

# Field Notes: COVID-19 and the Provision of Psychological Services

**William Bergquist, Ph.D.**

*[These field notes are provided as a first, preliminary rendering of a landscape and portrait of the impact which COVID=19 had during 2020 on those providing psychological services in three countries or regions of the world. Assisted by my colleague, Dr. Varda Silberberg, we gathered a limited sample of data via a Survey Monkey and written comments associated with this survey. A final, more selective and reserved statement regarding our findings is to be found in a chapter (originally presented in Hebrew) that will be included in an upcoming book edited by Dr. Silberberg. The preliminary notes to be offered in this essay are intended to inspire – perhaps even provoke—a much more extensive study. While I wish to acknowledge the important contribution made by Dr. Silberberg to this report, I also need to acknowledge that the reflections and conclusions reached in this field report represent only my own contributions and do not necessarily represent the reflections and conclusions that would be made by Dr. Silberberg.]*

The COVID-19 virus clearly had an impact on all walks of life throughout the world over the past two years. The set of interviews conducted by Varda Silberberg in Israel and the presentation of findings from a study of the virus’s impact in the United States by me suggests that the impact was felt among those providing psychological services in these two countries (and we proposed in many other countries).

In order to gain a better sense of the nature and extent of this impact in the United States, Israel and other countries (in both North America and Asia), we prepared a brief, Internet-based survey (using Survey Monkey) that offered a set of six questions regarding the impact, as well as an open-ended question invited respondents to “describe one important lesson” that they have taken from grappling with the COVID-19 challenge. This survey was sent to all members of the PSP Global Community (graduates of The Professional School of Psychology—a graduate school serving human service professionals throughout the world).

We received a total of 49 responses to this survey—which was a surprisingly large number given the short time interval we imposed and our reticence about bothering our busy colleagues with a second or third request for their participation. We had anticipated 20 to 30 responses, so find the level of support for this project to be quite gratifying. Given the small sample size and nature of ratings being requested, we have produced only basic descriptive statistics (frequencies of responses to each option) and have identified this essay as a preliminary field report that is being further refined by Dr. Silberberg and myself for final presentation in the book edited by Dr. Silberberg.

## **Demographics**

Most of the responses came from those providing psychological services in North American (N=33), with a small number being provided by those providing psychological services in Israel (N=6), Asia (N=8) and elsewhere in the world (N=2). The preponderance of responses from North American is understandable since PSP operated exclusively in USA and Canada for many years. Furthermore, the survey was offered

only in English, which was a second language for many members of our PSP Global Community who reside outside North America.

Fifty percent of our respondents indicate that they are providing individual psychology. Once again, this is understandable since PSP operated for many years with only clinical Masters and Doctoral programs. The more interesting demographic concerns the role played by respondents as teachers and trainers. This percent was high (52%). Respondents were allowed to check more than one category—so many might have been working in clinical fields, but also providing education and training in their community. These results speak to the senior status of virtually all members of the PSP Global Community. They tend to be highly respected and experienced members of their local psychological community—so are often asked to teach or train. Their status also seems relevant to this study. They are responding to our survey with considerable insight into the way the virus has impacted not only their own psychological practices but also those of their colleagues working in the same field.

Among the other ways in which our respondents provide psychological services, one third (33%) offer group psychotherapy (a degree specialization at PSP in recent years), while 29% offer organizational consulting services (a second specialization at PSP over the past two decades). Finally, we find that 6% offer psychologically based coaching (relates to certification and training programs that PSP has offered during the two decades).

## **Providing Psychological Services during the COVID-19 Era: The General Landscape**

In our survey we asked four questions regarding the experiences of our respondents as they have met the challenges (and opportunities) of the virus. We asked about the impact of COVID-19 on clients they have served, on the nature of services they have provided, and on their own personal life and work. We also asked about how COVID-19 might be influencing their future work.

We begin by identifying areas of shared experience among our 49 respondents. This is a general rendering of the landscape in which our respondents have been working during the COVID era. We will then be turning to differences in the perspectives and practices of psychological services as a function of nationality and type of service provided. After offering these more focused portrait renderings, we share some of the personal comments made to the open-ended question regarding lessons learned. We conclude this essay with some reflections regarding implications of the survey results we obtained.

### **Impact of COVID-19 on Clients Being Served**

Our survey respondents were asked to identify the psychological challenges that were most often exacerbated (Increased) among their clients. The highest rated challenge was the experience of anxiety. 69% of the respondents indicated that anxiety often increased among their clients, and 9% indicated that anxiety was the predominant issue in their work. Only 18% indicated that increased anxiety was rarely an issue with their clients and 4% responded by indicating that anxiety was never an issue in their practice.

There was also an increased sense of isolation and loneliness among many of their clients. 53% of the survey respondents identified this challenge as being “often” present and 17% indicated that isolation and loneliness were predominant issues in their work. The other major area of increase as a result of the

virus was the experience of depression (53% of the respondents indicating “often: but only 4 % indicating “predominant”). Other challenges were less often rated as prevalent. The fear of becoming infected with the virus, fear of illness in general, and confusion about /loss of life purpose being often rated as “rarely” occurring among their clients.

Finally, there were several challenges that produced highly disparate ratings. These included challenges associated with loss of control and/or authority. We will see if this is a challenge that is most often found among those seeking organizational consulting assistance. There are also two challenges that are associated with the potential “up-side” of the COVID-19 experience. We wanted to offer the possibility of positive as well as negative virus-related outcomes. As one might expect, there was great disparity of ratings by our respondents regarding these more positive outcomes. There were major differences in ratings among respondents regarding new opportunities for growth and/or new life directions, as well as ratings regarding clients finding hope, empowerment and/or new vision of the future in the midst of COVID-19 challenges. There are many ways to frame experiences of the COVID-19 era—some of them more positive than others.

### **Service-Related Impact of COVID-19 on those Providing the Psychological Services**

We asked our survey monkey respondents to reflect on their own psychological services regarding such “nuts and bolts” issues as number of clients being served and income received during the era of the virus. We found minimal COVID-19 era change for most of our respondents. They were seeing the same number of clients – no more and no less in most instances. There was small (20%) and moderate (20%) increase in number of clients being served for some of our respondents and even a high level of increase for about the same number of respondents (21%). However, 39% of our respondents indicated no increase. An even greater percent of our respondents (57%) indicated that there was no decrease in number of clients being services—though 11% did indicate a major decrease. These results suggest that there was rarely the collapse in services being provided (as has so often been the case in many other areas of human service). The virus apparently produced a sustained need for psychological services.

In the midst of this sustained request for psychological services comes the matter of finances. Were there many changes in level of income for our respondents? Very few respondents indicated either an increase in income (54% indicating no change) or decrease in income (62% indicating no change). We did find that a small number of respondents (13%) indicated a significant decrease, but only 7% indicated a significant increase. There was an impact for a small number of providers of psychological services, but not for many of our respondents. We will look into differences regarding shifts in income (as well as number of clients being services) as we exam responds and create portraits for specific geographic regions and areas of service being provided.

What about the type of client being served? Was this impacted by the virus? In most cases, the answer was “no”. 52% of the respondents indicated no change and 35% indicated slight change. Only 2% noted that their client population had changed in a major way. The story was a bit different when it came to indicating the type of problem(s) being presented by their clients. Here we find major discrepancies. Only 23% of the respondents indicating no changes in the problems being presented, while 38% indicated some changes and 28% indicated moderately large changes, 11% indicated major changes. We will have to see if these discrepancies concern the domain (personal, group, organizations, teaching and training, coaching) in which the services are being provided or national setting in which these problems

are being addressed. The major finding, however, is that the person providing psychological services might be doing the same kind of work during the era of the virus, but the type of problems they are addressing during this era might have changed.

Finally, we asked a difficult question: did the effectiveness of the respondent's services increase or decrease during the COVID-19 era? This might be particularly important for those respondents who are addressing new problems being presented by their clients. We found very few respondents indicating that they were less effective. 78% indicating that they were not at all less effective, while 11% indicated that they were mildly less effective. At the other end of the spectrum, only 7% indicated that they were moderately less effective and 4% indicated that they would rate their decline in effectiveness as "high". We appreciate the candid assessment made by these last two sets of respondents, but also wonder about their own "mental health" in finding it difficult to deal with some of their client's problems.

What about the upside? There were still not many changes in effectiveness—just a slight shift in the positive direction. 48% indicated no change in becoming more effective, while 30% indicated that they were "mildly" more effective, and 7% indicated that they were "moderately" more effective. 9% rated the improvement in their effectiveness as "high". Hopefully, these successful practitioners are also among those who are teaching and training. The lessons they have learned could be of great value to others in the field. We will see later if there is a relationship between effectiveness and one's role as teacher/trainer.

### **Personal Impact of COVID-19 on those Providing the Psychological Services**

We were interested not only in the personal impact of COVID-19 on the clients being served, but also those who are providing these services. Those members of the PSP Global Community who completed our survey indicated that they were not immune to the psychological impact of the virus, though this impact was not as great as found among clients they were serving. As in the case of their clients, our respondents are most likely to identify increased anxiety as the main culprit (31% indicating "often"), though fear of becoming infected or infecting other people was almost as prevalent (28% indicating "often"). While increased isolation and/or sense of loneliness was more frequently rated as "often" (32%) than anxiety and infection, it was much more likely to be rated as "never" or "rarely" that these other two impacts. All these frequencies were lower than those for the clients. For example, anxiety was rated as "never" (18%) or "rarely" (49%) by most of the respondents. Similarly, increased depression was rated as either "never" (34%) or "rarely" (40%) by most of the respondents.

At the other end of the scale, we find that respondents often identified an upside when rating their COVID-19 experience. 45% indicated they "often" find that the virus has opened opportunities for growth and new directions. 23% indicated that the virus had a "major impact" with regarding to these opportunities. Similarly, when asked if they were finding open, empowerment and/or new vision of future in the midst of COVID-19 challenges, our respondents indicated that this "often" (43%) was the case, or even that they have been impacted in a major way (17%) by this open door to empowerment and a new vision of the future. Virtually no one (less than 1%) indicated that the virus had no impact regarding these new vistas of growth and opportunity. Apparently, many of those in the PSP Global Community who completed our survey found a way to frame the challenges of COVID-19 as inspiring rather than depressing. They might have been anxious and fearful about infection but could move beyond these potentially debilitating experiences.

## **Potential Future Alterations in Provision of Psychological Services**

Given the optimism to be found in the ratings of some survey respondents, it is appropriate for us to end this summary of the general survey results by identifying areas in which this optimistic framing of the virus might be focused. First, and most importantly, there was a general acknowledgement by many respondents that they will be using new strategies when working with their clients. 41% indicated that they would be using new strategies “quite often”, while another 43% indicated that they would use new strategies “a little bit.” There will not be major changes, but there definitely will be some changes for most of our respondents.

