This study used fuzzy set qualitative comparative analysis software for calculations and presentation of solutions (FSQCA) and the results were presented using frequency tables, bar graphs, and percentages. The findings of the study indicated that majority of the respondents 68% felt that distance and physical contact were essential in building a counseling relationship in both e-counseling and physical counseling. The study recommended that there is need for both client and therapist to consider a blended approach when forming a working relationship in both face to face and e-counseling for better counseling experience. Further, the study recommended that the therapist should be empowered to provide a feedback form to the clients to assist in the evaluation of their experiences in the collaborative relationship in both e-counseling and in person to increase sufficiency in building a better relationship.*

*Key words: E-counseling, in-person counseling, therapist, nature of working relationship, therapeutic relationship, Covid-19 pandemic, in-person clients*

**1.0 Background of the Study**

E-counseling has been recognized by various terms such as; online counselling, cyber-therapy, and e-therapy (Anthony, 2015). It is a therapeutic intervention where communication between a therapist and client is conducted through online technologies from dissimilar locations, without physical contact (Cipolletta, & Mocellin, 2017). This kind of approach increases access to the counseling services among clients all over the world. A study done by Harrad and Banks (2016) shows that the history of counseling dates back to 1890-1910 in the practice of Freud, where it was termed as remote psychotherapy done by exchange of letters to the clients in various locations. In the period of 1960s, professionals began practicing psychotherapy through the telephone this was seen as a foreshadow of the movement of the online sphere to come. There has been a progressive development of e-counseling since then to the 21$^{st}$ Century which has however been challenged by view of traditional face to face counseling hence lingering on the periphery of the practice.

When the Covid-19 pandemic hit, it cast a shadow on the use of technology over all professions. E-counseling then made its large entry to the profession as therapy remained a needed process through the pandemic, to deal with grief, loss and restricted movements from one place to another. A critical question among therapists on this approach ranged from effectiveness, ethics and therapeutic relationship among others in comparison to well-structured traditional face to face counseling (Amos, *et al.,* 2020). Burgeoning research has shown that alarming concern on the therapeutic relationships between client and therapist in e-counselling was defined by poor rapport, unhealthy relationships and high levels of dropout from the counseling. Cipolletta and Mocellin (2017) define the therapeutic relationship as a working alliance developed between the therapist and client. This kind of relationship involves more than just starting the first phase of the counseling process, it involves; observation of the nonverbal communication, the client and therapist presence, and an authentic space which allows trust to develop for the growth of the relationship.

A study done by Fairburn and Patel (2017) shows that Freud referred to therapeutic relationship as important in developing rapport, having transference that was effective, and a sound agreement within the analysis, if the patient were to hear the analyst's interpretations. Another study by Tannous (2017) shows that in 1913, Sigmund Freud hypothesized that the relationship between the therapist and patient was a key component of successful treatment. Since that time,

various studies have agreed to the quality of this relationship the "therapeutic alliance, working relationship" as it is entitled) as the strongest predictor of whether or not therapy is successful. The nature of the counseling methodology undertaken has therefore been shown to affect the way the therapeutic alliance will be formed. Zainudin and Yusof (2018) pointed out that in face-to-face counseling the presence of both client and therapist increases ability to build trust and rapport hence forming an effective therapeutic alliance. On the other hand, e-counseling has been depicted to have low indices on creating rapport. Anthony (2015) shows that concrete methods for building the therapeutic relationship like nonverbal cues, psychical contact, physical appearance and intimacy are limited by distance in the beginning of e-counseling and in every session.  This has contributed to a call to the keenness of therapeutic relationships in e-counseling as more clients continue to refer to it as ineffective in resolving their issues.

 Amos *et al.* (2020) pointed out that the perception of therapeutic relationships in e-counseling has over time impacted the effectiveness of therapists as many adopt a directive approach in counseling which allows them to guide instead of facilitating healing. Since the approach flared up out of circumstances, the professional bodies were caught off guard in developing policies and training that could assist therapists in doing their work in this approach. Therefore, more studies show that therapists have endured various difficulties in forming a therapeutic relationship that is more effective in e-counselling than in face-to-face counseling.

