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Research Paper

Building Working Alliance on Online and Offline Counselling

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Abstract

Telecounseling in Indonesia can be a solution to overcome the shortage of mental health professionals to address psychological problems. Telecounseling is a new challenge for psychologists. The high public interest in using telecounseling has not been accompanied by empirical data on the challenges psychologists face in providing online counseling services, especially in establishing working alliances as a key competency for building therapeutic relationships. The purpose of this study was to understand counselor competencies in building working alliances in online and offline psychological services. Participants in this cross-sectional study were 93 counselors selected by simple random sampling. The measurements were conducted using the Indonesian version of the Therapist Interpersonal Skill Scale. In general, the counselor's ability to provide online counseling was lower (79.58%) than when providing offline counseling (96.8%). The differences in counselors' abilities covered all three aspects of the working alliance measured, namely 1) extra-therapeutic influence, 2)therapy skills, and 3) perception of outcomes. Because this research is cross-sectional, it can only analyze the characteristics of respondents in one-time period, but it does offer empirical data about the differences in counselor ability to build working relationships in online and offline counseling.

Keywords: *telecounseling; working alliance; counseling skills*

INTRODUCTION

Mental health problems have become an unresolved health problem in society, both at the global and national levels. According to the Health Research and Development Agency, the Ministry of Health found an increase in anxiety disorders of approximately 6.8% throughout 2020, with a total of 18,373 individuals (Shanti, 2021). In addition, based on data from the Association of Indonesian Mental Medicine Specialists (PDSKJI), in 2022, there will be at least 14,988 people experiencing anxiety disorders over the past 2 years, of which 75.8% of women experience this data and men experience 24.2% of it, with an age range of 18–25 years (Shabrina, 2022).

The urgency of dealing with mental health problems can be seen from the increasing cases of anxiety in Indonesia, but this is not accompanied by adequate professional staff. According to the Biro Komunikasi dan Pelayanan Masyarakat (2021), there are 45 mental hospitals spread across 34 provinces in Indonesia, with a limited number of psychologists and psychiatrists providing services to Indonesia's 262 million population. The number of available health workers is far from the World Health Organization (WHO) standard, which sets the ratio of the number of psychologists and psychiatrists to the total population at 1:30 thousand people, or 0.03 per 100,000 population. The gap in the number of mental health workers and the need for services in Indonesia is included in the Lower Middle-Income Country (LMIC) category, according to basic references from WHO, because there is still a lack of adequate facilities to handle mental health problems in Indonesia.

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The availability of online psychology services in Indonesia could be a solution to overcome the lack of professional staff to address mental health problems. According to an online satisfaction survey of free psychological services at the X Psychology Institute conducted by Saptandari (2020) with 294 participants spread across several provinces, 75% of participants said they were satisfied, and 25% said they were dissatisfied. Several participants said they were not satisfied with the psychological services because: 1) the initial response was not given directly to the psychologist but had to go through an intermediary, thus making the client wait; 2) they felt that the response given was less than optimal, limited, and only received one reply; and 3) they felt that sometimes not all of the suggestions given can be implemented by the client due to impossible circumstances.

According to Rahayu (2022), telepsychology is a form of providing psychological services, both counseling and psychotherapy online. According to APA (2013), technology offers opportunities to increase client and patient access to psychological services. Technology also facilitates the delivery of psychological services with new methods (e.g., online psychoeducation, therapy delivered via interactive video conferencing) and augments traditional face-to-face psychological services. The existence of telepsychology services provides flexibility for clients to access services that they previously might not have been able to reach (Saptandari, 2020). Previously, counseling was generally conducted offline, attended by psychologists and clients. Due to the limited number of licensed psychologists in Indonesia, not all regions have an adequate number. In addition, not all clients have access to these services, especially those living in rural areas with limited access to health services (Saptandari, 2020).

According to Amalia Darmawan, Chair of IPK (Association of Clinical Psychologists) Indonesia West Java Region, in the July 2021 edition of the Indonesian Psychology Bulletin, said that in online psychology services for cases of mild to moderate psychological disorders, online counseling has so far been quite effective because during the Covid-19 pandemic (Darmawan, 2021). 19 revolves around the issue of psychological and social functioning vulnerabilities, which are interrelated with each other. However, more severe psychological disorders require treatment with psychotherapy. Therefore, it is also necessary to recognize that not all psychological problems can be treated online, which is another weakness of online psychological intervention itself (Arjadi, 2021). Several types of psychological problems and serious mental disorders are difficult to manage online. For example, for clients experiencing severe anxiety and having difficulty concentrating, undergoing online psychological intervention can be challenging.

Without the direct presence of a psychologist to accompany them. Therefore, it is important to build effective communication (including building rapport) so that the therapeutic relationship between the counselor and client.

