



# The Influence of Growth Mindset of Therapists on the Adoption of Online Technologies for Cognitive Behavioral Therapy

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The Influence of Growth Mindset of Therapists on the Adoption of Online Technologies for  
Cognitive Behavioral Therapy

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A Thesis in the Field of Psychology  
for the Degree of Master of Liberal Arts in Extension Studies

Harvard University

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## Abstract

In a quest to narrow down my research on the topic of mindset, I decided to focus on those kinds of people who help others with their mindset and mental health, but rarely receive attention on their own state of mind: psychologists. I selected 10 therapists and coaches and asked them questions about their business and career to assess how their growth mindset had impacted one of the most challenging two years we have faced in the past decades. Carol Dweck's concept of mindset builds the basis for this thesis and how the questions were selected.

I found important differences between those who worked for someone else during the past two years and those who are self-employed. The latter group of people usually had a much more defined internal thought management system. Those who worked as employees, often relied on their colleagues and peer group – so external feedback and help – to succeed in their work and manage the new online environment successfully. Whereas the employed psychologists would here and there cancel sessions if they did not feel fit enough, that almost did not seem to be an option for those who are self-employed. In fact, they did not just view it as a job, but they had incorporated well-being and good mindset practices into their whole life. They saw this as an accelerator to how they show up for their clients and how well they could get their work done.

While their responses do not give a final answer to the topic of mindset, they lay a foundation for further work.

*Keywords:* cognitive-behavioral psychology, virtual work, remote work, psychologists, therapists, iCBT, carol dweck, growth mindset

## Author's Biographical Sketch

Pamela Wagner is an accomplished businesswoman, entrepreneur, and academic. She has an Undergraduate degree in Business from the Vienna University of Economics and Business, and a Master's degree in International Business from Hult International Business School. She obtained the degrees while studying in Austria, Spain, China, and the United Arab Emirates. Since 2018, she has been a lecturer at the Vienna University of Economics and Business, where she teaches Bachelor and Master students how to use Google Ads and Google Analytics for business growth. Pamela's current efforts to receive the Master in Liberal Arts serve as a pursuit of a lifelong interest in personal growth and mindset.

Her career has taken her around the globe. After working for Google, she decided to create her own boutique advertising agency 'Ajala Digital' in early 2016. The company operates location-independently since its founding, has a global team, and is a Google Partner.

In 2018, Pamela received the Tony Elumelu Foundation Award for her mentoring of entrepreneurs in Ghana and Nigeria. A year earlier, she was honored to be on the Forbes 30 Under 30 list. In addition to speaking several languages, she has been to more than 90 countries. Her insights have been featured on media outlets such as Forbes, where she also writes guest articles, Yahoo, ABC News, Mashable, MSN, the Washington Times, Google Startup Grind, and many more.

## Dedication

This thesis and research work is dedicated to my parents, without whom I would not have set on this journey of ever-growing curiosity and interest in the human mind.

## Acknowledgments

My appreciation goes first and foremost out to Barbara Rose Gottlieb, who has helped with her guidance in making this thesis a publishable piece of work and helping me persist through times of confusion. Secondly, Adrienne Tierney has supported me in getting the thesis topic approved, kept me on track to meet all administrative deadlines, gave me feedback numerous times, and guided me patiently with any questions I had. Both have my deepest respect and thankfulness for sharing their knowledge, wisdom, and experience with me.

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## Chapter I.

### Introduction

Mental health issues come at a high cost for society, and everyone involved—clients, service providers, and the healthcare system—because they are more expensive than all other health conditions (Roehrig, 2016). The Covid-19 pandemic has shed a light on the many negative effects that isolation can have on mental health and how costly it can be. In many countries where lockdown and quarantine became mandatory, there has been an increasing need for online mental health services. This was in part due to the sharp reduction of in-person session availability as well as an actual 9-31% increase in prevalence of mental health issues (Dragioti et al., 2022).