Responses to another item in the survey suggest that these new strategies are often related to the at least occasional provision of psychological services from a distance (using Zoom or some other communication technology). 49% of the respondents indicated that they are increasingly (“quite a bit”) making use of digital technologies. 28% even indicating that this is a “major shift” in their provision of psychological services. Only 4% indicated that their services are not at all impacted by the necessity (or desirability) of the new digital technologies. While we did not specifically ask, new strategies also might have been adopted to address the pressing challenges of anxiety and isolation (that we identified in reporting on the question regarding client experiences).

There are several areas where minimal change or no change is likely to take place in the psychological services being provided by our survey respondents. First, very few respondents indicated that they would charge more or charge less for their services. There apparently is also little inclination to shift direction of their work to more personal services or to more group-based services. They also are not intending to shift directions to more organization-based services. In all cases (fees, shifting directions), less than 18% of the respondents indicated that they are likely to shift “quite a bit” or engage a “major shift” in the direction of their work. In general, most of our respondents want to stay put with what they are now doing—but are adding more technology in their provision of psychological services.

## **Exploring Differences in Survey Responses**

We have now offered a landscape rendering of the world in which our respondents are likely to have been living during the COVID-19 era and the world in which they are likely to live in the near future. While these general findings are of value, we are fully aware that there are major differences to be found among our respondents (and all members of the community that provides psychological services around the world). We need to complement our general landscape rendering with some more specific portraits of those providing these services. While we won't be offering individual portraits of each respondent, we can determine in a very preliminary way if there are differences in the ratings of respondents from different continents and if there are differences in ratings by those providing different kind of psychological services. We turn now to an exploration of these potential differences.

## **Offering Psychological Services during the COVID-19 Era: Cautionary Notes about Portraits of Differences**

Before beginning this analysis of differences among our respondents, we need to offer several cautionary notes—caveats—regarding the limited nature of the populations we sampled and the biases inherent in this sampling. First, the overall sample size was small. This is intended to be a preliminary exploratory study that generates hypotheses rather than definitive results. Second, it is important to

acknowledge that the population we sampled is biased. Our respondents are all alumni of a specific graduate school that offered a distinctive curriculum (psychodynamic orientation). Furthermore, as we have already noted, this population tends to be made up of senior level providers of psychological services. These are not the new (or younger) providers of these services. While, as we have mentioned, these respondents are likely to bring wisdom and broad perspectives to their perspective on the COVID-19 era, they do not offer the important perspective of those who are new to the field or are of a younger age.

Finally, we must note that the population we sampled is much larger in North America, than in either Israel or Asia. While we are not engaged in any sophisticated statistical analyses, there is still an important “regression to the mean” that occurs with a larger population being sampled. This bias concerns the greater possibility for influential outliers among the smaller group being studied (in this case the Israeli and Asian respondents). A few unique ratings can influence the results obtained, while when a larger number are sampled, any unique ratings are likely to be offset by more “normative” ratings. This is one way in which to conceive of the “regression to the mean” phenomenon.

In sum, we are suggesting that the results we have already reported and, in particular, those we are reporting in the next sections of this report are intended to start a conversation rather than end it.

## **Offering Psychological Services during the COVID-19 Era: Portraits of Differences as Function of Nationality**

We focus first on the potential differences to be found among the respondents from North America, Israel and Asia. To set a foundation for this analysis, we consider the differences to be found among these three populations regarding the kind of psychological services they deliver.

### **Nature of Services Being Delivered**

The respondents from North America were not only the largest of the three populations. They were also somewhat more diverse with regard to the psychological services being offered. 50% provide individual therapy, 19% group therapy, 34% organizational consultation and 56% serving as teachers and trainers. While the Israeli respondents also work in many areas of psychology, a large percentage provide group psychotherapy (83%), along with individual psychotherapy (50%). This is understandable, given that the doctoral program offered in Israel focused on group psychotherapy. A relatively small percentage of Israeli respondents provide organizational consulting (17%), while a relatively large percentage providing psychological coaching (17%). As in the case of the North American population, many of the Israeli respondents are engaged in teaching and training activities (33%) (though the percent is lower than in the North American population). Among the Asian respondents, the percentages were about the same for individual and group therapy (50%), as well as teaching and training (50%). 25% of the Asian respondents provide organizational consulting services.

Given that we find a diversity of psychological services being provided in all three national populations of respondents, we can assume that any differences found among the three groups of respondents is not primarily related to differences in the type of service being offered by these respondents. We turn now to these differences, with our attention being directed first to the experiences of the clients being served.

## Client Experiences

Similar issues were reported in most cases by all three populations regarding the challenges faced by their clients. However, the issues were rated in somewhat different ways by these three groups concerned fear among clients of becoming infected or infecting other people. In this case, the “often” category revealed some interesting differences. There were rather high ratings among the Asian and Israeli raters, with 50% rating this fear as often having an impact on their clients. By contrast, only 25% of North American respondents rating this fear as often having an impact on their clients.

This fear of infection seems to have been of greater concern for those Asians and Israelis seeking psychological services than for those seeking these services in North America. It is interesting to note that the more general concern regarding illness among their clients was rated as “never” by some of the North Americans (28%) and some of the Israelis (16%)—but never by the Asian respondents. This general concern about illness among Asian clients might have been minor, but it apparently has always been present (just as is their concern about infections).

There were several intriguing differences between our three populations regarding COVID-related challenges for clients that were less tangible than those concerning health. Increased confusion among their clients about or loss of life purpose was more often identified among North American and Asian respondents than among Israeli respondents. 38% of the Asian respondents and 24% of North American respondents rated this item as “often” or “predominant”, whereas none of the Israeli respondents rated it at one of these two higher levels.

Conversely, when it comes to issues associated with control and authority, 67% of Israeli respondents indicated that this is “often” a challenge for their clients, whereas 25% of North American and 35% of Asian respondents considered this to be “often” a challenge for their clients (though it should be noted that 13% of Asian and 6% of North American respondents identified issues of control and authority as being “predominant.”

Some differences also seemed apparent when the focus turned to the upside of COVID-19 for clients. The three populations aligned in different ways on their ratings of the two positive items. First, both the Israeli and Asian respondents indicated that their clients are likely to have found the virus to offer an opportunity for their own growth and/or movement in new directions. 50% of the Israeli ratings were placed in the “often” category and 16% were in the “predominant” category. Similarly, 50% of the Asian ratings were placed in the “often” category and 12% were placed in the “predominant” category. By contrast, only 25% of the North American respondents rated growth as “often” being engaged, and just 9% rated the opportunity for growth as “predominant.”

The second positive challenge yields somewhat different alignment among the three populations. Both the North American and Asian populations indicated that many of their clients have found hope, empowerment and/or new vision of the future in the midst of COVID-19 challenges. 63% of the North American respondents rated this opportunity for hope as “often” present and 10% rated this opportunity as “predominant.” A somewhat smaller percent (35%) of the Asians rated hope as “often” present and 13% rated it as “predominant.” In this case, like the North American and Asian respondents, 50% of the Israeli respondents rated hope as “often” present; however, none of the Israeli respondents indicated that hope was predominant.

## **Impact on Services being Offered**

As in the case of their client's experiences, our respondents from the three populations did not differ much regarding the impact of COVID-19 on the services they render. First, some of the North American and Israeli respondents report seeing more clients, whereas very few of the Asian respondents reported an increase. At the same time, some of the North American respondents reported a decrease in clients served, whereas there were very few Israeli or Asian respondents who reported a decrease. There seems to have been more volatility among the North American respondents regarding number of clients seen than was the case among the other two populations.

Of the other elements of professional practice impacted by COVID-19, there was only one other area in which there were some national differences – but two areas in which there were several large and interesting differences. The first of these areas concerned type of problem being brought by the clients being served. The North American respondents offered rather diverse perspectives in this area. Almost 30% of the respondents were to be found in each of three rating categories (not at all, mildly and moderately). Even the highest rating categories (“highly”) received 13% of the responses. The ratings in this area for the other two national groups tended to cluster in “mildly” and “moderately” for the Israelis and “mildly” for the Asian respondents.

The other two areas where there were differences offers some interesting (if preliminary) portraits. On the one hand, the Israeli and Asian respondents believed that they were no less effective in their work than before the COVID-19 era. For the Israeli respondents, it was a unanimous rating. 100% indicated that they were no less effective. Almost as many North Americans (80%) said they were no less effective, with only 10% indicating that they were mildly less effective and less than 10% indicating that they were moderately or highly less effective. The Asian respondents were not quite as confident regarding their effectiveness. Their ratings were quite dispersed. 50% indicated that they were no less effective, while 25% indicated that they were mildly less effective and 12% indicating that they were either moderately or highly less effective.

When asked to indicate if they had become more effective as a result of the virus, Many of the Israeli respondents indicated that they become more effective. 33% indicated that they became highly more effective, while 17% indicated that they became moderately more effective, 33% indicated that they had become mildly more effective, and only 17% suggested that there were no changes. By contrast, all the Asian respondents indicated that there were either no changes in their level of increased effectiveness (29%) or only mildly greater effectiveness (a robust 71% of the respondents). There were no ratings of moderate or higher effectiveness among the Asian respondents.

Ratings of the North Americans resided somewhere between the Israelis and Asian. While 6% indicated that they were highly more effective, and 13% indicated that they were moderately more effective, 23% indicated that they were mildly more effective and a robust 58% indicated that they were no more effective. If these differences hold up with better and bigger samples, there might be some important implications. Are the Israelis actually more adaptive—or “agile” (a now popular term)—in responding to new challenges or are they simply more likely to be candid about (or distorting of) their newly acquired skill and expertise. Does the Asian tendency toward modesty win the day and are North American's also inclined to be hesitant about declaring “victory” too soon?

## **Impact on the Respondent's Personal Experience**



Some differences were found between the three national populations of respondents regarding the impact of COVID-19 on their personal lives. These differences spread over most of the challenges being rated.

When it comes to increased anxiety, the “never” category reveals some major differences. Approximately the same percent of respondents in each of the three populations indicated that increased anxiety was “often” a concern in their personal life. The percentages varied from 20% (Israeli) to 25% (Asian) to 32% (North American). The differences show up in the two lower rating categories.

There were no Asian respondents indicating that anxiety was never a major concern in their own personal life, whereas the rating of “never” for the North American respondents was 19% regarding their personal concern about increased anxiety. It was even more frequently checked (40%) for Israelis. The Asian respondents chose to rate anxiety as “rarely” being of concern rather than being of no concern. 75% of Asian respondents rated increased anxiety as having “rarely” impact on their personal lives, whereas only 45% of the North American respondents and 40% of the Israeli respondents rated increased anxiety at this level. The challenge of increased anxiety seems to have been of some concern for most of the Asian respondents as they faced the COVID-19 challenge in their personal lives—at least as their rating of this concern was compared to those of the North America and Israel respondents.

