

# Psychotherapy in the Era of Covid-19: Therapists' Decisions to Return to In-Person, Continue Working Remotely, or Offer a Hybrid Method

Liat Shklarski<sup>1\*</sup>, Allison Abrams<sup>2</sup> & Elana Bakst<sup>2</sup>

<sup>1</sup> Ramapo College of New Jersey, Mahwah, USA

<sup>2</sup> Hunter College, New York, NY, USA

## Abstract

The threat of the Covid-19 virus is ongoing and has significantly affected the provision of mental health services, particularly psychotherapy. Using a survey of 212 psychotherapists in practice across the United States in June 2021, this quantitative study offers their views on whether to return to meeting clients in person by considering (a) therapists' personal and professional attitudes, (b) safety (specifically related to vaccines and wearing masks), and (c) insurance reimbursement for telemental health (TMH) services. Results from this study show that participants have found TMH to be as effective and as meaningful as in-person therapy and suggest that on a practice level, TMH is not only as effective as in-person psychotherapy but is even more effective than masked in-person therapy. The results also show that the participants preferred not to provide in-person therapy while wearing masks and instead would be more inclined to return to seeing clients in the office if both the client and the therapist were fully vaccinated and vaccination proved effective against all virus variants. Moving forward, the participants anticipated providing a combination of remote and in-person therapy, especially as new variants emerge and current vaccines fail to fully protect therapists and their clients. More concrete guidelines are needed to ensure the safety of clients and therapists when meeting in person, and policies that reduce ambiguity surrounding insurance companies' reimbursement of remote services must be developed.

**Keywords:** Covid-19, In-person psychotherapy, Telemental Health, remote psychotherapy, mental health

## Article History

Received 17 December 2021

Revised 10 February 2022

Accepted 2 March 2022

DOI 10.24989/dp.v3i1.2034

## 1 Introduction

The Covid-19 pandemic has created an uncertain reality in which there is ambiguity surrounding the safety of meeting with people in person. In spite of the widespread availability and uptake of vaccinations to protect against Covid-19, the threat of the virus continues to loom large due to the unique challenges posed by different variants and the limited delivery of booster shots. Like many healthcare professionals, psychotherapists are affected by these challenges. Therapists' decisions regarding whether to return to meeting with clients in person are also influenced by the risk of infection and facing the unknown. In addition, as therapists and their clients become more comfortable with the option of remote therapy, there is increasingly less incentive to return to in-person encounters.

This new reality and the rapid changes that have occurred since the beginning of the pandemic in March 2020 require an ongoing assessment of the provision of psychotherapy. On the one hand, people are eager for life to return to normal, but on the other hand, after nearly two years of working from home, some therapists are hesitant to return to the office. In October 2020, the authors conducted an initial study that was designed to

uncover therapists' attitudes toward providing in-person and remote therapy (Shklarski et al., 2021a). The study was conducted relatively early on in the pandemic and prior to the dissemination of vaccines. Its results showed that the majority of participants held positive attitudes toward remote psychotherapy. In addition, the need to wear masks in sessions and the lack of a readily available and effective vaccine at that time were important factors that determined whether or not they would return to providing in-person services.

## 2 Objectives of the Current Study

While positive developments – such as the rollout of vaccines – eventually came into existence, so too did negative ones. The evolution of new and different variants, in particular, have made therapists question the safety of returning to holding in-person meetings with clients. Given the rapid changes that were still taking place, the significant and lingering questions that remained, and taking into account how much time had passed since October 2020 that had allowed therapists to become increasingly accustomed to providing remote therapy (and had also given

them more time to better gauge its effectiveness), the research presented here was initiated in June 2021 as a follow-up study.

We hypothesize that therapists perceive remote therapy to be as effective as in-person therapy; with the passage of time, and as the availability of vaccines increases, so too does the number of therapists desiring a return to in-person interactions with clients. Therefore, the current study focused on the factors that influence therapists' decisions to return to seeing clients in person in light of Covid-19 by asking the following research questions: (1) Do participants perceive remote therapy to be as effective as in-person therapy? (2) What factors contribute to therapists' decisions whether to return to meeting clients in person again?

