



Original Research

Satisfaction and Therapeutic Alliance with Mental Health Providers in Teletherapy as Opposed to Face-to-Face Counseling for College Students: Diversity, Equity, Inclusion, and Accessibility

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Abstract: This mixed-methods, exploratory study compares the Client Satisfaction Questionnaire-8 (CSQ-8) and the Working Alliance Inventory-Short Revised (WAI-SR) scores among twenty-one college students who received mental health services using teletherapy during 2020 to 2021, and a comparison group from two similar studies using face-to face counseling. This study describes the self-reported student satisfaction levels with teletherapy services, the therapeutic alliance between the student and therapist, and qualitative data detailing participant experiences with teletherapy. The sample included 81 percent female participants, 57 percent between 18 and 21 years, and 62 percent Asian American students. Results indicated that 71.4 percent of the participants completed seven to eight teletherapy sessions out of a one to eight brief therapy model offered to them. Students reported high levels of satisfaction with services (29.4 out of a possible 32). High levels of therapeutic alliance with therapists were reported at (WAI-SR = 54.4, out of a possible 60). Qualitative responses focused on appreciation for the therapy sessions or the therapist. The results were mixed about the use of technology in psychotherapy. The response rate was 25.9 percent. These results compared favorably with similar studies, which found that students who were seen in face-to-face therapy were very satisfied with services (CSQ-8 = 29.8, out of a possible 32) and experienced high levels of therapeutic alliance with their providers (WAI = 77.2, out of 84). In comparison, teletherapy participants were more likely to be younger and Asian than face-to-face clients (mean = 26.2, 52.2% White). Clinical implications are provided. Areas for future research are outlined.

Keywords: College Mental Health, Teletherapy, Student Satisfaction, Therapy Alliance with Counselor

Introduction

When universities closed in 2020 due to COVID-19, the conversion of academic experiences to virtual-only environments became an unexpected experiment in preferred methods of delivery for academic and mental health services (Kleinpeter 2023; Peterson, Salazar, and Kertz 2020). According to the US Department of Education, National Center for Education

Statistics, the percentage of students enrolled in distance education courses doubled to 72.8 percent in 2020. During college closures, students' mental health services were interrupted.

To meet the mental health needs of students, many colleges and universities moved from face-to-face counseling to teletherapy (Burgoyne and Cohn 2020). Teletherapy is defined as "videoconferencing, phone calls, email, texting, computerized interventions, and smart phone applications" (Peterson, Salazar, and Kertz 2020, 113). With videoconferencing, the client and therapist can see and hear each other in real time. Accessibility advantages for consumers, including, rural, disabled, housebound clients, and veterans, have shown teletherapy to be an asset (US Department of Health and Human Services 2016; Mott et al. 2014). However, there is limited research on college students' satisfaction with teletherapy and their perceived alliance with their therapists. Additionally, there is a paucity of research on benefits of teletherapy for college students with considerations for diversity, equity, inclusion, and accessibility.

Literature Review

College Students' Mental Health Symptoms and Challenges

Since the pandemic began in 2020, college students' mental health has suffered. The American College Health Association (ACHA 2021) reported that 24.3 percent of students experienced moderate levels of psychological distress, while 26.4 percent experienced serious levels of psychological distress in the past year. More alarming is that 49.4 percent of Trans/Gender Non-conforming students experienced serious psychological distress in the past twelve months. Fifty-five percent of Cisgender students reported that they experienced loneliness in the past twelve months. However, 70.8 percent of Trans/Gender Non-conforming students reported experiencing loneliness in the past year.

According to the ACHA (2021), students had challenges in the past year with academics (56.1%), finances (46.0), family (42.6%), and health of someone close to them (43.3%). In 2016, students reported feeling overwhelmed by academics (48.4%), family problems (28.6%), finances (34.1%), and personal health issues (21.1%) (ACHA 2016). In every category, more students endorsed these problems in 2021 than in 2016. In 2021, Cisgender students reported that they had experienced bullying (5.8%); however, Trans/Gender Non-conforming students experienced bullying at nearly twice the rate (10.0%). Discrimination was reported by Cisgender students (11.9%) as well as by their Trans/Gender Non-conforming peers at more than twice the rate (27.1%). Microaggressions were experienced by 17.4 percent of Cisgender students but were experienced by 44.6 percent of Trans/Gender Non-conforming students. In summary, all students reported higher levels of distress than they did only five years ago, and in every category, however, Trans/Gender Non-conforming students show a greater percentage of challenges and distress than their Cisgender peers (ACHA 2021).

