



**NEJRSP**  
NEW ENGLAND JOURNAL OF  
RELATIONAL & SYSTEMIC PRACTICE

## THE IMPACT OF COVID-19 ON THE FUTURE OF THERAPY: AN INTERVIEW WITH THE EDITORS OF THE NEW ENGLAND JOURNAL OF RELATIONAL AND SYSTEMIC PRACTICE

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In December, 2020, the editorial team of the New England Journal of Relational and Systemic Practice, sent a survey to the membership of the New England Association for Family and Systemic Therapy about the impact of COVID-19 on the practice of therapy. Upon reviewing feedback, they asked three significant questions regarding the impact of COVID-19 on the practice and future of therapy:

- 1) What are the positive and negative effects of therapists doing therapy online over an extended period of time?
- 2) How is therapy during the pandemic going to change therapy moving forward?
- 3) How do we prepare clinicians—as teachers, as supervisors, as colleagues—about these changes?

The following article is written in an interview format, where each of the editors discuss their perspectives on these three questions.

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**Stephen Duclos:** Well the first issue is whether we even have the right to do that given we're so in the midst of it ourselves. You know, we'll do the best we can in sort of giving some responses based on the responses of other therapists but we're not necessarily the experts on any of this; these are just the responses we've been talking about for some months.

**Beverly Ibeh:** Yeah, and I think just to echo that, Stephen, I was recently preparing an agenda

for a parent support group and one of the topics that we talked about was how do you balance parenting and working from home and just this new method that we're engaging in together in terms of the stay-at-home order, and I found that myself and the co-lead were almost resistant to creating this parent support group agenda because we were finding that the very things we were coming up with for this agenda we were struggling with ourselves. How do you create a workspace that doesn't interfere with the boundary you've set between home and work life? And so, thinking about if you're doing therapy in your room consistently, how are you creating boundaries around that in your personal space so it's not affecting your own self-care and the way in which you're able to separate from the work? Because now we're all engaged in it in one place, in one environment. So I just wanted to add that little piece that was coming up for me: that we're all struggling with this; as we're trying to help parents and children and adolescents think about creating boundaries in our home space we're also having issues with this ourselves.

**Jackie Gagliardi:** I agree with that, Bev, because I think—and other people have said as well—that they tend to be working more because that space is there, and it's not that they're going to their office and then there's a separation called an office. And so they're spending much more time in their office and doing much more work than they ordinarily would've done before COVID.

**Beverly Ibeh:** I would certainly say these are some of the negative effects that we're seeing. It's harder to have that separation.

**Frank Gomez:** Working from home has its own challenges too. As a supervisor I get to work with a team, and one of the things that has come up more recently is this feeling of disconnection. I think it has something to do with the time that we've been working from home. But there was something about being able to go to your teammate or the therapists next door or something and taking out some questions that you might have about how to approach a service or a presentation. That was something that was really valuable for clinicians that were working and working alongside other clinicians that were starting out. But now there's more of that reaching out to the direct supervisors or this managerial staff and less of that peer support. And that is something that has been challenging for a lot of people. A lot of...they don't want to create this dynamic where they're always asking questions to their supervisor and that has been something definitely that has been part of the conversation. I love these questions, but sometimes I feel some people might feel comfortable just going towards the supervisor rather than using their peers.

**David Haddad:** This kind of strikes me, the question: "How do we prepare clinicians going forward?" It strikes me as a kind of philosophical question; that COVID has kind of forced people to speed up, but the question is always the same; it's "How am I thinking about this?" And these conversations that we're having are exactly like what relational therapy is about: the answer isn't in my head, it's between us. So unless we're remembering that, then it seems like we're always trying to fix the problem, as opposed to: "No, we're developing a way to talk about it that moves us forward." At least I think, in the kind of postmodern world that many of us inhabit, the problem

isn't inside the client, the problem is in the system. It's between us, how we talk about it...and then what comes next. These seem like all really such important and heady questions. But that's what I appreciate about the survey is we get a chance to talk about it, and our community gets a chance to talk about it.

