

Evaluation of Telepsychology Practices During the COVID-19 Pandemic: Satisfaction of Clients and Psychotherapists

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ABSTRACT

This study aimed to evaluate satisfaction with telepsychology (TP) practices during the COVID-19 pandemic. While previous studies in the literature have examined TP practices during this period, it is important to address the process simultaneously from the perspectives of clients and psychotherapists. Accordingly, TP applications conducted as part of the Clinical Practice courses in Aydın Adnan Menderes University clinical psychology Graduate Programs were evaluated retrospectively. The sample consisted of 62 clients aged 18–65 years and 24 clinical psychology graduate students aged 24–38 years who acted as psychotherapists. In this study, client satisfaction was measured using the Telepsychology Satisfaction Questionnaire, and psychotherapist satisfaction was measured using the Telepsychology Therapist Satisfaction Questionnaire. Client satisfaction was measured by considering aspects of the TP service related to information, technology, privacy/confidentiality, goal accessibility, preferences, and future attitudes. Psychotherapist satisfaction was evaluated on the basis of their knowledge of the TP service, technological infrastructure, attitudes toward TP, and a comparison of TP with face-to-face psychotherapy. The findings showed that client satisfaction was high, with clients expressing a preference for TP in the future. Similarly, therapists reported high satisfaction with the process and indicated that they were able to deliver TP as effectively as face-to-face services. In conclusion, TP practices implemented during the COVID-19 pandemic are cost-effective, efficient, practical, and preferred mental health practices for clients and psychotherapists.

Keywords: COVID-19 pandemic, satisfaction, telepsychology.

ÖZ

COVID-19 Pandemi Döneminde Telesikoloji Uygulamalarına Yönelik Bir Değerlendirme: Danışan ve Psikoterapistlerin Memnuniyeti

Çalışma koronavirüs hastalığı (COVID-19) pandemisi sürecinde gerçekleştirilen telesikoloji uygulamalarından duyulan memnuniyetin değerlendirilmesi amacıyla gerçekleştirildi. Bu dönemde uygulanan telesikoloji müdahalelerini değerlendiren çalışmalar incelendiğinde söz konusu süreci danışanlar ve psikoterapistler açısından eş zamanlı olarak ele almanın önemli olacağı düşünüldü. Mevcut çalışma kapsamında, Aydın Adnan Menderes Üniversitesi Klinik Psikoloji Lisansüstü programlarında klinik uygulama dersleri kapsamında gerçekleştirilen telesikoloji uygulamaları retrospektif olarak değerlendirildi. Araştırmaya, yaşları 18-65 arasında değişen (Ort=34,69, SS=12,42) 62 danışan ve yaşları 24-38 arasında değişen (Ort=27,54, SS=2,83) ve psikoterapi uygulamalarını gerçekleştiren 24 klinik psikoloji lisansüstü öğrencisi katıldı. Çalışmada danışanların memnuniyeti Telesikoloji Memnuniyet Anketi, psikoterapistlerin memnuniyeti ise Telesikoloji Terapistinin Memnuniyet Anketi aracılığıyla ölçüldü. Danışanların memnuniyeti telesikoloji hizmetinin bilgi, teknoloji, mahremiyet/gizlilik, hedeflere erişme, tercih ve gelecekteki tu-



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tumlarla ilgili yönlerine odaklanarak değerlendirildi. Psikoterapistlerin memnuniyetinde ise telepsikoloji hizmetine ilişkin bilgi düzeyi, sahip olunan teknolojik altyapı, telepsikolojiye yönelik tutum ve telepsikolojinin yüz yüze psikoterapiyle kıyaslanması alanlarına odaklanıldı. Bulgular danışanların memnuniyetinin yüksek düzeyde olduğunu, ihtiyaç duymaları halinde telepsikolojiyi tekrar tercih etme niyetinde olduklarını gösterdi. Benzer şekilde psikoterapistler de sürece ilişkin memnuniyet düzeylerinin yüksek olduğunu ve telepsikoloji uygulamalarını yüz yüze hizmetler kadar etkili sunabildiklerini belirtti. Çalışma ile COVID-19 pandemisi sürecinde gerçekleştirilen telepsikoloji uygulamalarının danışan ve psikoterapistler için ekonomik, verimli, pratik ve koşullara bağlı olarak tercih edilebilecek psikolojik sağlık uygulamaları olduğu sonucuna varıldı.