In building a therapeutic relationship, key competencies are needed as a counselor in providing psychological services, both online and offline, namely, a working alliance. The main components in building a working alliance include: 1) goals (focusing on mutual agreement about, and investment in, achieving set goals); 2) task (task construction includes the counselor's skills and the client's perception of the counselor's ability to help); and 3) bond (therapeutic relationship between counselor and patient) (Johnson & Wright, 2002; Bordin, 1979).

Based on research in the field of counseling in telepsychology services, counselors have considered the potential effectiveness of online counseling and how to build therapeutic relationships in cyberspace. A number of issues that have been debated in literature reviews since the beginning have been raised as criticism by professionals and lay people (Rahayu, 2022) the effect of the loss of nonverbal cues on the therapeutic process and the consequences of whether counseling can occur in contexts such as: 1) ethical issues and in some cases the potential legal implications associated with providing online counseling; and 2) practical problems have emerged regarding training to conduct online counseling and concerns about relying on technology (Rahayu, 2022).

However, some critics expressed concern regarding the nature of the working alliance that Berger (2017) claims that is often identified as being at the heart of all client change and growth. Eye contact, and visual and auditory cues, especially microfacial expressions, may not have the same quality as face-to-face cues and thus hinder meaningful interaction. Critics also point out that because of the focus on the head and upper body during video conferencing, body language can be obscured, thereby preventing a more complete therapeutic relationship (Maurya, et al., 2020).

Lin et al. (2021) conducted a cross-sectional study comparing building working alliances in face-to-face counseling and telepsychology among 440 people who completed surveys from 48 countries. This study identified counselor-perceived differences in various therapeutic skills and outcomes between face-to-face therapy and telepsychology. These differences were grouped into three areas: general therapeutic skills, extra-therapeutic influences, and perceived outcomes. In all three areas, counselors reported significantly lower ratings for teletherapy than for in-person therapy. Particularly noteworthy is that counselors reported large differences in the difficulty of applying general therapeutic skills in virtual settings compared to face-to-face settings.

The lack of nonverbal and paralinguistic cues in online psychology services is not always an obstacle in building therapeutic relationships because the most important thing is that the counselor understands the characteristics of the medium and psychological dynamics when using online technology. This means that regardless of the medium, the human touch remains a central priority and cannot be ignored in health services (Darmawan, 2021).

Based on the meta-analysis of Norwood et al. (2018), three suggestions are offered as to why the working alliance may be lower in VCP (video-conferencing psychotherapy): a) The working alliance is less important when therapy is delivered via VCP (although this seems unlikely, as the working alliance is pan-theoretical (Bordin, 1979; Horvath & Greenberg, 1989) and it seems counter-intuitive to suggest that by changing the medium of delivery, clients and counselors no longer need to share a common bond or goal); b) the working alliance is rated lower due to discomfort with the delivery medium; or c) something unique occurs when therapy is provided by the VCP that compensates for the slightly lower working alliance.

In relation to working alliances for handling anxiety cases, based on research conducted by Watts et al. (2020) regarding working alliances in online and offline psychology services using CBT therapy for 115 clients recruited by a university psychology clinic in the city of Québec, clients reported that working alliances work better online (video calls) than offline. This is because they feel less intimidated and have stronger personal control because they are freer to leave the session at any time and can interrupt the counselor in the middle of the session. Likewise, from the counselor's perspective, they feel highly satisfied with building a working alliance.

In an online setting because they can display nonverbal signals more freely with the aim of not interrupting the client's conversation. According to Marcotte-Beaumier et al. (2021), in their research, stated that there are several reasons why clients with anxiety cases prefer telepsychology services: 1) easier access to feel accompanied when they are anxious; 2) needs immediate help when he feels he is having a panic attack or something that makes him anxious; and 3) feel less intimidated or pressured compared to face- to-face.

Based on research by Matsumoto et al. (2018) on 30 patients with OCD, social anxiety, and panic attacks at Chiba University Hospital, Japan, reported that although overall the patients reported that they were satisfied with the existing working alliance, 4 patients reported side effects such as relapse of depression, pain, headache, and feeling tired. This likely stems from communication skills and understanding that are not in harmony between the patient and counselor, as well as the absence of someone who can guide the patient at close range.

