

The NVLPC Survey on Teletherapy

January and February 2021



*The Future of Counseling
What's in store for us?*

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Summary: NVLPC Survey on Teletherapy

Licensed Professional Counselors (LPCs) in Northern Virginia are nearly unanimous in their endorsement of teletherapy as an effective medium for counseling and psychotherapy according to a recent survey conducted by the Northern Virginia Licensed Professional Counselors (NVLPC). Teletherapy refers to counseling through “video conferencing (video + audio) through Zoom, doxy.me, thera-LINK, iPhone, etc., or telephone only.”

This effort was undertaken by the NVLPC Board of Directors to understand the response to teletherapy. The results will be used to evaluate the ongoing use of teletherapy and develop organizational policies and positions. NVLPC will share the report with concerned health officials, agencies, legislators, and regulators.

The survey sample for this report consists of 164 respondents, all Licensed Professional Counselors (LPCs) in Northern Virginia. All conduct most or all of their counseling sessions through teletherapy.

Highlights from the survey include the following results:

- 99% state that they provide effective counseling services via teletherapy.
- 98% report that their clients see teletherapy as an effective service delivery medium.
- 95% have conducted treatment using only teletherapy.
- 90% of those who have conducted treatment using only teletherapy report that the treatment was effective.
- 71% report an ability to serve diverse and hard-to-reach populations including people with transportation barriers, physical disabilities, and social phobia.
- 61% report an increase in client count since COVID-19 incited teletherapy.

The use of teletherapy in Virginia began abruptly in mid-March as a result of the severity of the COVID-19 pandemic. On March 17, 2020, the Centers for Medicare and Medicaid Services (CMS)¹ announced an emergency change in regulations to provide telemedicine services to beneficiaries that are “...easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.” Insurance carriers and a number of state governments were quick to follow the CMS lead and endorse telehealth, including outpatient psychotherapy, which we refer to as teletherapy. In Virginia, Governor Ralph Northam issued executive orders² beginning on April 17, 2020 “expanding the use of telehealth that will assist in the provision of needed health care services to the citizens of the Commonwealth.” Governor Northam signed legislation in November 2020 extending legislation maintaining teletherapy as an acceptable treatment option through July 1, 2021.³

Safety requirements due to the COVID-19 pandemic are the cause of the near universal, ultra-rapid change from in-person treatment to teletherapy in Northern Virginia. Had there been no pandemic, the change would not have occurred. Some of us would use teletherapy on occasion or for special populations while others might read about its increased use and wonder if it would become a co-equal with in-person meetings as a service delivery medium. Instead, we were faced with the stark choice of closing our practices entirely or adapting to a readily available medium with which just about everyone has some level of experience – face-to-face video communication for personal and business uses.

We are beyond the first two stages of a three-stage process, adaptation and application. The question now concerns the efficacy and effectiveness of teletherapy as a medium

¹ Center for Medicare and Medicaid Services. (March 17, 2020). Medicare Telemedicine Health Care Provider Fact Sheet (Online). <https://tinyurl.com/br8t95dj>

² Northam, Virginia Governor Ralph. (April 17, 2021). Executive Order (Online). <https://tinyurl.com/2zyym8ev>

³ Virginia’s Legislative information System (LIS), (November 9, 2020). House Bill 5046 Telemedicine services; originating site. Introduced by: Dawn M. Adams (Online). <https://tinyurl.com/bdmnj4hr>

to deliver counseling services. We hope that the outcome of this survey contributes to that evaluation process.

The results for the sample of 164 LPCs reflect the attitudes of the larger body of 1,209 LPCs in Northern Virginia, described in the Virginia's Licensed Professional Counselor Workforce: 2020⁴ (pages 23, 24). Statistical issues are discussed in Appendix 1.

Results from the teletherapy survey offer NVLPC important information to represent the membership in training, advocacy, and other efforts. In addition, the results should inform practitioners, policy makers, and regulators regarding the reaction of practitioners to teletherapy and open new avenues of investigation. The next phase of research will focus on the client response to teletherapy and a qualitative assessment elaborating clinician responses to the survey.

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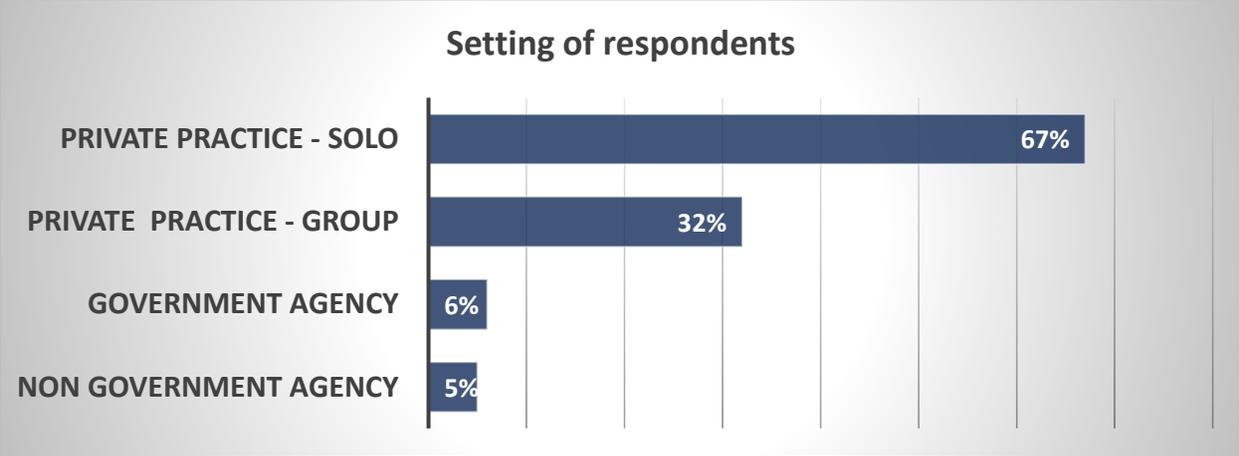
N.B. If you would like to see the survey or contribute to it, it can be found at this link:
<https://0w6cgaemoamz.typeform.com/to/p7XpqXEr>

