



# Navigating Changes in the Physical and Psychological Spaces of Psychotherapists During Covid-19: When Home Becomes the Office

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The emergence of the Covid-19 pandemic at the beginning of 2020 changed psychotherapists' personal and professional realities. The necessity of delivering health care safely within the lockdown and shelter-in-place mandates compelled psychotherapists to shift their practices away from providing in-person services to offering synchronous remote psychotherapy instead. This abrupt transition presented a unique and multifaceted challenge in terms of the service location; as therapists' houses effectively became their offices, their homes no longer served as purely personal spaces. Instead, psychotherapists needed their living environments to fulfill a dual function as a clinical office space that would be shared with their clients, albeit at a distance. This mixed-method study focused on assessing psychotherapists' most significant challenges and specific adaptations to this experience of providing remote therapy from home during the Covid-19 pandemic. Findings from the study revealed that the shared trauma experienced as a result of the pandemic, the unexpected and sudden transition to the new therapeutic setting, and "Zoom fatigue" were among the most significant challenges faced by therapists. The participants also demonstrated great resilience as they found creative ways to adapt and continue their meaningful work with their clients. This was especially true for those working with children. Ultimately, the participants had mixed feelings about the possibility of returning to the office setting.

### **Clinical Impact Statement**

The Covid-19 pandemic will have a lasting impact on the delivery of psychotherapy treatment. This mixed-method study assessed psychotherapists' most significant challenges when conducting remote psychotherapy sessions from their homes. The study's findings cover both the challenges and the strategies used to navigate them.

*Keywords:* remote psychotherapy, Covid-19, pandemic, mixed method

In mid-March, 2020, the authors—as well as the majority of therapists—were advised to work from home rather than the office to help stop the spread of Covid-19. Thus, the Covid-19

pandemic began to shape a new personal and professional reality that specifically related to how therapists provide psychotherapy services. The uncertain duration of this new professional reality has constrained therapists in ways that no one could have predicted and has required significant adjustments to be made and creativity to be employed in terms of finding new ways to work remotely and effectively from home offices that were perhaps never originally intended to serve as therapeutic spaces.

In this mixed-method study, we focused on assessing psychotherapists' challenges provid-

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ing psychotherapy services from home during the Covid-19 pandemic. We examined the specific adaptations participants implemented to improve their experiences and their clients' experiences in the therapeutic relationship. This article offers readers an opportunity to learn about ways to overcome challenges while providing teletherapy from home. Finally, it offers participants' perceptions about the possibility of returning to the office to see clients in person.

### Literature Review

There is ample research on effective remote psychotherapy. The results from some studies have shown that it can be as effective as in-person psychotherapy (Poletti et al., 2020; Roesler, 2017), such as the systematic reviews that have been done on videoconferencing as a psychotherapy tool (Backhaus et al., 2012; Shigekawa et al., 2018; Simpson, 2009). A body of empirical literature related to the delivery of remote psychotherapy from therapists' homes is gradually developing. Evans et al. (2020) have focused on a new ethical conflict that has arisen in the field since the emergence of the Covid-19 pandemic. They have found that continuing to see clients face-to-face would put the lives of therapists and their patients at risk and would therefore be unethical, but terminating with clients during a global pandemic would not be best practice either. To mediate this conflict, many clinicians have chosen to continue providing treatment by working remotely.

Békés and Aafjes-van Doorn (2020) surveyed 145 psychotherapists to collect their demographics and assess their attitudes toward online psychotherapy during the Covid-19 pandemic. The majority of the participants were women who resided in the United States and worked in independent practice. The participants were recruited via professional email lists, social media, and individual contacts. Most of the participants reported a somewhat positive attitude toward the transition to online psychotherapy during the pandemic. The results from this study showed that positive attitudes toward online psychotherapy were correlated with past positive experiences with providing remote services. Attitudes toward online psychotherapy were also influenced by the participants' reports of feeling tired, less connected, and less authen-

tic in sessions. Another important variable was the modality of treatment that the clinician used. Participants who utilized a cognitive-behavioral approach reported more positive attitudes toward online psychotherapy compared with those who used a primarily psychodynamic approach. The authors of the study speculated that this may have been due to the fact that psychodynamic therapy places a greater emphasis on the relational process as a mechanism of change—more so than other short-term modalities such as cognitive-behavioral therapy. This empirical study has made an important contribution as one of the very first to explore therapists' attitudes toward their work during the pandemic.

