



CHANGE IN PSYCHOTHERAPEUTIC INTERVENTION SERVICES DURING COVID-19 ERA AND BEYOND

ADIGUN AKEEM A.
Arden University, Berlin
adigunakeem183@gmail.com
+4917685356576

Abstract

COVID-19 has gravely impacted global mental health, exacerbated distress, depression, and anxiety, while causing widespread loss of life and employment. The pandemic has led to a significant transition in psychotherapy services delivery from one-on-one interaction to telehealth conversation. This article explores current literature on the global trends regarding the impact of COVID-19 on mental health, the shift to telehealth therapy, ethical issues in service delivery, practical challenges and the future of digitalisation in psychotherapeutic interventions. The review indicates that telehealth provides numerous opportunities while presenting ethical issues for both therapists and clients, including the need for maintaining professional boundaries, ensuring privacy and confidentiality, and adapting to new technologies. This calls for further research on the implications of telehealth, its applications, limitations and potential methods for improving psychotherapy services. The discourse, therefore, highlighted the importance of flexibility, creativity, adaptability and effective communication in psychotherapy.

Keywords: Change, Psychotherapeutic Intervention Services, Covid-19 Era, Beyond

Introduction

Coronavirus is one of the deadliest disease outbreaks ever experienced by mankind across the globe. It is a respiratory disease characterised by symptoms of muscle ache, fever, chest tightening, and coughs and had been presumed to have been contracted by humans from horseshoe bats (Wong et al., 2021). According to Woo et al. (2021), the disease was discovered in Wuhan, a city in China, while it continues to spread to Asia, Europe, America and the Oceanic continents. It entered the African continent in late February to early March 2020, and the scourge continued to spread dramatically. The deadly reports of the pandemic reached every nook and cranny of the world, and many countries felt its impact in many ways, such as economic, social and educational disruptions (Tomar, 2021; World Bank Group, 2022); health impact (Afrashtehfar et al., 2023); global disparities in response and recovery (Loewenson, 2021); environmental changes; and digital transformation (Jelonek, 2023). Hence, the increase in mental health challenges, the search for psychotherapeutic intervention and the change in the face of its delivery process.

Covid-19 and its Impact

The COVID-19 experiences were tragic; there were losses of life and jobs, rapid shifts in people's way of life (such as schooling and business), travel restrictions, and physical distancing measures to contain the spread of the disease. As described by Beheshti (2020), "this pandemic is a disaster of uncertainty, and the greater the uncertainty surrounding a disaster, the greater the psychological casualties." According to the World Health Organisation (2022), there was a 25% increase in the global prevalence of anxiety and depression due to the COVID-19 pandemic, which propelled 90% of countries to include psychosocial and mental health support in their response plans. This could be explained by the preventive strategies (such as social isolation, restriction from work, and seeking support from others), adopted to curtail its spread. The distress was further exacerbated by fear of infection, loneliness, financial worries, fear of death for oneself and loved ones, and grief after bereavement (WHO, 2022).

The pandemic affected the well-being of many citizens, including the professionals or therapists in the realm of psychotherapeutic interventions (such as counsellors, psychologists, and psychotherapists)



involved in helping clients to overcome their life challenges. Both the therapists and clients were together in the beat of uncertainty and the unknown. Those who know someone who was sick may also be more emotionally affected, as past research has shown that exposure to someone with severe acute respiratory syndrome (SARS) is linked to post-traumatic stress disorder and depression (Miller, 2020). A report by Shigemura et al. (2020) noted that an infected person or one suspected to be infected is likely to experience intense behavioural and emotional reactions, including anger, fear, loneliness, boredom, and insomnia. The pandemic led to depressive disorder, anxiety, distress, psychotic or paranoid behaviour and in a worst case, suicide worldwide (Xiang et al., 2020).