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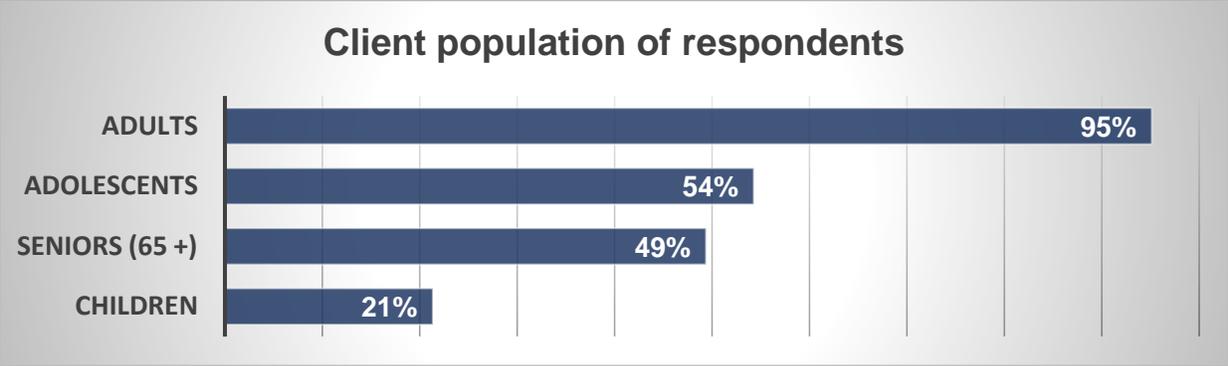
⁴ Healthcare Workforce Data Center (July 2020). Virginia's Licensed Professional Counselor Workforce: 2020. (p.23) (Online). <https://tinyurl.com/8w4t7vy8>

Responses from The Northern Virginia Licensed Professional Counselors (NVLPC) survey on Teletherapy

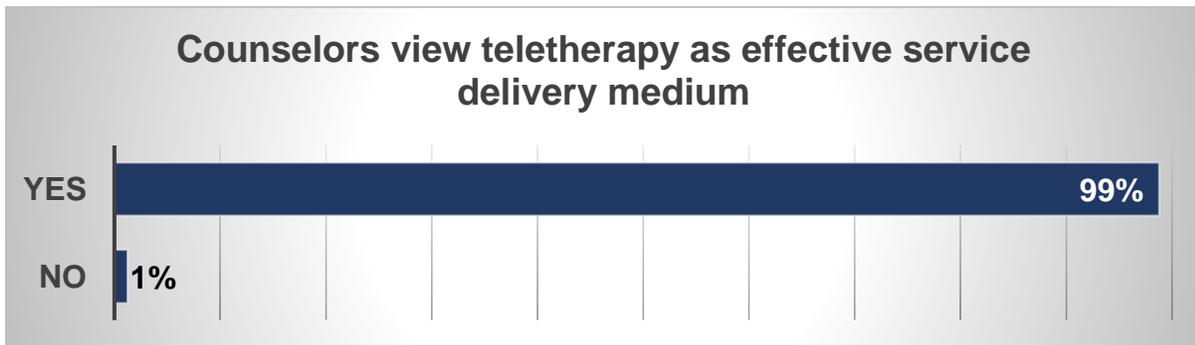
Question (Q): Are you (pick one) * In a private practice as a solo practitioner. * In a private practice in a group setting. * Providing services at a non-government/tax-exempt agency (hospital, charity, foundation, etc.) *Providing services at a government agency.



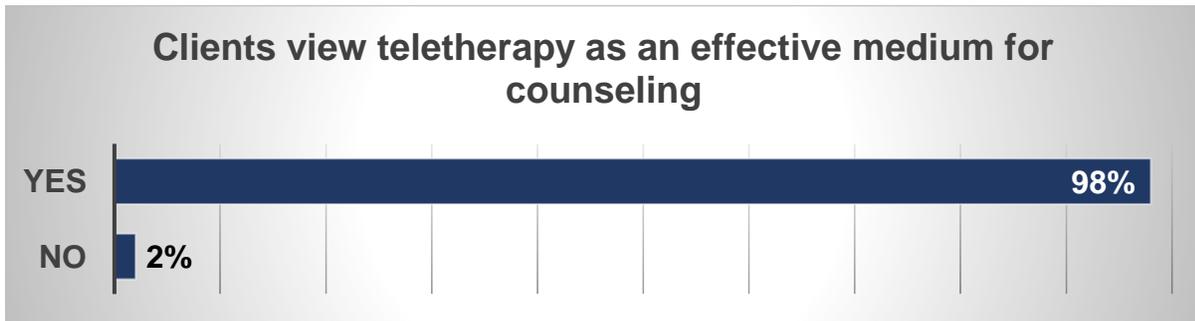
Comment: A majority of survey respondents are in private practice with some in multiple settings (which explains the greater than 100% total above). The 164 LPCs in the survey sample report an average 20 hours a week of client treatment. As a group, that accounts for nearly 3,200 hours a week of treatment. Ninety one percent report that *all* or *almost all* of this treatment is conducted through teletherapy (p. 10). The mix of clients treated represents a cross section of client age groups.



Q: In general, are you able to provide effective counseling services using teletherapy (e.g., Zoom, doxy.me, iPhone, etc., or telephone only)?



