Virtual Lifelines: Filipino Psychologists' Experiences with Tele-Counseling for Suicide Prevention

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ABSTRACT. The COVID-19 pandemic forced a rapid shift to tele-counseling, presenting unique challenges for psychologists, especially those working with high-risk clients. This exploratory multiple-case study investigated the experiences of three Filipino psychologists providing tele-counseling for suicide prevention. The study revealed initial struggles with technology, ethical concerns, and perceived clinical effectiveness. However, the psychologists demonstrated resilience through a two-phase continuous professional development process: orientation and recalibration. Key outcomes included increased clinician enthusiasm, new professional opportunities, and improved ethical responses to crises. Tele-counseling emerged as a client-responsive tool that expands access to mental health services. Despite challenges, tele-counseling can be effective for suicide prevention with proper adaptation and training. These findings underscore the importance of integrating tele-counseling competencies into professional training curricula and developing evidence-based practices for remote crisis intervention.

1.0. Introduction

The landscape of mental health care has undergone a significant transformation in recent years, driven by technological advancements and the growing recognition of the importance of accessible psychological services (Batastini et al., 2023; Biddle et al., 2023). This shift has been particularly pronounced in the Philippines, where telepsychology has emerged as a promising solution to bridge the gap between mental health professionals and those needing their services (Aban et al., 2024; Rico & Namoca, 2021).

The advent of telepsychology has opened up new avenues for both practitioners and clients. Telepsychology eliminates geographical barriers and improves access to mental health services (Appleton et al., 2023; Pfender, 2020). For Filipino psychologists, it has expanded their reach beyond local communities, allowing them to cater to a more diverse client base (Bolletino et al., 2023). Clients, particularly those in remote areas or regions with limited mental health resources, have benefited from increased access to psychological services, enjoying greater convenience and flexibility in scheduling sessions. Additionally, Filipino psychologists have

been allowed to engage in professional development opportunities previously limited by geographical constraints. Telepsychology offers opportunities for psychologists to engage in supervision, consultation, and professional development remotely (Caver et al., 2019). Psychologists can receive guidance and support from supervisors or mentors in different cities or countries. This access to remote supervision can enhance psychologists' skills, expand their theoretical knowledge, and foster ongoing professional growth. More importantly, telepsychology provides avenues for research collaboration among Filipino psychologists and international colleagues. The digital nature of telepsychology allows for data collection, sharing of best practices, and collaboration on research projects without the constraints of physical distance.

However, the rapid adoption of telepsychology has been challenging. One of telepsychology's most pressing challenges is potential deviations from ethical standards (Finlayson et al., 2021; Rico & Namoca, 2022). Maintaining client confidentiality and data security are critical in telepsychology. Psychologists must ensure that their platforms and tools are secure, encrypted, and compliant with privacy regulations. Clients may also have concerns about the privacy and security of their personal information transmitted over digital channels. Building trust and addressing these concerns is essential for successful telepsychology

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implementation. Another concern, along with ethics, is maintaining professional boundaries and managing dual relationships, which can be more complex in telepsychology (Galvin et al., 2023). Psychologists must establish clear guidelines regarding the use of technology, communication channels, and appropriate online conduct.

Additionally, ensuring the privacy and confidentiality of sessions when clients may be engaging in therapy from their homes requires careful consideration and communication of expectations. Thus, practitioners have grappled with maintaining client confidentiality, ensuring data security, and adapting their clinical practices to the digital realm. These challenges are amplified when dealing with high-risk situations, such as clients at risk of suicide, where immediate intervention and crisis management are crucial.

Traditionally, telepsychology has been viewed as an excellent alternative to routine psychological services but less suitable for immediate crisis interventions (Huilgol et al., 2023; Lawson et al., 2022). The limitations of remote communication, the inability to physically intervene, and the potential for technological failures have raised concerns about its efficacy in managing acute mental health crises, particularly in cases involving suicidal ideation or attempts (Haidous et al., 2021). Hence, clear protocols and contingency plans must be established to effectively address emergencies and provide appropriate support. Since crisis management involves assessment, telepsychology also poses some challenges in assessment. Conducting comprehensive assessments and making accurate diagnoses can be more challenging in telepsychology than in-person evaluations (Naal et al., 2021). Limited access to physical cues and standardized assessment materials may impact the psychologist's comprehensive information gathering. Despite these reservations, the global COVID-19 pandemic forced a paradigm shift in mental health service delivery (Biddle et al., 2023; Lawson et al., 2022). As face-to-face interactions became restricted due to health and safety protocols, psychologists found themselves at a critical juncture. The surge in mental health issues, coupled with the inability to provide in-person services, necessitated a rapid transition to telepsychology, even for high-risk cases.

