



**PLURALISTIC  
PRACTICE**

**PRACTICE REFLECTION**

# Pluralistic collaborative formulation in online practice: Learning to work around the digital partition

**JOSEPH HARNEY**

## **Abstract**

This article offers a personal reflection on finding my feet with pluralistic collaborative formulation in online therapeutic work, putting theory into practice for the first time. It centres around the work that unfolded with my first placement client during my training as a pluralistic counsellor, in relation to the process of creating an online collaborative formulation timeline diagram using video conferencing software. The paper discusses how I struggled to adjust and adapt a technique originally developed for in-person practice, to arrive at a point where my client and I were able to work together to produce a formulation that was meaningful for them. Core themes in this process included handling my novice's anxiety and way of being in the online space, and developing strategies for overcoming the impact of the digital partition between therapist and client. My hope is that this reflective piece might stimulate dialogue around how to develop and refine pluralistic principles and concepts in the context of online practice.

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## INTRODUCTION

This paper offers reflection on practice from the perspective of a trainee therapist, two years into a three-year MSc educational journey and one year into their clinical placement. I am a student at Abertay University in Dundee, Scotland, undertaking training in a pluralistic approach to working with adult clients. Across my first placement year, I completed 62 online practice hours at a counselling centre operated by the University that provided long-term therapy to Scottish residents. Counselling was delivered online through weekly synchronous sessions using video conferencing software. I entered pluralistic training with a background as a teacher of general psychology in various educational settings, which included experience of online teaching.

The following account focuses on the process that unfolded with my first placement client. I have received their consent to write about our work together; the specifics of their identity and therapeutic process have been disguised to maintain confidentiality.

## COLLABORATIVE CASE FORMULATION

Over the course of my training, I have consistently had a sense that pluralistic counselling and psychotherapy feels a wonderfully energised place to be: an approach growing in stature, recognition, and breadth of evidence base. However, although well-established, broadly applicable therapeutic concepts within other therapy approaches (e.g., transference, congruence) have been developed and refined across generations of practice, the central concepts and guiding principles of pluralistic practice are still nascent. Recent publications (e.g., McLeod, 2018; Smith and de la Prida, 2021) continue to expand upon ideas introduced in its first key text - Cooper and McLeod (2011). A core guiding principle of pluralistic practice is that the therapeutic process should be open and responsive to adaptations that both suit individual practitioners *and* meet the unique needs and goals of each client. I interpret this principle as giving me permission to stretch and challenge what I am taught, and to see myself as pursuing my own developmental journey.

Collaborative case formulation has been highlighted by McLeod (2018) as a distinctive feature of pluralistic practice. In my first year of placement, this aspect of practice felt like the master key for helping me to open clients' worlds in ways that made it possible for us to develop a sufficient degree of mutuality to progress forward together. If, as a pluralistic practitioner, I am to resist grand narratives based on fixed, modality-specific approaches, I must directly involve the client. The client is their own expert and, as such, a formulation partner, equally capable of generating fruitful directions for work. Their intuitions about their problems emerging in the therapeutic space are to be respected, attended to, incorporated. Working together to co-create a timeline, that maps key events in the client's life and how these connect with current difficulties and goals, offers a primary means of achieving shared understanding that can lead to meaningful shared decision-making (McLeod and McLeod, 2016). The development of practical skills around facilitating the production of a collaborative timeline-based case formulation has

comprised a core element of pluralistic training at Abertay University. Client and therapist typically sit together in person to co-create a physical document, an expressive visual diagram that captures an initial overview of the client's story, strengths, and problems in living. The client is invited to be actively involved in the formulation process through directing attention to the area(s) of their life they wish to focus on (past, present, or future) and disagreeing with the therapist's ideas whenever necessary. Within the emerging co-constructed diagram of the client's life that is produced, the therapist can tentatively suggest tasks and methods that might be appropriate ways for the client to accomplish their desired therapeutic and life goals and check out with them whether these proposals seem useful and valid.