Covid-19 and the Therapists

The call for an urgent need for psychotherapeutic services was appropriate at that time; however, the lockdown and social distancing protocol have made in-person psychotherapy impossible. It was a compelling situation that obliged practicing therapists to change their practice mode, even though it was non-normative, though it has helped them extend their outreach and advocacy. In addition, the economic downturn caused by the pandemic has resulted in mental health experts' financial constraints and job uncertainty because of a decline in clients' visits (Yellowlees, 2021). That was due in part to many clients also being financially handicapped. With the increase in demand for mental health intervention by the populace, practitioners experienced stress, anxiety, and worry, as well as vulnerability and frustration (American Psychological Association, 2022). Thus, they understand the levels of their strengths and weaknesses as the COVID-19 pandemic presented them with lessons in patience, self-trust, creativity, and gratitude (Bray, 2020).

Change in Therapeutic Services Delivery

Just as telecommunication has transformed human interaction and relationships across the globe, the COVID-19 pandemic has changed the landscape of psychotherapy services delivery. The dramatic spread of the COVID-19 pandemic struck the clients, who can no longer schedule office visits with the psychologist; it has also driven the therapists to create an alternative means of reaching clients in addressing their challenges. Consequently, telehealth has become the sole option for psychotherapy intervention to take place. Telehealth is the distance psychotherapy process conducted with the use of technology. The audio and video technology, such as Skype, Zoom, teleconferencing, and other social media outlets (WhatsApp, Facebook, Twitter, Instagram, etc.) on digital devices like smartphones, tablets, laptops and desktop computers in delivering psychotherapy services, constitutes telehealth (Joshi et al., 2021).

Telehealth was used to provide psychotherapy services during this critical period, contrasting with usual practice where clients attend face-to-face sessions to address concerns. Unlike in-person sessions, where a high level of intimacy and emotions go into a therapy session, both the therapist and client might feel low energy and awkward in the telehealth process, thinking it is less intimate. This is not undermining the potency of telehealth, as several studies (such as Slone et al., 2012; Hilty et al., 2013; Turgoose et al., 2019) have documented the efficacy of telehealth in counselling services delivery, particularly for mental health challenges. Telehealth can facilitate support group discussion, provide tutoring alternatives for students in a particularly difficult subject, and can also serve as a suitable channel for mental health and academic referrals (Heckman et al., 2017).

In using telehealth for therapy sessions, therapists can ensure the integrity of the profession by demonstrating competency and practicing what they encourage the client to do (Gilson et al., 2024). They must maintain balance and adjust to their disparaged experiences during any pandemic surge. For example, a therapist should display dexterity in dealing with silence during the session by using it as a space for the client to think of new ideas or process information or to pop up questions or further topics. Observation of non-verbal cues might also be hard in telehealth therapy sessions, so professionals must be prepared in this regard.

Difficulty in taking notes during the session, which slows down the session tempo, is another factor. A therapist may let the client do that; it takes strong/active listening and concentration to ensure success in the session; the therapist needs to ask after the health and wellness of the client (neck pain, sleeping,



what they are eating, shoulder pain, etc.) and expose them to some mindfulness skills training (yoga, meditation, deep breathing); the safety of the therapist and the client must be of concern; the therapists must know how to make use of humour to alleviate anxiety, self-care, and how to deal with worry and uncertainty; they must trust themselves and maintain core psychotherapy skills: empathic understanding, effective communication, and active listening (Bray, 2020).

Ethical Issues

The COVID-19 pandemic has encouraged the diversification of psychotherapy from face-to-face interaction to distance communication using technology. This is a plus to the counselling services delivery, which could now be accessed by anyone regardless of the distance if they possess the required technological gadgets and internet connection. On the other hand, the change has also come with new and evolving ethical considerations. Apart from maintaining the integrity of the psychotherapy profession, the code of ethics that binds the practice of psychotherapy must be adhered to. The therapists must find a way to still practice within the ethical boundary of the profession. Thus, ethical consideration is of importance at this pressing time; as Abram (2020) stated, “It is a crucial time for ethics to be salient and central because they are the basis of critical thinking and flexible decision-making.”

Some of the ethical factors include competence, informed consent, privacy and confidentiality, and therapeutic boundaries, among others. Firstly, in delivering telehealth psychotherapy services, therapists need to be acquainted with the new platforms by having adequate knowledge of the resources required to carry out the process and must possess a baseline competency on how telehealth operates to determine whether they will serve their clients better (AlRasheed et al., 2022). In addition to this, the professionals should uphold the ethic of informed consent by educating the client on the risks and benefits involved in the use of telehealth for psychotherapy relationships (Solimini et al., 2021). This will create trust in the client towards the therapists and facilitate the client’s self-disclosure and cooperation throughout the session.