### 3 Literature Review

As part of a widescale mixed-methods study with a repeated cross-sectional design, Doran and Lawson (2021) surveyed 1,448 mental health providers during June 2020 to learn about their experiences with and perceptions of TMH, both positive and negative, and to examine how these perceptions may have shifted as a result of the pandemic. Prior to the outbreak of Covid-19, only 10.3% of their participants reported using TMH in their clinical work; 31.1% strongly agreed that they held an interest in learning about and incorporating it, 16.3% strongly agreed that it was as effective as in-person sessions, and 31.4% stated that they both liked it and saw it as a viable option for delivering services. Although the majority felt the transition to remote work to be at least "somewhat stressful," most participants also concluded that TMH was as effective as face-to-face sessions: 83.8% shared that their working alliance with clients using a remote platform felt at least somewhat similar to in-person work, with a significantly more positive response from those who relied predominantly on video (versus phone) for client interactions, finding it to be "significantly more useful, satisfying, and equivalent to face-to-face care." Interestingly, they found that females held a significantly more positive view of TMH and its effectiveness in comparison to males, but overall, their research indicated there was a significant positive shift in both attitudes toward and the use of TMH five months into the pandemic, with providers feeling more strongly that it was important, necessary, and effective.

Watts et al. (2020) conducted a randomized controlled study involving 115 participants between the ages of 18 and 75 in Canada with a diagnosis of generalized anxiety disorder, of whom 50 received cognitive behavioral psychotherapy over video and 65 received it in person. Every other session (of a total of 15 one-hour weekly sessions), the 23 cognitive behavioral psychotherapists and their respective clients were asked to complete the Working Alliance Inventory. Data indicated that using a remote platform for clinical services did not interfere with the process of building a working alliance over the duration of treatment; in fact, the opposite transpired, at least for clients, who indicated feeling a stronger working alliance in telepsychotherapy using

videoconferencing than in conventional face-to-face psychotherapy. It is meaningful to note that the findings showed that clients appeared to be more comfortable with this platform than psychotherapists, although psychotherapists did not indicate feeling there was any difference in the quality of the therapeutic relationship they developed with their clients over the course of treatment, regardless of the platform used.

Guinart et al. (2021) also sought to gauge mental health providers' experiences of and attitudes toward working with clients via remote platforms by surveying 819 providers across 18 centers throughout the United States regarding their use of and satisfaction with TMH. Similar to Doran and Lawson's (2021) findings, they found that 73% of providers using videoconferencing and 66% using the telephone rated their experiences as excellent or good, with only 4% (3%) describing their videoconferencing (telephone) experiences as poor or very poor. Looking to the future, 64% of participants expressed a desire to continue using telepsychiatry with at least 25% of their clients.

Gentry et al. (2021) conducted a study to assess mental health clinicians' satisfaction four months into the Covid-19 pandemic in light of the rapid shift to delivering services using remote platforms. One hundred and twelve clinicians completed cross-sectional descriptive surveys consisting of 27 Likert questions, and data indicated not only high levels of satisfaction and comfort with video TMH sessions (with both established and new patients) but also high levels of acceptability, feasibility, and appropriateness. More specifically, 79.5% of clinicians found their patients to be highly satisfied with such visits, and 95.5% reported that they wished to continue using video TMH for at least 25% of their work moving forward. Interestingly, the results did indicate a negative association between age and the following two statements: "I welcome telehealth," and "Telehealth seems easy to use."

Guinart et al. (2020), working in collaboration with the Vanguard Research Group, focused their research on the experiences of patients receiving TMH services between the months of April and June 2020, across 11 different states. Of the 3,070 participants surveyed, 82.2% (81.5%) reported their overall experience using remote video (telephone) platforms as either excellent or good. Furthermore, 63.6% either agreed or strongly agreed that such sessions had been "just as helpful as in-person treatment," with 64.2% stating that they would consider continuing using remote platforms in the future. Some positive factors attributed to TMH included not having to commute, being less likely to miss an appointment, having scheduling flexibility, and feeling more confident and comfortable than in in-person sessions.

