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## **THE IMPACT OF TELEHEALTH ON THE PRACTICE OF THERAPY: SURVEY REFLECTIONS**

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The field of psychotherapy has had to make significant shifts in 2020 and 2021 with the advent of widespread teletherapy usage during the COVID-19 pandemic. While the New England Journal of Relational and Systemic Practice will have traditional research articles and reflections on combining systems theory with the practice of relational therapy, the editorial team has discussed various ways to creatively present and share the perspectives and experiences of relational and systemic therapists in our region, including the interviews with the editorial team and with Porsche Lockett.

This fall, the editors asked regional therapists to participate in a survey with three questions that explore the impact of COVID-19 and shift to telehealth. These questions are:

- 1) How are you noticing the difference between the ways that you engage and confront in the therapeutic relationship in live and virtual spaces?
- 2) What are the differences in the therapeutic relationship between clients that you've met and clients you've only virtually met?
- 3) How are you defining your own therapeutic presence in online therapy?

We sent out the survey in November, 2020, and received 10 responses to this survey. The small sample size speaks both to the newness of the journal project, and, more importantly, to the overwhelm and burnout that many therapists are currently experiencing.

Nonetheless, the editorial team of NEJRSP have compiled the responses to these three questions, and made reflections of their own in an attempt to articulate some of the active and potential shifts to the practice of therapy in the middle of the pandemic.

**How are you noticing the difference between the ways that you engage and confront in the therapeutic relationship in live and virtual ways? (Jackie Gagliardi)**

The advent of COVID-19 catapulted many therapists to quickly transition from in person to remote. These changes presented different challenges and ways to engage.

Several respondents seeing couples stated, “There was a contrived aspect of partners sitting close together in the frame.” Others talked about the “choice of seating in an office, eye contact between partners, and capturing body language, are missing.”

One participant summarized: “I have noticed that not only eye contact between partners, but also eye contact between therapist and client is not always as detectable as it was pre-covid. In my practice, I have experienced my clients often not looking directly into the video or being distracted, whereas in the office they appear more focused on the session. Clients often get distracted by children, pets, other family members, texts, distractions that would not exist in an office setting.” Others in the survey mentioned “the inability to read body language”.

One person surveyed brought up the point that since clients no longer have to commute they often have little to no time to think about what they may want to discuss in the session, or process what happened after a session, as they immediately go back into their living environment. I am curious as to the impact a lack of transition may have on clients, and how it may affect the work that we are doing.

Although some therapists noticed “no difference”, most did notice a difference in both engagement and confrontation. As I think about confrontation, I wonder if we are talking about therapeutic confrontation, or setting boundaries around the session itself. Are we talking about asking clients to not zoom while driving, wear appropriate apparel, or sit in their seats during the session, or are we talking about therapeutic confrontation?

One respondent replied, “I find sometimes I'm engaging or confronting more easily about things as we're not sitting in the same room so whatever my discomfort is in addressing things isn't as apparent. However, in other ways it's harder, for instance getting couples to end a fight can be harder when it's a screen trying to intervene vs a physical person. So it has its pros and cons.” In this context it seems like the therapist is talking about therapeutic confrontation and not necessarily setting boundaries.

However, I am realizing in my own practice in seeing clients remotely, there is a casualness that is not there when seeing clients in the office. For example, clients may be sitting in their car, or appearing in their bathrobe, or getting a cup of coffee. I ask clients to exhibit the same behavior they would if they were coming to my office. This was difficult in the beginning as these were never issues that I had to deal with before. However, they were distracting enough that I chose to confront these issues.

As the pandemic comes to an end, I am wondering if some clinicians will choose to stay remote, while others may choose to see clients live. The convenience of not having to travel, not having to pay for office space, not seeing that big of a difference between remote and live, may

influence clinicians to go back to live office sessions.

**What are the differences in the therapeutic relationship between clients that you've met and clients you've only virtually met? (Stephen Duclos)**

The pandemic of 2020, and soon 2021, has created a fundamental paradox: Will we return to seeing families and couples in person, or will we remain doing therapy on line? Some therapists have not seen many differences between in-person versus on-line therapy: "Not much difference at all", "...I have to speak louder on-line", "I don't find a difference in the clients", and "comfortable". Others express difficulties in their basic practices, "I have struggled to adapt to on-line", "I have been less formal and disclose more", "capturing body language (is) missing", "...shifts (are) mutated, amputated (on-line)", and "I don't feel as connected to them in an embodied way".

As with many other forms of work activity, psychotherapy will never be what it was pre-pandemic. Some therapists have long since jettisoned their offices and are committed to on-line Zoom therapy for the long term. Others will be returning to in-person therapy as soon as a vaccine can be universally distributed. And a few others have continued in-person, throughout the pandemic, masked and distant, with their clients.

