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Chapter

# Volunteer Counseling Services in the Context of COVID-19: Compromises and Challenges

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## Abstract

The outbreak of COVID-19 necessitated professional trained psychologists to offer voluntary services leading to online paradigm of counseling intervention. This chapter presents the challenges and compromises some counselors encountered when they assisted individuals who were either infected or affected by COVID-19. The chapter also presented the narratives collected from social media, personal experiences of the authors and communications with their colleagues from Nigeria, South Africa and Uganda. It was realized that counselors faced challenges such as lack of experience, poor internet availability, threatened clients' perceived privacy and data security and financial implications. Based on the challenges and compromises, the authors recommended counseling regulatory bodies within African countries should generate operative policies to guide provision of e-counseling services. It was also recommended that e-counseling be integrated into its curriculum in order to adequately prepare the student counselors to be effective and efficient e-counselors. The chapter recommended that policy makers of counseling bodies liaison with network providers in alliance with government to negotiate a sustainable service provision, which ought to facilitate telepsychology. The chapter concluded that the COVID-19 counselors are charged with the responsibility of integrating traditional counseling approaches with telepsychology in order to provide relevant services to the clients who need their services.

**Keywords:** challenges, compromises, counselors, COVID-19, telepsychology

## 1. Introduction

COVID-19 pandemic is a public health crisis [1], which brings with it one of the greatest mental health shock of the twenty-first century ravaging countries with high death rate. Its infection is chiefly manifested through rapid spread and harmful respiratory consequences. The statistics of infection is rapidly growing across nations associated with its ever increasing death toll despite the infection prevention controlled (IPC) strategies that have been adhered to, such as wearing of face mask, social distancing and washing of hands. Reports indicate that United States, India, Brazil, Russia, Peru and Colombia are the most hit with largest confirmed cases [1], however Africa is no exception. In all ramifications, COVID-19 is compounding global health

crisis with a major economic and financial crisis that is threatening to set in motion severe mental crisis that will burden the society for years to come.

Historically, records show that infectious diseases are correlated with psychological distress and mental health issues like depression, post-traumatic stress disorder, substance use disorder, domestic violence and child abuse [2]. Besides, quarantined individuals as in the case of COVID-19 are susceptible to present severe anxiety disorder and cognitive distress including depression, panic attack, anxiety and suicidal ideation [3].

Across the globe people are experiencing untold apprehension regarding the possibility of being infected, losing jobs and having children out of school. The prolonged existence of such trepidation is an antecedent of mental ill health. It is in this regard that this paper explores the challenges and compromises some counselors encounter when they are assisting individuals who were either infected or affected by COVID-19. These counselors are based in Nigeria, South Africa and Uganda. The exploration is largely based on data gathered through social media and personal experiences of the authors including email communications with their colleagues. Based on these narratives and its thematic analysis this paper makes recommendation that ought to be of interest to counseling policy makers regarding the provision of services in the context of COVID-19 pandemic and beyond.

## **2. Certainties versus uncertainties surrounding COVID-19**

COVID-19 has a package of mixed sentiment for almost everyone ranging from the fear of being infected to how long the virus would exist in the world including the possibility of advancing a vaccine to curb the risk of infection [4]. Majority of the world's populace are perplexed that COVID-19 is not going away soon, hence the anticipation is that everyone has to grapple with the likelihood of being a direct victim coupled with the fact that it is changing the world's economic, educational, political, socio-religious spaces [5]. Majority of the people are having a desert experience reflected in the reality that whilst some have resources such as food, water, electricity, others have nothing including the fact that some can work from home yet many cannot. To a large extent no one can really predict the level of post-traumatic stress disorder (PTSD) that would arise from the experiences of COVID-19 [6]. The restriction on movement though it has eased off a bit without much downward shift in the rate of infection, is constraining nearly all Nations of the world to still keep their borders closed. The threatening reality is, would life ever return to its normalcy. Hence it is not an exaggeration to say that COVID-19 is holding the world to a spell-bound changing paradigm of trade-online, school-online, worship-online and counseling-online and everything online all the way. The question is what kind of implication does this change in paradigm pose to people's sense of living? It is in this bid that professional trained psychologists/counselors alongside other health practitioners who provide essential services for wellness of life are risking their own lives to stand out there ensuring that physical, mental and social among many other form of wellbeing is maintained.