MacMullin et al. (2020) used the actor-network method, which is an approach to studying science and technology that focuses on the integration of networks (Latour, 2013), to qualitatively investigate psychotherapists' experiences with online therapy. They conducted five semistructured interviews with Canadian psychotherapists who worked independent practice and found that the participants were comfortable with remote work and felt it was effective. However, they reported that the participants expressed some confusion about how to set boundaries with clients during the therapeutic interaction when providing online therapy and their ability to trust technology (the platform they used and Internet connection).

Békés et al.'s (2020) survey on therapists' experiences of practicing psychotherapy or psychoanalysis remotely during Covid-19 yielded similar results. The researchers recruited 190 therapists using professional listservs mainly from the fields of psychology, social work, and psychiatry. The majority of the participants were women who worked in independent practice and lived in the United States. The researchers found that the participants felt confident in their work with patients and were able to relate and stay emotionally connected and authentic during their online encounters. While their views on remote therapy were more positive during the pandemic than they were pre-pandemic, the majority of the participants still found in-person therapy to be more effective.

Finally, Aafjes-van Doorn et al. (2020) studied levels of vicarious trauma among 339 therapists as a result of working with traumatized patients during the Covid-19 pandemic. The

participants were psychotherapists who had seen at least one client in remote sessions since the pandemic started. Through the survey, the authors gathered demographic (personal and professional) information and asked questions about vicarious trauma that captured the participants' experiences with the cumulative effects of empathic engagement with patients who have a history of trauma. The results from this study showed that 74.9% of the participants reported that they felt tired, and 47.8% reported that they had experienced having a hard time connecting to their client. On average, the therapists experienced moderate levels of vicarious trauma. Those who experienced a higher level were younger in age, had relatively less clinical experience, and had past negative experiences with remote treatment.

## Method

### Procedure

Upon receiving ethical approval from the Human Research and Ethics Committee of Long Island University (IRB Protocol 20/05–097), we recruited mental health professionals through dedicated and diverse professional listservs designed for social workers, psychologists, and art therapists. During the month of June 2020, we sent out a recruitment email that included a link to the survey. All participants signed an electronic informed consent form, which included a statement of ethics approval for the study as well as the goals of the research. Ninety-two therapists agreed to participate in an online survey that included demographic questions as well as questions about their perceptions of the therapeutic alliance and their professional and personal experiences providing remote treatment during the pandemic. For a detailed overview of the participants who participated in the survey, see Table 1. At the end of the online survey, the participants were given the option of participating in a semistructured interview (“Please provide your email address if you would like to schedule an interview of up to 45 minutes in length”). Each participant who provided their email address received a separate email in response. A total of 19 therapists agreed to participate in a telephone interview with the researchers.

**Table 1**

*Descriptive Characteristics of the 92 Therapists*

Variable	<i>n</i>	%
Gender		
Female	83	90.2
Male	9	9.8
Race		
Caucasian	69	75
Black	5	5.5
Latinex	8	8.5
Asian	5	5.5
Other	5	5.5
Work setting		
Institutional practices	29	31.6
Private practice	63	68.4
Primary patient population		
Adults	76	82.7
Teens and children	10	10.8
Couples and families	6	6.5

### Instrument

For the quantitative phase of the study, we developed an anonymous online survey with 55 questions to address the research questions. The survey was designed following the recent literature (Békés & Aafjes-van Doorn, 2020; Békés et al., 2020; MacMullin et al., 2020) and a content analysis of email messages posted on psychotherapy listservs. In the survey, we used Likert scale statements (e.g., *strongly disagree*, *disagree*, *neutral*, *agree*, and *strongly agree*) as options for answering the questions. Higher scores on each scale indicated greater agreement with the questions present in each scale. The survey included positively and negatively worded questions that were reversed during the analysis to increase consistency.

