Psychotherapists' Attitudes Toward Online Therapy During the COVID-19 Pandemic

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During the COVID-19 pandemic, many people across the world have been advised to work from home in an effort to slow down the spreading of the virus. Within the field of psychotherapy, this meant that many psychotherapists who were used to seeing their patients in person transitioned to providing therapies online via videoconferencing, regardless of their previous experience or attitudes toward online psychotherapy. This survey study examined how psychotherapists' attitudes toward online psychotherapy is influenced by their characteristics and professional experiences during the sudden transition from face-to-face to online psychotherapy because of the pandemic. We collected real-time data from 145 psychotherapists from North America and Europe shortly after a pandemic was declared by the World Health Organization. Participants reported on their past experiences with online psychotherapy, their preparations of their online psychotherapy sessions during the pandemic, the challenges they encountered in online sessions, and their attitudes toward online psychotherapy more generally. Within the context of this forced transition because of the global COVID-19 pandemic, most psychotherapists identified a somewhat positive attitude toward online psychotherapy, suggesting they were likely to use online psychotherapy in the future. Our findings suggest that psychotherapists' attitudes toward online psychotherapy are influenced by their past experiences, such as psychotherapy modality, clinical experience, and previous online psychotherapy experience as well as their transition experience during the pandemic and their geographic location. Within the limitations of this survey study, implications and future directions for research are described.

Keywords: video conferencing, online psychotherapy, COVID-19, psychotherapists, attitude

Since 1961 when videoconferencing was first trialed for group psychotherapy (Wittson, Affleck, & Johnson, 1961), there has been a gradual growth in the use of videoconferencing for

therapeutic purposes. Psychotherapists may choose to offer therapy sessions online to provide easy access to patients in rural and remote areas, continue treatment with patients who moved away, or to reduce travel cost and time (Simpson, 2009). Despite the potential benefits of online psychotherapy via teleconferencing, many psychotherapists are worried about being less able to communicate their empathy, to build therapeutic alliance (Roesler, 2017), or worry about the impact of technical glitches, insufficient Internet literacy, and confidentiality issues (e.g., Titzler, Saruhanjan, Berking, Riper, & Ebert, 2018; Topooco et al., 2017). Most psychotherapists have little training and experience in providing online psychotherapy, and many have the incorrect belief that online therapies are less effective than sessions conducted face to ace (e.g., Topooco et al., 2017). In fact, recent reviews of empirical data indicate that

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patients and psychotherapists who use online psychotherapy via videoconferencing generally develop good therapeutic alliance (e.g., Simpson & Reid, 2014) and that these online sessions do not differ from in-person sessions in effectiveness (Backhaus et al., 2012; Simpson, 2009).

Irrespective of the psychotherapists' previous experiences and attitudes toward online psychotherapy, the current global coronavirus 2019 (COVID-19) pandemic forced many psychotherapists to abruptly halt their face-to-face sessions and switch to online psychotherapy. To slow down the spread of the COVID-19 virus, people around the world have been advised to socially distance themselves and work from home. For many psychotherapists this meant that they needed to make a rapid transition to online psychotherapy, often without much notice or preparation, and even if they might have been reluctant to provide online psychotherapy previously. Psychotherapists of all therapeutic modalities and levels of experience had to suddenly grapple with the implications for their therapeutic technique, without much opportunity for reflective practice, carefully considering their clinical, technical, rational, and academic knowledge (Bennett-Levy, 2003). Given that attitudes and expectations toward online therapies have an important effect on the efficacy of the treatment (Tonn et al., 2017; Reese et al., 2016), it is important to understand how this forced transition to online psychotherapy influences psychotherapists' attitudes toward online psychotherapy.

In this cross-sectional survey study, we examined how attitudes online psychotherapy during the pandemic is influenced by therapist characteristics and psychotherapists' professional experiences during their sudden transition to online psychotherapy. Although some psychotherapists might have decided to use other methods to deliver psychotherapy, such as phone sessions, in the present study we focused on online psychotherapy via videoconferencing as an innovative technology in the process of widespread implementation. We hypothesized that psychotherapists with more previous or current clinical experience of conducting online psychotherapy would have more positive views of online psychotherapy in general. We also hypothesized that psychotherapists who were able to get prepared and prepare their patients

more for the switch would report more positive attitudes toward online psychotherapy. Based on the telemental health literature, we did not expect any differences in attitudes across psychotherapist characteristics, such as age, gender, or ethnicity (e.g., McMinn, Bearse, Heyne, Smithberger, & Erb, 2011; Perle et al., 2013). However, we did expect differences in psychotherapy modality, that is, psychotherapists with a cognitive-behavior orientation would have a more positive attitude toward online psychotherapy compared with those who identify with a psychodynamic approach (Mora, Nevid, & Chaplin, 2008; Perle et al., 2013).