## **3. The imperative of voluntary counseling**

Epistemologically, every counseling session comes to birth on the premise that everyone needs therapeutic assistance in order to grapple with life's stressors. Accordingly, counselors ought to wait for clients to knock on their doors requesting

for help, which requires the establishment of due protocol such as booking appointment, negotiating time/place for the meeting, duration and fees among other things [7]. However, the leverage of life stressors associated with COVID-19 has necessitated that counselors move out of their work comfort zones to offer help to the populace who are traumatized irrespective of the professional demands of having client's referral among others. The overwhelming demand for help has led professional trained psychologists/counselors to stretch their boundaries to offer voluntary services. Literally, counseling psychologists have to put on the tag reading 'we are here to help' and this slogan needed to be frequently repeated. This concept is what the paper presents as voluntary counseling. Hence, the notion of providing voluntary counseling with or without pay, face-to-face interaction leading to online paradigm of counseling intervention has become a reality.

Volunteering could refer to the inclusiveness of having all hands on deck including untrained and trained professionals. This form of intervention has proved to be challenging in some African countries, particularly in South Africa where psychological services are highly regulated. As a result, most registered counselors were more cautious when offering this form of intervention, so that they do not violate ethics and regulation of the Health Professions Council of Psychology (HPCSA). As such they waited until HPCSA has published the guideline on telehealth and telepsychology that most of practitioners and organizations such as the *Gift of the Givers* were more willing to volunteer psychological services telephonically. But this is different for other nations where the regulation of practice is much relaxed such as in Nigeria and Uganda.

#### **4. COVID-19 and challenges of online counseling**

The safety requirement of social distancing and lockdown in the context of COVID-19 has forcefully defied the norm of face-to-face counseling services in favor of online. Although online counseling pre-existed COVID-19 but it is still in its infancy and psychologists/counselors were in the process of navigating its full canons and operative modalities. According to Nwachukwu and colleagues [8] online counseling is a viable alternative source of help when traditional psychotherapy is not accessible, therefore counselors could resort to different forms of online such as internet counseling, e-mail counseling, web counseling, e-therapy, tele-therapy and/or cyber-therapy [7]. However, it is important to note that online counseling is challenging and requires additional training for the traditional professional counselor [7]. In addition, it has cost implication as it involves the use of ICT related components which is not easily available to all counselors/clients particularly in developing countries [8]. Hence some of the frustration could reflect in poor power supply, limited service and lack of competence. Other challenges reflect in the risk of confidentiality and safety of the client's data as storage system for online data could easily be violated by service providers despite the fact that some stored information could become corrupted, thus become inaccessible. Besides, online counseling consumers ought to have access to technology [9], and as well be proficient with online communication which include the ability to express feelings and ideas in text format. As such some scholars argue that online counseling should not replace traditional therapy but rather be used when necessary bearing in mind that not all cases can be handled via e-counseling [8]. Nonetheless, online counseling is convenient and offers the client remote access to therapy and the counselor's physical absence reduces or even eliminates the client's initial shame or need to "save face" while presenting a problem [10].

## **5. Presentation of narratives and analysis: African counselors' experiences**

This section presents the narratives collected from social media, personal experiences of the authors and communications with their colleagues across African nations, particularly from Nigeria, South Africa and Uganda. The narratives are presented in themes.

### **6. The Nigerian narratives**

The index case of COVID-19 in Nigeria was reported on March 27, 2020 and at present the infection rate has risen to a total of 55,632 confirmed cases, 43,610 recovered cases with a total death of 1070. In responding to the pandemic health professionals took the bold step of being in the frontline battling to attend to the infected in order to slow down the curve of infection whilst trained psychologists work alongside with them assisting the populace to manage the associated distress arising from the crisis. In this context, a free telepsychological service team had been constituted to provide free tele-psychological (e-counseling) services to the needy members of the public in a bid to assist them manage the present and aftermath effect of the pandemic on mental health [11]. Hence, the professional psychologists offer volunteer services despite the challenges and compromises they encounter. Some of the Nigerian counselors' experiences are presented using three themes as follows: Lack of experience versus poor internet availability, clients' perceived privacy versus data security and professional demand versus client's satisfaction.