One year following the school closures due to the pandemic, students endorsed a large number of serious mental health symptoms (ACHA 2021). Students reported that they had made a suicide attempt in the past year (2.3% Cisgender and 5.6% Trans/Gender Non-conforming). Students experienced a high level of stress in the past year (Cisgender men 24.2%, Cisgender women 36.5% and Trans/Gender Non-conforming students 46.7%). Those students who responded to the ACHA 2021 Survey reported being diagnosed with anxiety (Cisgender 28.9%, Trans/Gender Non-conforming 54.9%) and depression (Cisgender 23.4%, Trans/Gender Non-conforming 50.9%). Depression and anxiety are two disorder categories that are reported most often by college students (Wang et al. 2020). Trans/Gender Non-conforming students were significantly higher in their percentage of respondents who were diagnosed with a mental health disorder. The respondents indicated that they were diagnosed with Post Traumatic Stress Disorder (PTSD) (Cisgender men 2.9%, Cisgender women 7.3%, and Trans/Gender Non-conforming students 18.9%). These statistics are consistent with other research that shows Trans/Gender Non-conforming students suffer acts of harassment and violence more often than other students (Griner et al. 2020). Acts of violence are often the cause of PTSD (American Psychiatric Association 2022).

Olson et al. (2023), explored the experiences of college students who completed their education during the COVID-19 lockdown by using a photo survey of their experiences. Students analyzed images and texts to share their experiences. The research revealed that students reported a decline in their mental health during the lockdown. First-year students experienced unmet psychosocial and educational needs. Ahuvia et al. (2022) and Coley and Baum (2022) found that the pandemic increased the need for mental health services.

College Students' Satisfaction and Alliance with Counselors

The focus of college counseling services shifted from academic counseling to treatment of psychiatric conditions, community outreach, consultation, threat assessment, and prevention (Kay and Schwartz 2010). Nash et al. (2017) found that students who reported they needed counseling but did not receive it were more likely to have lower grade point average, be less academically engaged, and have lower campus satisfaction. Additionally, students who attended at least one counseling session were more academically engaged than students who perceived they needed help but did not get it. Client perceptions of counseling services became increasingly recognized as important beginning in the 1990s. One means by which counselors show the efficacy of the services they provide is through client evaluations of mental health services (Constantine 2002). Client satisfaction is a primary outcome measure for evaluating mental health services (Gaston and Sabourin 1992). The addition of consumers' voices shaping policy and program development suggests that client satisfaction is viewed as an important indicator of quality of care (Fetterman 2005). Clients' perceptions of therapist likability, acceptance, encouragement, respectfulness, helpfulness, caring, empathy, clear

communication, responsiveness, availability, humaneness, information sharing, and appearing skilled emerged as being important in predicting client satisfaction (Conte et al. 1995). Also, the relationship between client and therapist was found to be related to client satisfaction with treatment (Draucker and Petrovic 1997). The quality of the helping relationship (also known as the therapeutic alliance) is related to dropout rates. A helping relationship that involves agreement of therapist and client on the goals and tasks of treatment decreases dropout rates (Gaston 1990). Dissatisfaction with treatment or therapists is often reported by dropouts as their reason for quitting (Pekarik 1992). Dropouts' levels of satisfaction with services or therapists tend to be significantly lower than those of treatment completers.

Student satisfaction with mental health services offered in person at a community college student health center in southern California, prior to the pandemic, was measured using the *Client Satisfaction Questionnaire-8* (Attkisson and Zwick 1982; Kleinpeter, Potts, and Bachmann 2013). Upon termination from their counseling sessions, students completed a survey at the student health center where they received brief therapy (one to eight sessions). The mean number of sessions provided was 4.9. Students were ethnically diverse: 18.4 percent Latinx, 26.4 percent Asian, and 52.0 percent White. Students' mean age was 27.7 years. Most participants were female (72.0%). Results showed that students were very satisfied with their treatment, as indicated by a mean score of 29.79, out of a possible 32 points on the CSQ-8 and a low treatment dropout rate of 15.9 percent. There were no significant ethnic differences found in the level of students' satisfaction with services. The number of sessions received was not related to the clients' level of satisfaction with services. The survey response rate was 35.6 percent.

Therapeutic alliance with counselors was studied pre-pandemic at a community college student health center in southern California using the *Working Alliance Inventory* (WAI) (Munder et al. 2010; Kleinpeter, Potts, and Bachmann 2015). One hundred-thirty students were seen in person for brief therapy (one to eight sessions), and the mean number of sessions provided was 4.2. Students were ethnically diverse: 18.3 percent Latinx, 27.0 percent Asian, and 52.2 percent White. Students ranged from 18 to 56 years, with a mean age of 26.2 years. Most participants were female (71.3%). Mental health issues presented were depression (24.6 percent), anxiety (15.4 percent), and stress (13.1 percent). Results showed that the WAI scores were high, with subscales ranging from 25.1 to 27.0, out of a possible 28.0. Students who had more sessions had slightly higher scores on the WAI, although not significant at the .05 level. The survey response rate was 35.4 percent.

In 2024, a study was conducted to compare university students' satisfaction with in-person and remote mental health services during COVID-19 (Hersch et al. 2024). University students ($n = 245$) who had used both in-person and remote campus mental health services participated in an online survey that examined their satisfaction with and perceptions of campus mental health services. No statistically significant differences were found between students' satisfaction with in-person or remote services. Additionally, student's relationship with their counselor or therapeutic alliance did not differ by delivery modality. Most

participants (90.2%) said that remote delivered services were as effective or more so than in-person services. Limitations included a lack of ethnic diversity in this sample and a higher number of male participants than would be found in a typical college mental health sample. Standardized instruments were not used in this study. Of note, most of the participants remained with their same counselor before and after the transition from in-person to remote sessions, which may have affected their experiences. This study provides evidence that many students find remote mental health services acceptable and beneficial.