## 4 Method

### 4.1 Procedure

Upon receiving ethical approval from the Human Research and Ethics Committee of Ramapo College of New Jersey (IRB Pro-

tolcol #585), we recruited 212 psychotherapists practicing across the United States through social media and dedicated professional listservs (unaffiliated with organizations) designed for social workers, psychologists, and art therapists. For a detailed overview of the participants who responded to the survey, see Table 1. During the month of June 2021, we sent out a recruitment email over the listservs that included a link to the survey and also asked colleagues to send the survey to those qualified to participate. All participants signed an electronic informed consent form that included a statement of the ethics approval for the study as well as the goals of the research. The participants took an online survey that included demographic questions as well as questions related to their decision to continue with TMH sessions or return to in-person sessions. Some of the questions related to the participants' perceptions of their work since a vaccine for Covid-19 had become available. It is important to note that many of the participants ( $n = 98$ , 46.2%) hold a clinical social work degree which, in the United States, allows them to practice privately.

## 4.2 Instrument

The anonymous online survey included 50 questions to answer the research questions at hand. The survey was based on the most recent empirical literature (Feijt et al., 2020; Geller, 2020; Guinart et al., 2021). The survey included questions relating to how participants intended to provide therapy (in person, TMH/remote, or a combination thereof) and questions relating to the Covid-19 vaccine and whether its availability affected their perception of how they were providing and would continue to provide services. The survey asked participants: "Now that you have already worked remotely for the past year, do you believe that remote therapy can be as effective as in-person therapy?" It also asked participants to respond to the following statements: "I prefer remote over in-person therapy," "I am seeing clients in person (conducting face-to-face sessions)," and "Before I return to see clients in person (face-to-face sessions), I will make sure to have an air purifier." In the survey, we used a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree) to allow participants to express their level of agreement with the statements, and questions for which "yes," "no," and "not sure" were acceptable responses. Higher scores on each scale indicated greater agreement with the statements present in each scale.

## 4.3 Data Analysis

Statistical Package for the Social Sciences (v. 27) was used to analyze the quantitative data. Reverse coding ensured that all the numerical scoring scales were in the same direction. We used bivariate Pearson correlations to assess the associations among continuous variables. A  $p$ -value of less than .05 was considered statistically significant. One-way analysis of variance were con-

ducted to assess group differences (for examples for participants who responded, 'yes', 'not sure, or 'no') on continuous variables. Chi-square associations were used to assess the relationships of categorical variables.

**Table 1.** Descriptive Characteristics of 212 Therapists Surveyed

	N	%
<b>Gender</b>		
Female	188	88.7
Male	21	9.9
Non-binary	3	1.4
<b>Race</b>		
White	191	90.1
Black	7	3.3
Mixed race	9	4.3
Hispanic	5	2.3
<b>Age</b>		
40 and younger	53	25
41–59	84	39.6
60 and older	75	35.4
<b>State you practice in</b>		
New York	121	57.1
California	13	6.2
New Jersey	9	4.2
Other states	69	32.5
<b>Degree</b>		
Clinical Social Work	98	46.2
Psychology	63	29.7
Mental health counseling	33	15.6
Psychoanalysts	3	1.4
Other degrees	15	7.1
<b>Served Population</b>		
Adults	184	86.8
Children and families	28	13.2
<b>Modality of treatment</b>		
Psychodynamic therapy	102	48.2
Cognitive Behavioral Therapy	62	29.2
Eclectic approaches	48	22.6