Lectures and tutorials from those teaching on the programme, most of whom maintain active practices alongside their academic duties, have been helpful in demonstrating the flexibility of timelines. Some take an unhurried approach by constructing one across the first two or three sessions. In a workshop session, John McLeod (2022) indicated that he ideally likes to offer an expanded 90-minute first session to clients, dedicated to creating a robust timeline and setting work in an immediately purposeful, collaborative direction. Another lecturer has been insistent on her preference for working with nothing larger than A4 so the document doesn't become too 'big,' literally, and figuratively; others opt for the expansive potential of A3 scale. All indicated that the timeline is something the therapist drafts while the client speaks, although pluralistic training in other institutions may stipulate that the client should be the one to actively draft (N. Blunden, personal communication, 2 August, 2023). What seems to matter most is the sense of collaborative ownership over the timeline, cementing its position as a bedrock for shared understanding, in keeping with the relational stance of a pluralistic approach.

## THE CHALLENGE OF CO-PRODUCING A TIMELINE IN ONLINE PRACTICE

Despite the messages I had received about the flexibility of the timeline process and the importance of being responsive to the client's pace and preferences, I struggled to envision how I, personally, was going to meaningfully make a timeline work online. My course featured an Online and Phone Therapy module that offered thorough grounding in safe, ethical practice in these contexts but encouraged students to find their own way with specific tools. I felt stuck on the question: *should a timeline switch to being a digital document in online work?* McLeod (2018) highlights "the physical act" (p. 92) of sitting together as integral to its usefulness in strengthening collaboration, an act which produces a physical document. If switching to digital, it takes technological skill and confidence to work fluidly and expressively with software the way one might freehand on paper. Specialist technology like digital sketching pads used by illustrators has the potential to bridge such gaps but with considerable deliberate practice time required to become competent in their application. More significantly, screen-sharing in online conferencing software, the process whereby on-screen space becomes dedicated to joint focus on a task (e.g., a digital representation of a sand tray that a client can control), shrinks participant image sizes to that of a postage stamp; both the client's and the therapist's presence, their visual connection with and sense of

each other diminishes. One person entirely controls the screen while the other observes, which also diminishes the sense of co-creation. Extended loss of visual connection for most of a therapy hour when client and therapist are still in the early stages of establishing a working alliance felt potentially counterproductive. It also felt ethically inappropriate to ask a client to be the creator of a physical version as it leaves them with a revealing therapeutic artefact in their personal environment.

A further dilemma was: *how do I harness the expressive potential of the timeline creation process online?* Timelines are suggested as helpful for producing “a visual representation” (McLeod, 2018, p. 92) of a client’s phenomenological and lived sense of their problems. For instance, feeling stuck might be conveyed by loops, circles or spirals, anxiety by jagged edges or bright, garish colours. These are vital opportunities for shared understanding to emerge regarding the emotional valence, temporality, and directionality of critical problem elements. Online, a client cannot quite direct, conduct, or connect with those expressions in the same way; if screen-sharing is enacted, I as therapist cannot observe the client’s non-verbal responses and reactions and they can only direct proceedings with a disembodied voice. If working on-line with a physical paper-based document, I cannot simultaneously, actively share in real time what I create on my desk while the camera remains on me. Web cameras provide a fixed-perspective digital eye through which to view each other, providing a functional visual essence. However, they pixelate any handwritten document held up to a screen. Much of gestural and embodied communication that occurs in immediate person-to-person interaction is hamstrung by the digital partition. Considering these various factors I felt that idealised sense of co-creation and joint ownership, which I had observed so fluidly in John McLeod’s masterclass, might be frustratingly out of reach in the online space.

## ACHIEVING A COLLABORATIVE FORMULATION WITH MY FIRST CLIENT

My first three months of placement were a gentle start to practice with one single client. This allowed ample preparation and post-session reflection. I attended supervision just prior to the first meeting with my client and was somewhat preoccupied by these timeline concerns. My supervisor offered a timely reminder: “Don’t forget the power of just being there.” Core counselling responsibilities... but of course. I opted to work on paper and prepared a blank timeline (see Figure 1) that could be used at an appropriate point in my work with my client, reasoning it to be the least disruptive option in relational terms. The advice about “just being there” proved serendipitous with my first client’s needs. Unpacking their story across our opening three sessions proved emotionally challenging for us both as the client was highly active and unguarded from the first moments and ready to share openly. I raised the timeline as a potential therapeutic task at the outset of each session, but it remained blank on my desk – the client just wanted to focus on sharing their story. In response, I used counselling skills to stay connected with them, witnessing and seeking the words for empathic, resonant reflections. It felt intuitively inappropriate to break our connection in those most sensitive moments by looking down from the screen to take notes. I explored the possibility with my supervisor that my client might be exhibiting online disinhibition (Suler, 2004). Her view, as a practitioner experienced in working online, was that what was unfolding

sat within the bounds of what might be expected. This was simply a person needing space to start telling their complex, knotted story.