Teletherapy with College Students

Since teletherapy first began more than twenty years ago, research has explored its effectiveness as compared to traditional counseling. Overall, research supports the view that teletherapy is as effective as face-to-face therapy in a range of circumstances. Some examples of positive outcomes with teletherapy follow: Wagner, Horn, and Maercker (2013) explored the benefits of teletherapy for patients diagnosed with depression. Compared to in-person counseling, teletherapy patients improved slightly more than face-to-face patients at the end of brief treatment and at a three-month follow-up session. Acierno et al. (2017) found that veterans who were diagnosed with PTSD and treated with teletherapy showed similar improvement as those treated face-to-face. Day, McGrath, and Wojtowicz (2013) delivered internet-based self-help to university students with anxiety and depression and found that students who took part in internet therapy had lower scores on measures of anxiety, depression, and stress than wait list controls. Novella, Ng, and Samuolis (2022) compared teletherapy to face-to-face counseling using solution-focused treatment for college students with mild to moderate anxiety. Students were randomly assigned to treatment modalities. Findings showed that both delivery methods were equally effective in reducing anxiety, as measured by standardized instruments.

Lambert and Barley (2001) summarized research on the importance of the therapeutic relationship between the client and the counselor. They found that common factors such as empathy, warmth, and the quality of the therapeutic relationship are more highly correlated with successful client outcomes than specialized treatment interventions. Novotney (2017) expressed concern about the loss of face-to-face connections with teletherapy and suggested that it is inappropriate for high-risk patients such as those who may be contemplating suicide. Farber and Ort (2022) investigated clients' perceptions of changes in their therapists' positive regard in transitioning from in-person to teletherapy during the pandemic. Findings showed that despite the abrupt shutdown, clients perceived their therapists as communicating positive regard at the same or even slightly higher degrees as compared to face-to-face treatment pre-pandemic.

Research focusing on college student satisfaction with teletherapy is limited. Information about ethnic differences in satisfaction levels is needed. The potential benefits of teletherapy

on college campuses as a choice, in addition to traditional therapy, needs to be explored. Given that psychological disorders are prevalent and disabling to college students and that many students do not seek help (ethnic, sexual, and racial minority groups), outreach efforts to target the needs of underserved groups are critical.

Diversity, Equity, Inclusion, and Accessibility

The Chronicle of Higher Education explored the use of teletherapy to increase access to mental health services for college students (Field 2016). Some campuses had already begun to include teletherapy and in-person counseling before the pandemic. The use of teletherapy was intended to increase capacity for understaffed counseling centers that were overwhelmed with students needing services. Teletherapy offered support between therapy sessions or counseling services during a waiting period until in-person staff were available. Despite low levels of help seeking among college students (Eisenberg et al. 2009), colleges reported difficulties meeting the demand for counseling services (Gallagher 2015).

Interest in the potential benefits of teletherapy to students was noted in the literature. Peterson, Salazar, and Kertz (2020) discussed advantages of reduced stigma of in-person attendance, convenience, and easier access to counseling services. Gallagher (2015) suggested that access to low-cost mental health resources provided by universities could mitigate disparities in access to mental health care due to socioeconomic factors.

Ogueji et al. (2022) explored participant barriers to using e-therapy in Nigeria. Authors conducted a qualitative open-ended study with 100 adults ages 18 to 52 years. Study participants were from the general population and were recruited through social media. Results showed that 88 percent of participants were willing to use e-therapy; however, 9 percent were not willing to take part in e-therapy. The most commonly reported reasons for not participating in e-therapy were lack of electricity supply in Nigeria, poor internet service, high internet service charges, and technological illiteracy. Some participants were not aware of the available e-therapy services, and in some cases, the services were not available.

Gurney (2021) addressed the concern that telehealth may increase disparities in health care if issues of the digital divide are not addressed. The authors discussed equity in health-care delivery in New Zealand during the initial stages of the COVID-19 pandemic. Equity was addressed by government provision of internet access and modems to households that could not afford them. Additionally, medical professionals moved 70 percent of patient visits to telehealth, thus lessening the spread of disease, reducing the patient burden of having to travel, and reducing the time commitment related to accessing medical care. Also, telehealth reduced the indirect costs of in-person visits such as taking time off from work, paying for childcare, and travel costs. Patients who needed office visits continued to receive those services. However, the authors caution that if digital inclusion is not addressed, the

substitution of telehealth for office visits could result in lack of care for some people who may already be disadvantaged in accessing quality medical care.