For the qualitative phase of the study, we developed an interview guide with 15 questions that was based on the recent literature and empirical data on remote therapy during the pandemic (Békés & Aafjes-van Doorn, 2020; Békés et al., 2020; MacMullin et al., 2020). Phone interviews were conducted by the research team using a protocol that began by giving the participants an introduction to the study and was followed by asking the participants open-ended questions relating to their experiences of providing remote therapy during the pandemic. The next set of questions asked the participants to describe any changes they had observed in their relationships with their

clients due to the transition to remote work. Finally, the participants were asked to share some examples of challenging moments that they had faced that would not have likely occurred had they been in their offices, as well as their thoughts and feelings about returning to in-person work.

## Data Analysis

### *Procedures for Analyzing the Quantitative Data*

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. The data were descriptively analyzed in order to demonstrate the shape, central tendency, and variability within the data set. The results section presents the valid percentage of the responses.

### *Procedures for Analyzing the Qualitative Data*

A thematic analysis was undertaken (Braun & Clarke, 2006) to analyze the qualitative data. In this process, the recorded interviews were transcribed and read in order to identify concepts. After repeating these steps across all the transcripts, emerging codes and categories were compared by two reviewers (the authors), connected as appropriate, and organized into key concepts.

## Results

The majority of the participants self-identified as White women with an average age of 46.2 ( $SD = 18.02$ ; range, 25–75). Of them, 80.5% ( $n = 74$ ) had a social worker degree, 17.4% had a psychology degree ( $n = 16$ ), and 2.1% had a counseling degree ( $n = 2$ ). All of the participants had been seeing all or most of their clients face-to-face in their psychotherapy offices prior to the pandemic. The participants used both phone and online platforms, such as Zoom ( $n = 44$ , 47.8%) and Webex and Doxy ( $n = 23$ , 25%), a combination of a phone and online platform ( $n = 18$ , 19.6%), and other online platforms such as FaceTime, Skype, WhatsApp, and Google Meet ( $n = 7$ , 7.6%) to provide therapy.

The results are divided into seven categories of challenges and outcomes that are “solutions” or adjustments that our participants found or made in order to cope with the difficulties they experienced because of the pandemic and the transition to remote work: (a) shared trauma, (b) adjustment without preparation, (c) psychotherapy with children, (d) Zoom fatigue, (e) lack of privacy, (f) psychotherapy with new clients, and (g) negotiating physical and relational space/re-creating boundaries. We conclude with some mixed-method data about the participants’ perceptions of transitioning back to the office in the future, which is a topic that is particularly salient to therapists given the current situation.

## Challenge 1: Shared Trauma

### *Challenge*

The majority of participants (60.8%,  $n = 56$ ) found it difficult to help their clients cope with the trauma of the pandemic because they too were coping with their own trauma. Participant B.L. shared, “Some of my friends have died, which rocked me and made me extra sensitive.” Some participants reported that they had contracted the virus themselves and therefore had to prioritize their own health.

It was inevitable that the emotional impact of the pandemic on the therapist would be a topic that would arise in sessions. Participant E.W. reported that her clients had requested more self-disclosure from her, and as a result, she felt she needed to be more revelatory about herself. The levels of stress and anxiety that participants experienced as a result of the pandemic have impacted their ability to offer the best care possible to their clients. In order to maintain the efficacy of their work throughout the crisis, it required greater personal and professional awareness on the part of clinicians.

### *Outcome*

Despite its challenges, the participants highlighted that the experience of shared trauma helped with the “bonding” process between them and their clients. Participant E.W. stated,

I think it’s the closest in some ways that we get to a shared really challenging experience; some people have mentioned it even equalizes things a little bit because we’re all dealing with the same issue. This shared struggle . . . brings us closer.

Participant M.K. agreed: “Some clients have asked about me for the first time ever. A little bit of self-disclosure is needed on the part of the therapist to bring them and clients closer.” She felt that her clients had begun to see her as “more human.” Similarly, Participant B.M. felt that the shared reality of the pandemic has been validating for some clients. “It levels the playing field. They are not alone in their anxiety . . . it’s like the world is resonating with them instead of them feeling out of step with the world.” The shared trauma, at least at the beginning of the pandemic, offered an example of how therapists go through the same experiences as their clients. This reality cannot be ignored, especially under the current circumstances.