Method

We used an online survey to collect data about psychotherapist's experiences and attitudes toward online psychotherapy during the pandemic. The present study reports the data collected between March 25 and March 30, 2020. Psychotherapists were recruited via professional e-mail-lists, social media, and individual contacts across the United States, Canada and Europe. To participate, individuals had to be 18 years old or older, work as a psychotherapist (licensed or trainee), and currently see patients online. Interested psychotherapists were provided with a web link for additional information about the study. The study was reviewed by the Western Institutional Review Board. After giving consent, participants were directed to the anonymous online battery of questionnaires. Several instruments were administered in a fixed order, taking approximately 15 min to complete. Of relevance to the present brief report, the following two measures are discussed.

Measures

Demographic and professional activity surveys. The demographic survey inquired about gender, age, location, race and ethnicity, educational level, clinical experience, experience with providing online psychotherapy, employment setting, licensure, number of in-person patients, and theoretical orientation. The psychotherapist's professional activity during the pandemic was assessed with questions on number of patients that transferred to online psychotherapy, perceived challenges of provid-

ing online psychotherapy, actions taken to prepare him- or herself and the patient for the transition to online psychotherapy, perceived patients' experience of online psychotherapy, and psychotherapists' immediate experience of providing online psychotherapy (tiredness, competence, confidence, sense of connection).

Attitudes toward online psychotherapy. The Unified Theory of Acceptance and Use of Technology model (UTAUT; Venkatesh, Morris, Davis, & Davis, 2003) was used to assess attitudes toward online psychotherapy. The UTAUT framework offers a comprehensive model of attitudes and subsequent utilization of technological innovations. In line with the focus of the present study, we adapted the phrasing of the 13 items to reflect online therapy (instead of technology more generally used in the original UTAUT version). The items reflects the four main factors that have been found to determine the future use of technology: performance expectancy (e.g., "The quality of online psychotherapy is the same as in-person therapy"), effort expectancy (e.g., "I find providing online therapy easy"), social influence (e.g., "People who influence me think that I should use online therapy"), and facilitating conditions (e.g., "A specific person/group is available to help me if I have difficulties with online therapy").[1] Items are scored on a Likert scale of 1 (*strongly disagree*) to 5 (*strongly agree*), and the internal consistency of the UTAUT in our study was $\alpha = .774$.

Data Analysis

The data were analyzed using IBM SPSS Statistics 25 (Armonk, NY). Of 147 respondents, two individuals who did not complete the whole survey were excluded from the analyses, resulting in a sample size of $N = 145$. Because of the forced-choice logic of the online survey, no data were missing, except in demographics in which the forced-response requirement was not present, providing data, $n_{age} = 129$, $n_{gender} = 141$, $n_{ethnicity} = 141$, $n_{licensure} = 141$. Because these variables were not the main focus of this study, we used the responses from the sample of 145 psychotherapists in the analyses. Mean scores of items were calculated for all variables. Group differences of demographics, professional experiences, and attitudes were analyzed using Pearson's χ^2 and independent-samples t tests. Associations between psychotherapist characteristics and experience was assessed using Pearson correlations.

Results

Psychotherapist Characteristics

Participating psychotherapists' mean age was 46.50 years ($SD = 14.83$, range $= 23$–79). The majority of our respondents were female ($N = 106$; 75.2%) and Caucasian ($N = 120$; 82.8%) and resided in North America ($N = 105$; 75%) or Europe ($N = 35$; 25%). The majority of psychotherapists were licensed ($N = 109$; 77.3%), relatively experienced (i.e., $N = 94$; 64% had more than 9 years of clinical experience), and worked with the adult population ($N = 137$; 94.5%) in independent practice ($N = 102$; 69.7%) or outpatient settings ($N = 31$; 21.4%). About half of the psychotherapists did not have previous experience with online psychotherapy ($N = 74$; 51.3%). For a more detailed description of the psychotherapists' characteristics, see Table 1.

