Psychological Support and Psychotherapy during the COVID-19 Outbreak: First Response of Practitioners

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Abstract: Providers of psychological support and psychotherapy during the COVID-19 pandemic unfolding were facing the new unavoidable reality, which required making urgent changes in their practice. The paper aimed to study the "first responses" of psychologists and psychotherapists to the COVID-19 pandemic situation with its uncertainty before the lockdown. An online survey was developed and distributed among psychologists and psychotherapists from Ukraine from 14 to March 16, 2020. Results showed that among survey respondents (n=145), 35.9% had already changed their practice somehow, and 75.2% had been considering how their practice might be modified. The more often the COVID-19 pandemic was discussed by patients, the more often it affected the style and technique of the corresponding specialists, thereby pushing psychotherapists to change the format of their work. Practice restrictions due to quarantine measures affected more affiliated consultants, while difficulties with setting (e.g., canceled sessions, financial issues) were more frequent among private practice consultants, and both proposed online consultations to their patients. In conclusion, the pandemic situation caused relevant modifications in the organization of psychological and psychotherapeutic support even during the first weeks of the COVID-19 outbreak in Ukraine. The first responses of practitioners were related to (a) their experience and type of affiliation, (b) the main approach, (c) the subjective readiness or non-readiness to modify the usual form of work, (d) the way of interpreting the patient's anxieties, (e) the lethal cases of coronavirus in the area of living.

Keywords: COVID-19, coronavirus, pandemic, psychological support, psychotherapy.

1. INTRODUCTION

Ever since the coronavirus disease (COVID-19) was officially declared to have occurred in Wuhan, China, in December 2019 and spread dramatically to multitudes of countries in the following months, it has become increasingly influential in various aspects of life. In fact, we were witnessing the simultaneous spread of two viruses - one of which was real (Sars-Cov-2) and one of which was virtual (anxiety via mass media) [1].

As Wang C. *et al*. reported, persons who were not satisfied with the amount of information about the novel coronavirus had a low confidence level in their doctor's ability to diagnose or recognize COVID-19 [2]. Those individuals were more likely to have higher stress scores; furthermore, their contact with someone with a suspected coronavirus case was associated with higher anxiety levels. While suffering from coronavirus disease, some symptoms, and psychological difficulties may be exacerbated, some people may still feel high-stress levels even after recovery [3]. Analysis of these anxieties, fears, and uncertainty in the situation of the coronavirus outbreak compared to previous emergencies in Japan allowed Shigemura J. *et al*. to note anticipated mental health consequences and vulnerable groups [4]. The infected and ill patients, their families, their colleagues, Chinese persons, individuals with specific pre-existing mental or physical conditions, and health care workers were all included in the list of the most vulnerable groups for mental health care during the COVID-19 epidemic. Pregnant women and women with young children should be considered as well [5].

Since the pandemic outbreak to the date of our research, some findings, strategies, ideas, and experience of providing psychological support, psychotherapy, and mental health care in different regions during the COVID-19 spread have already been published.

The literature review on psychological support and psychotherapy adaptation strategies during the COVID-19 pandemic unfolding predominantly referred to Chinese and Asian experience. According to Liu S. *et al*., several online mental health services were widely implemented during the COVID-19 outbreak, aiming to propose a safer format for the population [6]. For example, 72 online surveys were available on the main social networking platform, WeChat. Besides, certain educational materials on mental health care, self-help, and counseling recommendations were published for everyone online by WeChat and other popular platforms Weibo and TikTok. Online psychological services in China have not only provided a possibility to

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get consultations with professionals round-the-clock (24/7) but have also proposed online psychological self-help intervention systems with online cognitive behavioral therapy for depression, anxiety, and insomnia. Moreover, several artificial intelligence programs checked suicide risks in an individual's posts on social network sources.

Zhang J. *et al*. developed a psychological crisis intervention model, which could be used through the Internet in case of limited access to traditional face-to-face psychological interventions [7]. The first type of such interventions is integrated into the treatment of pneumonia protocols while blocking the transmission routes and include two activities focused on: 1) fear of disease, mainly carried by physicians and assisted by psychologists; 2) difficulty in adaptation, mainly carried by social psychologists. Mental severe problems were recommended to be additionally managed by psychiatrists. The second type of intervention included 4 online services: (1) training and health education by an expert team; (2) psychological crisis interventions to the risk-group by a psychological rescue team; (3) counseling for staff and confirmed patients by a psychological assistance team; (4) a 24/7 online-assistance network of psychologists, physicians, and psychiatrists for internal and external social support. The third type of intervention was psychosocial support focusing on the quarantined people and medical staff. Psychological interventions and social assistance to isolated and suspected patients were mostly provided through a telephone hotline, applications, or chat by family members, social workers, psychologists, and psychiatrists. The fourth type of intervention was elaborated for medical staff and named “The Anticipated, Plan, and Deter (APD) Responder Risk and Resilience Model." According to APD, there is a pre-event stress training for medical staff that aims to develop an individual “personal resilience plan” based on the anticipation of further challenges, finding coping resources, monitoring stress levels, etc.

In contrast to such multi-level plans, Duan L. and Zhu G. pointed out several problems in psychological interventions in China during the COVID-19 pandemic: 1) difficulties in implementing plans because of independent activities of institutions and departments in different regions; 2) autonomy of health care and mental health care systems in some regions and cities that interferes transferring patients to psychological services after treatment; 3) a lack of experienced psychologists and psychiatrists in comparison to the amount required [4].