## 5 Results

### 5.1 Remote Therapy Is as Effective as In-Person Therapy

Only 23.6% of the participants ( $n = 50$ ) agreed with the statement: "I prefer remote over in-person therapy." Nonetheless, 68.4% responded, "Yes, I like it more" when asked "Has your

opinion/attitude about remote work changed since the pandemic?" ( $n = 145$ ). In addition, when we asked participants about the influence of remote therapy on the therapeutic relationship, 45.8% reported that remote therapy did not compromise the therapeutic relationship ( $n = 97$ ). A similar question was asked about the effectiveness of the work, with 35.4% of the participants ( $n = 75$ ) reporting that the effectiveness of the work with clients had been compromised due to the change of setting in itself (remote vs. face-to-face). There was a positive correlation between participants' comfort with working from home and their agreement with the statement: "Remote therapy can be as effective as in-person therapy" ( $r = .411, p < .001$ ).

There was a significant difference between participants who did not believe that the therapeutic relationship had been compromised due to the change of setting to those who agreed or were not sure (remote vs. face-to-face) and their higher agreement with the statement: "I prefer remote over in person" ( $F = 24.19, df = 2, p < .001$ ). Similar results were found for the statement regarding the effectiveness of their work with clients being compromised due to the change of setting in itself (remote vs. face-to-face). Those who responded "no" to this statement had higher agreement with the statement: "I prefer remote over in person" ( $F = 27.26, df = 2, p < .001$ ) as opposed to those who responded that they were not sure or "yes". Almost half of the participants reported that they had experienced some stress or anxiety when they thought about seeing clients in person ( $n = 100, 47.1\%$ ). This statement was positively correlated with the statement: "I am comfortable working from home" ( $r = .300, p < .001$ ). Similarly, there was a positive correlation between participants' experiences of stress or anxiety when thinking about seeing clients in person and their agreement with the statement: "Remote therapy can be as effective as in-person therapy" ( $r = .337, p < .001$ ).

The participants surveyed reported feeling that remote therapy is more physically/cognitively/emotionally tiring than in-person therapy. More than half (58.5%) reported that remote work is more tiring ( $n = 124$ ), 17.5% reported that in-person work is more tiring ( $n = 37$ ), and 24.1% reported that there is no difference ( $n = 51$ ).

At the time of the survey in June 2021, 33% of the sample ( $n = 70$ ) answered "yes" to the statement: "I am seeing clients in person (conducting face-to-face sessions)." There was a positive association between those who were already seeing clients in person and their plans for future in-person sessions in the office ( $\chi^2 = 68.97, df = 2, p < .001$ ). About 46.2% of the sample ( $n = 98$ ) reported that they had created a work environment at home so they did not need to return to the office. This data aligned with the participants who reported giving up their office completely ( $n = 59, 27.8\%$ ) and those who had retained an office but reduced the number of days they used it ( $n = 19, 9\%$ ). A majority of the participants reported that they were comfortable working from home ( $n = 175, 82.5\%$ ).

### Moving Forward

Only 16.5% of the participants reported planning to continue working 100% remotely once the pandemic is over or the Covid-19 virus is no longer a threat ( $n = 35$ ). In addition, 63.2% of the participants agreed that when the pandemic is over or Covid-19 is no longer a threat, they will return to seeing clients primarily in person ( $n = 134$ ). The majority of the participants reported that in the future, when Covid-19 is no longer a risk, they would most likely use a mixture of both remote and in-person work ( $n = 153, 72.2\%$ ). More specifically, 72.7% of the participants planned to work 1–4 days a week remotely ( $n = 154$ ), and only 21.2% reported that they would work in the office full-time ( $n = 45$ ), with the rest planning to work fully remotely.

In terms of participants planning to return to the office to see clients in person in the foreseeable future, 45.3% reported that they were planning to return ( $n = 96$ ). The rest of the sample was either undecided ( $n = 56, 26.4\%$ ) or not planning to return ( $n = 60, 28.3\%$ ).