Based on research by Hadjistavropoulos et al. (2016) regarding working alliance on the Internet - Delivered Cognitive Behavior Therapy (ICBT) for 112 GAD clients handled by 27 counselors and 28 Master of Professional Psychology students who are implementing PKPP (Professional Work Practice

of Psychology) in six clinics, said that there are several reasons why working alliance is a challenge for counselors to treat clients with cases of anxiety, including: 1) the counselor must be prepared for the patient's condition to not progress or even worsen; 2) the client does not respond to the counselor when contacted by telephone or e-mail; 3) the client shows dissatisfaction with ICBT or the working alliance built with the counselor; 4) there is a predisposition to commit sudden acts of self-harm or even suicide; and 5) the counselor feels unsure about his/her competence to help clients in dealing with their problems.

Based on research by Vernmark et al. (2018) on 147 depressed patients recruited from 3 mental health centers in Sweden, working alliances became difficult to build because patients felt that the self-help modules provided were less understandable for patients who had less educational background; thus, the rate of healing depression became less than optimal. The importance of self-help modules that are easy to access and understand is also in line with the literature study conducted by Wehmann et al. (2020) on several main data bases, such as the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, and PsycINFO, where the success factor in building a working alliance in telecounseling is not only nonverbal communication and physical presence, but also ease of access. therapy modules in web-based or app programs.

According to research by McEvoy et al. (2023) to 105 patients with social anxiety accompanied by bipolar disorder, psychosis, drugs, and suicidal tendencies in the city of Perth who were treated online using CBT, where the working alliance was less than optimal because the patients did not have a strong reason to do homework which was lacking. there is harmony between goals and homework given by the counselor. This is in line with research by Beierl et al. (2021) on 230 outpatient patients with PTSD in an English city, where the success of the working alliance was influenced by the patient's compliance and understanding in doing their homework and the goals agreed upon with the counselor.

Based on several research results regarding the effectiveness of working alliances in telecounseling services, the presence of telecounseling in Indonesia is able to reach several areas that still lack mental health workers, and there is a gap in the number of mental health workers and the need for services in Indonesia that are included in the Lower Middle category. Income Country (LMIC), but there is still a lack of research that addresses the theme of working alliance in telecounseling. This does not support telecounseling services, given that the growth of telecounseling platforms is increasing rapidly in Indonesia.

Ideally, when implementing telecounseling services, a counselor should seek relevant professional training to develop the necessary knowledge and skills. However, in reality, counselors in Indonesia do not yet have adequate understanding and experience in providing telecounseling services (Arjadi, 2021), because no special manual guides psychologists on how to provide telecounseling services in Indonesia.

To address the gap in the problem of building optimal working alliances in telecounseling services researchers are therefore interested in translating the Therapist Interpersonal Skills Scale measuring tool (Lin et al., 2021) to compare working alliances between offline and online psychological services when treating anxiety cases. Since there are no standardized guidelines in indonesia, the researchers only compared the results between each online counselor and not between an online counselor and a set guideline.

Based on the introduction of the research foundation above, the research question is formulated: How is the competence of counselors in Indonesia in building working alliances in terms of setting goals, assigning, and monitoring tasks, and building therapeutic relationships, as well as the factors that affect it (practical experience, age, number of cases handled) in online and offline psychology services on several online counseling platforms when dealing with anxiety cases.

Therefore, the objectives of this study are to gain a comprehensive understanding of the competence of counselors in Indonesia in building working alliances in terms of setting goals,

assigning and monitoring tasks, and building therapeutic relationships, as well as the factors that affect psychological services in online and offline settings on several counseling platforms in Indonesia in dealing with anxiety cases.

LITERATURE REVIEW

Anxiety disorders were found to have increased by approximately 6.8% throughout 2020, with a total of 18,373 people (Shanti, 2021). The urgency of mental health care is seen from the increasing cases of anxiety in Indonesia, but is not accompanied by adequate professional staff. This can be seen from WHO data, which states that the comparison between the number of psychologists and psychiatrists is 1:30,000 people, where the gap includes the Lower Middle- Income Country (LMIC) category according to WHO's basic reference.

The availability of online psychology services in Indonesia can be a solution to overcome the lack of professional staff in handling mental health problems, where the number of psychologists in Indonesia is limited, and not all regions have adequate psychologists.

When conducting online psychology services, just like conducting offline psychology services, it is important to build a working alliance because it is a challenge for counselors. Working alliance in Bordin's theory is a form of cooperation in the therapy process, which consists of three aspects: (a) agreement between patient and therapist regarding the goals of therapy; (b) agreement between patient and therapist that the task of therapy will address the problems brought by the client to treatment; and (c) quality of the interpersonal bond between client and therapist.

In building a working alliance, there are several factors that influence their abilities, such as the age of the counselor. It cannot be denied that the older the counselor, the more practical experience they have in handling cases.