Across the globe, various studies display the struggles reported by therapists in dealing with this problem. For instance, a study done by Cipolletta and Mocellin (2017) in Italy shows therapists practicing e-counseling reported that a therapeutic relationship was improved by collaborating with their clients actively through feedback and concrete discussion on the relationship. Antony (2015) reported on how counselors in Britain engaged in open conversations with clients regarding the therapeutic relationship immediate feedback; on how the client felt about his relationship with therapist, how actively they felt engaged in the relationship among others. The effectiveness of the evaluation of the counseling relationship seems more active in e-counselling than on face-to-face counseling. On the other hand, the clients in face-to-face counseling based their feedback on the counseling process and outcomes as opposed to their feelings about the therapist regularly.

Amos *et al.* (2020) pointed out that proximity in the face-to-face counseling made the environment easy for clients to form a healthy attachment with the therapists. On the contrary, some of the reasons associated with early termination and dropouts in e-counseling include inter alia the patient's negative views towards the therapist and negative transferences summed up by lack of physical appearance and incomplete nonverbal cues (Tannous, 2017). Another study done by Zainudin and Yusof (2018) found that African American populations may hold negative perceptions towards their therapist and a feeling of disconnect between patient and therapist may be apparent, which resulted in early dropout. From the foregoing it is clear that, forming a strong therapeutic relationship may facilitate treatment compliance and outcomes but a consideration on a blended mode of counseling can increase the capacity to form a healthy working relationship. Hence, therapists in e-counseling need to be active in building a therapeutic relationship and continuously improve it by discussing the dynamics of the relationship at the end of each session for effective counseling outcomes.

In Singapore, therapists pointed out a lack of consistency in e-counseling sessions due to breakouts and technology handling as hindrances to attending behaviors that the therapist should focus on when building a relationship (Kit, *et al.,* 2017). A different study done in Finland and Scotland by Paterson et al. (2019) showed that the clients expressed concerns over the quality of the relationship with therapist in e-counseling terming it as non-therapeutic. Some of the factors in this study, that were raised included; poor relationship, ambiguous communication, and the perception that therapist was not listening. In the sub-Saharan Africa, high rates of mental health disorders and dysfunction became apparent during the high waves of covid 19. For example, Naslund, et al. (2017) found out that in South African 60% of the population met the DSM-IV criteria for a lifetime prevalence of any disorder. In West Africa common disorders ranged from anxiety disorders (15.8%), substance use disorders (13.3%), and mood disorders (9.8%).

A significant concern in the above statistics was not lack of access to mental health care but the attendance and perceptions that clients developed to hotlines, free remote counseling services and their relationship to the therapists. Awabil, and Clifford (2019) pointed out that among the people suffering from mental health problems who seek treatment, early termination of therapy can be common and may threaten the individual's capacity to recover. Other studies have endorsed significant recognition to therapeutic relationship and high dropout rates of patients, where patients

who dropped out of therapy scored lower on a therapeutic relationship rating scale compared to those who completed therapy. In Malawi, a study done by Amos *et al.* (2020) showed that participant (counselor) noted that the absence of non-verbal cues brought a loss of touch with the client and made communication more difficult and less comprehensible. The clients would be said that, clients too may feel some loss of control with the absence of a non-verbal cue from the counselor. In Ghana, sizeable numbers of therapists reported to have encountered challenges using ICT tools and internet resources to facilitate counseling services, conversely the clients' experiences to the same conditions led to fewer sessions and dropout (Awabil & Clifford, 2019).

A report done by Kenya National Bureau of Statistics KNBS (2019) showed that in Kenya 47% aged 3 years and above had access to mobile phones and 23% had access to the internet. However, Mombasa reports slightly higher access rates than the national average with 62% and 39% of those aged 3 years and above having access to mobile phones and the internet respectively. Therefore, the accessibility level to contemporary telecommunication technology showed an untapped avenue for mental health and psychosocial support as an intervention during the COVID-19 pandemic. This is despite the fact that internet connectivity stands at 83% with total population of 35.5 million online, in addition to mobile phone and other digital technologies leading with 27.7 million subscriptions with connectivity (Ong'ong'a et al., 2017). Other factors associated with difficulties in e-counseling in Kenya included; the genuine human contact in forming a working/therapeutic client counselor Trust and confidentiality, Competence and counseling outcomes challenged in the forming of working relationship. It is against this background that this study sought to compare the level of working collaboration in treatment between in person and e-counseling among Selected Therapists during the Covid 19 Pandemic in Nairobi County, Kenya.