#### **6.1 Lack of experience versus poor internet availability**

Some of the Nigerian counselors' narratives reflect instances of lack of experiences of handling online counseling particularly in the context of COVID-19 wherein social distancing completely deter face-to-face interaction. For some of these counselors, interacting solely online is overwhelming and they grapple with the best skill for assisting the clients to manage their mental health. Some of the counselors expressed that identifying severe depressive symptoms like suicide ideation is often challenging. Hence, the counselors are faced with the dilemma of either breaking the protocol of social distancing to reach out to clients who may be in dire need of their physical presence. Based on personal communication a counselor narrated her predicament as follows:

*I am having a session with a client who was sobbing, saying life seems meaningless, therefore, not worth living anymore as her husband lost his job due to company staff scale down in the face of COVID-19 pandemic, no food in the house, and suddenly she screams I feel like killing myself and the phone line goes off. I am frustrated trying to call back but she doesn't pick... I wish I could do more.*

In this narrative the counselor is not only frustrated but stretches his/her resources to reach out to the client by calling back. Hence, it can be argued that counselors are challenged to compromise their resources whilst offering online counseling to clients in the face of COVID-19 despite the temptation of wanting to break the lockdown/ social distancing protocol, another argument reflecting the idea of the emotional cost involved should be added as follows: Besides, it is important to note the emotional cost that the counsellor encounters based on the experiences of the frustration. The

counsellor could easily experience burn-out should s/he continue to experience frequent frustration. In addition, some other counselors emphasized that online counseling is always interfered with due to poor network connection. In this regard, one counselor via email communication expressed:

*The reality is that online counseling could be irritating due to frequency of on and off network connection. One is never sure that the session would begin and end smoothly; you are starting all over and over again! Often times the coherent flow of the session and understanding of the issue the client presents is impacted upon due to too many frequent beginnings...*

Explicitly, this counselor states that fluctuation of network services impact on the smooth flow of online counseling session. What this means is that more time is likely spent, which by extension means spending more resources on data in order to stay tuned in, and the question is how would the counselor and counselee sustain such expenditure? Equally, the experience of poor internet availability is affirmed by counselors who expressed that failure in power supply is one of the major causes. In this view, one counselor reported:

*Some of the difficulties experienced within this COVID-19 online counseling is the mere fact that clients do not have frequent access to electricity to charge their phones besides the resources to buy the data. Worst still some do not even have phones that possess internet accessories...*

Basically, the above narratives indicate that there are a number of challenges that counselors encounter ranging from lack of skills to poor internet connectivity, which need to be addressed in order to find a better way of providing online counseling. What is emerging is that online counseling cannot possibly replace traditional face-to-face [12]. Hence, negotiations are needed to integrate the two in order to withstand the stress of the time such as COVID-19 pandemic.

## **6.2 Clients' perceived privacy versus data security**

Some counselors emphasized that although online counseling has facilitated client's perceived privacy in the sense that majority of their clients have made in-depth disclosure of themselves which they may not naturally do within face-to-face counseling they are still worried about the clients' data security. In this line some of them narrated that they struggle to save data from being violated by service provider including safe guarding them from getting corrupt. In this context, one counselor in a radio interview said:

*So far I am happy with the progress my clients are making particularly as many of them are able to share freely their stories more than when I have face-to-face session with them. It seems they are more eager to talk under the mask of telephone conversation; needing less prompting but I am worried about the level of confidentiality as some of the conversations could easily be accessed by service providers...*

This counselor expressed that clients seems to be more open to sharing their stories over the phone in comparison to face-to-face conversation. For this counselor, this is a plus but he is worried about the security of the data. His major concern is

focused on the maintenance of confidentiality of which he is not alone as another counselor reiterated:

*Some of my clients have expressed that they are sharing spaces with either their family such as spouse, children and/or parents when talking on the phone. In such situation there is no privacy! In fact some maintain that they live in a very communal setting where everybody over hears everyone's conversation.*

In this counselor's narrative, the mismatch status quo is clear; it is the counselor's concern over security of data and client's attitude towards interference from others due to cultural orientation. Thus, what is the best practice counselors should adapt in order to bring their clientele to the same level where they are? This question relates directly to the next challenges regarding the clients' satisfaction and professional demand.