However, older counselors are often less familiar with technology; thus, their ability to build working alliances in online settings is less than optimal. Some of the reasons why older counselors (over 40 years old) are less than optimal are because they have several obstacles such as: 1) determining the right intervention; 2) accurate diagnosis and determining the right duration of treatment; 3) conducting the right assessment method; and 4) confusion in providing first aid when clients face crisis situation (Cipolletta & Mocellin, 2017). This is the reason older counselors prefer to provide psychological services in offline settings, which can be a challenge for them.

In addition to counselor factors, client factors must also be considered when building a working alliance. Moreover, in this study, the researcher examined how the comparison of counselor competencies in building a working alliance in online and offline psychological service settings when handling anxiety cases, where there are several challenges in building a working alliance with anxiety clients because: 1) anxiety clients need support and validation that may be a challenge for them in adjusting the dynamics of their relationship with counselors in online settings; 2) easily distracted by the client's surroundings; and 3) online counseling may feel impersonal because it feels foreign and less able to build emotional bonds with the counselor (Simpson & Reid, 2014).

In addition, according to several research results, such as when building a working alliance can have a positive impact, according to the research results of Conklin et al. (2021) and McEvoy et al. (2023), when counselors can build good working alliance relationships, they can help clients have a clear understanding of the value of homework and can obtain its benefits, and can also reduce anxiety symptoms in clients.

When a working alliance is built well in a client with anxiety cases, it will have a good impact, such as: 1) building trust and security, where with this sense of trust it can help clients manage the symptoms of anxiety that arise; 2) increasing client involvement in the therapy process, especially in the process of completing tasks; 3) clients are better able to face the fears and worries that are the core of the anxiety experienced; and 4) preventing cracks or tensions in the working alliance that is built (Horvath & Greenberg, 1989).

For anxiety clients, online psychology services are preferred because: 1) easier access to feel accompanied when anxious; 2) need immediate help during panic or anxiety attacks; and 3) feel less intimidated or stressed compared to face-to-face (Marcotte-Beaumier et al., 2021), and building a working alliance in online psychology services can have the same benefits as offline settings based on the results of the study above.

However, it should be remembered that in Indonesia there is a culture of people who are less able to express their emotions because: 1) there is a strong concept of "shame" to express emotions, especially negative emotions; 2) the influence of spiritual norms such as the concept of "patience" which makes many people hold back from expressing their emotions; 3) the influence of parenting, where authoritarian parenting makes people accustomed to suppressing their emotions; and 4) the lack of education to discuss the importance of expressing emotions.

Some of the considerations above are the basis for why researchers want to compare the ability of working alliances in online and offline psychology services, considering the increasing cases of anxiety in Indonesia, as well as the tendency of anxiety clients who are more comfortable choosing online psychology services, but there is not much information regarding research results regarding the comparison of building working alliances in online and offline psychology services.

Therefore, the hypothesis in this study, counselors who practice online counseling can have the same good working alliance skills as when they practice offline.

RESEARCH METHOD

Research Design and Procedures

The research design of this study is cross-sectional. According to Setia (2016), in cross-sectional research, researchers measure outcomes and exposure to research respondents simultaneously, which is used for population-based surveys. The respondents in cross-sectional studies were simply selected based on the inclusion and exclusion criteria established for the study. The data analysis used is descriptive statistical analysis. This analysis takes the form of accumulating basic data in the form of descriptions in the sense of not looking for or explaining interrelationships, testing hypotheses, making predictions, or drawing conclusions (Muhson, 2006).

The procedures in this research are divided into two stages:

1. Working Alliance Research

   The study population consisted of psychologists who practice online on counseling platforms in Indonesia. The research subjects were selected based on the following inclusion criteria: a psychologist; b) practicing online and offline; c) having a license to practice as a psychologist; and d) handle clients over 18 years old who are experienced in handling anxiety cases.

   The ways to obtain a sample of counselors are as follows:

   a. The researcher collected data on psychology bureaus that practice online and offline. From approximately 100 psychological institutions, the researcher conducted. Randomization to be contacted further to ask for permission to collect data.
   b. More than 60 psychological institutions were contacted by the researchers; only 30 bureaus responded and were willing to participate in the research. When contacting psychology bureaus, the researcher sends an ethical clearance letter issued by the Health Research Ethics Committee of the Faculty of Medicine, Islamic University of Bandung (KEPK-FK), a research proposal, and an introductory permit from the study program (if requested by the bureau concerned). Of the 30 psychological institutions that were willing to participate, not all practicing psychologists were willing to fill out the questionnaire; thus, 93 psychologists were willing to participate in this study.

Therefore, the sampling technique used in the first phase of this research was simple random sampling. Simple random sampling is a sampling method in which each member of the population is given the same opportunity to be selected as a sample.