Things shift when our respondents rate the extent to which increased isolation and/or sense of loneliness becomes a concern. It is the Israeli respondents who frequently rate this as “often” (50%), whereas the Asian respondents rated it “often” only 25% of the time and no North American respondent rated this concern as “often”. None of the respondents in any of the three populations indicated that concerns about isolation or loneliness had a “major impact.” Similar results were obtained regarding ratings of increased depression. Once again, the Israelis rated depression as “often” being of concern 50% of the time, with North American respondents rating this concern as “often” being present only 22% of the time. This category was never checked by Asians, nor did they even check “major impact.” By contrast, 3% of the North American respondents rated depression as having a “major impact”. It should be noted that this was a split vote for the Israeli respondents. Though 50% rated depression as “often” being a concern, the other 50% rated this as never being a concern.

We find a similar split vote among Israeli when it comes to confusion about or loss of a sense of purpose regarding work in the field of psychology. 66% said that this was never a concern, while 33% said this was “often” a concern. By contrast, there was a range of ratings by both North Americans and Asians regarding this challenge. 59% of Americans and 37% of Asians indicated that this was never a concern, while 34% of North Americans and 25% of Asians rated this as “rarely” a concern. 6% of North Americans indicating that confusion and loss of purpose was “often” a concern. Asians matched the Israelis regarding percentage of respondents (37%) indicating this was “often” a concern.

It seems that there were some greater concerns on the part of some Israeli respondents about their own mental health than was the case with either the North Americans or Asians. Is this a case of actual differences, or either greater sensitivity to mental health issues or more honesty in reporting these issues as have a personal impact?

What about the more positive challenges facing those who provide psychological services in these three areas of the world? Some differences appeared in the ratings. While some of the Israeli respondents might have identified some major negative challenges in their life as a result of COVID, they also

frequently indicated greater opportunities for growth and new directions. 50% of the Israeli respondents indicating that these emergent opportunities had a “major impact” on their life, whereas only 19% of the North Americans and 13% of the Asians identified COVID as having a major impact in this area. 30% of the North Americans actually indicated that the virus never opened up an opportunity. It should be noted however, that both North American (47%) and Asian (62%) respondents did indicate that opportunities were “often” opening up—the virus was just not as often a “major impact” for these two populations as it was for the Israelis.

Finally, we can look at results for the second positive challenge which concerns finding open, empowering and/or newly emerging visions of the future in the midst of COVID challenges. The ratings are similar in the three populations, with opinions being spread out rather evenly over all four response categories among the North Americans, Asians and Israeli. There was a slight tendency for North Americans to be less positive in their ratings, though many of these respondents at least rated this challenge as “often” being part of their life (47%) and 13% indicated that the virus had a “major impact” in this regard. By comparison, 50% of the Israelis and 25% of the Asians rated this positive challenge as “often” being present. 25 % of the Asians and 17% of the Israeli respondents indicated that this challenge had a “major impact”. Apparently, the virus was viewed in quite different ways by those who provide psychological services in each of these three regions of the world. Was this a matter of the actual experiences with which each respondent had to deal in their own life or a matter of how these experiences were framed and engaged?

### **Future of Psychological Services**

There were some differences between our three population of respondents regarding how they think their work is likely to change in the future as a result of COVID-19. First, the Asian respondents were much more likely to suggest “quite a bit” of change in their strategies (88%) than were either the North American (29%) or Israeli (33%) respondents. This difference is also reflected in the “a little bit” ratings. Asian respondents were much less likely to rate the change in strategy as “a little bit” (12%) than were either the North Americans (13%) or Israelis (16%).

We find the greater discrepancies between our three population when we consider the increased use of technology as a permanent alteration. 83% of the Israeli said that the has been “quite a bit” of change regarding the increased use of technologies, and the remaining 17% said that there is a “major shift” toward the greater use of technologies. None of the Israeli respondents checked one of the two lower categories. While both the North American and Asia respondents indicated that they are likely to make increased use of technology in their work, neither the Asian nor North American ratings were as high overall as the Israelis. 50% of the Asian and 44% of the North American respondents indicted “quite a bit” of change, while 38% of Asians and 25% of North Americans indicated that they are likely to see a “major shift” regarding their use of technologies.

The percentages indicating a “major shift” were higher for the Asians and North Americans than for the Israelis; however, there were also 13% of the Asians and 3% of the North Americans who indicated that changes in the use of technologies were “not at all” likely. Furthermore, 28% of the North American respondents indicated only “a little bit” of change in the use of technologies. Thus, while the technology-shifts are becoming a reality for many professionals providing psychological services in all three regions of the world, the shift seems to be most pronounced for the Israelis.

When it comes to financial matters, we see a slight tendency overall for North Americans to begin charging more for their services. While most respondents in all three populations indicate no change or little change in what they charge, 22% of North American respondents indicated that they would charge “a little bit” more whereas none of the Asian or Israeli respondents checked this category. Conversely, 33% of the Israelis and 13% of the Asians indicated that they would charge “quite a bit” more (compared to only 6% of the North Americans checking this “quite a bit” category).

The final set of questions regarding future directions concerned the potential shift in the nature of psychological services being offered. Three types of service were identified: personal services (individual client), group services and organizational services. Results were often polarized, though in general respondents indicated that there were going to be no shifts (ranging from 59% to 83%). Only in the case of a shift to more personal services were a majority of responses for both the Asian and Israeli respondents ranging from “a little bit” of shifting to “quite a bit” of shifting. While most of the Israeli respondents indicated “a little bit” of change (67%), another 17% indicated “quite a bit” of change toward more personal services. Similarly, 50% of the Asian respondents indicated “a little bit” of change, and 13% indicated “quite a bit” of change. The percentages were lower for the North American respondents with regard to “a little bit” of change (25%), but about the same for “quite a bit” of change (13%).

The pattern of responses regarding a shift to more group work was similar to those for a shift to more personal services. A fairly large percent of both the Asian (25%) and Israeli (17%) respondents indicated that there could be “quite a bit” of shifting toward group work, while this category was chosen by none of the North American respondents. The percentages rating the group shift as “a little bit” were about the same for all three populations: Asian (13%), North American (28%) and Israeli (33%). It is interesting to note that 9% of the North American respondents indicated that there could be “major shift” for them in moving toward more group work.

In the case of shifting toward more work in organizations, there were 23% of the North Americans and 25% of the Asians who indicated that there would be “a bit of” a shift for them, while none of the Israeli respondents chose this category. On the other hand, 17% of the Israeli respondents anticipated “quite a bit” of change toward more organizational work (as did 3% of the North Americans). Perhaps, most importantly, we find that 6% of the North Americans and 13% of the Asian respondents indicated that this could be a “major shift” for them. None of the Israeli respondent anticipate a major shift.

### **Summary and Implications**

As we seek to bring focus to our findings from the survey of national differences, it is important to remain cautious about the very preliminary results we obtained given not only the small sample size and biased sampling of only graduates from our graduate school, but also the uneven distribution of responses from our three national populations. We have chosen to frame our outcomes as points of inquiry rather than conclusions or even formal hypotheses. Some interesting and potentially informative questions arise from our study that we hope will inspire and direct future research about the impact of COVID-19 (and other future pandemic viruses) on the offering of psychological services. Before offering our points of inquiry, we provide an additional cautionary note. The respondents from North America were not only the largest of the three populations. They were also somewhat more diverse with

regarding to the psychological services being offered. Our sample of respondents from Israel were primarily those providing clinical services.

While the nature of services being provided does make a difference, we found that similar issues were being reported in most cases by all three national populations regarding the challenges faced by their clients. Anxiety was elevated for clients in all three nations as a result of the COVID-19 challenge. By contrast, fear among clients about becoming infected or infecting other people revealed some interesting differences. There were rather high ratings among the Asian and Israeli respondents, while lower ratings were offered by the North American respondents. We would identify this as the first point of inquiry to be further explored: Is fear of infection a greater concern for those Asians and Israelis seeking psychological services than for those seeking these services in North America?

There were several intriguing differences between our three populations regarding COVID-related challenges for clients that were less tangible than those concerning health. Increased confusion among their clients about or loss of life purpose was more often identified among North American and Asian respondents than among Israeli respondents. Conversely, when it comes to issues associated with control and authority, Israeli respondents were more likely than North American or Asians to indicate that this is a challenge for their clients. A second point of inquiry is warranted: Are there significant national or cultural differences regarding the extent to which life purpose and control/authority are threatened by pandemic viruses?

On the more positive side, we found that both the Israeli and Asian respondents indicated that their clients are likely to have found the virus to offer an opportunity for their own growth and/or movement in new directions. By contrast, a much smaller percent of the North American respondents rated growth as being engaged. The North American and Asian populations, however, indicated that many of their clients have found hope, empowerment and/or new vision of the future in the midst of COVID-19 challenges. Our third point of inquiry emerges from these interesting differences: Are there significant differences across nations and cultures as to the opportunities for growth, hope, empowerment and vision of the future among those clients facing the COVID-19 challenge?

When we turn to the impact of the virus on the psychological practices being offered by our survey respondents, we find that some of the North American and Israeli respondents report seeing more clients, whereas very few of the Asian respondents reported an increase. The perceived impact of the virus on our respondents' effectiveness yielded several interesting differences. The Asian respondents were not quite as confident regarding their effectiveness as were the North Americans and Israelis. The Asian ratings were quite dispersed. By contrast, many of the Israeli respondents indicated that they have become more effective. Ratings of the North Americans resided somewhere between the Israelis and Asian.

We pose an important fourth point of inquiry regarding the self-perceptions and realities of our survey respondents regarding effectiveness. Are the Israelis actually more adaptive—or “agile” (a now popular term)—in responding to new challenges or are they simply more likely to be candid about (or distorting of) their newly acquired skill and expertise. Does the Asian tendency toward modesty win the day and are North American's also inclined to be hesitant about declaring “victory” too soon?

We also studied the extent to which our respondents experienced their own anxiety as a result of the virus. All our Asian respondents indicated that anxiety was a concern in their own personal life, whereas

the North American respondents often regarded their person concern about increased anxiety as nonexistent or minimal. The Israelis were even less inclined to view anxiety as a personal concern. Our fifth point of inquiry concerns the challenge of increased anxiety. Is it of concern for most Asian practitioners as they faced the COVID-19 challenge in their personal lives and less a concern for the North American and Israeli practitioners?

