

UNIVERSITY OF EDUCATION, WINNEBA

**COUNSELLING IN THE NEW NORMAL: EXPLORING
COUNSELLORS' PERCEPTIONS OF e-COUNSELLING DURING
COVID-19 IN GHANA**



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MASTER OF PHILOSOPHY

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PERCEPTIONS OF e-COUNSELLING DURING COVID-19 IN GHANA**



**A thesis in the Department of Counselling Psychology,
Faculty of Educational Studies, submitted to the School of
Graduate Studies in partial fulfilment
of the requirements for the award of the degree of
Master of Philosophy
(Counselling Psychology)
in the University of Education, Winneba**

DECEMBER, 2023

DECLARATION

Student's Declaration

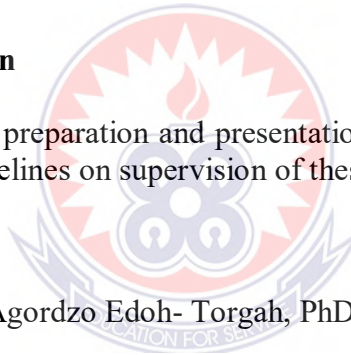
I, **Jonas Ayitey Gamoti**, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original works, and it has not been submitted, either in part or whole, for another degree elsewhere.

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Date:

Supervisors' Declaration

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines on supervision of thesis laid down by the University of Education, Winneba.



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DEDICATION

To my lovely family, Mr Emmanuel Osei Agyabeng Addo (USA), Madam Mary Kyei, Mr Isaac Nartey and Coach Barbara Vercruysse (Belgium) for their unflinching support and encouragement.



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Again, I thank all the participants who voluntarily allowed me to collect data from them for my thesis. Finally, I am very grateful to the enormous authors whose works have been cited in this thesis.



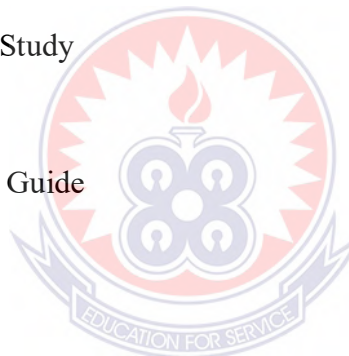
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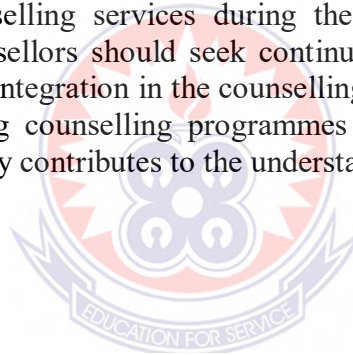
GLOSSARY

COVID-19	Corona Virus Disease-2019
GHS	Ghana Health Service
GPA	Ghana Psychological Association
GPC	Ghana Psychology Council
IT	Information Technology
MoH	Ministry of Health
PHEIC	Public Health Emergency of International Concern
TAM	Technology Acceptance Model
WHO	World Health Organization



ABSTRACT

The COVID-19 pandemic left a slew of psychosocial issues in its wake. To reach out to clients in these very difficult times, most counsellors resorted to e-counselling as an alternative means to the traditional face-to-face counselling due to the restrictions and lockdowns. The study explored the experiences of counsellors who used e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana. This study adopted a qualitative research approach and a phenomenological research design. Data was gathered from ten counsellors in the Central Region of Ghana through a semi-structured interview and analysed thematically. The findings indicated an increase in e-counselling during the pandemic. The study discovered that e-counselling was characterized by the use of modern technological media. Further, the findings reveal that e-counselling was effective in supporting clients' psychological and emotional needs, with clients giving positive feedback and referring their friends and families. However, poor networks, misinterpretation of messages, lack of knowledge and skills on the use of e-media, communication delays, and diminishing counsellor-client rapport were challenging factors that affected counsellors' usage of e-counselling during the pandemic. To improve and cope with e-counselling, counselling and clinical psychologist in the Central Region of Ghana adopted a hybrid mode of counselling, sought IT assistance and training, and combined different e-media to provide counselling services during the covid-19 pandemic. The study recommended that counsellors should seek continual professional development and training on ICT use and integration in the counselling process. It is also recommended that institutions pursuing counselling programmes should include e-counselling in their curricular. The study contributes to the understanding of e-counselling during the COVID-19 pandemic.



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The history of counselling dates back to the dawn of time, with the basic aim of assisting individuals or groups in taking decisions and making informed choices in life. The need for a helping relationship has been in existence for ages. According to Chiboola (2019), counselling, being a casual but purposeful contact and interaction between people, had its origin as ancient as the genesis of humankind. Bedu-Addo (2019) affirms that counselling focuses on how to help an individual analyse himself by relating to his abilities, achievements, and interests, as well as how to adjust to new decisions one has to make.

Before the invention of technology, counsellors used the traditional face-to-face approach to assist people who sought their help. Chiboola (2019) opines that traditional face-to-face counselling employs indigenous methods of assisting people in a variety of problem situations, as well as those who wish to make a transitional commitment, such as puberty or marriage, or who have been bereaved due to physical illness, psychosomatic dysfunction, cardiac failure, injury, or accident. More specifically, traditional conventional counselling has improved self-awareness, maintained good interpersonal relationships, and developed good communication and relationship skills (Buku, & Agordzo, 2021; Hays & Erford, 2018). Indeed, the traditional face-to-face method of counselling gave many counsellors insight into the issues of their clients because of the verbal and non-verbal cues used. Additionally, Buku and Agordzo (2021) asserted that the benefit of face-to-face counselling is that it helps build strong and positive therapeutic relationships between clients and

therapists, employing all forms of verbal and non-verbal cues and laying firm all the core conditions of counselling in the counselling process.

However, with the advent of technology and internet use, counselling globally has taken on a new dimension, leading to e-counselling as a means of offering counselling to clients in remote locations. Amos et al. (2020) noted that the technological boom of the twenty-first century has opened up new possibilities for counselling practice, allowing counsellors and clients to communicate remotely without having to meet in person. This has made e-counselling very beneficial in providing psychosocial support to clients beyond the physical reach of the counsellor. Over a hundred million individuals use the internet every month to look for health information (Harris Interactive, 2002), and online counselling is expected to grow in the next ten years (Norcross et al., 2002). Counsellors are increasingly considering how therapeutic conditions can be established in an e-counselling setting as e-counselling services are a creative and new therapeutic medium (Evans & Hawkins, 2002; Rochland, Zach & Speyer, 2004). According to Kolog (2014), face-to-face counselling was by far the only method on which they relied to provide services until the advent of ICT, which allowed counsellors to diversify their counselling methods.

In Ghana, research has stated that students use the internet a lot (Brafı & Arthur, 2013; Oluwatimilehin, 2014) and that mobile phones are the most used device to access the web all the time (Frimpong, 2015). The internet's use through social networking tools like WhatsApp, Facebook, Zoom, and Teleconferencing, among others, makes it easier to offer counselling services in our current dispensation. Oboh (2020) confirms that e-counselling is a counselling method through the medium of telecommunications technologies such as telephones, the internet, and

teleconferencing. The term e-counselling may be used synonymously; thus, online or Internet therapy (Rochlen, Zack & Speyer, 2004), e-therapy (Manhal-Baugus, 2001), internet counselling (Pollock, 2006), and web-based cyber-counselling (Maples & Han, 2008). Also, research supports different terms used to represent online counselling, such as cyber counselling, online or Internet therapy, e-counselling, e-therapy, email therapy, internet counselling and web counselling, to name a few, according to Situmorang (2020). However, the term e-counselling was used for this study.

Nevertheless, in January 2020, the World Health Organisation (WHO) established COVID-19 to be the world's most deadly pandemic and a public health emergency of international concern due to its rapid spread to other continents and countries (Bloomfield-Alves & Agordzo, 2022). This brought a lot of unforeseen problems to mankind globally. According to Asante and Mills (2020), Lagos, Accra, and Johannesburg recorded the highest numbers of cases of COVID-19 in Africa and have altered their everyday social, economic, and political lives. More than 3.08 million cases of COVID-19 were documented in 185 nations and territories as of April 28, 2020, resulting in more than 213,000 deaths (Centre for Systems Science and Engineering, 2020). Furthermore, by mid-June 2020, there had been over eight million cases of COVID-19 globally, with over 436,000 deaths (Brodeur et al., 2020). On March 15, 2020, the country's first two cases of COVID-19 were identified when two immigrants from Turkey and Norway entered Ghana (Ghana Health Service [GHS], 2020). As of February 2021, the active cases of COVID-19 in Ghana had risen to 6,086 with a death toll of 440 and 133 severe conditions (Ghanaian Times, 2021).

The pandemic in its wake has caused the deaths of many people and also led many people into psychological issues of fear and panic, depression, and discrimination, among others. According to Arnout et al. (2020) and Liebrez et al. (2020), adjustments during the COVID-19 may eventually have triggered mental health symptoms such as anxiety, depression, and stress. Similarly, Brooks et al. (2020) noted that the pandemic has been accompanied by the implementation of public health policies that have significantly altered daily life in numerous countries, such as the quarantining of residents for protracted periods of time, with both immediate and long-term effects on psychological distress and wellbeing. In addition, Feijt et al. (2020) confirm that the pandemic is associated with fear and ruminating over contamination risks, experiences of severe and debilitating illness, and the potential or actual loss of life. The psychological issues that emerged in the wake of the COVID-19 pandemic during lockdown and quarantine called for the urgent presence of counsellors. Many studies have revealed a large increase in psychological difficulties quickly after the declaration of a state of emergency, with an increase of 20–30 percent in depression and anxiety compared to the pre-pandemic period, according to Lerardi et al. (2022).

Pre-pandemic studies showed that e-counselling was effective in a number of developed countries. Uzoekwe (2012) asserts that developed countries like the United States of America, Canada, Germany, etc., have been practising e-counselling, and it has proven effective. Some challenges were equally indicated as well. For example, according to Mishna et al. (2013) and Wiggins-Frame (1998), lacking verbal and nonverbal cues can make a counsellor vulnerable to cultural insensitivity and unintentional discrimination, especially in short-term or asynchronous communication. This is especially true in situations involving cross-cultural issues.

Duveskog et al. (2009) discovered that the demand for counselling professionals is rising and that few of these professionals could use and integrate ICT into counselling in the African context. Additionally, Nwachukwu, Ugwuegbulam and Nwazue (2014) noted that e-counselling, as a functional approach to the counselling profession, should be embraced by every country and every professional counsellor. However, in Ghana, the Health Professions Regulatory Bodies Act, 2013 (Act 857) gives the Ghana Psychology Council the authority to regulate counselling in Ghana. Nevertheless, it is yet to establish laws, codes, or regulations to guide online counselling (Amos et al., 2022).

Most counsellors had no choice but to adopt e-counselling as an alternative method of reaching out to their clients since there were restrictions on the movement of people from one place to another. This is confirmed by Bekes et al. (2021) that many therapists were forced to move their practises online as a result of restrictions imposed to handle the COVID-19 pandemic, regardless of their previous beliefs and misgivings regarding online therapy. Bekes et al. further asserted that online therapy has become an accepted necessity, and many therapists have developed substantial experience with this therapeutic format all of a sudden.

According to Situmorang (2020), e-counselling is the most secure method of offering counselling services during the COVID-19 pandemic. Additionally, Smith and Gillon (2021) noted that the need for online counselling services increased due to the COVID-19 pandemic, as it is the only feasible intervention available to many due to government guidelines and local restrictions. The Central Region was one of the major hotspots of the COVID-19 pandemic in Ghana due to its cosmopolitan nature. The COVID-19 cases as of 11th August, 2020 in Ghana were over 41,000 with over

215 deaths (Bukari et al., 2021). Notwithstanding the associated psychological problems faced by the people of the Central Region of Ghana due to the "new normal". Mohammed & Griffiths (2020) asserted that the main purpose of e-therapy during COVID-19 is to reduce the psychological distress of individuals against the outbreak, provide emotional support, and improve their coping skills.

According to Sarpong and Obeng (2020), the Greater Accra Region (capital: Accra), Ashanti Region (capital: Kumasi), and Central Region (capital: Cape Coast) have for some time been the hottest spots for infections. Additionally, Sarpong and Obeng noted that towns like Accra, Kumasi, and the heavily populated town of Kasoa in the Central Region of Ghana emerged as hotspots for the spread of COVID-19, and the Ghanaian government imposed partial lockdown restrictions. The key question of interest is: How did counsellors offer e-counselling during the COVID-19 pandemic in the Central Region of Ghana? Therefore, the purpose of this study was to explore the experiences of the counsellors who employed e-counselling during the first year of the COVID-19 epidemic in the Central Region of Ghana, which happens to be one of the hotspot areas for the pandemic.

1.2 Theoretical Framework

The study was guided by the Social Learning Theory propounded by Albert Bandura in 1977. It basically shows how people learn new behaviours or new ways of doing things through observation, imitation and modelling. In this regard, the theory explains how some counselling and clinical psychologists in the Central Region of Ghana observed, imitated and modelled the efficient use of e-counselling which is an emerging approach to counselling during the COVID-19 period.

1.2.1 Social Learning Theory

The COVID-19 pandemic became a very critical issue at its wake as it affected every sphere of life including how counselling was conducted. Prior to the global pandemic, many counselling and clinical psychologists in Africa prioritised the face-to-face counselling until the emergence of COVID-19. However, Smith and Gillon (2021) noted that the need for online counselling services has increased due to the COVID-19 pandemic, as it is the only feasible intervention available to many due to government guidelines and local restrictions. Most therapists who could not use technology effectively had to conscientise themselves and embrace e-counselling as an alternative means of reaching out to clients in remote areas during the pandemic.

E-counselling became popular because it was the safest way of offering counselling during the COVID-19 pandemic which was characterized by an increase rate of depression due to fear, stigmatization coupled with the lock down and quarantine. This is consistent with findings of Lerardi et al. (2022) that there was a large increase in psychological difficulties quickly after the declaration of a state of emergency, with an increase of 20–30% in depression and anxiety compared to the pre-pandemic period.

Notwithstanding, research conducted before the COVID-19 pandemic indicates that e-counselling has proven effective in developed countries and its demand in Africa is rising but most therapists do not have enough knowledge in incorporating it into their practice. This is consistent with the findings of Duveskog et al. (2009) and Nwachukwu et al (2014) who argued that the demand for counselling professionals is rising; nonetheless, few counselling professionals could use and integrate ICT into counselling in the African context and that e-counselling as a functional approach to

the counselling profession should be embraced by every country and professional counsellor.

Thus, most of these counselling and clinical psychologists had to observe, imitate and model how e-counselling was done by other therapists in advanced countries. In view of this, the social learning theory propounded by Albert Bandura in 1977 was used as the guiding framework in this study. This theory is based on the idea that we learn from our interactions with others in a social context (Nabavi, 2012). Hendy et al. (2013) explains that one gets an understanding of how new behaviours are executed through seeing others, and this coded information eventually acts as a guide for action. This indicates that after observing the behaviour of others, people tend to imitate and model that behaviour, especially if their observational experiences are positive ones or include rewards related to the observed behaviour. Driscoll (1994) argued that by observing the behaviours of others, people develop similar behaviours.

Bandura believes that direct reinforcement could not account for all types of learning. For that reason, in his theory he added a social element arguing that people can learn new information and behaviour by watching other people. Bandura believed that people were capable of imagining themselves in similar situations, and for incurring similar outcomes (Ewens, 1980). The importance of witnessing and modelling other people's behaviours, attitudes, and emotional responses is emphasized in Bandura's Social Learning Theory (Abdullah, 2008).

The researcher is in agreement with this assertion because when people observe, imitate and model a particular behaviour pattern for some time they tend to imagine it and are likely to form part of them. As shown in the findings in chapter four of this study, counselling and clinical psychologists who participated in the study reported

that they were able to adopt e-counselling during the COVID-19 pandemic period to provide counselling services to clients by learning from others. Counsellors who could not use computer and other technological devices to conduct counselling learned from or observed others in order to keep in touch with their clients during the pandemic period. According to Bandura, imitation involves the actual reproduction of observed motor activities (Bandura, 1977). The principles of social learning are assumed to operate in the same way throughout life. Observational learning may take place at any age. In so far as exposure to new influential, powerful models and who control resources may occur at life stage, new learning through the modelling process is always possible (Newman B.M and P.R, 2007).

Albert Bandura identifies four components processes underlying observational learning. The first is, attentional processes: This is concerned with Improving our cognitive and perceptual skills so that we can pay enough attention to a model and accurately perceive it so that we can copy shown behaviour. For example, staying awake in an e-counselling session. The second is, retentional processes: This involves retaining or remembering the models behaviour so that we can copy or replicate it later. We do this by encoding or forming mental images and verbal descriptions of the model's behaviour using our cognitive process. An example is taking note on counselling materials or a video of a person conducting e-counselling. The third process is, production: This involves translating the mental images and representation of the model's behaviour into our own overt behaviour by physically producing the responses and receiving feedback on the accuracy of our continued practice. An example involves the counsellor setting up an e-counselling session with the guide of an experienced person to conduct counselling services by talking to clients through zoom. Incentive and motivational are the fourth component underlying the social

learning theory: this involves perceiving that the model's behaviour leads to a reward and thus expecting that our learning and successful performance of the same behavior will lead to similar consequences. For example, expecting that when the counsellor has mastered e-counselling skills, he or she will conduct effective e-counselling services and help clients deal with their psychological problems or issues.

On the basis of extensive research, Bandura concluded that much behaviour both good and bad, normal and abnormal is learnt by imitating the behaviour of other people (Scultz & Scultz, 2005). This process on the one hand increases the self-efficacy of the achiever. On the other hand, when achievements are made by people with high self-efficacy, they tend to perform better (Bandura, 1977).