As for experience from other countries, Perrin P.B. *et al*. shared the results of the rapidly developing Primary Care Service at the Virginia Commonwealth University, USA, to provide psychological aid remotely during the COVID-19 pandemic [8]. Interestingly, they found that a certain group of patients preferred telepsychology to their previously declined in-person visits. Therefore, it allowed practitioners to reach more patients. Similar results were published by Silver Z. *et al*. They noticed a decrease in the rate of missed appointments after a transition to remote sessions with patients in public hospitals throughout the time of COVID-19 [9]. Chen C. *et al*. illustrated with clinical material some benefits of telepsychological sessions to therapeutic relationships, i.e., more safety, intimacy, and closeness, new topics, created by the absence of the other [10].

Fisher S. *et al*. described their experience in providing video conference psychotherapy [11]. The authors consider ostensive cues as key instruments used in the context of a therapeutic process to revive or preserve epistemic trust during telepsychology in the context of the COVID-19 pandemic. Clinical experience of psychotherapy in Switzerland showed the possibility of work with individuals or couples remotely using telecommunication technologies as a result of clear communication, using tone of voice, setting up a clear frame, the Self of the psychotherapist, accessing and deepening emotions, and managing interpersonal escalation [12]. Malater E. reported some limitations of Zoom sessions due to technical aspects, e.g., the name of the button "Leave Meeting," which signifies sessions or consultations as "meetings" [13].

The future post-COVID-19 modifications in psychotherapy and counseling are also new research topics [14-16]. The authors emphasize that there are significant lessons from the COVID-19 experience, which we should consider in future psychological support and psychotherapy. Mental health practitioners had to consider COVID-19 both as a significant topic in individual or group psychotherapy and psychological support and as an unavoidable reality that requires changes in the organization and setting of the practice. The usage of telehealth and telepsychology play a significant role in that period. Several significant psychological features of the coronavirus disease pandemic effects have already been discovered, and direct solutions in the field of public mental health care have been proposed and implemented.

During the first cases of COVID-19 in Ukraine, before the lockdown was imposed, there had been a period of uncertainty and lack of instructions for psychologists and psychotherapists on how to deal with the situation when the coronavirus epidemic was to unfold there. Practitioners were concerned with the aforementioned circumstances and coped with them in various ways, including denying danger or creating their own modifications in practice.

The aim was to study "first responses" of psychologists and psychotherapists to the first cases of COVID-19 in Ukraine with a focus on a) what the reasons were for the variety and differences in practitioners' responses to the COVID-19 pandemic risks; b) what barriers and what implemented modifications practitioners have admitted during the first cases of the coronavirus disease; c) what further modifications were acceptable for them.

2. MATERIALS AND METHODS

2.1. Survey Development

According to our aim, we developed and surveyed psychologists and psychotherapists from Ukraine. This was an online cross-sectional questionnaire with different types of open and closed questions (see Appendix A). On top of the survey, there was a short motivation statement, where the goals of the research were presented.

Four groups of questions were proposed:

- professional data (affiliation to the institution or individual private practice), working experience as a psychologist or psychotherapist indicated in years, main psychological approach, practice format (in person or online), country of providing psychological assistance or psychotherapy;
- observation of patients' behavior as a reaction to the COVID-19 pandemic: whether patients spoke about coronavirus danger or not, how practitioners interpreted it, whether there were any new complaints or symptoms patients were suffering from; whether the number of new requests had increased; if the pandemic had affected the number of new patients in psychological practice;
- self-observations during the consultations in association with the novel coronavirus pandemic: whether the professional style or technique of case management had changed, what changes of setting had been implemented, what challenges a psychologist or psychotherapist had been faced with;
- further changes or required modifications of practice: what temporary changes in the setting of work were acceptable for practitioners.

2.2. Setting and Participants

The target population consisted of practitioners in psychology and psychotherapy, either from institutions or private practice, who work in different psychological approaches. The survey method was chosen to collect immediate observations as answers "yes/no" to some close questions and as short narratives as well to obtain both quantitative and qualitative data. Besides, the survey made it possible to analyze both first observations of patients and self-observations of psychologists and psychotherapists themselves as well as their first decisions and concerns.

2.3. Ethics Approval and Consent Statement

The Ethics Committee approved the survey of the "Health Center" Branch of JSC "Ukrainian Railway" Kyiv Railway Clinical Hospital No. 1, and this study was carried out in accordance with its recommendations. The study was carried out in accordance with ethical standards. No bio-markers or tissue were collected. Participation was entirely voluntary, confidential, and anonymous. Before filling out the survey, which was self-administered anonymously, all participants were asked to give written online informed consent before, as legally and ethically required.

2.4. Data Collection

An online open survey was distributed via three major local, national professional associations from the 14th to March 16, 2020. The study was advertised online via closed professional web pages and social networks. Ukrainian and Russian language self-administered versions were provided. No identifying information was collected. The duration of only three days was chosen to collect the feedback from psychologists and psychotherapists during the first confirmed cases of COVID-19 in the country, before the lockdown was imposed, and before some national professional guidelines were proposed. In Ukraine, it was a period of uncertainty wherein schools, kindergartens, and universities had been closed (March 11), but the general nationwide quarantine itself had

not yet been established, except for prohibitions of mass events.