A national survey in the United States was conducted by Madjid et al. (2022) about the trends in telehealth use. Findings suggest that telehealth use increased dramatically during the COVID-19 pandemic but that access to telehealth was not equitable across different population subgroups. Nearly one in four respondents said that they used telehealth services (23%) but this proportion was lower for the uninsured participants (9.4%) and for young adults ages 18 to 24 (17.6%). However, the groups with the highest use of videoconferencing were those ages 18 to 24 (72.5%), those earning at least \$100,000 (68.8%), the privately insured (65.9%), and White individuals (61.9%). Telehealth rates were lowest among those without a high school diploma (38.1%) and older adults (43.5%). The lowest rates of telehealth use were with Latinx (50.7%), Asian (51.3%), and Black respondents (53.6%). Authors conclude that policy efforts need to ensure equitable access to telehealth and eliminate disparities among population subgroups.

Prior studies have explored the needs of college students, their symptoms (ACHA 2021), and treatment approaches to improve their educational and psychiatric outcomes (Coley and Baum 2022). Research has explored the modalities of offering in-person, online, and hybrid methods of delivery for mental health treatment on college campuses (Novella, Ng, and Samuolis 2022). Cronin et al. (2021) explored the barriers to gaining access to treatment and ways to use technology to reach underserved groups. Some studies have used standardized instruments, while others created specific surveys or qualitative questions for their settings (Hersch et al. 2024). At times, researchers choose to use one treatment center or to explore a large sample of students from many colleges. Given the locations of the colleges, some included samples that were ethnically diverse, while others lacked diversity. Mostly, studies offered the perspective of college students during or before COVID-19 but rarely included a comparison of students who experienced both. Hersch et al. (2024) explored student experiences with both remote and in-person counseling in 2021, using an online survey for students from many universities inquiring about student satisfaction with the services and therapeutic alliance with therapists. There is a paucity of research on ways to reach underserved groups, especially ethnic minoritized individuals and those with accessibility issues such as lack of time, transportation, or financial resources. More research needs to be conducted on ways to create equity in offering campus resources to all students and to find ways technology may contribute to achieving this goal.

The current study evaluated the experiences of community college students who sought treatment from a student health center for mental health services offered remotely. The site was a mid-sized college in southern California, in a suburban beachside community. The campus serves 11,621 students from ethnically diverse backgrounds, including 25.0 percent Asian, 35.0 percent Latino, 2.0 percent African American, 5.0 percent two races, and 29.0 percent European American (Golden West College, n.d.). The evaluation took place at the

end of each student's last therapy session. The post-therapy satisfaction survey was administered by the health center staff in an online format. The study used a secondary data analysis, and researchers were given access to the survey data without identifiers. The information from this study was compared to studies at the same college, using the same instruments pre-pandemic. In both cases, the two prior studies and the current study, students did not choose their modality, only in-person sessions were offered pre-pandemic, and online sessions were offered during the college closure.

Purpose of Study

The purposes of this exploratory study were to: (1) compare the demographic characteristics of community college students receiving teletherapy mental health services during the COVID-19 pandemic with similar studies of face-to-face counseling offered prior to the pandemic at the same college; (2) document the satisfaction levels of students receiving teletherapy compared to those who received similar services in person; (3) examine the therapeutic alliance between students and therapists in teletherapy compared to a similar study with face-to-face counseling; and (4) to explore students' experiences with teletherapy through open-ended responses.

Methods

Permission for this study was obtained from the Institutional Review Board at California State University, Long Beach, CA and Golden West College, Huntington Beach, CA. The California State University, Institutional Review Board, requires that researchers who collect secondary data obtain permission from the institution that provides it, which in this case was Golden West Community College. Additionally, in cases of secondary data analysis, permission is granted under exempt status when researchers have no identifying information about participants in the study.

This mixed-methods, exploratory study was conducted through a secondary analysis of data provided by the Golden West College, Student Health Center of an online survey at termination of teletherapy services. Data included the students' responses about their satisfaction with counseling services, the therapeutic alliance with their therapists, and open-ended responses about their experience with the services. This evaluation was used to improve services offered through the Student Health Center and may have implications for colleges that offer similar teletherapy services. Data for this study was collected by the staff at the Student Health Center during 2020 to 2021, when in-person counseling was unavailable to students due to COVID-19 school closures.

The instruments used for this survey included the Client Satisfaction Questionnaire-8 (CSQ-8), an eight-item, easily scored and administered measurement designed to measure client satisfaction with services. The CSQ-8 is unidimensional, yielding a homogeneous

estimate of general satisfaction with services. Examples include “How satisfied are you with the amount of help you have received?” and “Have the services you received helped you to deal more effectively with your problems?” An overall score is calculated by summing the respondent’s rating (item rating) score for each scale item. Scores therefore range from 8 to 32, with higher values indicating higher satisfaction (Attkisson and Zwick 1982).

A second instrument included in the survey was the *Working Alliance Inventory-Short Revised* (WAI-SR), used to measure the therapeutic alliance between the client and the therapist. The WAI-SR assesses three key aspects of the therapeutic alliance: (a) agreement on the tasks of therapy, (b) agreement on the goals of therapy, and (c) development of an affective bond. Four items comprise each subdomain, which is measured using a Likert-type scale of 1 = Does not correspond at all to 7 = Corresponds exactly. Sample items include “My counselor and I agree on things I will need to do in treatment to improve my situation” and “My counselor and I trust one another.” Scores on the subdomains range from 4 to 28, with higher scores indicating higher levels. The total score possible for the WAI-SR is 84 points (Munder et al. 2010).

