

Transition to Telepsychotherapy: Experiential Perspective of Debutant Therapists

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Abstract: Telepsychotherapy emerged in India during the early 2000s and experienced a significant increase in utilization during the onset of the COVID-19 pandemic. It falls under the category of telemental health, which refers to delivering behavioral and mental health care services through technological platforms, either as a substitute for or alongside traditional face-to-face methods. Despite offering enhanced access to mental health care, telepsychotherapy presents challenges to established practices of conventional psychotherapy, especially to the trainees. Thus, understanding their perspective on this transition is crucial for optimizing telepsychotherapy effectiveness in the future. The current study aims to delve into the experiences of debutant psychotherapists concerning their training and implementation of telepsychotherapy. The study utilized a qualitative approach and employed purposive sampling to gather data. Participants M. Phil Clinical Psychology within last 6 months were approached through social media, targeted emails, and a snowball method within their social network. The thematic analyses were conducted to identify and categorize common themes, shedding light on the evolving landscape of telepsychotherapy and its impact on the learning process of future therapists. It is a rapidly evolving field that has become increasingly crucial in the current context. Understanding trainees' perspectives on this shift and how it impacts their learning process is vital for enhancing the effectiveness of telepsychotherapy for future therapists.

Keywords: Telepsychotherapy, M.Phil Trainees, Clinical Psychology Trainees, Telecounselling, India.

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I. INTRODUCTION

In the early 21st century, telecommunication services like telemedicine and telepsychotherapy emerged in India, offering innovative avenues for healthcare delivery. The exponential growth of telecommunications over the past few decades provided an apt opportunity for India to bridge the gap in the provision of mental and psychological health services and the vast population in need. During the COVID-19 pandemic, India responded at the national level by launching various helplines to address mental health concerns, utilizing telecommunication as a primary tool. Early in the pandemic, professional organizations and regulatory bodies directed mental health practitioners to existing guidelines on telepractice, such as those from the Joint Task Force for the Development of Telepsychology Guidelines (2013). However, the shift to telepsychotherapy—remote psychotherapy via technology was unplanned and posed unique challenges. The WHO had

long recognized and recommended telesupervision as a valuable tool for expanding mental health care capacity in low- and middle-income countries (WHO, 2018).

Digital or remote delivery model of therapy, less studied and regulated than traditional methods, raised critical questions for both the supervisors and trainees in psychotherapy. As mental health professionals increasingly adopted telepsychotherapy, they grappled with understanding how it compared to in-person therapy in terms of skills, competence and effective supervision. Despite the rapid integration of digital tools into mental health services, there remains a significant gap in training for teletherapy, as current training programs for psychologists in India lack dedicated content and supervised training for delivering psychotherapy remotely. Therapists felt less present in teletherapy, (Brooks et al., 2020; Perry et al., 2020), less competent in applying their therapeutic skills (e.g., warmth) and ending up providing extra-therapeutic

support (e.g., providing resources) during teletherapy (Lin et al., 2021), especially process-oriented ones, but clinical experience and mandatory COVID-related use moderated the impact on the therapeutic relationship and working alliance quality (Aafjes-Van Doorn, K., Békés, V., Luo, X., & Hopwood, C. J. 2023). These perceptions were more common among younger male therapists, those using experience-based and relational therapies, and those with little or no training in teletherapy. Drawing insights from Galpin et al. (2021), McCord et al. (2020), and Myers & Turvey (2013) it's clear that clinical micro-skills are fundamental in delivering therapeutic services, and their importance becomes even more pronounced in teletherapy.

These findings draw attention to the need of more intensive training and support in teletherapy to boost therapists' confidence and improve the quality of psychological services in this medium. One critical area where telepsychotherapy can bring about a revolution is in capacity building by leveraging digital technology. Traditional training programs involving didactic lectures, video demonstrations and group format often fail to translate into clinical competence required for early diagnosis/conceptualization and intervention of mental health issues. Training experiences specifically in telepsychotherapy can be advantageous when it incorporates a didactic curriculum, flexibility to adopt between a pedagogical or andragogical approach depending on the professional undergoing training, undertaking a bottom-up approach, offering the opportunity to obtain service-based learning while also providing the students the flexibility to have supervision at their convenience.

