



RESEARCH ARTICLE

The Shift to Online Psychotherapy: Adaptation and Implications for Brazilian Clinical Psychologists Amid Covid-19

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Abstract

The Covid-19 pandemic disrupted traditional psychotherapy practices, prompting a rapid transition to online modalities. This qualitative study investigates how Brazilian clinical psychologists adapted to online psychotherapy during and after the pandemic. Semi-structured interviews were conducted with five psychologists, each with an average professional experience of 8.9 years. Using the Iramuteq software for lexical analysis, six thematic classes were identified: uncertainties during the transition, emerging possibilities, adaptability movements, pandemic context, new professional perspectives, and academic and professional trajectories. The findings highlight significant challenges, including managing technological tools, maintaining therapeutic relationships, and addressing client concerns in virtual settings. However, the transition also revealed notable advantages, such as reduced operational costs, enhanced flexibility, and expanded access to psychological care. The analysis underscores the critical role of digital competencies, including technical, communicational, and cultural skills, in ensuring effective online therapy. Additionally, the results point to gaps in academic training and professional preparation for telepsychology, emphasizing the need for curriculum reform to include digital literacy and teletherapy-specific strategies. The study concludes that online psychotherapy represents not only a response to crisis but also a sustainable model for expanding access to mental health care. It calls for targeted professional development and ethical guidelines to support psychologists in navigating digital environments effectively. These insights contribute to understanding the evolving dynamics of psychotherapy and provide actionable recommendations for improving digital mental health services in Brazil and beyond.

Keywords: Covid-19; Mental health; Online Psychotherapy; Adaptation Strategies; Telepsychology; Professional Challenges

INTRODUCTION

As news of the Covid-19 pandemic spread globally through newspapers, television programs, and social media publications, the population was immersed in great despair due to the high numbers of infections and deaths caused by the SARS-CoV-2 virus. In this context, a new acute respiratory syndrome with highly infectious potential, caused by a novel coronavirus (SARS-CoV-2), was identified in December 2019, originating in the province of Wuhan, China. In January 2020, the World Health Organization (WHO) declared an outbreak of new Coronavirus infections (COVID-19), and on March 11, 2020, the WHO declared Covid-19 a pandemic (Losekann & Mourão, 2020).

The epidemic periods are particularly critical for the mental health of the population, bringing fear as an instinctive and fundamental reaction for humans (C. M. L. Rodrigues & Campolina, 2020). This fear often becomes chronic or even disproportionate during such times, contributing to the rise of psychological disorders (Khan et al., 2022; Usher et al., 2020). Consequently, this rapid spread is not only detrimental to public health but also creates socio-economic problems, such as difficulties in maintaining the financial systems of the population. It causes mental distress, considering the fear of infection and death during confinement, as well as creating barriers to access to food, medications, and transportation (Filho et al., 2022; Rehman et al., 2023).

In this scenario, one of the groups significantly affected by the situation was healthcare professionals. In the context of healthcare professionals' work during the Covid-19 pandemic, like a increase in workload and stressors, considering the heightened stress among the population (Khan et al., 2022; Santos et al., 2021). Even without a complete understanding of the disease, these professionals began facing a high demand for patients with insufficient

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resources and inadequate infrastructure to meet their patients' needs (Feijt et al., 2020).

Amid the COVID-19 pandemic, online therapy has emerged as a crucial tool in bolstering access to psychotherapy. Lockdowns, social distancing measures, and heightened concerns about health have made traditional in-person therapy challenging (Eichenberg, 2021; Feijt et al., 2020; Singh & Sagar, 2022). Online platforms have become a lifeline, ensuring continuity in mental health support and allowing individuals to receive psychotherapy from the safety of their homes (Békés & Doorn, 2020; Weinberg, 2020). The pandemic has accelerated the adoption of teletherapy, breaking down barriers to mental health care. It has become a valuable resource for those grappling with increased stress, anxiety, and isolation due to the pandemic's impact. In this context, online therapy not only offers a practical solution but also exemplifies the resilience of mental health services in adapting to global crises, ensuring that individuals can access support when they need it the most.