2.5. Statistical Analysis

Prior to statistical analysis, quantitative data were grouped according to specific categories: sex, professional affiliation, psychological approach (psychoanalytic psychotherapy, cognitive behavior therapy (CBT), etc.), and further group comparison by frequencies and ordinal data was performed. The obtained qualitative data from open-ended questions were coded using conceptual content analysis. Data analysis of this study includes descriptive statistics, calculation of frequencies, and percentages in samples using IBM SPSS Statistics 22 software. Multiple responses were analyzed by creating a multiple-responses set. A chi-square independence test was used to evaluate whether two categorical variables were associated with the sample. One-way ANOVA was used for comparing three or more groups (categories) on one metric variable (years of practice). Factor analysis was used to identify underlying factors and was measured by a set of observed variables (n=11) from the survey. Strong factors were identified by Eigenvalues over one and by scree plot visualization. Redistribution of the factor loading over the factors was performed according to the varimax rotation method with Kaiser normalization.

3. RESULTS

3.1. Survey Respondents

The responses (n=145) were obtained from Ukrainian psychologists and/or psychotherapists with a response rate of approximately 14.7% of the total estimated number of practitioners according to the registers of the three major national professional associations (the National Psychological Association (n=388), the Ukrainian Union of Psychotherapists (n=342), the Association of Psychotherapists and Psychoanalysts of Ukraine (n=252). Respondents had work experience from 1 to 27 years (M=8.1, SD=6.02, Mo=5, Me=6). Participants consisted of 131 female (90.3%) and 14 male (9.7%) practitioners.

Psychologists and psychotherapists mentioned a list of countries their patients were from. These are predominantly Ukraine and Belarus, Canada, China, Czech Republic, Hungary, Finland, France, Germany, Israel, Italy, Peru, Poland, Russian Federation, Turkey, Vietnam, the UK, and the USA for remote psychological support.

91.7% of respondents pointed out that they usually practice in person (42.1% exceptionally in person), and 57.9% work with clients online (8.3% exceptionally online).

One-third were affiliated with certain institutions, psychological centers, or mental health organizations, 77.9% worked with patients in private practice, and 7.6% worked in both spheres. Distribution in the type of affiliation corresponds with the practice format ($\chi^2(4)=23.17$, $p=0.000$). Those who work in private practice are more likely to combine online and in-person formats (59.4%) in contrast to those affiliated with the organizations who predominantly (75.5%) work face-to-face.

The distribution of psychological approaches and methods is represented in the percentages below (Figure **1**). In private practice psychoanalytic approach was more prevalent (35.6%), those who work within organizations reported CBT (24.2%) and eclectic (21.2%) approaches as predominant ($\chi^2(16)=25.71$, $p=0.005$).

Almost half (46.2%) of specialists reported there had been no cases of COVID-19 in their region (city, town, or state), whereas 37.9% admitted there had been cases of the novel coronavirus, and 11.0% of the aforementioned admitted death cases of COVID-19. 15.9% of the surveyed said they were not informed about the situation with the pandemic in their region. Interestingly, those respondents who reported lethal cases in their area of living tended to more frequently think about further changes of practice format due to the pandemic and had changed it already ($\chi^2(3)=13.76$, $p=0.003$).

3.2. Patients and Coronavirus

As the psychologists and psychotherapists reported, 50.3% of their patients had been speaking about the coronavirus at the consultations during the week preceding the survey. Moreover, 23.4% of them did it rather often, while 12.4% of the patients had raised this topic from time to time. As probable reasons for this, 44.8% of specialists suggested that patients had been concerned with real danger, and 52.4% considered that these concerns somehow coincided with specific personality traits and an individual's symptoms (like anxiety disorders or paranoid aspects). Irrespective of the answer to this question, the majority (75%) were thinking of how the format of their practice would change.

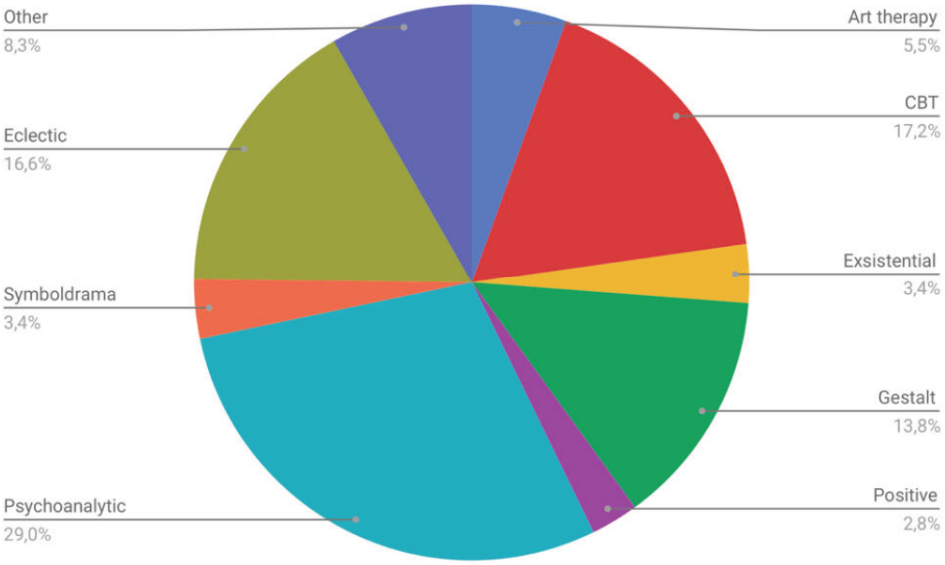

Figure 1: Distribution of psychological approaches and methods.