I was capturing the essence of their story in my clinical notes but after session three we were still without our timeline, a physical working document for collaborative formulation, something concrete to provide us with a shared sense of therapeutic direction. Teaching staff had varied in recommendations, but all urged having this in place by the end of session two, or three at most. I took some time to review clinical notes from our opening sessions and formed process notes around four therapeutic goals the client had begun to express and find words for. Working quickly, I made use of the standard 73 mm<sup>2</sup> paper post-it notes sitting on my desk. Each goal sat atop its own post-it note. Underneath the goal, I brainstormed potential therapeutic tasks for working towards it and the methods within my grasp (i.e., as a trainee, and appropriate to the online context). One further post-it captured client strengths and cultural resources. Figures 2 and 3 offer a fictionalised version of what these notes looked like. This simple technique allowed me to share my process notes (key elements of a collaborative case formulation) directly with the client at the start of session four, increasing transparency with my own workings. It also meant I arrived well-prepared and with a clear sense of what I could realistically offer the client in terms of my therapeutic menu.

It is standard in pluralistic practice to agree a focus for the work at the start of each session (Cooper and McLeod, 2011). At the opening of session four, we negotiated focus on the timeline as our therapeutic task; the client expressed their approval for this shift in our way of working, content to slow down what they were experiencing as an emotionally taxing process thus far. I held up the blank timeline and explained its purpose for the client. Attached to this were the post-its, and again I accounted for these and how I had used them to prepare for our session. Working through these notes one by one, precise wordings were clarified so the client obtained ownership over how goals, strengths and cultural resources, and problems in living were being framed and finalised upon the actual timeline (Figure 4). We also captured key information for what the client saw as a quick relevant overview of their story in relation to goals. Post-session, I sent photographs of these pages to the client through email. The expressive aspect was not quite achieved as it might be in face-to-face work, as it lacked the immediacy of the physical act, but there was a sense that we were in good stead with respect to shared understanding of the therapeutic goals and directionality of the client.