Transition to Online Psychotherapy During the COVID-19 Pandemic

The great majority of psychotherapists prepared for the transition to online therapy in multiple ways ($M_{number\ of\ methods} = 3.04$, $SD = 1.89$, range $= 0$–7), and they also prepared their patients for this transition ($M_{number\ of\ methods} = 2.33$, $SD = 1.58$, range $= 1$–6). Most psychotherapists identified a multitude of challenges with regard to the therapeutic interaction, the patients' real-life surroundings during the session, and technical issues with the online platform. See Figure 1 for a visual illustration of the preparations as well as the perceived challenges with online psychotherapy.

Psychotherapists reported that their patients had an extremely positive ($N = 20$; 13.8%), positive ($N = 71$; 49%), or neutral ($N = 40$; 27.6%) experience with online psychotherapy during the pandemic. Only 7.6% of the psychotherapists thought that their patients experi-

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[1] The additional 11 items of the 24-item UTUAT have been demonstrated not to have direct impact on usage of innovative technology and were thus not included in this study.

Table 1
Descriptive Statistics of the 145 Psychotherapists

Variables	n	%
Ethnicity		
European, European American	120	82.8
Asian	6	4.2
Latinx	8	5.5
African American	5	3.4
Middle Eastern	2	1.4
Profession		
Medical doctor	7	4.8
Social worker	8	5.5
Clinical psychologist	92	63.4
Counseling psychologist	15	10.3
Graduate student	17	11.7
Other	8	5.5
Licensure status		
Licensed	109	77.3
Trainee	28	19.8
Years of clinical experience		
0–4	28	19.3
5–8	23	15.9
9–12	30	20.7
13–16	7	4.8
17 or more	57	39.3
Work setting[a]		
Hospital	14	9.7
Outpatient	31	21.4
Private practice	102	69.7
University counseling center	9	6.2
Other	18	12.4
Patient population[a]		
Adults	137	94.5
Older adults	46	31.7
Adolescents	52	35.9
Children	31	21.4
Other	4	2.8
Number of patients per week in person previously		
1–5	18	12.4
5–10	26	17.0
10–20	45	31.0
20–30	44	30.3
30–40	8	5.5
40–50	4	2.9
Number of patients that changed to online sessions		
1–3	24	16.6
3–5	20	13.8
5–10	24	16.6
10–20	45	31.0
20–30	26	17.9
30–40	5	3.4
Theoretical orientation[a]		
CBT	51	35.2
Psychodynamic	74	51.0
Psychoanalytic	23	15.0
Humanistic	28	19.3
Systemic	21	14.5
Integrative	57	39.3
Other	17	11.7
		(*table continues*)

Table 1 (*continued*)

Variables	n	%
Previous experience of providing online psychotherapy		
No	74	51.3
Yes, once or twice	17	11.8
Yes, several patients	17	11.8
Yes, but only after seeing them in person first	36	25.0

Note. CBT = cognitive-behavioral therapy.
[a] Multiple answers were possible per respondent.

enced online psychotherapy somewhat negatively and none of the psychotherapists reported an extremely negative patient experience.

Attitudes Toward Online Psychotherapy

Overall in our sample, psychotherapists reported somewhat positive attitudes toward online psychotherapy (M_{UTAUT} = 3.42, SD = 0.51, range: 2.15–4.69) including performance expectation (M = 3.08, SD = 0.74, range: 1.33–5.00), effort expectancy (M = 3.53, SD = 0.73, range: 1.33–5.00), social influence (M = 3.46, SD = 0.75, range: 1.25–5.00), and facilitating conditions (M = 3.56, SD = 0.70, range: 1.67–5.00). Those psychotherapists who had had previous experience with online psychotherapy, $t(142)$ = 2.05, p < .05, and who thought that their patients experienced online psychotherapy positively, $\chi^2(87, N = 142)$ = 134.05, p < .001, reported more positive attitudes. Cognitive behavioral therapy (CBT) therapists, compared with psychodynamic therapists, had a more positive attitude toward only therapy, $t(104)$ = 3.66, p < .001. Psychotherapists attitudes were more negative if the online sessions made them feel tired, r = .22, p < .01, less confident, r = .26, p < .01, or less competent, r = .20, p < .001, and if they felt less connected, r = .33, p < .001 and the therapeutic relationship less authentic or genuine, r = .21, p < .01 online.

