

Effectiveness of Tele-therapy from the Perspectives of Training Therapists and High School Students

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ABSTRACT: The prevalence of depression and anxiety symptoms have doubled among adolescents during COVID-19. The pandemic drastically changed the landscape of mental health services as stricter measures such as quarantines and lockdowns were put into place. Tele-therapy - virtual therapy sessions - became a more prominent source of treatment delivery. This study seeks to further examine the attitudes about the effectiveness of teletherapy services based on the experiences of training therapists and adolescent patients. Five high school students receiving tele-psychological services and five training therapists from a doctoral program in Clinical Psychology were recruited. These participants each completed the questionnaire regarding the effectiveness of teletherapy. Overall, the flexibility of teletherapy was a major benefit mentioned by both high school students and training therapists. However, in-person therapy or the hybrid model was preferred by both the student and therapist participants as this form of therapy provided a greater sense of connection and alliance between patients and therapists. Future studies should expand on this initial exploratory work, with a greater number of participants, including patients with differing levels of clinical risk and therapists with additional experience.

KEYWORDS: Behavioral and Social Sciences; Clinical and Developmental Psychology; teletherapy; mental health; Covid-19 pandemic.

■ Introduction

On March 12, 2020, the World Health Organization officially declared the COVID-19 worldwide outbreak a pandemic. COVID-19 remains an international concern that has impacted hundreds and thousands of people.¹ The COVID-19 pandemic drastically changed the landscape of mental health services in the last two years as strict social distancing and lockdown measures were put into place. Even before the pandemic, major mental health trends and treatment gaps were shown among adolescents in the United States. According to data from the National Survey on Drug Use and Health, an estimated 13.3% of US adolescents aged 12-17 experienced at least one episode of Major Depressive Disorder in 2017, but 60.1% of these individuals did not receive treatment for their illness.¹ The prevalence of depression and anxiety symptoms during COVID-19 has doubled, compared with pre-pandemic estimates, and moderator analyses revealed that prevalence rates were higher when collected later in the pandemic, in older adolescents, and in girls.² Although positive effects such as more family discussions between parents and children during quarantining may have improved relationships, stressful life events, like extended home confinement and overuse of the internet and social media, and even deaths of family members were also possible factors that contributed to rising rates of anxiety, depression, eating disorders, and social isolation of adolescents during this pandemic.³ According to *The Journal of Behavioral Health Services & Research*, it is estimated that only 50% of US high schools have mental health counseling services available, and about 11% have mental health counseling, physical examinations, and substance abuse counseling available on-site.⁴ There is clearly a gap in care and

a need for additional services - and that's where telehealth comes in.

Prior to the pandemic, remote treatment - also known as teletherapy - was emerging as an effective technique for therapists to connect with patients. Indeed, the use of information and communication technologies has grown as an efficient and effective means of delivering healthcare during the pandemic.⁵ Tele-therapy includes psychological services offered via phone, computer, or video conferencing platforms and has been shown to be successful in treating trauma, depression, and other mental health conditions among diverse populations.^{2,6} According to an American Psychological Association survey, published in June 2020, just 1% percent of the psychologists polled said they were seeing all of their patients remotely before the pandemic.⁷ In a subsequent survey, published later that year in November 2020, 64% of therapists said they were conducting treatment remotely, and 32% said they were offering a mix of in-person and remote treatment.