This study explored how the shift from in-person therapy to teletherapy impacted novice therapists' professional deliberations, offering qualitative insights into how supervisees may experience telesupervision and providing guidance for ongoing teletherapy practices.

- **Aim:** The current study was planned with the aim to delve into the experiences of debutant psychotherapists concerning their training and implementation of telepsychotherapy.
- **Objective:** The objectives of this study were to explore the experiences of novice psychotherapists in their training and practice of telepsychotherapy, with the primary focus is on examining the process of adapting to the role of telepsychotherapist; and to gain valuable insights into this specific aspect of professional development.

II. METHODS

The study was planned as an exploratory cross-sectional study by utilizing Qualitative method. To fulfil the objectives, the study was conducted on a sample of novice psychotherapists who have completed their required

qualification to become a licensed psychotherapist, i.e. MPhil in Clinical Psychology from any of the Rehabilitation Council of India (RCI) recognized Institute of India, within past 6 months. This is the recognized qualification laid by the statutory body and licensing agency (RCI); and also mentioned in the Mental Health Care Act (MHCA-2017) of the land. Fifteen (15) novice psychotherapists with age range from 24 to 30 years were recruited for this study through purposive sampling, utilizing social media, targeted emails, and a snowball approach within the trainee's social networks. It was ensured that all participants had fluency in both English and Hindi languages for effective communication.

Eligible participants were included in the study after meeting specific inclusion criteria, which involved having a minimum of six months of experience in telecounseling during their M. Phil training; and those who had not engaged in telecounseling were excluded from the study. Out of the 35 approached participants, 20 participants were excluded due to not meeting the inclusion criteria.

Following an explanation of the study's objectives and assurance of ethical rights, such as confidentiality and anonymity, participants provided informed consent online. Basic demographic information was collected, and semi-structured interviews were conducted over the phone using a predefined schedule consisting of open-ended questions. Appointments for the interviews were scheduled in advance, and participants were contacted at the designated times. The interviews were conducted within a four-week period. Telephonic interviews were conducted, on Audio call using Mobile phones with the participants, each session lasting between [20-25 minutes].

A qualitative approach was employed, and data analysis was conducted through thematic analysis, identifying themes derived from the data. The interviewer transcribed the recordings and performed a thematic analysis using an open coding scheme to identify emerging codes. This approach to data analysis was chosen for its effectiveness in uncovering themes that naturally arise from the data, helping to describe and explain the observed phenomena (Glaser 2017, Hagens, 2009). During the analysis, the interviewer identified codes and synthesized findings across interviews to uncover emerging themes. This study adhered to the methodology standards for clinical comparative effectiveness research (CER) as outlined by the Patient-Centered Outcomes Research Institute (PCORI, 2019).

III. RESULTS

In the present study, interviews were conducted to explore the experience of 15 novice psychotherapists. The table 1 consists of sociodemographic details of the participants.

Table 1: Showing the Sociodemographic Profile of Participants

Variable	Category	Frequency	Percentage (%)
Age	24- 30 years	15	100
Gender	Male	2	13
	Female	13	86.6
Marital Status	Single	12	80
	Married	3	20
Experience	0-3 months	8	53.3
	3-6 months	7	46.6

The focus of the study was on exploring the perspectives of trainees regarding the transition to telepsychotherapy. Thematic analysis was employed to identify common themes that emerged from the data. Noteworthy quotes and phrases from the interviews were highlighted, as they were relevant to the study's objectives.