It is likely that an adapted platform will be incorporated post-vaccine. Some couples and families will make an in-person appearance towards the beginning of the arc of therapy, and then continue on-line as a logistical alternative. Therapists will need to determine when it is important that a couple or family be in-person, and criteria will need to be developed. We will also have to account for differences in perspective relative to therapeutic presence and its positive or negative effects.

With the hundreds of schools of psychotherapy, there have been very few studies of the effectiveness of one therapy over another. Even when that is so, for example in the worldwide agreement that family therapy is the best treatment for anorexia, such agreement is regionally ignored. Each guild, whether psychologist, psychiatrist, social worker, mental health counselor, or family therapist, has their own ideas as to what constitutes mental health and its treatment. And now we will have disagreement as to where and how psychotherapy works best. In January of 2020, most therapists used on-line sessions sparingly. It is likely that at the end of the pandemic, in-person sessions will be correspondingly sparse.

Some of the survey respondents talk about clients only seen during the pandemic, others talk of the difference between seeing clients in-person and virtually. Several respondents commented on the "informal" and "casual" nature of on-line experiences, presumably because we are talking to each other from our respective homes. As a Couples and Sex Therapist, it is not unusual to be interviewing couples online in their bedrooms. And as a Family Therapist, it is not unusual to be talking to one or another family member in their car. Recently, couples have begun talking with me from separate computers in their shared homes. And in one instance, one part of a dyad began the session with their partner, but continued in the second half of the session on their phone while out walking, for no expressed reason. And then there are dogs, and cats, and little

children, and elderly residents, walking around in the background (and foreground), as if we had entered a public confessional, with psychotherapy now taking place in open space.

We have tried as therapists to adjust to the vagaries of a pandemic. We worry about the dramatic rise in anxiety, in substance abuse, and in suicidal ideas. And we do not know what to do with participants who are cooking dinner while talking to us, or engaging in child care processes. At what point do we regulate this new world for the efficacy of a therapeutic conversation? Where, exactly, is the best place to do therapy?

### **How are you defining your own therapeutic presence in online therapy? (David Haddad)**

As a therapist and teacher of therapy, I have always been interested in how we define presence. With the onset of Covid19, and the online world we now inhabit, I find myself wondering if my ideas about presence might need an upgrade.

Webster defines presence as the state of existing or being present in a place or thing. When I consider this definition, my first thoughts are of an elementary teacher taking attendance and the student responding with “present”. Here the student is acknowledging that they are in fact in the room, but perhaps not much more.

The recent NEJRSP survey provides a snapshot into the many ways that our community is thinking about online presence. For example, one respondent talked about the importance of “identifying and describing my physical location with the intention of being more conversational”, and “to foster a more human connection.” Here, it would seem that the act of calling attention to their surroundings is done to invite presence.

Another therapist respondent talked about establishing “presence” by doing their best to “look at the camera to ensure the client feels seen. I want them to feel that I am talking to them.”

One way I think about these responses is to consider them as reflections of a clinician’s epistemology, or what we understand as the science of how we know what we know. When I reflect on my own epistemology, I can see that my work is informed by a postmodern lens and by contemplative practices that support my goal to be more mindful and intentional in therapy. From this perspective, presence is not something that just happens but something that is both interactive and intentional.

So, what exactly is presence in online therapy? One obvious answer could be that presence is what is visible. I am a white male of a certain age. But beyond what is visible, and the techniques of therapy, there is also the feeling that the therapist wants to communicate. How does this get conveyed online? What are the qualities that might support this goal of being present online? How will these qualities show up online? What are the qualities that the clinician hopes to embody?

One student who was responding to the impact of zoom classes in a family therapy seminar talked about the initial reaction of seeing herself on the screen. “I was initially distracted by seeing my image, but eventually I started to notice how I appeared on screen and how my

appearance fit with my internal state. I notice that the experience has led to my thinking more about how my internal state does or does not represent or convey my intention. This is not something I thought about before the Covid lockdown.”

Finally, one veteran clinician I spoke with defined online presence in this way: “It is always about attention, the quality of attention I bring to the moment. When I am paying attention to my own moment to moment experience, I am better equipped to pay attention to my client. When I do this, both the client and therapist feel seen.”

The discussion of therapeutic presence is not a new one, but the challenges of online therapy have invited all of us to consider if our definition fits what we are actually doing. If not, we may need an upgrade.