Tele-therapy is particularly beneficial during COVID when quarantine measures have restricted in-person psychological services. Moreover, for individuals in rural communities, for whom in-person treatment is inaccessible due to travel distance, or even those who are unsure about seeing a therapist in person, teletherapy is an effective option. For example, a study showed that rural residents who have greater barriers to treatment access were satisfied with this remote option of treatment as high levels of stigma and travel time associated with regular in-person care were not obstacles anymore.⁹ Participants in this same study specified that the flexibility of receiving phone counseling sessions and sessions delivered on evenings and weekends were important factors in their high

level of treatment satisfaction.⁹ In fact, studies displayed that the majority of patients receiving remote psychological services are very satisfied with receiving tele-therapy⁹; teletherapy reduces wait times and offers an alternative and safer environment for those with anxiety.⁴

Not only is teletherapy beneficial for patients, but it is also beneficial for therapists as well. It offers a great work-life balance, a greater sense of safety, and opens up new opportunities to work with patients from all over the world. Austrian therapists, for instance, were prompted to complete an online survey in order to assess their attitude changes towards teletherapy.¹⁰ The therapists indicated a high level of telehealth positivity, with an improved result during the course of the pandemic lockdown.¹⁰ However, this study also denoted the need for reimbursement policies and secure software solutions to continue and better this technique of online therapy.¹⁰

Experts say that if you're in need of mental health services, getting them remotely — via technologies like audio or video call — is unquestionably better than getting no therapy at all. But is teletherapy as good as seeing a therapist in person? The limitations of teletherapy cannot go unnoticed. Teletherapy is not feasible for all patients or clinics as technology is difficult for certain people to use and requires high-speed internet, computer access, and privacy in the home which not all patients have available to them. Conducting a session through technology also limits the personal connection that therapists and patients can forge in person.¹¹

This information points to my research question of how effective teletherapy is on high school students diagnosed with mental health disorders and for trained therapists conducting these services.

■ Methods

The present qualitative study seeks to further examine the attitudes about the effectiveness of teletherapy services based on the experiences of training therapists and adolescent patients. Two questionnaires were developed: one for high school students receiving teletherapy services, and a second for training therapists conducting teletherapy. The questionnaires were then distributed via email to participants. Responses were analyzed quantitatively and qualitatively to assess how both patients and providers view teletherapy as a treatment option for a variety of mental health disorders.

Participants:

High school participants receiving tele-psychological services (N = 5) were recruited from a private high school in Virginia. The first two respondents were recruited intentionally, and the survey was sent out to three players on the high school soccer team. Training therapists (N = 5) were recruited from a doctoral program in Clinical Psychology in New York City. The mean age of high school participants was 16.4, with an age range of 15 to 17 and a grade-level range of 10th to 12th; 4 were female-identified, 1 was nonbinary. The mean training level range of the training therapists was 2 to 3 years; 1 participant was male-identified, 4 were female-identified. The survey was administered online from September to October of 2021. It is important to note that

the survey was initially sent to 10 students, but only five responses were received, for both high school students and therapists.

Materials:

Questionnaire for high school students receiving teletherapy. The questionnaire for high school students receiving telepsychology services was designed with the goal of gathering attitudes about the effectiveness of teletherapy services based on experiences receiving in-person therapy and teletherapy. The online questionnaire was developed based on previous research on patient attitudes towards therapy.^{10,12} The questionnaire included 11 open-ended, yes/no, and Likert scale questions (i.e., How effective do you find teletherapy for you? (Rate on a scale from 1 (not effective) to 5 (highly effective); What do you see as the benefits and limitations of the treatment you are receiving online? If given the option, would you prefer to receive therapy in person, online, or via a hybrid model? Why?)

Questionnaire for doctoral students conducting teletherapy. The questionnaire for doctoral students training in providing psychological services was designed with the goal of gathering their attitudes about the effectiveness of teletherapy services based on their experiences treating patients. The online questionnaire was developed based on previous research on therapist attitudes towards therapy.^{10,12} The questionnaire included 18 open-ended and yes/no questions. (i.e., If given the option, would you prefer to provide therapy services in person, online, or via a hybrid model? Why?; What do you see as the benefits and limitations of online treatment?)

Data Analysis:

Means and standard deviations were calculated for numerical responses. Themes were analyzed for short answer responses across participants. The short answer questions were reviewed initially participant by participant. Each of the questionnaires for the therapists and high school students was compiled into spreadsheets, displaying all of the responses in one document. One coder identified the common theme in each of the responses for every question then discussed it with the second.