With the preceding, this study was conceptualized to examine and ascertain the potential of telepsychology in crisis intervention, with a specific focus on clients at risk of suicide. By exploring the experiences of Filipino psychologists who have navigated this transition, the researcher to understand the challenges, adaptations, and outcomes of using telepsychology for suicide prevention. This research is crucial in bridging the gap between the perceived limitations of telepsychology in crises and its practical application in a world where remote mental health services have become increasingly necessary. Through an in-depth analysis of psychologists' experiences, this study aims to contribute to the growing knowledge of telepsychology and its application in high-risk scenarios. The findings may inform best practices, guide the development of targeted training programs, and ultimately enhance the delivery of remote psychological services for those in acute crisis.

2.0. Methodology

Research Design. The study employed an exploratory case-study design, which intends to unravel a phenomenon to identify fresh research questions that can open succeeding studies for more extensive scientific inquiry (Priya, 2020). Thus, this design is deemed appropriate and necessary in unearthing the unique case of tele-counseling for suicide prevention. This case study design paved the way for developing an in-depth understanding of how various psychologists' cases provide insight into the complexities of using telepsychology for cases at risk of suicide.

Respondents and Sampling Technique. The participants in this study were licensed psychologists with at least five years of clinical experience, two years of which revolved around delivering tele-counseling services. Additionally, the participants should have handled at least one client who has a high risk of suicidality through tele-psychological services. In total, three licensed psychologists met the inclusion criteria set in this study (see Table 1). De Guzman (2017) posited that for case studies, the sample size can range from one to multiple, depending on the nature of the issue investigated in case studies.

Table 1
Participants' Description

Pseudonym	Gender	Age	No. of Years Practicing as a Clinical Psychologist	No. of Years in Delivering Tele-Counseling Services	No. of Clients-at-risk of Suicide Handled	Platforms Used in Delivering Tele-Counseling Services
Cybertala	Female	38	10	3	2	mobile phone, doxy.me
Linkarez	Female	35	8	2	1	mobile phone, doxy.me
Torres-Web	Male	32	7	2	2	mobile phone, quenza

Hence, the number of participants in this study is deemed appropriate since only three practitioners met the inclusion criteria set in this study.

Research Instrument. A Robotfoto was used in this study to document the participants' demographics, clinical work experience, number of clients at risk of suicide being handled, and the platforms used for tele-counseling. Additionally, a semi-structured interview guide was crafted, with questions anchored on the motivations of psychologists in providing tele-counseling in helping their clients at risk of suicide, how they have delivered tele-counseling, and the lessons learned and gained from experience in tele-counseling.

Data Collection and Analysis. Participant recruitment was done through targeted invitation and those who met the inclusion criteria and signified their interest in participating were asked to sign informed consent forms. Due to the distance and the limitations of face-to-face contact, online interviews were conducted via Zoom Cloud Meetings. The interviews were conducted orally and individually per the set schedule by the participants last March 2023. The average time for the interviews lasted 45 minutes, with all sessions being captured through audio recording, where the interviews for each participant were conducted only once without the need for follow-throughs. The audio recordings were transcribed immediately using orthographic transcription, and each uttered word was transcribed verbatim. Data were analyzed using Morse's four-step analytical framework in qualitative case study data analysis: comprehending, synthesizing, theorizing, and recontextualizing (Houghton et al., 2015). Additionally, investigator triangulation was employed to ascertain the validity of the findings generated in this study, where three research assistants are all experts in graduate qualitative research in psychology.

Ethics Concern. This study was issued an Ethics Clearance Certification from a Research Ethics Review Board from one HEI in La Union. Due to distance issues, the data-gathering procedure was only done virtually, and an online Informed Consent Form was administered to ensure that the participants voluntarily participated in the study. The researcher implemented stringent measures to safeguard participant confidentiality. All collected data were handled with the utmost discretion, and no personally identifiable information was disclosed. The recorded interviews were securely encrypted even in the event of accidental exposure to prevent unauthorized data access. Furthermore, each participant was assigned a unique pseudonym or code name to ensure anonymity. These precautions were taken to maintain the highest standards of confidentiality throughout the research process.