Anahtar Kelimeler: COVID-19 pandemisi, memnuniyet, telepsikoloji.

INTRODUCTION

The COVID-19 pandemic has necessitated the adoption of alternative methods in psychotherapy practices, as in several other fields. One such alternative has been the increased use of online psychotherapy (telepsychology [TP]), which was less commonly implemented. The first use of technology in mental health dates to 1959 and was referred to as telepsychiatry (World Psychiatric Association, 2021). In recent years, the use of technology has begun to take on a more prominent role in the field of psychology as well (Hanley, 2021). Although various terms have been used to describe such practices, Yorulmaz et al. (2020) proposed the term “TP” to highlight its specific application within the field of psychology, define the practice, and promote consistency. In this study, TP was used to refer to these practices.

TP practices encompass a wide range of services and modalities (Zur, 2012): (1) crisis intervention or other forms of contact between face-to-face sessions; (2) conducting sessions with patients/clients who are unable to attend in-person sessions because of physical or mental health problems, physical distance, lack of transportation or resources, or other reasons; (3) providing assessment, consultation, supervision, prevention, or treatment of mental disorders or related services to an individual in a different location, either with or without face-to-face contact; and (4) delivering psychotherapy synchronously (e.g., via phone, videoconferencing, or virtual reality) or asynchronously (e.g., through sequential messaging via mobile phone, email, or chat platforms). However, studies have shown that TP is effective in treating various psychological issues (Kaiser et al, 2021; Varker et al, 2019). TP has been found to be beneficial in the treatment of conditions such as anxiety, agoraphobia, post-traumatic stress disorder, and depression (Zur, 2012), as well as chronic pain, generalized anxiety disorder, obsessive-compulsive disorder, and hypochondriasis (Matsumoto et al, 2021). Moreover, TP has been effectively utilized in

activities such as consultation, supervision, and assessment within psychotherapy training processes (Zur, 2012). The transition of training programs to online platforms during the COVID-19 pandemic has necessitated an examination of the effectiveness of these practices. A significant increase in TP use has been observed during the pandemic (Probst et al, 2020). During this period, face-to-face mental health services declined, whereas the use of TP rapidly expanded, with several services becoming almost entirely virtual by the end of the first year (Zangani et al, 2022). The growing interest in TP can be attributed to several factors, including its ability to connect clients and therapists across distant locations, its ease of implementation, cost-effectiveness, and time efficiency (Oktay et al, 2021). Furthermore, TP has emerged as a valuable option for individuals with physical disabilities, older adults, those experiencing agoraphobia or social phobia, and clients concerned about stigmatization (Cioffi et al, 2020).

However, TP practices also have certain limitations; these include the inability to view the client’s full body, the lack of access to sensory information such as smell, and limitations in the clients’ ability to perceive the therapist’s nonverbal cues and to express emotions (Abbass & Elliott, 2021; Sora et al, 2022). Technological disruptions such as connectivity issues or difficulties with device usage during sessions (Abbass & Elliott, 2021; Zur, 2012), and concerns regarding privacy and confidentiality (Zur, 2012) also constitute as significant limitations of TP. Despite these challenges, the COVID-19 pandemic has served as a catalyst for overcoming the normative, technological, and cultural barriers to TP use. The study highlighted the importance of adapting therapeutic settings to accommodate collective and individual needs (Trabucco et al, 2021).

Findings regarding therapists’ attitudes toward TP suggest that, during the COVID-19 pandemic, therapists who conducted video-based therapy were generally inclined to accept the process and perceive it as beneficial (Mitchell, 2020).