After conducting the interviews, a meticulous analysis of the recorded interviews was carried out to ensure the accuracy and relevance of the generated coding and

common themes. The interview transcripts were reviewed multiple times, searching for recurring patterns or regularities in the data, considering both the potential advantages and disadvantages of telepsychotherapy. The constant comparative method was applied, involving frequent comparison and analysis of the transcripts. Through this iterative process, distinct and persistent categories were identified. The transcripts were then coded based on these categories. These categories have been presented in the chart below (Figure 1).

Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Convenient • Stigma • Exploring home environment • Awareness of mental health issues 	<ul style="list-style-type: none"> • Rapport formation • Connectivity • Non verbal cues • Drop outs • Immediate Supervision • Interference with therapist personal space • Screening issues • Ethical Considerations 	<ul style="list-style-type: none"> • Included in the curriculum • Awareness for telecounseling among general population • Sufficient technology/ logistical support

Fig 1: Representing the Experiences of Trainee

By employing this rigorous analytical approach, the study further aimed to achieve a comprehensive understanding of the trainees perspectives on the transition to telepsychotherapy and to identify key themes that emerged from their experiences in each category.

A. Advantages of Telepsychotherapy:

The study revealed that trainees view telepsychotherapy as a highly convenient and accessible form of mental health care, particularly for individuals who may experience stigma around seeking traditional face-to-face support. One trainee recounted a powerful example: "A

patient contacted me for telecounseling, acknowledging their need for help but previously hesitating to visit a mental health facility. The availability of online counseling encouraged them to finally reach out."

In addition to overcoming barriers to access, telepsychotherapy provides therapists with valuable insights into patients' home environments, including their daily routines and family dynamics. Furthermore, it plays a key role in enhancing public understanding of mental health, empowering people to become more informed about mental health challenges and available treatment options.

Table 2: Showing the Themes for the Advantages of Telepsychotherapy

Theme	Frequency	Excerpts
Convenient	12	Patients are free to take sessions at their own place. So, because of the online sessions, they don't need to rush to the hospital which saves their time and expenses of traveling.
Stigma resolution	10	Many of the patients do not come to the hospitals just because of the stigma. Telepsychotherapy becomes a great source for them.
Exploring Home Environment	9	When we conduct sessions with the patient at their own place, it makes us more aware about social Factors like home environment.
Awareness of mental health issues	8	It increases the awareness. People get the session just on their one click

B. Challenges in the Telepsychotherapy:

Therapists reported a range of challenges in telepsychotherapy, with building rapport emerging as a notable issue, particularly during audio-only sessions. Technological disruptions were frequent, interrupting the flow of therapy. As one therapist recounted: “I had a patient who was hesitant to open up. During a session, he was sharing a traumatic incident and became emotional, but suddenly, the connection dropped. This not only interrupted the session but also impacted my rapport with the patient.” The virtual setting posed additional difficulties in interpreting non-verbal cues such as body language and facial expressions, crucial for understanding patients’ emotions. Patient dropouts also occurred, with some discontinuing sessions without prior notice, further affecting treatment continuity. For novice psychotherapists, accessing supervision presented significant hurdles. In traditional face-to-face settings within hospitals, supervisors were readily available for guidance. However, conducting telepsychotherapy from remote locations often meant that supervisors were not accessible during session times, creating a gap in support when it was most needed. This lack of immediate supervision challenged trainees, who found themselves navigating complex cases without the benefit of prompt expert input.

Moreover, conducting sessions from home blurred the lines between personal and professional space, with some patients displaying curiosity about therapists’ personal lives. Psychotherapist, who just passed Mphil, found it difficult to manage such inquiries while maintaining professional boundaries. Screening patients also proved to be a challenge, especially when working with those presenting serious issues. For example, one therapist shared that a patient initially reported depressive symptoms, but as sessions progressed, it became apparent that the patient had a dependent personality and would seek support for even minor situations.

Despite clear guidelines, some patients attempted to record sessions without consent, raising concerns about privacy and confidentiality. Overall, the challenges in telepsychotherapy included rapport building, technological disruptions, limited non-verbal cues, patient dropouts, restricted supervision access, intrusion into therapists’ personal space, difficulties in patient screening, and potential breaches of session privacy. These experiences highlight the critical need for structured supervision and readily available support to ensure quality care and professional development in telepsychotherapy.