While a lot of research has been emerging about the effects of pandemics and economic downturns on patients, very little attention has been paid to the people who are responsible for helping all of us get through difficult times mentally: therapists, psychologists and coaches (Tsamakis et al., 2021). Therapists are faced with multiple simultaneous challenges – the direct impact of the COVID pandemic on their own lives, and the challenge of addressing the impact of the pandemic on their patients. Most research focusing on healthcare workers focus on doctors and nurses. These studies serve as a reference point to investigating the impact on mental health providers. For example, one of the studies in this area was done in Wuhan with 994 medical and nursing staff, who dealt with psychological needs of patients almost every day (Kontoangelos & Papageorgiou, 2020). Over 60% of the participants had mild to severe disturbances in

their own mental health, which resulted from the impact of the pandemic. While all of them confirmed having access to psychological resources, only 17.4% went to professional counselling themselves. Tsamakidis and colleagues (2021) mention that the extraordinary conditions of the pandemic have increased OCD, PTSD, PTSS, anxiety, depression, somatization, and sleep issues among health care workers. They highlight that additional risk factors are, for example, being female, having lack of training, sudden redeployment, and social isolation. In a large-scale meta-analysis across 173 studies from February to June 2020, Dragioti and colleagues (2022) found that sleep issues (27%) and stress (40%) were most prevalent for healthcare workers in high-income countries (however, including publication bias), and increased with social isolation and quarantine duration. For other working populations, depression and PTSD symptoms were much more common. And, overall, females faced higher prevalence of mental health problems than men.

Research demonstrates that uncertainty about future – a major feature of the pandemic, is also frequently associated with higher rates of depression-anxiety disorders (Godinic et al., 2020). The researchers also highlight that, during uncertain times, existing diseases usually worsen and become more chronic. This was also found by Gruber and colleagues (2021), who predicted that anxiety and depression symptoms are expected to further increase during the pandemic. The researchers also assume that the existing lack of funding for mental health care services will further be exacerbated. Reduced availability of social interactions due to widespread lockdowns have had a further negative impact on mental health. This is based on the premise that social interactions usually promote overall well-being and psychological resilience.

## The Impact of Quarantine Restrictions on the Nature of Work

Quarantine restrictions have created the necessity for two innovations in the delivery of mental health services: tele-therapy and asynchronous forms of treatment. Tsamakidis and colleagues (2021) report that 70% of countries have already adopted tele-therapy to replace the sudden lack of in-person consultations. Online CBT is not only efficient for people in isolation (e.g. prisoners) but also offers a cost-effective treatment option to help with a variety of mental health issues and has been part of research prior to the pandemic (Mak & Chan, 2018). For example, Duffy and colleagues (2019) found in their study with 124 patients that internet-based cognitive behavioural therapy significantly reduced depression, anxiety, and improved overall functioning. More specifically, online face-to-face sessions with tools like FaceTime, Zoom, Skype, Google Hangouts, and many others have become the closest alternative mirroring in-person sessions.

However, these platforms vary in terms of perceived reliability and security by therapists (Waller et al., 2020). As Hilty and colleagues (2020) describe, the therapy sessions on online platforms would fall under the category of e-consultation with video and can be used for low to high-intensity measures. Low-intensity measures usually describe telephone or email consultations as well as in-person sessions, which can be synchronous or asynchronous. Mid-intensity measures feature synchronous and asynchronous sessions, which are often based on the use of at least two of the aforementioned communication channels. High-intensity measures feature synchronous in-person and/or video sessions. E-consultation with video has been shown to be effective for treating patients in a variety of settings with post-traumatic stress disorder (PTSD),

depression, inattention, hyperactivity, cancer, and many more (Hilty et al., 2021). In terms of types of treatment and its different stages, e-consultation has been shown to be effective for diagnosis, case formulation, psychoeducation as well as consulting on medication (Calderone et al., 2020). Both patients and practitioners felt satisfied with the methods used and report that patients' needs were met (Wright et al., 2020).