Things shift when our respondents rate the extent to which increased isolation and/or sense of loneliness becomes a concern. It is the Israeli respondents who frequently rate this as a concern, whereas the Asian and North American respondents were less likely to rate this as a concern. It should be noted that there was a split vote for the Israeli respondents. We find a similar split vote among Israeli when it comes to confusion about or loss of a sense of purpose regarding work in the field of psychology. This leads us to a sixth point of inquiry: Are there greater concerns on the part of Israeli practitioners about their own mental health than is the case with either the North Americans or Asians? As we already noted, is this a case of actual differences, or is it a case either of greater sensitivity among Israeli practitioners to mental health issues or more honesty on their part in reporting these issues as have a personal impact?

We found in analyzing the survey data that while some of the Israeli respondents identified major negative challenges in their life as a result of COVID, they also frequently indicated greater opportunities for growth and new directions than did our North American or Asian respondents. We can identify a seventh point of inquiry. Was the virus viewed in quite different ways by those who provide psychological services in each of these three regions of the world? Once again, we have already offered a cautionary note. If there are reported differences, do they result from the actual experiences with which each respondent had to deal in their own life or is it a matter of how these experiences are framed and engaged?

Some of the questions we asked in our survey concern potential changes in the type of psychological services being delivered or way in which these services are provided. We find the greater discrepancies between our three population when we asked them to consider the increased use of technology as a permanent alteration. Many of the Israeli identified major changes regarding the increased use of technologies, whereas the North American respondents were less likely to identify change in the use of technologies. Thus, while the technology-shifts are becoming a reality for many professionals providing psychological services in all three regions of the world, the shift seems to be most pronounced among the Israelis. An eighth point of inquiry would center on a fundamental question: Are the Israeli practitioners more likely to make greater use of technology than were the North Americans or Asians as a result of the virus.

What about potential changes in the client populations being served? Only in the case of a shift to more personal services were a majority of responses indicative for both the Asian and Israeli practitioners of some change. The pattern of responses regarding a shift to more group work was similar to those for a shift to more personal services. A fairly large percent of both the Asian and Israeli respondents indicated shifting toward group work, while this category was chosen by none of the North American respondents. Though none of our respondents seems to be moving most of their work to organizations (unless they are already organizational consultants), we did find that a few of the North Americans and Asian respondents indicated that this could be a “major shift” for them in the near future as a result of the virus. None of the Israeli respondent anticipate a major shift. Our final, ninth point of inquiry

concerns the presence or absence of shifts in the clients being served. Are there major shifts among any of our three populations regarding their delivery of personal, group or organizational services as a result of the COVID-19 challenge?

## **Offering Psychological Services during the COVID-19 Era: Portraits of Differences as Function of Type of Psychological Service Provided**

With our attention shifting now to differences that might be found between respondents who are offering various kinds of psychological services, we must be much more selective concerning the challenges on in which we focus, for the sample size in each of the five service areas is smaller than was the case regarding nationality. [Note: we are not considering the “psychological coaching” area for there were few respondents in this area and those who did respond were always included in at least one other area]. We begin as was the case with national differences, by looking at items concerned with client experiences.

### **Client Experiences**

Virtually all of those providing therapeutic services reported that their clients experienced quite a bit of anxiety as a result of the virus. Many of those providing personal therapy reported that their clients “often” reported increased anxiety (77%) and even 9% indicated that increased anxiety was “predominant” among their clients. Only 14% of those offering personal therapy indicated that increased anxiety was rarely an issue, and none reported increased anxiety as never an issue. Slightly higher ratings were reported by those providing group therapy, with 92% reporting that their clients often reported increased anxiety and 8% indicating that increased anxiety was a predominant challenge. Once again, none of the group therapists indicated that increased anxiety was never an issue for them.

The results were more mixed among those providing training and teaching. 4% indicated that this was never an issue for their clients, while 13% indicated that increased anxiety was “rarely” an issue. On the other hand, like those providing therapy, 70% of the trainers and teachers reported that increased anxiety was “often” reported by their clients, and 13% indicated that increased anxiety was a predominant issue for those people they were serving. The organizational consultants reported just as often (70%) as the other three service providers that increased anxiety was “often” a concern for their clients.

However, none of these respondents reported that increased anxiety was a “predominant” issue for their clients, and 20% indicated that increased anxiety was “rarely” an issue. 10% of the organizational consultants indicated that increased anxiety was never an issue for those clients they were serving. Apparently, increased anxiety was to be found everywhere—though not with all the clients being served by the organizational consultants or those doing psychological training and teaching. Increased anxiety seems to have been particularly prevalent in the group psychotherapy sessions as well as the personal psychotherapy sessions. This appears also to be a major issue being addressed in training and teaching sessions by our survey respondents.

The clients being served by our respondents tended to come to their sessions with at least some fear regarding being infected by the virus—though this fear was less prevalent or intense than the challenge of increased anxiety. Among those providing personal therapy, there were 4% indicating that fear of infection was never an issue for their clients and 54% who indicated that this was “rarely” a concern.

33% indicated that this fear was “often” identified, and 8% indicated that fear of infection was a “predominant” concern. A similar pattern of dispersed ratings was found among those providing group psychotherapy. 8% indicated that fear of infection was never an issue for their group clients and 40% indicated that this was “rarely” a concern. 31% indicated that this fear was “often” identified. It is of particular interest that 15% of the group clients indicated that fear of infection was a “predominant” concern.

This pattern of dispersed ratings was replicated by our training and teaching respondents. Once again, 8% indicated that fear of infection was never an issue for the people they were serving and 54% indicated that this was “rarely” a concern. 33% of our respondents indicated that this fear of infection was “often” identified. 4% of their clients indicated that fear of infection was a “predominant” concern. A pattern of dispersion was also recorded by our organizational consultants—though at a lower level than for the other three populations. 11% of their clients indicated that fear of infection was never an issue and 67% indicated that this was “rarely” a concern. 22% of our organizational consultant respondents indicated that this fear of infection was “often” identified by their clients. However, none of their clients indicated that fear of infection was a “predominant” concern. Our respondents seem to differ to a fairly large extent regarding their perceptions of the fear expressed by their clients about becoming infected—or the dispersion of ratings might reflect the wide range of reactions of their clients regarding the threat of infection (replicating widely documented diversity of reactions among those living in many countries during the COVID era).

We turn to the third and fourth challenges facing the clients being served by our respondents. The third challenge concerns an increased sense of isolation and/or increased loneliness. While this challenge was frequently identified by their clients, the ratings were a bit lower for those offering organizational consulting services. Among the personal therapists, this challenge was sometimes “rarely” identified (13%) and more frequently identified as “often” by clients (54%). Our personal therapy respondents identified the challenge of isolation and loneliness as “predominant” 33% of the time. The “never” rating was checked by none of our personal therapy respondents. “Never” was also never checked by our respondents doing group therapy, and, like those doing personal therapy, 23% of our group therapy respondents were witnessing loneliness and isolation as “predominant” among their clients.

While 4% of the training and teaching respondents indicated that isolation and loneliness was “never” a challenge for those people they were serving or “rarely” a challenge (24%), they tended, like our two therapy populations, to rate this concern as “often” a challenge (56%) and even a “predominant” challenge (16%). The ratings for our organizational consultants clustered around the two central categories. None of these respondents thought that isolation and loneliness was “never” a challenge for their clients, but they also never thought that this challenge was of “predominant” concern. 40% rated this challenge as “rarely” present, and 60% rated this challenge as “often” apparent among their clients (thus tending to align them with the other three populations regarding the observation that loneliness and isolation were often found during the COVID era).

The fourth challenge (depression) is understandably more frequently considered to be an issue for those doing therapy than for those working in organizational settings. 71% of those doing personal therapy indicated that depression was “often” a challenge, and 8% of our respondents indicated that this was a “predominant” challenge for their clients. There were no ratings of depression as “never” found among their clients, and only 21% of the respondents indicates that this challenge was “rarely” presented.

Similarly, none of the group therapy respondents checked “never” and only 15% checked “rarely.” A rather large percent (85%) indicated that depression will “often” a challenge for those clients they are serving in a group setting, and 23% indicated that this was a “predominant” challenge.

Both those providing organizational consulting and those providing either training or teaching indicate that they are less likely to encounter depression among those people they are serving—yet there was still some evidence of depression. 30% of the organizational consultants indicate that depression was “never” found among their clients, while 40% indicated that depression was “rarely” an issue. None of our organizational consulting respondents thought that depression was a “predominant” issue for their clients.

Among those providing training and teaching there were 12% who indicated that depression was “never” an issue for those they serve, with 28% rating depression as “rarely” an issue. At the level of “often” and “predominant”, the trainers and teachers tended to fall in their ratings between the therapist and consultants. 56% of this fourth population of respondents indicated that depression was “often” a concern for their clients, while 4% indicated that this was a “predominant” concern. It appears that depression was of greater concern for those doing individual or group therapy than for those doing organizational consulting or offering training or teaching. However, depression was still to be found in all four areas of psychological service—perhaps this was especially the case during the COVID-19 era.

The next two challenges are of a more existential or organizational nature. Are there differences, therefore, in the ratings of our respondents given their area of service. The first of these challenges concerns confusion about or loss of life purpose. We do find that our personal and group therapists tend to cluster in the middle two categories when rating this challenge. 63% of those doing personal therapy rated this challenge as being “rarely” presented by those clients, while 25% rated this challenge as “often” being presented. Only 4% indicated that this “never” was presented and only 8% rated this as a “predominant” challenge. Similarly, 62% of those offering group therapy rated this challenge as being “rarely” presented by those clients, while slightly more than those doing personal therapy (38%) rated this challenge as “often” being presented. None of the group therapy respondents indicated that this “never” was present and nine rated this as a “predominant” challenge.

Most of the organizational consultants rated confusion and loss of purpose as never occurring (40%) or as rarely occurring (50%). There was an outlier effect with 10% indicating this challenge as “predominant.” The rating of those doing training and teaching was quite dispersed. 24% said this was “never” a challenge, with 44% indicating this was “rarely” a challenge. Another 20% indicated this was “often” a challenge, and even 12% indicated this was of “predominant” concern. As one might anticipate in asking respondents to reflect on something as elusive as confusion and loss of life purpose, the ratings were diverse—though this clearly was an issue for some clients receiving psychological services during the COVID-19 era.

What about loss of control and/or concerns about authority. Was this challenge in the “wheelhouse” of those doing organizational consulting work? The answer is “no”—at least taking into account our limited sampling. 30% of the organizational consultants indicated that loss of control and authority was “never” present as an issue, and another 20% indicated that this was “rarely” an issue. While 50% of the organizational consultants noted that loss of control and authority issues are “often” present, we find an even higher percent of “often” rating among those doing group therapy (62%) and about the same percent among those doing training and teaching (48%). Even those doing personal therapy sometimes



(35%) indicated that the issue of control and authority was “often” present. So, the matter of control and authority apparently was not exclusive to those doing organizational consultation.