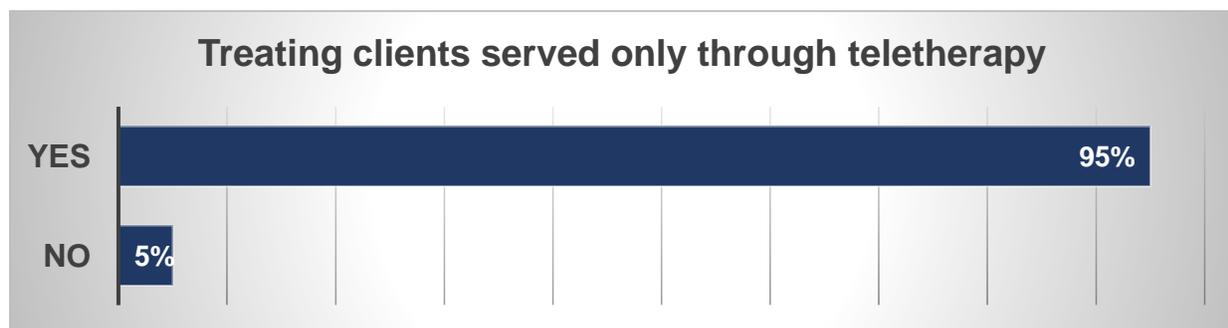
Q: In general, do your clients express views that teletherapy is an effective service delivery medium?



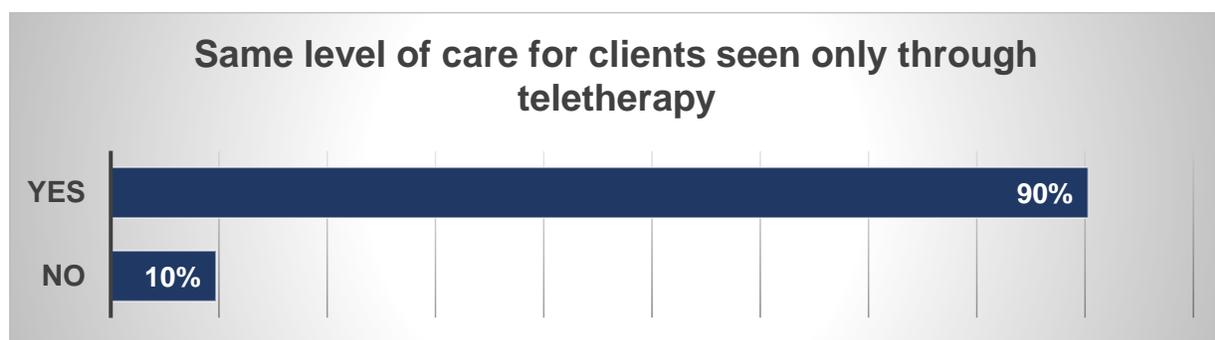
Comment: Many mental health professionals, particularly those in private practice, were able to transition service delivery from face-to-face in-person counseling to face-to-face virtual counseling via teletherapy almost immediately. Around mid-March 2020, the choice was stark – either move to virtual treatment or practice in a way that risked the safety of both practitioner and client and risked the bottom-line viability of our practices. After the shift occurred, 91% of respondents conducted *all* or *almost all* of their sessions through teletherapy.

Despite the urgency of the transition, the novelty of a new medium, and required technology, an overwhelming majority of those sampled reported that they were able to provide effective services. The client feedback shared with those practitioners was nearly unanimous in the endorsement of teletherapy as an “effective service delivery medium.”

Q: Are you treating clients that you have served only through teletherapy (clients that you have not met in person)?



Q: Are you able to provide the same level of care for clients that you have served only through teletherapy as those you saw in-person prior to the COVID-19 crisis?



Comment: Currently teletherapy is the *de facto* service delivery medium. The 11-month timeframe since the rapid switch to teletherapy in March 2020 provides a wealth of data, experience, and judgements by clinicians. The ability to treat new clients solely through teletherapy represents a question that needs to be answered. The response to the two questions above indicates a strong belief by LPCs that effective counseling services can be provided from start to finish using teletherapy.

There are implications for continued utilization if additional research replicates the finding that teletherapy is a viable service delivery medium in its own right. National and state-based changes in regulation and policy establishing the parity of teletherapy with in-person face-to-face counseling are time limited. When that limit is reached in Virginia on July 1, 2021⁵,

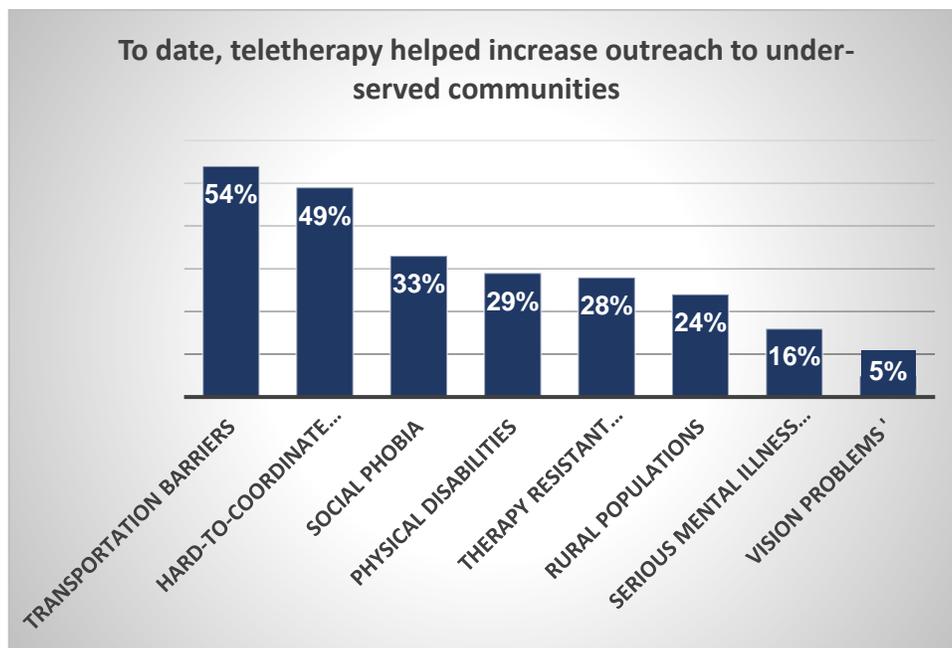
⁵ Virginia's Legislative information System (LIS), (November 9, 2020). House Bill 5046 Telemedicine services; originating site. Introduced by: Dawn M. Adams (Online). <https://tinyurl.com/bdmnj4hr>