**Jackie Gagliardi:** I was struck by one of the participants who said something I hadn't really thought about. His concern was that clients do not have the time to process before or after a session the way they would if they were driving there and driving home. It's something I really hadn't thought about but it made sense.

**David Haddad:** How so? I find that interesting. How does that make sense? Because they have the same amount of time they've always had...

**Jackie Gagliardi:** Well, but they don't. Because, say, they're taking care of their kids, and they run in to do a session, and they run out, and they're back in the same environment. They don't have that space to say, "This is what I want to talk about," while they're driving to session. They're helping their kids with their homework, actually doing online teaching...so they don't have that space for themselves. And I'm just wondering for some people—I'm sure that's not true for everyone—what impact that has on the work that we're doing.

**Jeremiah Gibson:** And I think that there's an assumption that every client is a good candidate for teletherapy. Not every client is a good candidate for teletherapy. I have a couple that I'm working with that I'm in the process of having this conversation with—that the process of teletherapy kind of shines a light on how disorganized the relationship is, and how they're really just hanging on for dear life. And they need that separate space. Without that separate space, the camera itself is never settled, the point of impact is very seldom on the relationship; it's usually just on whomever is doing the speaking. And I think that one of the things that we're going to have to figure out—because teletherapy is not going away—is having conversations about when is it appropriate to do teletherapy, and also when is it not appropriate to do teletherapy? When is teletherapy not effective for folks? And do that not in a shaming way, but thinking about it more in terms of the number of variables that are going on in a person's life.

**Jackie Gagliardi:** I almost think that you can check that out with the client as well in terms of the relationship, like, "Is this working for you? Do you need a quiet space and is this not a space that's working as well as being in the office?"

**Stephen Duclos:** Getting back to David's question about between us...one of the things that's between us is the computer. This computer, we take it for granted that we can all talk together, but this computer is between us and them. And it's a problem for us and it's a problem for the people we work with. And the computer becomes problematic in thousands of different ways. One session goes well, the next session you have technical glitches, you have someone walking around the room

and you only see parts of them, a cat jumps up on the keyboard and you're gone for 5 minutes. There's all kinds of stuff that happens that prevents us from doing the work. And then that turns into the work in a way, like Jeremiah was saying. Maybe, "We're going to have to figure something else out or have a better connection the next time we talk because we lost 20min today because we couldn't connect at the beginning, we couldn't connect in the middle. You know, it might be good if we kept the cat somewhere else, because—I know you love the cat—but if he jumps on the keyboard, we all go away." So the between us thing is the big deal. How do we do the between us thing?

**David Haddad:** One of the things I'm reminded of as you say that, Stephen, is the power of the observing team, at least in the beginning—having the watcher. So we have capacity with online, particularly with Zoom, to witness; for people to see themselves. So video recording as we're doing here, that people have the opportunity to kind of see themselves, and do they show up in that encounter...what does that say about how they're seeing themselves? Are they embodying? Are they being the way that they think they are? Is that consistent with their intention?

**Frank Gomez:** I was going to say to your point as well, I feel like it sometimes amplifies what's being shared, because, in my experience, youth and their caregivers, they might say something very quiet on the side. But you can't really be quiet and the same volume through Zoom. I've experienced that some statements are amplified and I think it's more significant when they're this close in therapy. Now that everybody's having the headphones and being really attentive to what the other person is saying.

**Jeremiah Gibson:** And also, David, thinking about your question about the space between us, I'm also thinking about myself as a therapist and how is the therapist that's on the computer screen engaging in a different way than they would be if they were sitting with that couple in a room. For instance, I notice that I engage with conflict a little bit differently when I'm able to see it on a screen, that I can remove myself from it in a bit of a different way—and actually name the process a little bit quicker—than I would be if I am engaging with that same conflict live in the same space. I'm not saying that's good or bad, just noticing that that's different. That anytime we're engaging in some kind of an avatar, some kind of a technological representation of ourselves, that's going to have a different outcome than it would if we're engaging with someone in a live space...and how does that impact the therapeutic process?