Psychotherapists from North America (United States and Canada) did not significantly differ from psychotherapists in Europe with regard to demographics, theoretical orientation (CBT vs. psychodynamic), previous experience with online psychotherapy, or perceived patient experience of online sessions but did appear to prepare more for the transition to online psychotherapy than their European colleagues, $t(138)$ = 2.44, p < .05. Psychotherapists in

North America also reported more positive attitudes toward online psychotherapy in general compared with psychotherapists in Europe, $t(138)$ = 3.53, p < .001, specifically in effort expectancy, $t(138)$ = 3.32, p < .05, and social influence, $t(138)$ = 4.51, p < .001.

Discussion

Our aim was to examine what factors influence the attitudes toward online psychotherapy during the COVID-19 pandemic using the UTAUT framework. Our findings suggest that past experiences, such as therapy modality, clinical experience, and online psychotherapy experience, as well as experiences during the pandemic, such as preparations of psychotherapist and patient, perceived patient experience, experiences of feeling tired, feeling less confident and competent, feeling less connected and authentic in sessions influence attitudes toward online psychotherapy.

According to the UTAUT model, the measured four constructs indicate the likelihood of future usage, and their effect may be moderated by gender, age, experience, and voluntariness of use. Similar to previous research (Hennemann, Beutel, & Zwerenz, 2017; Liu et al., 2015), in our sample, we could not confirm the impact of gender and age on attitudes toward technology. However, in line with the UTUAT model, professional experience and experience with online psychotherapy was indeed positively associated with attitudes in our sample. This finding is also in line with empirical research findings showing that experience with online psychotherapy typically leads to more positive attitudes toward online psychotherapy than before (Donovan, Poole, Boyes, Redgate, & March, 2015).

Given that the involuntariness of using technological innovations is theorized to have a
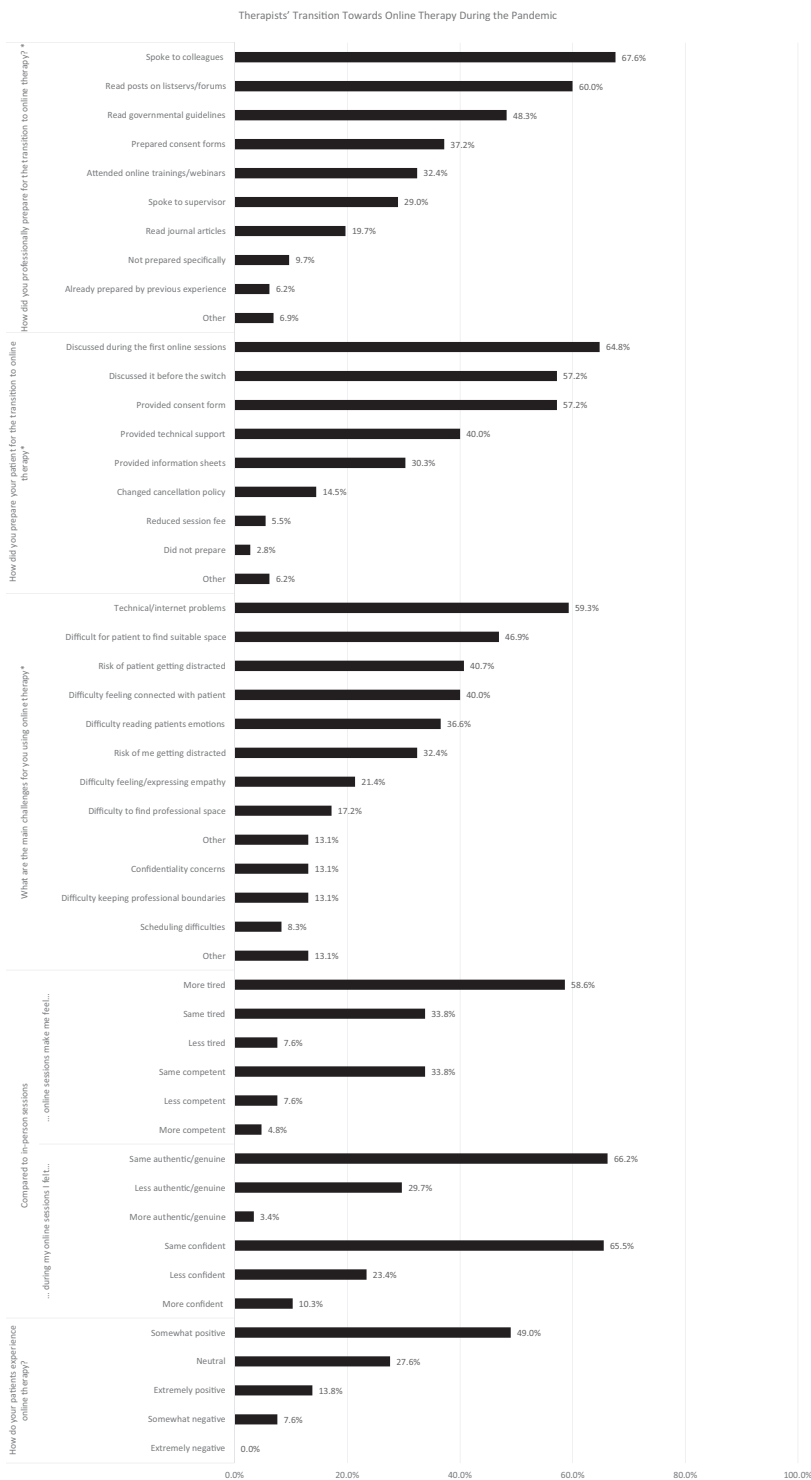
Figure 1. Psychotherapists' transition toward online psychotherapy during the pandemic. The asterisk indicates that multiple answers were possible per respondent.