Table 3: Representing the Themes Associated with the Challenges Faced by the Trainees

Theme	Frequency	Excerpts
Rapport Formation	15	During the initial sessions, when patient met to us online, they faces problem in sharing the information and building trustworthy relationship.
Connectivity	13	Loosing connection during the session is the major issue. It was so terrible, again connecting and starting the session is a task
Non-Verbal Cues	10	Analyzing body language, his gestures becomes difficult.
Drop Outs	8	Few patients suddenly discontinue without informing.
Immediate Supervision	8	For the online sessions, sometimes we are at Our own places, and taking immediate supervision becomes difficult
Interference with the therapist personal space	7	Taking session from personal space makes the patient to explore with environment leading to asking many personal questions
Screening issues	7	As telecounseling is not suitable for everyone, so a trainee, we found it difficult to screen.
Ethical Consideration	9	Try to record session even after giving the clear 1t4gb 1instructions.

C. Suggestions Provided by the Therapist to Make it More Effective:

Therapists emphasized the importance of establishing a dedicated training program or manual specifically designed for telepsychotherapy.

Additionally, therapists suggested that the public should be educated on telepsychotherapy, including its

nature, how it works, and the benefits it offers. This dual approach—preparing trainees through a well-designed training module and supervised practice, while also raising public awareness—would help optimize the effectiveness and acceptance of telepsychotherapy as a viable mental health care option.

Table 4: Represents the Suggestion Provided by the Trainees

Suggestion	Frequency	Excerpts
Inclusion in the Curriculum	10	Therapists are trained for the face to face sessions. as part of their training. Some kind of training should also be provided for the telepsychotherapy
Awareness for Telepsychotherapy	8	An awareness should be spread among the people about what it is, who can give this.
Sufficient technology/ Logistical Support	15	Connection should be stable

IV. DISCUSSION

This study aimed to explore psychotherapists' experiences during the transition from face-to-face psychotherapy to telepsychotherapy. The findings revealed several advantages of telepsychotherapy, including its convenience, ability to provide insights into the home environment, and increased awareness of mental health issues. A significant proportion of trainees reported that their families requested the continuation of teletherapy or a hybrid model of services. These findings suggest that teletherapy has become part of the "new normal." Psychological counselors are using online tools to provide clients the suitable resources, information, and immediate help services in case of emergencies.

Several advantages of teletherapy have been identified, including greater flexibility, improved accessibility, and the ability to observe clients in their home environments. This adaptability allowed therapists to reach clients who might not have otherwise accessed mental health services and provided unique insights into clients' day-to-day environments and stressors, enriching the therapeutic process. However, despite these benefits, trainees faced notable challenges. Technical issues, such as video and audio disruptions, often impeded session flow and created barriers to effective communication. Ethical dilemmas, especially concerning confidentiality and professional boundaries in a virtual setting, were also reported. These findings are consistent with prior research which emphasizes the inherent need of supervision to overcome from these issues (Merriam SB,1998). However, it has also been reported by the novice psychotherapists that supportive

psychotherapy can be done. But they faced more difficulty with structured therapy.

Additionally, managing sensitive cases remotely proved challenging, with trainees struggling to address high-risk clients, such as those with suicidal ideation, within the constraints of virtual interactions.

➤ Hence, We Would Like to Highlight the Need of:

- Including structured telepsychotherapy training in the curriculum of professional psychology program
- Need of Model of Supervision for telepsychotherapy

Therapists are trained for the offline sessions. Hence, we advocate for a structured telepsychotherapy training integrated into the curriculum, tailored to trainees' needs, and grounded in service-based learning. Such a program should adopt a bottom-up approach, incorporating flexible supervision schedules, hands-on experience with teletherapy platforms, and dedicated modules on digital skills, telepractice ethics, and virtual rapport-building.