Qualitative Analysis for Therapists:

The five therapists' responses to the questionnaire were read then analyzed for common themes. Common themes were identified by one coder and discussed with a second; themes were based on each question of interest from the survey, and quotes were extracted from the transcripts. Themes were then classified into five categories: 1) limitations of teletherapy; 2) treatment with children versus adults; 3) teletherapy effectiveness; 4) attitude change toward teletherapy; and 5) in person, online, or hybrid treatment.

Qualitative analysis for high school students:

The five students' responses to the questionnaire were read then analyzed for common themes. Common themes were identified by one coder and discussed with a second; themes were based on each question of interest from the survey, and quotes were extracted from the transcripts. Themes were then classified into three categories: 1) limitations of teletherapy;

2) benefits of teletherapy; 3) in person, online, or hybrid treatment.

■ Results and Discussion

Quantitative Analysis for Therapists :

On average, training therapists who participated in the survey reported seeing 6 patients (SD = 4.18). These therapists saw patients with an age range from 7 to 39 years old.

The therapists were on average 2.5 years into their doctorate degree and were participating in ongoing training courses (SD = 0.5). It was reported that on average, the therapists have been conducting teletherapy for 18.6 months (SD = 8.04). The longest treatment the therapists conducted online was 11.6 months, while the shortest treatment the therapists conducted online was 6 months. The therapists reported treating patients with a range of diagnoses - Depression, Anxiety, ADHD, Narcissistic Personality Disorder, PTSD, OCD, Recovering Substance Use Disorder, and Bipolar Disorder. The risk levels of the therapists' patients were low to medium (See Table 1).

Table 1: Demographic and descriptive statistic for training therapists (N=5).

Description	M	SD
Average number of patients	6	4.18
Average number of months conducting teletherapy	18.6	8.04
Average number of months of longest therapy case	11.6	3.36
Average number of months of shortest therapy case	6	4

Limitations of Tele-therapy :

Limitations of teletherapy are noted by trained therapists such as loss of emotional connection and loss of intimacy with the patient. Overall, teletherapy brings challenges to the establishment of the therapeutic working alliance (the relationship between patient and therapist). As one training therapist describes:

There is a loss of intimacy and intensity that can be used in the treatment when it is in person. Some patients can seem less invested in the process.

Another therapist notes how treatment online can inhibit the patient and therapist's ability to explore core issues and dynamics. As the therapist reports, therapy via videoconferencing can allow the patient to hide and avoid challenging topics:

Additionally, I think it can be hard for patients to remain in a vulnerable/emotional space during the session like they can turn it off or move on from hard feelings easier because of the screen.

Practical obstacles are also noted among therapists as contributing to difficulties when conducting sessions virtually. Obstacles such as a lack of privacy, challenges with WIFI during sessions, the ability for the patient to turn the camera or sound on and off, and not occupying the same physical space damaged the effectiveness of conducting teletherapy. Nonverbal cues are absent during teletherapy, which causes disruptions in the process. Not being able to be in the same room as the therapists can make it difficult for the patient to be comfortable to fully disclose.

You sometimes don't even see what patients look like fully so hard to tell if they've lost weight or look more disheveled. Also, WIFI

issues and an internet connection can inhibit treatment significantly.

Children vs. Adults Treatment:

Generally, treating children through teletherapy is harder than adults due to developmental impediments: children's attention span are shorter, which makes it easier for them to become distracted by their surrounding environment.

Moreover, since children's treatments consist in a large part of play, finding ways to adapt the play space to the online space can prove difficult, especially for less verbal children. Adults on the other hand, primarily engage with therapists through conversation, and they are more used to being sedentary for a longer period of time. Therefore, the nature of the interaction during teletherapy is still similar to their usual lifestyle, unlike that for children.

When children are less verbal, it can be more difficult to engage with them online. In a physical space, we can engage by using shared toys and the child can feel grounded and more willing to share in the comfort of a real-life empathic therapist.