negative impact on users' attitudes, the psychotherapists' slightly positive attitude toward online psychotherapy is remarkable. Psychotherapists, outside crisis situations, generally also hold neutral or positive views of web-based interventions (Damianakis, Climans, & Marziali, 2008; van der Vaart et al., 2014; Wangberg, Gammon, & Spitznogle, 2007). This appears to indicate that despite the forced and abrupt transition and the stress associated with the global crisis situation, psychotherapists had a reasonably good experience with online psychotherapy. This may be especially true for psychotherapists in North America, who, in comparison with their European counterparts, thought that providing online psychotherapy was expected by others and would be relatively easy.

Among the psychotherapist characteristics, similarly to previous studies (Mora et al., 2008; Perle et al., 2013), we found that psychotherapists who identified with the cognitive-behavioral approach reported more positive attitudes toward online psychotherapy compared with those who identified with the psychodynamic approach. One might speculate that this difference may relate to the views on mechanisms of change in therapy (Perle et al., 2013). In psychodynamic therapy there is strong focus on in-session relational processes and nonverbal communication, and these subtle processes may be harder to capture and work with via videoconferencing.

The extent to which psychotherapists prepared themselves and their patients for the transition to online psychotherapy during the pandemic also impacted psychotherapist attitudes toward online psychotherapy. Preparing for the switch with colleagues and patients in multiple ways may have provided practical help and guidance in the transition as well as a sense of anxiety regulation, reassurance, and control for the psychotherapists themselves, especially in North America. Moreover, psychotherapists' attitudes were also associated with perceived patient experience, which was mostly positive. This suggests that despite the multiple technical and communication challenges identified by psychotherapists, they perceived their patients to have a good therapy experience and thus might be inclined to consider online psychotherapy again in the future. Many psychotherapists reported feeling more tired, less competent

and confident, and less authentic or genuine as well as feeling less connected during the online sessions, and unlike the technical and communication challenges that did not impact their attitudes toward online psychotherapy, these negative feelings were associated with more negative attitudes to online psychotherapy.

Limitations

First, this was a cross-sectional research design that relied on survey data. Future research designs may benefit from the inclusion of a qualitative approach. Second, our sample was small and predominantly Caucasian, living in North America and Europe, and thus, we do not know how these results would generalize to ethnic minority psychotherapists, or those residing in Asia or South America. Although the characteristics of the participating psychotherapists were comparable with previous large-scale international psychotherapist-survey results with regard to age, gender, patient population, and theoretical orientation (Orlinsky et al., 1999), the fact that we used a convenience sample of psychotherapists who were interested in completing the survey might also limit the generalizability of our findings. The fact that we used a convenience sample of psychotherapists who were interested in completing the survey might also limit the generalizability of our findings. Although this survey study focused on psychotherapists, patients' attitudes will also be important to examine, especially because the online interventions are designed for and paid by patients and might have been especially crucial in this time of global distress. It is possible that the online psychotherapy experience, even if perceived positively by psychotherapists and patients, does not translate to a reduction of patients' symptoms to the same extent that in-person therapy does (e.g., Chavooshi, Mohammadkhani, & Dolatshahee, 2017). In other words, the proof of the pudding will be in the ultimate effect of online psychotherapy on patients' symptom reduction.