2. Translation of Measurement Instruments
   The process of translating measuring instruments was as follows: 1) linguistic stage, namely translating the Therapist Interpersonal Skills Scale (TISS) measuring instrument into Indonesian; 2) evaluation of the Indonesian TISS translation; 3) Back translation of TISS into English by the UPI Language Center; and 4) Evaluation of the TISS English translation. The second stage is the validity and reliability test stage of the Indonesian TISS, which is analyzed using the Confirmatory Factor Analysis (CFA) test.

TISS Translation

The English version of TISS was translated by a translator experienced in mastering counseling techniques. The translation results are analyzed in terms of the content and diction used while paying attention to the conceptual equivalence of the working alliance theory or the measuring instruments that are components of TISS. After the Indonesian translation agreed upon, back translation was carried out by the UPI Language Center. The final stage is to evaluate the TISS translation compared to the original English version.

Table 1. The Score Criteria for Working Alliance

	Low Criteria	Medium Criteria	Tall Criteria
Working Alliance	19-56	57-94	95-133
Common Therapeutic Skill	11-32	33-54	55-77
Extra-Therapy	3-8	9-13	14-21
Perceived Outcome	5-14	15-24	25-25

FINDINGS AND DISCUSSION

Table 2. Sample Characteristics (N=93)

Counselor Characteristics	**N**	**(%)**
Age (Years)		
25-35	70	75.26
36-45	16	17.2
46-55	5	5.37
56-65	2	2.17
Gender		
Man	9	9.7
Woman	84	90.3
Offline Practice Experience (Years)		
1-2	31	33.3
3-5	20	21.5
5-10	26	27.9

Counselor Characteristics	N	(%)
>10	1	1.17
Online Practice Experience (Years)		
<1	15	16.13
1-2	32	34.4
3-5	39	41.93
5-10	7	7.54
>10	-	-
Media Providing Telecounseling Services		
Chat	20	21.5
Voice Call	6	6.5
Video Call	67	72
Client Age (Years)		
18-25	69	74.2
26-40	24	25.8
41-60	-	-
>60	-	-
Number of Anxiety Cases Treated		
1-20	52	56
21-50	24	25.8
51-80	3	2.08
81-100	5	5.37
>100	10	10.75
Domicile of Offline Practice Place		
Aceh	1	1.07
Riau	2	2.15
Lampung	1	1.07
DKI Jakarta	20	21.5
West Java	30	32.25
Central Java	10	10.75
DIY	7	9.73
East Java	14	15.05
Bali	1	1.07
NTB	1	1.07
West Kalimantan	1	1.07
East Kalimantan	1	1.07
South Sulawesi	2	2.15
Domicile of Online Practice Place		
DKI Jakarta	60	64.51
West Java	21	22.6
Central Java	4	4.3
DIY	3	3.2
East Java	4	4.3
South Sulawesi	1	1.09

Types of Anxiety Cases Treated:
Social relations, relationships with partners, academic and career anxiety, quarter life crisis, generalized anxiety disorder, social anxiety disorder, panic attack, phobia, obsessive compulsive disorder, post-traumatic stress disorder, adjustment disorder, loneliness, neurotic, mixed anxiety and depressive disorder, body dysmorphic, anorexia, sleep disorder, NSSI.

Based on the age characteristics of counselors: 1) as many as 75.26% were in the age range of 25-35 years; 2) 17.2% were in the age range 36-45 years; 3) as many as 5.37% were in the age range 46-55 years; and as many as 2.17% were in the age range of 56-65 years. Based on counselor gender: 1) 9.7% of counselors are male; and as many as 90.3% of counselors are female. Based on offline practice experience: 1) 16.3% of counselors have <1 year practice experience; 2) 33.3% of counselors have 1-2 years of practical experience; 3) as many as 21.5% of counselors have 3-5 years of practical experience; 4) 27.9% of counselors have 5-10 years of practical experience; and 5) as many as 1.17% of counselors have >10 years of practice experience. Based on online practice experience: 1) 16.13% of counselors have practice experience for <1 year; 2) 34.4% of counselors have 1-2 years of practical experience; 3) 41.93% of counselors have 3-5 years of practical experience; and 4) as many as 7.54% of counselors have 5-10 years of practical experience.

Based on the media providing telecounseling services: 1) as many as 21.5% of counselors practice via chat; 2) as many as 6.5% practice via voice call; and 3) as many as 72% practice via video call. The age range of clients they handle: 1) 74.2% of counselors handle clients in the 18-25 years age range; and 2) as many as 25.8% of counselors handle clients in the age range of 26-40 years. Then, in terms of the number of anxiety cases handled by counselors: 1) 56% of counselors handle 1-20 anxiety cases; 2) as many as 25.8% of counselors handle 20-50 anxiety cases; 3) as many as 2.08% of counselors handle 50-80 anxiety cases; 4) as many as 5.37% of counselors handle 80-100 anxiety cases; and 5) as many as 10.75% of counselors handled >100 anxiety cases.