what option will practitioners and clients have? The results of this survey suggest the viability of teletherapy as a co-equal service delivery medium for the practitioners measured. More research is called for in short order.

Q: Has the availability of teletherapy allowed you to more readily and consistently serve a more diverse client base and/or under-served populations more effectively?

YES 71% NO. 23%

If YES, please select which populations (pick one or more)?

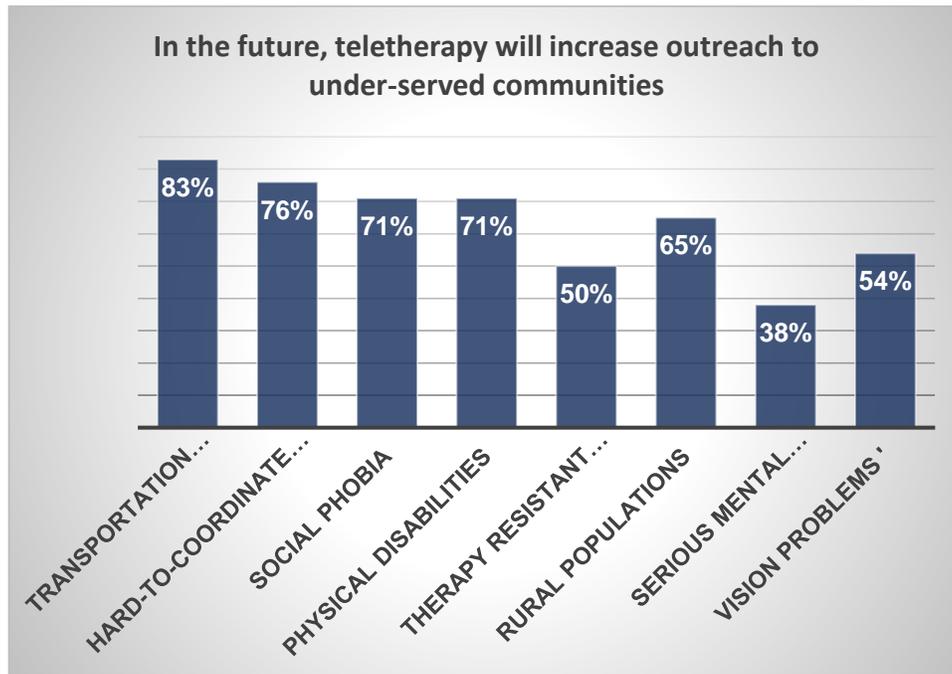


Comment: Most LPCs surveyed reported greater outreach to diverse and disabled populations since the start of teletherapy. Currently, the greatest benefits for special populations occurs among those with *transportation barriers* and *hard-to-coordinate schedules*. Around 50% of LPCs reported an increased ability to serve clients with those barriers to service. The lowest impact on *current* access to services shows up for those with *serious mental illness* (e.g., Bipolar, etc.) and those with *vision problems*, although access to both populations increased.

Q: Do you think teletherapy has a role to play in increasing outreach to under-served communities?

YES 95% NO. 5%

If YES, please select which populations (pick one or more)?



Comment: However, look at respondent assessment for *potential* benefits of teletherapy in the future among the populations listed. There are increases ranging from a factor of 1.4 to 9 depending on the category. This level of potential outreach to hard-to-reach and diverse populations exceeds the optimistic scenarios⁶ described for telehealth/telemedicine before to the real-world laboratory created by COVID-19.

⁶ McGrail, K.M. (May 2017). Virtual Visits and Patient-Centered Care: Results of a Patient Survey and Observational Study (Online). <https://tinyurl.com/3xyf3vzn>

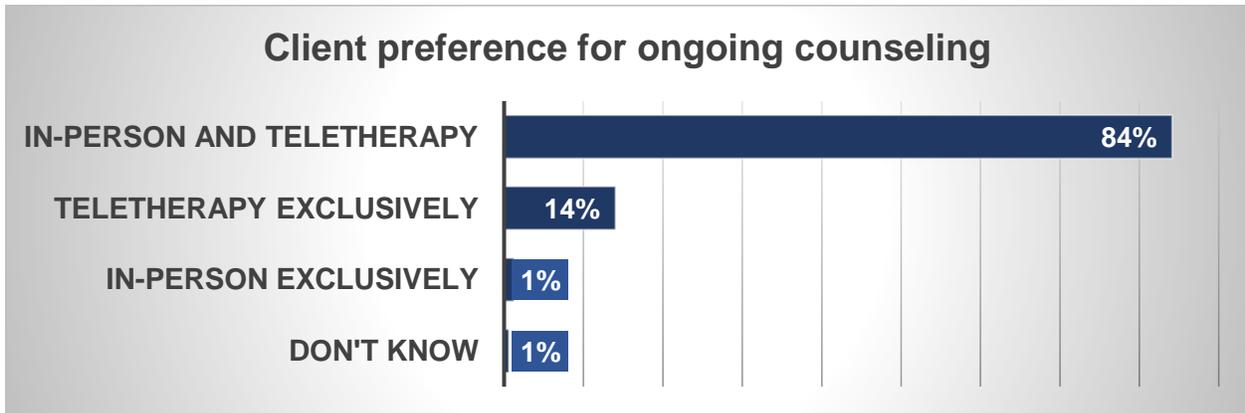
The choices below are exactly as they appeared in the online survey.