Tele-therapy Effectiveness:

There is a 100% agreement among training therapists questioned that teletherapy is an effective method of service. Tele-therapy provides the patients with the necessary support and mimics the therapy experience well, especially for adults and older teens.

Even though it may be virtual, it is still a vitally important experience and relationship to have on a regular basis in order to process and make meaning out of our lived experiences.

Furthermore, there are a number of unique benefits of teletherapy that in-person therapy cannot provide. Virtual therapy sessions might make it easier for patients to show up on time, may foster more disclosure for those who become anxious about leaving their home, and make those more comfortable with this modality.

You can still build rapport and relationship, and it can even benefit patients who value their privacy or have certain pathology that lends itself towards being mistrust of others.

Attitude change toward teletherapy:

Overall, teletherapy is an effective method of treatment according to the training therapists questioned. Training therapists report being skeptical at first due to the concerns about whether or not connection will be present between therapists and patients; however, this method proves to be a compelling alternative. One therapist discusses her concerns when she began treatment and the realities of her experience:

I was really worried about whether I would be able to feel connected to my patients or be able to feel their emotions/mental state but I think that has proven easier than I anticipated actually.

Although teletherapy is a practical method, some therapists still preferred in-person treatments. There seems to be fatigue evolving from the Zoom setup. Since the pandemic has increased the use of teletherapy, the long hours of holding Zoom sessions could tire the therapists and patients as well. As one therapist notes:

I believe this fatigue stems from staring at a screen for too long and not having all the stimulation of the non-virtual world that would keep me energized and engaged.

For some training therapists, who are just beginning to see patients, teletherapy is the only version of the treatment that they are familiar with. Therefore, they do not have an attitude change because they don't have an alternative that they can compare it to.

In-person, online, or hybrid treatment :

100% of the therapists prefer hybrid treatment - a mix of in-person and teletherapy. Tele-therapy offers great flexibility, in terms of scheduling and commuting for both patients and therapists. A hybrid model can prevent patients and therapists from feeling burdened due to its option of teletherapy. As one training therapist observes:

I think some of my patients really wouldn't be able to make it to the session given the distance of the clinic to her home and if it makes it so that patients are more consistently engaged with the option of teletherapy I think that's great!

Therapists emphasize that in-person therapy is still more effective than being online. Especially for children, in-person therapy is a great option to have as it helps them engage better. A therapist remarks that:

I would prefer a mostly in-person model with a small percentage of sessions being online. Overall, I believe that in-person therapy is more effective than online.

Quantitative Analysis for high school students:

The average age of the high school students was 16.4 years old (SD = 0.89). On average, high school students who participated in the survey reported taking part in therapy for 4.7 years (SD = 2.05). Half of the sample reported starting and stopping treatment within that time period. The mean length of time the students have been receiving therapy on an online platform was 20.6 months (SD = 1.95). Some of the students do group therapy online, while others do individual sessions. Students have received therapy in person for an average of 37.6 months (SD = 38.01). Students reported on a LIKERT scale (1 = not at all effective; 5 = highly effective) how effective they found online therapy (M = 3.6; SD = 0.55), and in-person therapy (M = 4.2; SD = 1.30). Based on the mean responses, students found in-person therapy to be more effective (see Table 2).

Table 2: Demographic and descriptive statistic for high school students in therapy (N=5).

Description	M	SD
Age	16.4	0.89
Months in treatment total	4.7	2.05
Months in in-person therapy	37.6	38.01
Effectiveness of teletherapy	3.6	0.55
Effectiveness of in person teletherapy	4.2	1.3

Limitations of Tele-therapy :

Not being able to physically interact with the therapists is a common limitation for the students. Furthermore, receiving treatment in another environment besides their home can provide the students more freedom, but teletherapy eliminates this option:

Along with this, I feel like getting out of the house/into a new environment could be beneficial for some.