According to Losekann and Mourão (2020), in Brazil a crucial shift occurred due to social distancing: the widespread adoption of Telework or home office, offering the possibility of maintaining occupations for a significant portion of the population while reducing social contact. Faced with the need for adaptation and the emerging needs of the population, psychologists embraced the immersion into the virtual world to address the psychological needs of Brazilian society during the ongoing global pandemic. In Brazil, the Federal Council of Psychology (CFP), sought to guide psychology professionals to minimize the risk of coronavirus spread (Cruz & Labiak, 2021; C. G. Rodrigues & Tavares, 2017). On March 30, 2020, the Federal Council of Psychology issued Resolution 04/2020, which, in broad terms, streamlined professionals' registration on the e-Psi platform (Furlan et al., 2021). This flexibility aligned with the ethics of the profession, allowing agility in processes and encouraging professionals to shift to online services, crucial during a crisis (Cruz & Labiak, 2021; Feijt et al., 2020; Marasca et al., 2020).

As a result, clinical psychologists had to adapt to conducting their work from their homes virtually. This situation differs from the distance psychotherapies conducted before the pandemic, where psychologists had organized therapeutic spaces for in-person work, such as offices, clinics, and outpatient facilities, allowing for hybrid interventions (Almondes & Teodoro, 2021; Békés et al., 2021; Furlan et al., 2021).

Providing online psychological care, also known as teletherapy or online therapy, requires specific skills that may differ from those used in traditional face-to-face therapy (Békés et al., 2021; Békés & Doorn, 2020; Garcia & Oltramari, 2021). Firstly, it is essential to have technical competence to handle online platforms such as video conferencing systems and messaging tools, troubleshooting technical issues to ensure uninterrupted sessions (Barker & Barker, 2022; Békés et al., 2021; Garcia & Oltramari, 2021). Regarding communication skills, the absence of non-verbal cues in online therapy makes it necessary for therapists to be proficient in interpreting verbal communication and using alternative methods to assess clients' emotions (Marasca et al., 2020). Establishing a therapeutic relationship is crucial, but it may require additional efforts to build trust and connection through a screen (Barker & Barker, 2022; Eichenberg, 2021; Feijó et al., 2021; Humer et al., 2020).

Cultural competence is important, including an understanding of the potential digital divide where some clients may have limited access to technology, especially in

countries with great social inequality like Brazil. Therapists also need to securely manage digital records, maintaining confidentiality and complying with ethical and legal standards for online therapy (Cruz & Labiak, 2021; Singh & Sagar, 2022; Stoll et al., 2020). Flexibility is essential to adapt to technical issues during sessions, and the use of online assessment tools may be necessary (Almondes & Teodoro, 2021; Marasca et al., 2020).

Unfortunately, the specific skills required for providing effective online psychological care are often inadequately addressed in general training programs (Figueira & Nicolazzi, 2021; Garcia & Oltramari, 2021; Neufeld et al., 2022). Traditional therapeutic education tends to focus more on face-to-face interactions, neglecting the unique competencies necessary for navigating the digital landscape (C. M. L. Rodrigues & Campolina, 2020). Technical proficiency, crisis management in an online setting, and the nuanced understanding of online communication dynamics are frequently overlooked aspects in conventional training (Humer et al., 2020; Singh & Sagar, 2022).

Considering the context of the mental health crisis due to the pandemic, the need to migrate to online forms of care and the potential lack of preparation for this crisis, it is important that the process of adapting to this reality is understood, as important lessons can be identified and encourage preparedness actions for new challenging contexts. That way, the objective of this study was to understand the process of adaptation of Brazilian psychotherapists to online services during the pandemic and the changes identified after the end of the health crisis.

METHODS

Design Study

This study employs a qualitative, exploratory, and descriptive approach, which is particularly suited for investigating the nuanced adaptation of Brazilian clinical psychologists to online psychotherapy during the Covid-19 pandemic. Qualitative methodologies allow for an in-depth exploration of subjective experiences and perspectives, particularly valuable in understanding the transition and its implications (Barker & Barker, 2022; Eichenberg, 2021).