The researcher used the Social Learning Theory propounded by Albert Bandura for the study because during the COVID-19 pandemic where most individuals and families were restricted in terms of movement due to lockdown and quarantines, and were in a disconsolate state of depression, stress, fear, stigmatization etc., there was the need for counselling and clinical psychologists to adapt e-counselling as an alternative way of giving psycho-social support to clients who fall on them for help as mostly done in advanced countries like America, Canada, Australia, United Kingdom among others. Notwithstanding, studies conducted by Duveskog et al (2009) discovered that the demand for counselling professional is rising; nonetheless few of the counselling professionals could use and integrate ICT into counselling in the African context and therefore the need to improve online services.

According to Koutroubas and Galanakis (2022), the Social Learning Theory and the processes of observational learning have been used widely to address challenges of globalization and cross-cultural training by incorporating cross-cultural factors in on-

the-job training. Koutroubas and Galanakis further noted that the theory has been applied to enhance the self-management and capabilities of employees resulting to higher self-efficacy and behavior change.

1.3 Statement of the Problem

The COVID-19 pandemic in its wake came with some psychological problems that have negatively affected human existence globally and brought some adjustment problems such as stress, depression, fear, and stigmatisation, among others. Studies by Arnout et al. (2020); Liebreuz et al. (2020); Mohamed and Griffiths (2020), confirm that adjustments during COVID-19 may eventually have triggered mental health symptoms such as anxiety, stress, and depression. The increasing rate of psychological distress due to COVID-19 is a global concern as it may impair psychological and mental health well-being. The severity of the pandemic was getting worse each day. This is supported by the assertion of Lerardi et al., (2022) that psychological services had to switch from in-person to digital assistance due to the emergency situation and the growth in psychological problems during the pandemic.

More than 3.08 million cases of COVID-19 had been documented in 185 nations and territories as of April 28, 2020, resulting in more than 213,000 deaths (Centre for Systems Science and Engineering, 2020). According to Feijt et al. (2020), the pandemic was associated with fear and contemplation about the possibility of contamination, severe and incapacitating sickness, and the potential or actual loss of life. Thus, Lerardi et al. (2022) noted that loneliness, high levels of sadness and anxiety, alcohol misuse, drug usage, self-harm, marital violence, sleep issues, and suicidal behaviours are all repercussions of the proliferation of COVID-19 and self-isolation and quarantine measures.

Nonetheless, due to the limitations on the movement of people during the first year of the pandemic when the impact of COVID-19 was so intense, many counsellors globally adopted e-counselling as a means of reaching out to their clients. For example, according to Feijt et al., (2020), psychological services have had to move their interventions from face-to-face to online to deal with the pandemic's urgency and growing psychological concerns. Remarkably, practitioners were compelled to migrate from in-person care to digital means during the COVID-19 outbreak. Smith and Gillon (2021) assert that the need for online counselling services has increased due to the COVID-19 pandemic, as it is the only feasible intervention available to many due to government guidelines and local restrictions. Additionally, Situmorang (2020) emphasizes that e-counselling is the most secure method of offering counselling services during the COVID-19 pandemic. In this regard, the efficiency of e-counselling methods needs to be rigorously explored to meet the needs of clients. The main purpose of e-therapy during COVID-19 is to reduce the psychological distress of individuals affected by the outbreak, to provide emotional support, and improve their coping skills (Mohammed & Griffiths, 2020).

Pre-pandemic studies have indicated that e-counselling has proved positive. For example, Uzoekwe (2012) reports that developed countries like the United States of America, Canada, and Germany, among others, have been practicing e-counselling and it has proven effective. Also, Paterson et al. (2019) opine that the benefits of e-counselling practice allow school counsellors to handle students' issues at their convenience as there are no time restrictions and space and distance concerns. Furthermore, the anonymity of online counselling may be beneficial because being an invisible client can help individuals reduce or eliminate the stigma related to seeking mental health services (Suler, 2000).

Notably, Duveskog et al. (2009) and Nwachukwu et al (2014) argued that the demand for counselling professionals is rising; nonetheless, few counselling professionals could use and integrate ICT into counselling in the African context and that e-counselling as a functional approach to the counselling profession should be embraced by every country and professional counsellor.

There is a worrying paucity of information when it comes to how counselling and clinical psychologists offered e-counselling services during the first year of the COVID-19 pandemic globally even though (Feijt et al., 2020; Smith and Gillon, 2021; Kotera et al., 2021; Bekes et al., 2021) conducted some research to explore online counselling during the pandemic. However, notwithstanding the significance of these studies on e-counselling in the Western World, they are foreign-based and do not accurately reflect the viewpoints or experiences of counselling and clinical psychologists in Ghana during the Covid-19 pandemic.

Also, most of these studies used the quantitative approach which could not reflect the true feelings and experiences of the participants and therefore the need to be explored qualitatively. How the Ghanaian counsellor experienced e-counselling and their perspectives about it may not necessarily be the same as that of their counterparts in other countries. Hence, there is a need to understand e-counselling and its effectiveness during the COVID-19 pandemic from the perspectives of Ghanaian counsellors and psychologists.

In Ghana, Kolog (2014); Awabil and Akosah (2018); Arthur (2020); Amos et al. (2020) and Amos et al. (2022) have done some insightful works that give lead to online counselling. However, these studies focused more on exploring the perceptions and experiences of students who engaged in online counselling in senior high schools

and universities in Ghana. Importantly, this study departed from this trend to focus on the perceptions experiences of counselling and clinical psychologists during the COVID-19 pandemic in the Central Region of Ghana.

As such, there is little empirical evidence to support our understanding of the perspectives of counselling and clinical psychologists in Ghana on e-counselling during the global pandemic. This study, therefore, was undertaken to understand counsellors' experiences of e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana.

1.4 Purpose of the Study

The aim of this study was to explore the experiences of counselling and clinical psychologists who adopted e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana.

1.5 Research Objectives

The objectives of the study were to:

1. Explore the nature of e-counselling during the first year of the COVID -19 pandemic.
2. Explore the effectiveness of e-counselling during the COVID -19 pandemic.
3. Explore the challenges encountered by counsellors who used e-counselling during the first year of the COVID-19 pandemic.
4. Determine the ways of improving and maximizing e-counselling in Ghana.

1.6 Research Questions

The following research questions guided the study:

1. What was the nature of e- counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana?
2. How effective was e-counselling services during the COVID -19 pandemic?
3. What were the obstacles to e-counselling during the first year of the COVID-19 pandemic?
4. What measures can be adopted to improve e-counselling in Ghana?

1.7 Delimitation of the Study

The study covered the Central Region of Ghana. This research explored four aims: (1) the nature of e-counselling during the first year of COVID-19 pandemic, (2) to explore the effectiveness of e-counselling during the COVID-19 pandemic, (3) to explore the challenges of counsellors who used e-counselling in the Central Region of Ghana during the first year of the COVID-19 pandemic, (4) to enquire ways of improving and maximizing e- counselling during pandemics. The study adopted a qualitative research approach. The qualitative method is subjective in its analysis and deals with small sample size, generalization is not possible. The study sampled ten (10) participants consisting of six Counselling Psychologists and four Clinical psychologists duly registered with the Ghana Psychological Association and the Ghana Psychological Council from the Central Region of Ghana.

1.8 Definition of Terms

Counsellor: This is someone who is trained to assist people take decisions and make informed choices towards their personal, vocational, academic and overall development.

E- counselling: The use of electronic media to facilitate counselling delivery.

New-Normal: The period of COVID-19 pandemic where e-counselling became a predominant approach to counselling.

Online counselling: This involves the use of internet and other electronic technologies to offer counselling supports to clients.

Stress: A state of emotional or psychological instability due to unpleasant situations faced by clients.

Traditional face-to-face counselling: This refers to the physical meeting between counsellors and their clients.

Synchronous communication: A form of communication which gives an opportunity to counsellors to have a direct contact with their clients. Example, phone or video call, virtual meetings through zoom, skype etc.

Asynchronous communication: This is a form of communication where the clients are expected to reply a message at a time of convenience. Example, emails, Short Message Services etc.

1.9 Significance of the Study

This study is significant in terms of its contribution to knowledge, policy, and practice. The pandemic has impacted every facet of our way of life. Trauma and psychological problems are critical issues that people were dealing with during the

COVID-19 pandemic. As such, counselling and other psychological support services were major necessities during the pandemic. Various studies have looked at how the COVID-19 pandemic impacted the different aspects of life. However, little empirical evidence exists to help us understand how counselling is conducted and its effectiveness in addressing people's psychological needs.

Therefore, this study contributes to the understanding of e-counselling during the COVID-19 pandemic period in Ghana. The findings also provide insights into the nature of e-counselling during the pandemic. Again, the study helps to understand how effective e-counselling was in terms of supporting the psychological needs of people during the COVID-19 pandemic. Furthermore, the study provides insights into the strategies counsellors adopted to cope with e-counselling during the pandemic, and this could serve as a useful resource for other counsellors inform their practices.

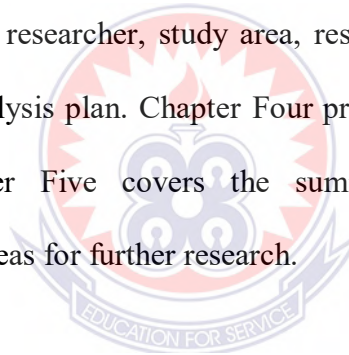
In terms of practice, the findings demonstrate that trust and confidence building are necessary for the effectiveness of e-counselling. The study also reveals that counsellors who build rapport with clients during e-counselling are able to make clients open up or freely share their problems with them. Further, the findings indicate that counsellors need to possess the competence, knowledge, and skills in ICT use and integration to ensure their effective conduct of and coping with e-counselling.

Additionally, the findings indicate that some counsellors lack or have limited knowledge and skills in the use of e-counselling. The finding therefore serves as a significant take-off point for policy makers to initiate curriculum reforms to incorporate e-counselling components in the training and education of counselling psychologists in the educational institutions of Ghana. The findings also raised concerns about the internet services and connectivity in Ghana, and this could

stimulate government policy options that could focus on investment in ICT and internet expansion in the country.

1.10 Organization of the Study

Chapter one dealt with the introduction, the background to the study, theoretical framework, statement of the problem, purpose of the study, objectives of the study, the research questions and significance of the study as well as the delimitation of the scope, limitations of the study and ends with operational definition of terms, acronyms and organization of the study. Chapter two focused on the review of empirical literature relevant to the study. The third chapter dealt with the research methodology. This consists of the research design, population, sample and sampling procedure, flexibility of researcher, study area, research instrument, data collection procedures and data analysis plan. Chapter Four presents an analysis and discussion of the results. Chapter Five covers the summary, conclusions as well as recommendations and areas for further research.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents an empirical review of related literature to the topic. The chapter accounts for and discusses literature on the nature of e-counselling, effectiveness of e-counselling, challenges of e-counselling and ways of improving e-counselling.

2.1 Nature of e-counselling during the COVID-19 pandemic

Counselling via electronic means took a different turn during the first year of the COVID-19 pandemic as compared to the pre-pandemic period, where traditional face-to-face counselling was very popular. By mid-June 2020, there had been over eight million cases of COVID-19 globally, with over 436,000 deaths (Brodeur et al., 2020). In Ghana, the first two cases of COVID-19 were confirmed on March 15, 2020, when two foreigners from Turkey and Norway found their way into Ghana (Ghana Health Service [GHS], 2020). The capacity, responsiveness, and resilience of public and private healthcare systems globally are under tremendous strain due to the rapid spread of COVID-19 (Legido-Quigley et al., 2020). We are all aware that the COVID-19 disease has far-reaching effects on our mental health, with billions of people struggling to manage their lives in the face of increased anxiety, social isolation, loneliness, stress, and economic downturn (Mohamed & Griffiths, 2020).

Many studies have revealed a large increase in psychological difficulties quickly after the declaration of a state of emergency, with an increase of 20–30% in depression and anxiety compared to the pre-pandemic period, according to Lerardi et al. (2022). Amidst the stress, depression, and other psychologically related problems stemming

from the social restrictions and lockdown during the COVID-19 pandemic, there was therefore a need for counsellors to adopt more e-counselling to reach out to their clients in remote areas. This resonates with the suggestion of Situmorang (2020) that during the COVID-19 outbreak, the best solution is the use of e-counselling as a means of reaching out to assist clients. This ultimately led to many counsellors or psychologists around the world making use of e-counselling methods, whether through chat, email, WhatsApp, video call, or even telephone. However, the normal e-counselling duration is between 45 minutes and 1 hour unless the case demands extra time. Notwithstanding, Nwachukwu et al. (2014) noted that a client can chat for an hour in person and yet not reveal the primary issue, whereas an online counselling client can sit in quiet for an hour and say more in one written sentence than he has revealed to anyone.

Globally, research indicates that there was an increase in the use of e-counselling at the advent of the COVID-19 pandemic. Findings by Kotera et al. (2021) affirm that many people, even working people, have turned to online counselling during the COVID-19 pandemic. Situmorang (2020), indicated that through the internet, especially during the COVID-19 outbreak, everyone who works in the mental health field can provide free online counselling services by advertising it as a form of humanity towards others. Psychological services had to switch from in-person to digital assistance due to the emergency situation and the growth in psychological problems during the pandemic (Lerardi et al., 2022). Oboh (2020) noted that e-counselling is a counselling method through the medium of telecommunication technologies such as the telephone, internet, and teleconferencing. The use of these media aims at continually giving psychological support to clients due to lockdown in most towns and cities with high population density during the first year of the

COVID-19 crisis. Smith and Gillon (2021) note that due to regulatory standards and government restrictions, the demand for online counselling services has skyrocketed as a result of the COVID-19 pandemic, as it is the only effective intervention available to many.

Research conducted prior to the COVID-19 pandemic by Awabil and Akosah (2018) indicates that, the WhatsApp application which is downloaded and installed on smart phones can also be used for online counselling, since it has quality audio-visual features. WhatsApp is one of the current and convenient ways of communicating with people online using either audio or visual means. During the COVID-19 pandemic, many individuals are engaging in e-counselling through this medium. For example, Feijt (2020), noted that therapists were compelled to transfer their in-person counselling support to digital means during the COVID-19 pandemic. Smith and Gillon (2021) assert that the need for online counselling services has increased due to the COVID-19 pandemic, as it is the only feasible intervention available to many, due to government guidelines and local restrictions. Finally, Situmorang (2020) explains that the safest way to provide counselling services during the COVID-19 outbreak is through e-counselling.

Much of the research conducted on the use of e-counselling before and after the COVID-19 pandemic indicated the use of several digital platforms for reaching out to clients online. This technology facilitated the e-counselling processes. According to studies, some e-counselling tools used include the use of phone calls, emails, Zoom, and WhatsApp among other media. This is consistent with Valk et al. (2010) that technological benefits encourage modifications in online counselling, which improve client services. Further, Valk et al. further explain that cell phones, email, WhatsApp,

Twitter, Facebook, and other technologies that allow counsellors and clients to effectively use "dead time" benefit both the counsellor and the client. So, regardless of the distance between the therapist and the client or the nature of the problem, these gadgets can allow for effective online counselling contact between counsellor and client.

In Ghana, Tutu-Danquah (2018) assessed clients' satisfaction with cyber-counselling services of selected service providers in the Greater Accra Region. The study revealed that 85% of clients found it easier in terms of technical know-how to communicate via telephone than using face-to-face counselling. Finally, according to Aker and Mbiti (2010), mobile telephony has provided Africa with new opportunities. They also believe that mobile phones can connect people wherever, emphasizing the link between individuals as well as between urban and rural areas and the rich and poor.

Notably, during the COVID-19 pandemic, most counsellors have either varied their usage of the digital medium to reach out to their clients in remote areas or have maintained the existing technologies such as the phone call, WhatsApp, Zoom, Skype, etc. This is evidenced by Oboh (2020), that e-counselling is a type of counselling that uses telecommunication technologies such as the telephone, the internet, and teleconferencing. Finally, Griffiths and Mohamed (2020) are of the view that the COVID-19 crisis and global pandemic have highlighted the importance of digital technologies such as apps in providing emergency care, and as a result, e-therapy services use technology such as WhatsApp, Telegram, and Tele-therapy via Skype or Zoom to supplement face-to-face approaches.

2.2 Effectiveness of e-counselling as an approach to counselling

According to Bedu-Addo (2019), the main goal of counselling is to help individuals analyse themselves with regards to their capabilities, achievements, and interests, as well as how to cope with having to make new decisions. This requires that counselling practitioners provide counselling services in an effective and efficient way to support clients.

At the advent of technology and the internet, many professionals, including counsellors, are taking part in this age of IT gadgets to complement traditional person-to-person counselling. The birth of e-therapy as a way of reaching out to clients has added another opportunity to enhance the therapeutic relationship between counsellors and clients.

One of the benchmarks of an effective e-counselling is the extent to which therapists are able to encourage their clients to open up and also form trusting therapeutic relationships during counselling sessions. Another benchmark for ascertaining the effectiveness of e-counselling was the referral of clients to therapists who used e-counselling during the global pandemic. The referral of clients to therapists who employed e-counselling during the global crisis served as another indicator of the effectiveness of e-counselling during COVID-19. The researcher acknowledged the efforts of counselling and clinical psychologists who saw a higher volume of referrals during COVID-19 e-counselling sessions as a benchmark to an effective e-counselling. Finally, the effectiveness of e-counselling also depends on how therapists were able to adequately integrate technology in their counselling during the global pandemic.