- People with physical disabilities
- People who are partially, legally, and totally blind, people with low vision
- People with a serious mental illness (bipolar 1, psychotic disorders)
- People with social phobia
- Couples and/or families with hard to coordinate schedules
- Therapy resistant individuals
- People with transportation barriers
- Rural populations

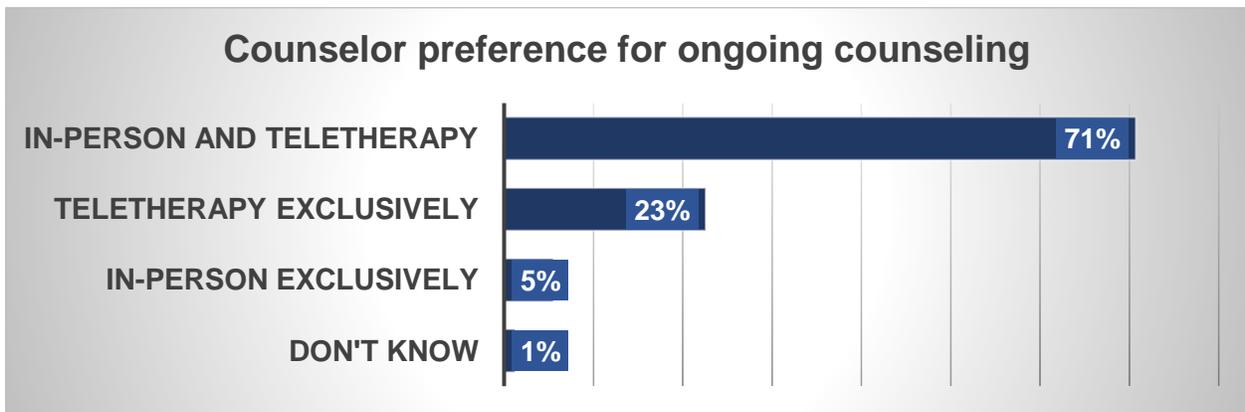
The following chart represents the values from the graph on the previous page.

Ability to Serve Diverse Populations	Current	Potential
Transportation barriers	54%	83%
Hard-to-coordinate schedules	49%	76%
Social phobia	33%	71%
Physical disabilities	29%	71%
Therapy resistant individuals	28%	50%
Rural populations	24%	65%
Serious mental illness (e.g., bipolar)	16%	38%
Vision problems '	5%	54%

Q: In a post-COVID-19 timeframe when people can move about freely, please choose the option that you anticipate **YOUR CLIENTS** would prefer. Assume that insurance would continue to cover teletherapy (please pick one):

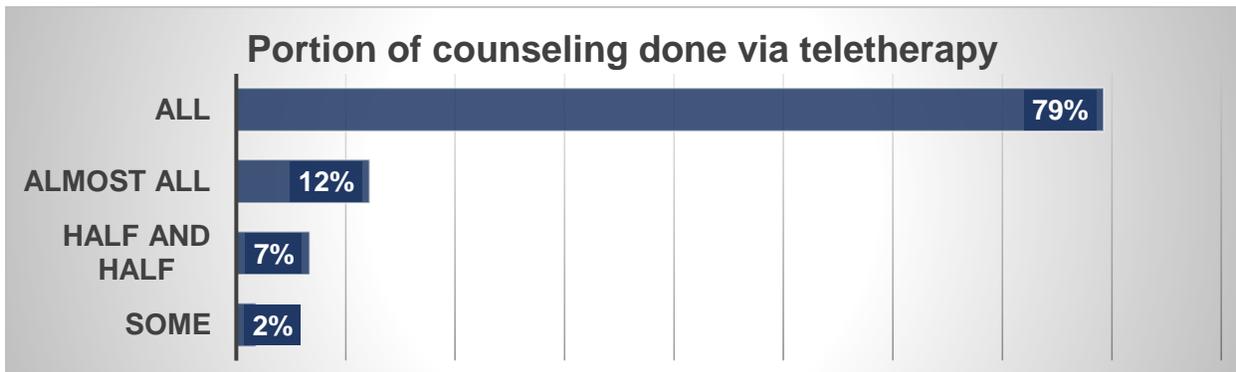


Q: Presuming a post-COVID-19 time frame when people can move about freely, please choose the option below that **YOU** would prefer – assume insurance would continue to cover teletherapy (please pick one)



Comment. The responses to each of the two survey questions provide useful information on their own. Combined, they show a congruity of preferences by both counselor and client for post COVID-19 counseling options that are offered either exclusively through teletherapy or through a hybrid system combining in-person with teletherapy.

Q: At this point, approximately what portion of your weekly therapy meetings are done through teletherapy (please pick one)?



Q: What percentage of your teletherapy sessions use video conferencing only (video & audio)?