### **How are you defining your own therapeutic presence in online therapy? (Beverly Ibeh)**

The COVID-19 pandemic has turned our world upside down, and subsequently re-defined the culture of psychotherapy for the unforeseeable future. There was a high level of uncertainty, anxiety, and anguish that prevailed at the beginning of the stay-at-home order that has since turned into an all too familiar routine of providing mental health services to our most vulnerable populations from the make-shift privacy of our bedrooms and dining tables. This unconventional way of providing therapeutic support has pushed clinicians in the mental health field to reevaluate how they may understand their therapeutic presence with clients.

Some participants shared they may “disclose that [they] are home, on Zoom, don’t record, and send forms.. [and] ...tend to be intentionally more conversational, and share more about personal activities (shopping, etc) when people ask if [they] go out anywhere.” For many anxious clients, this has opened doors for their therapists to reconsider self-disclosure as it may be clinically relevant during these times. Perhaps sharing more of your life (e.g., whether you are also quarantined) with clients may increase their sense of connection and shared experience of loss due to the pandemic.

Some clinicians have not changed the way they engage online and “...continue to present a professional therapeutic stance”, while others have attempted to integrate their virtual presence with aspects of their in-person presence. As one clinician wrote, “ I’m trying to maintain the kind of frame and protected space I offer in person. I send an email orienting people to the virtual sessions, advising a bit of transition time, asking them to secure a private, uninterrupted space, to bring tissues, and for those who have known me, I occasionally remind them of my office, and the atmosphere that helped our work.”

As clinicians reflect on the shift of presence from in-office to online, it is imperative to consider the immense loss of physical and emotional containment from merely sitting in a room on a weekly basis with someone you trust. How can we create this containment online, behind a screen?

Silence, which is often used as a valuable therapeutic tool for emotional regulation and distress tolerance may be called into question over zoom. Is it effective use of silence or did your

telehealth platform suddenly have a glitch that has caused it to freeze? Non-verbal cues (e.g., a wave) can be helpful for sustained engagement and making your presence known if a client is unresponsive. Particularly over zoom, I have found myself saying things like, “Are you still with me?” for quieter, more reflective clients or “Can you send a message in the chat so I know you’re still there?” for treatment resistant teenagers with their videos turned off and mic on mute.

What should a therapist do when their client cries over zoom? In person, a show of concern could be a simple offering of a tissue with silence and a head nod, whereas over zoom, one may need to change posture or lean in to show concern. For some clinicians, connecting with their client through direct eye contact (e.g., looking into the computer camera) may mean sacrificing awareness of the client’s non-verbal expressions as one clinician wrote, “I do my best to look at my camera so clients "feel" I'm looking at them vs looking down at the screen. I may miss non-verbal expressions when I'm talking to a client, but I want them to feel like I'm talking to them and it isn't just "another zoom call."

For clinicians seeking to answer this question of how we can define our presence over telehealth, it has been helpful to ask the counter question, “what would I do if we were in person?” and if that’s not applicable, choosing the next best thing.

### **Conclusion (Jeremiah Gibson)**

In family therapy, we note that challenges in systems are most likely to develop during transitions between stages of development. This article first identifies that we are in a significant transition stage in the practice of psychotherapy, as technological mediums for the practice of therapy become commonplace. The language that participants of the survey used to describe their experience may sound familiar to readers who practice relational therapy, but is by no means comprehensive. The editors of the New England Journal of Relational and Systemic Practice, in conjunction with the New England Association for Family and Systemic Therapy, are dedicated to highlighting and presenting the observations and experiences that therapists have pertaining to the transition to telehealth as a primary medium for psychotherapy.

Second, and more importantly, we have far more questions than we have answers at this stage of the transition, including:

- Where is the best place to do therapy?
- How do we establish boundaries and expectations around the space for therapy?
- When is it important to see a person live, and how do we establish criteria for that?
- How do qualities of presence get enacted and communicated online?
- How does a therapist attend to the emotional experiences of a client online?

Third, the transition of the practice of psychotherapy to virtual mediums parallels the shift to virtual relationships in larger cultural settings, be that texting conversations, social media forums, or online dating apps. There will be more formats to build relationships virtually as technology advances. While virtual relationship platforms have created convenience and

accessibility to communication, a lot of research suggests that these platforms decrease the quality of important relational skills, such as self-efficacy, eye contact, and differentiation.

As therapists, we have a responsibility to take note of, write about, and discuss the ways that technological mediums impact the therapeutic relationship. If we can identify the subtle (and not-so-subtle) shifts in communication between therapist and client in teletherapy, including non-verbals, cadence and pausing, and the establishment of boundaries and expectations, we can also help our clients navigate their own challenges in developing and maintaining relationships in a myriad of virtual platforms. The editorial team hopes that the *New England Journal of Relational and Systemic Practice* can effectively present those shifts and evolutions.