**Jackie Gagliardi:** I agree with that on two fronts. For me, it's a distraction because I'm seeing myself as well, but on the other hand, I'm looking at my own facial expression and then realizing, "Gee, I look too serious." I think that there's another component to that. There are multiple things going on at once; both you and the clients are having your own thoughts, you're having this conversation together. Now I'm having two conversations: one about the client but also one about myself...and how I'm responding. Whereas, in the therapy room, I can't see myself. I don't know if that's a good thing or a bad thing, but it's definitely a distraction, an added component to therapy.

**Beverly Ibeh:** I would absolutely agree with that, and I'm thinking about, too, resistance and resistance may show up right now over telehealth. And I think about how I might've managed that in the room, especially working with adolescents or treatment-resistant clients that might need therapy but not necessarily want it. And now I'm re-thinking about what progress looks like in therapy: "If I'm seeing the top of your head, then I know you're still with me, at least, and that you haven't left the room, the therapy room, and that's going to have to be enough," as opposed to what I've engaged in in the past, at the beginning of teletherapy: "Can you put your mic down and could you bring the camera so I can see your face." That's essentially the same as if a teenager was on your couch and turned their back on you and said, "I don't want to talk to you." They've now flipped their camera to the ceiling and that's their resistance and that's going to have to be enough. So it's really a thinking about how we manage that now and how different that looks, and having to sit with that and tolerate that ourselves: that it's going to look very different over Zoom.

**Jackie Gagliardi:** That also brings up the issue around body language. Someone else was talking about how you can't see what's going on, if the foot is going up and down, if the hands are twisting. So it seems like there's less information than you would get if you were in person.

**Beverly Ibeh:** Absolutely.

**Frank Gomez:** Along the same lines, I'm thinking a lot about your presence as a therapist in the virtual room and how, especially with youth or clients that have experienced trauma, often you as a therapists are invited to that state of alertness, and in the room, it's very evident when you're there; but when you're virtual, during these virtual times, it might be a little difficult to meet people where they're at, and see all of these signs that might come up while you're in the room.

**David Haddad:** And also like what's the experience of: "Do they see the therapist full screen? Is their voice too loud? All of those cues that might sort of trigger that. That's interesting, Frank.

**Frank Gomez:** Right. And if they're inviting you to be there, are you meeting the needs of this sort of therapeutic relationship in the moment? I'm thinking a lot about that. And if I am going there virtually, what's my ability to support this person during this session?

**Jeremiah Gibson:** And, Frank, to add to that, what does it mean to virtually be a part of the system, as opposed to being in real life part of the system? I think it's much more than just body language and non-verbal cues that we end up missing.

**David Haddad:** It may point back to that question you were posing earlier which is: Not everybody is a candidate for online. That this therapy requires some kind of active participation, an ability to participate given the medium. So you're screening: "Do you know what you're signing up for? That it requires you to be more active? To be more intentional?" Just like the therapist has to be more intentional.

**Stephen Duclos:** Yeah, I was thinking of Beverly's little family and the problem of teenagers and putting their hood over their face and moving like this so you can't see them or moving right out of the screen, and the first time that happened I was thinking about many years ago when younger people, teenagers and younger children were coming in with their phones. At first I was opposed to them looking at their phones, and then I realized that, when I asked them not to use their phones, I realized I didn't understand how they used their phones. Or the parents would say, "I don't want you using your phone." And after a while I would say, "No, it's perfectly fine if they use their phone, as long as we all feel like we're listening to what's going on." Now, of course, a twelve year old boy or girl using their phone is a lot different than my conceptualization of what using a phone is like. I don't like to use my phone, I'd prefer not to use the phone, I don't like phones. But this is not my experience. So we have to do another kind of translation now about a teenager in the room who moves the screen up. You know, we have to say, "That's fine, you can do that, just as long as we know that you're still listening." And we have to sort of translate our visual experience in a room to the medium we have available to us. So, "Can you somehow indicate to me that you're still listening? And I don't have to see you." And we have to keep doing these translations from what we used to know to what's actually happening now, and that's difficult and we don't have training for that.