Most studies conducted before COVID-19 pandemic supports the assertion that e-counselling has an impact over time. For example, Francis-Smith (2014) and Tristram Hooley et al. (2016) are of the view that over the last ten years, the use of e-counselling has expanded. This assertion implies that many counsellors are having a huge positive impact on clients online. Again, findings by Uzoekwe (2012) indicated that developed countries like the United States of America, Canada, Germany, etc. have been practicing e-counselling and it has proven effective. Again, in providing online counselling services, social media, videoconferencing, internet-based chats, emails, and instant interactive contact, such as chat rooms, have been shown to be effective and popular (Tannous, 2017; Andersson, 2018; Cipolletta & Mocellin, 2018).

More so, Skinner and Zack (2004) indicated that counselling on the Internet can be effective and convenient, and therefore, professional counselling must embrace new technologies as they emerge and mature (Kolog, 2014). Essentially, online counselling is accessible from any corner of the world as long as there is Internet access Maples and Han (2008) This asserts the fact that counselling is always available to people irrespective of where they find themselves, provided they have internet access.

Additionally, a study by Finn and Bruce (2008) discovered that clients appeared to have generally positive attitudes towards online counselling. The study reported that client ratings of online counsellors showed a high level of service satisfaction. Furthermore, Skinner and Latchford (2006) concluded that some important factors that motivated online clients were anonymity, convenience and emotional safety of the online environment. Clients, however, indicated concerns about confidentiality

and technical difficulties as discomforts to them. Today, anybody can receive professional mental health services such as counselling online rather than through a traditional face-to-face counselling service.

According to Patrick (2006), users of online counselling are expected to have some characteristics which must be there to enhance the practice. They include the following: Access to technology, ability to express feelings and ideas in text format, comfort with online communication, convenience of online interaction, and efficiency of e-counselling. Thus, the ability to engage in e-counselling relationships at any time of the day or night avoids delays from travelling to an office and is cost-effective as well.

In this era of the COVID-19 pandemic where many individuals are left in a state of dilemma, it is important for e-counsellors to educate their clients on the necessities of keeping safe amidst the pandemic and also sensitize them on some mechanisms of managing stress, fear, and suicidal ideations, among others. For effectiveness of e-counselling, Iacoviello and Charney (2020) suggested that for the effectiveness of e-counselling, it must involve four main elements; assessment, psycho-education, emotional support, and action strategies. The assessment simply describes the counsellor responsibility of first evaluating the client's current situation. This step is more about listening to what the client wants to say and asking the right questions to find out what the client needs to effectively manage the crisis. The counsellor is expected to empathize with clients and also ensure that their physical or psychological needs are met. Again, psycho-education is very paramount. These relationships can help clients become emotionally stronger, more resilient, and more independent after the e-counselling sessions in this deepening crisis of COVID-19.

With regard to action strategies, it is important to ensure that e-counselling will help clients develop coping skills to deal with the COVID-19 pandemic situation. Since there are many actionable strategies, e-counsellors and clients need to determine the most effective coping strategies for the client, as different clients will react differently to the crisis, which will result in different distress. The e-counsellor can help the client discover different solutions to the underlying issue. Several recommended strategies are relaxation techniques, deep breathing, stress reduction, and cognitive restructuring for the positive thinking. These strategies are not only teaching and guide clients the power of action but provide the clients awareness and commitment towards their issues and problems. Nonetheless, Cook and Doyle (2002) proposed that internet therapy may be highly effective provided an effective working alliance could be formed.

2.3 Challenges hindering the effectiveness of e-counselling

Some studies conducted prior and during the COVID-19 pandemic highlighted some challenges with regards to e-counselling. Notable among them are discussed under these headings; Network challenge, misinterpretation of e- counselling messages, diminishing counsellor and client rapport, inadequate knowledge and skills on technological mediums.

The network hitches at a particular point in time during counselling sessions is a big worry to both therapists and clients especially when there is a serious crisis which urgently needs to be attended to through e-counselling. This is consistent with studies conducted by Riemer-Reiss (2000), who discovered that issues related to technology or network connectivity cannot be avoided. As a result, counsellors must be ready to offer alternatives to traditional care delivery methods when these issues arise. Also,

Mellen (2005) noted that when connecting a counsellor and a client in different locations, including state lines, time zones, and even regions, in an online environment, there are logistical issues to consider, as well as the possibility of technology failure along the route.

Additionally, Feijt et al. (2020) indicated from their study that the majority of the participants said they had challenges because of a lack of technological infrastructure, notably problems with the speed and stability of the Internet connection, on either the client's or practitioner's end. This indicates that without a proper network connection, there will not be an effective therapeutic relationship. Finally, Kotera et al. (2021) noted that because of technical problems and the possibility of blurring of professional lines, internet therapy may negatively affect the emotional resonance of therapy, weakening the rapport with the patient and confinement.

Even though e-counselling has proven effective in terms of giving support to clients in remote locations, there are several occasions where there is misinterpretation and misapplication of information during the therapeutic relationship. This is consistent with Bambling et al. (2008) that communication problems identified by counsellors have the potential for misunderstanding, which creates strains in the working relationship. Bambling et al. further explained that this is because a misunderstanding of communication can easily harm, if not jeopardize, a counselling relationship. Also, findings by Finn and Barak (2010) indicate that therapists are losing critical information and cues to how a client is feeling and being due to a lack of facial expressions, body language, and tone of speech, which may result in misinterpretation.

More so, there are unique challenges in engaging and communicating with clients through text, compared to the verbal exchange in traditional face-to-face or telephone counselling (Hackerman & Greer, 2000). The therapeutic alliance between the counsellor and client is distorted when there is this miscommunication stemming from the e-counselling medium, which does not allow them to have a view of each other.

Finally, due to the lack of nonverbal clues, there is a risk of miscommunication between therapist and client (Mallen, Vogel & Rochlen, 2005). Similarly, Callahan & Inckle (2012) explain that school counsellors are concerned about miscommunication, misunderstanding, and misinterpretation due to the use of abbreviated communications and emoticons. Finally, the absence of emotional advice, which is defined as the counsellor and client's physical presence, will result in emotional guidance such as tone of voice, facial expression, and body language being absent. This makes it difficult to communicate the appropriate feelings. Misinterpretations are also possible (Bakar 2020).

The findings of Maples and Hans (2008) indicate that the lack of perceived closeness, the inability to engage face-to-face may hinder the establishment of a therapeutic bond between the therapist and the client. In most cases of asynchronous communication between the counsellor and the client, the therapeutic relationship may be diminishing as a result of non-verbal cues and also delay in responses. Also, Bekes (2021) that therapists in their study struggled with connecting emotionally with patients, getting distracted during sessions, ensuring adequate patient privacy, and maintaining their own boundaries in sessions and these difficulties originally led to a negative perception of the therapeutic connection, as well as of online therapy and its

usefulness, but these effects faded over time, with the exception that therapists became more easily distracted in online sessions.

According to research, communication problems arise in online counseling due to a lack of verbal and nonverbal cues (Bambling et al., 2008), which might obstruct the completion of a thorough evaluation of a client's concerns (Haberstroh et al., 2008). Additionally, findings of Kotera (2021) indicated that all participants agreed that the most major drawback of online treatment is the lack of personal touch and body language, both of which can be exacerbated by technological disturbances. Furthermore, Amos et al. (2020) is of the view that inadvertently, internet counselling puts a physical presence barrier in the way of therapeutic connections, a barrier that doesn't always drive clients to seek help. Also, Amos et al. (2022) noted that the lack of access to a client's nonverbal actions, as well as issues forming therapeutic bonds due to worries about confidentiality, liability, and misinformation from clients, are among the reasons stakeholders are sceptical about online counselling.

Also, Sobella et al. (2010) and Beidolu et al. (2015) affirm that scepticism was based mostly on the lack of body language or nonverbal clues, which resulted in the loss of genuineness and empathy, both of which are important in counselling sessions. Similarly, according to the findings of Mallem (2005), many psychologists believe that one of the most significant challenges for online counselling is the ability to connect with a client in a meaningful way using distant communication technologies. The findings further explain that the ability to create a therapeutic relationship may be impaired if contextual and nonverbal cues are not available. The findings add that due to the distance involved in online counselling, the client and counsellor may find it challenging to thoroughly investigate the impact of person-environment interactions.

Finally, according to Murphy et al. (1998) as cited in Bakar (2020), the absence of certain nonverbal communication characteristics might limit counsellors' ability to interpret clients. The study further opined that, in fact, if a counsellor misinterprets or misunderstands the meaning of an issue that a client is attempting to resolve, the client may lose faith in the counsellor ability to help him.

Firstly, e-counselling is not as effective as face-to-face treatment for addressing a client's urgent or crisis needs. In particular, asynchronous e-counselling services might not reply to a client fast enough to be of great assistance to them Finn & Barak (2010).

Secondly, text messages don't convey the same level of empathy that face-to-face conversations do when a client does have urgent needs (Rawson & Maidment, 2011; Richards & Vigano, 2013).

Thirdly, people who use e-counselling might not feel as supported in urgent or crisis situations as they would if they used face-to-face services. In order to provide the client with rapid aid, it is crucial to compile a list of urgent or distress contacts, as well as supportive agencies in their neighbourhood. A technology protocol should also be established (Jencius & Sager, 2001).

Fourthly, although delayed communication is typically an issue, synchronous e-counselling communication enables almost immediate connection between the counsellor and client. Asynchronous communication's inherent time delay, however, can raise anxiety levels for both the client and the counsellor (Richards & Vigano, 2013). This is consistent with Bambling et al. (2008) that communication problems identified by counsellors were the potential for misunderstanding, which creates strains in the working relationship. Asynchronous communication raises questions

about the therapeutic process and the counsellor's capacity to carry out interventions because of the delayed responses.

Naturally, asynchronous interventions change the environment of several psychotherapy interventions, whose accomplishments have mostly been reported in face-to-face therapeutic situations rather than through online means. For instance, with asynchronous online counselling, what may be completed in an hour-long while face-to-face session may take several days or weeks, according to Barnett (2005). Also, studies have demonstrated that even synchronous online communication with a reduced time lag can hinder the effectiveness of therapies (Bambling et al., 2008). The constraints of both synchronous and asynchronous online interventions may make traditional face-to-face counselling the better option, notwithstanding the potential for e-counselling counselling to reduce lengthy wait lists for in-person interventions.

Fifthly, Glasheen et al. (2013) noted that counsellors were reluctant in giving counselling to students through online platforms. Glasheen et al. further pointed out that counsellors doubt the willingness of students to accept e-counselling in counselling sessions, hence the unwillingness of counsellors to provide online counselling to students. Kolog et al. (2015) perceived this possible challenge while working to understand and integrate e-counselling in Ghana. As the problem of inadequate knowledge and skills persists, Mallen (2005) suggests that if online counselling can overcome these restrictions and successfully manage a therapeutic relationship, it will be critical to figure out how to best teach these skills to the future generation of counselling psychologists.

2.5 Measures for improving the effectiveness and efficient delivery of e-counselling

The importance of e-counselling cannot be underrated and therefore prudent to always work on improving the e-counselling services globally. There are times where the e-counselling media used for certain clients may not be able to support the session and would require therapists to switch to a different approach with that client for a positive result. For example, a counsellor may during the counselling session find it very prudent to have a video call with a client whose situation requires the counsellor and client to have a view of each other, which in many ways facilitates a good relationship and strengthens the rapport and confidentiality level. In other situations, a therapist and client may use a different e-counselling media because of convenience and ease of use. For instance, switching from a video conference to a normal phone. This is in agreement with recent studies by Smith and Gillon (2021). Therapists' ability to transmit empathy in an online therapeutic connection is similarly hampered by technology limitations, necessitating therapists to adjust their empathy-conveying skills.

According to Riemer-Reiss (2000), challenges such as slow internet connections or computer issues are unavoidable, so counsellors must be able to provide potential alternative service delivery methods when these issues arise. In addition, Tsalavouta (2013) opines those therapists who improve their ability to transmit empathy can overcome hurdles caused by technical limitations. Finally, counsellors should encourage clients to use teleconferencing technologies like Skype or Zoom, which allow for direct observation of nonverbal body language communication, as a solution to overcome this obstacle (Lee, 2010).

The efficacy of e-counselling cannot be underrated. However, there are cases such as suicide prevention and grievance counselling, among others, which will appropriately require the physical presence of a therapist for an effective therapeutical relationship. This is consistent with the suggestion of Obi et al. (2012) that there should be a rethink of merging online and face-to-face counselling to increase diversity in the counselling process. Additionally, research by Kotera (2021) provides some preliminary qualitative support for the idea that internet therapy can be a useful addition to conventional face-to-face therapy. Furthermore, Kolog et al (2014) asserts that to ease the challenges associated with face-to-face therapy, ICT must be integrated into the traditional face-to-face counselling technique for diversity in counselling delivery. Kolog further explained that to maximize the efficiency of their function, school counsellors must incorporate technology such as e-counselling into their counselling modalities. This is especially true given the high prevalence of internet usage among kids (Kok, 2016, Cipolletta & Mocellin, 2017).

Additionally, as a result, counsellors should strive to complement the traditional face-to-face counselling with online counselling, as well as educate students about its benefits (Amos et al., 2020; Awabil & Akosah, 2018). Importantly, according to Kolog, (2014), the traditional face-to-face counselling may never be completely abolished but both strategies must exist side by side in order to complement one another when appropriate.

Further Kolog noted that despite the substantial advances made by traditional face-to-face counselling, web applications are gradually supplanting it, albeit the two are sometimes used in tandem. Similarly, e-counselling is an alternative means which enables learners to contact school counsellors at any time, especially during emergencies (Ralls, 2011). More importantly, when traditional counselling is unavailable, e-

counselling, according to Metonia (2011) is a feasible alternative. In conclusion, Bakar (2020) suggested today's counselling profession practitioners should adapt to the possibilities of offering online services as an alternative to traditional ways of face-to-face service implementation by taking into account the limitations and elements that need to be highlighted.

E-counselling is an emerging approach to offering counselling supports to clients in remote locations and can sometimes be difficult to use and therefore the need for assistantship. Some counsellors find it a challenge to use the gadgets of IT in their counselling practices, however tries to go online because of proximity with clients. This is in line with the assertion of Kotera (2021) that in order to implement online therapy, therapists need more detailed training. Also, recognizing and addressing issues with empathy, connection, and interpreting patients' emotions in online sessions should now be a fundamental aspect of therapist training, supervision, and continuing education (Bekes et al., 2021).

Similarly, Nwachukwu et al. (2014) are of the view that the government should organize in-service training programmes for counsellors on e-counselling and even send some to experience and learn it in developed countries where the service has been functioning effectively.

Moreover, Amos et al (2020) opines that it is imperative that the Ghana Psychology Council and the Ghana Psychological Association should pave the way by organizing training programs on online counselling for counselling practitioners to enhance their competency. Frequent organization of e-counselling seminars for counsellors will improve the professionalism of the counselling practice and also expand the usage of counselling support to people in remote areas.

Kolog (2014) asserts that sending email is free, except for the cost of infrastructure such as a computer and Internet connection. It is important to note that the high cost of internet access by the various Internet Service Providers (ISP's) should be reduced for many people to be able to access e-counselling. This implies that the government should also make internet service affordable and accessible to everyone at a reduced rate so that people can access e-counselling services at any time, according to findings by Nwachukwu et al. (2014). The study further postulated that internet data should be affordable for counsellors to be able to give psychological support to their clients. In obvious cases, some clients are willing to seek e-counselling therapies but could not because of the cost of internet access.

However, Amos et al. (2020) noted that counsellors must endeavour to ensure that clients can really express themselves properly online and provide proper networks for student-clients to access counselling. This is very important because some clients who seek counselling online might not be able to effectively express themselves better with regards to e-counselling.

Lastly, Nwachukwu et al. (2014) also suggested that there should be public awareness about the e-counselling service. Therefore, government should throw public enlightenment programmes to ensure its publicity and letting people know about its benefits.

2.6 Summary of Literature Review

The empirical literature review highlighted the nature of e-counselling during the COVID-19 pandemic, the effectiveness of e-counselling as an approach to counselling, benefits of e-counselling, challenges hindering the effective delivery of

e-counselling, and measures that can improve and maximize the quality of e-counselling services in Ghana.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter provides a description of research procedures used. It covers the philosophical underpinning/assumptions of the study, research approach, research design, Positionality and Reflexibility, study setting, population, sample size, sampling technique, sources of data, instrumentation, data collection, data analysis procedures, data authentication and trustworthiness of the study, ethical considerations and limitations of the study.

3.1 Philosophical Underpinning/Assumptions of the Study

Important academic research of this nature deserves to lay claim to theoretical frameworks and philosophical perspectives regarding knowledge on the assumption of how we will study what we intend to learn as a paradigm embedded in the research methodology (Martens & Wilson, 2012). The philosophical and theoretical perspectives or assumptions underpinning this study are the interpretative worldview or constructivist epistemology, which argues that "meaning is constructed, not discovered" (Gray, 2004 p.100). So, subjectivists construct their own meaning (Kusi, 2012). This is linked to the nominalist ontological position, which posits that knowledge of the world is socially constructed, understood, and interpreted by the individual participants based on their experiences of the world in which they live and work (Kusi, 2012). An interpretive paradigm is chosen because the purpose of the study is to explore a phenomenon. Interpretive research acknowledges the feelings, experiences, and viewpoints of the researcher as data (Kusi, 2012). According to Surepong (2010), the interpretivist uses open-ended research questions and also focuses on qualitative data, from which the researcher will interpret meanings.