## **Challenge 2: Adjustment Without Preparation**

### *Challenge*

Clinicians were forced to adapt to their new settings quickly. In our study, 69.6% of the participants ( $n = 64$ ) agreed that conducting therapy remotely during the pandemic had been challenging for them. For some who had previous experience providing remote therapy, the transition had been easier. For most, regardless of their previous experience, the idea of working from home for an indeterminant amount of time seemed daunting. As a matter of fact, only 18.5% of the participants ( $n = 17$ ) reported taking an online course/training in telehealth before or during the pandemic.

For those participants who worked in institutional practices as opposed to private practices, the lack of regulations on the preferred Health Insurance Portability and Accountability Act (HIPAA)–compliant platforms through which to communicate with patients, access to medical records from personal computers, and the client’s ability to sign documents also made the transition more challenging. Participant U.G., who worked at an outpatient mental health clinic, explained, “There was a lot of confusion regarding procedures, which platforms were okay to use, how we do our notes and billing. There was a lot of panic, which made it very difficult.”

### *Outcome*

The participants reported that it took them some time to adjust to providing consistent re-

mote treatment. Some were reluctant at first, mainly because they had little experience using technology in their work. However, after an awkward start, they eventually became more comfortable, and using technology began to feel akin to seeing clients in the office. Nonetheless, 83.7% of the participants ( $n = 77$ ) reported a notable difference between face-to-face therapy done in the office and remote therapy. Although the transition was rough for many at the beginning, clinicians eventually settled into the new routine and gained confidence in their ability to provide remote therapy. Consistent with other participants, Participant A.J. explained, “I didn’t expect it to be so easy and such a positive experience.” She had originally dreaded the transition, thinking that it would not be rewarding and assuming that it would be “terrible” and “ineffective.” She stated, “My view has changed . . . this has definitely opened up my mind toward the possibility that [remote therapy] can be workable, and for some people it’s more workable than face-to-face.”

## **Challenge 3: Psychotherapy With Children**

### *Challenge*

Therapists who worked with children found the transition to remote to be particularly difficult. “With the children, I think it’s just so much harder to build a therapeutic alliance. It just takes so much longer for them to get comfortable,” stated Participant A.L. “There are certain games we could play over Zoom, but it’s limited, and this is going on for so many months, so at a certain point, we kind of run out of things to play.” He noted that short attention spans, common among children, make it that much more challenging to engage them in play therapy online. Participant B.K. also found remote work with children to be challenging, mainly because it required tools that she did not have at hand, as work with this population is usually not reliant on talk therapy alone but required play therapy toys or art materials.

### *Outcome*

Overcoming the challenges relating to working therapeutically with children remotely required much more preparation, research, and adaptation in order for the remote therapy to be successful. Participant B.K. explained,

Play therapy is much harder to do remotely. I had to find a virtual app to do this work, which has been a tremendous relief for them and me. The first time using it successfully with a client left me feeling elated.

Therapists who worked with children have had to think more outside the box and be creative with their interventions. As part of their adaptations, participants mentioned using the share screen option on Zoom to play a game or to draw together.

#### **Challenge 4: Zoom Fatigue**

##### **Challenge**

Another challenge reported by the participants in their adjustment process was experiencing “Zoom fatigue,” a term coined to describe the cumulative effects of using video platforms for extended periods each day (Reinach Wolf, 2020; Wiederhold, 2020). The participants in this study grew tired of staring at a screen for hours at a time each day, specifically at the beginning of the transition. Not being able to read their client’s full body language required therapists to compensate by paying especially close attention to what was in their view, such as observing eye contact or shifting in one’s seat. Participant B.M., a hospital social worker, explained, “I have to watch people’s faces a lot more. It’s hard because I have to be more present than in the room. . . . It’s more exhausting because your face is also on the screen.”

“Zoom fatigue,” or “Zoom drain,” made the therapists’ days feel longer and required working harder to engage their clients. Participant M.K. described what they were missing when seeing clients through a camera: “Not to see full body presentations of clients, especially during intakes with new clients . . . you’re missing out on affect. Body language can tell a whole different story, so that’s definitely rough.” The participants explained that although they could not see their clients’ full bodies, they were able to see close-ups of their clients’ faces, which helped. Participant D.F. shared,

I do not feel like I miss a lot of cues because I’m not seeing all of them; plus, in a way, the way Zoom works, you’re seeing them so close up it’s like you see every little flicker of the tiny muscles around their eyes in a way that you wouldn’t necessarily if they were sitting a normal sort of therapeutic distance from you.