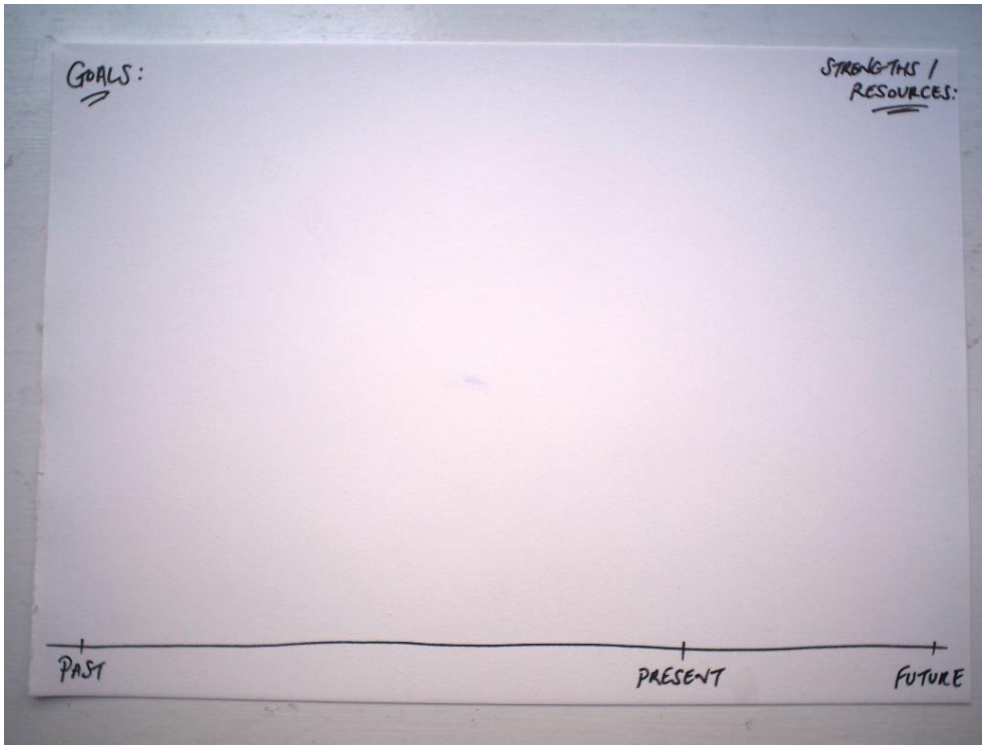


Figure 1: Blank timeline

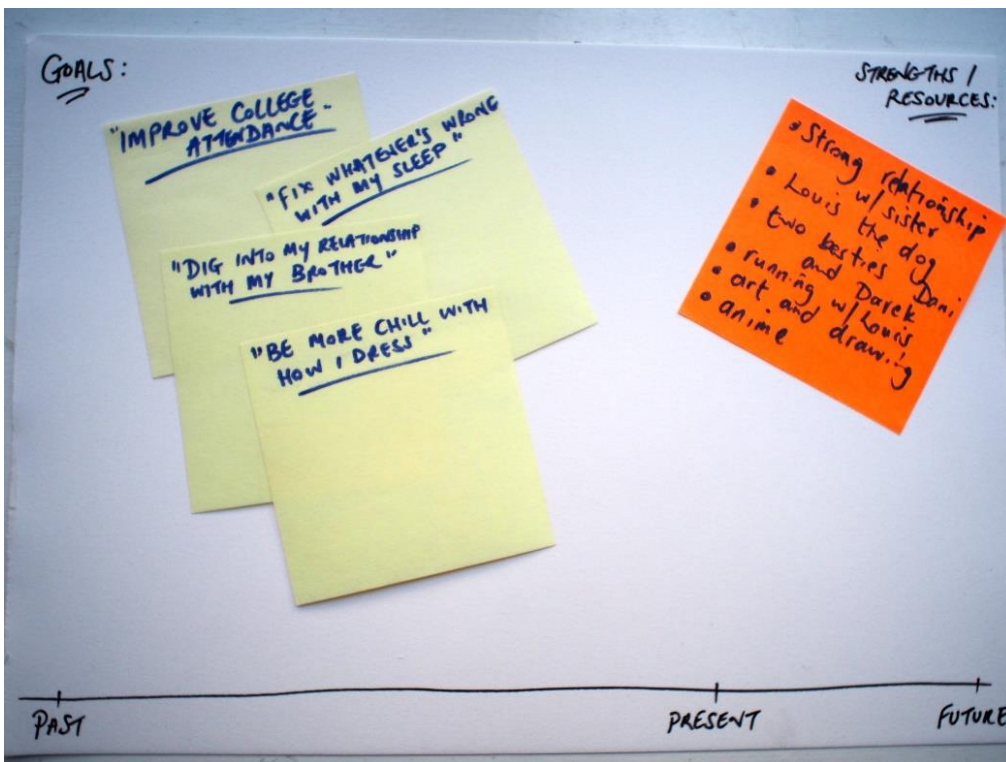


Figure 2: Beginning to build timeline from clinical notes, fictionalised account

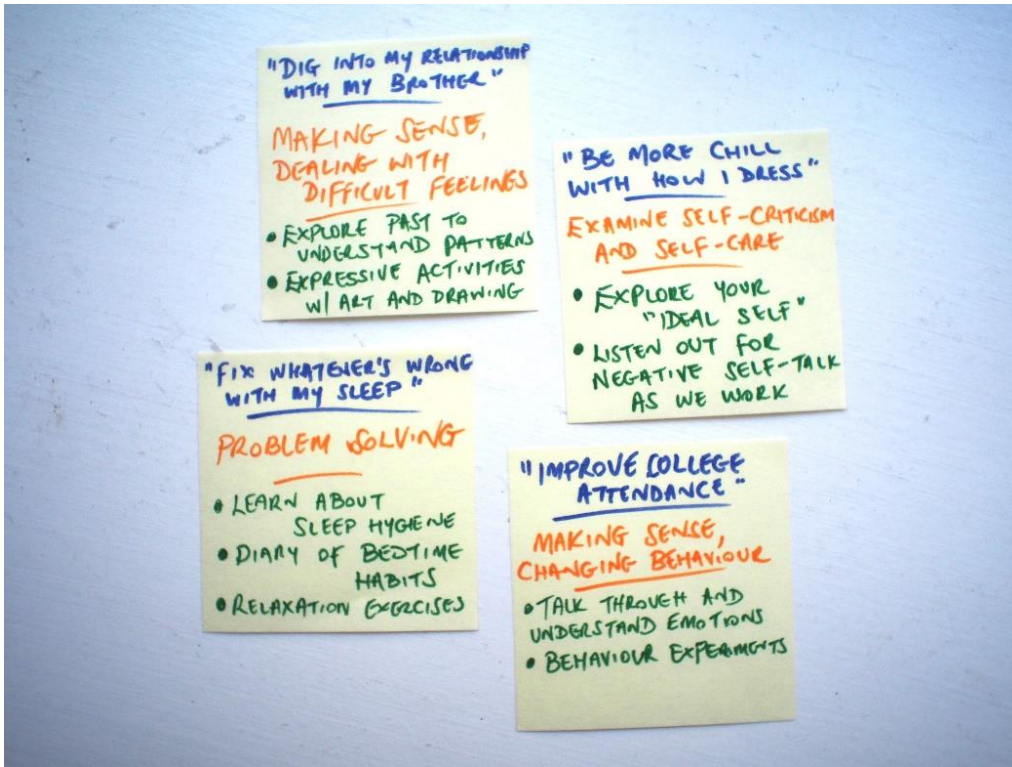


Figure 3: Process notes in relation to goals, fictionalised account

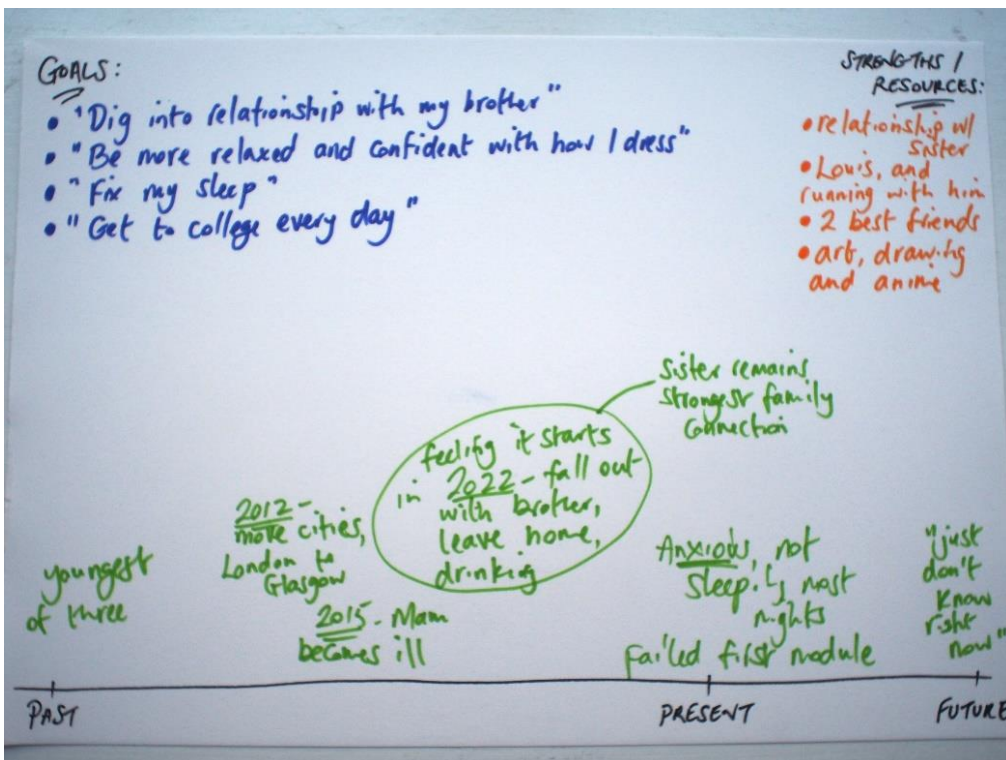


Figure 4: Timeline after session 4 with client input, fictionalised account

## ENHANCING CLIENT INTERACTIVITY AND ENGAGEMENT IN THE PROCESS

Formulation is generally understood across different therapy modalities as an ongoing phenomenon, continually open to revision as therapy unfolds (Johnstone and Dallos, 2014; McLeod, 2019). Pluralistic practice adheres to this principle, with a timeline being something to continuously add to and revise as appropriate (Smith and De La Prida, 2021). In my work with this client, the initial collaborative formulation process moved to another level at session seven, in response to the client's first round of feedback forms. During sessions five and six, the client had expressed a degree of indifference towards returning to the timeline to continue adding to it. Their attitude towards appeared to be that it was as something for their therapist, not them, as in-session they continued to be mainly concerned with the task of digging deeper into their story. Lack of contact with the physical document, across the digital partition, seemed to be playing itself out in the form of a lack of investment and meaning in the maps we had co-created. However, in advance of session seven the client completed digital copies of three review feedback forms asynchronously, outside the therapeutic hour. The first two were placement centre adaptations of the *Therapy Personalisation Form* (TPF-A; Bowens and Cooper, 2012) and the widely available short form version of the *Working Alliance Inventory* (WAI). The goal assessment form is a simple in-house pluralistic tool that allows clients state up to five of their therapeutic goals and rate ongoing progress towards them on a 7-point Likert scale.