Quantitative results of the survey are reported in frequencies, percentages, means, and standard deviations when appropriate. Chi-square was used for gender and race/ethnicity comparisons. Chi-square test of independence was performed regarding the number of sessions attended and ethnic group. Post-hoc analyses were performed using Tukey’s HSD. The Statistical Package for the Social Sciences (SPSS), Version 24, was used to analyze the quantitative data.

Qualitative questions explored the students’ experiences with counseling services. These included: (1) What was most helpful to you; (2) What was least helpful to you; and (3) Please share any additional comments.

Phenomenological reduction was used to analyze the open-ended survey questions, using open coding, text analysis, and category analysis. The content of the open-ended survey created categories. Responses that pertained to a specific category were filtered, and only those comments were viewed for category accuracy. After categorizing all responses, they were listed by the most often used count of all tagged categories to the least used. This method adheres to van Manen’s (1997) procedures in developing themes to reflect the phenomenon’s characteristics.

Two prior studies at the same college were used to compare student satisfaction levels and therapeutic alliance for students who received pre-pandemic face-to-face counseling through a survey administered following participants’ last therapy session. The comparison studies were conducted by Christine B. Kleinpeter, Marilyn Potts, and Rob Bachmann in 2013 and 2015, at the same community college as the current study and discussed in the literature review. The identified study variables were student demographics, the number of sessions received, scores from the CSQ-8 (Attkisson and Zwick 1982), and scores from the WAI-SR (Munder et al. 2010).

Results

This study explored the experiences of twenty-one ethnically diverse, community college students in southern California who attended teletherapy during 2020 to 2021, due to school closure related to COVID-19. Students completed a post-therapy online survey including: CSQ-8, WAI-SR, demographic information, and three open-ended questions.

Demographics

Females were the majority of the teletherapy participants, at 81 percent. The primary ethnic groups represented in teletherapy were Asian (69.1%), Latinx (19.0%), and White (9.0%). Only one Black student utilized teletherapy. Fifty-seven percent of participants ranged in age from 18 to 21 years. See Table 1 for demographic characteristics of teletherapy study participants, comparison groups (in-person), and the general student population at the college.

Table 1: Characteristics of Study Participants (Teletherapy), Comparison Group (In-Person) and Student Population

	<i>Teletherapy</i> (2020– 2021) <i>f (%)</i>	<i>In-Person</i> <i>Counseling</i> (2013) (<i>S</i>)* <i>f (%)</i>	<i>In-Person</i> <i>Counseling</i> (2015) (<i>TA</i>)** <i>f (%)</i>	<i>General</i> <i>Student</i> <i>Population</i> (2020–2021) <i>f (%)</i>	<i>General</i> <i>Student</i> <i>Population</i> (2013) <i>f (%)</i>	<i>General</i> <i>Student</i> <i>Population</i> (2015) <i>f (%)</i>
<i>Gender</i>						
Males	4 (19.0)	37 (28.0)	37 (28.7)	4,661 (40.6)	9,512 (45.4)	9,203 (45.2)
Females	17 (81.0)	95 (72.0)	92 (71.3)	6,708 (53.4)	11,439 (54.6)	11,158 (54.8)
<i>Race/Ethnicity</i>						
Non-Hispanic White	2 (9.0)	65 (52.0)	60 (52.2)	4,836 (25.6)	8,192 (39.1)	7,819 (38.4)
Latinx	4 (19.0)	23 (18.4)	21 (18.3)	5,984 (31.6)	3,625 (17.3)	4,235 (20.8)
Asian American	13 (61.9)	33 (26.4)	31 (27.0)	6,058 (32.0)	6,222 (29.7)	6,475 (31.8)
African American	1 (4.8)	0	0	382 (2.0)	396 (1.9)	407 (2.1)
Other/ Unknown	1 (4.8)	11 (8.3)	18 (13.8)	1,648 (10.5)	2,516 (12.0)	1,823 (9.0)

Note: *N* = 81 clients served in teletherapy, 21 participated in the study, 57% were ages 18–21 years.
N = 18,908 college population and 47.5% were ages 18–24 years (2020–2021).
N = 132 in-person comparison group-Student Satisfaction, Age *M* = 27.7 and *N* = 20,951 college population, Age *M* = 26.3 (2013).
N = 130 in-person comparison group-Therapeutic Alliance, Age *M* = 26.2 and *N* = 20,361 college population, Age *M* = 24.7 (2015).
**S* = Student Satisfaction Comparison Group (2013).
***TA* = Therapeutic Alliance Comparison Group (2015).