These therapists sought ways to develop deep therapeutic relationships with their clients and found video sessions advantageous when in-person meetings were not feasible (Mitchell, 2020). Furthermore, several factors were observed to be associated with therapists' satisfaction with TP; these include therapists' professional maturity level, years of experience, older age, therapeutic orientation (Cioffi et al, 2020), clients' positive evaluations of online psychotherapy (Békés & Aafjes-van Doorn, 2020), therapists' positive self-perception regarding their professional identity, and their belief that client confidentiality is maintained during sessions (Mancinelli et al, 2021). Some studies have indicated that therapists have certain concerns regarding online psychotherapy process. Therapists have generally expressed concerns about the implementation of therapeutic techniques, establishing empathic communication, difficulties in detecting client's possible defensive attitudes (Rathenau et al, 2022; Roesler, 2017), forming emotional connections, maintaining attention during sessions, and ensuring the protection of privacy and therapeutic boundaries (Békés et al, 2021). However, some therapists have reported that, in the long term, video sessions are not perceived as sufficiently satisfying or secure to replace face-to-face meetings (Sampaio et al, 2021). Psychologists who are unfamiliar with internet-based interventions have been found to exhibit negative or neutral attitudes toward such practices (Mendes-Santos et al, 2020). Furthermore, during online sessions, some therapists reported greater doubts about their own professionalism compared to face-to-face settings (Odyniec et al, 2019).

Research on clients' views and experiences regarding TP is limited. It has been found that clients' sense of security during TP sessions, as well as the convenience of access and scheduling, significantly predict their satisfaction with the process (Serhal et al, 2020). Clients who participated in TP via video and/or telephone communication reported general satisfaction with the experience and perceived online therapy sessions to be as beneficial as face-to-face treatment (Serhal et al, 2020). On the one hand, clients frequently identified not having to travel to the physical location and the flexibility in scheduling as key advantages of TP. On the other hand, missing in-person clinical or hospital visits and not feeling a strong sense of connection with doctors, nurses, or therapists were commonly reported drawbacks (Guinart et al, 2020). Participants with mild to moderate depression who engaged in an internet-based cognitive-behavioral intervention described challenges such as lack of insight, worsening symptoms, difficulty in forming personal connections, and practical issues with the platform (Fenski et al, 2021). In another study that examined clients' attitudes toward online psychological interventions, it was found that daily computer usage, total duration of computer use, and computer self-efficacy were not significantly associated with their attitudes (Özer et al, 2016).

The increasing prevalence of online practices in the field of psychotherapy necessitates an examination of user experiences to improve these interventions. In this study, the reasons for seeking therapy, demographic characteristics of clients and psychotherapists, and satisfaction levels regarding TP practices were investigated among individuals who utilized TP services during the pandemic period (November 2020–June 2022). The present study can contribute to the development of TP practices by jointly addressing the experiences and perspectives of clients and psychotherapists during the pandemic. Furthermore, by providing insights into the advantages and disadvantages of TP specific to pandemic conditions, the study may inform strategies for overcoming practical challenges and enhancing the effectiveness of these services. Moreover, the findings offer valuable information on how the ease of access to mental health services provided through TP during the pandemic can be maintained and sustained in the future.

METHODS

Participants

The study had two groups of participants: clients and psychotherapists. The client group consisted of 62 people who applied to Aydın Adnan Menderes University Online Psychosocial Support Service, accessed their archive information, and completed the TP process. The ages of the clients ranged from 18 to 65 ($M=34.69$, $SD=12.42$); 49 were female (79%). The psychotherapist group consisted of 24 people who conducted the TP process for the clients. The ages of the psychotherapists ranged from 24 to 38 years ($M=27.54$, $SD=2.83$); 21 were female (87.5%). The demographic information about the clients and psychotherapists is summarized in Table 1.

Measurement Tools

Demographic Information Form

This form was prepared and used by researchers to compile and learn the demographic (age, gender, educational status, etc.) characteristics of the psychotherapists involved in the TP practice.

Online Psychological Service Application Form

This form is used to receive applications from prospective clients who want to receive online psychological services from Aydın Adnan Menderes University clinical psychology graduate students during the pandemic period. In addition to providing information on the psychological services to be provided, the mentioned form also includes questions on clients' personal and demographic information,