Telehealth therapy sessions have also compelled experts to be mindful of privacy and confidentiality. How would a therapist maintain confidentiality (which is a key to a therapeutic relationship) in their home with the presence of spouses and children? Would the client be able to keep conversations secret? So, a therapist must battle with ensuring that a private and quiet environment is set aside. To answer the aforesaid, a white noise machine outside the door and a headset can be used so that the privacy and confidentiality principle is not violated (Abrams, 2020), except for conditions that warrant the third party to hear about the subject at hand, and this must have been communicated to the client before the session begins.

Upholding boundaries in telehealth psychotherapy is another ethical factor that may become tempting for a therapist to abide by. Maintaining professionalism during therapy sessions is important but could be tempting when such boundaries are breached in a telehealth session. For example, it is still important for a professional to dress well to work, adhere to regular start and stop times, and stay in the role. A psychotherapy session may be interrupted when a client observes a therapist’s background image during a videoconference or hears dog barking; this may trigger questions and shift the line of conversation. In this regard, Abrams (2020) suggested preparing some reassuring statements in advance to validate a client’s concerns while shifting the conversation back to their experience.

Therapists must also ensure that they maintain adequate self-care so that they do not end up leaning on the client who seeks help from them (Mittai et al., 2024). In a case where an in-person therapy session must be conducted or where both in-person and telehealth are combined, professionals must practice in line with the above ethics and principles and strictly adhere to the World Health Organisation (2020) COVID-19 prevention protocols, such as the use of face masks, hand sanitisation and personal hygiene, social distancing, surface and environment cleaning, and other stipulated safe procedures to prevent contact and spread of the disease.



The Way Forward

It is important to address cultural disparities through collaboration across professions in the future to combat mental health challenges in various communities beyond in-person office sessions. Therapists must come out of their silos, widen their horizons, and focus on meeting the current needs of society. The pandemic necessitated career and employment therapeutic interventions, as millions of people were rendered unemployed and underemployed because of business closures. Therapists could hold online public workshops on interview skills, job searching, or seeking training and studying general educational development. However, experts might be concerned about how the COVID-19 pandemic has affected psychotherapy services delivery in the long run. For example, will therapists return to in-person or hybrid services in the post-COVID era, or will the clients who have become comfortable with online services fare after this period? Will the flexibility of telehealth regulation spur change for the future? Will an increase in telehealth processes improve telehealth standards of practice, ethics, and laws, as well as practitioner and supervisor education? Will telehealth become a reliable part of the psychotherapy curriculum, and how? How would therapists address clients with addiction and trauma in the future? All these are questions begging for evidence-based answers.

Moreover, further studies are required to determine whether remote care could adequately address severe mental illnesses such as psychotic disorder and schizophrenia. More controlled experimental studies are needed to compare the same treatment delivered in person and remotely to further strengthen the evidence-based practices for telehealth, especially in the realm of clients with comorbidities and group therapy. Another area that future research is needed in, as observed by Heckman et al. (2017), is the teleconferencing platform to use, how to accommodate clients with older devices and unreliable internet connections, how to minimise security risks, and how to supervise trainees and interns remotely. Thus, robust empirical studies are needed to establish an evidence-based practice in this regard so that a balance can be maintained between telehealth and in-person therapy practices and facilitate therapist-client relationships.

Conclusion

Globally, the COVID-19 pandemic has transformed the psychotherapeutic services delivery from in-person to telehealth sessions, which in turn presented benefits and challenges for therapists, clients and the profession at large. The change to telehealth obliged therapists to adapt to new technologies, navigate ethical issues and develop strategies for facilitating therapeutic relationships in a digital context. Despite numerous challenges, telehealth has proven to be an effective means of delivering psychotherapy services, offering increased accessibility and flexibility. To brighten the future of psychotherapeutic service delivery, it is important to integrate telehealth into the psychotherapy curriculum, address cultural disparities and conduct further research to establish evidence-based practices for remote counselling. This will enable therapists to provide high-quality services that suit the evolving needs of clients, while also prioritising self-care, professional ethics and development.



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