In private practice, the tendency for the patients to discuss the topic of coronavirus during the sessions was lower (37.6% responded that this topic almost had not appeared) than among those who were affiliated with organizations (36.6% reported it was often discussed). The more often the topic of the COVID-19 pandemic was discussed at the sessions by the patients, the more often it affected the style and technique of the specialist ($\chi^2(16)=45.84$, $p=0.000$), and pushed psychotherapists not just to think about changes, but to change the format (the place or frequency) ($\chi^2(4)=14.01$, $p=0.007$).

3.3. Current Modifications in Practice

As for the question about whether the COVID-19 pandemic had made an impact on the number of new patients' requests for consultation, 79.3% of psychologists and psychotherapists answered "no", 15.9% "yes, the number of new patients decreased", and 4.8% "yes, the number of new patients increased".

Although only 24.8% of specialists considered that the situation with the coronavirus had significantly affected their professional style and technique, 35.9% of respondents noted they had already changed or modified somehow their practice as a cause of the COVID-19 pandemic. A detailed list proposed by practitioners with all the mentioned current modifications was analyzed by key content elements and represented in Table **1**.

On the one hand, 40% of CBT therapists reported that their technique and style had been partly modified by the COVID-19 situation. On the other hand, gestalt (35%) and psychoanalytic psychotherapists (42.9%) answered that the influence had been insignificant ($\chi^2(32)=47.64$, $p=0.03$). The more therapists reported that the pandemic had affected their style or technique, the more they had already changed the format ($\chi^2(4)=17$, $p=0.002$). The most experienced specialists (more than 9 years of practice) reported that their practice either had been partly affected (M=9.58 years, SD=7.3) or not affected at all (M=9.61 years, SD=5.8). Those who were less experienced (M=7.82 years, SD=6) reported that it had been affected insignificantly, and the most inexperienced practitioners (M=5.65

Table 1: The Practice Modifications Due to the COVID-19 Pandemic

	Responses	
	N	**%**
1. Remote format of practice (online or by telephone)	36	43.4%
2. Rescheduling sessions and/or setting deviations	16	1.3%
3. Uncertainty, anxiety, and fear as the main topics at sessions	12	14.5%
4. Cancellation of individual, group therapy, or training	9	10.8%
5. Coping-oriented targets of psychological support	4	4.8%
6. Sanitation procedures (disinfection, distancing, etc.)	4	4.8%
7. Urgent requests from new, current, or past clients	2	2.4%
Total	83	100%

years, SD=3.9) reported it was hard to say whether it had been affected or not (F=2.7, p=0.03).

Those who work in private practice admitted that the situation related to the COVID-19 epidemic had affected their practice insignificantly (31.7%) or not at all (23%), and employees of organizations reported that it had affected their practice significantly or partly (45.4%), ($\chi^2(8)=15.46$, p=0.05). Practice restrictions due to possible quarantine measures had affected affiliated consultants more significantly, setting difficulties (canceled sessions, financial issues) were more frequent among consultants of private practice, while both equally frequently proposed online consultations to their clients. Setting difficulties might be associated with the fact that most patients pay themselves for their consultations or psychotherapy, and many face or anticipate financial difficulties.

3.4. Anticipation of Further Changes

75.2% of the respondents stated that they had been considering how their practice could be modified or changed in case the situation with COVID-19 in their region would worsen, and the reflection on this issue is represented below (Figure **2**). It might be divided into three sections: changes in the setting of the work (1-4), reconsideration of financial agreements (5-8), and additional knowledge or supervision demand (9-10).

3.5. General Factors

The main factors underlying the revealed differences in the perception of practical experience and the reaction to it were identified with factor analysis. Those five valid factors were the following: 1) readiness to transform psychological support in regard to special circumstances; 2) organization of the practice; 3) psychological method or approach 4) interpretation of the COVID-19 disease discussions; 5) COVID-19 confirmed cases. Each factor is named according to its most significant characteristic. The total dispersion of the selected factors reached 65.5%.

The first factor (contribution to the total variance – 20.3%) was defined as readiness to transform psychological support in regards to special circumstances, which comprised the following characteristics: the necessity to think (0.80), real actions (0.73), and reflection (0.55) on how to change the format of work due to the coronavirus pandemic. It may be discussed as a personality trait (e.g., reflexivity or flexibility), a certain coping strategy, or some professional skills associated with the experience.

The second factor (contribution to the total variance – 13.6%) was defined as the organization of the practice. It included the following characteristics: the type of employment (organization or private practice) (0.72) and work format (face-to-face or online) (-0.8). In other words, the continuum was discovered with specialists who work in the institutions with the face-to-face format on the one hand and those who work as private practitioners with combined face-to-face and online formats on the other.

The third factor (contribution to the total variance – 11.3%) is the psychological method or approach (0.8).