Table 1. Demographic characteristics of the clients and psychotherapists

	M (SD)	n	%	Range
Clients (n=62)				
Age	34.69 (12.42)	62		
Gender				
Female		49	79	
Male		13	21	
Education level				
No school attendance		1	1.6	
Primary school		3	4.8	
Middle school		2	3.2	
High school		14	22.6	
Undergraduate		24	38.7	
Graduate		18	29	
The place lived the longest				
Village		0	0	
Town		0	0	
District		8	12.9	
Provincial center		53	85.5	
Abroad		1	1.6	
Marital status				
Single		35	56.4	
Married		27	43.5	
Previous use of psychiatric medication				
Yes		23	37.1	
No		38	61.3	
Missing data		1	1.6	
Use of psychiatric medication during TP				
Yes		13	21	
No		49	79	
Psychotherapist (n=24)				
Age	27.54 (2.83)	24		24–38
Gender				
Female		21	87.5	
Male		3	12.5	

SD: Standard deviation; TP: Telepsychology.

complaints, and reasons for application. In this study, information about the clients' personal identities was kept confidential.

Telepsychology Satisfaction Questionnaire (TPSQ)

This questionnaire was created based on the Telepsychiatry Patient Satisfaction Questionnaire in the Telepsychiatry Global Guidelines published by the WPA in 2021. First, the original questionnaire was translated into Turkish by two clinical psychologists, one of whom was a professor, using the parallel-blind method (Behling & Law, 2000). Then, these translations were compared, and inconsistencies were eliminated. Finally, the cultural appropriateness of the statements was evaluated by a clinical psychologist faculty member, and the questionnaire was completed. The TPSQ measures the satisfaction of the individual/client by considering aspects of the TP service related to information, technology, privacy/confidentiality, access to goals, preference, and future attitudes. The questionnaire comprises 10 items. For each item, responses are given on a scale that allows the client to specify at what level ("Highly," "To some extent," "Very little," and "Not at all") he/she accepts the item. At the beginning of the questionnaire, after giving a brief definition of TP, questions such as "Have you received psychotherapy before?" and "Do you have previous TP experience?" are answered as yes or no.

Telepsychology Therapist's Satisfaction Questionnaire (TPTSQ)

This questionnaire was created based on the Telepsychiatry Professional's Satisfaction Questionnaire in the Telepsychiatry Global Guidelines published by the WPA in 2021. First, the original questionnaire was translated into Turkish by two clinical psychologist faculty members, one of whom was a professor, using the parallel-blind method (Behling & Law, 2000). Then, these translations were compared, and inconsistencies were eliminated. The cultural appropriateness of the statements was evaluated by a clinical psychologist faculty member, and the questionnaire was completed. The TPTSQ consists of 10 items that measure the psychotherapist's level of knowledge and attitudes toward TP service, the technological infrastructure he/she has, and the comparison of TP with face-to-face psychotherapy. Responses are given for each item on a scale that enables the therapist to specify at what level ("Highly," "To some extent," "Very little," and "Not at all") he/she agrees with the statement. The questionnaire also included two questions assessing "the number of TP sessions in the current treatment process" and "previous TP experience."

Statistical Analysis

Descriptive statistical analyses were performed on the responses of the clients and psychotherapists to satisfaction-related questions. Analyses were conducted using the SPSS (Statistical Package for Social Sciences) 25.0 program (IBM Corp, 2017).

Procedure

The entire work process was conducted in accordance with the principles of the Declaration of Helsinki. First, ethical approval was obtained from Aydın Adnan Menderes University Social Sciences and Humanities Research Ethics Committee (Document number: 31906847/050.04.04-08-133). Archival records of TP practices conducted by clinical psychology graduate students and supervised by responsible faculty members between November 2020 and June 2022 were screened. In this context, the demographic information of the clients, their reasons for applying for psychotherapy, their experiences with the online application, and their responses to the satisfaction questionnaires were examined. Furthermore, the demographic information of the psychotherapists conducting the aforementioned therapies, their experiences, and satisfaction with TP practices were evaluated.

According to the archive records, applications were received through online forms following the announcement that TP practices would be conducted to provide free psychosocial support to the university staff and their relatives where the research was conducted. TP practices were conducted through Skype and Google Meet applications using the psychotherapists' personal accounts. Satisfaction questionnaires were completed by clients and psychotherapists at the end of the TP process. When the forms were examined, it was observed that five psychotherapists completed the TP process with one client, seven psychotherapists with two clients, six psychotherapists with three clients, five psychotherapists with four clients, and one psychotherapist with five clients.