**1.2 Research Objectives**

The study was guided by the following objective:

Compare the level of working collaboration in treatment between in person and e-counseling among Selected Therapists during the Covid 19 Pandemic in Nairobi County, Kenya.

**1.3 Research Proposition**

i. The nonverbal expression can contribute to the development of transference in a working relationship between client and therapist among Selected Therapists During the Covid 19 Pandemic in Nairobi County, Kenya.

ii. Without physical contact there are risks to less human working relationship between client and therapist among Selected Therapists During the Covid 19 Pandemic in Nairobi County, Kenya.

iii. Physical distance can contribute to working relationship between client and therapist which is less intimate among Selected Therapists During the Covid 19 Pandemic in Nairobi County, Kenya.

iv. Without observation of the nonverbal cues the client and therapist may experience poor communication in their working relationship among Selected Therapists during the Covid 19 Pandemic in Nairobi County, Kenya.

**2.0 Literature Review**

**2.1 Theoretical Framework**

This study adopted the person-centered theory by Carl Rogers 1950. The theorist believed that every human being strives for and has the capacity to fulfill his or her own potential, in this he disregarded every problematic behavior client could have. According to Rogers (1950) each person has the capacity and desire for personal growth and change thus a relationship between therapist and client must exist in order for the client to achieve positive personal change. The theory, puts emphasis on core conditions like; unconditional positive regard, congruence and empathy which must be experienced in the most human way by both therapist and client for a healthy working relationship during counseling. According to Nystul (2016) this theory adopts a non-directive client- therapist relationship allowing clients to experience a conducive environment in the healing process where they can be free to express themselves. The theory in this study, will help strengthen the basic tenets of building a collaborative relationship in in-person and e-counseling between a therapist and client for satisfying therapeutic outcomes.

**2.0 Empirical Review**

**The Nature of Client Counseling Relationship**

A good therapeutic relationship consists of various essential qualities: an emotional bond of trust, caring, and respect; agreement on the goals of therapy; and collaboration on the "work" or

tasks of the treatment (Naslund et al, 2017). Several studies emphasize that therapeutic relationships that have the most benefit include a sense of collaboration between client and counselor. The collaboration involves ensuring consistent opportunity for the client to communicate verbally and nonverbally, use of voice, choice in the course of setting goals, negotiating what to focus on, and emphasis on client strengths. A study by Kit et al. (2017) highlights the significance of the physical meeting for the attunement of an authentic therapeutic relationship. Contrary, in the e-counseling approach it is difficult to gain the authenticity of the physical contact. Brown and Lent (2020) point out factors such as the lighting, distance from the camera, perceptible, and elements on privacy in each person's environment as critical issues that cannot be discussed before the relationship is founded. As such these concepts will then definitely influence the perception the therapist has on the client and vice versa.

According to Amos *et al.* (2020) in e-counseling, therapists should check in regularly with the client about what the experience of online counseling is like for them to verbalize or narrate more often on issues that are of concern to them and the helping process. Inability to verbalize the appropriate situation for the counseling environment has led most clients to drop out and also early termination. Conversely, the unavailability of the exchange about the crucial questions and issues of conflict in the access also creates the gaps in the therapeutic relationship. Further, Antony (2015) points out that when counsellors are cognizant of the fact that utilization of digital technology in counselling does not mean replacing the traditional face-to-face counselling method it can improve therapist steps in making a conscious effort toward the nurturance of therapeutic relationship.