The interpretive paradigm was chosen for this particular study for three reasons. An interpretive paradigm allows the researcher to access the experiences and viewpoints of the research participants, recognizes the role of the researcher and the research participants in knowledge construction, and is useful in an attempt to understand a phenomenon in all its complexity in a particular socio-cultural context (Kusi, 2012). It is also said that interpretivist studies often use small numbers of participants. This is due to the fact that the goal is not to generalize, but rather to investigate the meaning that the participant places on the social situation under investigation. The approach is more interested in understanding the participants' perspectives on the phenomenon than in predicting what they will say. This approach does not consider the knowledge generated from the study to be permitted but accepts it as relative to the time, context, or culture in which the study is conducted. This approach also allows the researcher to interact more with the participants, making the researcher active in the research.

3.2 Research Approach

The qualitative research approach was used for this study. According to Creswell (2013), the researcher should give an opportunity to participants who have experienced the phenomenon being studied. In qualitative research, collected raw data consisting of words is carefully analysed to bring meaning to the research (Crisp, 2000). The qualitative methodology considers reality to be subjective and diverse. The researcher's epistemological assumption in this qualitative study is that she is getting as close as possible to the participants' being studied.

According to Marshall and Rossman, as cited by Hogan, Dolan and Donnelly (2009), qualitative research is pragmatic, interpretive, and grounded in the lived experience of the people. It looks at the subjective experiences of the participants in the study.

This approach was adopted because the researcher will use interviews which will give the participants the opportunity to answer the questions in their own words and how they are experiencing it rather than forcing the participants to choose from fixed answers. More so, qualitative design helped the researcher explore participants' different perceptions and understanding of the problem under study (Ziebland & McPherson, 2006).

The nature of the questions gave the participants the ability to evoke responses that were rich in explanatory nature and unanticipated by the researcher. This approach also helped the researcher to get a better understanding of the issues being explored through first-hand experience, truthful reporting, and quotations of actual conservation. It also helps to understand how the participant drives meaning from their environment and how their meaning influences their behaviours. In addition, Creswell (2012) opines that a qualitative research method is used in exploring people's lives, lived experiences, behaviours, emotions, and feelings as well as organizational functioning, social movement, cultural phenomena, and interactions between nations.

3.3 Research Design

A phenomenological study was used to explore the experiences of counselling and clinical psychologists who used e-counselling during the first year of the COVID-19 pandemic in Ghana. Phenomenology is an approach that looks to consider the lived human experience encounters and the way things are seen and show up to awareness (Smith et al., 2009).

Phenomenological research that focuses on exploring lived experiences in a more truthful way of being in and with the world, Shaduk (2018). Particularly useful for challenging structural or normative presumptions, phenomenological approaches bring to the fore the experiences and perceptions of individuals from their own perspectives.

The researcher chose the phenomenological design to be able have an in-depth understanding of the participants' experiences of the phenomenon under study. In this regard, the researcher explored the e-counselling experiences of counselling and clinical psychologists during the first year of the COVID-19 crisis in the Central Region of Ghana using the phenomenological research design.

3.4 Positionality and Reflexibility

The primary data collection method used for this phenomenological study was an in-depth interview that took place in a naturalistic setting. The researcher was an insider but bracketed his emotions, ideals, and thoughts about the phenomenon under study in order to explore the experiences of the participants. In this regard, the researcher was constantly cautious about biases by ensuring that the data collected through the interview was transcribed verbatim. The transcribed data was sent back to the participants to confirm its authenticity before the analysis. Ethical issues were also strictly adhered to. The research was solely funded by the researcher.

3.5 Study Setting

The Central Region is one of the sixteen administrative regions of Ghana. The Central Region is bordered on the north by the Ashanti and Eastern Regions, on the west by the Western Region, on the east by the Greater Accra Region, and on the south by the Gulf of Guinea (Ghana Statistical Service, 2021). The Central Region is renowned for

its many elite higher education institutions and an economy based on an abundance of industrial minerals and tourism. The region attracts many tourists because of its monuments such as castles, forts, and beaches stretched along its coastline. The Central Region of Ghana covers an area of 9,826 square kilometers.

The region has a population of 2,859,821 (Ghana Statistical Service, 2021) with 17 Municipal and District Assemblies in the region, with Cape Coast as its capital town. The municipalities consist of many public workers like nurses, teachers, doctors, and lecturers, among others. However, the main occupations of the people are fishing and farming.

3.6 Population of the Study

The population is the larger group to which a researcher intends to apply and generalize the findings of a study (Fraenkel, Wallen & Hyun, 2011). The population for this research were counselling and clinical psychologists from selected public and private institutions such as hospitals, senior high schools, basic schools, churches etc. in the Central Region of Ghana registered with the Ghana Psychology Council.

3.6.1 Target population

According to Explorable (2012), target population refers to the "entire group of individuals or objects to which researchers are interested in generalising the conclusions". Asiamah et al. (2017) noted that the target population is determined using a selection criterion to select individuals of the general population who can, at best, share experiences and thoughts under the most convenient conditions. Asiama et al. further indicated that the reason for researchers selecting members of the target population is to reach candidates who can describe their experiences to address the research goal. The target population was all counselling and clinical psychologists, comprising thirty-seven

(37) counselling psychologists and one hundred and fourteen (114) clinical psychologists in the Central Region of Ghana. The target population for this study was one hundred and fifty-one (151) participants. Records available at the Ghana Psychology Council as of 2022 showed 151 counselling and clinical psychologists in Ghana based on data from the Ghana Psychology Council.

3.6.2 Accessible Population

Explorable (2012) asserts that an accessible population is the section of a population to which the researcher can apply his conclusions. The accessible population is derived from the target population and, as such, can be said to be a subset of the target population. The accessible population for this study was twenty-two (22) participants, comprising nine (9) counselling psychologists and thirteen (13) clinical psychologists in the Central Region of Ghana.

3.7 Sample Size

Sampling is a method comprising the selection of a sample size for a study. They are a subset of the population with the goal of reaching a conclusion or finding a solution about the population (Singah, 2014). Malterud et al. (2016) explain that a study aimed at exploring a phenomenon is best achieved using a sample size of 5–20 participants. In addition, Thorne (2008) is of the view that with qualitative research, a sample as small as 5 and as large as 30 can be used. Ten (10) counsellors, comprising of six (6) counselling psychologists and four (4) clinical psychologists, were sampled for this study.

The researcher settled on ten (10) participants at the point of data saturation during the interviews and transcription because no new pieces of information or themes came up after the sample size of 10 (Dworkin, 2012).

3.8 Sampling Technique

The sampling techniques used to select participants for this study were expert sampling and snow-ball sampling under the purposive sampling technique. This is because the researcher wanted to select participants who would meet the exact criteria for the study (Teddlie & Yu, 2007). Purposive sampling is more appropriate for qualitative research as it allows the researcher to sample participants who are more knowledgeable about the phenomenon under study (Creswell, 2013). Furthermore, purposive sampling, as per Palinkas et al. (2013), is most often used in qualitative studies. This technique enables the researcher to carefully choose the sample in accordance with the goals of the study, with the hope that each participant will contribute distinctive and insightful information that will be useful to the research. Six participants were selected for the study using a purposive sampling technique. On the other hand, four participants were selected using the snowball technique. A snowballing method is a method of sampling that asks other participants or community members to identify more individuals that could also give out information for the purpose of the study (Creswell, 2007).

Four participants were purposively sampled from the Ghana Psychological Association and the Ghana Psychology Council platforms respectively while six were selected through the snowball technique.

The table below shows the demographic characteristics of participants (names of these participants are pseudonyms).

Table 1: Demographic characteristics of participants

Pseudonyms	Sex	Age	Level of education	Number of YRS	Mode of interview
Counsellor 1	F	51	MPhil. Counselling Psychology	15	Face-to-face
Counsellor 2	F	48	MPhil. Clinical Psychology	6	Face-to-face
Counsellor 3	M	43	MPhil. Clinical Psychology	11	Phone call
Counsellor 4	M	34	MPhil. Counselling Psychology	3	Phone call
Counsellor 5	F	37	MPhil. Counselling Psychology	5	Phone call
Counsellor 6	F	43	MPhil. Clinical Psychology	9	Face-to-face
Counsellor 7	M	46	MPhil. Counselling Psychology	8	Phone call
Counsellor 8	M	34	MPhil. Counselling Psychology	5	Face-to-face
Counsellor 9	M	39	MPhil. Clinical Psychology	5	Phone call
Counsellor 10	M	28	MPhil. Counselling Psychology	3	Face-to-face

Source: Author's Computations from field Data, September 2021.

The study involved ten (10) participants, comprising six (6) males and four (4) females. Six (6) counselling psychologists and four (4) clinical psychologists were used for the study. A total of five (5) participants were interviewed face-to-face while the remaining five (5) were interviewed via phone calls. All the participants have a Master's degree in counselling and clinical psychology. The ages of the participants that were interviewed ranged between 28 and 51 years, with working experience ranging between the range of 3 and 15 years. This study selected solely counselling and clinical psychologists who engaged in e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana.

3.9 Sources of Data

Primary data was collected and used for this study. Primary data refers to data observed or collected directly from first-hand experience (Johnson & Christiansen, 2012). For the purpose of this qualitative research, primary data was obtained through a semi-structured interview with the participants.

3.10 Instrumentation

A semi structured interview guide was used for data collection in this study. The semi structured interview guide enables the researcher have a deeper understanding of the experiences of counselling and clinical psychologists who used e-counselling during the first year of COVID-19. The researcher adopted semi structured interview in order to probe further through follow up questions to delve deeper into participants' personal lived experiences. The following questions were raised based on the research questions of the study with some relevant sub-questions;

- a. What e-counselling mediums did you use during the new normal and why did you use them?
- b. How effective was your e-counselling sessions during the first year of the COVID-19 pandemic?
- c. What were some challenges you faced in providing e-counselling during the first year of the COVID -19 pandemic in your practice?
- d. How were you able to overcome the challenges you encountered?

3.11 Data Collection Procedure

Having already come into contact with some participants (counselling and clinical psychologists) who used e-counselling during the first year of the COVID-19 pandemic and happened to be members of the Ghana Psychological Association and

licensed by the Ghana Psychology Council, the researcher was redirected to other counselling and clinical psychologists in the Central Region of Ghana who happened to work in the hospital, schools and churches from which data was collected. After getting their contact information, the researcher called and scheduled a meeting to interact with them. The researcher explained what the research was about. An introductory letter was first obtained from the department and given to these counsellors who have experienced e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana. This was to inform them about confidentiality and also to make them feel safe to give out information for the success of the study.

Participants were called through the mobile phone to remind them ahead of the interview. Five participants were interviewed in-person because of the COVID-19 outbreak and its associated dangers. The remaining five participants were interviewed via phone call upon their request. During the interview, participants were given ample time to respond to the questions. Some of the participants were interviewed in the afternoon and evening due to their time schedules and availability. One participant was interviewed each day. The participants included six males and four females. The researcher used 28 days to interview all the 10 participants for the study. This duration was used because the researcher met to interview participants depending on their schedules and readiness, with genuine reasons being the COVID-19 pandemic. The face-to-face interview lasted between 30 and 45 minutes while the phone interview lasted between 30-40 minutes. The sessions were audio-taped with a recording device and later transcribed for data analysis. The information provided by the participants was kept strictly under lock and key on the researcher's computer.

However, demographic information about participants was collected at the beginning of the interview.

3.12 Data Analysis Procedure

The data was analysed using thematic analysis. The researcher critically listened to the interview recordings over and over again and transcribed them verbatim using the Microsoft word processing application to enable the researcher to gain more understanding from the data. The analysis was done using the principles of interpretative Phenomenological Analysis (IPA), which basically deals with examining how people make sense of their experiences. According to Smith and Osborn (2003), the interpretative phenomenological analysis involves a comprehensive exploration of the interview text to determine how the participants construct their meaning of a phenomenon under study. This study is phenomenological because it seeks to explore the experiences of counsellors who used e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana. There are four steps involved in IPA. They are:

1. Familiarization with the data
2. Generating initial codes and searching for themes
3. Reviewing themes
4. Defining and naming themes.

Firstly, the researcher once again listened to the interviews and read the transcribed data to become very familiar with the data. Secondly, codes were generated from the transcript and the themes that emerged were assigned specific codes using the open coding method. Thirdly, the data was interpreted by identifying any recurring themes throughout and highlighting any similarities and differences in the data. Lastly, the

themes were named and a thematic network was developed to summarize all the themes.

3.13 Data Authentication and Trustworthiness

In order to ensure the credibility of the study, the researcher adopted member checking. The researcher then went back to the participants to cross check whether the data transcribed corresponded with the information they gave out. Qualitative research is trustworthy when it accurately represents the experiences of the study participants (Speziale & Carpenter, 2011). Four criteria proposed by Guba and Lincoln (1985) were used to measure the trustworthiness of the qualitative data collected. They are credibility, dependability, transferability, and confirmability.

Credibility: Trochim and Donnelly (2006) assert that the results of qualitative research are credible or believable from the perspective of the participant in the research. Qualitative research explores people's perceptions, experiences, feelings, and beliefs, and it is believed that the participants are the best judge of whether or not the research findings have been able to reflect their opinions and feelings accurately.

Creswell (2003) posits that respondent validation is where the result of the research is submitted to the respondents for confirmation as a means of establishing credibility. Bryman (2004) also holds the view that the establishment of credibility of findings demands that the research be carried out according to good practice and by submitting it to the social world that was studied for confirmation that the researcher understood that social order correctly. Guba and Lincoln (as cited in Kumar, 2014) suggested that prolonged engagement is a technique to ensure credible interpretation of findings.

To achieve credibility in this study, the researcher engaged in prolonged engagement by spending 2 months in the field collecting data. For member checking, the researcher also took the research findings to those who participated in the research for confirmation, congruence, validation, and approval. It is noted that the higher the agreement of the respondents with the findings, the higher the validity of the study (Kumar, 2014).

Transferability: In qualitative studies, transferability is equivalent to generalizability of findings (Kusi, 2012). This refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts (Trochim & Donnelly, 2006; Bhattacharjee, 2012). The researcher achieved transferability in this study by extensively and thoroughly describing the process that was adopted for others to follow and replicate. Thus, the researcher will keep all relevant information and documents regarding the study. Also, in this study, the research context and methodological processes were provided. These could enable other researchers to apply the findings of this study to similar settings of their choice, thereby regarding the findings in this study as answers in their chosen contexts. Furthermore, there was adequate background information about the participants; the research context and setting allowed other researchers to assess how transferrable the finding was. The researcher kept an accurate record of all the activities while carrying out the study. These include the raw data (transcripts of interviews) as well as details of the data analysis.

Dependability: Dependability corresponds to the reliability of findings in qualitative research (Merriam & Associates as cited in Kusi, 2012). Guba and Lincoln (1985), admit there could be no credibility without dependability in qualitative research. Also,

it is concerned with whether we would obtain the same results if we could observe the same thing twice (Trochim & Donnelly, 2006). An extensive and detailed evidence of the process in which the research is conducted was documented in order that others can replicate and ascertain the level of dependability. To ensure dependability, interpretive researchers must provide adequate details about their phenomenon of interest and the social context in which it is embedded in order to allow readers to independently authenticate their interpretive inferences (Bhattacharjee, 2012).

In this study, dependability was established through the establishment of appropriate enquiry decisions. This included review of interviewer bias to resist early closure and, at the same time, prevent the provision of unreliable data due to boredom on the part of the participants because of prolonged interview sessions. In addition, information from literature assisted the researcher to develop questions that elicit appropriate responses to answer the research questions that are formulated to guide the study. There was a systematic data collection procedure that reached the point of saturation. The extensive documentation of the data (transcriptions of interview narratives), methods, and decisions in the memo are steps in proving the dependability of the data. Thesis supervisors assessed the work to find out whether or not the findings, interpretations, and conclusions were supported by the data.

Confirmability: Trochim and Donnelly (2006) declare confirmability to mean the degree to which the results could be confirmed or corroborated by others. Also, confirmability refers to the extent to which the findings reported in interpretive research can be independently confirmed by others, typically participants. This is similar to the notion of objectivity in functionalistic research. In order to establish confirmability, the researcher, after coding and transcribing the audiotapes, interview

questions, and all other relevant information and documents regarding the study, gave it back to the participants to confirm the responses. The researcher made changes where necessary and gave the transcribed data back to the participants again for them to authenticate the inferences derived by the researcher. The researcher then took the final transcribed data from the participants as a true record of what the respondents factually provided.

3.14 Ethical Considerations

Ethical issues in research refer to the general agreements shared by researchers about what is proper and improper in the conduct of scientific inquiry (Babbie, 2004). These include seeking permission, voluntary participation, no harm to respondents, informed consent, anonymity and confidentiality (Strydom & Venter, 2002; Babbie, 2004; Punch, 2009). Furthermore, Sekgobela (2008) posits that ethical guidelines direct researchers so that their studies are of high quality. It is imperative to adhere to ethical issues in research of this kind in order to avoid respondents withholding vital information from the researcher. The researcher upheld all ethical aspects of the research through the following:

Seeking permission: The researcher first requested a letter of introduction from the head of the department of Counselling Psychology from the University of Education, Winneba to the participants (counselling psychologists) for their permission to carry out the study with them.

Voluntary participation: The nature of the study was explained fully to the respondents before the interviews. The need to collect data from the participants was justified.

No harm to participants: The researcher made sure that all participants were physically and psychologically protected by arranging for them a conducive and safe venue for interviews.

Informed consent: Consent was obtained from the participants to be used in the study and to ensure that they participated voluntarily. Before the interviews, participants used for this study had to consent to the involvement of this study (Creswell & Creswell, 2018).

Anonymity and confidentiality: The participants were assured of confidentiality. The researcher was open and honest in dealings with respondents. Before the start of the interview (s), the researcher explains the purpose of the research; the purpose of the interview (s) and the confidentiality of the selected material were explained to the participants (Greeff, 2002).