Based on the domicile of the offline practice location: 1) 1.07% of counselors practice offline in the provinces of Aceh, Lampung, Bali, NTB, West Kalimantan, and East Kalimantan; 2) 2.15% of counselors practice offline in Riau and South Sulawesi; 3) as many as 9.73% of counselors practice offline in DIY; 4) as many as 10.75 counselors practice in Central Java; 5) as many as 15.05% of counselors practice in East Java; 6) as many as 21.5% of counselors practice offline in DKI Jakarta; and 7) as many as 32.25% of counselors practice offline in West Java.

Based on the domicile of the online practice location: 1) as many as 3.2% of counselors practice in DIY; 2) 4.3% of counselors practice in Central Java and East Java; 3% as many as 22.6% of counselors practice in West Java; and 4% as many as 64.51% of counselors practice in DKI Jakarta. The variety of anxiety cases handled by each counselor varies, but there are 4 cases that are mostly handled by them: 1) social relations; 2) relationship with partner; 3) quarter life crisis; and 4) generalized anxiety disorder.

Table 3. CFA Validity Test Results

Items	Aspect	p
Empathy	**Common TherapeuticSkills**	
Item E1	0.642	<.0.01
Item E2	0.616	<.0.01
Interpretation		
Item I1	0.660	<.0.01
Item I2	0.710	<.0.01
Persuasiveness		
Item P1	0.649	<.0.01
Item P2	0.679	<.0.01
Emotional Expression		
Item EE1	0.675	<.0.01
Items EE2	0.687	<.0.01
Warmth		
W1 items	0.656	<.0.01
W2 items	0.673	<.0.01
Alliance		
Item A1	0.640	<.0.01
Item A2	0.645	<.0.01
Conversational Tone		
CT1 items	0.731	<.0.01
CT2 items	0.671	<.0.01
Support		
Items S1	0.733	<.0.01
Item S2	0.793	<.0.01
Restatement		
Item R1	0.760	<.0.01
Item R2	0.743	<.0.01
Intentional Silence		
IS1 items	0.705	<.0.01
IS2 items	0.595	<.0.01
Therapeutic Technique		
TT1 items	0.622	<.0.01
TT2 items	0.537	<.0.01
Assign Homework	**Extra Therapy Influence**	
Items AH1	0.584	<.0.01
Items AH2	0.650	<.0.01
Homework Completion		
Item HC1	0.600	<.0.01
Item HC2	0.746	<.0.01
Resources		
Items RS1	0.592	<.0.01
RS2 items	0.651	<.0.01
Alliance Rupture- Repair	**Perceive Outcome**	

Items	Aspect	p
Item ARR1	0.653	<.0.01
ARR2 items	0.663	<.0.01
Clinical Change		
CC1 items	0.694	<.0.01
CC2 items	0.720	<.0.01
Symptom Reduction		
SR1 items	0.719	<.0.01
SR2 items	0.683	<.0.01
Satisfication		
SR1 items	0.641	<.0.01
SR2 items	0.646	<.0.01
Confidence		
Item C1	0.734	<.0.01
Item C2	0.725	<.0.01

The validity test is used by researchers to test the questionnaire that will be given to respondents whether valid or not. A research questionnaire is considered valid if the questions in the questionnaire can reveal answers in accordance with actual conditions. Validity was tested using a two-sided significance value of 5% based on the following criteria: 1) instrument items had a significant correlation with the total score or were declared valid, the calculated r value > r table; and2) instrument items did not have a significant correlation with the total score or were declared invalid if the calculated r value < r table.

Based on the validity test in table 2 above, the calculated r value for all items was greater than the r value (0.203). Therefore, we conclude that all statement items are valid for use.

The stages of statistical tests in this study are as follows: 1) after the researcher scores the TIS measuring instrument, the researcher conducts a validity and reality test using the CFA test with the JASP application; 2) Each latent variable must be associated with its indicator, and the relationship between variables is also defined; 3) ensure that the model can be identified; an identifiable model is one that has a sufficient amount of information to estimate parameters; 4) using CFI (Comparative Fit Index) to measure the fit between the estimated model and the data; and 5) interpreting parameter estimates, such as path coefficients and error variances.