The camera view forced participants to be more attuned and to pay closer attention to their clients’ subtle nuances.

##### **Outcome**

The majority of our participants (89.1%,  $n = 82$ ) found that having the support of their peers, supervision groups, families, and friends—as well as engaging in self-care practices, such as yoga and exercise—was extremely helpful in coping with the emotional and psychological effects of the pandemic, including Zoom fatigue. Some of the participants became involved in therapy groups online, which provided them with support and ideas and allowed them to connect with other clinicians. The participants who found remote work to be physically challenging as a result of sitting in front of a screen for many hours found it effective to spread their sessions out throughout the week instead of compressing them into 1 or 2 days a week. The participants reported that getting outside and taking walks in between sessions was helpful. One participant reported that she sometimes took naps in between sessions as a way to recharge and be more fully present with her clients. Participant Y.L. reported that she allowed herself a few minutes in between her sessions in order to ease some of the effects of Zoom fatigue.

#### **Challenge 5: Lack of Privacy**

##### **Challenge**

Challenge 5 is divided into two categories: (a) lack of privacy and (b) distraction. Sixty percent of the participants ( $n = 55$ ) reported that they had some concerns about their clients’ privacy during therapy sessions. For example, Participant G.D. explained, “My young clients, whose family members [are] in the other room, do not feel so comfortable speaking and [have] asked me many times when can we meet in person in the office.” The participants have found the lack of privacy during remote sessions to be a significant barrier. For clients living in small, crowded spaces without access to headphones, and for children with intrusive parents, disclosure became more difficult.

In addition, the participants described struggling with paying attention due to multiple distractions in the new setup, with 84.8% of participants ( $n = 78$ ) reporting that they noticed

when their clients became distracted during a session. In working from home, therapists have not only had to adjust to working with clients over a screen but have also had to cope with challenges that they would not likely encounter in the office. For example, the participants shared how their pets, partners, and children indirectly became part of the sessions. Participant W.S. shared one embarrassing moment that also impacted privacy: “My husband mixed up my schedule and showed up in the room during a session; I had to shoo him away without the client knowing.” Similarly, Participant S.D. explained, “My dog tends to bark at people walking by the house, so my clients have gotten to know my dog pretty well. I think it does make me seem a little bit more relatable.” In another scenario, Participant M.L. shared, “Clients get to meet my cats, which has brought up a range of reactions.”

Another distraction that impacted remote work from home related to technology, for example, technological issues such as a poor Internet connection, incoming phone calls, or message notifications. Most participants agreed that choppy Wi-Fi created a lot of disruption and sometimes even stress. Participant L.T. explained, “When Zoom freezes, it’s so frustrating and interrupts the flow.” Such occurrences required participants to ask their clients to repeat what they had just shared, which affected their emotional expressions as a result and amounted to a significant disruption in the therapeutic work.

### **Outcome**

In order to overcome privacy issues, 68.5% of the participants reported having conversations surrounding privacy ( $n = 63$ ). Ninety-two percent of the participants ( $n = 85$ ) used a HIPAA-compliant telehealth platform in order to protect their clients’ privacy and legally adhere to the HIPAA rules (e.g., use of approved telehealth platforms such as Zoom). When the problem of privacy was related to the client’s physical space, the therapist prompted the client to find a solution. Participant G.D. explained, “I asked her [the client] if we should change the time of the session so her parents are not home. In another case, I encouraged the client to speak about privacy with her parents.”

Change of the physical setting was adapted by some of the participants. Participant L.K. suggested that clinicians ask themselves, “What do I look like to my clients? What are they seeing on their screen?” She consulted with an interior designer for tips on setting up her home workspace to look as much like her office as possible. She experimented with different lighting, backgrounds, and placements of the camera. Now, when she conducts remote sessions, she sits at her desk with an empty couch behind her so there is nothing personal on display except “maybe a candle and a lamp to warm up the room.” Similarly, Participant M.C. had to create a setup for herself that was more conducive to providing therapy, such as angling the camera so she was not displaying her entire living room but rather only a part of the wall (on which she added a few postcards for a bit of color) and a bookshelf. This felt more conducive to providing therapy by minimizing unnecessary self-disclosure and other distractions.