Plagiarism: Plagiarism is defined as the verbatim copying, near-verbatim copying, or paraphrasing portions of another person's published document without proper acknowledgement (Boisvert & Irwin, 2006). All relevant journal articles and books from which secondary information was gotten were properly cited. In respect to this, the researcher made use of in-text citations and references in the study to avoid any form of plagiarism.

3.14 Summary of the Chapter

In summary, this chapter extensively talked about how the study was conducted. Thus, how was data collected in the field, analysed and interpreted? It presented researchers' philosophical assumptions, research approach, research paradigm, research design, population, sample and sampling techniques, instruments,

positionality and reflexivity, study area, sources of information, data authentication and trustworthiness, and ethical issues of the study.

Even though there is a plethora of literature on exploring counselling, there is a paucity of information when it comes to exploring the experiences of counsellors who professionally practice e-counselling.



CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents the results of the research and discusses the main findings of the study which aimed at exploring counsellors e-counselling experiences during the first year of the COVID -19 pandemic. In this chapter, the researcher presents the data gathered qualitatively. The demographic characteristics of participants were discussed followed by the thematic analysis of the qualitative data. The analysis reflected on the themes that emerged from the interview data collected through the research questions.

In answering these research questions, the thematic analysis of qualitative data produced themes under each research question which aims to exploring the nature of e- counselling during the first year of the COVID -19 pandemic in the Central Region of Ghana, effectiveness of e-counselling during the COVID -19 pandemic in the Central Region of Ghana, challenges or obstacles to e-counselling during the first year of the COVID-19 pandemic and ways of improving and maximizing e-counselling during pandemics. Ten counsellors were interviewed during the data collection stage. The second section is the discussion of results. It was organized into four main sections based on the overarching research questions that were used to guide the study.

SUMMARY OF CODING REGIME AND PARTICIPANTS STATEMENTS

Code	Meaning unit	Condensed Meaning Unit. Description close to the text	Condensed meaning Unit. Interpretation of underlying meaning	Sub-Theme	Theme
C 3	<i>"... It's been very marvellous, we've be using it before the pandemic except that during the pandemic period the number has increased in usage of online counselling, I normally term it online counselling. Yes! We've been using it as and when ..."</i>	E-counselling has been there prior to COVID-19 except that its usage increased during the global pandemic.	There was an increase in e-counselling services during the COVID-19 pandemic.	<i>Increase usage of e-counselling</i>	Nature of e-counselling.
C 7	<i>"Okay, clients who were able to go through or who we started the process with got what they expected with regards to the problems they brought for session and that made me realised that the sessions were effective. I had some positive feedbacks from the second and third sessions because all those that were given assignment did it and came back to tell me it worked for them."</i>	E-counselling was effective because of the positive feedbacks from clients who had their problems addressed after doing all assignments given them during the second and third sessions.	Clients shared some positive feedbacks after starting the process and also at the end of the sessions.	Positive feedbacks from clients	Effectiveness of e-counselling.
C 5	<i>"What made me and my clients struggle most often has to do with network. If the network is not working properly, they will stand somewhere in their house and if it doesn't go through, they continue to stand there and that is what made them struggle..."</i>	Network issues was a challenge to both the counsellor and his clients because it made them struggle during e-counselling sessions.	Unstable network was a big challenge to both the counsellor and his clients.	Network challenge	Challenges of e-counselling.
C7	<i>"What we were doing was that normally when I was involved in the group counselling, we did zoo m counselling during the weekend which was for all. So, we were trying to use phone calls to touch on issues which were not properly addressed or understood due to the time factor."</i>	There was the use of variety of e-counselling media. Thus, Zoom and phone call to enhance better understanding of previous sessions.	Combining a variety of e-media in counselling enhances a better understanding and therefore paves way for effective counselling.	Use of a combination of e-counselling technological media	Ways of improving e-counselling services

Source: Adapted from Bedu-Addo (2010).

The main themes and sub themes addressing the four research questions are presented below.

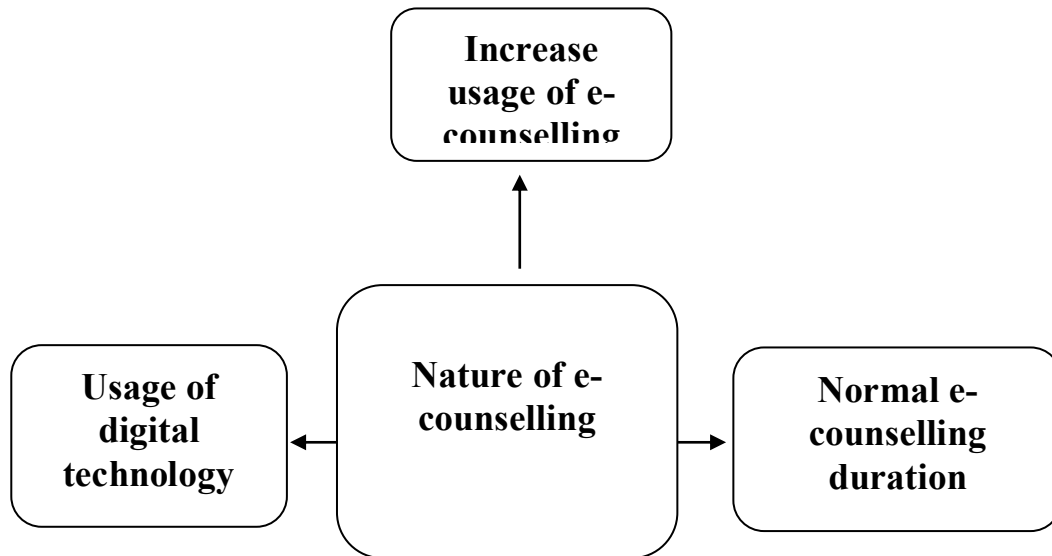
Table 2: Main themes and Sub themes from the Four Research Questions

Main theme	Three Sub-themes
Nature of e-counselling	<ul style="list-style-type: none"> • Increase usage of e-counselling. • Usage of digital technology • Normal e-counselling Duration
Effectiveness of e-counselling	<p>Three Sub-themes</p> <ul style="list-style-type: none"> • Positive feedbacks • Confidentiality assurance • Referrals
E-counselling challenges	<p>Six Sub-themes</p> <ul style="list-style-type: none"> • Network challenge • Diminishing rapport • Misinterpretation of messages • Delays during sessions • Inadequate skills and training on e-counselling technological mediums • Cost of internet data and airtime
Improvement strategies	<p>Three Sub-themes</p> <ul style="list-style-type: none"> • Combination of various e-counselling mediums • Complementing e-counselling with the face-to-face counselling • Assistance of an IT person and training

4.1 Theme one: Nature of e- counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana

In this section, the study sought to understand what e-counselling looked like in the Central Region during the first year of the COVID-19 pandemic in Ghana. That is, the researcher explored the nature of e-counselling during the first year of COVID-19 in the Central Region of Ghana. After the analysis of the data, three themes emerged. They include increased usage of e-counselling, usage of digital technology, and normal duration of e-counselling.

The model below shows the sub-themes mentioned above.



4.1.1 Increase usage of e-counselling

The study found out that the usage of e-counselling among the participants increased during the first year of the COVID-19 pandemic period. Participants indicated that due to the imposition of COVID-19 restrictions such as social distances, among others, it became difficult to meet clients in person. As such, they indicated that their usage of e-counselling had increased so that they could continue to give psychological support to their clients. For instance, some of the participants' comments that illustrate this claim are as follows:

Yes, I have frequently engaged in e-counselling, because of some of the programs I do on social media most people do call me to express their views or to tell me what they are going through for me to counsel them. Aside that, even some of our school children, sometimes parents will call you or some of the children might call to say one or two things. Within this Covid-19 era, a lot of things have happened having to meet people face to face. So, most at times, I usually do e-counselling. [C 1]

Yes, I have, in fact for now as it stands and per the way the world is moving due to COVID-19, you don't need a particular time to do e-counselling but at any point in time when it is needed you render it. It's been very marvellous, we've be using it before the pandemic except that during the pandemic period the number has increased in usage of

online counselling, I normally term it online counselling. Yes! We've been using it as and when... [C 3]

Yeah, I have and was during that time I really experienced this kind online therapy because previously it was face to face counselling interaction. I didn't even consider the online but it was during the COVID-19 pandemic that I encountered a whole lot of people trying to have e-counselling with them. [C 10]

Because of the pandemic leading to an increase in psychological problems so we had to find a way to adjust to the situation which we call the new normal and so we had to use the gadgets of IT which will be social media using the phone to still find a way of contacting our patients and provide them with the needed care. [C 2]

Yeah, in my case, it's been frequent because since I have been able to engage more than nine clients. And currently because I have more on prospect to this same e-counselling. Because no matter what social distancing you do. Covid-19 people coming into contact with other people have come to stay. So now more people are opting for e-counselling. [C 4]

From the comments, some of the participants used e-counselling prior to the pandemic, except that during the pandemic, its usage increased. It could be argued that participants in this study used e-counselling frequently during the first year of the COVID-19 pandemic in Ghana. Also, the comments suggest that the participants' usage of e-counselling was in response to their quest to observe the COVID-19 safety measures while reaching out to their clients in remote areas. The findings confirm Smith and Gillon's (2021) assertion that the COVID-19 outbreak has increased demand for online counselling since it is the only efficient solution available to many and that this demand has increased as a result of regulatory standards and government constraints.

According to Feijt (2020), during the COVID-19 epidemic, counsellors were obliged to shift their in-person counselling services to e-counselling. Furthermore, Bekes et al. (2021) explain that many therapists were forced to relocate their practice online as a

result of constraints imposed to handle the COVID-19 pandemic, regardless of their previous beliefs and misgivings regarding internet therapy, and further state that online therapy became an acceptable necessity and many therapists obtained substantial experience with this therapeutic format all of a sudden. Additionally, in the wake of the COVID-19 pandemic, the usage of internet therapy has exploded, with working-class people taking advantage of it and reaping the benefits (Kotera, 2021).

4.1.2 Usage of digital technology

One other theme that emerged from the interview with participants about the nature of e-counselling during the first year of the pandemic was the usage of digital technology. The study found out that e-counselling during the COVID-19 pandemic was characterized by the usage of modern digital technology and mediums. In order to keep rendering psychological support to people during the pandemic (a time where people need psychological support the most), participants in this study deployed a variety of modern technological gadgets and media to reach out and interact with their clients.

Thusly, Griffiths and Mohamed (2020) stated that the COVID-19 crisis and global pandemic have underlined the importance of digital technologies such as apps in providing emergency care. As a result, e-therapy services that utilize technology such as WhatsApp, Telegram, and Tele-therapy via Skype or Zoom are utilized to supplement face-to-face approaches. Throughout the interviews, all the participants indicated that they used digital technology and media such as laptops, WhatsApp, Zoom, Facebook, and phones (for calls and text), amongst others, to provide counselling services during the pandemic.

According to Oboh (2020), e-counselling is a type of counselling that uses telecommunication technologies such as the telephone, the internet, and teleconferencing. Participants explained that the imposition of restrictions during the pandemic made it difficult for in-person counselling. Some of the counsellors' statements that expressed these claims are as follows:

First of all, I would ask my new clients the e-counselling mediums they would prefer while suggesting some to them, Thus, phone calls, phone text, messenger, with the email. I wasn't encouraging them because at times due to network and things the messages will be cued so most often it was WhatsApp video call, messenger video call and WhatsApp chats and phone calls. That was the mediums we were using. [C 3]

Through telephones, email, voice application also, instant messaging, then through fora. Sometimes especially if it has to do with guidance. We organize zoom meetings, google meetings and students participate. [C 5]

So, most of the time we used WhatsApp discussion and then calls. I think it was a one individual client who agreed for a video call but for the group session and then my other individual clients. They were only normal voice calls and then the texting through WhatsApp. [C 9]

Other participants shared also that:

Phone calls, WhatsApp, social media sites which are secured, telegram for example, Facebook and lastly SMS. Well, first of all you have to think about the ease of access so a phone is much easier for people to use especially with those who are not very literate and then for those who are literate you have to think about keeping the bond of confidentiality and trust they have with you so sometimes WhatsApp is best because it has an end-to-end encryption. And people actually love their WhatsApp. If the person still has some challenges with that you can take it to telegram where the person will feel much safer but it helps us especially with patients who have provided us those details to find out what medium they are much comfortable with. [C 7]

So, in fact almost every day I counsel someone on phone. And sometimes the moment somebody calls I ask, are you using an android phone and on WhatsApp? Okay go there send me audio or text. And more often, most of them do go online and then they send me text and

audio. So, with those people, I take time, I listen to the audio and then I counsel them. Yes. Phone calls, WhatsApp basically. [C 10]

From the above comments, it can be argued that digital technology and telecommunication tools form a vital part of e-counselling. Without such technological gadgets, the provision of e-counselling during the pandemic would have been very daunting. Some of the participants stated that phones were the first technological gadgets they deployed to provide e-counselling services to clients and later added other gadgets and media. One explanation, perhaps, for this could be due to the fact that all the counsellors in the study and their clients had phones. For instance, some of the counsellors interviewed indicated that:

...usually, we were using phone but sometimes I use laptop. And what was happening was that we were using telegram and then WhatsApp and then sometimes you do zoom as well but the zoom was not frequent but the one that I usually use was WhatsApp and phone calls. [C 8]

Errm, at the moment, we started with the phone call where we give them appointment on WhatsApp and they know their time and call when the time is up and we do it. And then we also support them with documents on WhatsApp, pdf documents about some of the things we want them to do, to help us to achieve our goal. So, text messages, phone call, WhatsApp call and then sometimes audio recordings and then videos, we do all that to be able to recover. [C 1]

Normally we do conference calls so that all three of us will be on the same line and we also use the WhatsApp. If I am supposed to give them other documents to read, I would forward it to their WhatsApp and if we have to open discussions, we do the conference call. [C 6]

Errm, the first one I tried was purely on a mobile phone. We used a call. It was a direct call only. That one was very effective because in my office where we do audio call, confidentiality was assured, everything was calm. From wherever the client was, she ascertained that the place was also conducive and quiet and nobody around. The second one I have tried video too. Because the second one, as the session was going on the other subsequent meetings, I realized that I needed to see the client's reactions on some of the things that we were discussing which was very important so I opted for video. I mixed both

audio and video so that I would be able to come out with certain observations I was expecting. [C 2]

These comments suggest that the use of digital technology and media formed an integral part of e-counselling during the COVID-19 pandemic. The responses suggest that most of the clients preferred mobile phone, WhatsApp and SMS. It was observed that some counsellors used a combination of approaches mediums any time there was a challenge. The choice of these mediums of communication was informed by the preferences of both the counsellor and clients. The participants claimed that the media used to administer counselling during the pandemic were very effective because confidentiality of clients was assured and their familiarity with them strengthened. A few of the counsellors tried using WhatsApp video calls and Messenger video because they realized they needed to see their client's reactions to some of the things that they were discussing. Other counsellors used both audio and video so that they would be able to come up with certain observations during the counselling session as well as see the client's face, expressions, emotional state, and general body movement to be able to have an effective e-counselling session.

Furthermore, some of the counsellors observed that some of the clients are illiterate, so the only way they can have fruitful interaction with them is through phone or voice call. The educated ones have issues with confidentiality and, as such, tend to prefer WhatsApp texting or WhatsApp calls and try to avoid video calls. The finding supports Valk et al. (2010), who discovered in their work that the advantages of technology promote changes in online counselling that have a favourable impact on client services. Counsellors and clients benefit from cell phones, email, WhatsApp, Twitter, Facebook, and other technologies that allow them to effectively use "dead time." So, regardless of the distance between the therapist and the client or the nature

of the problem, these gadgets can allow for effective online counselling contact between counsellor and client.

Also, the findings concur with those of Cook and Doyle (2002), who compared face-to-face to online counselling using both e-mail and chat and found that working alliance levels demonstrated that participants felt a collaborative and bonding relationship with therapists. Further, Feijt et al. (2020) indicate that videoconferencing is the most commonly utilized tool, whether through consumer software (e.g., Skype, Zoom) or secure applications on an online platform. Practitioners also use the telephone, chat rooms, e-mail, and e-health modules. In Ghana, Tutu-Danquah (2018) assessed clients' satisfaction with cyber-counselling services of selected service providers in Greater Accra Region. The study revealed that 85% of clients found it easier in terms of technical know-how to communicate via telephone than using face-to-face counselling. Finally, according to Aker and Mbiti (2010), mobile telephony has provided Africa with new opportunities. They also believe that mobile phones can connect people wherever, emphasizing the link between individuals as well as between urban and rural areas and the rich and poor.