Participants

The study included five psychologists recruited through the snowball sampling technique, a method chosen for its effectiveness in reaching specialized and interconnected professional networks during challenging recruitment scenarios, such as a global pandemic (Rehman et al., 2023). Inclusion criteria required participants to have provided psychotherapy before, during, and after the pandemic, ensuring insights across different phases of adaptation. The sample had an average professional experience of 8.9 years (SD = 5.3). Efforts were made to diversify the sample by considering variables such as age, gender, and practice settings (e.g., private practice, community services), though the small sample size remains a limitation.

Instruments

Data were collected using a semi-structured interview script, developed to capture a comprehensive understanding of the participants' adaptation to online

therapy. The script included open-ended questions covering: a) pre-pandemic psychotherapy practices, b) the impact of operational shifts during the pandemic, c) coping strategies, d) challenges and demands, e) new knowledge acquisition, and f) perceived advantages and disadvantages of online counseling. The script was iteratively refined to ensure relevance and depth, incorporating feedback from pilot interviews and expert consultation (Figueira & Nicolazzi, 2021).

Procedures

The study received ethical clearance from the Research Ethics Committee of the authors' institution (Certificate of Presentation of Ethical Review number: 34445720.8.0000.0023). Informed consent was obtained from each participant through digital forms, ensuring understanding of the study's objectives and confidentiality measures. Interviews, conducted via secure virtual platforms, averaged 60 minutes in duration and were recorded with participants' consent. To maintain data integrity, transcripts were verified by participants and reviewed for accuracy. Identifying information was removed to ensure anonymity, aligning with ethical guidelines for online research (Stoll et al., 2020).

Data Analysis

All five interviews were transcribed and organized into a textual corpus for lexical analysis, conducted using the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* – Iramuteq, version 0.7 alpha 2 (Ratinaud, 2020). The Descending Hierarchical Classification (DHC) method was chosen for sense class identification (Reinert, 1990). DHC enables the examination of associations between linguistic forms in the corpus and lexical classes by estimating chi-square values (Camargo & Justo, 2013; Faiad et al., 2021). The choice of computerized lexical analysis through the Iramuteq tool was grounded in the need for a robust

instrument for qualitative data exploration (Faiad et al., 2021). The incorporation of statistical approaches in textual analysis provides a more rigorous and objective examination of data, contributing to the effective identification of trends, relationships, and emerging themes (Figura et al., 2023). Additionally, the tool streamlines the organization and visualization of results, rendering the interpretation of qualitative findings more accessible and less susceptible to interpretative biases.

Ethical Considerations

Conducting this research in an online environment presented unique ethical challenges, including data security and participant privacy. Secure, encrypted platforms were utilized for interviews and data storage. Participants were educated on potential risks and steps taken to mitigate them, adhering to ethical standards outlined for telepsychology practices (Cruz & Labiak, 2021; Stoll et al., 2020).

RESULT

The Descending Hierarchical Classification (DHC) of the professionals' statements analyzed 198 text segments with a retention rate of 93.40%, resulting in six classes, as illustrated in the dendrogram (Figure 1). Based on the analysis of vocabulary and context in which the words were used, the 6 classes were named: Uncertainties in the Transition (Class 1); Emerging Possibilities (Class 2); Adaptability Movements (Class 3); Pandemic Context (Class 4); New Professional Perspective (Class 5) and Academic and Professional Trajectory (Class 6). From the dendrogram, it is possible to observe the subordination established between the classes. Class 6 emerges as independent of all other classes. In contrast, Classes 4 and 3 exhibit proximity, similar to classes 5, Class 2 (Emerging Possibilities), and Class 1.