**Level of Collaboration in Treatments**

Collaborative treatment is based on the mutual goal of finding solutions to the problems presented in therapy and partnership and working to establish specific ways to achieve the goals. A study by Naslud *et al.* (2017) points out that mutual feelings and attitudes in the relation between therapist and client help both sides cooperate, which is a basic factor in healing. A notable variable in the collaboration process in e-counseling has been termed as support. Paterson *et al.* (2019) pointed out that the therapist's intentional support through a warm, helpful and congruent relationship in giving, and reviewing homework, increased engagement. Other studies have underlined aspects such as checking in on the client's day, week and self-disclosure as pursuit of intimate collaboration for e-counseling. On the other hand, in the face-to-face counseling, the

presence of the client and taking turns in partnership in healing have been termed as good enough to form healthy collaboration treatment. According to Ongonga *et al.* (2017), mindful attending behaviors provide a subtle direction into the collaboration influencing the emotions of the client contribution in the process. The physical space unconsciously provides direction for the attunement of the clients and the therapist's emotions to resonate. The therapeutic relationship which is based on the bond between the patient and the therapist showed greater depth in the aspects such as respect, intimacy and love (Zainudin, 2017). Conversely, the healthy bond will increase the excitement of the client's participation in the counseling process and collaboration with the therapist.

Brown and Lent (2020) show that therapists in e-counselling should go the extra mile to provide opportunities for clients to address questions or concerns about any part of the treatment, in the session and out of the session. This practice can increase the capacity for conflict resolution in the counseling process. Another significant dynamic has been termed as understanding the matter of self-influence on the therapeutic process (Amos *et al.,* 2020). The above aspect relates to intentional steps by the therapist to reduce client's anxiety to the process of counseling by showing a positive attitude towards the therapeutic process and a non-judgmental attitude. Fairburn and Patel (2017) pointed out that in e-counseling, various issues such as lack of self-confidence, feelings of anxiety, and other sources of distraction can inhibit both therapists and clients from genuinely forming a bond that can increase high levels of collaboration. The prominence on the right environment for the counseling process cannot be overstated in all variables that constitute the development of the therapeutic relationship.

**Code of Conduct**

The relationship in the counseling process is defined by various rules which enable the relationship to thrive. Some of the rules include attendance, contact hours, boundaries of the relationship, among others. Flückiger, *et al.* (2018) established that healthy boundaries in the beginning of the counseling relationship can help create a supportive environment, a feeling of ease, consistency, and safety. The code of conduct in both e-counseling and face to face counseling is significant in the therapeutic relationship. A study by Harrad and Banks (2016) showed that significant rules in e-counseling involved turning off other devices sound off, and the displays of sightline, use of eye contact and free noise environment established a healthy relationship.

Conversely, the face-to-face counseling code of conduct is defined by greater issues that go beyond the setup. Awabil and Clifford (2018) noted that increased boundaries are needed in managing intimacy created by the bond between client and therapist in navigating dual relationships which can develop to sexual relations. Correspondingly, various studies have noted that the physical distance between the client and the therapist develops the high quality of healthy therapeutic relationships which are free from violations of the genuine intimacy experienced in counseling.

Digital technology in e-counseling include: WhatsApp, Facebook, LinkedIn, softwares, telephones, television and any other technological mode that contributes to the privacy, confidentiality and smart use discussion. A study by Jones (2018) noted the growing concern of the therapists in assuring their clients of confidentiality when discussing secretive information. The online platforms are generally still considered unsafe with personal information even with the assurance of the therapist. However, burgeoning research has shown that consistency in handling client's information and use of purchased platforms has increased clients hope in confidentiality. Other factors in the code of conduct have been observed in the off-session conduct when working with clients. Tannous (2017) showed that clients perceived policies in the code of conduct as formal ways in which candidness, openness, acceptance without judgement is established in the relationship. Providing the expected rules in the relationship will contribute to clients being extra open minded in the relationship which leads to the feeling of relief, healing, being understood, heard out and taken care of by emphatic therapists.

**Challenges Experienced in Therapeutic Relationship**

E-counseling has made a huge contribution to the counseling process by breaking down barriers that could have prevented potential clients from visiting counselling offices. Paterson *et al.* (2019) points out that through e-counseling, clients feel less threatened by face-to-face counselling hence normalizing access to the counseling process. Nonetheless, the therapeutic relationship formed in both the e-counseling and the face-to-face approach has not been easy but one encountered by various challenges. According to Cipolletta and Mocellin (2017), in e-counseling, concerns on the unavailability of non-verbal cues, asynchronous time delay, technical difficulties and loss of physical presence may make the modality unpleasant for some clients and counselors. Another study by Roesler (2017) indicated lack of security, antipathy for emotional explorations, questioning goals and values of therapy and different expectations toward therapists were documented as the most imperative disruptions from the client's opinion. The disruptions

from the therapist side were based on: overrating of his/her capabilities in regards to developing an alliance notwithstanding previous experiences with clients.