According to the participants, their patients also found many creative ways to work around these obstacles, such as getting a noise-cancelling machine, going to the park, or sitting in their cars in order to gain a sense of privacy during sessions. This enabled them to continue sharing and growing as they had before the pandemic and the transition to remote work. Participant A.F., who works with children, gave an example of a client who wanted to talk about his confusion around his sexuality. However, living in a small apartment with several family members around meant that he was not comfortable verbalizing his feelings due to the risk of being overheard. To remedy this, the participant encouraged the client to type his thoughts in a chat box instead, because “typing felt much more safe [for the child].”

### **Challenge 6: Psychotherapy With New Clients**

#### **Challenge**

Beginning a therapeutic relationship with a new client proved challenging for many of our participants. Seventy-four percent of the participants ( $n = 68$ ) began working with new clients remotely during the pandemic. Participant E.W. explained, “There definitely feels like a disconnect, not seeing them in person. Especially since some of them don’t even want to do [video], so

we've only done phone sessions, so I can't even put a face to the name." The participants reported that it was harder to build trust, make full assessments, establish appropriate goals, and form working alliances with their new clients over the phone or video. This was mainly related to the fact that the remote work created a sense of distance and detachment, which presented a challenge for the participants in establishing the therapeutic frame necessary to deepen the therapeutic process.

Some of the participants discussed the bureaucratic issues that accompanied making the transition to remote work, such as navigating paperwork. Participant M.B. explained,

I had to adjust to the opening paperwork because I had a really nice way of introducing it in a first session in person. I found a way that is minimally daunting for them, but that's the main piece that feels different. Once the session is started, it has been smooth since everyone is used to video these days.

Therefore, routine initial interactions and processes in the office setting have had to be adapted to accommodate the remote setting as therapists have taken on new clients during the pandemic.

### **Outcome**

While it was initially more challenging for many of the therapists surveyed to build rapport with new clients and understand the presenting problems, the participants also reported becoming more comfortable over the course of time to engage with clients remotely—especially if the sessions were conducted over a video platform as opposed to on the phone. It became easier when they found ways to introduce clients to the therapeutic frame, send intake forms via email, and speak with their clients about the challenges that come with remote treatment. It was a learning curve for both clients and therapists alike, which furthered the sense of connectedness. Sharing the feeling that they were “all in this together” was helpful for the participants as they built rapport with their new clients.

## **Challenge 7: Negotiating Physical and Relational Space: Re-creating Boundaries**

### **Challenge**

The change in the physical therapeutic space was one of the most immediate adjustments that

therapists who transitioned to remote work during the pandemic were forced to make. For most participants, this transition felt like “new territory” because there were no clear guidelines on how to conduct therapy remotely from home. For example, which platform was the best to use? Should the therapist call the client or vice versa? Was there a designated space where the therapist and the client should sit during sessions? How should disturbing background noises be dealt with? How does the therapeutic hour start? Things that seemed to be self-evident in the office environment suddenly became less so over the computer.

The transition to remote work introduced a relational challenge into the work as the use of a remote platform created an inherent distance between the therapist and the client. The safe holding environment of the therapist's office was no longer there to support the clients. Participant B.K. explained that the dramatic change in the therapeutic space became a transference issue, stating that for some clients,

It's been harder to explore because it's a little bit of a reality piece because when such issues have come up in their treatment in the past, you can sort of be like “Look, I'm here, so let's talk about why it feels to you like I'm not,” but now, working remotely, I'm here but I'm not here.

Moreover, Participant B.M. explained one particular downside of practicing in a remote setting: “Clients are no longer able to sit in my safe space that I have for them in my office, which was very much an extension of me, really.”

The participants also discussed the complexity of seeing their clients in their clients' own homes. For some of the participants, it was advantageous to gain a literal peek into their clients' worlds—unfiltered and in the absolute here and now. Participant M.C. described one striking example of a session in which her patient was cooking and brandishing a knife while she was talking about her partner. This act, needless to say, would not have taken place in the traditional office setting. It did, however, allow them an opportunity to explore clients' feelings that perhaps would have not come up otherwise. Witnessing patients interact with the people—and things—in their homes offered the participants insights that simply would not have come across through talk therapy done in an

office setting; therefore, it uniquely benefited the progression and depth of the work.