3.0. Results and Discussion

Cognizance of Moral Obligation to Provide Tele-counseling Service

This theme centers on the ethical imperative that psychologists faced during the pandemic. As mental health issues surged and traditional in-person services were restricted by health and safety protocols, psychologists found themselves at a critical juncture. Their professional ethos and sense of civic duty compelled them not to abandon their clients during this heightened need. Instead, they recognized a moral obligation to adapt and continue providing care through tele-counseling services. As positively revealed by the participants:

> I have existing clients that need to continue with their sessions, especially during the peak of the COVID-19 lockdown, when it is impossible for my client and I to meet in the clinic to have our sessions. I felt that it is part of my civic duty and moral obligation not to leave my clients hanging, especially when they experience several concerns exacerbated by the lockdowns. (Linkarez, online interview, March 17, 2023)

> It is an ethical responsibility to provide psychological intervention, most especially to high-risk clients in emergency cases, especially at the height of the COVID-19 pandemic in 2020. (Torres-Web, online interview, March 24, 2023)

The theme encapsulates the tension between the increasing demand for psychological support and the logistical challenges posed by the pandemic, highlighting how psychologists' commitment to their client's well-being drove the rapid transition to online service delivery. It underscores the profession's resilience and adaptability in the face of unprecedented circumstances, emphasizing that the core values of care and responsibility transcend the mode of service delivery. Ultimately, this theme reflects how the pandemic catalyzed a shift in perspective, with tele-counseling emerging as a stopgap measure and a vital fulfillment of psychologists' ethical mandate to provide accessible mental health care.

The transition of clinicians to telepsychology to continue delivering their psychological services to their clients reflects the noble work of mental health professionals in prioritizing the well-being of their clients as part of their sworn duty and responsibility as licensed psychologists. The finding suggests that clinicians always find ways to sustain and fulfill their obligations to their clients. This finding supports previous findings about the attitude of clinicians

in the context of change where they are flexible and confident in transitioning to telepsychology, especially in situations where there is a dire need to adopt such practice in order to cater to their clients (Doran & Lawson, 2021; Macmullin et al., 2020).

Remote Roadblocks: Psychologists' Hurdles in Tele-counseling High-Risk Clients
    With the sudden transition, clinicians have consequently needed help delivering telepsychological services. The participants' struggles revolved around six significant concerns: apprehensions regarding telepsychology, ethical issues, technological constraints, client safety, physical inaccessibility, and reduced perceived clinician effectiveness.

    Apprehensions Regarding Telepsychology. The clinicians have experienced apprehensions regarding the conduct of telepsychology, especially to clients at risk. This refers to the worries and doubts of the clinicians in the conduct and delivery of telepsychological services. This is pronounced in the remark of one participant:

> I had self-doubts about whether I could execute the expected tasks. Face-to-face sessions are challenging; how much more with telepsychology services, right? Especially since the client has strong suicide ideations and several attempts. (Cybertala, online interview, March 10, 2023)

    This finding suggests that, in a way, the clinicians struggled with their confidence in the initial delivery of telepsychological services to clients at risk of suicide, especially since the process is made more difficult by the nature and process of telepsychology, which is primarily through the use of technology.

    Technical Constraints. Additionally, the participants faced technical constraints. This refers to the challenges regarding technological requirements and clinical resource limitations. These sentiments were evident among the participants:

> The technological demands and know-how of using technology-assisted communication platforms also caused trouble for the clients. I have to look for psychological tests that have online versions and other alternative assessment tools, especially since our clinic cannot afford to purchase online tools at that time yet because the clinic was also hit economically by the COVID-19 crisis at that time. (Torres-Web, online interview, March 24, 2023)

> Technology concern especially that I have heard of such HIPAA compliances. There are also the issues with the availability of technology resources on the end of the clients. (Linkarez, online interview, March 17, 2023)

    This theme posits the concern of clinicians concerning the problems of technology use on the end of the client as it would require orientation and familiarization of the client with the technological tools. Moreover, another technical concern experienced by clinicians in delivering telepsychological assessments is the need for more of their clinic's resources in terms of purchased online versions of their standardized psychological tests.