### **6.3 Professional demand versus client's satisfaction**

Some of the counselors in their narrative claimed that online provision of services impact on some of the professional demand such as ethics of informed consent as many clients are not aware of such requirement. Therefore, they sometimes act like the counselor is wasting their time and data bundle by following the fundamental rudiments such as introducing yourself, your qualifications, specific approach, if you are a registered counselor including establishing which online facility the client prefers. Accordingly, one counselor presents the challenge she encounters in view of informed consent expressing that clients always seem to be in a hurry to get it over and done with (Abuja Local Chapter of Counseling Association Meeting, July 2020). In affirmation another counselor via email communication stated:

*One of the biggest challenges is that many clients feel you are wasting time whenever you start enlightening them about what is anticipated to happen during your session together. Sometimes you hear them sigh over the phone reflecting their displeasure and unfortunately the online inhibit observation of body language, so one cannot tell what exactly is going on in the mind of the client.*

Therefore, the challenges according to this counselor's narrative reflect the struggles counselors encounter in order to maintain professional ethics whilst sustaining clients' satisfaction. These are two parallel lines which if care is not taken might be compromised. However, another counselor emphasized that because she wants to satisfy the clients, she would always bend some of the professional demands in order to make the clients happier. As such she would allow the client to go straight on and pour out their narratives amidst tears as their experiences are stressful reflecting fear of contracting the virus, losing job, having children stay home all the time including the reality that a victim died in their neighborhood but they could not condole with the family among many others.

## **7. South African narratives**

As a result of the global outbreak of COVID-19, most people in South Africa struggled with the "new normal". It is under this "new normal" that citizens were expected to change their ways of life. The adjustment process affected the economies, corporate spaces, education system, religion and families. At the personal level, the

pandemic and the process of adjustment triggered in most people, the onset of mental disorders, such as anxiety and depression [3]. The rise in these disorders suggested that the psychological services were needed, to maintain the mental health for the citizens.

During lockdown, citizens who were presenting with symptoms of mental illnesses became more frustrated because the public health care centres were only accessible for the severe and emergency cases. To help the public, mental health practitioners who run their private practices offered their volunteering services to the citizens who were affected by both COVID-19 and gender based violence. Their counseling services were offered through direct telephone or through *WhatsApp* calls. In the process of executing their volunteering services, these counselors experienced several challenges as cited below:

## 7.1 Telepsychology

Most of the mental health practitioners (registered counselors/psychologists) in South Africa were trained to use the traditional methods of counseling such as face-to-face counseling. When COVID-19 hit the shores of South Africa, the first challenge was to find a new counseling mode and platform that would not expose the clients/counselors to COVID-19 since the traditional methods were not safe. It is in this regard that telepsychology was recommended as the safest method in this era. As an unfamiliar method, some of the counselors and psychologists were not confident in using it:

*Honestly, I did not know how to do counseling online. I am used to see the clients face-to-face. At first I was afraid that I am gonna do it wrong, but once you pick up the phone, the conversation just flow. I can even pick the emotions on the other side. Practice makes perfect.*

At first, the practitioners were not confident in using this mode since they did not have the formal training in it. Again, the practitioners were concerned that without such training, they are likely to violate HPCSA ethics rules and regulations. As such one counselor countered: *"I feel good when I do something I master. This one was just new. You learn as you go. The problem is that as you learn, you don't want your practicing licence to be revoked"*. These concerns were genuine. For instance, according to the HPCSA form 223, the health practitioner is expected to obtain an informed consent before the commencement of the counseling session. Under normal circumstances, a consent form is discussed with the client and signed by both parties. When using telepsychology, the concern was mainly on how the practitioner would obtain such consent. Initially, this uncertainty led most of the practitioners to be uncomfortable in volunteering their health care services. Another counselor affirmed:

*At first it was frustrating because we had no document to sign. A phone just rings and the person start narrating his or her problems. I resorted to verbal informed consent, but I had to read up on HPCSA and the APA guidelines to ensure that I do it right.*

Even though it was frustrating at first, counselors had to navigate their way through, to ensure that they do not deny the public of these vital services, yet at the same time they ensured that they do not violate the HPCSA ethics.