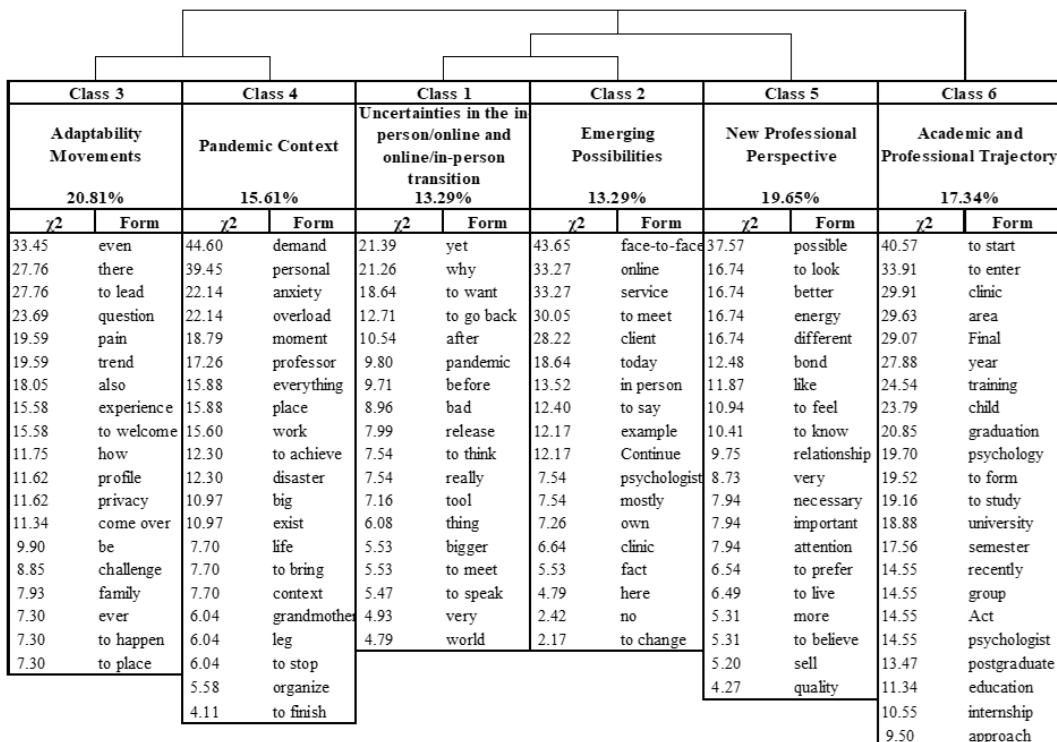


Figure 1. Dendrogram of the Descending Hierarchical Classification (DHC)

Class 1, titled "Uncertainties in the transition from face-to-face to online and online to face-to-face," encompasses words exposing insecurities and challenges in adapting to psychotherapy sessions for professionals and clients. This class represents 13.3% of text segments, featuring key fractions such as wanting, returning, after, pandemic, before, challenging, among others.

"So, I began to realize, 'look, maybe it's possible for me to stay only online. I saved a lot on gasoline.' I didn't see why because I worked, lived in (omitted, other city), and for my job, I was working and earning more than before without spending on gasoline, food, or transportation." (P1)

"But then, in early twenty-twenty-one because of the classes. I think the classes made me feel more secure. I think understanding the tool better, seeing that it was possible to connect with others here, that the classes were working. So, I encouraged myself to return to the office, and I did this first with old clients, clients I had been seeing for a long time and who had messaged me several times during the year twenty-twenty, and I told them that I hadn't resumed sessions." (P2)

"And particularly found it horrible. I remember I thought, 'wow, how awful!' And then at the end of the session, many people say, 'well, it's not that bad, right?' I think that. Just because it was a session for her to test what she thought of the service, whether she would want it or not. And today she continues online. I don't know if she prefers it, but she ended up creating a life that she likes online." (P3)

Class 2, designated as "Emerging Possibilities," comprises words that portray the new adaptation to the work environment of these professionals, addressing both remote and face-to-face aspects, as illustrated in the excerpts below. This class accounted for 13.3% of text segments. The main fractions of this class include face-to-face, online, service, attend, today, client, among others:

"I would say that today it's very complicated in terms of work, but yes in the way of working. I prefer face-to-face. I like the possibility that online brings me, but in terms of maintaining quality regarding my physical effort, I prefer face-to-face. By far. There are things that we notice more in person, at least in my impression, you know? So I would say that if I had to choose one, I would choose face-to-face." (P1)

"Both. I think the effectiveness of both, and personally, I prefer face-to-face sessions. But I am a contradiction because I know that I am saying something that I myself am not doing. For example, today I have nine slots in the office. If these slots were face-to-face, I would only be able to see four or five clients at most because of my travel time. But I am a psychologist who prefers face-to-face sessions. I like to be in person with people, but I don't think that invalidates or disqualifies online sessions." (P2)

"I would say it's hybrid. There can be greater flexibility in that, to live life in other ways. But I really like face-to-face, I like the whole energy of it. I am a person who likes it. As I said, I'm not very dressed up, but I like to dress up for work, to change from that. That whole change dressed for work, you know. So all of this is health for me, as a person. So I like, I like face-to-face, being there, all the energy, I really like face-to-face. But I know that online has advantages, like what we talk about for her is very good. So, for me, and I don't want to stop seeing clients because of this. And for me, it's possible, you know? I believe a lot in the hybrid today, and it's both ways that I offer. I don't know if in the future I will switch to one or the other, but for now, it makes sense to me to offer in both ways." (P3)

Class 3: "Adaptability Movements" accounted for 20.8% of text segments, portraying the adaptation of both professionals and their clients after experiencing the Covid-19 pandemic. The focus is on adaptive strategies and the impact on therapeutic dynamics.

"I think I already had. I already had demands, of course, of anxiety. But I think now one hundred percent of my clients have demands of anxiety at a very important level and complaints very related to both exhaustion, fatigue, and work overload, requirement, which I think the pandemic brought. I also see this as a consequence of the pandemic, the accumulation of tasks. And that's the downside of technologies because then you are dealing with all things at the same time because the phone is in your hand. So you have to respond to everything very quickly. So, an anguish related to this also, to have to meet a demand, a requirement not only from work but from life itself, which comes a lot through technological means. I see this in one hundred percent of my clients today." (P2)

"When I returned to face the supposed challenge because I was so used to it, I had to readjust, rethink my clock. If before I was having another pandemic routine than in the other again. So I realized that this impact, the attention to time. That's what was catching for me the most, and what I had to deal with because I was adapting, and it's what I had to readapt to, especially to sustain my challenges. It was exactly my organization with time and my attention, yes." (P1)

Class 4, "Pandemic Context" (15.6%), emphasizes the demands and challenges faced by psychologists during the pandemic. Work overload, the need to deal with technology, and changes in routine were identified as challenges, while demands related to anxiety and task accumulation were perceived as direct consequences of the pandemic context.

"In the pandemic itself, there was a change, very focused on this mourning, on losses, and the pain of what was happening in the world. So it came much more from this demand and the challenges of being inside and being in isolation, the challenge of being more constantly with the family. So, in fact, these demands, they appeared more, and the feelings that existed also became more evident." (P4)

"But this also demanded from me to deal with this technology issue. I had difficulty doing some online sessions, managing online. It was something I had to learn to do because it was our new reality in the world. So, I felt this impact." (P1)

Class 5, "New Professional Perspective" (19.6%), reveals a shift in professionals' perspectives regarding online practice. Despite some initial reservations, they acknowledge the benefits of remote counseling, such as the possibility of establishing connections, even if more slowly, and overcoming technological challenges.

"But this first contact being only online at the beginning and still today is like this because many people still opt for online, and until today, there are people who start. I realize that it needs more time for this bond to happen, and it's for people that I really see in person and switch to online. The bond there is more automatic already. Even so, it happens much more easily." (P4)

"I still don't think it's the best thing in the world. I still get tired of screens. But I need to recognize that, man, it had a place of overcoming, of very important learning. With possibilities of different sessions." (P2)

"So, this is something that makes a difference. This technology issue today for those who work exclusively online, I think it's really essential, especially because any

space where you go, I can attend online easily. But I still prefer face-to-face because I like leaving home, moving, seeing the person. But I also adapted to online, mainly because many of these people have been with me for a while.” (P3)

Finally, Class 6, "Academic and Professional Trajectory" (17.3%), explores the academic and professional journey of psychologists. From education to experiences before the pandemic, this class provides insights into the construction of their careers in psychology, highlighting the role of academic training in their trajectory.