    Ethical Issues. The experience of ethical issues is another struggle experienced by clinicians. This refers to some ethical problems with the delivery of telepsychological services. As articulated by the participants:

> The issues on confidentiality and privacy were the most challenging part of the transition and facilitation of telepsychology, especially that the client-at-risk is in an environment that is not very conducive to counseling because she shares a room with her two younger siblings. (Torres-Web, online interview, March 24, 2023)

> Issues with confidentiality and privacy as well are also some of my concerns in transitioning to tele-counseling. (Cybertala, online interview, March 10, 2023)

    This finding suggests that the clinicians struggled to ensure compliance with ethical standards regarding privacy and confidentiality due to the imperfect setup of telepsychology on top of the context of the client with no definitive parameters to ensure privacy and confidentiality. This poses a threat to the effectiveness and ethical compliance of telepsychological services.

    Client-Safety Issues. Another struggle clinicians face in delivering telepsychological services is closely related to ethics, which revolves around issues with client safety. This pertains to the problems in terms of ensuring the safety of their client, especially during episodes of suicidal ideation and the brink of attempting suicide. As mentioned by the participants:

> A client disclosed having passive thoughts of suicide and not being able to determine if the client is in a

safe space during the session was challenging since I can only see a controlled space, and I still have not figured out how to solve this challenge. (Cybertala, online interview, March 10, 2023)

One client slit her wrist in an attempt to end her life because she felt that there was no good reason for her to live anymore. I had some problems in ensuring the safety of the client, especially since we only have the sessions through virtual means. I cannot ascertain the client's safety through virtual means. (Linkarez, online interview, March 17, 2023)

These responses reflect the struggle of the clinicians to ascertain that their clients who are at risk of committing suicide are safe. This situation would always prompt clinicians to respond quickly, mitigate this situation, and activate their duty to warn guardians and caregivers of their clients.

Physical Inaccessibility. Physical inaccessibility is also another concern raised by clinicians. This pertains to the lack of the physicality element of a therapeutic session in a telepsychological service session. As reflected in the sentiments of the participants:

Sadly, I cannot physically offer them a tissue when they cry! … and not being able to notice non-verbal cues. (Cybertala, online interview, March 10, 2023)

You cannot see all the body language of your client during assessment and therapy. (Linkarez, online interview, March 17, 2023)

These responses highlight the importance of physical accessibility between the clinician and the client during a session. At the same time, these responses signify the downside of telepsychological assessment as the physicality element of a therapeutic session is of immense importance in order for the clinician to get to understand more the narratives of their clients and that they can respond more appropriately to the client relative to the latter's body language or emotional state expressed thru their physiological responses.

Reduced Perceived Clinician Effectiveness. Another type of struggle experienced by clinicians is the reduction of their perceived clinician effectiveness. This struggle pertains to the decrease in their supposed level of effectiveness in delivering psychological services as clinicians. This concern is an outcome of the combined struggles that they have experienced, as mentioned in the earlier texts. The participants aired:

I questioned myself if I was really of help to the client. (Linkarez, online interview, March 17, 2023).

I would have self-doubts in the effectivity of the services I would provide. (Cybertala, online interview, March 10, 2023).

These initial roadblocks somehow intervened in the delivery of telepsychological services provided by the clinicians. However, at the same time, the concerns have driven clinicians to look for solutions to cope with these identified challenges. Ultimately, the findings elucidate that the psychologists who adopted telepsychology in their practice encountered many challenges and struggles as they transitioned to telepsychology. This coincides with previous accounts that documented the numerous challenges encountered by mental health practitioners in delivering telepsychological services at the height of the COVID-19 pandemic such as technical issues (Ahs et al., 2023) and problems due to COVID-19 health and safety protocols (McGlinchey et al., 2021; Rico & Namoca, 2022), limited preparations and training (MacMullin et al., 2020), and some negative emotional states (Ascroft et al., 2021; Liberati et al., 2021).

Virtual Victories: Continual Professional Development of Psychologists in Tele-counseling for Suicide Prevention
The different mitigation strategies the clinicians employed in response to the struggles that made telepsychological services challenging are generally categorized in this paper as continuous development. Continuous development practically refers to the constant process of improving oneself when delivering telepsychological services. The continuous development theme generated in this paper is further subdivided into two strategies: orientation and recalibration.