As we look at other ratings of the control/authority challenge, we find a dispersion of ratings among those doing personal therapy, with 9% indicating that this was “never” an issue, 49% indicating that this was “rarely” an issue and 9% indicating that this was “predominant” among the clients they serve. Similarly, 8% of the group therapy respondents indicating that control/authority was “never” presented as a challenge by their clients, while 31% indicate that this was “rarely” a challenge, and no group therapy respondents indicate that this was a “predominant” challenge among the clients they serve with regard to the ratings of the trainers and teachers, though there are many respondents indicating that this was “never” a challenge (24%). Only 20% rated this as “rarely” occurring. As in the case of the personal therapists, those doing training and teaching occasionally (8%) indicated that control/authority was of “predominant” concern.

This leaves us with the organizational consultants. Of all the four service populations, the consultants were most likely (30%) to indicate that control and authority are “never” a challenge for their clients. 20% indicated that this was “rarely” an issue. Like the group therapists, the organizational consultants never checked the “predominant” category. It is interesting to note that the pattern of ratings by the group therapists and the pattern of ratings by the organizational consultants were similar and differed quite a bit from the pattern of ratings found among those doing personal therapy, or training and teaching.

We turn again to the two positive challenges presented in our survey. How do our four populations of service providers fare when it comes to opportunities for growth and new directions? We find that those doing both personal and group therapy tend to cluster around the two middle categories. 50% of the personal therapists indicated that this was “rarely” a positive challenge, while 29% indicate that this was “often” a challenge. 13% suggest that this was “never” a challenge, while 8% suggest that this was a “predominant” challenge. The group therapists were a bit more polarized in their responses. 62% of the group therapists indicated that this was “rarely” a positive challenge, while 31% indicate that this was “often” a challenge. None of the group therapists suggest that this was “never” a challenge, while 8% suggest that this was a “predominant” challenge (replicating the percent found with the personal therapists).

Much more dispersed ratings were found among the organizational consultants and those doing training and teaching. 30% of the organizational consultants rated this challenge as “never” occurring, with the same percent (30%) rating it as “rarely” occurring. There were 20% of the consultant respondents rating the challenge of growth as “often”, with the same percent (20%) rating this as a “predominant” concern for the clients they are serving. Similarly, 24% of the trainer/teachers rated this positive challenge as “never” occurring, with a similar percent (28%) rating it as “rarely” occurring. 32% of the trainer/teacher respondents rating the challenge (opportunity) of growth as “often”, with 16% rating this as a “predominant” concern for the clients they are serving. Greater opportunity for growth among their clients seems to be witnessed among the nontherapy respondents—though most members of all four respondent populations suggested that they find at least some glimmerings of growth (if not abundant) hope among those people they serve.

The second challenge of a positive valence, concerning hope, empowerment and vision, yields parallel results once again for those offering personal and group therapy, though in this case their ratings are

similarly dispersed rather than being clustered in the two middle categories. 26% of the personal therapy respondents indicated that this challenge of hope was “never” present among their clients, with a similar percent (30%) suggesting that this challenge was “rarely” present. 39% found the possibility of hope, empowerment and vision to “often” be present among those they serve, with 4% suggesting that this positive challenge is “predominant” in the life of their clients (or is at least an issue they address in their therapy session). For those conducting group therapy sessions, 15% indicated that this challenge of hope is “never” present among those in their therapy groups, with a much larger percent (46%) suggesting that this challenge is “rarely” present. As in the case of those doing personal therapy, 31% of those doing group therapy found that the possibility of hope, empowerment and vision is “often” present among those they serve, with 8% suggesting that this positive challenge is “predominant” among those they serve in therapy groups.

There is an interesting difference in the ratings offered by our limited sample of organizational consultants. While the organizational consultants, like the individual and group therapists, are likely 30% of the time to rate the challenge of hope, empowerment and vision as “often” to be found by their clients, the same percentage (30%) of those suggesting that this was a “predominant” concern and challenge for their clients. Only 10% suggest that this was “never” a concern for their clients, and another 30% indicating that this was “rarely” a concern. Thus, there is an even distribution of percentages across the three higher ratings – including 30% in the highest rating.

Among the respondents who engage in training and teaching, the ratings are just as dispersed as those for the other three populations. 24% indicated that hope, empowerment and vision are “never” presented by those they serve, and a similar percentage of these respondents indicate that this positive challenge was “rarely” present (28%) or “often” present (32%). The percent of training/teaching respondents indicating that this was a “predominant” concern (16%) resides in between the percentages of the two therapist populations and the organizational consultant population. Our initial impression is that the organizational consultants are more optimistic about their clients’ search for hope, empowerment and vision than are the other three populations—or is it just that this is part of the consultants’ “business” to encourage hope, empowerment and the creation of a new vision among the clients they serve? Are the two therapist groups more in the “business” of assisting clients with their anxiety, fears and even potential depression than in assisting them with their dreams?

### **Impact on Services being Offered**

As in the case of their client’s experiences, our respondents from the four populations did not differ much regarding the impact of COVID-19 on the services they render. However, there were some interesting differences when it comes to number of clients being seen, those providing group psychotherapy experienced large increases in number of groups being convened with 42% reporting “moderately” large increases and another 25% reporting “highly” increased number of groups being convened. For those providing individual psychotherapy there were also large increases in some instances. The ratings of increase were spread rather evenly across all four categories for the individual psychotherapy respondents. 23% reporting no increase, another 23% reporting mild increases and yet another 23% reporting moderately large increases. 32% reported high rates of increase. Respondents in the other service areas reported mostly no increases or a mild increase in number of clients seen.

When we shift our attention to decreases in number of clients seen, we find that a large decrease occurring in only one service area: organizational consulting. 11% reported “moderate” decreases, while 22% reported “high” levels of decrease. The percentages in these two highest rating levels were very low for the two therapy populations: 4% of those doing individual psychotherapy and none of those doing group psychotherapy reported high levels of decrease. Those doing training and teaching reported only 8% for “moderate” and 8% for “high” levels of decrease. It seems that group and individual psychotherapy thrived during the COVID-crisis, whereas organizational consulting took a major hit. This was to be expected given the impact of social distancing, stay-at-home orders, and economic collapse on organizations throughout the world.

What about type of clients being seen? There were no major differences. There was only a small number of respondents (4%) providing teaching and training who reported “high” levels of change in type of client being served. None of the respondents in the other service areas checked the “highly” category. Respondents in these other service areas mainly reported no changes or “mild” changes, with only 8-11% (including those providing training and teaching) reporting “moderately” large changes. It seems that those responding to our survey tended to stick to what they already know, despite the challenges and frequently shift in challenges being faced by clients they serve.

It was a different matter when respondents in each service area were asked to report on the impact of COVID on their income. As we might expect, given increases in number of clients being served, those doing individual psychotherapy or group psychotherapy often reported large increases. Among those doing individual psychotherapy, 36% reported “moderate” increases and 9% reported increases at a “high” level. Even larger increases were reported by those doing group psychotherapy. 58% reported “moderately” large increases and 8% reported “high” increases in income. Somewhat lower levels of increased income were reported by those doing training and teaching, with 25% indicating “moderate” increases and 8% reporting “high” increases. Our organizational consultants did not fare so well. While 10% did report “high” levels of increase in income, 70% reported no increase and 20% reported “mild” increases.

As one would expect, 22% of our organizational consultants reported a “high” decrease in income—as compared to 4% of those doing individual psychotherapy and 8% of those doing group psychotherapy. Those doing teaching and training fared only slightly better than the organizational consultants, with 17% reporting “high” levels of decreased income as a result of the virus. Those reporting no decreases (53-67%) or only “mild” decreases (17-23%) in income were about the same for all of the service areas—except organization consulting (only 11% reporting in the “mild” category). It seems that the virus disrupted those who had to engage with a group of people to offer something other than therapeutic services.

We turn now to the interesting question regarding shifts in the type of problem being addressed by our respondents. As one might expect, the individual psychotherapy and group psychotherapy respondents provided similar ratings. There was a small percent of respondents from these two service areas who indicated that there was a “high” level of change (9% for individual and 15% for group). About a third (30-31%) of these respondents indicated that there was a “moderate” amount of change regarding type of problem being addressed. None of the group psychotherapy providers and only 13% of the individual psychotherapy providers indicated no change, whereas 54% of the group psychotherapists and 49% of

the individual psychotherapists indicated that there were “mild” changes in type of problem being brought to their office.

We found a somewhat different pattern of response for both those providing organizational consultation and training/teaching. In both cases, there was more even spread of responses across all four rating categories. Among the organizational consultants, 40% indicated no change, 30% represented “mild” change, 20% indicated “moderate” change and 10% indicated “high” levels of change. Similarly, 20% of the training and teaching respondents indicated no change, 36% indicated “mild” change, 32% indicated “moderate” change and 12% indicated “high” levels of change. Apparently, for these latter two groups, the nature of problems being presented by those availing themselves of their services shift quite a bit in some instances, but not much at all in other instances. The world of problems did not seem to be very stable for these two populations.

We turn finally to the critical question of effectiveness. Almost everyone in all four service areas indicated that they were no less effective (75-83%) and no one placed themselves in the “highly” less effective category. However, as in the case of shifts in the problem presented, we find a more dispersed response among the organizational consultants. Whereas none of the group psychotherapists and only 4% of the individual psychotherapists and those doing training/teaching indicated that they were “moderately” less effective, we find that 13% of the organizational consultants placed themselves in the “moderate” category. Between 13 and 17% of respondents in all four service area populations rated themselves as “mildly” less effective. Thus, we find only the organizational consultants, on occasion, admitted that they are sometimes less effective in their work. Might it be because they are more likely to confront shifting problems in their work?

What about increased effectiveness resulting from the virus? There is some more bad news for the organizational consultants. Many of those providing these consultation services do not consider themselves more effective as a result of the virus. The responses are somewhat diffuse: 70% of the organizational consultants indicate that they are not more effective, 10% indicate that they are “mildly” more effective and 20% indicated that they are “moderately” more effective. There is an even greater dispersion of ratings by the individual and group therapists. For those providing personal therapy, 41% indicate no change, 32% indicate “mild” increase in effectiveness, 18% indicate “moderate” increase, and 9% indicate “high” levels of increased effectiveness.