4.1.3 Normal e-counselling duration

The study also realized that the duration of counselling sessions was used by the participants to describe the nature of e-counselling. In counselling, the normal duration of a session lasts between 45 minutes and 1 hour. When I asked the participants what the nature of e-counselling was during the pandemic, they indicated that it was characterized by the use of normal-duration sessions for counselling. Some participants indicate that despite the use of technology and internet challenges, they made sure that they worked with the normal counselling duration in their interactions

with their clients during the pandemic. The comments of all the counsellors interviewed indicate that they usually spend one hour or less on each session, depending on the issue and prevailing circumstances at the moment. Participants who spent more than 45 minutes attributed it to poor network connectivity. For instance, when the researcher asked the counsellors in the interviews about the nature of e-counselling, they answered as follows:

Averagely, I used one hour. But sometimes in the group when you are about to finish, somebody may post something which needs attention so you may think you are closing the session for that one hour. On some days you have to tell them that we have to close so that we can respect our time. And sometimes what will happen or the issue to that will be posted on the platform demands that you have to attend to that one. So sometimes the time is extended by 10minutes and then we have to close. But usually, we were using one hour. [C 9]

Okay for the adults it's within one hour but for the teensy a maximum 45 minutes I am done. [C 5]

However, some of the participants indicated that their first sessions with clients take a longer duration while the subsequent meetings take the normal duration of one hour or below. That is, e-counselling during the pandemic takes a longer duration when counsellors meet their clients for the first time or depending on the nature of the case being handled. For example, one of the participants stated that:

Normally, when the person is even seeing us face to face, if it's the first session, it takes a long time. It can take more than an hour towards even two hours. So normally on the phone, the first session also takes longer but the subsequent ones can take an hour each per session. [C 7]

Normally the time was supposed to be one hour. But you know sometimes when you are in a session and your client is making a case or is contributing, you cannot stop the person when the one hour comes. [C 9]

The other thing is that some of the clients mostly they don't report early for us to start. If we are supposed to start 5pm, you may be ready for them but all of the time will not come at that time so it means that

instead of closing at 6pm you may be closing at 6:30 to 7pm if you have time but it's supposed to be one hour. [C 2]

For some counsellors, if there are no network challenges, they provide e-counselling services for duration of 45 minutes. For instance, some of the counsellors shared the following comments during my interaction with them:

If there is not network challenge roughly by 45 minutes that the range but if there's network issues at times, we even travel more than an hour. [C 8]

Yeah, because we are online, we do a maximum of 45 minutes. [C 10]

Meanwhile, one of the counsellors was of the contrary view that during the COVID-19 pandemic, his duration for e-counselling sessions was 30 minutes maximum so as not to overly stress and also put a financial strain on the client. The Counsellor's comment, which illustrates this claim, is as follows:

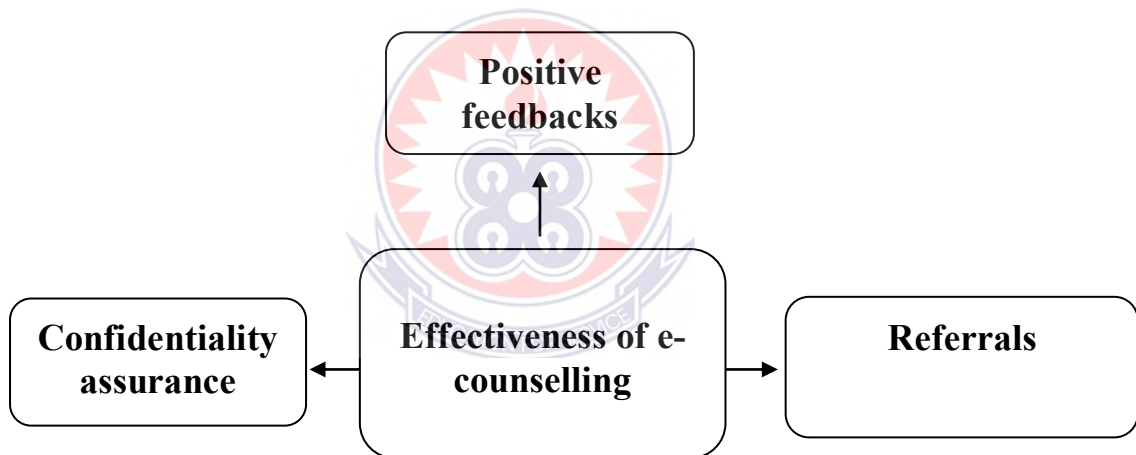
Typically, you would like to keep it within 30 minutes. Errm, because you don't want to overly stress the clients and also put a strain on their resources especially if you are using a video call during the pandemic and remember people had to use their bundles for others stuffs like academics so typically 30 minutes then we are out. [C 1]

The findings therefore indicate that counsellors' use or spending normal durations for e-counselling during the COVID-19 pandemic was between 45 minutes and one hour. This means that counsellors worked within the normal duration for interacting with clients during counselling. The finding corroborates Nwachukwu et al.'s (2014) study, which found that a client can chat for an hour in person and yet not reveal the primary issue, whereas an online counselling client can sit in silence for an hour and say more in one written sentence than he has revealed to anyone.

4.2 Theme 2: Effectiveness of e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana

The study was interested in ascertaining the effectiveness of e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana. In exploring the effectiveness of e-counselling services during the pandemic, the researcher looked at the counsellors' experience in terms of what was done, how it was done, and the end results of the entire e-counselling session to whether it was effective or not. After the analysis of the data, three themes emerged. They include positive feedback, confidentiality, and referrals.

The model below shows the sub-themes mentioned above.



4.2.1 Positive feedbacks from clients

The study found out that most participants had positive feedback from their clients, and that was one indication that their e-counselling sessions were effective. For instance, some participants explained that:

Ooh, it was very effective because I was always asking for feedback from them so that I will know how they find it. They were already coming for the face-to-face before the COVID-19 pandemic so they had to be moved to e-counselling. I was asking them how they find the new medium and they say there is no difference because they always imagine sitting in front of me during the sessions. [C 2]

Okay, clients who were able to go through or who we started the process with got what they expected with regards to the problems they brought for session and that made me realised that the sessions were effective. I had some positive feedbacks from the second and third sessions because all those that were given assignment did it and came back to tell me it worked for them. [C 7]

From the comments above, it suggests that clients were satisfied with the medium that was used to counsel them. Other participants indicated why they think positive feedback from their clients is one of the reasons why e-counselling was effective during the COVID-19 period in the following comments:

... You can be pretty sure you have done a good job when the next time you ask of how they are feeling they give you feedbacks like "I feel much better" etc. So that was how I was able to check the effectiveness of my e-counselling sessions during the pandemic. [C 6]

Oh yes, sometimes when an issue comes to you, there are few expectations you have. At least if the person is able to tell you few things about what he/she is going through, you will be able to know what he/she is going through. Then you will know the kind of counselling to give so in this case. The e-counselling was effective because I had an expectation and those expectations were mostly met through feedbacks from clients. Probably you have a list of questions that you want to ask them and at the end of the day you realize that at the end of the day they have given you the answers sometimes you require and that makes me know the effectiveness of the counselling sessions. [C 4]

Additionally, some participants intimated that the feedbacks they received from their clients were not just positive but also encouraging. The participants shared as follows:

Yes, it was very effective. Very effective because many people felt uncomfortable using the nose mask and also uncomfortable speaking face to face but with the online, they feel comfortable to say whatever they wanted to say without feeling shy and also gave encouraging feedbacks as well. [C 8]

I will say that its effectiveness had to do with the positive feedbacks I received from the clients. So, if you put a text message or audio or video or if it is a live program through zoom, the feedback we get from them gives us an indication of its effectiveness even though there were

a bit of network challenge also a few of the clients who participated were not having a smart phone for the group counselling sessions on zoom. However, those who participated throughout gave us feedback indicating that our e-counselling sessions were successful. [C 10]

From the comments, participants saw the effectiveness of their e-counselling sessions through the positive feedback they received from clients they had encountered. The comments indicated that clients' desires and needs were addressed with the use of e-counselling. The argument is that e-counselling was effective due to its success in providing clients with the necessary support that they needed or sought.

4.2.2 Confidentiality assurance

One of the themes that emerged from the interviews with the participants was that e-counselling was effective due to its assurance of clients' confidentiality. From the interaction with the counsellors during the interviews, they indicated that they made sure that the issue of confidentiality was well assured to enable their clients to open up for an effective e-counselling session, especially first-time clients. Some of the counsellor shared the following comments to illustrate why they think e-counselling was effective due to its assurance of clients' confidentiality:

The confidentiality level made my clients open up during the counselling sessions and that made it effective. You need to let your clients know about the confidentiality level and that builds rapport and makes your session effective. You even asking them if there's no person around etc. makes them feel comfortable and opens up for the sessions. [C 1]

As I said earlier, it was he first day it was a phone call. To me the way we were talking the person didn't want to open up well but after I gave the intake form the next session when I even try to tell her we can meet on video call she didn't hesitate but to accept and since she is going through the stress and has accept to meet on video call then it means she is having that kind of trust in me that's why she is trying to see me or even have that video call and at times too when there's a video call or a kind of e-counselling, I make sure to find out clients whether the environment in which he finds himself is safe. Myself too if I am using WhatsApp phone, I make sure that with the information I gather I use

lock on that particular phone so right now my phone there's a lock on my WhatsApp chat due to the interactions with people. [C 4]

From the comments, it could be realized that participants took steps to protect the information and identity of their clients, including securing the information and other discussions with a password, and this made clients have confidence and trust in openly or freely sharing their worries or problems with participants. Another counsellor narrated how he used the assurance of clients' confidentiality to create effective e-counselling sessions during the pandemic period as follows:

It's easy, I am a professional, when they call me, I give them that rapport and I give them confidentiality assurance and I tell you please if you don't want your partner to hear of our session don't mention it to anyone because we are the only two people talking about it and I don't have any authority to release any information without your consent so I make them, I assure them that these issues will not go anywhere. You need to get the client to know the importance of genuineness to him or herself and that makes our sessions effective... [C 2]

The comment of the participant suggests assurance of confidentiality should be part of the practice of every professional counsellor. One explanation for the importance of guaranteeing confidentiality during counselling sessions is that it builds trust and confidence in the process and allows clients to freely share their problems with the counsellor. For instance, some participants indicated the following:

When you first build rapport, it is important to assure them of confidentiality. With this they will tell you more about their problem and that makes it effective. [C 9]

So, first of all, you try to leverage your professional and your ethical history and try and get trust in you. But beyond that, I try to let the clients be the one to initiate their preferred means of communication. As it usually helps to calm them down and helps them to open up, and so these are some of the, methods that we use but we always ask of try to seek the client's verbal consent if we couldn't get a written concern. [C 3]

There have been times that some of my clients call and they want you to assure them of some kind of anonymity and confidentiality. In that, the person is very close to them and that if the person who is very close to them of whom they feel is causing them some form of psychological trauma, they wouldn't want the person to know that you were the one who brought the issue. Sometimes they really try to play us whether you would expose the fact that they have called you to tell you something. It usually happens among couples. I have heard several of them. So, they don't ask for some kind of anonymity and confidentiality based on the fact that you would betray their trust. But sometimes they want to know how you would go about the whole situation in order not to bring them in the matter. [C 10]

Yes, at the initial setting, some people were having that kind of feeling. But what happened was that after I introduce myself to them and after telling them where I'm coming from, the experience that I have gone through, where I was trained and what I have gone through so far. And then putting in place the matters of confidentiality for them to accept and sign in a way that they all agree. So, in that perspective then they get to know that it seems now they can trust where they are. So, when the rules were set, confidentiality issues were accepted. Then they know that we mean business. So, for that matter people began coming out with serious issues. But sometimes too whilst you are doing that you may find out that especially in the group counselling on the platform, you may need to attend to a particular person to do individual counselling for that person. Because sometimes the person may know that the issue that you are going to treat will not meet his or her needs so some of them suggest that, will they be permitted to chat privately with you? And when you permit that then you may see people chatting with you privately so that they can share their issues. And sometimes somebody may decide to share their issues with you for you to know what you should give to them when they are on the main platform. [C 7]

One participant stated that he makes sure that confidentiality rules shared and agreed with participants before they start a session. The participants indicated as follows:

Yeah, the confidentiality rules were read on the page, put on the page all of them read and they were supposed to sign and agree to it using a sign or if you don't agree to it, you leave the page after a certain number of hours. And then everybody agreed to it. But even after that issues that were sensitive, they were not willing to discuss it on the page. You would ask whether to put it on the page for it to be discussed. If not, that becomes an individual issue you have to deal

with or if it is beyond my capability, I refer to those in the area. So that is what I use to make my sessions effective. [C 8]

For one participant, he made sure that some clients who came to him for support were assured of their confidentiality, although he referred them to another counsellor due to the fact that they knew each other. For instance, the participant is highlighted as follows:

Well, like I said those that I met, most of them I know them already and have even undertake a guidance service with some of them before so they know me and the trust is there. But the couple that didn't know me I made them aware. The setting where I was sitting was my office so I made them aware that where I was there was nobody there. They saw the setting and they realized that yes confidentiality is assured and the room, the sound; everything was very serene for that confidentiality. And I assured them and they were very comfortable to talk. Even before the referral, I spoke to them and gave them that assurance of the one they were going to talk to. Initially they were very sceptical, they weren't ready to accept the referral. But upon series of chat about it, I made them aware that where we have gotten to, they need someone with another level of professional background and later they accepted. [C 9]

The comments suggest that confidentiality is very important in the counselling process. The comments also indicate that counsellors should protect the privacy and guarantee the confidentiality of clients. Counsellors must ensure that when clients describe their experiences, the information is not divulged. Clients want assurance that the information they are sharing with counsellors is safe and treated with the utmost confidentiality. The findings corroborate Uzoekwe et al.'s (2012) argument that clients' sense of safety and security is one of the most significant features of e-counselling, as it allows them to trust the therapeutic process and become more curious about their own ways of thinking and behaving.

4.2.3 Referrals

Another theme that emerged was referrals. From the interview, some participants indicated that they were able to ascertain the effectiveness of their counselling sessions during the first year of the COVID-19 pandemic because some of the clients they worked with referred other people to them. They explained that because their e-counselling services were effective and supported clients' needs, clients who they provided psychological support to during the pandemic period were also referring other people to them for psychological support. The following are some of the comments of the participants illustrating this claim:

... Furthermore, clients were also referring other clients to me from other places for me to help them so sometimes I also refer them to my other colleagues but they insist they need my services instead...

[C 7]

If I had disclosed their information, they wouldn't have referred others to me for counselling and that shows how effective my e-counselling was during the COVID-19 pandemic. [C 4]

The comment suggests that assuring clients of their confidentiality contributed them referring other people to the participants in this study for psychological support. Some other participants' comments that supported this claim are as follows:

Most of my clients referred many of their colleagues to me because you sit at the comfort of your home and not to travel from the south or central campus to the North campus to access counselling and you know, not all the students have money to travel and again some of them went off campus which was very difficult for them to come for face-to-face counselling. [C 2]

Meanwhile, during my conversation with one of the participants, he stated that clients accepted and came to him for psychological support when referred to him by his colleagues, and that others accepted going to his colleagues when he referred them due to a language barrier. As such, for him, clients' acceptance of referral to him and

other colleague counsellors during the COVID-19 period contributed to making their e-counselling services effective in giving clients the psychological and emotional support that they needed. For example, the participant stated:

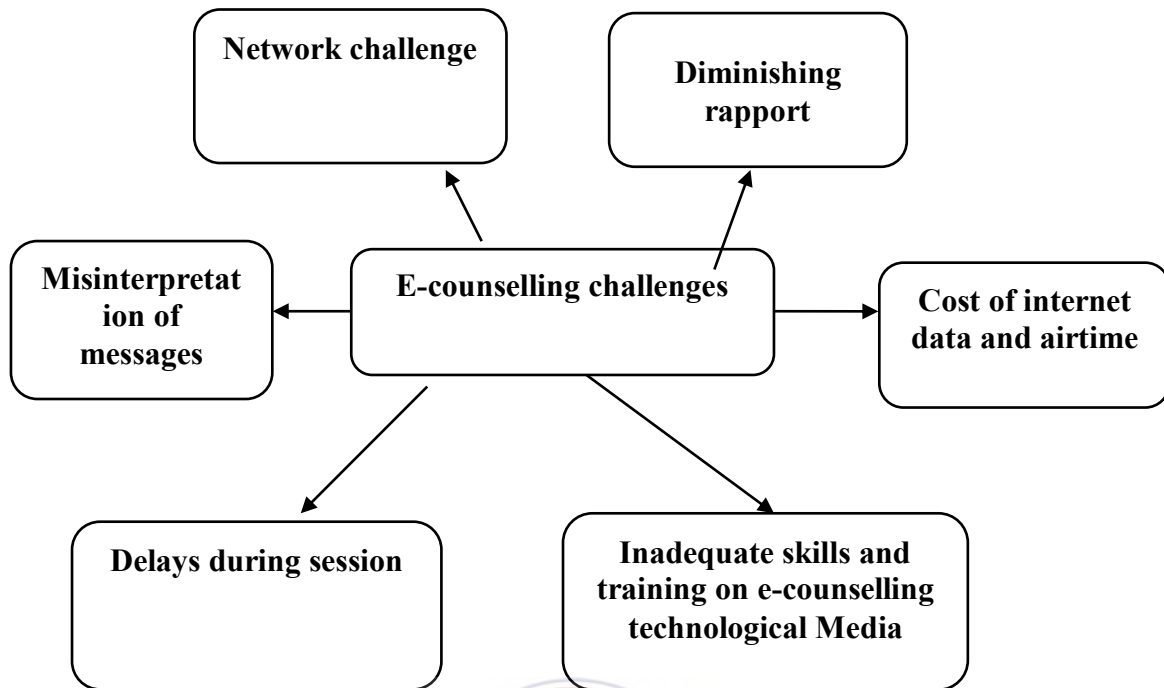
...mostly there were some referrals. Mostly, language barrier brought in some referrals. So, for example if the client cannot communicate in the English language, such people were referred to those of us who were in that local language area. I did my counselling in Ewe and I also refer clients if they can't speak Ewe, I refer them to the Akan and Ga speaking counsellors and that made my e-counselling sessions effective during the COVID-19 pandemic. [C 7]

The comment suggests that referral is a significant element in the counselling process. The comments also suggest that referrals help to effectively provide clients with the necessary psychological support. When clients accept referrals to other counsellors, it does not only demonstrate their trust and confidence in the counsellor they are being referred to. Also, it could be an indication that they trust in the effectiveness of their counselling services. Overall, the findings indicate that e-counselling was effective during the COVID-19 pandemic period in the central region of Ghana.