Participants who were not planning to return to the office or were undecided if they would or not had agreed more strongly with the statement, "I experience some stress or anxiety when I think about seeing clients in person," compared to those who were planning to return to the office (i.e., those who answered "no" to the statement: "I am not planning to return to the office in the foreseeable future" ( $F = 19.90, df = 2, p < .001$ ). Those who were planning to return reported experiencing less anxiety. Participants who were not planning to return to the office rated a stronger agreement with the statement: "I believe that remote therapy can be as effective as in-person therapy" ( $F = 8.233, df = 2, p < .001$ ). Participants who reported that the effectiveness of their work with clients had been compromised due to the change of setting in itself (remote vs. face-to-face) were more likely to be planning their return to the office ( $\chi^2 = 14.39, df = 4, p = .006$ ).

Related to the decision to go back to the office, participants who were not planning to return to the office rated a stronger agreement with the statement: "I created a work environment at home so I do not need to go back to my office" ( $F = 24.1, df = 2, p < .001$ ). Similarly, participants who were not planning on returning to the office rated a stronger agreement with the statement: "I am comfortable working from home" ( $F = 8.185, df = 2, p < .001$ ).

When asked, "In the future, when Covid-19 is no longer a risk, how are you most likely to work going forward?" 72.5% of the participants ( $n = 153$ ) reported that they would provide a mix of in-person and remote therapy. In the narrative part of this question, the participants shared that they would need to see: (a) "significant evidence that unmasked small office contact is safe"; (b) "lower numbers of infected people in my state and county; more people vaccinated, especially children"; and (c) "a long-term study that vaccinated people can't get/pass on the Covid-19 virus."

## 5.2 Factors Affecting Therapists' Decisions

### Health Insurance

About half of the sample ( $n = 108$ , 50.9%) reported accepting health insurance payments. However, payment by insurance companies was not statistically significant in terms of the participants' plans to return to seeing clients in person in the foreseeable future ( $\chi^2 = 0.37$ ,  $df = 2$ ,  $p = .833$ ). In addition, 57.1% ( $n = 121$ ) disagreed with the statement: "My decision about the setting in which I will conduct my practice going forward (remote vs. in person) will be influenced by insurance companies and reimbursement policies." More than half of the participants responded in the affirmative to the statement: "My clients have already asked me when will I be able to offer face-to-face sessions" ( $n = 135$ , 63.7%).

### Vaccination

The majority of the participants reported that they had been vaccinated or planned to be vaccinated when eligible ( $n = 198$ , 93.4%). Less than half of the sample stated that they would only see clients in person if the clients had been vaccinated ( $n = 92$ , 43.4%); the rest were either undecided ( $n = 51$ , 24.1%) or replied "no" to this question ( $n = 68$ , 32.1%). Half of the sample agreed with the statement: "Now that there is a vaccine, I feel some pressure (internal and external) to return to the office" ( $n = 118$ , 55.6%).

About 52.4% of the participants ( $n = 111$ ) reported that they would ask to see proof of vaccination before seeing clients in person again. There was a significant difference between participants who were planning to return to the office and their requirement of proof of vaccination. A lower proportion of those who were returning to the office would require proof of vaccination than those who were not planning to return to the office ( $\chi^2 = 13.63$ ,  $df = 4$ ,  $p = .009$ ).

There was a significant difference in the level of agreement with the statement, "I experience some stress or anxiety when I think about seeing clients in person," and participants' decisions to see clients who have been vaccinated in person. In other words, participants who were ready to see clients who were vaccinated or were not sure yet experienced more stress than those who reported that they would not see vaccinated clients in person ( $F = 16.29$ ,  $df = 2$ ,  $p < .001$ ). Finally, in the open-ended section of the survey, some participants ( $n = 30$ ) expressed a desire for specific professional guidelines surrounding their ability to ask questions about their clients' vaccination status (i.e., they wanted to know whether they were allowed to ask for proof of vaccination before seeing clients in person).