When live tele-therapy is not possible or available, asynchronously delivered CBT, often in the form of internet-based interventions and where provider and patient do not have to be communicating at the same time, has been shown to work for a wider range of clinical conditions (Andersson & Hedman, 2013). For example, Young and colleagues (2022) highlight in their qualitative study in China, where they combined telephone support with asynchronous tools, that cognitive restructuring, self-awareness, and regulation of emotions was improved. Among the platforms used for this kind of delivery are patient portal email and messaging options, store-and-forward video, as well as any kind of specifically designed mobile apps, which offer in-app messaging features (Chan et al., 2018). The researchers conducted a review of literature from the past three years. They found that while asynchronously delivered CBT offers many advantages, such as overcoming geographical, administrative, financial, and scheduling barriers, therapists still need to understand the efficacy as well as limitations better. For example, legal and privacy concerns require more informed addressing, as well as letting the patients know about appropriate use and methods in order to avoid frustration and miscommunication. As a result, they concluded that asynchronous technologies offer a great addition to psychiatric care but may not be able to replace it fully. Another study with 10 pregnant or postpartum young people (age 14-24) found that asynchronously

delivered mental health content in the frame of a social media group is a valuable addition for a group therapy setting (Gewali et al., 2021). It helped provide access to therapeutic content despite the different schedules of the participants and offered an interactive way to discuss topics beyond the in-person group sessions. In addition, adding an asynchronous component reduced stigma for the participants and provided a supportive community.

Quite a few studies have used therapist and patient questionnaires to provide clarity on the efficiency of CBT for patients in confinement (Meisel et al., 2018, Cliffe et al., 2020). They have found that while therapists are familiar with many non-in-person CBT options and have started to use them more during 2020 because of the COVID-19 pandemic, many do not feel confident enough applying them properly and efficiently. Recent research about CBT and eating disorders demonstrated that therapists are especially concerned with technical issues, environment changes, and how to implement CBT methods remotely (Waller et al., 2020). Participants in the study were also worried about how state-specific regulatory requirements for licensing, supervisory, and reimbursement would impact their ability to use iCBT. For example, some of the issues that were raised include validity of licenses in other states, whether an insurance would cover online instead of in-person sessions, and how to ensure that online platforms complied with local regulations around privacy and security.

While therapists might have not always felt confident about the use of online CBT methods, Miller and colleagues (2020) have noted that the transition to use more tele-mental health care options during the pandemic has been easier and smoother than expected for both therapists and patients and represents an unexpected uptake in the use



of such technologies. Still, further clarity and education around already existing research is needed for therapists to start adopting asynchronous CBT tools with more confidence, since few are aware of existing competency sets for mobile health, tele-psychotherapy, and social media (Hilty et al., 2020). The researchers also highlight that often, existing studies focus more on the intervention and outcomes instead of the clinical skills or mindset needed to apply these tools effectively. Moreover, the perception of online therapy has improved among therapists as a result of staying confident and feeling competent as much as if the sessions were in-person (Békés et al., 2020). This leads to the question of how distance and new tools make therapists feel. Do they feel like a decreased or increased sense of control? Do they enhance or diminish the understanding of the patient's issues? How frequently do therapists make use of these tools and how quickly do they adapt new technologies in their work?

Research highlights that a more positive mindset towards using online therapy as a tool has been adopted, even though practitioners find it less effective than in-person sessions (Békés et al., 2020). This research did not go into the details of why therapists perceived a decrease in efficacy. Efficacy, a question that needs to be investigated further in order to address therapists' concerns and improve outcomes. For example, was the perceived decrease in effectiveness due to lack of skills around using online tools or can that be attributed to other factors such as lack of in-person presence in a dedicated physical office space? Wright and colleagues (2020) have shed light on the perceptions and experiences of mental healthcare professionals. In their survey of 170 health care providers, they demonstrate that practitioners felt comfortable using online video sessions and that patients' needs were met. However, none of the questions covered mindset and

how a practitioner's mindset influences the session outcome with a patient. The participants only filled out a few questions in a survey, but none went into more depth about their own way of thinking, how they adjust to this change and all the additional work they have to do not just in the way they assess patients, but how they communicate with them and help them address their problems.

Although the survey included a range of questions about therapists' perceptions of video sessions, it did not address the question of how mindset influences the effectiveness of their work when new technology and tools get introduced, i.e. challenges and unexpected skill gaps arise. There is a great deal of variation in how therapists perceive the efficacy of these sessions, but the reason for this variation is not clear.