The fourth factor (contribution to the total variance –

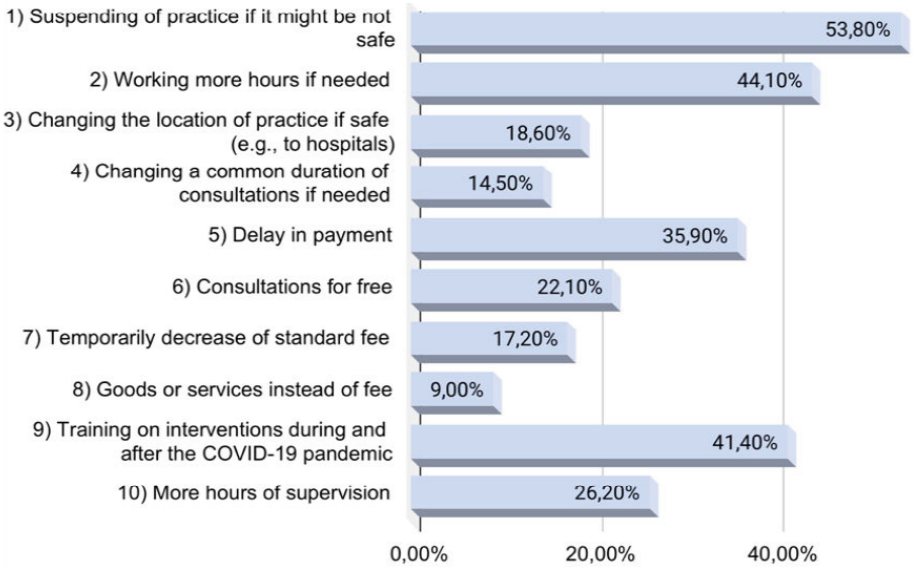

Figure 2: Anticipating changes in further practice, acceptable for practitioners.

10.3%) is the interpretation of the COVID-19 disease discussions, i.e., whether it was perceived by the psychotherapist as a symptom of a psychopathology manifestation or as a real threat (0.88).

The fifth factor (contribution to the total dispersion – 9.8%) in the presence of detected cases of COVID-19 (including lethal cases) in the respondent's region (0.88).

4. DISCUSSION

According to the data obtained from the respondents, the most significant changes were made in order to adapt practice from in-person services to remote psychological support. Despite many limitations of telepsychology (e.g., bias, lack of preparedness, concerns about its usefulness or efficacy), its usage has increased significantly due to substantial barriers which have come to the forefront during the COVID-19 pandemic [17-19]. Telepsychology has the potential to address current issues in the availability, accessibility, acceptability, anonymity, and affordability of mental health services; however, establishing or engaging in telepsychology practice has been daunting for many practitioners [20, 40]. Before the period of the first confirmed cases of COVID-19, 42.1% of our respondents usually counseled exceptionally in person, and in the situation of anticipated lockdown, that would be impossible; therefore, 75.2% of surveyed practitioners were thinking about how they could change the format. The obtained data on survey respondents corresponds to other findings on practitioners of psychological assistance and psychotherapy in Eastern Europe. The number of participants who normally used online format (57.9%) is also similar to the data from the study of psychotherapists from several Eastern-European countries in the Balkan region (i.e., Bosnia and Herzegovina, Croatia, Montenegro, Slovenia, and Serbia) that was recently published by Bagarić B. and Jokić-Begić N. [21]. About 60-64% of the practitioners from the mentioned region responded they worked online in non-pandemic times.

It is evident that telepsychology has become crucial for psychological service, now more than ever. From the perspective of patients, they often expressed relief and gratitude that the counseling continued, that the specialist stayed available as usual, and that service was even more accessible as patients did not have to travel to the appointment [22].

Although it was anticipated that patients would be primarily focused on COVID-19, many were ready to “get back to work” on their primary issues and were not as focused on the pandemic as it had been anticipated [22]. Nevertheless, according to the survey, half of the patients were focused on COVID-19, and the more often the topic of the COVID-19 pandemic was discussed at the sessions by the patients, the more often it affected the style and technique of the specialist and pushed psychotherapists to think about adaptation and actual changes of the session's format (the place or frequency). We believe these findings to be important, as they highlight the fragility and interactivity of the psychotherapeutic situation and psychotherapeutic relationships in general, which may become more evident in some crisis periods. Previously, it was more common to consider the psychologist or psychotherapist to be the only manager of the process and to be fully in charge of its handling. However, the increase in the significance of relational aspects of psychotherapy in modern theory seems justified due to the mentioned results.

Besides, it was found that practitioners in whose area of living fatal cases had already occurred tended to think about further changes of practice format due to the pandemic and to change it more frequently, as if only deaths could prove the danger of COVID-19. Similarly, the question arises on the part of responses when patients did not speak about COVID-19, practitioners did not think about making changes in their work due to the pandemic, and the problem of coronavirus was not considered as a real danger (only 44.8% of specialists suggested that patients had been concerned about a real danger), etc. This study gives no answer to the question of whether these responses highlight the patient's or specialist's denial and the effect of other defensive mechanisms, objective lack of information, region-specific features, "mass pandemic psychology", etc. To this date, we can only state that a quarter of the respondents gave such responses.

The percentage of gender distribution in the survey (90.3% females) is not surprising, as it corresponds with the data obtained from similar studies from the Czech Republic, Slovakia and Germany (77.8%; [24]), Croatia (88.6% females), and other countries of South-Eastern Europe (89.2% females) in Balkan region [21]. This may reflect some tendency in gender asymmetry in psychological occupations or readiness to participate in research in this region. However, there are no

relevant statistics to prove or disprove such distribution in Ukraine.