### Masks

The majority of the participants ( $n = 135$ , 63.7%) disagreed with the statement: "I am comfortable wearing a mask and having clients wear masks during in-person sessions." Only 40.1% of the participants stated that when they return to the office, they will require their clients to wear a mask ( $n = 85$ ). Similarly, in

an open question about participants' plans to return to the office, about half of the participants expressed concerns regarding wearing masks in sessions. Similar to their desire for information about the effectiveness of vaccination, the participants expressed a desire for some kind of general guidance on whether masks indoors were still necessary.

## 6 Discussion

This follow-up study to Shklarski et al. (2021b) explored the factors associated with therapists' decisions on whether to return to meet with their clients in person during the Covid-19 pandemic. In comparison to past research related to therapists' preferences for providing in-person therapy (Doran & Lawson, 2021; Guinart et al., 2021; Shklarski et al., 2021a,b), the findings show that since people had already begun to be vaccinated in June 2021, therapists were becoming more open to the idea of returning to seeing clients in person. Nonetheless, we predict that our participants will be more prone to return to meeting clients in-person, although Covid-related uncertainty has shown that they are more open to the idea of providing a hybrid model of psychotherapy. There was a clear preference for not returning to the office to meet with clients if there was a requirement to wear masks in sessions, if it meant seeing unvaccinated clients in person, or if different Covid variants continued to spread. These findings are specifically relevant now that new variants have emerged and can be spread by and infect vaccinated people.

The participants also raised a professional ethics question regarding whether they could ask their clients about their vaccination status – in other words, in order to stay safe, could they ensure that they only meet face-to-face with clients who have been vaccinated? The participants agreed that they need a professional policy in place that protects their health (for example from their professional organization or insurance companies).

Many of the participants adapted to TMH and found it to be as effective as – and in some cases even a bit more effective than – in-person treatment. This finding was supported by previous research relating to therapists' and clients' comfort with TMH (Cataldo et al., 2021; Messina & Löffler-Stastka, 2021; Poletti et al., 2020; Ruden, 2021; Shklarski et al., 2021b; Vostanis & Bell, 2020; Wright & Caudill, 2020).

It seems that there are number of advantages of working remotely, including the convenience of working from home and not having to commute, greater flexibility in scheduling, fewer cancellations, and saving money on office space. Related to their clinical work in TMH, the participants found seeing snippets of their clients' home lives and living situations advantageous. For some of the participants, this opportunity deepened the clinical work. In certain cases, they reported that their clients felt more comfortable meeting from their homes.

The current study shows that although TMH is no longer the only available option (as it was at the beginning of the pandemic, when there were lockdowns in place), therapists still need their

professional organizations to issue clear guidelines for when they gradually return to seeing clients in person that detail which safety precautions to take, such as cleaning the psychotherapy office between clients, providing ventilation, using an air purifier, handling requests for proof of vaccination as part of the clinical work, and deciding whether to wear masks during sessions.

Some of the participants raised an important point about wanting reassurance of the long-lasting effectiveness of vaccination before they would feel comfortable returning to the office. Policymakers and therapists should advocate for insurance companies to continue to reimburse for TMH and to give sufficient notice if their regulations change. Rules and guidelines for in-person sessions are also needed with regard to Health Insurance Portability and Accountability Act concerns related to therapists asking their clients for proof of vaccination.

While payment by insurance companies was not statistically significant in terms of therapists' plans to return to seeing clients in person, the fact that insurance companies – including Medicaid and Medicare, which usually lead the way for other private insurance companies – are reimbursing for TMH treatment makes this method of treatment even more viable going forward. Nonetheless, it is important to assess whether a change in this policy or a failure to extend TMH reimbursement for psychotherapy will eventually affect therapists' decisions on whether to return to seeing clients in person.