A similar pattern could be observed with group therapist responses: 31% indicate no change, 38% indicate “mild” increases, 23% indicated “moderately” increases, and 8% indicated “high” levels of increased effectiveness. Those providing training and teaching essentially replicate the response pattern of the two therapy groups: 48% indicate no change, 28% indicate “mild” change, 16% rate increased effectiveness as “moderate” and 8% suggest that they have become “highly” more effective as a result of the virus. It seems that there was “good news” for some of the therapists and those doing training and teaching—despite the many challenges being faced by those providing psychological services during the COVID-19 era. There was often less “good news” for those providing organizational consultation services.

### **Future of Psychological Services Being Provided**

Our concluding analyses focus on our respondents’ consideration of future work being done in the aftermath of COVID-19. In general, we found that respondents in the four service areas did not differ

very much as they project their work into the future. It is only regarding four considerations that we find much distinction between those providing individual therapy, group therapy, organizational consultation and training/teaching. The first of these points to the use of new strategies. While respondents in all four service areas were most likely to indicate only “a little bit” of shift in strategies (50-52%), there were likely to be “quite a bit” of change in strategies among those doing group therapy (50%). The percentages were a bit lower regarding this rating (“quite a bit”) among those doing individual therapy (30%) or training/teaching (37%).

The organizational consultants were less likely than those in the other three service areas to choose “quite a bit” (20%); however, 10% indicating that they anticipated a major shift (10%) as did 8% of those doing training and teaching. There were also 10% of the organizational consultants who indicated that there not likely to be any shifts. Similarly, 4% of those doing individual therapy and 4% of those doing training/teaching indicated no change, while none of those doing group therapy chose this lowest rating. Thus, we see in this preliminary way, that anticipations regarding new strategies on the part of the organizational consultants (and to a lesser extent the trainer/teachers) were more diffuse than was the case with those doing individual or group therapy. The therapists were likely to introduce some shifts in strategies and in some instances, quite a bit of change in the way they engage in their work.

The second consideration (use of technology) yielded the largest range of responses as a function of service area. The individual therapist, group therapists and trainer/teachers often indicated some rather large shifts toward more use of digital technologies. Among those doing individual therapy, 54% indicated that there would be “quite a bit” of shift, with 38% indicating a major shift. Similar results were found for the group therapists, with 54% indicated that there would be “quite a bit” of shift, with 36% indicating a major shift. Those doing training and teaching didn’t lag very far behind: 40% indicated that there would be “quite a bit” of shift, with 32% indicating a major shift. Only 4% of those doing individual work and 4% of those engaged in training/teaching indicated that would be no changes. 8% of those doing group work indicated that they didn’t see any change regarding the use of technologies.

It is when we turn to the organizational consultants that we find the rather big differences. 50% of the organizational consultants indicated that there would likely be only “a little bit” of change in the use of technologies, whereas only 4% of the individual therapists and none of the group therapists suggested that there would be only “a little bit” of change for them. The trainers/therapist did sometime (24%) choose “a little bit”—but this was much lower than the 50% choice of this second lowest rating by the consultants. It should be noted that the other half of the organizational consultants did chose one of the two higher ratings: 40% chose “quite a bit” and 10% chose “major shift.” It seems that technologies are an important source of change for many of those providing psychological services—it was only a matter of some respondents who provide organizational consultation indicating that this not likely to be a major change for them. This might either be because they are already making extensive use of technologies in their consulting work, or because they do not see technology as being an answer to the new challenges that they face in providing psychological services as a result of the COVID-19 impact.

There were two other issues where some differences were noted among service area respondents. First, while there were minimal differences regarding the probable future increase in fees being charged, there were some differences when it comes to reduced fees. The organizational consultants were adamant about not charging less for their work. 100% indicated “no change.” While respondents in the other three areas were also inclined not to increase their fees (69-76% indicating “not at all”), there

were some respondents among those offering individual therapy who checked either “a little bit” (17%) or “quite a bit” (8%). An even higher percent of the group therapists indicated either “a little bit” (23%) or “quite a bit” (8%). Among those providing training or teaching, there were 12% who indicated “a little bit” and another 12% who indicated “quite a bit” when considering future reductions in the fees they charge. Could this relate to increased use of digital technology and fewer in-person engagements?

The final issue to be addressed was the potential shifting of direction in the type of services being provided as a result of the virus. The organizational consultants were most likely to indicate a change in direction. While 40% of the consultants indicated “not at all” regarding change in direction, another 40% indicated “a little bit” of change. 10% indicated “quite a bit” of change and the final 10% indicated that this could be a “major shift” for them. While this highest rating was provided by only one of our respondents, it would be of value to determine if this is more widespread among organizational consultants. Is this an important shift in the field for those providing psychological services as they encounter the changing nature of organizations with which they work? Are there changing needs for consultation that are being identified by the leaders of 21st Century organizations?

The other three populations of service area respondents tend to share a perspective regarding shifts in the direction of their work. Most of the respondents in all three areas indicated that a prospective shift was “not at all” part of their plans for the future (56-78%). Only a small percent in any of the three service areas indicated “a little bit” of shift (17-32%). There were a few of those providing individual therapy who are considering a “major shift” (4%), as was the case with those providing training and teacher (8%), while 10% of those in training/teaching indicated that there was “quite a bit” of a chance for shift in direction.

Thus, we find that most of the respondents to our survey are pretty set in their ways, though there are quite a few organizational consultants (60%) who are considering a shift, and a few respondents doing individual therapy (4%) and training/teaching (12%) who are contemplating some shifts. None of those doing group therapy indicated that they are considering “quite a bit” or “major shifts”. Perhaps, engagement in group psychotherapy is now firmly established in all three of the regions we have surveyed (North America, Asia, and Israel). COVID-19 seems to have had little impact on how group therapy is being conducted among the people we surveyed.

## **Summary and Implications**

Given the limited sample from two of the four service groups being surveyed, it is imperative that we view all results as quite tentative and more of an impetus for future inquiry, than a source of conclusions or even firm hypotheses. Probably the one finding that is somewhat definitive is that anxiety associated with virus is to be found among clients being served by all client groups – though perhaps there are different sources of the anxiety.

Even the extent of anxiety might differ considerably. Diverse ways to ameliorate the anxiety are also likely to have been engaged by those providing psychological services. Apparently, increased anxiety was to be found everywhere—though not with all the clients being served by the organizational consultants or those doing psychological training and teaching. Increased anxiety seems to have been particularly prevalent in the group psychotherapy sessions as well as in the personal psychotherapy sessions. This appears also to be a major issue being addressed in training and teaching sessions by our

survey respondents. Would these findings hold up with a larger sample of respondents? This is our first point of inquiry regarding service area.

What about other emotions experienced by the clients? Our respondents seem to differ to a fairly large extent regarding their perceptions of the fear expressed by their clients about becoming infected—or the dispersion of ratings might reflect the wide range of reactions of their clients regarding the threat of infection (replicating widely documented diversity of reactions among those living in many countries during the COVID era).

There were other concerns and challenges being faced in a somewhat different way by those completing our survey. Some of our personal therapy respondents identified the challenge of isolation and loneliness as being important for their clients. Some of our group therapy respondents were witnessing similar feelings of loneliness and isolation among their clients. Our small sample of consultants were less likely to witness these feelings. As one might anticipate, the challenge of depression is more frequently considered to be an issue for those doing therapy than for those working in organizational settings.

The other challenges are of a more existential or organizational nature. Our personal and group therapists tend to find confusion about and loss of life purpose to be important. What about loss of control and/or concerns about authority? We might expect this challenge to be found among those doing organizational consulting work. It was not found among the small sample of consultants completing the survey. A larger sample would provide us with more definitive results. Our second point of inquiry concerns the existence of this challenge among those doing work as psychological consultants.

In examining the positive side of the COVID-19 experience, we find that greater opportunity for growth among their clients seems to be witnessed among the nontherapy respondents—though most members of all four respondent populations suggested that they find at least some glimmerings of growth (if not abundant hope) among those people they serve. Our initial impression is that the organizational consultants are more optimistic about their clients' search for hope, empowerment and vision than are the other three populations—or is it just that this is part of the consultants' "business" to encourage hope, empowerment and the creation of a new vision among the clients they serve? Are the two therapist groups more in the "business" of assisting clients with their anxiety, fears and even potential depression than in assisting them with their dreams? A third point of inquiry focuses on these potential differences between therapist and consultants.

When considering the impact of COVID=19 on the psychological services being offered, it seems that group and individual psychotherapy thrived during the COVID-crisis, whereas the small sample of organizational consultants completing our survey took a major hit. This was to be expected given the impact of social distancing, stay-at-home orders, and economic collapse on organizations throughout the world.

As we might expect, given increases in number of clients being served, those doing individual psychotherapy or group psychotherapy often reported increases in income. As one would also expect, some of our limited sample of organizational consultants reported a decrease in income. A nonfinancial challenge also faced some of our non-therapy respondents. Apparently, for those doing consulting and teaching/supervision, the nature of problems being presented by those availing themselves of their services shift in some instances as a result of the virus.

We turn finally to the critical question of effectiveness. Almost everyone in all four service areas indicated that they were no less effective. However, as in the case of shifts in the problem presented, we find a more dispersed response among the organizational consultants. Some of those providing these consultation services consider themselves less effective as a result of the virus. Would we find a similar decrease in effectiveness among a larger sample of consultants? Our fourth point of inquiry focuses on this question of perceived (and actual) effectiveness.

With regard to the future of psychological services beyond COVID-19, we see in a preliminary way, that anticipations regarding new strategies on the part of the organizational consultants (and to a lesser extent the trainer/teachers) were diffuse. It probably depends on the type of consulting they are doing and the type of client they are serving. The therapists were a bit more definitive. They are likely to introduce some shifts in strategies and in some instances, quite a bit of change in the way they engage in their work. Would these findings hold up with a larger sampling? We offer this question as our fifth point of inquiry regarding service area.

A second consideration about the future of psychological services concerned the use of technology. This consideration yielded the largest difference in responses as a function of service area. The individual therapist, group therapists and trainer/teachers often indicated some rather large shifts toward more use of digital technologies. Among those doing organizational consulting there was little anticipation of major change—this might either be because they are already making extensive use of technologies in their consulting work, or because they do not see technology as being an answer to the new challenges that they face in providing psychological services given the COVID-19 impact. Further study could yield clarity regarding this matter. A sixth point of inquiry can be engaged to address these potential differences in the post-COVID use of technologies.

The final issue to be addressed was the potential shifting of direction in the type of services being provided as a result of the virus. We find that most of the respondents to our survey are set in their ways, though some of our organizational consultants are considering a shift, and a few respondents doing individual therapy and training/teaching are contemplating some changes. None of those doing group therapy indicated that they are considering a shift in their practice. It will be value to do a longitudinal study that reveals if there are some post-virus shifts in practice among the four groups we surveyed. This study could be guided by a seventh point of inquiry regarding actual shifts in psychological services being rendered in nations and regions throughout the world.