Student Satisfaction Levels

The CSQ-8 consisted of eight items, and the value for Cronbach's Alpha for the survey was $\alpha = .88$. SPSS was used to analyze quantitative data. Scores on the CSQ-8 were higher for women ($M = 28.9$, $SD = 3.4$) than for men ($M = 26.8$, $SD = 1.3$), $t(17.73) = 2.01$, $p = .03$, $d = .67$. CSQ-8 scores and the age of the students were positively correlated, Spearman's $r(21) = .474$, $p = .006$. Older students were more satisfied. Analysis of variance showed the main effect of the CSQ-8 scores on racial/ethnic identity was not significant, $F(2, 17) = .236$, $p = .79$, $\eta^2 = .027$. Post-hoc analyses using Tukey's HSD also indicated no significant differences. A chi-square test of independence was performed to examine the relation between the number of sessions attended and the students' racial and ethnic identity. The relation between these variables was significant, $\chi^2(9, N = 21) = 16.83$, $p = .05$. Hispanic/Latino students (57.1%) were more likely to attend a greater number of sessions than Asian/Asian American students (42.9%). Seventy-one percent of participants completed seven to eight teletherapy sessions, out of a one to eight brief therapy model offered to them.

Therapeutic Alliance

Therapeutic alliance levels were measured using the WAI-SR. SPSS was used to analyze quantitative data. Results showed high WAI-SR scores with teletherapy (mean = 54.4, out of a possible 60). Students' subscale scores for Bond = 18.4, Task = 18.6, and Goal = 17.0 were also high. However, students' scores for the Goal Subscale in teletherapy clients were significantly lower than for Bond and Task. The WAI-SR assesses three key aspects of the therapeutic alliance: (a) agreement on the tasks of therapy, (b) agreement on the goals of therapy, and (c) development of an affective bond. Results show that students who were seen in teletherapy did not feel as positive about the goal setting aspects of treatment as they felt about the affective bond with their therapists or the agreement with their therapists on the tasks to be completed in counseling sessions.

Comparisons with In-Person Counseling in Prior Studies

High levels of therapeutic alliance with counselors were found in both teletherapy (54.4, out of 60, WAI-SR) and face-to-face sessions (77.2, out of 84, WAI). In both cases, students' alliance with therapists was rated at 91 percent for teletherapy and 92 percent for in-person counseling. Students' subscale scores for Bond = 18.4, Task = 18.6, and Goal = 17.0 were also high. However, scores for Goal in teletherapy clients were significantly lower than for Bond and Task. In comparison, the in-person therapy scores were nearly equal at Bond = 26.2, Task = 25.9, and Goal = 25.1. CSQ-8 and WAI total scores were positively correlated, $r(21) = .588$, $p = .005$; satisfaction and WAI Task were positively correlated, $r(21) = .704$, $p < .001$; and satisfaction with

and WAI Goal were positively correlated, $r(21) = .545, p = .01$. Despite high Bond scores, satisfaction with teletherapy and Bond were not significantly correlated; $r(21) = .263, p = .25$.

Student Responses to Open-Ended Questions

Twenty students responded to open-ended questions. Phenomenological reduction was used to analyze the open-ended survey questions, using open coding, text analysis, and category analysis (van Manen 1997). Many students gave more than one response. Most ($N = 9$) qualitative responses focused on appreciation for the therapy sessions or the therapist. Some students reported gratitude for the accommodation of teletherapy following school closure due to COVID-19 ($N = 7$). The results were mixed about the use of technology, with one student describing videoconferencing as the most helpful aspect of their experience and another student noting that being over videoconferencing was the least helpful aspect of their treatment. Some ($N = 3$) students reported that the least helpful aspects of therapy were that sessions were limited, focus was not on what was most important to them, the time of the appointment, and the paperwork required prior to treatment. Many students stated that they had no “least helpful aspects of therapy” or that they left that question blank ($N = 15$). Some examples of participants who reported that the therapy sessions or the therapist were the most helpful aspects of the program follow.

I enjoyed the sessions. It was nice to be able to talk with a therapist. I would seek services again if needed.

The therapist was very respectful of my concerns and how I see things when we tried to solve issues.

The way my therapist encouraged me.

Having someone to talk to and validate my feelings.

Finding better ways to set boundaries.

My therapist made me notice abusive behaviors I did not see before therapy.

Receiving advice from my therapist about practical tasks/methods for daily routines.

My therapist was wonderful, I miss her already.

Examples of student responses that show gratitude for the shift to teletherapy as an accommodation during COVID-19 follow.

Overall, I felt very happy with the accommodation provided for me.

I appreciate the efficiency it took the team to respond to my request for help.

Thank you to everyone for all the work this department has done. It is a blessing to be able to have this resource available to students.

Everyone I met going through this experience was incredibly helpful and compassionate, which made me feel safe and confident toward moving forward.

Some clients provided examples of negative aspects of the program; most often reported was the brief period (eight sessions) or the session's length as being the least helpful to them.

It was only a 45-minute session, I wish it were longer.

I wish I could meet with the therapist in-person to discuss the problems I needed help with.

Being given advice that did not specifically relate to what I was going through.

The time of the appointment.

Completing the intake paperwork required prior to therapy.