The situation created by the Covid-19 pandemic has also challenged regulations regarding interstate licensing. The ways in which therapy is being delivered have changed, and continuing to provide these services during the pandemic required overcoming hurdles relating to therapists' inability to see clients in the office. Thus, there is a need to reform the regulations regarding interstate licensing restrictions since remote work is apparently as effective as in-person treatment. At the beginning of the pandemic, many states issued waivers to allow clients to continue to receive ongoing support from their out-of-state therapists, which was certainly needed. Thus, there is a need to either extend these waivers or reinstate more flexible interstate licensing in order to support the remote therapeutic relationship. In fact, interrupting or terminating with a client solely due to geographical changes can be more detrimental to their well-being than anything else. Instead of enforcing state line regulations, client choice should be prioritized based on a discussion of the advantages and disadvantages of remote treatment with their therapist.

## 6.1 Limitations

One of the major limitations of this study relates to the demographics of the participants. The data were collected through convenience sampling, and the majority of the participants were clinical social workers in New York State. As a result, the sample lacked the randomization and accuracy that is so important

when conducting research. In addition, the sample size of the study was relatively small and did not account for cultural, ethnic, and demographic differences. It is recommended to learn more about therapists' preferences from a broader perspective, such as through a cross-country comparison.

## 6.2 Implications for Future Research and Practice

Much of the research conducted thus far on the provision of psychotherapy during Covid-19 has focused on the perspective of the clinician (Bell et al., 2021; Poletti et al., 2020; Tohme et al., 2021). Further research is recommended to examine preferred methods of treatment (remote vs. in person) from the perspective of the client. It would be interesting to gain insight into the contributing factors and to compare them to those reported by clinicians. Would clients' attitudes about the perceived effectiveness of the therapeutic work, as well as the therapeutic relationship, be similar to therapists' attitudes or would they differ significantly? Would issues such as insurance reimbursement, vaccinations, masks, and concrete safety guidelines play a part in clients' decisions to return to in-person therapy, and if so, to what degree? And what about the question of proof of vaccination? The current study's findings have shown that some of the participants would only meet clients in person with proof of vaccination. More research on the legal and ethical implications of this and the effects it will have on the therapeutic relationship is needed.

## 7 Conclusions

The current study strengthens the notion that TMH is here to stay, even if the numbers of Covid-19 cases continue to drop and the pandemic is eventually considered behind us. As was the case pre-pandemic, TMH will likely remain a viable alternative to in-person treatment under certain circumstances (e.g., for disabled, non-ambulatory clients or therapists, interstate therapy, rural areas, etc.). Furthermore, as a result of the Covid-19 experience, TMH and methods combining in-person therapy and TMH will be the preferred methods of treatment for many clinicians and clients moving forward. We assume that our participants will be more prone to returning to meet clients in person, but the uncertainty relating to the different variants and vaccine effectiveness is slowing this process down. Finally, it is important to remember that every client is unique in myriad ways. Based on the results of this study and others conducted since the outbreak of the pandemic, all signs point to the hybrid model combining both TMH and in-person sessions likely being the dominant method of providing psychotherapeutic services going forward, particularly in private practice, as vaccine availability increases and society adapts to a new reality shaped by Covid-19.