**Jeremiah Gibson:** And I think it's especially difficult if you didn't grow up in the middle of the virtual technology revolution. Like I grew up, more or less, with instant message, those sorts of things...that was my adolescence. So, I figured out how to engage and make sure that my online presence is as close as possible to my real presence even though there's nuanced differences. And I'm curious, Bev and Frank, about your experience with this too, and I'm curious if younger therapists and therapists who didn't have their childhood and adolescence in the technological revolutions of instant messaging and Facebook and all that, if there's not a difference of your experience as virtual therapists. So, Frank and Bev, I'm curious how the two of you are noticing the adjustments that you're making in being a virtual therapist and how that might be different for you, Stephen, David, and Jackie.

**Frank Gomez:** It's an interesting question.

**Beverly Ibeh:** I'm thinking about my work with younger children because that is their entire world. You know, as young as three, you have your own iPad, you know how to work it with the passcode. So I'm thinking about them and having to adjust and just like, for example, engaging with a five or six year old on Roblox—the app or online website, this virtual world, where they play games—and I remember for four or five weeks that's what we did for therapy; we would meet in this virtual world and my client would show me this world that they're in. And having to say to my supervisor, "This is therapy...? Is this ok that we're engaged in this app? And this is essentially how we communicate and engage with each other." And then having to think about, as Stephen was saying, making this translation. What is this child really doing in this app? What are themes coming up? Essentially, that would be the same as the child playing with my toys in the room.

We're in a virtual world, just online. And they're playing with me. But it looks different, it feels different; I'm observing it like an outsider behind the screen. But it's play. So really re-envisioning what it looks like for clients to engage on this online platform has been really interesting. And having to have validation from the treatment team, like, "Yes, you're engaging in these treatment goals within this virtual world and this is the option we have right now and it's better than nothing, so this is how we're going to engage—because this is what we have. You can't go into their home, they can't come into your office, and so this is how you can play, essentially, online. So that's been really interesting for me.

**Stephen Duclos:** We have about 5min left before we have to stop. Frank?

**Frank Gomez:** I was going to say that, I guess briefly, that as a young therapist, I didn't have very much of a challenge getting used to Zoom or Doxy.me or all these different ones that different agencies use...what is it, Microsoft Teams? That has been ok. The challenging part is the restrictions that come with doing services through telehealth, especially, I like to introduce more expressive ways of interventions. I think it provides a little bit of energy to what families are working on. But I'm lacking that part, for the most part. I think that that, for sure, is something that I've had to think creatively about, which speaks to some of the things that Bev was talking about. So not too many issues with technology.

**Beverly Ibeh:** I would say not too many issues, but even for me as a younger clinician, when I think about technology, it's part of my leisure world. Prior to COVID, I went into social media for leisure and all these other apps, and now it feels like it's a vital part of the work, so I've had to just integrate. So that's been I think the biggest change is integrating those two worlds, like this is now part of my work, whereas before, I'm really looking for that person-to-person...the relational piece that David was talking about: what's between us, what's occurring in the room; and now it's: what's occurring in this virtual world that I can kind of pick apart in terms of how the client is presenting.