Combined, these forms provided a structured means of asynchronous reflection for the client (i.e., in their own time, outside the therapy hour) that fed positively into the collaborative formulation process. Our discussion around their experience of completing the feedback forms lead to the therapeutic goals reduced from four to two, which enabled us to have a clearer purpose in subsequent sessions when negotiating therapeutic tasks. The therapy personalisation and working alliance forms facilitated our joint clarification around areas of focus and style of approach. Returning to McLeod's (2022) workshop, he had been readily able to achieve these, in the moment, face to face, with a physical document. His client could point to sections, jump in to add more, indicate links, touch, hold, and meditate on it. Tangibility enabled immediacy and interactivity. In my own work, our review forms served to recover some of that interactivity, by facilitating my client's reflection on our overall process, and open opportunities for targeted, responsive metacommunication. It merits noting that some of the deepening of our collaborative process achieved through review might also have been due to the client simply gaining experience within the therapeutic space, understanding more of what they wanted or needed from therapy and what they might need to do to accomplish these outcomes. Nonetheless, the forms marked the first point at which I as therapist felt collaboration had been fully realised in our process. The client expressed contentment with their sense of increased clarity about the therapeutic process at the close of this seventh session. In their feedback at the end of therapy, they reported that the most beneficial work had begun at that point. The pluralistic framework encourages fostering a strong feedback culture in therapy (McLeod, 