## **Lessons Learning during the COVID-19 Era**

We invited the respondents to our survey to reflect briefly on the lessons they have learned from their COVID-19 experiences, in an open-ended question. Here is a summary and analysis of the brief statements they offered. We have organized them by five themes.

### **The Covid experience**

As we have noted throughout this report, the virus had a strong psychological impact on people throughout the world. This impact was often negative. In their individual written responses, many of the respondents reported being anxious and depressed—like the people they are serving. Furthermore, some comments were offered that suggest the effects of trauma. Respondents reported being a bit



“trigger happy”. They indicated that they were “blowing things out of proportion because of the pandemic...”

Even more fundamentally, there was often an expression of overwhelm: “The problems of this world are more complex and inaccessible than I ever imagined.” There seems to be a repeated recognition that VUCA-Plus (Bergquist 2021) is alive and well throughout the world. It may dwell at the heart of the COVID-19 crisis and may induce some of the collective trauma that seems to be evident among not only those being provided psychological services, but also those offering these services. As one of our respondents noted, the virus has forced each of us to be “part of the entire world.” We witness the problems of this world. As one discerning respondent noted, this is “a pandemic that affects us all and healthcare professionals all over the world.”

Yet, with all the anxiety, depression, overwhelm, and potential collective trauma associated with COVID-19, some of our respondents reported positive outcomes of facing the virus challenge. At a basic level, they wrote about adopting a new frame of mind regarding daily events. One of our colleagues offered the following detailed and quite personal declaration. It is all about:

. . . put[ting] things into perspective. Three generations of my family went through a LOT more stress and uncertainty in immigrating and going through civil wars -THAT was strife. A pandemic that affects us all and healthcare professionals all over the world and vaccines that were developed in and available in less than a year is a blessing and a product of hard work... something we are grateful for. One thing besides an intention to not fall apart during the pandemic is to make a difference to individuals- I have been supporting selective low paid health care front line workers with gift cards etc. and tutoring. Clapping for healthcare makes a bit of difference but real gift cards and tutoring without charge makes a real difference.

Another of our respondents offered a more immediate and domestic perspective:

My weekends were often spent in rush, packed with activities. But Covid forced us to slow down and stay home. I spent more time with my mom and sister. Our mahjong games together give us opportunity to talk about anything. It has sparked an appreciation of the simple joys in my life[U8]. We don't have to be out an about all the time.

A similar and expanded sense of appreciation for new opportunities at home was offered by several of our other colleagues. “Appreciation of the simple joys in my life.” Even more specifically, “I Appreciate... the shift to the work-from-home way of doing things.”

The perspective of appreciation offered by our survey respondents turned at times to reflections on their observations of other people in their life. In keeping with the observations made by our respondents with a long history of stress and struggle in their family history, several of our other respondents described their witnessing of admirable acts being taken by people around them who are facing the stress of COVID: “I have witnessed the remarkable courage and compassion in other people. Specifically, gratitude was articulated regarding the development of effective vaccines.”

It seems that it is acceptable to indicated that one is “Feeling grateful” and that one can “embrace the moment in gratitude.” We certainly did not wish for the virus to enter our lives, but in doing so, COVID-19 has been something of a teacher. As noted in our companion essay (Bergquist, 2021), the virus has encouraged our learning something new about domestic life, about interpersonal relationships, about

the use of technology, about governmental functioning – and most importantly about life purpose and priorities. It is to these themes that we now turn in offering the personal insights provided by those completing the survey.

### **Technology and Shattered Boundaries**

As we noted in commenting on the Survey Monkey results, technology played a big role for many of our respondents in the ways they adjusted to the demands of COVID-19. Many of the shifts in perspectives and practices regarding technology were reflected in the written comments. First and most fundamental is the change in communication patterns: “Most communication went online.” Of equal importance is the role played by technology in the movement of work from an office to one’s own home. This shift was almost universal among our respondents. Furthermore, an important lesson was being offered by the virus: work can be done at home! One of our respondents put it directly: “Remote work is effective.”

Technology was critical in making the transition from person-to-person to remote. It was not only critical. It was also directly and indirectly transformative. The indirect transformation concerned what it meant to be working from home. One of our respondents reflected the view of many colleagues. The most important change for this respondent regarding COVID-19 was this “shift to the work-from-home way of doing things.” What did it mean to do work in the company of family members and often have to shift between work and domestic obligations? What did it mean to have more time for both family and work (given the absence of a commute), but also less time for sustained attention to either work or family? The boundaries between work and home were shattered—how was this stressful (perhaps even traumatizing) shift to be handled.

The more direct impact of technology concerned the often-surprising way in which those receiving psychological services receiving the shift to remote interactions with the person providing assistance. One respondent observed: “Teletherapy can be as effective as in-person therapy with some patients. More patients than I expected are just as happy to use teletherapy going forward.” Another indicated that: “teletherapy can be as effective as in-person therapy with some patients.” A third somewhat surprising lesson was learned for at least one respondent: “Technology has afforded more efficiency at times.” These comments were offered by those doing clinical work—which made it that much more surprising given that psychotherapy is usually conceived as a very intimate process.

Of equally great surprise were the less positive appraisals offered by those doing organizational consultation (which is usually conceived as a less intimate process.) For instance, one respondent, offered this nuanced appraisal: “Technology has afforded more efficiency at times, but organizational discussions with the business leaders I work with is still best in person.”

It also should be noted that important cautionary notes were offered even by those doing clinical work: “Patients who are more disturbed (e.g., psychotic processes, hospitalizations, suicidal ideation and parasuicidal self-injury behaviors) were the most bothered by not being able to come into the office to meet with me in person.” Technology is indispensable when it comes to working remotely, yet it cannot displace the in-person work being done by those providing psychological services—especially under conditions of high stress or personal dysfunction. Perhaps high-tech can never ultimately take the place of high touch (or at least direct interactions).

### **The importance of relationships and inner life**

One of things that the virus has taught many of us is about the importance of relationships and our own internal world. One of our respondents offered this straightforward conclusion regarding what COVID has taught them: “Relationships are all that matters.” Another respondent framed it even more dramatically: “Relationships are [an] Existential need.” This revelation, unfortunately, has often taken place in a societal setting (enforced by social norms and regulations) that restricted our enactment of this priority.

As we have already noted in this report, the result of this ironic juxtaposition of increased need and decreased access was a growing sense of isolation and loneliness among not only those being provided with psychological services, but also those offering these services. One of our respondents put it this way: “We don't have vaccine for loneliness.” What we did have, as helping professionals, was the opportunity to reach out (even if remotely) to other people by providing psychological services. It was not just the case, as one respondent put it, of “Interacting with others”, it was also the case of being able “to make a difference to individuals.”

There were also benefits associated with the necessity for each of us to spend more time “with ourselves” in a condition of remaining at home for extended periods of time. There were lessons to be learned at several levels, as one respondent noted: the virus brought about “changing lifestyle and daily schedules.” A shift in priorities was noted: “We don't have to be out an about all the time.” Yet another noted the lessons learned about new ways of interacting with other people: “interacting with others as lockdowns frequently occurred and most communication went online.”

It was during the lockdown that some of our respondents identified the learning about and embracing a new sense of what is often now called “resiliency” in the psychological literature. We might be faced with the prospects of collective (or individual) trauma yet find a way to reframe this threat (as we have already noted) so that we can learn more about our own strengths and capacity to adjust (what psychologists call “agility”). One of our respondents framed it as self-learning leading to greater professional effectiveness: “protective factors helped me to help others tap into their resiliency”

Self-reflection also has led, as we have already noted, to a reassessment of life priorities and purposes. New and elevated levels of motivation were noted by respondents. They wrote about the “importance of connection” and a “shifting sense of purpose.” One respondent put it this way. “Fully stopping [as a result of the virus] helps clarify what you truly want to continue.”

We are reminded of the advice offered by Daniel Kahneman (2011), the noted behavioral economist. He encourages us to engage in slow thinking when faced with complex and often anxiety-provoking challenges (such as COVID-19), rather than reacting hastily deploying untested assumptions and biases. New priorities and a reframing of the challenges (to make them into moments for new learning) can emerge from these moments of self-reflection—often required under conditions of lockdown and the mixture of work and homelife.

At the heart of the matter seemed to have been the interweaving of patience, reflection and gratitude. The theme of patience was interwoven in the comments made by many of our respondents. This theme seems to be part and parcel of the slow thinking process advocated by Kahneman. Patience, reflection and gratitude can dance together even during the era of COVID-19.

### **Insights about continuity and change**

COVID-19 clearly changed everything. As one of our respondents has already noted, this is “a pandemic that affects us all and healthcare professionals all over the world.” We had to adjust to this change or fall into a state of despair and even depression. Yet, the virus also taught us that there are some things in our life that don’t change, regardless of the virus’ invasion. It is precisely because of the need for some major changes, that we discover what doesn’t have to change (or what we refuse to change). One very discerning respondent observed the following about themselves: “my known patterns are showing themselves.” Another put it this way: “Fully stopping helps clarify what you truly want to continue.” The self-reflection that we have already identified helps us determine which of our old priorities (and patterns of behavior) should remain in place.

On the other side of the ledger, is the prospect of (even demand for) change. Respondents wrote of “Changing lifestyle and daily schedules.” As one respondent concluded: “flexibility is important when coping with life altering events [such as COVID].” Our colleagues found that changes were often required at a mundane level. The following insight was offered: “the ‘small stuff’ matters more when the large things are overwhelming.” Is this a mode of denial or is this recognition that small steps must be taken on the way to a long journey of change? It is not denial if we believe that we have the capacity to adjust and shift both the small stuff and the big stuff. This is the capacity for resilience that we have already identified.

One of the respondents offering the long statement we quoted at the start of this section seems to have provided us with some directions regarding resilience. This respondent reflected on the much bigger challenges which their ancestors faced and overcame. The resilience is there to be inherited and enacted by those challenged by 21st Century adversaries. In our self-reflection, can we find this inheritance? Can we appreciate the strengths and capacities that reside within us? For at least one of our respondents the answer to both questions is positive: “Radical change is more accessible than I previously understood. Covid 19 was a change imposed on our society, a planned change is also possible.”

As already noted, with this capacity for resilience comes the capacity to help other people discover and engage their own resilience. For instance, one respondent indicated that: “I’ve learned to appreciate that coworkers/leadership learned to adapt pretty well (and quickly) to the shift to the work-from-home way of doing things.” Thus, we have learned from our respondents (and from COVID-19) that we can reach back in time and reach out in our current world to find stories of and examples of courage, flexibility—and resilience. We are supported by and can in turn help to support this collective resilience in the face of a powerful foe (the virus) that is a source of collective trauma but also the potential source of new, collective learning.