Discussion

The aims of this study were to compare the demographic characteristics of community college students who participated in teletherapy with those who received face-to-face counseling and the general college population; to understand the satisfaction levels and therapeutic alliance in teletherapy as compared to face-to-face counseling, and to explore students' experiences with teletherapy through open-ended responses.

Females were the majority in this study for all three groups (teletherapy = 81%), in-person counseling comparison groups ($M = 71.7$), as well as in the general student population ($M = 54.3$). This finding was consistent with prior research at the same college (Kleinpeter, Potts, and Bachmann 2013), the ACHA Spring 2021 survey and California Community College population data (US Department of Health and Human Services 2022). McDermott et al. (2018) found that conformity to masculine role norms, particularly self-reliance and emotional control, were help-seeking barriers among college men. Participants in teletherapy were younger (57% were between ages 18 and 21) than the in-person comparison groups ($M = 27.0$). In this study, the primary ethnic groups represented in teletherapy were Asian (69.1%), Latinx (19.0%), and White (9.0%). In contrast, the in-person comparison groups had a much larger representation of White students ($M = 52.1\%$) and a lower percentage of Asian students (26.7%), while Latinx students remained about the same in both teletherapy ($M = 19.0\%$) and in-person counseling groups ($M = 18.4\%$). Black students represented about 2 percent of the college population in 2013 to 2020, but no Black students attended face-to-face counseling, and only one Black student attended teletherapy sessions. Findings suggest that culture is a factor in

which ethnic groups access counseling. Notably, in 2020 to 2021, Asian students accessed counseling at twice the rate when offered through teletherapy, and White students' participation decreased by about 60 percent. This finding is inconsistent with prior research; Nam et al. (2010) found that students from Western cultures had more positive attitudes than students from non-Western cultures in seeking professional mental health support.

Latinx students increased in the general population of students in 2020 to 2021 (31.6%), yet they remained at the same level for teletherapy (19.0%) and in-person counseling ($M = 18.4\%$). Prior studies found that Latinx students are less likely to attend counseling than White or Black students (Hersch et al. 2024). Latinx students received less care when considering that they increased in the general population of students but received no more counseling services.

Overall, this study suggests there are benefits to providing both types of counseling modalities (i.e., teletherapy and face-to-face) to reach underserved student groups. This could increase equity in health care by offering services to a larger student population in need of mental health treatment. In fact, teletherapy served a different group of students (younger and Asian) while in-person counseling served (older and White) students. Additionally, Latinx students need more outreach as they are underserved by the mental health providers in this community college.

In both teletherapy (0.7%) and in-person counseling (0.6%), mental health use of counseling services was lower than expected. Recent studies show that 2 percent of community college students in California received mental health services (2019–2020). National data shows that at the beginning of the pandemic, mental health issues among college students increased, yet their use of counseling services decreased (ACHA 2021). Greater outreach is needed for diverse groups to ensure that all students have access to mental health services on college campuses. Classroom presentations to increase help-seeking behavior, reduce stigma, and provide information about services offered (including teletherapy options) were found useful for outreach to college students (Cronin et al. 2021).

Participants in the present study (teletherapy) reported high levels of satisfaction ($M = 29.4$, out of a possible 32). These results are consistent with the satisfaction levels of students who received in-person counseling ($M = 29.8$) (Kleinpeter, Potts, and Bachmann 2013). The results of this study are consistent with those of Hersch et al. (2024), who also found in-person and remote counseling experiences showed no difference in students' ratings of satisfaction with treatment. However, in the Hersch et al. (2024) study, a standardized measurement tool was not used, so a direct comparison is not possible.

Students reported positive experiences in both teletherapy and face-to-face counseling; the difference was seen in utilization patterns based on ethnic and age groups regarding modality of service. It is interesting to note that when White students attended teletherapy, their satisfaction scores were higher than those of other groups. More research is needed to clarify this correlation. Additionally, it is unclear why Latinx students seemed reluctant to

use the mental health services; however, when they did attend, they attended more sessions than Asian students. Women were more satisfied with teletherapy than men. National data suggests that when men come for treatment, they have more serious symptoms and entered care later than women (Garcia et al. 2020). There were no ethnic differences in CSQ-8 levels of teletherapy clients in the current study. This finding is consistent with Kleinpeter, Potts, and Bachmann (2013), which showed no ethnic differences in CSQ-8 levels in face-to-face counseling in a similar study.

High levels of therapeutic alliance were found in both teletherapy (54.4, out of 60, WAI-SR) and in-person sessions (77.2, out of 84, WAI). In both cases, students' alliance with therapists was rated at 91 percent (teletherapy) and 92 percent (in-person) counseling. Students' subscale scores for Bond = 18.4, Task = 18.6, and Goal = 17.0 were also high. However, scores for Goal were significantly lower than for Bond and Task in teletherapy. In comparison, the face-to-face therapy scores were nearly equal at Bond = 26.2, Task = 25.9, and Goal = 25.1.