In Kenya for instance, the use of technologies in delivering therapy was termed as a new phenomenon as therapists were encouraged to exercise care in evaluating the appropriateness, efficiency and safety of use prior to engaging in therapy with specific clients (Stoll, Muller, & Trachsel, 2020). Another consideration involved the client's preference in terms of the medium to use and other complications including ethical issues that may arise. As a result, the therapist should consider initial video conferencing as feasible in facilitating an in-depth discussion and observation during intake. A report by Kenya National Bureau of Statistics (KNBS) (2020) in Kenya, showed that lack of familiarity in technology controlled the use of mediums such as video and teleconference that would aid proper assessment by the therapist. In various instances, the effectiveness of e-counseling in dealing with serious mental disorders has also been questioned amidst technology illiteracy in use. According to Amos *et al.* (2020), the face-to-face counseling approach is essential and especially effective in dealing with deep seated problems as compared to e-counseling. Though a number of challenges in e-counseling have been amenably resolved, the core conditions in developing trust have remained difficult to resolve not only because of distance but also due to subjective experiences from both the therapist and the clients.

**3.0 Research Methodology**

The study adopted a comparative qualitative design because it provides an explanation of differences, and similarities in relationships. Stratified and purposive sampling techniques were used to select the sample. The target population was 324 counselors who have their offices within the Nairobi County. A sample of 100 therapists who practiced both in-person and e-counseling during Covid-19 participated was drawn from the target population. Data was collected using a self-administered questionnaire client counselor relationship (QCCR) questionnaire. The fuzzy set qualitative comparative analysis software for calculations and presentation of solutions (fsQCA) was used in this study, results were presented by frequency tables, bar graphs, and percentages.

To get the sample, the exclusion and inclusion criteria was used. The exclusion criteria was that the study excluded therapists out of Nairobi County, and those who did not actively practice counseling during the Covid-19 pandemic. The inclusion criteria included therapists

between the ages of 25-65, those without basic computer skills, those registered with legal associations and those working in private and public institutions.

## 4.1 Results and Discussion

The objective of this study was to compare the level of working collaboration in treatment between in person and e-counseling among selected therapists during the Covid-19 pandemic in Nairobi County, Kenya. To achieve this objective, a research proposition was formulated, the nonverbal expression can contribute to the development of transference in a working relationship between client and therapist among selected therapists during the Covid-19 pandemic in Nairobi County, Kenya. To respond to this proposition the participants were asked to respond to four factors analyzed in relation to the nature of forming a working relationship. The four subscales of forming authentic relationships (physical contact, geographical distance, expression of nonverbal communication cues and non-verbal communication) were used as antecedent conditions and working relationship was used as the outcome. The results were accepted according to Ragin (1989) where values below 0.75 generally in the use of FSQCA indicate substantial inconsistency whereas 0.918 indicates the consistency threshold. Majority of the respondents (52.4%) were female while the minority were (45.5%) male exposing gender disparity in the levels of practice during the pandemic. The level of education among the participants was presented in the following percentages. Majority (64.4%) were master's degree holders while (14.6 %) were degree holders and (7.7 %) were PhD holders.

**Table 1**

**Analysis of Necessary Conditions in E-Counseling**

| Necessity e-counseling analysis | consistency | coverage | output working relationship Between therapist and client |
|---|---|---|---|
| Contact | 0.934000 | 1.00000 | |
| Distance | 0.900000 | 1.00000 | |
| Expression | 0.800000 | 1.00000 | |
| Nonverbal | 0.500000 | 1.00000 | |

**Table 1: The outcome of the variable e-counseling**

From the analysis in fuzzy set qualitative comparative analysis software for calculations of (FSQCA), the values above 0.9 show that the presence of the condition is indispensable for producing the result. According to Table 1, it can be observed that only ~Contact and ~distance meet the threshold 0.9 which is the set test of expressing necessity. The expression of nonverbal cues as well as nonverbal communication were below the threshold. Thus, it could be argued that in e-counseling the physical contact and distance are essential factors which can contribute to a high degree of establishing a working relationship between clients and therapists in e-counselling. Further, the scores 0.8 on expression, and 0.5 on nonverbal did not meet the threshold of the frequency of consistency at 0.9.