Hilty and colleagues (2020) did a meta review of 76 articles and studies that compared approaches, skills, outcomes, and effectiveness of asynchronous technologies, synchronous telepsychiatry, and in-person care. They found that therapists are open to new ways of working and interacting with patients. It appears that "openness" to new modalities does not necessarily translate into confidence and/or application of these new techniques. It seems that before there are guidelines and framework, there needs to be more research into the factors that influence therapists' openness, confidence and ability to implement new practices. Mindset might be a useful conceptual probe here for understanding these three characteristics better, and with that enhance application of such guidelines or frameworks. Cole & Holmes (2019) highlight those students with higher levels of confidence performed better academically and are more likely to have a growth mindset. In her article in the Woman Advocate section of the American Bar Association journal, Kosterlitz (2015) highlights how growth mindset is one of the four traits of

confidence – next to courage, grit, and self-compassion. She recounts from her decades of experience that confidence is key for women to succeed in the workplace, be happier and more successful. Sigmundsson and colleagues (2020) found in their study with 146 students in Iceland that males had lower correlation between grit and mindset than females, and that mindset had almost no correlation with passion and grit. Further gender differences were also confirmed in a research done by Degol and colleagues (2018) with 1449 students. They showed that females had higher achievement in math scores when taking part in growth mindset interventions. Yet another similar study with 152 middle-school students in the USA showed that:

Mathematics anxiety has a direct effect on mathematics and science career interest for girls, while growth mindset has an indirect effect on mathematics and science career interest for boys. In addition, the study shows that mathematics level significantly affects mathematics anxiety, growth mindset, and career interest for boys, but not for girls (Huang et al., 2018, p. 636).

Especially in times of increased stress, confidence and growth mindset are important factors to master unexpected and unknown challenges – whether at work or in life in general. The degree of limitations people experienced due to lockdowns and social restrictions during 2020 and 2021 has placed an additional layer of stress on many people’s lives. Not only did they have to change their working style and living situation, but many also faced never-seen-before challenges in their personal lives and relationships. As a result, this thesis represents an attempt to fill a gap in understanding how does one’s growth mindset influence the adaption from offline to online work.

Challenges such as were presented by the COVID-19 pandemic create a need for innovation. In addition, healthcare workers are trained and oriented to identifying and assisting patients in addressing problems. Thus the global pandemic created both the

necessity and a rich opportunity for innovation. However, the readiness to innovate and adapt to new modalities depends on certain attributes on the part of practitioners. An important variable in this process is mindset. Mosanya (2021) highlights in her study with 170 international students how growth mindset positively influences the ability to deal with stress. Furthermore, Shealy and colleagues (2019) have shown that an increase in self-confidence leads to better ability to deal with stress. In order to help therapists manage their own and their clients' heightened stress periods, it is crucial to understand how they perceive the change to online work, how they think about their own stress and understand their perceptions of confidence. In return, this can lead to defining further steps in research which helps them build confidence and provide even better service to their patients.

Dr. Carol Dweck has conducted leading research in defining growth mindset. She differentiates between two different kinds of mindsets. A fixed mindset is made up by a set of beliefs about one's abilities, intelligence, and talents, which are seen as unchangeable. A growth mindset defines a person's belief that their abilities, intelligence, and talent are not fixed and can be improved and developed (Dweck, 2007). There are two more essential reasons to examine the perception and experience of therapists and an eventual connection with mindset. To begin with, when professionals with high competence in a certain field are confronted with something new, the question arises of how they overcome and master that challenge while still being able to uphold or even enhance their expertise and service. How do they deal with unforeseen challenges that come up by having to use new tools because of market demand and circumstances? Secondly, technology advances nowadays faster than ever and people are forced to

evolve with it. Unlike decades ago, where many people still had one job for life, newer generations are forced to think more dynamically and adjust frequently. Rather than just focusing on building up skills, it seems to become of more and more importance for employees to be agile, a quick learner, and to live a growth mindset (Accenture, 2017). Subsequently, it is of interest to examine how a therapist's mindset influences their work with patients as well as their business, so everyone can thrive.