In addition, another issue that was raised concerning telepsychology was confidentiality. According to HPCSA form 223, in offering psychological services, the



practitioner is expected to maintain confidentiality. However, it is during this time that the practitioners experienced an ethical dilemma on how to handle confidentiality in telepsychology since the information of the session could still be accessed by the network providers of both users. Most of these practitioners are still uncomfortable with this intervention approach since private information might not necessarily be private. As such one counselor stated:

*You see, one thing that might lead us into trouble when using this method is confidentiality. Do you know that the workers at those networks can still access our recordings? What if the spouse is working in one of the networks, s/he might access the file and listen to the whole conversation. I don't trust phones. The phone can still be hacked and the information can be accessed. I don't think I will do forensic work online. I am still afraid.*

Although there is no total security of information when one uses this mode, in the meantime, to mitigate this risk, most of the practitioners resorted to informing the clients about this limitation before the commencement of the first session. The challenge with this form of mitigation is that it is likely to limit the client from sharing their most private issues with the practitioner.

## **7.2 Challenges during the intervention process**

When they started with the intervention, some of the practitioners did not anticipate that the cases would be overwhelming. Immediately when their telephone numbers were broadcasted over the local radio stations, the practitioners were overwhelmed by many calls which were outside the scope of the mental health practitioner expertise. For example some counselors expressed:

*One client called me about food parcels. She said that she did not get her food parcels for three months. I encouraged her to go to the local social worker.*

*...this woman called me and asked about the procedures of divorce. She said she does not have enough money to pay the lawyer. Her husband was cheating on her for a long time and now she wants divorce. She received counseling in the hospital in the past. This time she just wanted to start with the process of divorce...*

The influx of calls from the citizens was an indication that most people indeed needed help, not only related to COVID-19 but covering a wide range of issues. To narrow this influx of calls, the public were encouraged to contact the practitioners on matters related to mental health.

As they continued to offer their volunteering services to the public, one other challenge was that there was no uniformity in recording of the statistics. Since this volunteering was unplanned, it was not coordinated. Instead, different templates were used to record the cases. In as much as psychological intervention was provided, statistics is also important for designing future intervention strategies based on the current findings as a baseline. With such gaps, it would be a challenge to improve the services and for future intervention.

Another challenge that was brought forth was the issue of boundaries. Since the practitioners availed their personal contact numbers to the public, it was challenging at first because some individuals would sometimes phone the counselor at odd times even

though the public have been informed of the counselor's available times. Giving out personal numbers to the public led to enmeshed boundaries. To resolve this problem, practitioners had to find ways to re-create boundaries. To this effect, one counselor said:

*Once I realised that some called me late at night when I am sleeping, I decided to switch off the phone because it is a business phone. For my family I use the other one.*

Despite all these challenges, it seems practitioners perceived them as a learning curve that contributed to their professional growth.

### **7.3 Financial implication**

When they started volunteering, it was anticipated that the time spent with the general public might affect the businesses of counselors negatively since most of them are self-employed. However, the counselors reported that they scheduled times for their daily work and for volunteering differently in order to control interference. Even though their businesses were not affected, a concern related to costs was raised. It was reported that some of the members of the public called the practitioner using less credit and during the session, they requested to be called back once their credit is depleted:

*They will call you knowing that they don't have enough airtime. When their airtime is finished, they send you "please call me". You find yourself calling them back with your own money. When you call them back, their conversation becomes lengthy. You end up being frustrated.*

To ensure that their volunteering do not affect their finances, some of the practitioners stated that they informed the clients that they are liable for their phone bill. For instance, it was clarified that if the call breaks, the client would call again when s/he has enough credit. Alternatively, they were sent a message to contact the toll-free numbers for the non-governmental organizations that are providing counseling services too.

Even though their volunteering compromised their time and money in some instances, to some extent the process has enabled them to be innovative in trying to meet the needs of their clients using telepsychology. Despite the compromises and challenges, volunteer counseling appears to have also brought fulfillment as one counselor expressed: *"Even though I was not paid, at least I helped other people"*. It appears as if it is this fulfillment and inner peace that made the practitioners to turn a blind eye to these challenges and continue to assist the people. In as much as it was fulfilling, it is recommended that these practitioners should not overwork themselves, to avoid compassion fatigue, which might eventually be registered as another challenge.

