

Effect of Transition to Teletherapy on Therapeutic Alliance During COVID-19

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INTRODUCTION & HYPOTHESIS

The COVID-19 pandemic made telehealth psychotherapy the rule rather than the exception. Previous literature has raised concerns about the impact of virtual conferencing on the psychotherapy process (Vincent, et al., 2017) and psychologists have predicted that teletherapy would have detrimental effects on the development of the therapeutic alliance (Rees & Stone, 2005).

The current study sought to evaluate the effect of the transition to teletherapy on the therapeutic alliance, as measured by the Therapeutic Alliance (TA) subscore of the Outcome Questionnaire 30.2 (OQ 30.2). We predicted that the abrupt change to teletherapy due to the COVID-19 pandemic would negatively impact TA scores.

METHOD

PARTICIPANTS

Patients (N = 66) at The Safran Center for Psychological Services over three academic calendar years starting in the Fall of 2017 through the Spring of 2020.

2019-2020 Cohort (COVID-19)

- N = 29
- Ages 20 – 53 (M = 30.08, SD = 8.12)



2018-2019 Cohort

- N = 19
- Ages 21 – 40 (M = 29.14, SD = 6.15)



2017-2018 Cohort

- N = 18
- Ages 22 – 38 (M = 29.07, SD = 4.30)

MEASURE

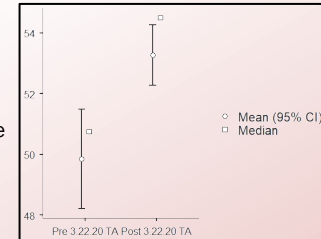
Patients completed the OQ 30.2, including the TA section of the questionnaire, before every session; scores were reviewed by the therapists to inform treatment.

- Each year, the therapists are from the first-year doctoral student cohort.
- The OQ TA portion of the questionnaire includes 11 items scored on a Likert scale. Scores range from 11 to 55, with higher scores indicating a stronger TA. Patients received a range of 10-34 therapy sessions depending on modality (CBT = 10 sessions N = 10, Psychodynamic = 20 sessions N = 56) with some treatments extended in the Spring 2020 cohort to offer continuity of care during the crisis.

STATISTICAL ANALYSIS & RESULTS

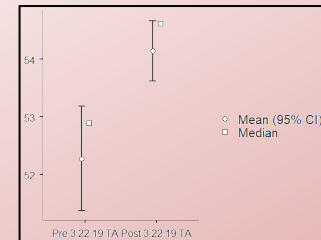
2019-2020 Cohort (COVID-19)

The average TA scores (N = 29) increased significantly ($t = -4.60, p = <.001, d = -.855$) from before (M = 49.8, SD = 4.49) to after the stay-at-home order (M = 53.3, SD = 2.76) with a mean difference of -3.43.



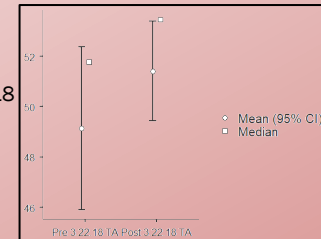
2018-2019 Cohort

Experienced similar results from before (M = 52.3, SD = 2.01) to after March 22, 2019 (M = 54.1, SD = 1.17), but the change in TA scores was more significant than the 2017-2018 cohort ($t = -4.53, p = <.001, d = -1.04$).



2017-2018 Cohort

Experienced an increase in TA from before (M = 49.1, SD = 7.01) to after March 22, 2018 (M = 51.4, SD = 4.29), which was significant ($t = -2.16, p = 0.046, d = -0.508$).



The one-way ANOVA ($F = 5.87, p = .003$) showed significant differences between the post-March 22 TA scores between the groups, however, when a post-hoc analysis was conducted, the significant difference was shown to be between the 2017-2018 and 2018-2019 cohorts ($t = -3.37, p = .002$).

There were no significant differences found between the 2017-2018 or 2018-2019 cohorts and the COVID-19 cohort.

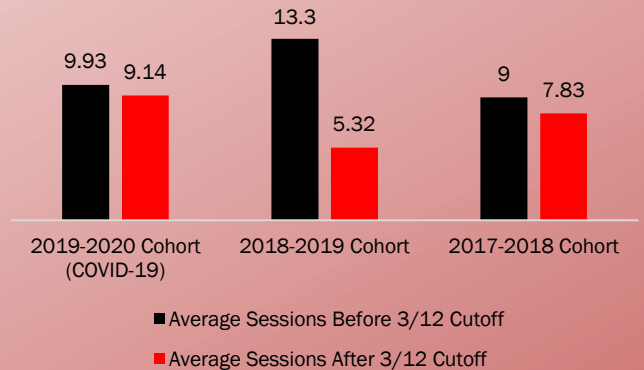
DISCUSSION

The study results indicated that not only did COVID-19 patient TA scores increase as they did in previous years, but they also increased by a significant effect size.

These findings indicate that the transition to teletherapy did not have a negative impact on the OQ TA and might have contributed to a stronger alliance given the circumstances.

LIMITATIONS

A limitation of the current study includes the variance in number of sessions before and after the cut-off date between comparison cohorts, which may have impacted the development and strength of the therapeutic alliance for some patients.



It is possible that the extra sessions contributed to a stronger therapeutic alliance for those who had teletherapy sessions compared to those who did not.

Patients may have also felt that these sessions gave them an opportunity to connect with their therapists given the increase in social isolation worldwide.

FUTURE DIRECTIONS

Additional analysis may clarify if the added sessions were a protective factor that helped to mitigate any decrease in therapeutic alliance because of the teletherapy transition. An analysis of the TA according to treatment modality is also warranted.