Including telesupervision for trainees and early-career professionals will ensure they are equipped to deliver safe and effective online care as supervision has long been regarded as essential for the professional development of mental health trainees, enhancing their self-confidence, creativity, and adaptability, while offering invaluable feedback to strengthen clinical skills (Nodop S). This structured teletherapy training, as part of the curriculum, will help sustain high-quality digital mental health services long-term, ensuring high-quality, sustainable mental health services for years to come.

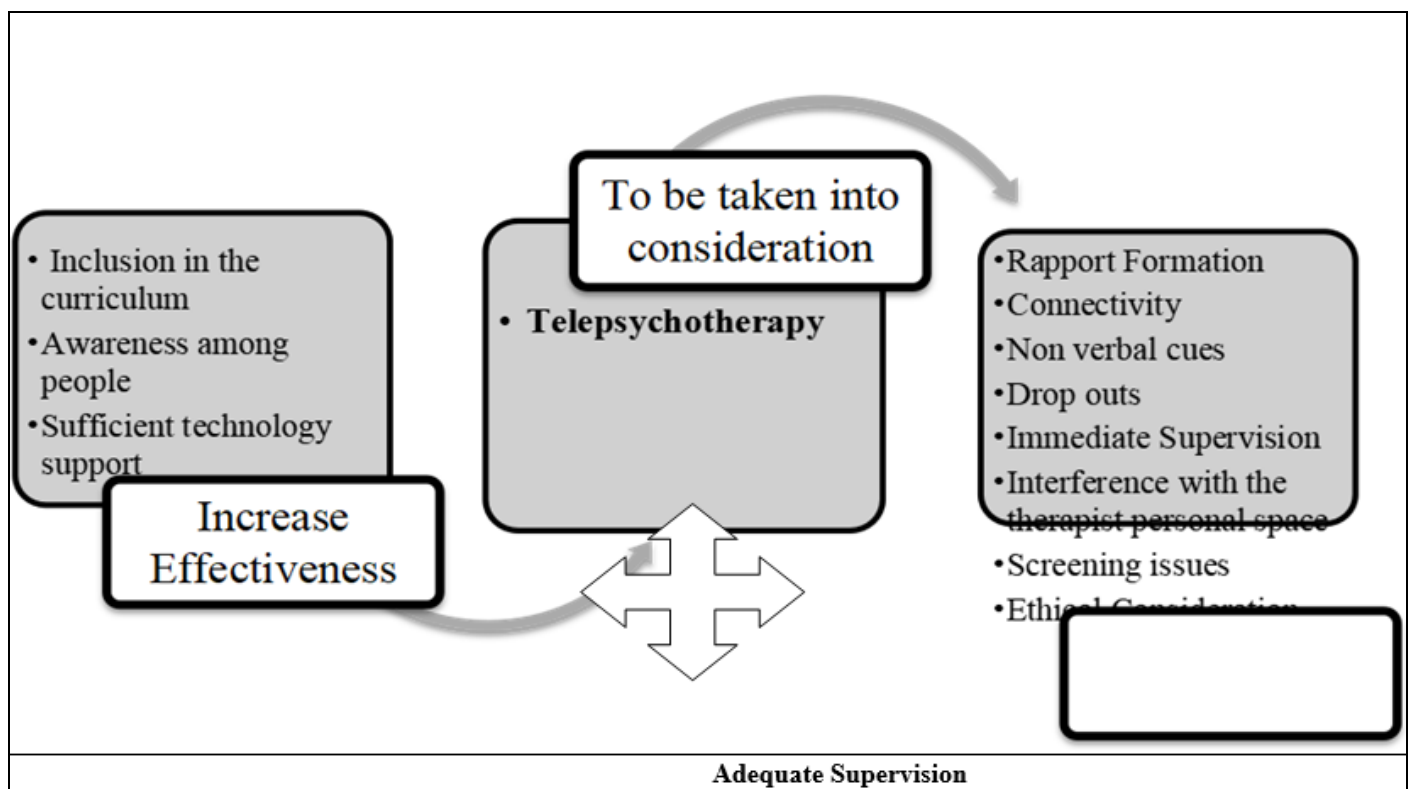


Fig 2: Presents the Overall Findings of the Study

V. IMPLICATIONS FOR BEHAVIORAL HEALTH

Telepsychotherapy plays a pivotal role in improving accessibility to mental health services, especially for underserved populations by addressing geographical and transportation barriers. The focus of this study is to examine the perspective of novice therapists, who symbolize the future generation of mental health professionals. This gap highlights the need for a more structured approach to telepsychotherapy education and regulation to ensure that mental health professionals are equipped to meet the demands of this evolving practice. By gathering their valuable insights, we aim to contribute to the advancement of a more effective telepsychotherapy model, thereby providing improved services to individuals who face challenges in accessing traditional in-person therapy due to various reasons.

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- **Conflict of Interest:** The authors declare that there are no conflicts of interest regarding the publication of this research article.
- **Ethics Approval:** The ethical considerations were taken into account throughout the research process.
- **Consent to Participate:** Informed consent was taken from the participants. Their confidentiality, and privacy were ensured.
- **Consent for Publication:** On behalf of all the authors, the corresponding author act as guarantor and provide the consent for the publication.
- **Data Availability Statement:** Data will be made available, upon reasonable request.

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REFERENCES