## **8. The Ugandan narratives**

On March 21, 2020, Uganda confirmed the first case of COVID-19. This unfortunate information resulted to restrictive measures including country-wide lockdown of sectors except those providing essential goods and services [13]. This has been accompanied with mental problems including stress, depression, anxiety and others. Mental health services were notably on demand during the pandemic owing to the rise in mental health issues, child abuse and gender-based violence [14]. Cognizant of the repercussions of the virus on the mental health, the Ministry of Health (MoH)

invited and recruited volunteer health professionals in response to the National fight against COVID-19. Some of these volunteer counselors provide face-to-face counseling services while others have resorted to telepsychology. Volunteer counselors have been surprised at how effective telepsychology can be of help amidst the pandemic. One of the counselors said:

*Previously, we did not think that providing counseling services over the telephone would have much impact. Now, we have learnt that distance should not be a barrier to helping individuals, even if they come from remote communities.*

The use of telepsychology helps connect mental health professionals to underserved clients. The client and counselor can engage in service while maintaining social and physical distance. People are encouraged to call or send messages to the mental health professionals. However, there are noticeable challenges and compromises on the side of mental health workers who volunteered their services. These challenges and compromises are categorized into three themes as presented below.

### **8.1 Limited skills to use telepsychology and internet connectivity issues**

The term telepsychology refers to using internet and communication technologies. In the context of COVID-19 this means access to internet is access to counseling services. However, counselors and clients had issues related to internet subscription. Some of the telepsychology channels and information platforms leveraged on third party operators including Facebook, WhatsApp and others are costly. The extra charges incurred on Over the Top (OTT) tax affected the use of telepsychology platform and mental health information access for the population [15]. Besides, many counselors did not have adequate training in the use of modern technology. Other counselors complained of poor network connectivity and consistent power black-out. In this context, the counselors believe that there is need for national guideline grounded with respect to local context. One counselor had this to say:

*Telepsychology innovation has the capacity to reduce the mental health costs and enable access to better quality mental healthcare. However, loss of internet connectivity and unreliable power supply impede its application.*

In developing countries like Uganda, many people are offline because either they cannot afford smartphones or costs involved and hence unable to access the service. Internet access plays an important role in providing mental health services. Additionally, internet connection is not always stable. One counselor put it better:

*A dropped connection may not be a big problem between a counselor and a client. It could lead to possible client misunderstanding and mismanagement.*

Counselors are able to offer counseling through modern technology to clients who had psychological and emotional challenges. However, some counselors believe that many other clients are unable to transit to telepsychology despite the fact that they are in need of professional support. One counselor said:

*Clients without the means from the equipment such as lack of smartphones are largely affected by the inability for me to provide face-to-face services. Those with*

*psychological problems are unable to access psychological care at all. Sadly others are reluctant to adapt to the “new normal”.*

## 8.2 Verbal versus nonverbal communication in counseling

Non-verbal communication is established through gestures, postural positions, eye contact, voice tone and nodding. The volunteer counselors believe that failure to observe the nonverbal communication was a serious challenge to them using telepsychology. The counselor may wish to match the client's posture with verbal communication for congruence or incongruence. The counselors believe that something is lost due to virtual distance between the clients and counselors. One counselor tells her experience with respect to non-verbal cues:

*I volunteered to provide counseling service to a married couple who hit a rough patch in their lives. As counselor I listened attentively to both the wife and husband as they narrated their alternative views of their marital problems. The wife is willing to tell me how unhappy she is, she feels the husband is cheating on her and considering quitting marriage. On the side of the husband everything is okay and the wife is simply paranoid. That's all the husband said through the session that took 60 min. The challenge is that I am unable to assess the nonverbal behaviours of the couple when working remotely which would tell more to the story if all of us were together in the same counseling room. There are things that are much harder to notice and attend to virtually.*