2018). Through my experience with this client here, I gained a better personal understanding of how what appear to be separate procedures (timeline creation and feedback forms) could operate inseparably and synergistically together in online therapy to support the generation of collaborative formulation.



## PERSONAL REFLECTION: WHAT HAVE I LEARNED?

The first reflection theme for me is that of the learning around my way of being in the online space. The client noted that much of the benefit experienced came through someone simply being there in a reliable way each week. This is juxtaposed with my nervousness going into those first sessions, a head fizzing with theories, tools, concepts, and myriad possibilities for creative ways of working. The client's immediate needs reduced my focus to a more basic therapeutic presence and efforts towards connection, which provided a bedrock for fruitful collaborative formulation. Concentration on my way of being online therefore was more immediately important here than any conscious strategies or plans around how to do online therapy. This tension between therapeutic being and doing in the online context is a common consideration for more experienced therapists (Rodgers, Taylor and Sutherland, 2024), not just trainees. It is also important to consider the possibility that overarching concerns about therapeutic relationship and connection are reflective of my emergent therapeutic style, one overtly relational in nature; this is something I continue to observe and learn about as a newcomer to practice. Various qualitative studies however do point to another notable theme for practitioners across modalities: commonplace worries about the ability to forge effective alliances in online therapy (Békés et al., 2020; Rodgers, Taylor and Sutherland, 2024; Sucala et al., 2013). This suggests that my concerns about how the online context might limit relational connection with the client were not a unique experience.