A great deal of research around the influence of mindset is in the field of education. Seaton's research (2018) demonstrates that a teacher's mindset closely impacts a student's development, belief and practice. Furthermore, students' attitudes and motivation are influenced by growth mindset feedback, which in return has positive effects on long-term outcomes (Ng, 2018). Besides examining teacher-student relationships, the impact of mindset on development of another person has also been the center of research for Sicouri and colleagues (2017). The researchers found that parents' thinking styles play a significant role in children's development and concluded that it should be considered when any therapy is given for issues such as anxiety, asthma, trauma, and many more.

As a result of the existing research, it can be hypothesized that the mindset of a therapist closely impacts a patient's outcome and is crucial in the effective progress and application of therapy—no matter which communication channel is used for its delivery. However, very little has been done to examine how and to what extent the beliefs of a therapist play a role in the successful execution of their work. More research around this subject is needed as we know that how an individual perceives and thinks about themselves influences how they act (Dornyei, 2009), but we do not know to what extent

this impacts the outcome of therapy. As a result, the overarching research question will be: how do therapists perceive and experience the shift to using virtual technologies? Does the concept of fixed vs growth mindset contribute to the understanding of therapists' confidence and perceptions?

The phenomenological study design used predominantly open-ended questions and had an investigative focus. It encompassed interviews with 10 therapists who have experience with transitioning to online therapy. They have been part of a one-hour conversation, which was recorded and transcribed. I selected a diverse sample of therapists in order to reflect a range of experiences. The qualitative analysis focused on recurring patterns of experiences, similar wordings used, and commonalities between therapists.

### Therapists' Adaption to Virtual Work

While in normal circumstances, friends and family serve as an additional support team an individual is faced with mental health issues. However, during the imposed isolation of the COVID-19 pandemic, therapists were forced to take on additional support roles for their clients. As a result, they used new coping mechanism tools in this extraordinary situation, which they had never worked with before (Miu et al., 2020). The Researchers point out that it is important to acknowledge, then, that the transition to telehealth took place under new and unusual circumstances, with heightened stress on clients and therapists and heightened demands on therapists. As such, practitioners with high competency in cognitive behavioral therapy are confronted with having to adapt to completely new situations as quickly as possible. As Dweck and Yeager (2019) express, it is usually individuals with a growth mindset that perform best under pressure and

easiest adapt to change. They face new challenges with a learning attitude and are aware that they are presented an opportunity to develop themselves. It is expected that the outcome will be positive and can in general be accomplished. In contrast, people with a fixed mindset usually shy away from or even avoid difficult situations (Dweck et al., 1995). As a result, having the right mindset in today's fast-paced world can make a major difference not just when acquiring new skills and getting used to new technology, but also in the effectiveness of one's work with patients in the mental health space.

### The Influence of Mindset on Adaptive Learning

Mindset is often defined as having a set of beliefs that shape how one perceives and reacts to situations (Dweck, 1986). Although there is a wealth of research on mindset in the area of education and parent-child interactions, little has focused on how teachers or parents consciously perceive the existing literature. And even less is known about how therapists perceive the existing literature nor how they adapt to rapidly changing circumstances. (Miu et al., 2020).

The literature provides some basis for hypothesizing that growth mindset is associated with more rapid learning and faster adaptation to new circumstances. Wangwongwiroj and Yasri (2021) highlight that having a growth mindset helps with faster adaptation and quicker learning experiences. Their research with 206 high school students as well as many other studies have mostly focused on examining the topic of mindset in children and teenagers. In a study on mastery behaviors, Porter and colleagues (2020) have examined over 3,000 adolescents and their scores on persistence, effort, resilience, and challenge-seeking tasks. Each participant filled out a 10-minute computer activity. The researchers found that students who scored higher on these tasks also had a

more adaptive learning mindset. Very little research exists around mindset in combination with specific professions and how they overcome and master challenges.

#### Effectiveness of (Internet-based) Cognitive Behavioral Therapy (iCBT)

Hollon and colleagues (2006) have shown with their study that cognitive behavioral therapy is an effective treatment for mental health issues such as depression and anxiety. In a study done by Al-Alawi and colleagues (2021) in Oman, comparing online self-help CBT-based therapy with therapist-guided CBT sessions, they showed that during a 6-week trial, both options were valuable resources for people to deal better with anxiety and depression. However, the therapist-guided CBT sessions brought superior results and improvement for the participants.