Counselors believe that when sitting with clients, they often use their own body language and positioning to help clients feel more comfortable during moments of silence or when struggling with difficult emotions. However, this strategy is difficult to deploy with telepsychology sessions. One counselor said. The outbreak of COVID-19 therefore has had a deep impact on the way counselors communicate with clients given the need to maintain isolation and social distancing. However, both of these have been compromised in the COVID-19 experiences. A counselor narrative expounded on this challenge:

*...not having cues from the audience makes it difficult for counselors to know if the clients are engaged. As a counselor I rely on non-verbal communication to proffer care to my clients: head nodding, smiling, focussed eye contact. The absence of these elements makes it difficult to help my clients.*

## 8.3 Privacy and confidentiality

The rapid emergency of digital technology used by counselors to deliver services during COVID-19 is characterized by issues related with privacy and confidentiality. The counselors acknowledged that there are no national guidelines for secure management of individual's electronic information and services placing personal private data at risk. Other individuals might have access to private and confidential conversation. Even stored data could be accessed by unauthorized companies or people. Therefore there are significant privacy and confidential risks in telepsychology systems that can greatly impact the clients' and counselors' levels of trust and relationship and use of the technology [16]. A client who wants privacy, getting a safe place in crowded house to do a 60 min telepsychology session is quite challenging. A counselor shared his experience:

*Some clients might worry about privacy and there is reluctance among clients to have these modern technologies that affects counseling sessions. Clients may be more comfortable having such sessions while face-to-face with the counselors.*

Another counselor shared her experience:

*There is a probability for other people to overhear sessions especially because these sessions took place in homes, in our sitting rooms or small compounds hence risking confidentiality.*

Another counselor reported:

*Besides malfunctioning internet connection and other technological issues, one of the biggest barriers for social distance counseling in maintaining a client's privacy especially if the clients want to talk about the person is nearby. An emotional husband could not tell the entire story concerning her wife whom he considered a source of the problem.*

Some clients found it difficult to be able to speak in private. Their children, wives or husbands were home and it was difficult to have an hour-long or so conversation without being interrupted. It is a challenge for counselors to address difficult issues when family members are around or nearby. The spread of the virus and social distancing measures are changing the way counselors work across the scope of the field. In the transition from face-to-face to telepsychology, new ethical challenges are emerging. With family members including children, roommates and partners spending more time at home, it can be difficult to maintain the confidential space which is key to therapeutic relationship.

## **9. Recommendations**

In the context of COVID-19, telepsychology has become a reality facilitating the ease of providing online counseling within the challenges of safety protocols. Therefore, this paper recommends that counseling regulatory bodies within African countries (particularly in Nigeria and Uganda) should generate operative policies to guide provision of e-counseling services. Such policies should expand on the training needs of counselors, ethical issues of confidentiality, relationship boundaries, and informed consent among many others as the counselor's narratives presented in the paper emphasized. No doubt such policies will highly offer immeasurable support to counselors who otherwise may continue to grope in the dark for want of guiding procedures to follow, except for South Africa where there is seemingly an already existing policy.

It is anticipated that the policy document should influence the higher education training program to appreciate the need to make a paradigm shift towards integrating the canons of e-counseling into its curriculum in order to adequately prepare the student counselors to be effective and efficient e-counselors. This would also mean that concurrent workshops in terms of in-service-training ought to be offered to the already trained professional counselors in order to boost their efficiency of telepsychology skills. Again the onus falls on regulation bodies to ensure that such policies are inaugurated and practiced.

In view of the poor internet connectivity that majority of the counselors raised, the paper recommends that policy makers of counseling bodies liaison with network

providers in alliance with government to negotiate a sustainable service provision, which ought to facilitate telepsychology. Such negotiations ought to include confidentiality and the cost of data tariff, bringing it to affordable rate. In this way, counselors will be attracted to integrate traditional counseling approaches with e-counseling in order to continue to be relevant to the populace that needs their services.

## 10. Conclusion

With the outbreak of COVID-19 pandemic, telepsychology swiftly became the sole option for many people in need of mental health services; hence counselors are compelled to embrace the paradigm shift. Although there are multiple challenges associated with telepsychology but such are not insurmountable. Consequently, the COVID-19 counselors are charged with the responsibility of integrating traditional counseling approaches with telepsychology in order to provide relevant services to the clients who need their services.

## Conflict of interest

The authors declare no conflict of interest.

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