Orientation Phase. The first phase of the continuous development process is the orientation phase, which refers to the initial process of getting to know telepsychology's theoretical, practical, and ethical underpinnings. The orientation phase focused on three specific courses of action: familiarization, colleague consultation, and skill acquisition.
Familiarization pertains to the clinicians' coping

strategy, which focuses on getting acquainted with and acquiring general knowledge and understanding of the different ethical provisions and standards through readings and research in providing telepsychological services. As reflected in the following cases:

> I was also able to review the ethical guidelines as stated in the consent form regarding Telepsychology during the COVID-19 Crisis before deciding to deliver telepsychological services. I familiarized myself with the pertinent documents such as session notes, intake, and consent forms. (Cybertala, online interview, March 10, 2023)

> What I did was to search for any guideline or any journal article that would revolve around telepsychology. Luckily, what came out was the APA [American Psychological Association] 2013 ethical guidelines about telepsychology. (Linkarez, online interview, March 17, 2023)

These responses entail that the clinicians exerted conscious effort in orienting themselves with the gist of what and how to conduct telepsychology as they took the initiative to work on it of their own volition. This voluntary action manifested by the clinician coincides with and strengthens their civic and moral duty to deliver their services to their clients continuously.

Colleague consultation is another coping strategy used during the orientation phase of this paper. It pertains to the clinicians' coping strategy, which is characterized by the solicitation of input and guidance from senior colleagues on what courses of action the clinicians should take regarding the conduct of telepsychological services. As highlighted by the following cases:

> I consulted peers in the profession on how they conducted the said service [telepsychology]. (Torres-Web, online interview, March 24, 2023)

> I consulted other practitioners about what they know, and luckily, they were very generous to share what they know. (Linkarez, online interview, March 17, 2023).

These responses depict and validate the collaborative nature of psychology practice, wherein clinicians consult other clinicians on client intervention matters they are unsure about. Hence, as clinical practitioners, one should openly work with other clinicians to provide the optimal care that clients need.

Skill acquisition is another domain under the orientation layer of the continuous development model developed in this paper. Skill acquisition pertains to the clinicians' coping strategy, characterized by gaining the necessary skill sets and technical know-how required to deliver telepsychological services by attending crash courses and training. As shared in one case:

> I attended webinars organized by the PAP [Psychological Association of the Philippines] and other independent organizations here in the Philippines and even abroad to prepare myself for this endeavor. That is where I spent my time during the first two months of lockdown in 2020. (Linkarez, online interview, March 17, 2023)

This finding entails that more than reading alone is needed to understand the essentials of telepsychology. Clinicians need to update themselves with the new trends in clinical practice by attending training and webinars, as these are essential avenues where clinicians can raise their concerns and questions in real-time and solicit immediate feedback from resource persons.

Recalibration Phase. The second layer of strategies that substantiates the continuous development process is recalibration. Recalibration, as gleaned in the analysis results in this paper, pertains to the upskilling of the three specific courses of action under orientation, where each of them is further improved through the recalibration process. The three routes of recalibration identified in this paper are refamiliarization, colleague supervision, and skill enhancement.

Refamiliarization is the first component of the recalibration layer of the continuous development model generated in this paper. This is the recalibration counterpart of familiarization, wherein it refers to going back to the basics of telepsychology as prescribed by the provisions of ethical standards and journal articles to stay grounded with what clinicians need to know by default. As mentioned in one case:

> Whenever there is something that I am uncertain about, I read and re-read the APA guidelines. (Torres-Web, online interview, March 24, 2023).

This refamiliarization entails that the clinicians ground themselves and their courses of action with clear-cut ethical guidelines in delivering telepsychological services. As reiterated in the literature, grounding the practice with ethical guidelines is part of the responsibilities of clinicians as they engage in the professional practice of

psychology in all contexts and forms (McGlinchey et al., 2021; Priya, 2020; Salvilla & Bedoria, 2021; Rilveria, 2024).

The second component of the recalibration phase is colleague supervision. This is the recalibration counterpart of colleague consultation, as mentioned in the earlier text. This refers to asking senior colleagues to supervise and guide the clinicians as they learn and deliver telepsychology. As elucidated in one case:

> I consulted my colleagues and asked to be supervised by them. (Linkarez, online interview, March 17, 2023).