**Stephen Duclos:** We haven't really talked either about the idea that there are physical changes in terms of presence. There's the problem that therapists are having with eye strain and visual migraines and things that we've never had to worry about because we weren't looking into a screen for 8hrs a day. And these things need to be addressed and other therapists need to realize that they're not alone when these things happen. When we get really exhausted at the end of the day because we're not getting a whole lot of feedback, somatic feedback, from the families we're working with, that's a different kind of tired than we had before when we were seeing people live. I don't think that the computer helps us to assess our own feelings between sessions. We move straight from one session to another without a whole lot of processing in between. When we're in our office at least we get up and walk people out and we meet another person in the waiting room, or we travel to a person's house and we see them, then we drive to another person's house, and we get to process stuff. But we don't have that now. It's just maybe grab a cup of coffee and then run back to your screen. Which is exactly what the participants we're working with are doing. They're

not thinking about where their cat should go, or they're not thinking about: "We need a private space and I need 10min before and 10min after so we can talk about what just happened." You know, they're already thinking before the session's even started, "This ends at 11 and at 11:05 I have a meeting for my work."

**David Haddad:** It's sort of like it's a new era of social-emotional learning for everybody.

**Stephen Duclos:** Yeah, and we haven't really adjusted to some of these things. We're just doing them; we're not sort of adjusting or examining them or thinking about other ways of doing it or rules...what are the protocols? Should you have two sessions back-to-back? And how many sessions should you have in a day? How much time off do we now need because we're doing all this stuff? What should our case loads be like? How much can we actually bear?

**David Haddad:** Or even policy. Should therapy be like peace work where you have to see 80% of productivity or whatever it might be...it's almost like peace worker or in a factory; kind of crank 'em out.

**Stephen Duclos:** That's not going to work.

**Jackie Gagliardi:** Yeah, I'd like to attend to Jeremiah's question about seasoned therapists as opposed to newer therapists in terms of technology. I think that's really an important piece to talk about. For example, me, who did not grow up with a computer and who maybe 20 years ago got involved with computers, there's been lots of work in terms of learning and adapting. I mean, I can do it and I'm doing it. But it's like twice as much work to do so. And I think maybe the difference is too that I'm teaching and doing teletherapy and the teaching piece has been more of a challenge given that it's totally online. But I'm adapting. I feel bad for the therapists who basically just, maybe older therapists, who just used email or maybe Facebook, and now all of a sudden they have to use Zoom and get more involved with technology. I think there's all kinds of levels of experience in terms of the use of technology.

**Stephen Duclos:** We have to end but I'd like to sort of hear from Frank or Beverly about being a new therapist in pandemic land and what's that like.

**Beverly Ibeh:** My goodness, it's been very challenging in many ways. I'm thinking about what's been brought up several times during this meeting in terms of having that community of the treatment team as an early-career psychologist. Being able to run into my supervisor's office and say, "I have a quick consult about a case before I run in," and not having that has been very challenging. I think it's very isolating and I'm finding myself having to engage in my own processing outside of supervision more than I ever would because I don't have the camaraderie of the treatment team. I can't see my peer in the hallway and say, "Hey, I'm seeing this client. Have you talked to this family?" I have to now set up a Zoom meeting, take a block of time in my day,



and it's now become double the work, triple the work, to engage in.

**Frank Gomez:** I second that. I think there was something very valuable about having peers going through the same experience. Something that now we don't have as much. I did want to speak to something that I've been helping newer clinicians with, and it's like developing rituals to stay present in session even in virtual times, because as we train and do the in-person stuff, you develop these little calming things in session so that you can be present for your clients. And for new clinicians that are not having that first experience in-person, I think it looks different, and that's been a conversation: "How do I stay present even though all this is going on through this virtual medium?" So that has been part of the conversation. What do we do in between, also, to stay present with families?

**Beverly Ibeh:** That's a great point, Frank. I have been thinking a lot about how we slow down over telehealth versus how it might've come more naturally in person...to just be together with a client. Does it feel more intolerable to sit silently now over Zoom, and just to be with a client, or does it feel more intolerable than before in your office you could've sat for 45 or 50min quietly and just been together?

**Frank Gomez:** I think there's still this thought that you can add clients back-to-back and not have that affect you, just because you're at home and you're able to... But I've been used to already using that time in between to slow myself down and ground myself before I go into a next session. And I think that the practice of being present in the session and what's in between sessions is not talked about enough, especially for new clinicians.