- [1]. Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality and quantity*, 36, 391-409.
- [2]. Brahnam, S. (2017). Comparison of in-person and screen-based analysis using communication models: A first step toward the psychoanalysis of telecommunications and its noise. *Psychoanalytic Perspectives*, 14(2), 138-158.
- [3]. Fleuty, K., & Almond, M. K. (2020). Remote access therapy for veterans with psychological problems: Current state of the art. *Military Medicine*, 185(7-8), e1046-e1050.

- [4]. Glaser, B., & Strauss, A. (2017). *Discovery of grounded theory: Strategies for qualitative research*. Routledge.
- [5]. Hagens, V., Dobrow, M. J., & Chafe, R. (2009). Interviewee transcript review: assessing the impact on qualitative research. *BMC medical research methodology*, 9, 1-8.
- [6]. Markowitz, J. C., Milrod, B., Heckman, T. G., Bergman, M., Amsalem, D., Zalman, H., ... & Neria, Y. (2021). Psychotherapy at a distance. *American Journal of Psychiatry*, 178(3), 240-246.
- [7]. Merriam, S. B. (1998). *Qualitative Research and Case Study Applications in Education. Revised and Expanded from "Case Study Research in Education."*. Jossey-Bass Publishers, 350 Sansome St, San Francisco, CA 94104.
- [8]. Mondal, I., Anand, N., Sharma, M. K., Kohli, T., Thakur, P. C., Kande, J. S., ... & Sj, A. (2020). Telephonic psychotherapy in India: A reminder of challenges in times of COVID-19. *Asian journal of psychiatry*, 53, 102432.
- [9]. Nodop, S., Thiel, K., & Strauß, B. (2010). Supervision in psychotherapeutic training in Germany: Quantitative and qualitative results of the research survey. *Psychotherapeut*, 55, 485-495.
- [10]. O'donovan, A., Halford, W. K., & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees. *Australian Psychologist*, 46(2), 101-112.
- [11]. Russell, G. I. (2018). *Screen relations: The limits of computer-mediated psychoanalysis and psychotherapy*. Routledge.
- [12]. Satalkar, P., Shrivastava, S., & De Sousa, A. (2015). Internet-mediated psychotherapy: Are we ready for the ethical challenges. *Indian J Med Ethics*, 12(4), 220-7.
- [13]. Tandon, R. (2020). COVID-19 and mental health: preserving humanity, maintaining sanity, and promoting health. *Asian journal of psychiatry*, 51, 102256.