4.3 Theme three: Challenges Counsellors Encountered in the use of e-counselling during the first year of the COVID-19 Pandemic in the Central Region of Ghana

The third objective of this research was aimed at identifying the challenges counselling and clinical psychologists in the Central Region of Ghana encountered in the use of e-counselling during the first year of the COVID-19 pandemic. Six themes emerged from the data analysis, which include: network challenges; diminishing counsellor and client rapport; misinterpretations of messages; delays during e-counselling sessions; insufficient knowledge and skills on technological mediums; and the cost of internet data bundles and airtime.

The model below shows the sub-themes mentioned above.



4.3.1 Network challenge

The study discovered that counsellors encountered network challenges in their use of e-counselling during the pandemic period. E-counselling requires internet services to function effectively. However, the study realized that some participants were faced with network difficulties, and that tended to affect their counselling sessions. Participants bemoaned that there were network interruptions and that this affected communication, sharing, or transmitting and receiving information with their clients.

According to participants, some of their clients who were in rural areas had to move to the next town before they could access some network in order for them to have a counselling session. The findings indicate that both the participants (counsellors) and their clients experienced network difficulties. During the interview sessions, some of the participants shared the following:

Personally, the challenge that I went through was network challenge. The network was not normal and you know during that season, most people were using the network. So sometimes when you want to meet your clients in the prime hours (6:30 to 8:00pm), it's a challenge. But that was the time which was very convenient for most people. Because, at that time people are usually free and at home. So that was convenient for most of them during the group counselling. But we manage to do it despite the network challenges. [C 1]

The comment suggests that the network challenges did not prevent counsellors and their clients from having their counselling sessions. Some other participants indicated as follows:

... Then the other issue too has to do with network. It was a very serious challenge that sometimes when the heat is on and everybody is participating, it will take time for people to download or upload for people to see and comment especially when using WhatsApp. [C 2]

Yeah, as I said earlier, the network issues at times will be from my end and at times their end. So as for network issues that was the little thing that we were struggling with. [C 3]

Initially, sometimes the internet is not clear. From my office the internet is okay but from the client's direction the internet is not very clear but along to the lines it gets stable and okay. From the client's direction, it gets a little hitch here and there but along the line it was okay. [C 5]

What made me and my clients struggle most often has to do with network. If the network is not working properly, they will stand somewhere in their house and if it doesn't go through, they continue to stand there and that is what made them struggle... [C 5]

From the comments, it could be realized that network interruptions posed a major challenge to counsellors and their clients in their use of e-counselling during the pandemic period. According to one of the counsellors I interacted with, he felt helpless when he experienced network problems in the counselling process. The participant stated as follows:

... I would say was one of the experiences of my clients was when we were having an interaction and the network went off. I think my concern was the therapeutic intervention was not done fully and whatever condition she was in I didn't really know so I think the feeling of helplessness was probably one of my worst experiences. [C 10]

The finding, therefore, is consistent with the findings of Riemer-Reiss (2000) and Feijt et al. (2020) that counsellors must be prepared to offer alternatives to traditional service delivery methods when there are technology barriers since challenges like slow internet connections or computer problems are unavoidable in counselling. Also, according to Kotera et al. (2021), technical issues and the potential for professional boundary blurring could negatively affect the emotional resonance of therapy, weakening the therapeutic relationship and confinement.

4.3.2 Misinterpretation of e-counselling messages

From the interview, the researcher realized that some of the counsellors were concerned about some of their clients finding it difficult to interpret messages sent through e-counselling mediums like WhatsApp text messages, telegram, among others. Misinterpretation of information through the e-medium during the counselling process constituted one of the challenges participants encountered in their use of e-counselling during the pandemic period.

Hackerman and Greer (2000) argue that there are unique challenges in engaging and communicating with clients through text, compared to the verbal exchange in traditional face-to-face or telephone counselling. As such, Callahan and Inckle (2012) explain that school counsellors are concerned about miscommunication, misunderstanding, and misinterpretation due to the use of abbreviated communications and emoticons. Some participants' comments expressing this claim are as follows:

Another factor was the fact that using the text messaging, misinterpretations and misapplications were also there. [C 3]

Bambling et al. (2008) argue that text-based communication can make it difficult to determine the extent of a client's distress and increase the risk of misunderstandings and miscommunication. Some participants explained that some of their clients were deficient in the English language and that sometimes resulted in them misinterpreting information during group counselling sessions. As such, participants indicated that they try to vary the language to meet each participant's understanding. The participant shared in the interview as follows:

At a point there were people within the group who cannot speak English. Meanwhile they are all part of us. So sometimes you have to force yourself through the local language the one they understand if you can speak for them to pick it up. As these were set of the challenges, we encountered. [C 5]

One counsellor highlighted that clients' misapplication of task given them during counselling process could affect therapeutic relationship:

...Like I said if you the counsellor gives an assignment to your client and your clients misapplies the assignment definitely you won't get the needed result and this will affect your therapeutic relationship... [C 6]

Other counsellors shared how misinterpretation of messages and information made e-counselling daunting during the pandemic period:

...Usually, if it is a phone call sometimes it's better. But if it's about messaging, remember when you read something your interpretation may be different from the sender's interpretations. So, you say something and then the client will misinterpret it and you would have to call and if the clients' intellectual understanding is a bit good then it takes a shorter time... [C 9]

The comment suggests that differences in the sender's and receiver's interpretation of messages or information posed a challenge to e-counselling during the pandemic. It could be observed from the comments that difficulty in interpreting texts posed a challenge to both the counsellor and clients during the e-counselling sessions.

Counsellors were limited in terms of reading verbal cues from clients during the sessions. This, according to some participants, this made it difficult for them to determine the state of mind of their clients and how they process and interpret interventions during the sessions. Bambling et al. (2008) indicate that misunderstanding of communication can easily harm, if not jeopardize, a counselling relationship. According to Feijt et al. (2020), the lack of nonverbal signals that practitioners generally utilize in face-to-face conversation, such as posture and hand motions, is the most frequently stated issue when it comes to the mediated aspect of communication, which makes practitioners have a harder time connecting with their clients and communicating their desired message accurately. The lack of nonverbal clues increases the risk of miscommunication between therapist and client (Mallen, Vogel & Rochlen, 2005).

4.3.3 Delays during e-counselling sessions

From the data collected and analysed, some of the participants iterated that sometimes there were delays in communication during e-counselling sessions. Time delay can become important in e-counselling, but it can also change the flow of the counselling process (Rochlen et al. 2004). Some counsellors indicated that sometimes clients do not reply to messages early enough and that delays the continuity of the therapeutic relationship with clients. Some of the counsellors indicated the following:

The first one, with the use of the WhatsApp chat at times when the person comes on line and the person will say hello and you exchange greetings at times it will tick you think that the message has been sent but you will be waiting and you will the person is on line but the person is not replying, it will be the network issues or something of that sort... [C 1]

... I was sending her a lot of text messages and she was not responding. I go to WhatsApp; she doesn't come there and so I realized no! What is happening but because it's not a face-to-face session, tracking them is not easy... [C 2]

Yeah, at some points in the e-counselling experience, some clients sometimes fail to reply text-based counselling in time due to one or two situations. This in effect whirls away a lot of time and reduces the effectiveness of the e-counselling. [C 4]

For one of the participants, network problems are sometimes responsible for delays in responding to messages during e-counselling. The participant stated:

Hmm, sometimes when there are hitches in the network, one is not able to actually hear the sound properly because of the delays in voices from both ends... [C 5]

The comments suggest that when there is a delay in responding to a message during e-counselling, it affects the effectiveness of the counselling process as well as the therapeutic relationship between the counsellors and clients. A break in interaction or exchange of messages is therefore a challenge to effective e-counselling. For Richards and Vigano (2013), communication delays can cause anxiety in both the client and the counsellor. From the findings, it could be argued that delays in response during e-counselling could delay the entire counselling process. Amos et al. (2020) noted that counselling by e-mail has a propensity to cause a delay in a counselling session.

4.3.4 Limited counsellor-client rapport

The study found out that e-counselling during the pandemic period also limited the counsellor-client rapport that is needed for an effective counselling process. In the pre-pandemic era, a key issue with internet therapy was the therapeutic relationship,

as many therapists challenged the efficacy of building a strong therapeutic alliance in a remote location (Roesler, 2017; Connolly et al., 2020). I realized from the participants that some of their clients had a challenge opening up to the counsellor due to the fact that they could not see the counsellors in person. There was a lack of non-verbal cues during e-counselling sessions, and this limited the rapport between counsellors and their clients. According to some counsellors:

... Because they are not closer to you in person, they find it a little difficult threading on certain grounds. Even though they are willing to open up and what have you but there are certain things they would wish to tell you whiles they are with you. [C 4]

... If your client were dependent there are certain issues, they could not talk in front of their dependent and have to excuse themselves. For instance, the client was a female and there were certain things she could not talk about in front of his brothers, she couldn't say in front of their family, she will tell me I will call you around this time, even spouses are dependent. [C 6]

It was much more difficult to build trust but I can say that after it was built it was much stronger than even the face-to-face session. [C 7]

Kotera (2021) indicated a major drawback of online treatment is the lack of personal touch and body language, both of which can be exacerbated by technological disturbances. Other counsellors shared the following when I interacted with them during the interviews:

... For now, it's a little challenging. In as much as they would want to open up for counselling services sometimes, they are a little sceptical because "what if somebody hears that I went to see a counsellor ". They were afraid that maybe somebody will tap the video or call because they are talking about sensitive issues here and there. So, I believe as the years go by when we get very good gadget and other things that can monitor the information that is released out there so that somebody would not tap or tamper with such information people will open up confidently and speak out. [C 9]

Hmm, sometimes the connection between the counsellor and client even after confidentiality assurance is compromised because the client may feel it is not easy to trust someone you may or may not have seen before. [C 10]

From the comments, it could be realized that e-counselling limited the rapport that counsellors and their clients should build to ensure an effective counselling process. The study found out that it was much more difficult to build trust with clients whom participants met for the first time. This is as a result of the loss of face-to-face encounters. The findings support Bekes's (2021) study, which observed that therapists struggled with connecting emotionally with patients during online sessions. Communication problems arise in online counselling due to a lack of verbal and nonverbal cues (Bambling et al., 2008), which may make it difficult to conduct a thorough assessment of the client's concerns (Haberstroh et al., 2008). Amos et al. (2020) is of the view that internet counselling puts a physical presence barrier in the way of therapeutic connections, a barrier that does not always drive clients to seek help.

Therefore, it can be argued that the findings indicate that the distance between clients and counsellors in online counselling makes it challenging to thoroughly investigate the impact of person-environment interactions.

4.3.5 Inadequate knowledge and skills on technological mediums

The study found that some counsellors and clients had inadequate knowledge about the use of some of the technological mediums for counselling. This posed some challenges to the e-counselling process. Participants indicated that they noted during group counselling sessions that some of their clients had difficulty reading and typing, thereby making e-counselling challenging during the pandemic. As Day and

Schneider (2002) argue, typing speed and written language competence also limit exchanges, and less substance is conveyed in an hour of e-counselling than in an hour of face-to-face counselling. Some of the participants commented as follows:

... Yes, like I said most of them are not literates so when it has to do with typing, they are unable to type using the mobile phone or computer. So, we had to introduce the voice notes. [C 1]

... If the person didn't hear what you said properly, if the person cannot read what you have put there, if it is a voice note or video and the person cannot download, it means that the person cannot understand and appreciate what you are communicating to him or her... [C 3]

Eeerm, mostly some of my clients had much to learn when it comes to using e-counselling technologies because they usually complain to me about the challenges they face and usually opt for phone calls and even my own colleague counsellors. [C 5]

Further, other participants similarly intimated how their clients' lack of competence in the usage of e-medium and gadgets made e-counselling very challenging during the pandemic in the following statements:

Hmmm! Some of my clients had challenges using the e-counselling especially the aged clients. Sometimes these challenges limit our progress when handling very important issues. [C 7]

Yes. There were instances that they were struggling. Some of the clients I worked with had no adequate knowledge on technology so it made my work quite difficult especially zoom. [C 8]

In other cases, some of my colleague counsellors do not have enough knowledge on e-counselling technologies and how to operate them and this sometimes affects the therapeutic relationship. [C 9]

These comments suggest that some counsellors and clients do not have adequate knowledge and skills in some of the e-counselling modes, such as the use of Zoom, Skype, Messenger, and WhatsApp, among others. This affected the therapeutic relationship between the participants and their clients. Therefore, I can argue that limited or lack of competence in the use of technological and communication gadgets

and media made e-counselling quite daunting during the COVID-19 period. The findings support Bekes's (2021) study, which found that before the pandemic, most psychotherapists had inadequate training and experience offering internet psychotherapy. Also, the findings seem to affirm the argument of Foon et al. (2020) that when there is insufficient training and professional development, e-counselling is sometimes negatively impacted. I realized that some of the participants did not have adequate competence in the usage of e-medium in counselling. Perhaps, as Kolog (2014) explains, this is due to the hesitance of some educational counsellors to adapt to modern technologies.

Hence, Mallen (2005) indicated that as the demand for online counselling grows, it is critical to guarantee that customers receive effective services from educated professionals who possess the necessary skills and qualifications.

4.3.6 Cost of internet data bundle and airtime

Another theme that emerged from the analysis was the cost of internet data and airtime. Some counsellors narrated that they faced a challenge of having to expend more on internet bundles and airtime. Participants indicated that they had to spend more money to buy data and airtime for the e-counselling sessions, and this put a strain on their finances. Also, participants stated that their clients too were finding it difficult to cope with the high cost of data and airtime, thereby making e-counselling during the pandemic quite challenging. The participant's comments are as follows:

Err, if they have difficulty, it was possibly because they ran out of airtime or bundle. ... It finishes at crucial times during sessions. The cost of airtime and data is too expensive in Ghana. [C 1]

Ooh yes, I think the clients at a point in time felt a challenge especially for those who would have preferred the face to face, those who would have preferred videos but couldn't because of cost of air time and internet bundle challenges and all of that... [C 2]

Hmmm! The cost internet is too exorbitant in Ghana and so sometimes we are not able to have consistent e-counselling sessions. I usually have this challenge when doing group counselling on zoom with clients... [C 5]

From the comments, it could be realized that participants and their clients had to spend more on buying data and airtime to ensure the success of e-counselling. The comments also indicate that participants are concerned about the high cost of airtime and data that comes with conducting e-counselling. One explanation for this concern of inability to cope with the cost of data and airtime could be due to the fact that the pandemic has negatively affected people's income and finances. Without data and airtime, it may be daunting or impossible to conduct e-counselling. The findings speak to the study of Nwachukwu et al. (2014), which indicates that people may find it difficult to cover the costs of e-counselling and may tend to seek informal assistance instead. The study further highlights that internet data should be affordable for counsellors in order for them to be able to give psychological support to their clients.

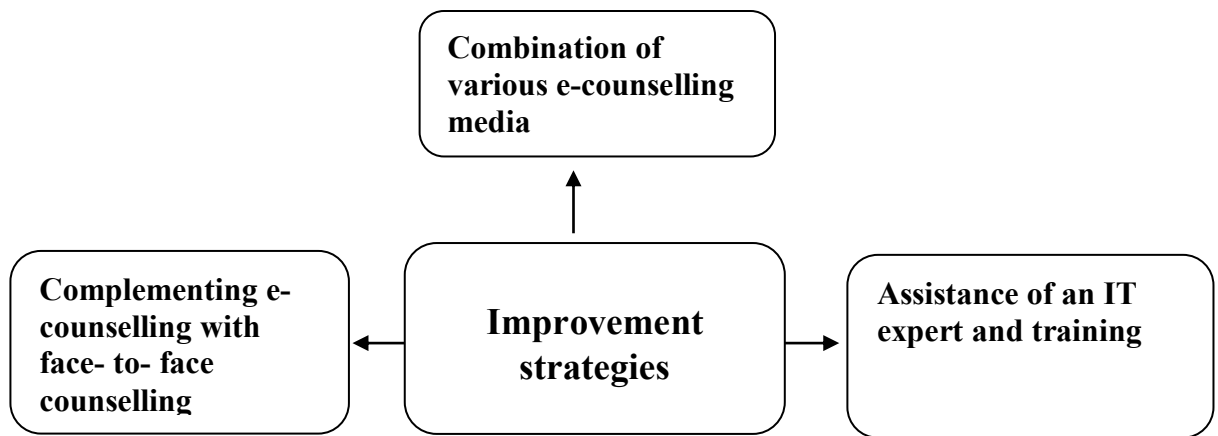
The study shows that people are willing to use e-counselling. However, the cost of internet data and airtime involved could constitute a demotivating factor. Therefore, counsellors and clients' ability to buy internet data and airtime is significant to the conduct of e-counselling.

4.4 Ways of Improving e-counselling in Ghana

The study also sought the views of counsellors on how e-counselling services could be improved during pandemics. Three themes emerged after the analysis of the data. They included: employment of a combination of various e-counselling mediums, complementing e-counselling with the face-to-face counselling and assistance of an IT person; and training.

Theme Four: *Ways of Improving e-counselling in Ghana.*

The model below shows the sub-themes mentioned above.