“Did I start doing it right away? No. I started getting in touch with the clinical area more towards the end of the semester. And that's one of the reasons I only started seeing clients in twenty-sixteen. I think I preferred to keep studying a little more before starting my career. The internships were very important, but I also felt a bit lacking in having looked more into it during my graduation, you know? But it was also not condemnatory. I started seeing clients about almost a year after graduating.” (P1)

“Reflecting on my academic path, I started delving into clinical work almost a year after graduating. The curriculum lacked emphasis on real-world applications like online therapy.” (P2)

“Most of us had to learn on the fly, experimenting with different approaches to overcome technological challenges and barriers related to the absence of physical contact. It was a trial-and-error process, seeking strategies that worked for each specific case.” (P. 5)

“I believe institutions could include specific training on online psychotherapy in their curricula, addressing not only technical aspects but also the nuances of virtual therapeutic dynamics. This would include discussions on building rapport, maintaining privacy, and strategies for dealing with potential technological interruptions. Ongoing training would also be valuable for professionals already in practice.” (P. 6)

DISCUSSION

The lexical classes of CHD received the following classifications: a) Class 1 - Uncertainties in the face-to-face/online and online/face-to-face transition; b) Class 2 - Emerged Possibilities; c) Class 3 - Adaptability Movements; d) Class 4 - Pandemic Context; e) Class 5 - New Professional Perspective; f) Class 6 - Academic and Professional Trajectory. These six factors explain 13.3%, 13.3%, 20.8%, 15.6%, 19.6%, and 17.3%, respectively.

Classes 3 and 4 (Adaptability Movements and Pandemic Context) demonstrate a high level of interconnection, revealing how these professionals had to adapt at various moments, just like their clients, due to the pandemic context. These adaptability movements, highlighting the decision-making process between online and face-to-face psychotherapy modalities, considering their advantages and disadvantages as outlined in the lexical classes (Békés & Doorn, 2020; Singh & Sagar, 2022). All professionals expressed a willingness to continue online psychotherapy sessions, citing benefits such as reduced distance in online sessions, cost savings on fuel and transportation, and increased flexibility in scheduling. These possibilities were also extended to clients, many of whom chose to continue with online psychotherapy.

The trend among psychotherapists and patients to prefer continuing online care has become a notable and transformative aspect of mental health services (Békés &

Doorn, 2020; Doorn et al., 2021). This shift is influenced by various factors that have emerged in response to the changing landscape of healthcare delivery.

From the psychotherapists' standpoint, the preference for online care is often rooted in the practical advantages it offers. The flexibility and convenience of conducting therapy sessions remotely allow practitioners to reach a broader clientele and transcend geographical constraints (Singh & Sagar, 2022). Additionally, online therapy reduces overhead costs associated with maintaining a physical office, contributing to more efficient and cost-effective practice management (Doorn et al., 2021).

The adaptability of psychotherapists to digital platforms also reflects a growing comfort with technology and a recognition of its potential benefits (Garcia & Ultramari, 2021; Humer et al., 2020). The ability to leverage various online tools, such as secure video conferencing, messaging, and virtual resources, enhances therapeutic interventions and communication. Moreover, the ongoing emphasis on self-care among mental health professionals is supported by the flexibility offered by online care, enabling practitioners to better balance their personal and professional lives (Feijt et al., 2020; Humer et al., 2020).

On the patient side, the preference for online care is often associated with increased accessibility and reduced barriers to seeking mental health support (Weinberg, 2020). The convenience of remote sessions eliminates the need for travel, saving time and potential logistical challenges. This is particularly advantageous for individuals with mobility issues, busy schedules, or those who may face stigma or discomfort associated with in-person therapy (Humer et al., 2020; Singh & Sagar, 2022).