Institutions such as The Swedish National Board of Health and Welfare has chosen it as its preferred treatment and effective method for mental health issues (2017). In a review done by Andersson (2015), it was found that CBT offers a potential treatment to help patients deal better with the effects of tinnitus. A staggering 91% of therapists and health care facility managers reported in a study done in Canada that more internet-based cognitive behavioral therapy services should be provided, and a greater number of patients would benefit from it (Hadjistavropoulos et al., 2017).

During 2020, Murphy and colleagues (2020) reported that access to psychological and psychiatric help has decreased due to many facilities being closed in order to discourage physical contact between people to avoid the spread of COVID-19. The authors mention that less available access to face-to-face treatments has brought more attention to the use of internet-based cognitive behavioral therapy. Weineland and colleagues (2020) highlight that digitally delivered CBT presents an evidence-based



opportunity to cope with the increasing demand for mental health services, especially among young people. Furthermore, it is a practical and more convenient way for people who live in rural or remote locations, have limited time or mobility, and are maybe embarrassed about even seeking out mental health care (Andersson, 2015; Burgoyne & Cohn, 2020; Hadjistavropoulos et al., 2017). It presents a valuable alternative to in-person sessions, which offers many advantages such as more convenience and comfortability (being in one's home), bypassing context-dependent change, and easier implementation of appointments in general (Murphy et al., 2020). As a result, internet-based cognitive behavior therapy improves patient access as well as therapist availability and capacity (Folker et al., 2018).

Besides improved accessibility when using video sessions, online therapy may have a greater impact than in-person sessions. Vallejo and colleagues (2015) even highlight that distance therapy might have a positive effect on the patient's confidence and attributing more of the change to him- or herself instead of the therapist. The researchers found that people on the internet-delivered CBT (iCBT) group had increased self-efficacy, better post-treatment scores when followed up after 6 and 12 months, and a higher improvement of the main outcome in comparison with people who participated in in-person CBT sessions.

Internet-delivered CBT usually takes place in self-guided or practitioner-guided weekly sessions with the patient getting tasks to do in-between, which will foster the personal development and solution of the respective mental health issues being treated (Hadjistavropoulos et al., 2017). However, studies found that usually sessions with professional guidance deliver better results for iCBT in terms of completed modules,

efficacy, and completion rates of the program (Johansson & Andersson, 2012, Baumeister et al., 2014). Interestingly, Baumeister and colleagues (2014) found no significant difference in the delivery of iCBT by a graduate student or a clinical psychologist as well as using synchronous versus asynchronous methods to deliver the sessions online.

While it was just highlighted that iCBT can be delivered in various formats, online cognitive behavioral therapy is effective for a wide range of emotional and mental health issues as well. In a study done by Murphy and colleagues (2017) in Canada with early-stage cancer survivors, participants participated in a 16-week iCBT course with check-ins in week 1, 8, and 16. The researchers found in a followup study (2020) that iCBT helped reduce anxiety and/or clinical depression significantly. Additionally, the research highlights that the fear of cancer recurrence decreased, distress was lower, and quality of life increased strongly, hence iCBT with clinical supervision presents a beneficial treatment method for cancer survivors with depression and/or anxiety.

Looking at more particular mental health issues, Weise and colleagues (2019) did research collecting data from 174 women in Germany from 2013 to 2017. They examined the effect of an 8-week therapist guided iCBT program for helping ease the symptoms of premenstrual dysphoric disorder (PMDD). The researchers also included a 6-month follow-up study and found that iCBT helped the participants cope better and manage stress more effectively. As a result, it was concluded that iCBT is very effective when treating PMDD. Focusing in their study on iCBT for depression and anxiety, Hadjistavropoulos and colleagues (2017) highlight that the participants mentioned that it

would be helpful to offer the services also for other mental health challenges such as addiction and trauma.