Table 4. CFA Reliability Test Results

Variabel	Cronbach Alpha	Result
Common Therapeutic Skill	0.933	Reliable
Extra-Therapy Influence	0.701	Reliable
Perceived Outcome	0.870	Reliable

A reliability test aims to determine how far a measuring instrument can be relied upon or trusted. A questionnaire is considered reliable if a person's answers to statements are consistent or stable over time. Reliability measurements can be performed by measuring only one question, and then the results are compared with other questions or the correlation between the answers to the questions can be measured. The reliability test in this research was carried out using the Cronbach's Alpha (α) statistical test. If Cronbach's Alpha (α) > 0.60, the instrument is considered reliable. Based on the

reliability test in table 3 above, the Cronbach's Alpha value for all variables is greater than 0.6. Therefore, we conclude that all variables are reliable.

Table 5. Working Alliance Results

Online Vs Offline	Category					
	Low	Number of Counselor	Medium	Number of Counselor	High	Number of Counselors
Working Alliance Offline	-	-	3.2%	3	96.8%	90
Working Alliance Online	1.07%	1	19.35%	18	79.58%	74
Common Therapeutics Offline	-	-	2.1%	2	97.9%	91
Common Therapeutics Online	1.07%	1	15%	14	83.93%	78
Extra-Therapy Influence Offline	-	-	5.37%	5	94.63%	88
Extra-Therapy Influence Online	2.15%	2	17.2%	16	80.65%	75
Perceived Outcome Offline	-	-	4.3%	4	95.7%	89
Perceived Outcome Online	2.15%	2	12.9%	12	84.95%	79

Based on the above table, 19 counselors had medium and low working alliance abilities when providing telecounseling services. Less than optimal working alliance can be caused by several factors; however, the main cause is the loss of nonverbal cues. This has also been highlighted by several critics which Berger (2017) claims is often identified as being at the heart of all client changes and growth. Eye contact, and visual and auditory cues, especially microfacial expressions, may not have the same quality as face-to-face cues and thus hinder meaningful interaction. Critics also point out that because of the focus on the head and upper body during videoconferences, body language can be obscured, thereby preventing a more complete therapeutic relationship (Maurya et al., 2020).

Based on the online practice period, the working alliance capabilities of the counselors were as follows: 1) practice period <1 year, as many as 4.3% of counselors have a medium level of ability and 1.07% of counselors have a low level of ability; 2) practice period of 1-2 and >5 years, as many as 3.27% of counselors have a medium level of ability; and 3) practice period of 3-5 years, as many as 7.5% of counselors have a medium level of ability. This is in line with Lin et al. (2021), who stated that practical experience in telecounseling services influences the level of ability to build a working alliance, where the more experienced you are in providing telecounseling services, the higher your working alliance ability will be.

Based on the number of anxiety cases handled by counselors, the working alliance capabilities of the counselors are as follows: 1) the number of anxiety cases is 1-20, 14% of counselors have a medium level of ability and 1.07% of counselors have a low level of ability; 2) the number of anxiety cases is 21- 50, as many as 1.07% of counselors have a medium level of ability; 3) the number of anxiety cases is 51-80, as many as 1.07% of counselors have a medium level of ability; 4) the number of anxiety cases is 81-100, 1.07% of counselors have a medium level of ability; and 5) the number of anxiety cases is >100, as many as 2.15% of counselors have a medium level of ability. It can be seen

that the majority of counselors who still have moderate and low levels of working alliance are counselors who have a small number of anxiety cases, namely 1-20, which is in line with the results of research by Lin et al. (2021), where counselors who have more caseloads will have a higher level of working alliance ability.

Based on the working alliance aspects, it can be seen that: 1) 12.9% of counselors have moderate abilities and 2.15% of counselors have low abilities in the aspect of perceiving outcomes when providing telecounseling services; 2) as many as 15% of counselors have medium abilities and 1.07% of counselors have low abilities in the common therapeutic aspect when providing telecounseling services; and 3) as many as 17.2% of counselors have low abilities and 2.15% of counselors have low abilities in the extra-therapeutic influence aspect when providing telecounseling services.

In the aspect of perceiving outcome, the counselor's ability is being able to overcome difficulties that occur in the therapy process and to handle them, facilitating clinical changes that occur in clients significantly, showing a reduction in symptoms after undergoing the therapy process, and being confident in their own competence in providing telecounseling services. The perceived outcome aspect is still less than optimal, in line with the research of Hadjistavropoulos et al. (2016), where the reasons why clients who experience anxiety become a challenge in building work are because: 1) counselors must be prepared for the patient's condition to not progress or even worsen; 2) the counselor feels unsure about his/her competence to help the client in dealing with his/her problems. Meanwhile, according to research by Matsumoto et al. (2018), there was a decrease in the client's anxiety due to the side effects of Internet-Based CBT with the emergence of symptoms of relapse of depression, headaches, and fatigue resulting from communication skills and understanding between the client and counselor.