### **Outcome**

The participants had to consider how the physical distance and lack of a shared space influenced the therapeutic relationship. Only 17.3% of the participants ( $n = 16$ ) felt that the process of engaging clients remotely was similar to engaging clients in the office. Seventy-four percent of the participants ( $n = 68$ ) reported that much more effort was required of them in order to build or maintain the therapeutic working alliance. The change in setting required them to have new types of discussions with their clients surrounding boundaries. Eighty-eight percent of the participants reported speaking with clients about their thoughts and feelings regarding the transition, which, to participants, felt like “new territory.” Many of these challenges were mediated by “learning on the go” and adapting and changing according to the participant’s positive/negative experiences. While not ideal, the participants all found ways to manage and move forward.

Some participants thought that for many of their clients, being at home proved beneficial to the therapeutic work; the clients appeared to feel freer and more relaxed by engaging in therapy from the comfort of their homes in their own territories. Participant M.T.W. explained that therapy from the client’s own personal space offers them some added comfort, both physically and emotionally:

I think the advantage is that these patients who suffer from complex trauma or are highly reactive—[who are now engaging in therapy from] the safety of home—is that if at any time during the session they find themselves feeling overwhelmed, then it’s perfectly acceptable to say that’s enough for today . . . and I think that having the freedom to disengage during the session has been helpful to these patients.

In some cases, meeting remotely from their own personal spaces also allowed clients to go deeper with the work. As noted by Participant E.M., a trauma specialist,

In-person intimacy of therapy can feel really overwhelming and the benefit of just them being able to be in their own space in the safety of their own apartment or house and then just the distance of the virtual sessions gives that little bit of space so that it’s not so overwhelming.

Regarding therapy conducted over the phone that omits any visual element, Participant B.K. stated, “Clients don’t worry as much about my reactions and therefore feel freer to go deeper. It’s easier to bring up intense, scary feelings. It reproduces the analytic couch experience.” The majority of participants agreed that although the initial transition was challenging, once they found their footing, the work tended to go more smoothly.

### **Moving Forward**

The participants were asked about their plans to return to the office to see their clients in person again. Although the desire to return to in-person sessions was common among the participants, they were also fine with continuing to work remotely until the office is a safe space to meet again. In fact, 71% of the participants would not mind continuing to see their clients remotely ( $n = 65$ ).

An overwhelming majority of the participants interviewed ( $n = 16$ ) made it clear that if the choice were between returning to in-person sessions with a mask or other barrier or continuing to work remotely, they would without a doubt choose the latter. As Participant L.K. explained, “It’s a conundrum. I would like to be back, but then we would have to talk through a mask. What would that do? What kind of barrier will that pose? Our voices will be muffled.” Participant M.C. agreed because she enjoyed working remotely: “It takes discipline. Going back to a small office, in full PPE, an N95 face mask, going into therapy with someone who looks like they’re going into surgery. If that’s the case, I’d rather work remotely.” To add to that narrative, 55.4% of participants were sure that they would only see clients face-to-face once there was a vaccine to protect against Covid-19 ( $n = 51$ ).

Despite the challenges that the participants have faced by conducting remote therapy from their personal spaces, they have found working from home to offer a satisfactory solution to overcoming the problems created by Covid-19. On the whole, they felt that the advantages of working in this manner outweighed its challenges, and some have considered continuing to work remotely indefinitely.

## Discussion

Most likely, engaging in remote therapy from one's personal space will continue beyond the duration of the pandemic and will become the new normal for clinicians and clients alike. Our study's results show that therapists have been able to handle the transition to remote psychotherapy from home successfully. Our participants were able to find their own ways of coping with the transition while ensuring that their clients' needs were prioritized. Nevertheless, there are still obstacles that should be addressed in relation to HIPAA law, confidentiality, privacy, and technology interruptions.