RESULTS

Within the scope of TP applications, an average of 14.58 (SD=6.14) sessions were conducted by 24 psychotherapists. Approximately 6–45 TP sessions were conducted with 62 clients. Clients applied with more than one complaint, and the complaints were grouped into six main categories. The most frequently expressed problems were listed as anxiety symptoms, depressive symptoms, anger, relationship problems, sleep problems, and the grief process. Reasons for application, which are not included in the categories mentioned, such as academic procrastination, mobbing, procrastination behavior, ruminative thoughts, lack of self-recognition, obsession, and compulsion, are grouped under the heading of "Other"; the reasons for application are summarized in Table 2. In total, 27.4% of the clients received behavior therapy (Spiegler & Guevremont, 2010), in which behavior-based applications are applied; 21% received cognitive therapy (Beck, 2001), in which techniques based on shaping behavior in terms of situation, thought, and emotion are applied; 50% received eight-step problem-

Table 2. Characteristics of psychotherapy processes

	M (SD)	n	%	Min–Max
Previous psychotherapy experience of the client				
Yes		20	32.3	
No		41	66.1	
Missing data		1	1.6	
Previous TP experience of the client				
Yes		6	9.7	
No		55	88.7	
Missing data		1	1.6	
Previous TP experience of the psychotherapist*				
Yes		44	71	
No		18	29	
Number of sessions	14.58 (6.14)			6–45
Reasons for application**				
Anxiety symptoms		18	29	
Depressive symptoms		15	24.15	
Anger		13	20.8	
Relationship problems		9	14.5	
Sleep problems		3	4.8	
Grief		2	3.2	
Other		8	12.9	
Psychotherapy orientation				
Cognitive-behavioral orientation				
Behavioral therapy		17	27.4	
Cognitive therapy		13	21	
Problem-solving therapy		31	50	
Psychodynamic orientation		1	1.6	

SD: Standard deviation; TP: Telepsychology. *: Some of the TP practices evaluated in this study were the first TP practices for the therapists. Therefore, this feature was evaluated based on the number of TP practices included in the study (n=62), not the number of therapists. **: The total number of responses for this variable is higher than the number of client participants because of the fact that there was more than one reason for application among the client participants.

solving therapy; and 1.6% received psychodynamic-oriented psychotherapy (Table 2).

Table 3. Client Satisfaction Questionnaire results

Components of TP service	Not at all (1)		Very little (2)		To some extent (3)		Highly (4)		Missing data		M (SD)	Min–Max
	n	%	n	%	n	%	n	%	n	%		
Knowledge (n=61)											3.44 (0.83)	1–4
“Did you receive sufficient information before starting TP?”	3	4.8	4	6.5	17	27.4	37	59.7	1	1.6	3.44 (0.83)	
Privacy (n=61)											7.30 (0.87)	5–8
Do you find communication over the Internet disturbing?*	37	59.7	19	30.6	5	8.1			1	1.6	3.52 (0.65)	
Did you feel safe during the TP connection?					9	14.5	52	83.9	1	1.6	3.85 (0.36)	
Technology (n=60)											10.93 (1.49)	6–12
Was your equipment user-friendly?					18	29	40	64.5	4	6.5	3.69 (0.47)	
Were you satisfied with the sound quality?					15	24.2	45	72.6	2	3.2	3.75 (0.44)	
Were you satisfied with the image quality?			1	1.6	17	27.4	41	66.1	3	4.8	3.68 (0.51)	
Goal (n=61)											7.54 (0.80)	4–8
Did you reach your goal using TP?			1	1.6	12	19.4	48	77.4	1	1.6	3.77 (0.46)	
Were you able to express everything you wanted to express?					10	16.1	50	80.6	2	3.2	3.83 (0.38)	
Preference and future attitude (n=61)											7.75 (0.56)	6–8
If TP is available again when needed, would you like to continue your meetings using this method?					10	16.1	51	82.3	1	1.6	3.84 (0.37)	
Would you recommend this method to others (e.g., if direct contact is not possible)?					5	8.1	56	90.3	1	1.6	3.92 (0.27)	

*: Reverse item; SD: Standard deviation; TP: Telepsychology.