Adding to the research that supports the effectiveness of iCBT, Hadjistavropoulos and colleagues (2018) investigated how patients feel about the communication with their therapists. They recruited residents in Saskatchewan to participate in a study about the use of an 8-week iCBT program with email and phone therapist support. The main goal was to find out more about the relationship with their therapist with regards to iCBT. The patients liked the combination of having an online course available and being able to talk to a therapist once a week. The fact that the patients had lessons available gave them the feeling that they received real tools and did not feel like they were just ‘venting’ to the therapist. With regards to the communication between therapist and patients, those patients who mostly received email support expressed desire to have more connection and personal time with the therapist themselves, such as for example by phone or video. Patients noted that when communication was limited to an online course and email communications, the responses felt impersonal and generic. Having the knowledge and data available how and to what extent these tools can be used might help therapists incorporate them in their practice more efficiently.

#### Challenges faced by Therapists of Internet-based CBT

Practitioners and patients faced several additional challenges at the start of the pandemic. Burgoyne & Cohn (2020) mention that an important challenge faced by practitioners as well as patients are that many insurance companies did not cover online sessions until the pandemic arose. Often, only in-person sessions would be eligible for

reimbursement and that was frequently only partial, so lawmakers had to force a quick change in policies and procedures in order to keep up affordability and accessibility of mental health services during these challenging times.

Practitioners also had doubts and concerns about the sustainability. Quite often, it was also found that negative attitudes and concerns around the sustainability of this method of therapy of general practitioners, which resulted from not knowing much about the effectiveness of CBT, presented an obstacle in the awareness and delivery of online sessions (Folker et al., 2018). The researchers further mention that stigma was a potential challenge since patients felt embarrassed about their mental health and did not want to consult their general practitioners first - they preferred to go directly to the therapist in order to bypass eventual feelings of shame. Additionally, Batterham and colleagues (2015) highlight legislative, political, and regulatory restrictions as barriers to conducting online therapy efficiently. Lack of face-to-face adaptability to patients was mentioned as a negative feedback point for the study done by Hadjistavropoulos and colleagues (2017). Finally, patient selection and motivation as well as maintaining a therapeutic relationship with proper written communication was highlighted as another challenge in a study done by Weinland and colleagues in Sweden (2020). The aforementioned issues present an opportunity for tailoring support more to each patient's needs when video sessions are added to the program. However, for that to happen, more therapists need to be aware of the variety of tools to engage patients on different levels during treatments. Furthermore, we need to know why they have not been used more by therapists and what they would need to know in order to apply them more confidently and more often.

## Therapists' Transition to Video Sessions and Guided iCBT

In recent years, more and more work has been digitized and taken online, which has its advantages and disadvantages that may influence how therapists perceive and use this technology in therapy. Digitization makes people more connected than ever, increases demand for the workforce, and creates a lack of meaningful social interactions (Vendramin & Nardelli, 2020). The research also highlights that with virtual work comes a different style of communication to which many people have not yet adopted. This in turn creates new challenges such as trust issues and difficulties for smooth collaborations. In their study, the researchers identified four main challenges when it comes to adjusting to working online: constant connectivity, increasing demands, incompatibility of technology and users, and social isolation. As a result, while people are better connected than ever, there is a stark contrast between offline and online communication, which reflects in quantitative and qualitative changes of the relationships and interactions they have. However, studies also found that digitization of work brings valuable benefits such as the ability to balance personal and professional life better, as well as reduced travel costs for both companies and employees (Dekker et al., 2008; Raghuram & Wiesenfeld, 2004).

Considering therapists' nature of work and their change to working online, one of the challenges they faced when transitioning to video sessions was reading the patients' body language and cues (Burgoyne & Cohn, 2020). However, the researchers highlight that, over time, both therapist and patient adjust, and the therapist is able to replace reading certain physical cues with asking the patient specific questions about how they feel. Another challenge mentioned was the concerns of privacy. If one is at home and

should ideally have the session alone, without anybody interfering or hearing what is being said, it can often be difficult to follow the instructions of the therapist since children or parents might interrupt; or family members become aware of the fact that a person is attending therapy and potential for judgment arises. However, they did mention that the median age of the therapists surveyed was 60.5 years old, but it was mostly younger participants who reported struggles with the transition to online sessions. Availability of privacy and quiet space may vary by age: this could be related to older therapists usually having it easier to find a calm space and focus, whereas younger ones might have family and children at home, and with that difficulty finding a proper workspace (Békés et al., 2020).