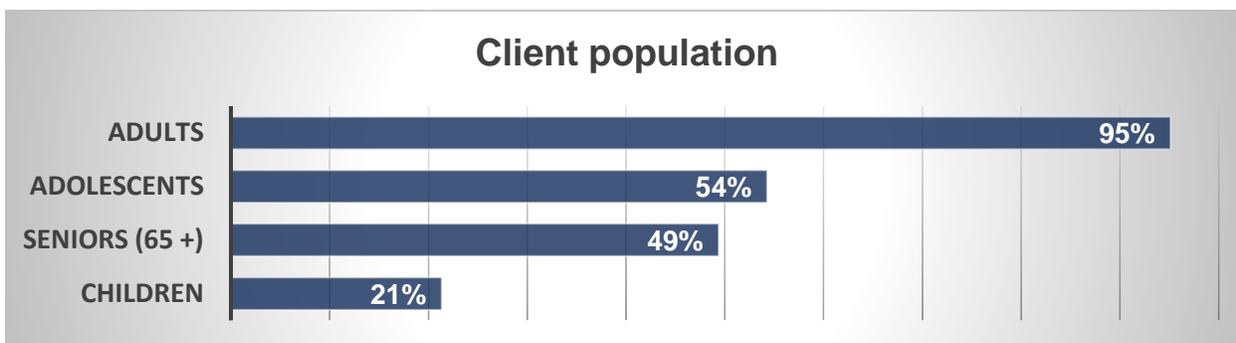
90%

Q: What percentage of your teletherapy sessions use the telephone only (audio-only)?

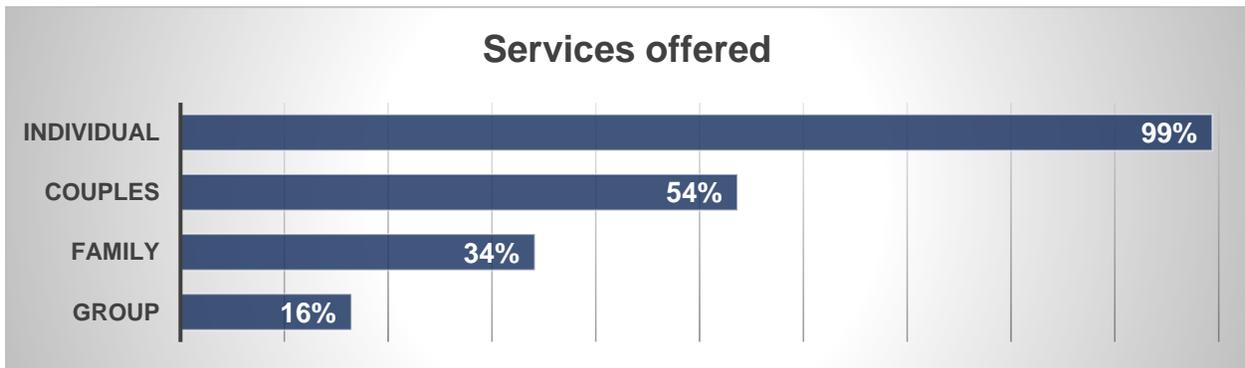
8%

Comment: Teletherapy is the delivery medium of choice during the COVID-19 crisis. The most popular technology within teletherapy is video-only conferencing.

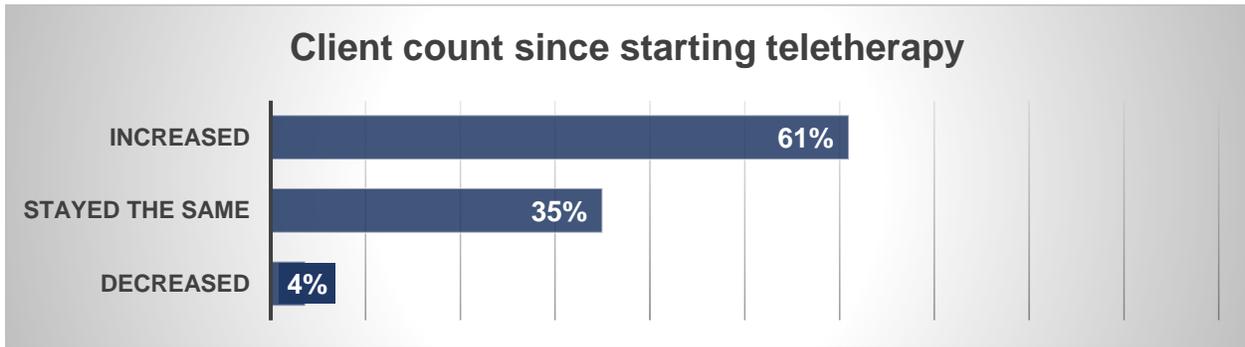
Q: Does your client population include any or all of the following (pick one or more)?



Q: Please select the services that you provide (pick one or more)

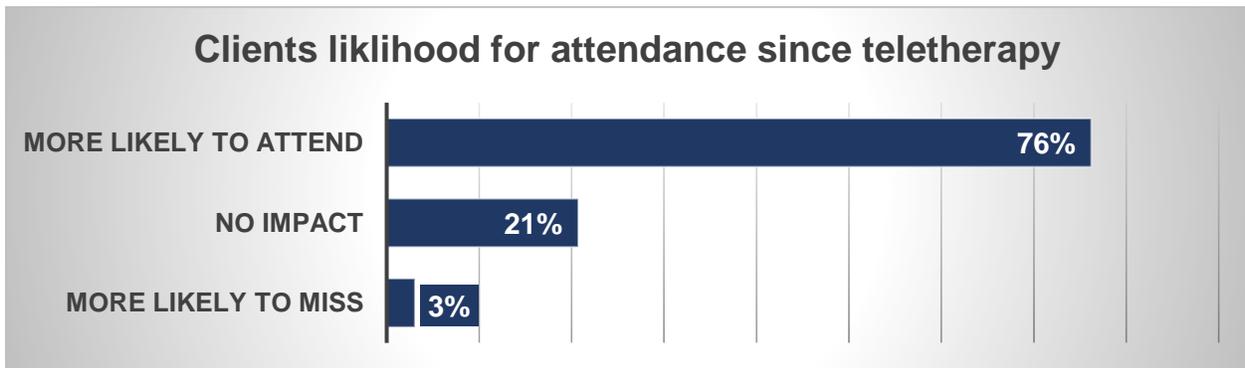


Q: Since you began teletherapy, has your client count:



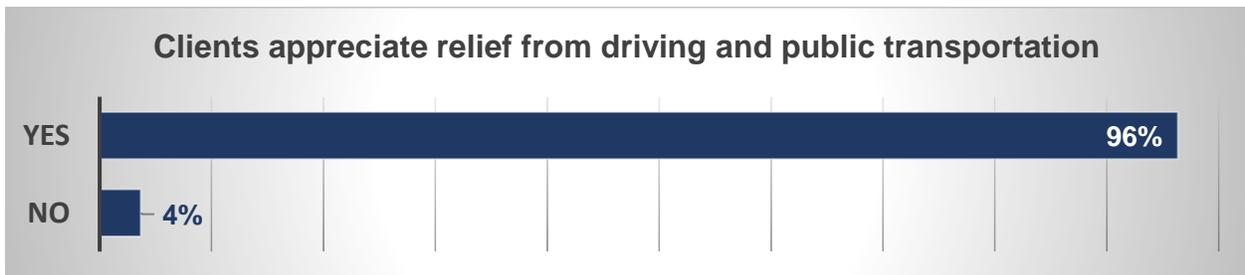
Comment: LPCs described expanding services to diverse and hard to reach populations in response to *the availability of teletherapy* question on page seven. The increase in client count is another example of expanding counseling due to teletherapy. Some of the increase may be due to the exceptional stress caused by COVID-19. The elimination of travel time and ease of scheduling, for example, are two efficiencies offered by teletherapy that that may account for the increase client participation.

Q: What impact has Teletherapy had on meeting attendance (pick one)?



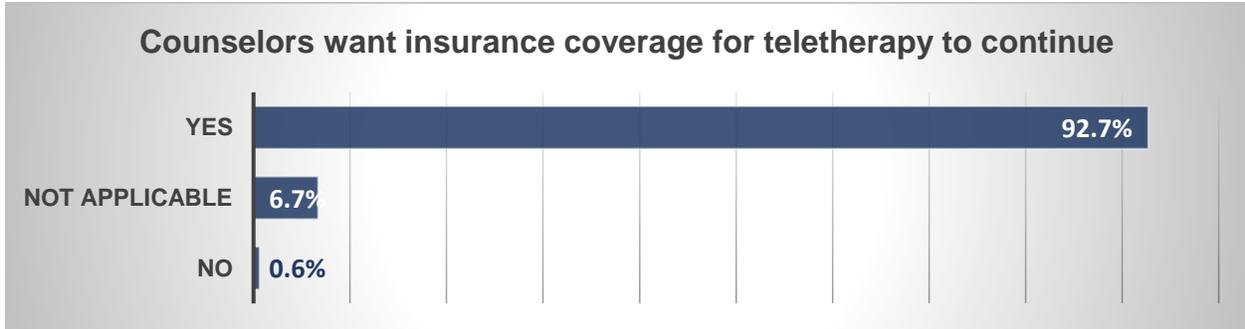
Comment: A clear majority of LPCs report that the percentage of those attending scheduled appointments has increased since the start of teletherapy. Along with client count increases, fewer missed meetings represent another expansion of services due to teletherapy.

Q: Do some of your client's express positive appreciation that they do not have to take extra time to drive or take public transit to and from in-person office appointments?



Comment: Driving times in Northern Virginia were problematic before COVID-19. It is no surprise to find clients relieved at not having to drive or take public transportation. Removal of this barrier may explain the increase in client count and appointment attendance.

Q: Do you want health insurance companies to continue coverage for teletherapy sessions at the same reimbursement rate as face-to-face after the pandemic is done?



Comment: Presuming a post COVID-19 crisis regulatory environment that allows continued teletherapy with some degree of parity with face-to-face in person treatment, insurance carrier reimbursement policies will be a critical determinant in the continued use of teletherapy.

Q: May we contact you for a follow up interview? **YES - 122**

Comment: We are gratified that so many participants volunteered for follow up interviews. We will be contacting them soon.

Special thanks to Anne McKay, LPC and Emily Nord, MA for their help with the survey and interpretation.

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Appendices

1) Statistical Inference

NVLPC distributed the Teletherapy Survey announcement with a uniform cover letter from the NVLPC President. The response rate was 26% based on 246 responses from an email invitation to 1,028 association members and nonmembers. Average time to complete was 05:26. Recipients were encouraged to take the survey and also share it with colleagues.

NVLPC had no formal position on teletherapy at that time and stated none in the announcement. The survey was anonymous unless respondents chose to volunteer for a follow up interview by leaving their email address. Nearly 75% volunteered for follow up interviews.

There were 246 respondents when the survey closed, 164 LPCs and 82 other mental health providers. We chose the 164 LPCs as the survey sample. The size of the sample along with other factors was sufficient to be representative of the estimated total population of LPCs in Northern Virginia. There are 1,290 LPCs according to the high estimate in the [Virginia's Licensed Professional Counselor Workforce: 2020](#) (p.23)⁷.

Using the 164 sample with the 1,209-population figure provides a confidence interval ranging from plus/minus 4.27% at the low end to plus/minus 7.12% at the high end based on the response rate to specific questions ([Sample Size Calculator](#)⁸). The 70% to 90% answers to the most important questions, those on the utility of teletherapy (pages 5, 6, & 9), had the narrower, thus more precise confidence intervals indicating that these responses likely reflect the larger population of LPCs in Northern Virginia ([Conroy,2018](#)⁹).