A study by Novella *et al.* (2020) showed that the individualized approach and physical connection cannot be understated in e-counseling yet important factors such as informed consent on delivery approach, online security and ethical codes have been shown to mitigate the challenges of distance in forming the relationship. Cipolletta and Mocellin (2017) found out that many of the concerns about online delivery arise from feelings of comfort in both the client and the counselor in the relationships. Thus, equivalency of contact can be achieved by use of ice breakers finding out about the client's day, concerns and so on before the session will create an authentic support and relationship. Various studies have also emphasized the issue of distance in forming online counseling relationships while suggesting possible ways of mitigating the challenges other than lack of practice at all as shown in Table 2 below.

**Table 2**

**Analysis of Necessary Conditions in Face-to-Face Counseling**

| Necessity e-counseling analysis | consistency | coverage | output working relationship Between therapist and client |
|---|---|---|---|
| Contact | 0.704000 | 1.00000 | |
| Distance | 0.930000 | 1.00000 | |

| | | |
|---|---|---|
| Expression | 0.920000 | 1.00000 |
| Nonverbal | 0.500000 | 1.00000 |

**Table 2 outcome variable e-counseling**

From Table 2, it can be observed that only ~expression and ~distance ~ met the threshold which is the set test of expressing necessity of 0.9. Thus, it could be argued that in face-to-face counseling, the physical distance and nonverbal expression are essential factors which contribute to a high degree of forming healthy working relationships between clients and therapists in e-counseling. In a study by Zimmerman and Magnavita (2018), a point of contention, has been if success in therapeutic alliance can be developed solely through technology and whether the well-known benefits of the therapeutic relationship might disappear or diminish in online psychotherapy caused by absence of non-verbal cues and lack of intimacy. Conversely, Amos *et al.* (2020) agree to self-awareness of therapists while forming the relationships which can be increased in an integrated mode. The conscious awareness by therapists who practice online therapy can minimize the psychological distance impact when establishing the relationship. Further a study by Jones (2018) corresponds on the effect of distance in the absence of nonverbal cues, where constant engagement of the client in homework and feedback can increase the authenticity in the counseling relationship.

**Table 3**

**Contribution of Physical Contact in Counseling Relationship in E-Counseling and in Face to Face**

| Variable | Mean | Dev. | Minimum | Maximum | NCases | Missing |
|---|---|---|---|---|---|---|
| Nonverbal | 2.469388 | 1.393894 | 1 | 11 | 98 | 1 |
| Contact | 2.474747 | 2.375563 | 1 | 21 | 99 | 0 |
| Distance | 2.757576 | 2.155992 | 1 | 21 | 99 | 0 |
| Expression | 3.878788 | 2.467046 | 2 | 25 | 99 | 0 |

According to the analysis in the fuzzy set qualitative comparative analysis software for calculations of (FSQCA), a condition tested is accepted as necessary if one has a high score of consistency with threshold of 0.9 (Ragin (1989). From the above table, all the conditions tested met the stated threshold of 0.9. Therefore, these conditions are necessary for the occurrence of the therapeutic relationship in both e-counseling and in person. Paterson *et al.* (2020) points out that the main difference between the traditional style of counselling and the online one lies in the way relationship is formed between the counsellor and the client apart from that, both modes are similar in the style of work. This study shows that the concepts of relationship establishment can be different but the counseling framework remains the same. Another study by Amos *et al.* (2020) posits that the therapists need to be self-aware in developing a therapeutic relationship in e-counseling by observing all factors in face-to-face counseling that matter in establishing an authentic relationship.