4.4.1 Use of a combination of e-counselling technological media

The study found out that some counsellors combined various media to conduct e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana. According to Riemer-Reiss (2000), difficulties with computers or internet connections are inevitable; as a result, therapists must be ready to offer substitute service delivery models when there are such issues. Participants indicated that due to network challenges and misinterpretation and misapplication during e-counselling sessions, they usually switched from one medium to another because they needed to meet the counselling needs of their clients. For instance, some of the participants' comments that illustrate this claim are as follows:

I realized that I needed to see the client's reactions on some of the things that we were discussing which was very important for so I opted for video. I mixed both audio and video so that I would be able to come out with certain observations I was expecting. [C 1]

So, for the text messages, I said, we decided to put it in a PDF and forward to them especially issues that handle a particular peculiar thing, if it's relaxation, we can type once and send. We don't have to be giving text on it, peculiar to you because it is standardized thing that can be given everybody. When it is a particular issue for the person,

we decided that some of them should be in audio not only in text so that at least we can combine the text and the audio. [C 2]

What we were doing was that normally when I was involved in the group counselling, we did zoom counselling during the weekend which was for all. So, we were trying to use phone calls to touch on issues which were not properly addressed or understood due to the time factor. [C 7]

Other counsellors similarly stated how they combined different methods or communication medium to conduct e-counselling during the pandemic:

With the drawing of the genogram to trace the person's background I did a video call then I realized the chatting and things were not getting clearer. I did a video call to show him and he was replying and he will reply then I will draw then they will be looking at it. So, one way or the other half the problem was solved. [C 8]

...at a point we need to as therapists adjust our e-counselling mediums to suit that of the client we are dealing with. So, it is always important to know the type of client you have. So, at a point if you realize phone call is not helping, you could try a video call to be able to sometimes ascertain the emotional level of the clients. [C 10]

The comments indicate that counsellors used a combination of media to conduct e-counselling during the pandemic, and this enabled them to cope with it. All the counsellors in the study indicated that they used more than one medium of e-counselling to interact with their clients during the COVID-19 pandemic in the Central Region of Ghana. From the comments, it could be realized that some counsellors had to switch from one medium to another due to issues of network, verbal, and non-verbal cues. Counsellors who combined WhatsApp video calls and Messenger video to texting during the e-counselling process indicated that they needed to see their clients' reactions to some of the things that they were discussing. Lee (2010) argues that counsellors should encourage clients to use teleconferencing technologies like Skype or Zoom, which allow for direct observation of nonverbal body language communication, as a solution to overcome this obstacle.

4.4.2 Complementing e-counselling with the face-to-face counselling

One other way that participants adopted to improve e-counselling during the pandemic period was a hybrid (both e-counselling and face-to-face) counselling process. From the analysis of the data, some counsellors narrated that at certain points they had to consider meeting their clients face-to-face during the COVID-19 era in the Central Region of Ghana. Participants indicated the following comments:

Well, I think obviously we have to find a way to find a hybrid between our traditional face-to-face counselling and e-counselling session because it is the future and even after this pandemic with the advent of technology, we need to find a way to harmonize all of these and then I am glad that some of my colleagues are already doing this and I am glad that no matter how bad the pandemic was the positive thing is has forced us to adapt to the times which is a good thing. [C 1]

Using e-counselling and with confidentiality at a point I was compelled to meet my clients personally in order to be able to confirm certain information and also get certain facts in order to be able to help them to get to where they needed to be or to make the right choices and decisions because it was very necessary. [C 8]

From the comments, it could be concluded that some counsellors combined face-to-face with e-counselling during the pandemic because they wanted to confirm certain information from their clients. Other participants stated that they also used in-person counselling because their clients requested it. For instance, one of the counsellors shared the following statement:

In some cases, some clients opt to come for us to continue our counselling sessions face-to-face and plead I allow them come especially when the issue is pressing and demands a one-on-one interaction... [C 3]

The findings support Kotera (2021) claim that internet therapy can be an effective complement to traditional face-to-face therapy. For one participant, proximity of his clients motivated him to combine face-to-face with e-counselling. He shared as follows:

Due to network challenges, I sometimes go to some of my clients especially those close to my jurisdiction if I notice their issue is very critical. For some I go there passionately to encourage them and give them hope. [C 5]

According to another counsellor, he used in-person counselling together with e-counselling during the pandemic because some of the issues of his clients required a face-to-face interaction to adequately provide the clients with the necessary psychological support. For instance, a participant indicated how he had to resort to in-person counselling to support his client who was having suicidal thoughts after the death of the husband in the following statement:

There were times I had to travel and see a client who had lost her husband because I noticed with her issue the e-counselling session was not helping because I realized she became very suicidal and that complemented with the face-to-face counselling. [C 10]

Overall, the comments suggest that face-to-face was combined with e-counselling by participants during the pandemic period to respond to the different psychological needs of their clients. Hence, Obi et al. (2012) intimated that there should be a rethink of merging online and face-to-face counselling to increase diversity in the counselling process. Also, from the comments, I can argue that face-to-face counselling was used more as a follow-up on clients after initial e-counselling sessions.

Kolog et al. (2014) assert that to ease the challenges associated with face-to-face therapy, ICT must be integrated into the traditional face-to-face counselling technique for diversity in counselling delivery. The findings also speak to the argument that counsellors should strive to complement traditional face-to-face counselling with online counselling, as well as educate students about its benefits (Amos et al., 2020; Awabil & Akosah, 2018). Accordingly, Kolog (2014) states that traditional face-to-face counselling may never be completely abolished, but both strategies must exist

side by side in order to complement one another when appropriate. Further, Kolog noted that despite the substantial advances made by traditional face-to-face counselling, web applications are gradually supplanting it, albeit the two are sometimes used in tandem. Therefore, Bakar (2020) suggested today's counselling profession practitioners should treat face-to-face and e-counselling as alternatives to each other.

4.4.3 Assistance of an IT expert and training

The study also found out from some of the participants that they sought the assistance of IT people to enable them to operate or use certain technological gadgets and media that they lack the skills to conduct their e-counselling. The result of this study revealed that some counsellors did not have a mastery of some of the technological mediums used for e-counselling and at some points needed some assistance from some IT people. As indicated earlier, the lack of knowledge and skills in the use of e-mediums for counselling was one of the challenges counsellors were faced with.

Hence, in order for counsellors to cope with e-counselling during the pandemic, they had to seek the assistance of people who have IT knowledge and skills. The following comments were made by some of the participants to illustrate this claim:

With the internet, my side I was able to overcome it because I got one IT person to help me with another gadget that enabled me to get a clearer internet service from my office... [C 5]

For one participant, his lack of IT skills made him struggle with the conduct of e-counselling during the pandemic. As such, he intimated that obtaining professional training on ICT integration in counselling would help counsellors to improve their e-counselling process and cope well in the 21st century. According to the participant,

regular training is necessary for counsellors to stay abreast with changing times. The participant stated in the following statement:

... And then aside that, if there could be consistent training. Now we are in the twenty first century and so if there are several courses or workshops for counsellors to update their skills, I think that would help... [C 6]

Similarly, other participants highlighted that:

Like I mentioned earlier, the zoom is there and a lot of mediums as well. But maybe you may know and your clients may not know how to use it. So, it calls on counsellors to also train people out there before such a thing can be done as in switching your clients from face-to-face to online. Because if you quickly switch them to e-counselling, you would get them confuse. I think a lot of education must be done. [C 2]

The world is becoming a technological village each day and as professionals it is important to be abreast with it and inculcate into our counselling practice for effectiveness and I think this can be achieved when we get help from people with IT background or periodic training.... [C 9]

The comments indicate that seeking the assistance of IT people and training counsellors on ICT use and integration in counselling is essential in improving e-counselling during pandemics. As such, it could be realized that some of the participants in the study sought the assistance of IT people, and this helped them to conduct their e-counselling sessions. The result of the study revealed that to improve upon and maximize e-counselling in Ghana, it will be important to seek the expertise of an IT person and also attend a periodic training session on the effective use of technology for counselling. This finding affirms a study by Kotera (2021) that in order to implement internet therapy, therapists need more detailed training. Similarly, Amos et al. (2020) indicate that the Ghana Psychology Council and the Ghana Psychological Association should take steps to organize training programs on online counselling for counselling practitioners to enhance their competency. Therefore, it is suggested that internet counselling should be included in the counselling curriculum (Amos et al., 2022).

4.5 Summary

The findings reveal that the nature of e-counselling was characterized by increased use of modern technologies and mediums. The study indicates that e-counselling was effective in supporting clients' psychological needs, although not without challenges. The discussion in this chapter reveals that e-counselling was challenged by a myriad of factors during the pandemic. The findings demonstrate that ICT training and assistance, hybrid counselling, and the use of a combination of e-counselling media are significant in coping with and improving e-counselling during pandemics.



CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the study. The chapter also presents the conclusion of the study. Further, the chapter presents the recommendations that were made in light of the research findings. Finally, the chapter highlights the limitations of the study.

5.1 Summary

The purpose of this study was to explore the experiences of counsellors who used e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana. The objectives of the study were to:

1. Explore the nature of e-counselling during the first year of the COVID -19 pandemic in the Central Region of Ghana.
2. Explore the effectiveness of e-counselling during the COVID -19 pandemic in the Central Region of Ghana.
3. Determine the challenges counsellors in the Central Region encountered using e-counselling during the first year of the COVID-19 pandemic.
4. Determine ways of improving and maximizing e-counselling during pandemics.

The philosophical perspectives or assumptions underpinning this study were interpretative worldview or constructivist epistemology. The study adopted a qualitative research approach and a phenomenological research design. The study sampled 10 counsellors comprising six counselling psychologists and four clinical psychologists, through a purposive and snowball sampling procedure. The instrument

used in the data collection was a semi-structured interview guide. The data was analysed thematically.

5.2 Key Findings of the Study

The following are the key findings of the study.

Theme one: Nature of e- counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana

The study found out that the use of e-counselling by counsellors in the Central Region of Ghana increased during the first year of the COVID-19 pandemic. The study also reveals that e-counselling was characterized by the use of modern technological gadgets and mediums such as phone calls, WhatsApp, Telegram, Zoom, and text messages, among others. Further, e-counselling durations were in accordance with the normal duration that a counselling session should last.

Theme 2: Effectiveness of e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana

The study revealed that e-counselling during the COVID-19 pandemic was effective. E-counselling was able to address and support clients' psychological problems and other life-related issues. The study discovered that counsellors received positive feedback from their clients. Some clients referred their colleagues or friends to participants due to the effectiveness of their e-counselling services. Also, counsellors were able to assure their clients' confidentiality, which enabled them to gain their trust and confidence.

Theme three: Challenges counselling and clinical psychologists encountered in the use of e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana

The study discovered that poor network connectivity, misinterpretations and misapplications of messages during communication between clients and counsellors, communication delays, and diminishing counsellor and client rapport and high cost of internet data bundle and airtime were challenging factors that affected counsellors' usage of e-counselling during the pandemic.

Theme Four: *Ways of Improving e-counselling in Ghana.*

The findings indicate that combining a variety of e-mediums, adopting a hybrid counselling approach, and seeking IT assistance and training by counsellors is significant in improving e-counselling, especially during pandemics. Combining a variety of e-mediums in conducting e-counselling ensures that the shortfall of one medium is complemented by the strengths of another.

5.3 Implications of the Findings

The study has theoretical, policy and practical implications:

Theoretical Implications

Technology use in counselling is becoming very prevalent in this modern age of digitization, making it imperative for counselling practitioners to acquire the skill of technology acceptance and integration in the counselling process. Strong internet services and connectivity, availability, and access to technological gadgets are necessary for the conduct of e-counselling. Pandemics tend to bring about the imposition of restrictions such as social distancing and limited movement. The findings therefore indicate that counselling and therapeutic support services would

often move online during pandemics. There is increasing awareness of e-counselling. Counsellors who possess knowledge and skills in ICT use and integration are more capable of effectively using e-mediums in counselling.

Practical Implications

The findings demonstrate that trust and confidence building are necessary for the effectiveness of e-counselling. Counsellors who are able to build the trust of clients in them are more likely to ensure clients' openness and participation in the counselling process. The study also reveals that counsellors that build rapport with clients during e-counselling are able to make clients open up or freely share their problems with them. Further, the findings indicate that counsellors need to possess the competence, knowledge, and skills in ICT use and integration to ensure their effective conduct of and coping with e-counselling.

Policy Implications

There is a need to integrate e-counselling components into the Ghanaian educational curricula and professional training and development programmes for counselling and clinical psychologists. Also, there is a need for government investment in ICT and internet services in Ghana by the government of Ghana.

5.4 Conclusion

There was an increase in the usage of e-counselling during the first year of the COVID-19 pandemic by counsellors in the Central Region of Ghana. E-counselling is a critical skill that is needed by every counselling practitioner. The practice of e-counselling has come to stay and requires the acquisition of the necessary ICT knowledge and skills by counsellors. Practitioners and counsellors who possess significant knowledge and skills in ICT use and integration are better able to conduct

e-counselling without much difficulty. It is worth noting that e-counselling practice allows counsellors and clients to communicate remotely without having to meet in person. Poor internet/network connectivity, high cost of internet data, misinterpretations and misapplications of messages during communication between clients and counsellors and issues of confidentiality are major factors that affected the conduct of e-counselling services by counsellors during the pandemic. Trust, confidence, and rapport building are essential in the counselling process.

5.5 Recommendations

In view of the findings of this study, the following recommendations were made:

1. The study revealed that e-counselling during the COVID-19 pandemic period was characterised by the use of technological media such as WhatsApp, Zoom, Telegram, teleconferencing, phone calls, and Skype, among others, leading to an increase in usage. This study therefore recommends that counsellors seek continual professional development and training on ICT use and integration in the counselling process because it will help them have control and mastery over e-counselling media.
2. The study found that counsellors who prioritised confidentiality, trust, and confidence building improved their e-counselling practise. Therefore, I recommend that counsellors make the assurance of confidentiality a prime part of their e-counselling practise because the trust gained from the clients will make them open up for an effective e-counselling session.
3. The study discovered that poor network connectivity and the high cost of the internet were challenges faced by counsellors who used e-counselling during the first year of the pandemic. Therefore, this study recommends that the government of Ghana take steps to expand and improve the internet services

and infrastructure in the country, including its high cost, because it would ensure that counsellors and their clients interact smoothly without network interruptions.

4. The study also found that there was a misinterpretation of messages during e-counselling sessions, communication delays, and a diminished rapport between clients and the counsellor. This study therefore recommends that counsellors complement their e-counselling sessions with face-to-face counselling and also combine various e-counselling media in their practise because it will help both counsellors and clients get clearer information during sessions and also for counsellors to observe the non-verbal cues of their clients during e-counselling.
5. The study revealed that some counselling practitioners do not have adequate knowledge to inculcate e-counselling into their practice. Based on this finding, I recommend that educational institutions such as universities incorporate e-counselling training elements into their curriculum and programmes to enable practitioners to possess the necessary skills for conducting e-counselling in the 21st century even before they enter the field of work

5.6 Suggestions for Future Research

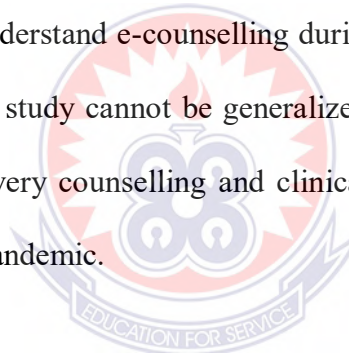
This present study aimed to explore the experiences of counselling and clinical psychologists who used e-counselling during the first year of the COVID-19 pandemic in the Central Region of Ghana using a qualitative research approach. Future studies could consider employing a mixed-method approach and increasing the sample size to enhance the generalization of the findings. The study was not looking for client feedback; rather, it was interested in understanding e-counselling during the pandemic from the perspective of counselling and clinical psychologists. As such,

further studies can explore the views or perspectives of clients on e-counselling during the COVID-19 pandemic.

5.7 Limitations of the Study

The study was limited in the following ways:

1. The main challenge faced by the researchers was the dangers that emanated in the wake of the COVID-19 pandemic. The imposition of COVID-19 restrictions on movements, among others, was a challenge to researchers.
2. The use of telephonic interviews for some participants made it quite difficult to ascertain their nonverbal cues.
3. The study was approached qualitatively. As such, the researcher used few participants to understand e-counselling during the pandemic. For that reason, the results of the study cannot be generalized to portray the perspectives and experiences of every counselling and clinical psychologists in Ghana during the COVID-19 pandemic.



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APPENDIX

Interview Guide

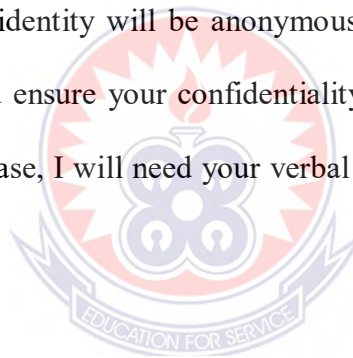
UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF EDUCATIONAL STUDIES

DEPARTMENT OF COUNSELLING PSYCHOLOGY

Introduction

This interview schedule is aimed at gathering information from you to complete my thesis. I am seeking to understand the use of e-counselling among counsellors during the pandemic period. The information you will provide is therefore for purely academic purposes. Data gathered will be handled confidentially and your identity will be anonymous. I will use pseudonyms to protect your identity and ensure your confidentiality. Kindly feel free and give your candid opinion. Please, I will need your verbal consent to proceed with the interview.



Questions

1. What is the nature of e-counselling during the first year of COVID-19 pandemic with regards to your counselling practice so far?
 - a. Have you used e-counselling during the COVID -Pandemic to support your clients? If yes, how was the experience?
 - b. How often did you use e-counselling with your clients during the first year of the COVID-19 pandemic and what motivated you to use them?
 - c. What media did you use during e-counselling sessions in this new normal and why did you use them?
 - d. What duration did most of your e-counselling sessions take?

2. How effective was the use of e-counselling during the first year of the COVID-19 pandemic?
 - a. In what specific ways was e-counselling effective?
 - b. What were the indications that your e-counselling sessions were effective?
3. What were the challenges you encountered using e-counselling as a medium of counselling during the first year of the COVID-19 pandemic in your practice
4. What measures did you adopt to improve and cope with e-counselling during the pandemic?