2) Additional data from the survey

The total responses for the survey (at cutoff) included 164 LPCs and 82 practitioners including Residents and Interns in Counseling, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, Licensed Clinical Psychologists, and other licensed or exempt providers working in Virginia. The results for the 82 non LPC respondents plus the 28 Residents in Counseling as a subgroup of the total 82 are presented side by side with the sample group. The answers are notably consistent from group to group.

⁷ Virginia's Licensed Professional Counselor Workforce: 2020 (p.23) <https://tinyurl.com/8w4t7vy8>

⁸ Sample Size Calculator <https://tinyurl.com/393uxvfc>

⁹ Conroy, R.M. April 2018. Sample size handbook. RCSI Data Science Centre Guides. The Royal College of Surgeons in Ireland (RCSI). <https://tinyurl.com/xuakdtaj>

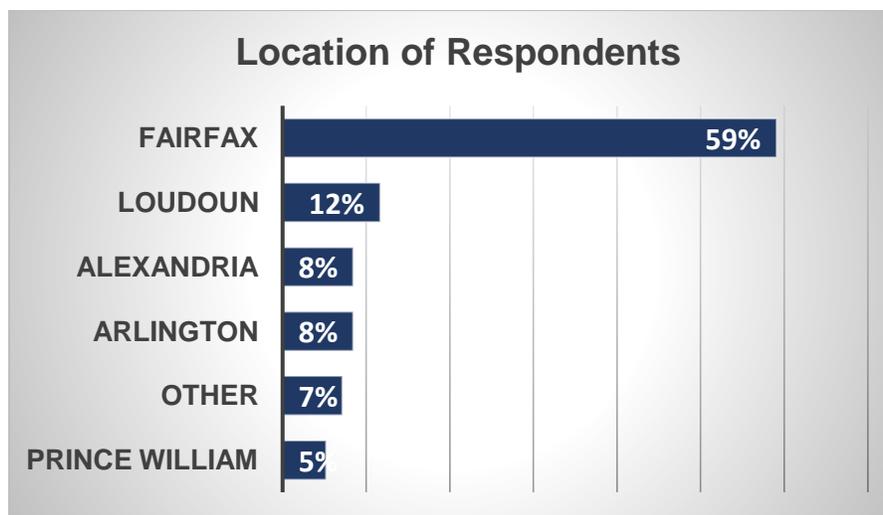
	Survey Sample	Additional Respondents	Residents in Counseling
Are you a (pick one):	164	82	28
LPC	164		
Resident		28	28
Student		2	
LMFT		13	
LCSW		24	
LCP		11	
Other		4	
Setting			
Private practice-solo	67%	38%	18%
Private practice-group	32%	51%	61%
Government agency	6%	5%	11%
Non-government agency	5%	6%	11%
Counselors see teletherapy as effective for service delivery			
Yes	99%	100%	100%
No	1%	0%	0%
Clients see teletherapy as effective for service delivery			
Yes	98%	98%	100%
No	2%	2%	96%
Has your client count:			
Increased	61%	65%	71%
Stayed the same	35%	33%	25%
Decreased	1%	2%	4%
Client preference for ongoing counseling (post-COVID-19)			
Teletherapy only	14%	13%	25%
Mix teletherapy & in-person	84%	82%	68%
In-person only	1%	2%	4%
Don't know	1%	2%	4%
Counselor preference for ongoing counseling (post-COVID-19)			
Teletherapy only	23%	18%	14%
Mix teletherapy & in-person	71%	76%	79%
In-person only	5%	6%	7%
Don't know	1%	0%	0%
Portion of practice done with teletherapy			
All	79%	73%	68%
Almost all	12%	16%	29%
Half & half	7%	10%	0%
Some	2%	1%	4%
None	0%	0%	0%

	Survey	Additional	Residents in
	Sample	Respondents	Counseling
Percent of practice done with video only	90%	94%	94%
Percent of practice done with audio only	8%	4%	3%
Have your treated clients through teletherapy only			
Yes	95%	94%	89%
No	5%	6%	11%
Have you offered effective counseling in that mode			
Yes	90%	86%	88%
No	10%	14%	12%
How many client sessions do you have a week	20.00	22.00	17
Please check the populations you serve:			
Children	21%	35%	39%
Adolescents	54%	66%	64%
Adults	95%	95%	93%
Seniors	49%	38%	32%
What services do you provide?			
Individual	99%	98%	100%
Couples	54%	66%	50%
Family	34%	48%	43%
Group	16%	27%	36%
Has teletherapy helped reach more diverse populations now			
Physical Disabilities	29%	27%	21%
Vision problems	5%	5%	4%
Serious mental illness	16%	22%	18%
Social phobia	33%	41%	39%
Couples with hard to coordinate schedules	49%	74%	71%
Therapy resistant clients	28%	39%	32%
Transportation problems	54%	61%	61%
Rural	24%	22%	21%
Can teletherapy reach even more diverse populations in future			
Physical Disabilities	71%	78%	71%
Vision problems	54%	57%	57%
Serious mental illness	38%	44%	43%
Social phobia	71%	78%	79%
Couples with hard to coordinate schedules	76%	88%	82%
Therapy resistant clients	50%	52%	50%
Transportation problems	83%	94%	93%
Rural	65%	77%	86%
Do clients appreciate less driving / need for public transport			
Yes	96%	94%	93%
No	4%	6%	7%

	Survey	Additional	Residents in
	Sample	Respondents	Counseling
Impact on attendance			
More likely to attend	76%	83%	79%
More likely to miss	21%	1%	0%
No impact	3%	16%	7%
Do you want insurance coverage			
Yes	92.70%	79%	100%
No	6.70%	0%	0%
Not applicable	0.60%	21%	0%

3) Respondent location

Those surveyed practice in Northern Virginia with a very few respondents from other parts of the state.



4) References

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