Students also mentioned that distractions are recurring negative habits during the online sessions. Not being there physically leads to inefficiency in visualizing things for students and increases external distractions.

Benefits of Tele-therapy:

Flexibility is another common benefit of teletherapy that the students mentioned. Along with school and sports practices, students are offered great flexibility as they can receive therapy from home if they live at a far distance from their therapist. As one student comments:

I don't have to leave as early from school practice if I need to get home for therapy, since I live 5 minutes from school but 45 from therapy.

Students are fond of the comfortable environment they are already familiar with when receiving teletherapy at their homes. Some of these students consider their homes their "safe space" and enjoy receiving sessions there.

Some benefits of online therapy is I am already in my safe space at home/am comfortable.

In-person, online, or hybrid treatment:

Sixty percent of the students prefer the hybrid option, and 40% of the students prefer in-person therapy. Students would like the option of doing one session a week online and the others in person.

I would prefer a hybrid model if I was doing multiple sessions a week (like 2), but I feel like it should be an option every week.

Face-to-face therapy is important for students and therapists to connect emotionally with one another. However, some students still prefer the hybrid model as it provides them with the flexibility to fit their schedules. Since distractions are mentioned as common limitations of teletherapy, students said that being in person reduces the distractions and increases the commitment to the treatment.

Discussion

As the results reveal, both the high school students and the training therapists highlighted the flexibility of teletherapy as one of the benefits of online sessions. Having the teletherapy option allows them to move around their schedule and create changes without affecting their individual plans excessively. The high school students and the training therapists' responses accentuated the importance of in-person therapy. Neither the high school students nor the training therapists strictly preferred online treatment only; instead, they all either preferred the hybrid model or in-person therapy. A limitation both groups pointed out was the lack of intimacy within virtual sessions. Being online impedes the emotional connection that can be formed between the therapists and patients as they won't be physically present with one another.

What can the results of this study imply for treatment going forward? This study shows the significance of teletherapy, but also its limitations of it. All of the participants in this study either preferred the hybrid model or in-person therapy. As the pandemic is slowing down, in-person therapy should shift to becoming more accessible once again.

Despite the significant findings, there were several limitations to note in the study. The first limitation was the small sample size. There were five high school students from

the same school and five training therapists from the same graduate school. This provides a very small sample of data and a lack of variety in responses. A greater number of participants would have provided more accurate results, in that this would lessened potential biases.

It is also worth noting that the survey was initially sent to 10 students, but only five responses were received. Perhaps the people that chose to respond felt stronger about the topic than the people who did not respond, leading to a non-response bias.

A second limitation was that the training therapists did not have experience conducting in-person therapy; this gives biased opinions of teletherapy as online therapy was the only form of therapy the therapists had experience with.

Training therapists included in this study focused on psychodynamic treatment - this could introduce bias. Psychodynamic therapy helps patients discover patterns, emotions, and thoughts to further explore themselves. Through a virtual session, however, it might be more difficult for this strategy to be conducted as several therapists and patients mentioned that there is a loss of treatment alliance as reported by patients and therapists through the screen.

This study could be performed with a greater number of participants, for both high school students and training therapists. This will provide a broader response and can lead to another questionnaire being drafted in order to get further information on the effectiveness of teletherapy. Another potential future study could use standardized questionnaires (Brief Symptom Inventory, or Outcome Questionnaire) or structured interviews with measurable variables to assess whether an adolescent's mental health has actually improved over the course of teletherapy treatment compared to treatment in person.

■ Conclusion

The purpose of this research was to examine the effectiveness of teletherapy based on the experiences of training therapists and high school students. From the analysis conducted, teletherapy is a positive form of treatment due to its high level of flexibility; however, the results highlighted the importance of in-person therapy as well. Future research utilizing a greater number of participants and standardized measures of symptoms could be useful to determine whether teletherapy was genuinely an effective method in improving patients' mental health over the course of treatment. Findings from this research could potentially advance online treatments for mental health disorders.

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