This colleague supervision as a recalibration ensures that the clinician is practicing under the guidance and supervision of their senior colleagues. This is imperative in the practice of a relatively new aspect of the professional practice of psychology in the Philippines, particularly telepsychology.

The third component of the recalibration phase is skill enhancement. As mentioned in the earlier text, this is the recalibration counterpart of skill acquisition. This refers to upgrading the clinicians' skills acquired in the first layer of the crafted continuous development model. As explained in the following cases:

> The experience made me realize that I need some intensive training on this! Hence, I enrolled in additional short courses and webinars focusing on telepsychological services for high-risk clients. (Linkarez, online interview, March 17, 2023)

> I have also conducted dry run or simple simulation from receiving referrals or inquiries to terminal phase. (Torres-Web, online interview, March 24, 2023)

Overall, the continuous development model necessitates clinicians to live up to the present premise of education as prescribed by the Commission of Higher Education (CHED) and even the United Nations Educational, Scientific, and Cultural Organization (UNESCO) along with lifelong learning. This is also consistent with the provisions of the PAP Code of Ethics, which requires clinicians always to stay updated on the current trends in the professional practice of psychology as part of their compliance with the principle of Competent Caring for the Well-being of Persons and People as well as the principle of their professional and scientific responsibility (PAP Committee on Ethics and Professional Standards, 2022). Additionally, seeking training and supervision is imperative in these circumstances as it allows

clinicians to be guided by ethical and correct practices (Hausman et al., 2021). This allows clinicians to continuously aspire to develop professionally and personally to optimize and maximize their potential as practitioners through the excellent delivery of psychological services.

Tele-transformations: Positive Outcomes in Online Suicide Intervention

With the continuous development of clinicians engaged in delivering telepsychological services to clients at risk, clinicians are led to achieve triumphs through transformations in their practice through two general categorizations of positive outcomes: clinician empowerment and client-centric virtualization.

Clinician Empowerment. This sub-theme highlights how telepsychology creates enthusiasm among clinicians and presents them with new opportunities and ethical challenges, particularly in managing at-risk clients. It focuses on the balance between new possibilities and responsibilities. Moreover, it underscores the transformative impact of telepsychology on clinicians' practice, encompassing their growing enthusiasm, expanded professional horizons, and the development of ethical frameworks for online crisis intervention. It emphasizes the comprehensive change in the landscape of psychological practice. Additionally, this theme has three sub-categories: the increase in clinician enthusiasm (about telepsychology), additional professional opportunities for the clinicians, and ethical response in handling clients at risk via telepsychology.

An increase in clinician enthusiasm is one concrete manifestation of increased clinician outcomes, which pertains to a significant improvement in clinician attitudes concerning the conduct of telepsychological services. As discussed in one case:

> My success in telepsychology is about reframing my views about the complex application of the psychology basics and establishing professional networks. My attitude towards telepsychology has to be reframed, as it is both a responsibility and a new terrain to walk. The delivery of telepsychology reawakens and refuels my passion in the field that despite geographical and technological barriers, as a therapist, one must deliver the most effective and ethical psychological intervention. (Torres-Web, online interview, March 24, 2023)

This finding ascertains that success in the endeavor of telepsychology boosts clinicians' confidence in providing telepsychological services.

Once this confidence is established, clinicians will be more motivated and excited to deliver telepsychological services. The participants also consider additional professional opportunities to be a successful outcome in the professional practice of psychology. This pertains to the emergence of additional avenues for clinicians to explore other possibilities the profession offers. As highlighted in the following cases:

> My success in telepsychology is mostly in my personal development in this line of work as telepsychology allowed me to be creative, especially during delivery of Psychoeducational materials/activities; the client can also present assignments and outputs using media presentation, which can be fun. (Cybertala, online interview, March 10, 2023)

> I can say that I succeeded in delivering telepsychology as it allowed me to unravel some possibilities that I never imagined possible, like conducting assessments and therapy through telepsychology. (Linkarez, online interview, March 17, 2023)

These narratives prove that engaging in telepsychology allows clinicians to expand their knowledge, skills, and actual clinical practice. This is an essential element of ensuring job satisfaction among clinicians, as the emergence of additional opportunities for personal and professional growth within one's line of work leads to this outcome. Clinicians also consider ethical responses in handling clients at risk via telepsychology to be another manifestation of their success in delivering telepsychological services. This pertains to the situation where the clinicians manage the case of their at-risk client even through telepsychology, as depicted in the following cases:

> I did close follow-up through communication via call for short relaxation and reflective activities as needed - and further discussed/processed in the next session, and I have also alerted the client's emergency contacts for monitoring. (Cybertala, online interview, March 10, 2023)

> I alerted his father and his older sister about his situation in order for them to be informed about his situation. I also had my close monitoring of how he was. (Torres-Web, online interview, March 24, 2023)

These narratives have shown that the clinicians stayed faithful to their ethical obligation of duty to warn their client's parents and guardians regarding their client's situation of suicide ideations and attempts, as it is what the ethical standards dictate. This was considered a success for the clinicians as they handled the case of their at-risk client ethically, albeit online.

Client-Centric Virtualization. This sub-theme focuses on the realization that telepsychology can be tailored to meet diverse client needs. It emphasizes how digital platforms can be leveraged to create more responsive and accessible mental health interventions, break down barriers, and create new opportunities for clients to receive psychological support. In like manner, it encapsulates the journey from initial acceptance to a deeper appreciation of telepsychology. It highlights the psychologists' growing recognition of telepsychology as a valuable tool that responds to client needs and expands access to mental health services. This theme is broken into three strands of realizations: acceptance of telepsychology, the realization that telepsychology is client-responsive and that telepsychology increases client opportunities.

The first insight revolves around accepting telepsychology as an integral part of the present landscape in delivering psychological services. This means that telepsychology has to be embraced by clinicians since telepsychology is here to stay as part of the innovations in the professional practice of psychology. As ascertained in the following cases:

> I have seen that in our line of work, change is imperative, and these changes in our processes do not necessarily threaten the integrity of our profession because what these changes do is that it allows us practitioners to expand further our limits. We should not resist changes in our practice but rather accept and embrace these changes and development. Telepsychology is here to stay. Therefore, it should already be incorporated into the curriculum of graduate psychology programs. (Linkarez, online interview, March 17, 2023)

> My takeaway is never to be discouraged despite the challenges and changes in the field. (Torres-Web, online interview, March 24, 2023)

The second insight refers to the realization that telepsychology is client-responsive as it can address the clients' concerns at risk. This means that clinicians have recognized that telepsychology can respond to

their client's demands, especially those who strongly prefer convenience as telepsychology provides convenience. This was the claim of one participant:

> "Clients deserve to receive clinical services that best fit their concerns and comfort - telepsychology is one of those promising choices." (Torres-Web, online interview, March 24, 2023)

The third insight pertains to the realization that telepsychology increases client opportunities. Telepsychology allows broader access to psychological services, especially in remote areas. This would also provide an additional option for the clients in terms of the varieties and modalities of psychological services they can choose from, as established in the following cases:

> The fact that I was able to accompany my clients is already a victory that I can claim, that through telepsychology, I was able to be a lifeline for my clients. when the COVID-19 pandemic happened, I realized that even if telepsychology is difficult to conduct, especially here in the Philippines where there are many gaps in technology and reception of signals, telepsychology still needs to be done because it is the only viable option that we have to continue the delivery of psychological services. (Linkarez, online interview, March 17, 2023)

> I think telepsychology helps make therapy services more accessible for many individuals, especially high-risk young professionals. (Torres-Web, online interview, March 24, 2023)

In a nutshell, clinicians have experienced several struggles and challenges in delivering telepsychological services, especially since telepsychology is new in the Philippines, and it was even made more difficult due to the limitations in the landscape of the Philippines in terms of technology. This supports previous findings in the Philippines, where the delivery of tele-counseling brought about several technological issues and concerns (Aban et al., 2024; Rico & Namoca, 2022). What made the situation even more difficult is that the clinicians had to continue their services to their clients who were at high risk of suicide ideation and attempt through telepsychology as it was the only viable option at that time because of the implemented travel and health restrictions and protocols in response to the COVID-19 health emergency.