Conclusions

Overall, our results show that, despite the stressful contextual factors of the COVID-19 pandemic, attitudes toward online psychotherapy were reasonably positive. Many of the factors that we found to be related to psychother-

apists' attitudes toward online psychotherapy, such as previous online psychotherapy experience, preparations of psychotherapist and patient, and in-session experiences of feeling tired, less confident and competent, less connected and authentic, might be usefully addressed in further training and peer support on providing online psychotherapy. Given that online psychotherapy experience has been found to lead to more positive attitudes toward it, it is possible that once the initial stress subsides and psychotherapists gain more experience and more training, they will feel more at ease using online psychotherapy via videoconferencing. Also, peer support and supervision during (reflection in action) and after (reflection on action) this pandemic might increase psychotherapists' ability for reflective practice and making sense of this global crisis as well as the resulting changes in their therapeutic work (Fisher, Chew, & Leow, 2015). Thus, we like to think that this forced transition to online psychotherapy caused by the COVID-19 epidemic might turn out to have some silver lining.

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Actitudes de los psicoterapeutas hacia la terapia en línea durante la pandemia de COVID-19

Durante la pandemia de COVID-19, se ha aconsejado a muchas personas en todo el mundo a que trabaje desde casa en un esfuerzo por frenar la propagación del virus. Dentro del campo de psicoterapia, esto significo que muchos psicoterapeutas que estaban acostumbrados a ver sus pacientes en persona transicionaron a proveer terapias en línea a través de videoconferencia, independientemente de su experiencia previa o actitudes hacia la psicoterapia en línea. Este estudio de encuesta examinó cómo las actitudes de los psicoterapeutas hacia la psicoterapia en línea está influenciado por sus características y experiencias profesionales durante la repentina transición de la psicoterapia presencial a la psicoterapia en línea debido a la pandemia. Nosotros colectamos datos en tiempo real de ciento cuarenta y cinco psicoterapeutas de América del Norte y Europa poco después de que la Organización Mundial de la Salud declarara una pandemia. Participantes reportaron sobre sus experiencias pasadas con la psicoterapia en línea, preparativos de sus sesiones de psicoterapia en línea durante la pandemia, los desafíos que encontraron en las sesiones en línea y sus actitudes hacía psicoterapia en línea en general. Dentro del contexto de esta transición forzada debido a la pandemia global de COVID-19, la mayoría de los psicoterapeutas identificaron una actitud poco positiva hacia la psicoterapia en línea, lo que sugiere que probablemente usarían psicoterapia en línea en el futuro. Nuestros hallazgos sugieren que las actitudes de los psicoterapeutas hacia la psicoterapia en línea están influenciadas por sus experiencias pasadas, como modalidad de psicoterapia, experiencia clínica, y experiencia previa de psicoterapia en línea, así como su experiencia de transición durante la pandemia y su ubicación geográfica. Dentro de las limitaciones de este estudio de encuesta, implicaciones y direcciones futuras son descritas.

videoconferencia, psicoterapia en línea, COVID-19, psicoterapeutas, actitud

在 COVID-19全球大流行期間，心理治療師對在線治療之態度

在COVID-19大流行期間，世界各地的許多人被建議在家工作，以減慢病毒的傳播速度。在心理治療領域，這意味著許多習慣於親自會談的心理治療師轉而透過視頻會議在線提供治療，無論他們以前的經驗或對在線心理治療的態度如何。這個調查研究檢查了因為大流行，在突然從面對面治療轉換到在線心理治療的時候，治療師對在線心理治療的態度如何受到他們的特性和專業經驗的影響。在世界衛生組織宣布大流行後不久，我們收集了來自北美和歐洲的

一百四十五名心理治療師的即時數據。參與者報告了他們過去在線心理治療的經驗，在大流行期間對在線心理治療療程的準備，他們在在線療程中遇到的挑戰以及他們對更普遍的在線心理治療之態度。在這種因為全球COVID-19大流行而被迫轉換的情境下，大部分的心理治療師都多少對在線心理治療持有正面的態度，表明他們在未來可能會使用在線心理治療。我們的發現表明，心理治療師對在線心理治療的態度會受他們過去經驗的影響，像是心理治療的形式、臨床經驗、之前的在線心理治療經驗，以及他們在大流行期間的轉換經驗及其地理位置。本調查研究描述了研究限制、研究結果的應用和未來研究方向。

視頻會議, 在線心理治療, COVID-19, 心理治療師, 態度

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