

INTRODUCTION

- When the World Health Organization declared the coronavirus outbreak a pandemic, clinicians everywhere were challenged to maintain continued access to care.
- Teletherapy became the primary means of service delivery for many people including those who have never used this service before.
- Teletherapy is any remote therapy that uses technology to help the therapist and client communicate. Some examples of teletherapy include: doing therapy sessions over the phone, having a group chat for group therapy, using videoconferencing for individual, couples, or group therapy, receiving therapy via email or instant messenger and using apps that connect clients to therapists and offer therapy within the app (Villines, 2020).
- According to the Health Resource and Services Administration, there have been many benefits to telehealth practice such as limited physical contact. This reduces everyone's exposure to COVID-19. Virtual sessions can help address health issues wherever patients are and from the comfort of their homes. Staying in cuts down on commuting, traveling in bad weather, time off from work, need for childcare, and shorten the waiting time to see a provider and expand the range of access to specialists who live further away (HRSA 2021). Other benefits of telehealth include reduced patient cost (Hilty et al., 2007; Simpson et al., 2005). The providers also gain economic advantages as teletherapy practice reduces the need for office space and equipment.
- There are also some barriers to telehealth practice. Some of these barriers include the lack of technology or the knowledge to use it. A recent Kaiser Family Foundation poll found that only 7 in 10 adults, 65 and older (68%) report having a computer, smartphone, or tablet with Internet access. Another barrier would be the fact that some people do not trust or feel comfortable with telehealth practice. Once they give it a try, patients tend to feel more comfortable using this form of therapy rather than in-person visits (Beusekom 2020). The lack of training and competence regarding legal and ethical policies and utilization of technology platforms is also another barrier.

PURPOSE

- The aim of the present study was to explore clients' perception of the benefits and barriers of transition from in-person to remote therapy practice.

METHODS

- 30 couple and family therapy clients responded to a survey in Qualtrics . The survey consisted of 10 questions. 8 questions were opened ended, focusing on the client's transition from in person to teletherapy, benefits and barriers, if they felt their therapeutic relationship changed or remained the same since the transition, if they feel like they learned any new strategies and techniques. The last 2 questions which were close ended focused on their recommendations: would they recommend teletherapy to others and if they had the choice would they prefer traditional in-person or teletherapy services.
- A thematic analysis was facilitated in interpreting the client data. A thematic analysis data interprets various aspects of the research topic (Boyatzis, 1998). A thematic analysis is a method of analyzing qualitative data. For an example, applied through a set of texts like interview transcripts. In using this data approach, the purpose of the researcher is to examine the collected data and identify common themes (topics, ideas and patterns of meaning that frequently come up).

RESULTS

Benefits

- Most participants found comfort from engaging in services from the home, as opposed to traveling, as it pertains to being able to continue services. One participant, "convinced from not having to drive to the clinic". Another participant, "being able to continue services despite the pandemic, having someone to talk to while most social interactions had to be paused". Another participant, "The need to be open to other forms of treatment. Being able to receive therapy from the comfort of my own home. Saving time which would otherwise be spent traveling to and from appointments. More privacy as less people will know I am having therapy due to not having to walk into the office".

Barriers

- Most participants reported having technical difficulties and Internet connectivity challenges throughout meetings. One participant, "not being as personalized", another participant, "additional screen time, technical issues (network, bandwidth, configuration on different computers". Another participant, occasionally technical difficulties such as poor internet connectivity or lag but nothing outrageous". Additionally, the entire sample unanimously agreed that they would recommend teletherapy services. Furthermore, half of the participants prefer in person services over teletherapy.

DISCUSSION

- The purpose of this study was to gather information on the benefits and barriers CFT clients have obtained using teletherapy as a transition from in-person services. In the findings there appeared to be a common trend on themes of comfort levels, convenience and flexibility of continuation of services. With barriers, internet connectivity challenges, unstable connections were a common theme throughout responses.

IMPLICATIONS AND FUTURE DIRECTION

As it implies, findings for teletherapy suggest that due to the pandemic, teletherapy provided opportunities for individuals, especially diverse populations to continue their services. Although some individual's concerns include that of technology, trust and building rapport and mankind connections, teletherapy served as a bridge of care for those that could not meet in person. As for the future, additional research is to be continued to provide continuous teletherapy accessibility for millions despite limitations and barriers faced. The current study, along with others, is a starting point for teletherapy as we transitioned from in person to virtual. Additionally, it provides a bigger platform for the teletherapy world as it evolves and adapts to what the client needs.