The comfort and privacy of receiving therapy from one's own environment can contribute to a sense of safety and openness among patients. Online platforms provide a familiar setting where individuals may feel more at ease discussing personal matters, potentially fostering a deeper therapeutic connection. Additionally, the anonymity afforded by virtual sessions can be particularly appealing to those who value discretion in their mental health pursuits.

Regarding classes 1, 2, and 5 (Uncertainties in the face-to-face/online and online/face-to-face transition, Emerged Possibilities, and New Professional Perspective), there is also a level of interdependence among them, as they are directly involved in the face-to-face/online and online/face-to-face transition due to the experience of a global pandemic. Cruz and Labiak (2021) address this issue, explaining how new possibilities had to be explored by professionals who previously had therapeutic spaces, such as offices, clinics, and outpatient facilities, allowing for hybrid interventions. However, the current reality required a new professional perspective for these psychologists, who had to offer their services remotely, thereby altering their previously established professional structure (Békés et al., 2021).

In the context of transitioning to remote psychotherapy and integrating new technologies, ethical considerations play a crucial role in ensuring the well-being of both psychologists and their clients. One fundamental aspect revolves around maintaining the confidentiality and privacy of client information during remote sessions (C. G. Rodrigues & Tavares, 2017; Stoll et al., 2020). Psychologists must take measures to secure communication channels, utilize encrypted platforms, and educate clients about potential risks associated with the online environment while implementing safeguards.

Competence and ongoing training are imperative in providing remote psychotherapy. Psychologists must stay

updated on technological advancements, understand the unique challenges posed by online therapy, and seek additional training if necessary (Barker & Barker, 2022; Garcia & Oltramari, 2021; Neufeld et al., 2022). Professional competence ensures that psychologists can navigate the complexities of remote sessions effectively, providing quality care to their clients.

In the dynamic landscape of remote psychotherapy and the integration of new technologies, the responsibility of the profession's regulatory bodies becomes increasingly significant (Furlan et al., 2021; C. G. Rodrigues & Tavares, 2017). These bodies play a pivotal role in establishing and upholding ethical standards that are vital for ensuring the quality of mental health services and safeguarding the welfare of both psychologists and their clients. One fundamental aspect of their responsibility lies in the formulation and regular updating of professional standards and guidelines. In the face of technological advancements and the shifting dynamics of mental health care, these standards provide an essential framework for ethical conduct, competence, and the responsible utilization of technology in psychological practice (C. G. Rodrigues & Tavares, 2017).

In Class 6, a significant divergence from the other classes is noticeable, as it represents a movement predating the Covid-19 pandemic. This indicates that participants did not have, in their academic and professional trajectories, any preparation to deal with tragedy and disaster contexts, or a foundation to address the reality imposed by the pandemic and subsequent remote psychotherapy.

Addressing the responsibility of universities in the context of transitioning to remote psychotherapy and the integration of new technologies is essential (Almondes & Teodoro, 2021; Garcia & Oltramari, 2021). Universities bear the responsibility of adapting their curricula to reflect the changing dynamics of mental health care. This involves incorporating training modules that equip psychology students with the necessary skills and knowledge for providing remote psychotherapy (Barker & Barker, 2022; Eichenberg, 2021; Figueira & Nicolazzi, 2021). Ensuring that students are exposed to the ethical considerations, technological competencies, and cultural competencies associated with virtual therapeutic services is vital (Stoll et al., 2020).

In the context of remote psychotherapy, universities must provide comprehensive training that goes beyond traditional face-to-face therapy. This includes educating students about the nuances of building rapport, establishing therapeutic alliances, and navigating potential challenges unique to the online environment (Figueira & Nicolazzi, 2021). Practical experience in utilizing telehealth platforms and addressing ethical dilemmas in virtual settings should be integral components of their training.

Advancements in technology, coupled with the normalization of virtual interactions in various aspects of life, have played a significant role in shaping this preference (Békés & Doorn, 2020). The reliability and security of online platforms have improved, allaying initial concerns about the confidentiality of remote therapy sessions.