Communication skills and understanding between clients and counselors are also related to the common therapeutic aspect. The common therapeutic aspect of the working alliance is related to the counselor's ability to: 1) understand the client's thoughts, emotions, and problems accurately; 2) make statements with new meaning to what is expressed by the client; 3) look for alternative solutions to their problems; 4) invite clients to understand themselves; 5) provide warmth and care; 6) speak in a calm tone; and 7) can collaborate and provide support to clients. The lack of optimal aspects of common therapy is in line with the research of Lin et al. (2021), who reported that common therapy was the lowest aspect in their research due to the absence of interpersonal contact and physical presence; however, some special interventions may be very challenging for adaptation to telecounseling. and may not even be possible in remote settings, such as "empty-chair dialog," behavioral exposures, play therapy, and gaming. Some critics also assert that the lack of nonverbal communication can hinder meaningful interactions because clients and counselors only focus on the head and upper body during telecounseling, resulting in a less optimal working alliance.

The extra therapeutic influence was the lowest in this research. Extra therapeutic influence in the working alliance is related to: 1) the counselor's ability to construct and provide tasks to clients; 2) client compliance in completing assigned tasks; 3) counselors' ability to provide additional resources to clients. This is in line with the research by Vernmark et al. (2018), in which working alliances are difficult to build because clients feel that the self-help modules provided are less understandable for patients with less educational background. Thus, the level of depression recovery is less than optimal. According to Mcevoy et al. (2023), the working alliance is less than optimal because social anxiety clients lack a strong reason to do homework because there is a lack of harmony between goals and the homework given by the counselor. This is in line with research by Beierl, et al. (2021), in which the success of the working alliance is influenced by the patient's compliance and understanding in doing his homework and the goals agreed upon with the counselor.

CONCLUSIONS

Based on the results of research conducted on 93 counselors in several provinces in Indonesia, we conclude that the working alliance established for telecounseling services is not optimal. This is because in all aspects of the working alliance, there are still several counselors who have medium and low levels of ability. The lowest aspect of the working alliance is extra-therapeutic influence, which is related to: 1) the counselor's ability to construct and assign tasks to clients; 2) client compliance in completing assigned tasks; 3) counselors' ability to provide additional resources to clients. Then, the second aspect, which remains at the much medium levels, is common therapy. This aspect relates to the counselor's ability to: 1) understand the client's thoughts, emotions, and problems accurately; 2) make statements with new meaning to what is expressed by the client; 3) look for alternative solutions to their problems; 4) invite clients to understand themselves; 5) provide warmth and care; 6) speak in a calm tone; and 7) collaborate and provide support to clients. Then the final aspect is the perceived outcome, which is related to the following: 1) the counselor can overcome difficulties that occur in the therapy process; and 2) the counselor can significantly facilitate clinical changes that occur in clients; 3) the client shows a decrease in symptoms after undergoing therapy; and 4) the counselor is confident in his or her own competence in providing telecounseling services.

The benefit of this study is to fill the information gap regarding the competence of counselors in Indonesia in building working alliances in terms of setting goals, assigning and monitoring tasks, and building therapeutic relationships, as well as the factors that affect it on psychological services in online and offline settings on several online counseling platforms in dealing with anxiety cases.

These findings indicate that telepsychology services in Indonesia are still not optimal to implement, even though the presence of telecounseling services can be a solution to overcome the problem of the lack of professionals in dealing with mental health problems in Indonesia. Ideally, when implementing telecounseling services, a counselor seeks to obtain relevant professional training to develop the necessary knowledge and skills. However, in reality, counselors in Indonesia do not yet have adequate understanding and experience in providing telecounseling services (Arjadi, 2021), because no special manual guides psychologists on how to provide telecounseling services in Indonesia. Therefore, training is needed to improve the working alliance's ability to provide telecounseling services in Indonesia.

LIMITATION AND FURTHER RESEARCH

Based on the research that has been conducted, the limitations of this research are as follows: 1) this research is a cross-sectional study, which means that this research can only analyze the characteristics of respondents over a certain period. Thus, researchers cannot obtain consistency of respondents in different time periods; 2) the margin of error in this study is 9.73%, which means the data in this study are not representative enough to represent the population in this study; and 3) there is no data that shows accurately the number of counselors who practice on counseling platforms in Indonesia, so the population size can be used as a definite reference.

The suggestions that can be given based on this research are as follows: 1) for further research, it is hoped that it will include whether the counselor has received training to conduct telecounseling, either facilitated by the institution where the counselor practices or whether they have sought such training independently; 2) future research is expected to explore other psychological disorders, especially those that are urgent mental health problems in Indonesia; dan 3) the founders of the counseling platform in Indonesia or HIMPSI, are expected to facilitate counselors who practice telepsychology services, to increase their abilities in building working alliances.

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