Students in the current study rated the total WAI-SR score high, which is consistent with Gonzalez et al. (2022) and Hersch et al. (2024), who reported that students who shifted from face-to-face counseling to teletherapy during COVID-19-induced campus closures found it to be an "adequate alternative" and felt that "therapeutic alliance was commensurate with in-person counseling." In the current study, students rated the WAI-SR subscale "Goal" lower than Bond or Task. The Gonzales study did not address therapist goal setting. CSQ-8 scores and WAI-SR total scores were positively correlated, and consistent with Novotney (2017), which indicates that working alliance is a key factor in client satisfaction with therapy. It is unclear why the WAI-SR Bond score (teletherapy) was not positively correlated with the CSQ-8 scores; this is inconsistent with the comparison in-person study findings (Kleinpeter, Potts, and Bachmann 2015). Peterson, Salazar, and Kertz (2020) indicate that both students and mental health professionals expressed concerns about the therapeutic relationship with the use of teletherapy focusing on the importance of the therapeutic relationship in the overall client experience. This is inconsistent with the current study, which found high WAI-SR scores with teletherapy. The results of this study are consistent with those of Hersch et al. (2024), who also found in-person and remote counseling experiences showed no difference in students' ratings of their therapy alliance with their counselors. However, in the Hersch et al. (2024) study, a standardized measurement tool was not used, so a direct comparison is not possible.

The response rate was good for teletherapy clients (25.9%) and the face-to-face comparison groups (35.5%). These response rates compare favorably to other in-person surveys and online surveys (Fosnacht et al. 2017). Research suggests that online surveys are equivalent to other response modes in terms of participant compliance and may improve data quality (French, Falcon, and Allen 2019). Fosnacht et al. (2017) described a response rate of 25.3% for an online survey as relatively high. The response rate for in-person survey completion as compared to online survey completion in the comparison of the current study to past studies in this same college may be partially explained by a difference in data collection

procedures between the studies. An online survey was given to all teletherapy participants through an automated process, while the in-person surveys used staff members to provide a paper version of the survey to students after their final session. Participants' open-ended comments support the quantitative findings.

Clinical Implications

Students' choice for teletherapy or face-to-face counseling may provide clarity between therapeutic alliance or students' perceptions of the use of technology in their educational experience, including student services. The use of therapy approaches that emphasize client choice in goal setting may improve students' experience in counseling. For example, Motivational Interviewing (Miller and Rollnick 2013) emphasizes goals that are mutually decided by the client and therapist. Because the sample size was small, it is not clear if the lower scores on the WAI-SR-Goal subscale in the teletherapy group and the confirming qualitative responses indicate the style of a particular counselor as opposed to the use of teletherapy.

Limitations and Future Research

Limitations of the present study include the fact that only one community college (two-year) in a southern California suburban area was used. The instruments in this study are self-report; as with all self-report measures, students may not report their experiences candidly. A larger sample size with several sites would improve the generalizability of future studies. Standardization of treatment approaches may separate student reaction to the therapeutic approach, rather than to the use of technology in counseling. More qualitative questions would provide students with the opportunity to expand on their answers and separate issues of technology from those of their experience with the counseling services.

Some participants in this study may be biased in their opinions of teletherapy because they were already receiving face-to-face counseling prior to the school closure and were given no choice to continue in traditional treatment. Additionally, it is unknown whether participants had received teletherapy previously and how this may have affected their satisfaction levels. As many college clinics have now included teletherapy in addition to traditional approaches, future studies will need to be conducted with pre-treatment questions about student choice for in-person or teletherapy to investigate factors that may have affected their choice.

Conclusions

The aim of this study was to evaluate a new method (teletherapy) not offered prior to COVID-19 at the college. We learned that both teletherapy and in-person counseling were effective regarding student satisfaction and therapeutic alliance, yet a different group of students was reached with teletherapy. As colleges move beyond COVID-19, it is important to review

“lessons learned” about what was valuable to our programs during the pandemic that enhances our mission of providing an inclusive counseling experience that offers accessibility for all the diverse student groups we serve.

Teletherapy offers an opportunity for colleges and universities to increase equity by providing all students access to health care that may have previously been out of their reach. Moving forward, efforts must include evaluating and addressing the aspects of teletherapy that may worsen inequities such as digital poverty. Achieving equity requires challenging unfair systems and policies that oppress those who have been historically underrepresented because of their race, ethnicity, age, ability, sexual orientation, gender, gender identity, socioeconomic status, geography, religion, or nationality.

An evaluation of clinical services provides valuable information for program improvement in clinical settings and offers an opportunity to compare novel approaches and usual care. Demographic trends at the student health centers and college populations can be tracked, and changes can be made to services offered and outreach efforts needed. Additionally, program evaluation outcomes at one college may prove useful for implementation of services at similar colleges and provides support for continuing research efforts to understand and improve the experience of college students who receive mental health care. It is noteworthy that following COVID-19, the community college highlighted in this study decided to provide both in-person and remote services to their students and offered them a choice of modality to improve access for them.

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Informed Consent

The current study was conducted in compliance with the American Psychological Association ethical standards. Institutional review board approval was gained before the collection of data and participants provided informed consent. Study participants did not provide identifying information.

Conflict of Interest

The authors declare they have no conflicts of interest.

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