The global pandemic accelerated the adoption of online mental health services, prompting both psychotherapists and patients to explore the benefits of virtual care (Eichenberg, 2021). While the initial shift was largely driven by necessity, the positive experiences and outcomes reported during this period have contributed to the sustained preference for online care beyond the pandemic (Barker & Barker, 2022; Békés & Doorn, 2020;

Doorn et al., 2021; Eichenberg, 2021; Feijó et al., 2021). The pandemic served as a catalyst for reshaping traditional models of mental health service delivery.

CONCLUSION

Throughout the development of this study, we gained insights into the various strategies, challenges, and emerging possibilities brought about by the Covid-19 pandemic within the practice of clinical psychologists. Examination of the information gathered from these professionals underscores a genuine need to enhance research methodologies that can support the evolving focus on remote psychotherapy and the integration of new technologies. Despite their diverse theoretical orientations, psychologists, all confronted the necessity to reinvent their profession (C. M. L. Rodrigues & Campolina, 2020).

Hence, beyond their formal training, a critical analysis of the narratives and the evolving reality of professional practice emphasizes the imperative for additional studies to address and assist in meeting the new demands arising in the profession. This encompasses the essential adaptation to emerging technologies, the expansion of strategies and tools applicable in professional practice, as well as the assimilation of "new roles" imposed on these professionals. With the heightened demand in the virtual sphere, psychologists must not only adhere to ethical and moral obligations but also equip themselves with digital competencies to attract a broader clientele (Cruz & Labiak, 2021; Singh & Sagar, 2022; Stoll et al., 2020).

A notable constraint encountered during the research was the challenge in identifying participants who could sustain professional activities amidst the pandemic context, thrusting them into a novel personal and professional reality. This challenge prompts reflection on how these professionals were impacted by issues akin to those encountered by the individuals they served. The study also provided a comprehensive perspective on the positive outcomes stemming from the experiences recounted by these professionals. For example, there was an enhanced democratization of psychotherapy for the general public, facilitating broader access to clients throughout Brazil and reducing costs for both clinical psychologists and their clients through the innovation of online psychotherapy.

However, despite the evident advantages, the continued preference for online care raises considerations and challenges. Ensuring the preservation of therapeutic rapport and addressing potential technological barriers are pivotal aspects. Further research is imperative to evaluate the long-term efficacy of virtual interventions and identify potential drawbacks.

In the era of remote psychotherapy, universities must equip students with digital literacy skills. This entails proficiency in utilizing telehealth platforms, understanding cybersecurity measures, and navigating the ethical implications of online communication. The integration of these skills into the curriculum guarantees that graduates are well-prepared for the technological demands of contemporary mental health practice.

To support practicing psychologists in adapting to new technologies and ethical considerations, universities should provide continuing education and professional development opportunities. This ongoing support ensures that professionals remain competent and informed throughout their careers, extending beyond their initial education.

Limitations of this study include the small sample size, consisting of five psychologists, which may impact the generalizability of the findings to a broader population of psychotherapists. The use of the snowball technique for participant recruitment might introduce bias, as participants were interconnected within professional networks. Additionally, the reliance on self-reported data and retrospective accounts might be subject to recall bias, influencing the accuracy of participants' recollections of their pre-pandemic practices and experiences during the pandemic. The study's focus on psychologists who transitioned to online counseling during the pandemic may limit the applicability of the findings to those who did not make such a transition or to different mental health professionals. Furthermore, the qualitative nature of the study may restrict the ability to quantify and statistically analyze the identified themes and insights. These limitations should be considered when interpreting the results and implications of the study.

DECLARATION

Ethics approval and consent to participate:

Research approved by the Research Ethics Committee of the authors' institution (Certificate of Presentation of Ethical Review number: 34445720.8.0000.0023).

Consent for publication:

all participants were informed of the objectives and procedures of the study and subsequent publication of the results.

Availability of Data and Material (ADM):

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The authors confirm responsibility for the following - study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

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