To the topic of approach or main method influences, there was some difference between CBT therapists (40% reported that their technique and style had been partly modified by the COVID-19 situation), gestalt (35%), and psychoanalytic psychotherapists (42.9%), who answered that the influence had been insignificant. It may be explained in terms of the flexibility of these methods, wherein practitioners are either trained to adhere strictly to the technique and eligible style or tend to be more independent in using them.

Another puzzling result was obtained regarding the tendency for the patients to discuss the topic of coronavirus during the sessions less often in private practice (37.6% responded that this topic almost had not appeared) than with those who were affiliated with organizations (36.6% reported it was often discussed). These results raise the question of the reasons for the mentioned difference. Due to the limitations of this study, we can only suggest some hypotheses explaining this phenomenon. One of the possible hypotheses is related to the difference between the groups of patients who visit the private practitioners or attend the organizations. For instance, in Ukraine such organizations are mainly funded by the government; therefore, they are totally free of charge for the patients. Whilst in private practice, the patients pay for the psychotherapy or counseling by themselves as there is no medical insurance to cover the cost of it, even partially. Consequently, these two groups may have significant differences in their quality of life, including the financial aspect. Thus, the patients of the practitioners affiliated with organizations could be more likely to be potentially affected by the COVID-19 pandemic and its implications and to be concerned about the real threats to their well-being. Another possible hypothesis is that these groups of patients differ by their requests due to the purposes of certain institutions. Organizations, especially mental health system services, are mainly focused on certain symptomatic disorders and severe difficulties, which often prevent the patients from normal functioning and activities, including professional activity. For new referrals, however, the primary driver was often the current pandemic (anxiety, panic attacks, worry about COVID-19 risk, etc.) [22]. Private practitioners, however, provide a larger range of services, i.e., on existential issues, relationships, dreams, and wishes, which are commonly non-symptomatic and not related to any disorders or loss of ability to work. We can assume that suspension of sessions with a psychologist or psychotherapist would be less dramatic for the patients of private practitioners.

The analysis of the survey has shown that there are significantly different responses of the specialists about the practice during the first COVID-19 pandemic depending on: 1) readiness to adapt psychological support and psychotherapy due to special circumstances; 2) specific organization of the practice; 3) psychological method or approach; 4) typical interpretation of patients' COVID-19 discussions; 5) confirmed cases of the coronavirus in the specialist's region. These differences were associated with the assessment of the COVID-19 pandemic impact on the professional style, technique, or setting of the work, the necessity to think about further changes, and types of perceived limitations in order to continue psychological support or psychotherapy, anticipating further changes.

What is not obvious from the obtained data, however, is whether the above-mentioned differences, especially readiness to adjust the practice according to the requirements of reality, may be explained by personality traits, unconscious defensive strategies, or by certain professional skills due to experience and/or concrete method. Factor analysis of the studied sample has shown that the main approach, style of interpretation, and readiness for changes were located in separate factors of impact, which may push us to the idea of personality contribution. However, this hypothesis should be tested on a bigger and more representative sample with practitioners of different approaches.

Aside from the emphasis on differences, some similar observations were discovered. The respondents reported their modifications in the form of short, listed narratives about current changes in practice, which were united and described below in more detail.

The prevalence of the remote format of psychological support due to special circumstances. In order to continue the work, psychologists and psychotherapists had to adapt from in-person sessions to remote psychological support, if possible. Some reported that psychological training and group therapy were adjusted to online meetings as well. Online psycho-educational lectures on the situation of the worldwide COVID-19 outbreak became high demand. The situation of the COVID-19 pandemic dictates remote format due to the reality of self-isolation [39].

Besides, we suppose that the obtained data may depend on psychologists' and psychotherapists' general attitude toward using modern technologies [11], which differs in association to the certain purpose of its use (therapy, psychoeducation, scheduling, etc.). Perrin P. *et al*. [8] also found that the most substantial barriers to the adoption of telepsychology were that psychologists were biased against it and confident that remote format was less effective than in-person treatment. Many mental health providers did not receive telepsychology training during their graduate programs, which may leave some providers reluctant to engage in telepsychology due to lack of exposure and knowledge regarding its use (efficacy, research, available technologies) [22]. Regular use of telepsychology is predicted by subjective norms, perceived ease of use, and usefulness of online work [24]. It may also be related to the approach of work; the specifics and traditions of some of them are even theoretically opposite to any remote sessions (e.g., psychoanalysis on a couch).

Therapy cancellation, rescheduling, and/or setting deviations. One of the mentioned challenges is that the stable setting might become a chaotic one. Due to the danger of contracting COVID-19, some mental health practitioners or their patients themselves canceled the meetings in person: consultations, individual and group therapy sessions, psychological classes with children, public projects, etc. Due to the inability of some clients to participate in online sessions (for example, lack of space at home, other family members being present, limitations of the method to be conducted online), this work was suspended for the quarantine period. Moreover, the closure of educational institutions for children has made the practice almost impossible for those specialists who are parents of preschoolers or schoolers themselves. Thus, psychological assistance of children, schoolers, their parents, and teachers have become temporarily impossible. Practitioners have also noticed that some patients could not continue their usual online sessions because of financial difficulties: the economic impact of COVID-19 and the resulting quarantine reduced the patients' usual income. Loss of employment, or being furloughed, and financial strain is a common stressor for lower-income patients regardless of the country of citizenship [6, 22].