**Figure 1: Contribution of Physical Distance to the Working Counseling Relationship**



x0.952                                                    y0.680
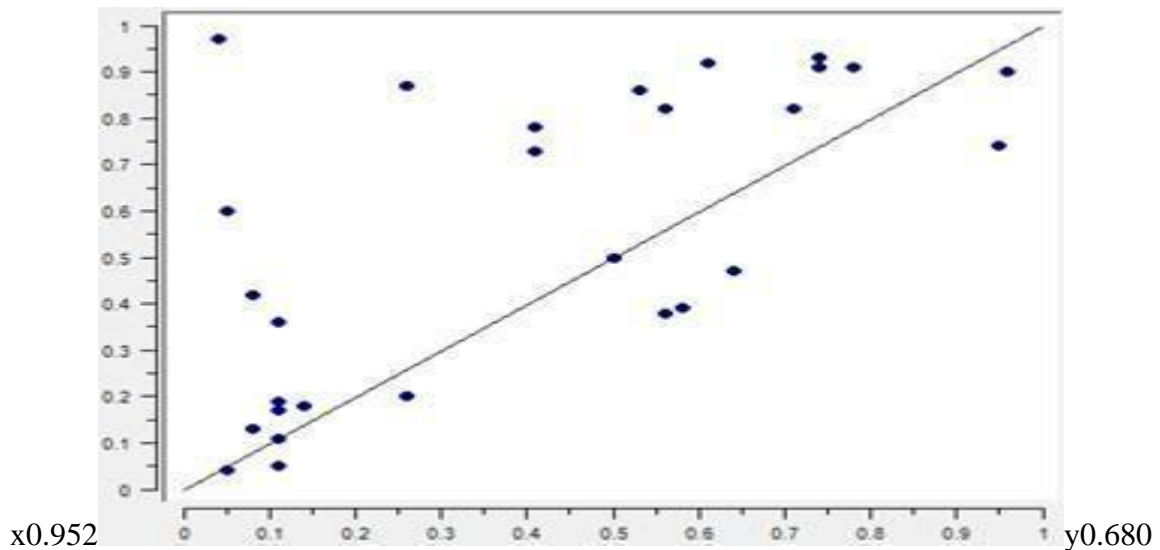
The numbers below the "Plot" button show set-theoretic consistency scores. The upper line shows the degree to which the data plotted are consistent with $X \leq Y$ (X is a subset of Y). If one of these two numbers indicates high consistency, the other can be interpreted as a coverage score.

These calculations indicate that the data are largely consistent with the argument. Figure 1 shows that the majority of the data points for the physical distance use necessary condition for the counseling in e-counseling. Therefore, Physical distance is necessary condition for the counseling for working relationship in e-counseling and in face-to-face counseling. Various researchers such as Awabil and Clifford (2018), Amos *et al.* (2020) and Novella *et al.* (2020) all recommend a blended approach to e-counseling where therapists can have various sessions online and other sessions in face-to-face set ups. On the other hand, other therapists like Jones (2018) have raised concern on increased access which is not a panacea; limitations on suitability and clinical issues that can be addressed online have dominated this deposition. As such the issue of distance involves various issues in e-counseling the nature of relationship, ethics, effectiveness and suitability of treatment. Nonetheless, therapists who practice e-counseling need to be cognizant of the impact distance presents not only in collaborative relationship but also in the treatment outcomes.

**Conclusion**

The purpose of this study was to compare the level of working collaboration in treatment between in person and e-counseling among selected therapists during the Covid-19 pandemic in Nairobi County, Kenya. This study was framed within the therapeutic relationship which requires the same concepts in development in both face-to-face and e-counselling dynamics. The research aims were addressed using FSQCA this method is suitable to analyze the relationships between an outcome (therapeutic relationship) and all possible combinations of potential causal conditions ((physical contact, geographical distance, expression of nonverbal communication cues).

The findings of the study showed that all the conditions studied were necessary for the occurrence of therapeutic relationships in both e-counseling and in person. However, physical distance came out as a necessary condition for the establishment of working relationship in e-counseling and in face-to-face counseling. The findings further determined that at 0.9 consistency in face-to-face counseling, the physical distance and nonverbal expression were essential factors which can contribute to a high degree in formation working relationship between clients and therapists in e-counseling. While in e-counseling the physical contact and distance were accepted at consistency of 0.9 as essential factors which contribute to a high degree of establishing a working relationship between clients and therapists in e-counseling.

**Recommendations**

The study recommends that there is need for both client and therapist to consider a blended approach when forming a working relationship in both face-to-face and e-counseling for a better counseling experience. Further, the study recommends that the counselors should be empowered to provide a feedback form to the clients to assist in the evaluation of their experiences in the collaborative relationship for both e-counseling and in person counseling to increase sufficiency in building a better relationship.

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