The majority of the clients had not received psychotherapy before (66.1%) and had not been involved in the TP process (88.7%) (Table 2). When the mean scores of the responses in the satisfaction questionnaire of the clients were examined, it was observed that the satisfaction levels of the clients were high, and the mean scores of the responses varied between 3.44 and 3.92 out of 4. When the responses were examined in terms of questions, the average of the responses given to the question “Did you receive sufficient information before starting TP?” related to TP knowledge was found to be 3.44 (SD=0.83). The responses to this question, which constitute the “Information” component alone, range from 1 to 4. The mean scores for the questions related to privacy, “Do you find communication over the Internet disturbing?” and “Did you feel safe during the TP connection?” were 3.52 (SD=0.65) and

3.85 (SD=0.36), respectively. For the privacy component, it was observed that clients gave a minimum of 5 and a maximum of 8 points, and the mean score for this component was 7.30 (SD=0.87). The mean scores for the questions related to technology, “Was your equipment user-friendly?” “Were you satisfied with the sound quality?” and “Were you satisfied with the image quality?” were 3.69 (SD=0.47), 3.75 (SD=0.44), and 3.68 (SD=0.51), respectively. The total scores given for this component varied between 6 and 12, and the mean was 10.93 (SD=1.49). In the “Goal” component in which clients’ satisfaction was evaluated, the average of the responses given to “Did you reach your goal with TP?” was 3.77 (SD=0.46), and the average of the responses given to “Were you able to express everything you wanted to express?” was 3.83 (SD=0.38). The total scores for this component ranged from 4 to 8, with an

Table 4. Psychotherapist Satisfaction Questionnaire results

Components of TP service	Not at all (1)		Very little (2)		To some extent (3)		Highly (4)		M (SD)	Min–Max
	n	%	n	%	n	%	n	%		
Knowledge (n=62)									3.90 (0.29)	3–4
Did you receive sufficient information before starting TP?					6	9.7	56	90.3	3.90 (0.29)	
Attitude (n=62)									12.59 (1.23)	10–15
Did you have any concerns or reservations about TP when you first encountered it?*	3	4.8	30	48.4	27	43.5	2	3.2	2.45 (0.64)	
Has your attitude toward TP changed since you completed the general information gathering?	1	1.6	10	16.1	28	45.2	23	37.1	3.18 (0.76)	
Do you find communication over the Internet disturbing?*	3	4.8	3	4.8	29	46.8	27	43.5	3.29 (0.78)	
Would you recommend TP to your colleagues?					20	32.3	42	67.7	3.68 (0.47)	
Technology (n=62)									10.41 (1.28)	7–12
Was your equipment user-friendly?			2	3.2	20	32.3	40	64.5	3.61 (0.55)	
Were you satisfied with the sound quality?					35	56.5	27	43.5	3.43 (0.49)	
Were you satisfied with the image quality?			2	3.2	35	56.5	25	40.3	3.37 (0.55)	
Comparison with face-to-face (n=62)									7.30 (0.87)	5–8
Were you able to evaluate the client as you would face-to-face?					25	40.3	37	59.7	3.59 (0.49)	
Were you able to provide the same level of treatment as in face-to-face treatment?			2	3.2	14	22.6	46	74.2	3.70 (0.52)	

*: Reverse item; SD: Standard deviation; TP: Telepsychology.

average of 7.54 (SD=0.80). In the last component of the client responses, “Preference and future attitude,” the average score for the question “If TP is available again when you need it, would you like to continue your meetings with this method?” was 3.84 (SD=0.37), and the average score for the question “Would you recommend this method to others (e.g., if direct contact is not possible)?” was 3.92 (SD=0.27). The total scores for this component ranged from 6 to 8, with an average of 7.75 (SD=0.56). The findings regarding all responses to the TPSQ measuring client satisfaction are summarized in Table 3.