Practitioners from institutions and from private practice tend to report different emphasis on difficulties: practice restrictions due to quarantine measures were more common for the first group, and setting difficulties were more frequent among the second. As we mentioned above, to the question of whether the COVID-19 pandemic had made an impact on the number of new patients' requests for consultation, 15.9% of practitioners responded "yes, the number of new patients decreased" and only 4.8% "yes, the number of new patients increased". Therefore, some decrease in the number of new referrals appeared before the lockdown, whilst it was more expected at least during the early weeks of the COVID-19 lockdown [25], although in some European countries, the decrease was not observed [23].

Uncertainty, anxiety, and fear as the main topics at sessions. Specialists reported an increase of anxiety, panic, and stress-related conditions associated with the coronavirus, both inherent to patients who had been in psychotherapy or psychological support for a long time and for those who had just started. Those states were caused by a sense of uncertainty, anxiety, fear of contamination, and fear of death. This corresponds with other clinical observations of practitioners, who consider these anxieties and fears not only as feelings of real danger but also in connection to unconscious anxieties (i.e., fear of annihilation, fear of loss, killing fantasies, viral uncanny, etc.) actualized because of the virus [26-30].

Coping-oriented targets of psychological support. The goals of patients' support became predominantly to increase the sense of security and the awareness of limitations, self-responsibility, and self-care. Ways of coping with possible isolation, feeling of alienation, and exclusion, in reality, became more significant in comparison to the analysis or exclosure of these experiences. Due to these goals, some specialists marked that their practice had become more active, positive-thinking ("What are your benefits from quarantine?"), CBT-like or using psychodrama-methods that had not often been used before. It also corresponds with the current position in psychotherapy towards the COVID-19 pandemic that claims that it is still necessary to study which psychotherapeutic approaches, setting, and supervision strategies will optimally serve the needs of patients [31].

Urgency as an inherent characteristic of requests. Practitioners noticed the increase of urgent cases when current, past or new patients asked for an extra consultation ("A matter of life and death"). It may correlate with the lack of resources to continue psychotherapy due to financial difficulties, lack of time, and the danger of COVID-19, pushing patients to ask for consultations literally in urgent cases only.

Due to obtained data, 75.2% of specialists in psychological support and psychotherapy were considering different possible further changes in setting in case the coronavirus pandemic situation would worsen in their region (Figure **2**). We have observed distribution in three fields: changes in the setting of the work, reconsideration of financial agreements, and additional knowledge or supervision urge. One of the top-3 tendencies was the request for training about effective interventions for those who suffered because of the COVID-19 pandemic. It may correspond with some resistance in making modifications because the lack of training was the most frequently endorsed barrier to telepsychology use among mental health care providers as well as practitioner's own crisis facing the pandemic [32, 33]. That day, several recommendations for people and for specialists from respectable psychological and mental health organizations (American Psychiatric Association, APA; Center for the Study of Traumatic Stress, Uniformed Services University; Psychological Center of International Federation of Red Cross and Red Crescent Societies; World Health Organization, WHO; etc.) were widely available via open web-sources [34-37]; Poletti B. *et al*. designed a leaflet about telepsychotherapy for practitioners in the age of COVID-19. Nevertheless, not many of them were swiftly translated into Ukrainian or Russian, and, perhaps, they were not yet well-known within the studied region [38]. However, in general, this response may be interpreted as practitioners' recognition and acceptance of their lack of knowledge, experience, and specific procedures on how to work in uncertain conditions, which also points to the readiness for development. At the same time, the demand for additional training and the wish to increase the number of supervision hours are signaling for the necessity of clear instructions, support, and guidance of professional communities in addition or instead of individual elaborations and inventions on how to cope in practice with the pandemic situation.

5. LIMITATIONS

This study has several limitations, which we associate with a) sample size and content and b) procedure limitations.

The number of psychologists and psychotherapists who responded to the survey was relatively small. Unfortunately, it was impossible to increase the number of survey responses due to several reasons. First of all, voluntary and anonymous participation involved only those practitioners who were sensitive to the topic of COVID-19 effects. Some psychologists and psychotherapists left comments on our invitation to participate in our survey, saying that there was no necessity to answer its questions because "there was no pandemic, it was just a media or political manipulation". The second reason may be associated with the fact that the participants are Internet users who were online when the survey was conducted, which is not representative of the general sample of psychologists and psychotherapists. The third reason is the short duration of the survey (only three days) due to the objectives of the study. Therefore, it is not possible to extrapolate the obtained data to the whole practitioners from Ukraine.

Another limitation is that psychologists and psychotherapists were applying different approaches, among which some were more frequently chosen (e.g., psychoanalytic and CBT) than others. As a result, we discovered more particular aspects about CBT and psychoanalytic practitioners. A bigger and more heterogeneous sample could show more tendencies and features, including differences between formats of practice and approaches. Moreover, the sample consisted of considerably more female participants than male. As we mentioned above, this may highlight the specifics of gender asymmetry in psychological and psychotherapy fields, common for East-European countries, or in the readiness to participate in research, especially conducted by women. Nevertheless, such asymmetry may not clearly show male practitioners' responses to the COVID-19 outbreak.