The *digital partition* is a phrase that has had a lot of meaning for me as a means of capturing my sense of vigilance around how a fullness of connection with a client might be impoverished, restricted, or reduced online. This is a phrase used in information technology with a specific theoretical implication (e.g., see Damiani, Dupas, and Lachaud, 2011); here, I have employed it in an idiosyncratic way with respect to therapeutic practice. Regardless of the myriad advancements and adornments to conferencing software that have been developed, there is still that wall, that dividing partition. How we connect over, around, through that wall is contingent on technological features like web cameras, microphones, chat boxes, emojis, memes; these mediate what is possible between us. For example, Banack (2021) has noted how the self is “filtered through technology” (p. 309). Impacts on the therapist include an increased reliance on tone of voice and micro-facial expressions, as well as reduced scope for adjustments to posture or a drink of water, when working to stay connected with the client. These effects imply that it is essential to think and prepare in advance for how in-person pluralistic tools and methods at our disposal will translate in the online sphere. Indeed, translation may be an apt metaphor; idiomatic, everyday phrases rarely make full sense when rendered word for word in a different tongue - there is always some bridging work to do. Rashid (2018, cited in Rodgers, Taylor and Sutherland, 2024) suggests that online and face-to-face therapy, although equally valid, should be explicitly considered as unique, fundamentally different spaces; the ‘is’ of the online space should be recognised, rather than what ‘should’ be there. Therapeutic work also needs concentration and focus from both participants. Lack of confidence and fluency with technological features from either client or therapist, even being let down by temporary glitches, can disrupt the flow and depth of connection, akin to a mobile phone ringtone intruding on a rapt recital audience. When it works as it should, the technology should serve our purposes and recede into the background,

grant our interactions a similar phenomenological flow to being together, face-to-face. MacMullin, Jerry and Cook (2020) recommend both reflection and deliberate practice, as well as development of strategies for mitigating technical problems, as core activities for enhancing competence and effectiveness in online therapy. In pluralistic practice, deliberate practice with digital tools (e.g., screen sharing, software for expressive and creative purposes) is likely to be required to expand therapeutic methods on offer to clients, or bridge therapeutically with their emergent needs. Following the case example presented here, as an example, there is considerable deliberate practice required to find and become fluent in a digital application that could support both therapeutic presence and a sense of co-creation.

Although I have always been an early adopter who is enthusiastic about technological advancements, I must acknowledge here that, when producing a timeline, a simple, immediate solution worked just fine. In work with my subsequent three placement online clients, this approach was followed and again met their needs with respect to collaborative formulation. The Luddite's post-it has something of the 140-character limit tweet about it, a succinctness that aids brevity, to make observations sharp and cede the space back to the client. Research suggests that more successful therapists tend to talk less than their clients (Mancinelli et al., 2021). Talking less appears to prove challenging online, however; therapists surveyed by Mancinelli et al. (2021) reported talking more in online practice compared with face-to-face, as well as increased directive behaviours towards clients. Susman (2021) observes that platforms most commonly in use for therapy, such as Zoom and Microsoft Teams, were created for the business world, and as such their visual interfaces are not designed for therapeutic encounter. This is significant for those adhering to the view that it is the relationship that heals (Yalom, 2012), a sentiment that resonates with my own learning journey around my emergent therapeutic style. Van Daele et al. (2020) suggest that technological enhancements to conferencing software are yet to emerge that meet the unique needs of both clients and therapists in equal measure. In the case example from this reflection, these needs were the balancing of co-creative activity and power sharing while maintaining a sense of meaningful encounter. This is not to question the effectiveness of online therapy, the outcomes of which have generally been found equivalent in helpfulness to face-to-face work (Norwood et al., 2018; Poletti et al., 2020). Rather, my observation is to remain cautiously aware of the ways in which technological features shape and impact what is possible in digital interaction and relational connection between client and therapist. If the medium is the message, taking care not to get too lost in digital gimmicks, particularly when a therapeutic alliance is still forming, may turn out to be a good rule of thumb.

In my first real-world engagement with a client, I appear to have swum a little against the tide of what I have been taught. The speed at which goal agreement and collaborative formulation should ideally be accomplished was more gradual than both my training and the published literature had recommended. Borrowing an analogy from art and music, it is advisable to know how to apply the rules before you start breaking them. My delay in establishing formulation was however explored in supervision, leading to an appreciation that the priority should be to meet the client's needs first. A more rigid approach would likely have put my needs and assumptions about good practice ahead of the client and proved unhelpful.

In retrospect, I can see that the thought processes I experienced in early sessions were anxiety-driven from the nervousness of working with a real-life client for the first time. That anxiety was rocket-fuel for drilling into minute details of therapy process that more seasoned, relaxed practitioners have already intuitively worked out. I suggest that such anxieties could be usefully viewed by those coming to practice for the first time as something to embrace, rather than as evidence of personal inadequacy. The learning process that I have sought to capture in this paper can be regarded as evidence of the extent to which being willing to be driven by my anxieties, to work things out for myself, has the ultimate effect of gifting me a rich appreciation of the formulation process.

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## COMPETING INTERESTS

The author has no competing interests to declare.

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