### **Power and Lifelong Learning**

We turn finally to a much broader issue on which some of our respondents commented. This issue concerned the shifting nature of power that took place in many societies resulting from the virus. In most cases, this shift was not viewed by our respondents in a positive manner. One of our respondents focused on the growing persuasive power of the media. This respondent learned to their dismay “that the people of the world can be easily manipulated by media and tv. Powerful people enjoy having control over the masses.” Other respondents expressed similar concern about the growing centralization of control by the media and by leaders of their society.

On the other hand, one of our respondents offered some hope regarding informed use of power: “Crisis opens the eyes of leaders who thought they knew it all.” Perhaps, there are lessons to be learned by all of us—including those who are “experts” and those who hold positions of leadership. Our virus might have invited people of power into its classroom and taught these people something about humility and the need to be lifelong learners in a VUCA-Plus world.

### **Summary of Lessons Learning during the COVID-19 Era**

As Bergquist (2021) suggested, the virus has been a good teacher and several important lessons are offered by our participants. Two of the five themes that were presented above are identical to two of Silberberg's themes in the 7T model: (1) The Covid experience and (2) The Technology (Silberberg, 2021). The third theme: (3) The importance of relationships and inner life, presents and integrates between two ideas. The importance of relationships and the importance of inner life. The first idea is very dominant in Silberberg's 7T model. The lesson one of our participants offers: "There is no vaccine for loneliness", reminds one of Silberberg's citations: "Loneliness is more dangerous to us than the virus".

However, the other idea in this theme: The importance of inner life, is an important addition to the 7T model and should be further researched in the future. This important addition aligns with Bergquist's (2021) idea about the advantage introvert people might have in times like the Covid-19 era. The fourth theme: (4) Insights about continuity and change, partially overlaps the theme of: 'Opportunities for patients and therapists', in the 7T model, while emphasizing the notion of 'change' rather than the notion of 'growth'. The last theme: (5) Power and Lifelong Learning, has some overlapping ideas with the 7T model, like: sensitivity to the biases of authorities and the horizon of hope.

### **Discussion**

As we seek to bring focus to our findings, it is important to remain cautious about the very preliminary results we obtained given not only the small sample size and biased sampling of only graduates from our graduate school, but also the uneven distribution of responses from our three national populations and four service areas. Therefore, I have framed the outcomes of our pilot study as points of inquiry rather than conclusions or even formal hypotheses. Some interesting and potentially informative questions arise from our study that we hope will inspire and direct future research about the impact of COVID-19 (and other future pandemic viruses) on the offering of psychological services.

I have offered 9 points of inquiry in the section of this field report concerning national differences, and 7 points of inquiry in the section of this report that focuses on potential differences as a function of service area. In this final section, I have synthesized these 16 points of inquiry into a final set of 10 points that I hope can serve as guides to a much larger study of the COVID-19 impact.

### **Impact on Clients**

While the nature of services being provided does make a difference, we found that similar issues were being reported in most cases by all three national populations regarding the challenges faced by their clients. An important question can be posed: are these issues found to be prevalent in a broader sample of clients being provided with psychological services in these three nations? What about in other regions of the world? Anxiety was elevated for clients in all three nations as a result of the COVID-19 challenge.

The presence of anxiety in the Covid experience has been researched by many researchers since the beginning of 2020 (a short summary of several projects can be found in Silberberg, 2020). An important question should be addressed concerning the type of feelings being addressed in therapy, coaching and consulting sessions around the world. In seeking to address this question we offer the following point of inquiry:

- \* Are anxiety and other emotions presented in a different way and to a different extent by those offering psychological services in different nations and/or in different service areas?

Fear among clients about becoming infected or infecting other people revealed some interesting differences among the three national populations. There were rather high ratings among the Asian and Israeli respondents, while lower ratings were offered by the North American respondents. We would identify this as a point of inquiry to be further explored in a multi-culture research:

- \* Is fear of infection a greater concern in some nations and cultures, and among those seeking psychological services in some service areas than for those seeking these services in other nations, cultures and areas?

There were several intriguing differences between our three populations regarding COVID-related challenges for clients that were less tangible than those concerning health. Increased confusion among their clients about or loss of life purpose was more often identified among North American and Asian respondents than among Israeli respondents. Conversely, when it comes to issues associated with control and authority, Israeli respondents were more likely than North American or Asians to indicate that this is a challenge for their clients. Surprisingly, concerns about control and authority did not appear to be of greater concern for those receiving organizational consulting services. A point of inquiry is warranted:

- \* Are there significant national, cultural or service area differences regarding the extent to which life purpose and control/authority are threatened by pandemic viruses?

On the more positive side, we found that both the Israeli and Asian respondents, as well as the nontherapeutic services area respondents, indicated that their clients are likely to have found the virus to offer an opportunity for their own growth and/or movement in new directions. By contrast, a much smaller percent of the North American respondents and some of those providing therapeutic services rated growth as being engaged. The North American and Asian populations, however, indicated that many of their clients have found hope, empowerment and/or new vision of the future in the midst of COVID-19 challenges. A point of inquiry emerges from these interesting differences:

- \* Are there significant differences across nations, cultures and/or service areas as to the opportunities for growth, hope, empowerment, and vision of the future among those clients facing the COVID-19 challenge?

### **Impact on Services Being Delivered and Those Delivering These Services**

When we turn to the impact of the virus on the psychological practices being offered by our survey respondents, we find that some of the North American and Israeli respondents, as well as those providing therapeutic services, report seeing more clients, whereas very few of the Asian respondents or organizational consultants reported an increase. The perceived impact of the virus on our respondents'

effectiveness yielded several interesting differences. The Asian respondents and organizational consultants were not quite as confident regarding their effectiveness as were the North Americans, Israelis and those providing therapeutic services. The Asian ratings were quite dispersed. By contrast, many of the Israeli respondents indicated that they have become more effective. Ratings of the North Americans resided somewhere between the Israelis and Asian.

We pose an important point of inquiry regarding the self-perceptions and realities of our survey respondents regarding effectiveness:

\* What are the differences, if any, across nations, cultures and service areas regarding adaptivity or “agility” (a now popular term)—in responding to new challenges? Can the differences really be defined in terms of effectiveness or are they a matter of perception and self-efficacy?

We also studied the extent to which our respondents experienced their own anxiety as a result of the virus. All our Asian respondents indicating that anxiety was a concern in their own personal life, whereas the North American respondents often regarded their personal concern about increased anxiety as nonexistent or minimal. The Israelis were even less inclined to view anxiety as a personal concern. Things shift when our respondents rate the extent to which increased isolation and/or sense of loneliness becomes a concern. It is the Israeli respondents who frequently rate this as a concern, whereas the Asian and North American respondents were less likely to rate this as a concern. We did not find any major differences regarding the impact of COVID-19 on practitioners as a function of their service area. Our point of inquiry concerns the challenge of the COVID-19:

\* What are the differences, if any, across nations, cultures and service areas for practitioners in the fields of psychology, facing the COVID-19 challenge in their personal lives, (in terms of anxiety, isolation and self-mental health), and how does these differences affect their perception of effectiveness?

We found in analyzing the survey data that while some of the Israeli respondents identified major negative challenges in their life resulting from COVID, they also frequently indicated greater opportunities for growth and new directions than did our North American or Asian respondents. We can identify a proposition for further research:

\* Was the virus viewed in quite different ways by those who provide psychological services of various kinds in different regions of the world? If there are reported differences, do they result from the actual experiences with which each respondent had to deal in their own life or is it a matter of how these experiences are framed and engaged?

Some of the questions we asked in our survey concern potential changes in the type of psychological services being delivered or way in which these services are provided. We find the greater discrepancies between our three population when we asked them to consider the increased use of technology as a permanent alteration. Many of the Israeli identified major changes regarding the increased use of technologies, whereas the North American respondents were less likely to identify change in the use of technologies. Thus, while the technology-shifts are becoming a reality for many professionals providing psychological services in all three regions of the world, the shift seems to be most pronounced among the Israelis. A point of inquiry would center on several fundamental questions:

\* Why did practitioners in some nations and in some service-areas begin to make more extensive use of technology as a result of the pandemic? Who were more likely to make greater use of technologies, what technologies did they begin using, and why did they make this shift?

What about potential changes in the client populations being served? Only in the case of a shift to more personal services were a majority of responses indicative for both the Asian and Israeli practitioners of some change. The pattern of responses regarding a shift to more group work were similar to those for a shift to more personal services. A fairly large percent of both the Asian and Israeli respondents indicated shifting toward group work, while this category was chosen by none of the North American respondents. Though none of our respondents seems to be moving most of their work to organizations (unless they are already organizational consultants), we did find that a few of the North Americans and Asian respondents indicated that this could be a “major shift” for them in the near future as a result of the virus. None of the Israeli respondent anticipate a major shift. Our point of inquiry concerns the presence or absence of shifts in the clients being served.

\* Who are the practitioners who undergo major shifts regarding their delivery of personal, group or organizational services given the COVID-19 challenge? and what causes these shifts?

The depth and significance of the lessons offered by our participants invite further research regarding professional and personal insights by practitioners from all over the world. Therefore, our last point of inquiry refers to a qualitative study:

\* What are the major insights based of the challenging era of the Covid-19, made by practitioners?

We would like to note that this last point of inquiry refers not only to practitioners in the various fields of psychology, but also to practitioners in other fields as well. The wisdom of the crowd becomes more relevant—and an interdisciplinary inquiry might reveal new understanding of our limiting categorizations and boundaries.

## Conclusions

In this report we have opened the door for future, expanded studies regarding the impact of COVID-19 on psychological services being rendered in three regions of our world. As is the case with all pilot studies and preliminary analyses, many questions are identified—and no answers are provided. We propose that some answers—however tentative—to these important questions should be found in more extensive and systematic investigations. There will be future pandemics and psychological services will be sought by those people who face the many psychological challenges associated with elusive and deadly viruses. We must find the best ways in which to address these challenges, as well as the equally as demanding challenges facing those who are delivering these much-needed psychological services.

---

References



Bergquist, W. (2021) (In Hebrew), The COVID-19 Arrow: Striking at the Heart of American Life and Culture, In: Silberberg, V. (Ed.), Trapped in Hope, From Survival to Growth, In preparation.

Kahneman, D. (2011) Thinking, Fast and Slow. New York: Farrar, Straus and Giroux.

Silberberg, V. (2020). Hope in Corona Times in Israel, in: Psychological Perspectives on Israel During the COVID Pandemic/Journal of Professional Psychology in Library of Professional Psychology. Link: <https://library.psychology.edu/hope-in-corona-times-in-israel/>