Besides, the sample included information about the duration of experience in the profession but did not consider the status of certification in psychotherapy. Therefore, there is no data about the percentage of practitioners who are still in their training.

Several limitations are associated with the procedure. Recruitment to the survey was very short and based on self-selection, which raises the possibility that only psychotherapists with more awareness about COVID-19 existence decided to participate. Besides, we believe that a semi-structured interview could provide us with more impossible to use this method for a rapid study.

6. CONCLUSIONS

This study of psychologists and psychotherapists from Ukraine shows that the first response to the

COVID-19 outbreak is vested on the experience and organizational aspects of the practice of specialists and is also related to the subjective readiness or non-readiness to modify the usual form of work. Furthermore, we see how much depends on the approach of work and the way of interpreting the patient's anxieties.

At the same time, at least a third of practitioners were rather inventive and flexible to offer patients new solutions that allow them to save stable psychological and psychotherapeutic processes due to: online and telephone sessions; flexibility in changing the schedule; the change of targets and techniques of work to a more active and supporting coping resources of personality; recognition of the real causes of fear and anxiety; safe space care. Additionally, three-quarters of psychologists and psychotherapists were concerned about what changes they should bring to their work, which especially emphasizes the relevance of developing and proposing clear recommendations and ensuring continued professional support from professional associations and organizations.

The unavoidable changes in reality due to the pandemic situation caused relevant modifications in the organization of psychological and psychotherapeutic support even during the first weeks of the COVID-19 outbreak in Ukraine. The main task of these modifications during the first cases of Sars-Cov-2 was to maintain the stability of the setting as much as possible and to continue providing necessary aid to patients in such difficult conditions: the quarantine, financial loss, impossibility of face-to-face meetings, and sticking to the schedule, etc. Those were the most effective strategies to deal with anxiety, irrespective of whether it has been caused by a real danger or underlying personality psychopathology.

CONFLICT OF INTEREST STATEMENT

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

APPENDIX A

The Survey for Psychologists and Psychotherapists

1. Please, read and confirm if you agree with the following:

"I consent to the collection and processing of my personal data and their confidential use for research purposes"

2. Please choose the most accurate option that characterizes your professional position (one or both):

"I am a psychologist (psychotherapist) conducting the practice within a certain center, institution, or organization as an employee"

"I am a psychologist (psychotherapist) conducting a private practice (for example, in a personal office, or renting office-hours independently)"

3. Please indicate the number of years during which you have been practicing as a psychologist or psychotherapist, excluding months (for example, "2", "10"). Please indicate experience less than a year as "1".

4. Please choose in what format you usually conduct your practice as a psychologist or psychotherapist (both options may be chosen):

"In-person"

"Remotely (Online)"

5. Please write the name of the country in which you practice (if you work online with other countries, write the main country with which you work or several countries)

6. Please choose your gender:

"Male"

"Female"

"Other"

7. What is the main approach or method your practice is based on?

"Art-therapy"

"CBT"

"Existential"

"Eclectic (mixed)"

"Gestalt"

"Positive"

"Psychoanalytic"

"Symboldrama"

"Other"

8. How often do your clients talk about the COVID-19 coronavirus in consultations or therapy sessions? (for the last week)

"Often"

"Sometimes"

"Hard to say"

"Seldom"

"Almost never"

9. Do you consider the topic of coronavirus to be part of the symptoms of your patients (for example, paranoid aspects or excessive anxiety)?

"Only in this way"

"Yes, sometimes this topic coincides with specific personality traits and symptoms"

"No, they are talking primarily about a real threat"

10. Do you think the COVID-19 pandemic has somehow affected your work style and case management technique?

"Yes, affected significantly"

"Partly affected"

"Hard to say"

"Affected insignificantly"

"I am sure it has not been affected at all"

11. Has the COVID-19 pandemic affected the number of new requests to you as a psychologist or psychotherapist?

"Yes, the number of requests has increased"

"Yes, the number of requests has decreased"

"No"

12. Do you think about how the format of your work will / should change if the situation with the COVID-19 pandemic worsens in your region?

"Yes"

"No"

13. Have you already had to somehow change the format of work (for example, frequency or venue) because of the pandemic of COVID-19? If yes, please describe and rank in order of preference.

"Yes"

"No"

14. At the moment of filling in the survey in your region (e.g., city, region), cases of coronavirus disease are:

"Confirmed"

"Confirmed and include lethal cases"

"Not confirmed"

"I don't know"

15. What further changes in your practical work are acceptable for you if the situation with the COVID-19 pandemic worsens? Please select the items with which you agree:

"Ready to spend more counseling or psychotherapy hours"

"Ready to temporarily suspend the practice if its continuing will pose a risk to my health or the health of the client"

"Ready for a temporary reduction in the fee for a consultation or psychotherapeutic hour"

"Ready to conduct some cases on a charitable basis (for free)"

"Ready to change the usual duration of consultations or psychotherapy sessions"

"Ready to change the place of work (for example, to a hospital) with safety measures"

"Ready for the delay in payment (for example, in the case of quarantine in banks)."Ready for additional training on assistance to Covid-19 infected people and their families"

"Ready to increase the number of received supervisions and interventions during this period"

"Ready to receive payment for consultations by barter (goods, services) instead of money"

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Received on 24-03-2021 Accepted on 20-04-2021 Published on 30-04-2021

https://doi.org/10.6000/2292-2598.2021.09.02.1