When the findings regarding psychotherapists were reviewed, the majority (71%) reported that this was not their first TP experience (Table 2). The responses of the psychotherapists to the questions indicating satisfaction also revealed that they were highly satisfied with the TP process. When the responses were examined specifically for the questions, the responses given to the question “Did you receive sufficient information before starting TP?” in

the “Information” component ranged from 3 to 4, with an average score of 3.90 (SD=0.29). Of the questions assessing attitudes toward TP, the mean for the question “Did you have any concerns or reservations when you first encountered TP?” was 2.45 (SD=0.64); for the question “Has your attitude toward TP changed since completing the general information gathering?” was 3.18 (SD=0.76); for the question “Do you find communication over the Internet disturbing?” was 3.29 (SD=0.78); and for the question “Would you recommend TP to your colleagues?” was 3.68 (SD=0.47). The scores of the responses given for this component ranged from 10 to 15, with an average of 12.59 (SD=1.23). The average scores for the questions in the “Technology” component were 3.61 (SD=0.55) for the question “Was your equipment user-friendly?,” 3.43 (SD=0.49) for the question “Were you satisfied with the sound quality?,” and 3.37 (SD=0.55) for the question “Were you satisfied with the image quality?” Responses for this component ranged from 7 to 12, with an average of 10.41 (SD=1.28). The average score for the question of

“Were you able to evaluate the client as you would face-to-face?” in which therapists evaluated TP compared to face-to-face applications was 3.59 (SD=0.49), and for “Were you able to provide the same level of treatment as face-to-face treatment?” was 3.70 (SD=0.52). Responses in this component ranged from 5 to 8, with an average of 7.30 (SD=0.87). When the average scores were evaluated, it was observed that the satisfaction levels of the psychotherapists in this process were high, and the scores given to the questions ranged from 1.71 to 3.90 out of 4. The findings regarding all responses to the TPTSQ measuring therapist satisfaction are summarized in Table 4.

DISCUSSION

In this study, the satisfaction of clients and psychotherapists with TP practices was measured based on their views and experiences related to the therapeutic process. An examination of the clients' demographic characteristics showed that the majority were women and university graduates. The predominance of female clients aligns with previous research findings (Mackenzie et al, 2006; Pattyn et al, 2015; Valenstein-Mah et al, 2019) and can be explained by the tendency of men to perceive psychotherapy as less beneficial and to exhibit greater hesitancy toward it because of prevailing social norms (Pattyn et al, 2015). Similarly, in terms of educational level, the literature suggests a significant positive relationship between higher education and the use of online counseling services (Leibert et al, 2006). Increased access to online resources associated with higher educational attainment, and the fact that the sample in this study largely consisted of university staff and their relatives, can be possible explanations for this finding.

Regarding clients' characteristics within the psychotherapy process, the majority were found to have experienced TP for the first time. Serhal et al. (2020) also reported that a large proportion (63.9%) of clients assessed in their TP study were first-time users. The high number of first-time TP users in the present study can be attributed to the relatively limited TP use in our country before the COVID-19 pandemic and its subsequent necessity under pandemic conditions. An analysis of the clients' reasons for seeking TP showed that the most frequently reported concerns were related to anxiety, depression, and anger. Studies examining digital health applications have likewise focused predominantly on disorders related to anxiety, mood, stress, and trauma (Mendes-Santos et al, 2020; Philippe et al, 2022; Varker et al, 2019; Zhong, 2021). This consistency with the literature may reflect the relatively high prevalence of these psychological issues compared with others (Keskin et al, 2013), as well as the increase in anxiety and mood disorders during the COVID-19 period (Ataman

et al, 2021; Lakhan et al, 2020). It was also observed that the majority of therapies conducted in this study were based on a cognitive-behavioral approach. Consistent with this, cognitive-behavioral therapies are noted in the literature to play a prominent role in TP practices (Bouchard et al, 2004; Titov, 2011; Cantone et al, 2021; Zentner et al, 2022).