Despite all the challenges they have experienced,

the clinicians thrived and successfully turned those struggles into triumphs as they navigated the situation and engaged themselves in continuous development via numerous specific strategies. Clinicians addressed their challenges through appropriate training, clinical training and supervision, and ongoing research. With proper planning and adaptation, telepsychology can be a valuable and effective means of providing mental health services to a broader population in the Philippines. Incorporating telepsychology into professional training and maintaining competence in this modality in the professional practice of psychology, especially in crisis interventions, is crucial as it can alternatively provide good clinician and client outcomes (Glass & Bickler, 2021; Pangngay, 2024). Psychologists should receive appropriate training and stay updated on best practices, ethical guidelines, and legal regulations related to telepsychology, affirming that adherence to ethical standards improves clinician and client outcomes (Salvilla & Bedoria, 2021). Additionally, continuous professional development is necessary to deliver high-quality telepsychology services. This coincides with previous claims that challenges in telepsychology pose many opportunities for clinicians to improve and professionally grow (Caver et al., 2020; Shavlev & Shapiro, 2020). Ultimately, the findings elucidate that tele-counseling can be an effective intervention for suicide prevention. As long as the intervention is suicide-focused and, more importantly, evidence-based, positive clinician and client outcomes will emerge (Jobes et al., 2020; Shoib et al., 2024).

4.0. Conclusion

This study elucidates the complex experiences of psychologists transitioning to tele-counseling for suicide prevention during the COVID-19 pandemic. The findings reveal a multifaceted adaptation process characterized by initial challenges and subsequent professional growth. Practitioners encountered significant obstacles, including technological constraints, ethical dilemmas, and concerns about clinical efficacy in a virtual environment. However, these challenges catalyzed continuous professional development, including orientation and recalibration phases. This iterative learning process facilitated acquiring and refining skills essential for effective tele-counseling. The study demonstrates that the transition to tele-counseling yielded notable positive outcomes. These include enhanced clinician self-efficacy, expanded professional opportunities, and the development of more robust ethical frameworks for remote crisis intervention.

Moreover, practitioners recognized tele-counseling as a client-responsive modality that

can significantly increase access to mental health services. While acknowledging persistent challenges, this research underscores the potential of tele-counseling as an effective medium for providing mental health services, particularly in the context of suicide prevention in the Philippines. The findings emphasize the importance of integrating tele-counseling competencies into professional training curricula and maintaining ongoing skill development.

5.0. Limitations of the Findings

This study, while offering valuable insights, has several notable limitations. Although appropriate for an exploratory case study, the small sample size of three participants limits the generalizability of the findings. The reliance on self-reported data from psychologists may introduce potential bias and does not capture the perspectives of clients or other stakeholders. The study's focus on the Philippine context may also restrict its applicability to other cultural or healthcare settings. The rapid transition to tele-counseling during the COVID-19 pandemic represents a unique circumstance, potentially influencing the experiences reported. Furthermore, the study's cross-sectional nature does not allow for the examination of long-term outcomes or changes in tele-counseling practices over time.

6.0. Practical Value of the Paper

This research offers valuable insights for the implementation and improvement of tele-counseling services, particularly for suicide prevention. The findings highlight the importance of continuous professional development for psychologists transitioning to online platforms, emphasizing the need for targeted training programs and ongoing support. The study underscores the potential of tele-counseling to expand access to mental health services, especially in remote areas or during crises like the COVID-19 pandemic. It also provides a framework for addressing ethical challenges in virtual environments, which can guide the development of best practices and protocols. Additionally, the identified strategies for overcoming technical and clinical hurdles can inform the design of more effective tele-counseling systems and interventions. Overall, these findings can assist mental health professionals, healthcare administrators, and policymakers in enhancing the delivery of remote psychological services, ultimately improving client care and potentially saving lives in high-risk situations.

7.0. Directions for Future Research

Future studies may expand on this research by employing larger, more diverse samples to enhance generalizability. Longitudinal designs could track the long-term efficacy and evolution of tele-counseling practices for suicide prevention. Incorporating client perspectives and outcomes would provide a more comprehensive understanding of tele-counseling effectiveness. Cross-cultural comparisons could illuminate how tele-counseling practices may need adaptation for different contexts. Research may also focus on developing and validating standardized protocols for remote crisis intervention and suicide risk assessment. Finally, investigating the optimal balance between in-person and tele-counseling services in a post-pandemic world would contribute to evidence-based practice guidelines. These directions would collectively strengthen the evidence base for tele-counseling in suicide prevention and inform best practices in this critical area of mental health care.

8.0. Declaration of Conflict of Interest

The author reported no potential conflict of interest.

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