The data analysis revealed heterogeneity in the provision of remote therapy. For example, the platform used for online sessions varied from one therapist to another, as did the device that was used; some therapists chose to begin the session by calling the client (opening the door), while others had the clients call them (client knocking on the door). Because of these and other variables, we argue that it is essential to create professional standards for providing remote therapy, particularly when it is conducted outside of the office space. While the American Psychiatric Association has collaborated with the American Telemedicine Association (American Psychiatric Association & American Telemedicine Association, 2018) to create guidelines for best practices in offering videoconferencing-based telemental health (Shore et al., 2018), these remain insufficient specifically because home is the new office. Publishing additional guidelines specific to providing remote therapy during a pandemic, as well as the preferred methods for its delivery, would prove highly supportive to both senior and junior clinicians in their work.

Since our personal spaces now function as our new workspaces, not only has the physical boundary between work and home been lost, but for many, so too has the psychological boundary. This lack of separation between their work life and their personal life has sabotaged therapists' ability to process and "decompress" in between or after sessions and made it difficult to establish boundaries. Thus, greater attention should be paid to the heightened risk of burnout and compassion fatigue among therapists due to the lack of physical and psychological separation between work and home.

## Limitations

One of the limitations of this study is the fact that the sample was a convenience sample. The majority of the participants were social workers in independent practice in New York and New Jersey. As a result, the sample lacks the randomization and accuracy that is so important when conducting research. Moreover, the analysis failed to include variation between groups. Specifically, since close to 40% of the sample was aged 60 and above, there may have been differentiation in the participants' experiences based on their age and familiarity with technology.

Given that the majority of the participants in this study were social workers, future studies could consider how the pandemic has affected clinicians from other disciplines as well, specifically psychologists and psychiatrists. The anecdotal evidence shows that the experience has been similar (Békés et al., 2020; Callahan, 2020; Inchausti et al., 2020), but nevertheless, there is room to replicate this study with a disciplinarily heterogeneous population.

Finally, the survey was limited in its ability to cover questions related to the confidentiality and privacy of the therapists and their clients. Maintaining confidentiality is a crucial part of the therapeutic relationship and likely jeopardized when home becomes the office and clients are deprived of access to a safe therapeutic space. Thus, further research is needed on how conducting therapy from home affects privacy and confidentiality.

## Implications for the Future of Psychotherapy Post-Covid-19

One of the most important findings of our study is that as a result of the Covid-19 pandemic, therapists, clients, managed care companies, and other significant stakeholders have been given the chance to learn that teletherapy is not only possible but also necessary. Few of the participants had received training on how to conduct therapy outside of the office during a pandemic. We recommend implementing a curriculum for students as well as clinicians that offers tools for providing effective remote therapy, specifically when it is conducted by therapists working from home. This is especially critical because Covid-19 is now our new real-

ity, and it will likely take some time to return to what was once the normal way of working face-to-face in an office setting. We believe that such training will facilitate the work for clinicians, improve the therapeutic connection, and, most important, create professional standards for this new way of working.

The results of this study also revealed different sets of challenges for therapists working with children as opposed to adults. Not being in the same physical space or having access to the games, toys, and other such tools that are essential to play therapy proved especially challenging. It required therapists to prepare for sessions by doing research in advance to find creative ways of keeping young clients engaged through play. We recommend conducting a study of the experiences of therapists who work remotely with children in order to determine what therapists have found to be most effective for maintaining the therapeutic alliance and ensuring that the quality of their work is on par with working face-to-face in the office.

Finally, there is a great need to probe the possibility of making the transition back to the office and seeing clients in the office safely by relying on masks or social distancing techniques. The potential challenges related to this topic were briefly covered by the participants in this study, but it was not the main focus of the research. We believe that more information needs to be gathered in order to smooth the transition and really learn how to do it effectively.

### Conclusion

The learning curve for therapists conducting therapy remotely from home during a global pandemic has been steep. Mere months ago, we believed that it would just be a matter of time before we returned to “normal.” Now we understand that life with Covid-19 is the new normal. Consequently, remote therapy will remain a common method of work and perhaps even become the preferred method. Therefore, therapists will need to learn how to balance their personal and professional lives better and manage their screen time to prevent Zoom fatigue and burnout. Overall, our results show that, during the rapid transition to provide teletherapy from home due to the Covid-19 pandemic, therapists experienced some challenges related

to their relationships with their clients, technology, and privacy. However, they were able to find solutions to keep their therapeutic relationships with their clients professional and beneficial. Further research and training are needed to help therapists develop best practices to more effectively build and maintain alliances with their clients when they are not in the same physical space.

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