Clients reported, through their responses to the satisfaction survey, that the information they received before the commencement of the TP sessions was more than adequate. This finding indicates that the therapists provided sufficient preliminary information and that the clients paid close attention to the details. The majority of clients indicated that they did not experience any technological difficulties during the TP process. Similarly, in Serhal et al.'s (2020) study, 63% of participants reported no such issues. The widespread use of technology in contemporary society, increased accessibility to technological devices (e.g., smartphones and computers), and the integration of these tools into daily life may have supported the smooth technological experience during TP. The results also showed that the participants did not perceive the TP process as distressing and reported feeling safe throughout the sessions. This suggests that issues related to privacy and confidentiality were effectively managed during the TP practices implemented in this study. A meta-analysis focused on online consultations during the pandemic found that such consultations foster a sense of a secure space (Philippe et al, 2022). Clients' overall satisfaction was further reflected in their positive responses to questions evaluating whether they achieved their therapeutic goals and were able to express their concerns. Studies on TP have consistently shown that clients benefit from and express satisfaction with these processes (Guinart et al, 2020; Serhal et al, 2020; Sora et al, 2022; Pogorzelska & Chlabicz, 2022; Ruggiero et al, 2024). Finally, the findings indicate that the participants held highly positive attitudes and future preferences toward TP. A related study found that 64.2% of participants would consider using TP services in the future (Guinart et al, 2020). The data collected from the clients in this study suggest that they possessed a high level of information regarding TP, experienced minimal technological difficulties, perceived high levels of privacy throughout the sessions, largely achieved their therapeutic goals, and expressed willingness to utilize TP practices again.

Findings related to therapist satisfaction indicated that the therapists had prior knowledge of TP practices. However, the existing literature presents mixed findings, with some studies reporting moderate (Topooco et al, 2017) and others reporting insufficient levels of knowledge among therapists regarding TP (Mendes-Santos et al, 2020). In this study, therapists reported a high level of satisfaction with the quality

of the technological resources available during the TP sessions. Similar findings were reported by Trabucco et al. (2021). The therapists expressed moderate levels of concern regarding TP, found online communication to be minimally discomforting, and held positive attitudes toward recommending TP to their colleagues. These results align with the existing literature, which also highlights psychotherapists' generally positive attitudes toward TP (Békés & Aafjes-van Doorn, 2020; Trabucco et al, 2021; Raju et al, 2024; Ruggiero et al, 2024). Moreover, the therapists in the present study stated that they were able to assess their clients during TP sessions in a manner comparable to face-to-face therapy and believed that the treatment efficacy was similar; however, this result differs from previous research suggesting that TP is perceived differently from face-to-face therapy (Cantone et al, 2021) and that face-to-face sessions are viewed more positively (Zentner et al, 2022). This discrepancy can be attributed to the ongoing training status and limited clinical experience of the psychotherapists in the current study, suggesting that such comparisons were made based on a relatively restricted set of data.

One of the strengths of this study is that the participants in the therapist role had received previous training in TP practices; this likely contributed to their preparedness and supported the establishment of standards among practitioners. Another strength of the study lies in its dual focus on client and therapist evaluations, offering the opportunity to access the perspectives and experiences of both parties involved in the process. Nevertheless, this study has several limitations. The first limitation is that the TP satisfaction questionnaires were used descriptively, and because of a limited number of participants, their psychometric properties were not assessed, thereby restricting the validity of the findings. Furthermore, the use of a measurement tool that was not previously applied in other studies hindered the comparison of results across research. The single-center nature of the data collection and the cross-sectional design limited the study's ability to capture differences between participant groups and to track changes in satisfaction levels over time for clients and therapists. The limited experience of the practitioners and the absence of a standardized protocol or treatment manual are also key limitations. Accordingly, future studies should include practitioners with varied levels of professional experience and implement standardized protocols guided by treatment manuals. Expanding the sample size could also contribute to a more comprehensive understanding of satisfaction with TP.

The increased ease and convenience of accessing and delivering healthcare services from home has contributed to the rise in the use and popularity of TP during the COVID-19 period; this trend continues. The APA Accreditation

Commission has proposed revisions to training processes in this context (Frye et al, 2024); however, the objective criteria for evaluating competencies in TP remain insufficient. To address this gap, incorporating training on the effects of TP on clients and therapists into undergraduate and postgraduate curricula is essential, thereby enhancing awareness. Furthermore, increasing the availability of training and supervision opportunities for practitioners and maintaining up-to-date legal and ethical regulations are crucial.

CONCLUSION

In conclusion, this study demonstrates that even under challenging circumstances, such as a global pandemic, clients and therapists reported positive experiences with TP. The findings highlight that TP, when implemented with attention to factors such as information, confidentiality, and technological resources, can offer clients and psychotherapists practical and economic benefits.

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