## 8 References

- Bell, C. A., Crabtree, S. A., Hall, E. L., & Sandage, S. J. (2021). Research in counseling and psychotherapy post-COVID-19. *Counseling and Psychotherapy Research, 21*(1), 3–7.
- Cataldo, F., Chang, S., Mendoza, A., & Buchanan, G. (2021). A perspective on client-psychologist relationships in videoconferencing psychotherapy: Literature review. *JMIR Mental Health, 8*(2), e19004.
- Doran, J. M., & Lawson, J. L. (2021). The impact of COVID-19 on provider perceptions of telemental health. *Psychiatric Quarterly*. <https://doi.org/10.1007/s11126-021-09899-7>
- Feijt, M., de Kort, Y., Bongers, I., Bierbooms, J., Westerink, J., & Ijsselstein, W. (2020). Mental health care goes online: Practitioners' experiences of providing mental health care during the COVID-19 pandemic. *Cyberpsychology, Behavior, and Social Networking, 16*, 25–31.
- Geller, S. (2020). Cultivating online therapeutic presence: Strengthening therapeutic relationships in teletherapy sessions. *Counseling Psychology Quarterly, 2*, 1–17.
- Gentry, M. T., Puspitasari, A. J., McKean, A. J., Williams, M. D., Breitingner, S., Geske, J. R., Clark, M. M., Moore, K. M., Frye, M. A., & Hitty, D. M. (2021). Clinician satisfaction with rapid adoption and implementation of telehealth services during the COVID-19 pandemic. *Telemedicine and e-Health. https://doi.org/10.1089/tmj.2020.0575*
- Guinat, D., Marcy, P., Hauser, M., Dwyer, M., & Kane, J. M. (2020). Patient attitudes toward telepsychiatry during the COVID-19 pandemic: A nationwide, multisite survey. *JMIR Mental Health, 7*(12), 1–7.
- Guinat, D., Marcy, P., Hauser, M., Dwyer, M., & Kane, J. M. (2021). Mental health care providers' attitudes toward telepsychiatry: A systemwide, multisite survey during the COVID-19 pandemic. *Psychiatric Services. https://doi.org/10.1176/appi.ps.202000441*
- Messina, I., & Löffler-Stastka, H. (2021). Psychotherapists' perception of their clinical skills and in-session feelings in live therapy versus online therapy during the COVID-19 pandemic: A pilot study. *Research in Psychotherapy: Psychopathology, Process and Outcome, 24*(1), 53–59.
- Poletti, B., Tagini, S., Brugnera, A., Parolin, L., Pievani, L., Ferrucci, R., Compare, A., & Silani, V. (2020). Telepsychotherapy: A leaflet for psychotherapists in the age of COVID-19. A review of the evidence. *Counseling Psychology Quarterly, 2*, 1–16. <https://doi.org/10.1080/09515070.2020.1769557>
- Ruden, M. H. (2021). Reflections on the impact of remote counseling: Friendship in a new therapeutic space. In C. Tosone (Ed.), *Shared trauma, shared resilience during a pandemic. Essential clinical social work series*. Springer. [https://doi.org/10.1007/978-3-030-61442-3\\_20](https://doi.org/10.1007/978-3-030-61442-3_20)
- Shklarski, L., Abrams, A., & Bakst, E. (2021a). Navigating changes in the physical and psychological spaces of psychotherapists during Covid-19: When home becomes the office. *Practice Innovations*. Advance online publication. <https://doi.org/10.1037/pri0000138>
- Shklarski, L., Abrams, A., & Bakst, E. (2021b). Will we ever again conduct in-person psychotherapy sessions? Factors associated with the decision to provide in-person therapy in the age of COVID-19. *Journal of Contemporary Psychotherapy, 51*, 265–272.
- Tohme, P., De Witte, N. A., Van Daele, T., & Abi-Habib, R. (2021). Telepsychotherapy During the COVID-19 Pandemic: The Experience of Lebanese Mental Health Professionals. *Journal of Contemporary Psychotherapy, 51*(4), 349–355.
- Vostanis, P., & Bell, C. A. (2020). Counselling and psychotherapy post-COVID-19. *Counseling and Psychotherapy Research, 20*(3), 389–393.
- Watts, S., Marchand, A., Gosselin, P., Belleville, G., Bouchard, S., Langlois, F., & Dugas, M. J. (2020). Telepsychotherapy for generalized anxiety disorder: Impact on the working alliance. *Journal of Psychotherapy Integration, 30*(2), 208–225.
- Wright, J. H., & Caudill, R. (2020). Remote treatment delivery in response to the COVID-19 pandemic. *Psychotherapy and Psychosomatics, 89*(3), 130–132.

### \*Corresponding author

Liat Shklarski, PhD, LCSW  
 Ramapo College of New Jersey, Mahwah, USA  
 E-Mail: [lshklars@ramapo.edu](mailto:lshklars@ramapo.edu)

### Declaration of interest

The authors declare that they have no conflict of interest.

### Funding

No funding.