While a transition to online sessions from hosting in-person sessions can bring up completely new challenges that cannot be avoided, it is crucial to look at how therapists deal with such changes in their work environment. In a study done with 14 primary care therapists in Sweden, Weineland and colleagues (2020) researched the attitudes and experiences of therapists when switching from in-person sessions to delivering iCBT online. Three therapists had worked with iCBT before, while it was a new method for the other eleven participants. Some of the questions asked in this study were: What are the challenges to consider while implementing iCBT for youths in primary care? What are the experienced changes in the transition from face-to-face therapy to iCBT for youths in primary care? What are the main factors to consider when implementing iCBT for youths in primary health care? They found that participants were generally supportive of iCBT as an evidence-based alternative to in-person sessions and viewed it as a positive replacement. The therapists remarked that use of iCBT gave them more flexibility with

their schedules as well as facing less of the common challenges of their face-to-face work, e.g., high cognitive demands and stress. However, there was no focus put on the type of mindset a therapist had and how that impacted their responses and adaptation process.

In a study done in the Netherlands by Van der Vaart and colleagues (2019), it is highlighted that iCBT asks for a new skillset of therapists and a different kind of involvement in comparison with in-person sessions. Since iCBT involves more engagement from the patient directly, a certain knowledge and level of self-efficacy is required from the therapist in order to provide a positive experience. The researchers mention that further training is needed for therapists in order to become more confident in the delivery of iCBT for issues such as somatic symptoms and chronic pain. This shows the need for additional skill-building and how it could positively influence the speed of adaptation to new ways of delivery for therapy.

In summary, a therapist's feeling and way of thinking may directly impact his or her patient's outcome. If the person delivering the service is not up to date with the most efficient and effective methods or hesitates using them, patients will take longer to resolve issues. As a result, the therapist must engage longer with one patient instead of being able to serve the next one. This means missing out on working with new patients since he or she is still occupied with the current one. Subsequently, it is key to understand how therapists experience and perceive new technologies in order to know where there are eventual skills gaps and education needed. Once we can tell how therapists adapt to working with more virtual environments, we will be able to draw possible connections with mindset. For example, can connections be made between certain answers and a fixed

or a growth mindset? Do we recognize indications that show that a growth mindset helps with adopting new technologies faster in one's practice as a therapist? Does confidence of a therapist in themselves result in having to work less?

Mindset is not a fixed characteristic and can be changed. There are several growth mindset interventions available online. As Burgoyne and colleagues (2018) highlight, even brief virtual trainings can enhance and induce growth mindset, change beliefs about self-efficacy and adaptation of willingness to approach challenges with more confidence. All these aspects have been shown to increase academic achievement in students. Subsequently, it can be hypothesized that such interventions also improve professional outcomes for adults who are facing adaptive learning challenges. With regards to adapting to and making better use of online learning, it has also been found that teaching growth mindset helps adults progress faster (McClendon et al., 2017). However, what remains a white spot on the map is how such a growth mindset is reflected in the work of therapists with online tools and fast adaptation of such.



## Chapter II.

### Methods

#### Researcher Self-Disclosure

The researcher's own biases and prejudgment must be recognized and considered in order to allow for a scientifically valid data collection, analysis, and conclusion. Even though the selection of the participants was aimed to be as diverse as possible, there was a certain risk of bringing in bias. Despite having a large network, being only one person choosing the participants additionally limited the pool of available candidates as well as timely constraints when conducting the selection. Furthermore, women are usually known to have a more empathetic nature. As a result, it can be assumed that the interviewer being a female researcher most likely caused a higher self-disclosure by participants than if the interviewer was a male person.

My own emotional response and engagement with the participants during the interviews must be considered as a potential contributor to bias. Fortunately, with the exception of a single participant, the participants' engagement in the conversation was positive and similar, leading to a similarity in tone and flow.

In order to limit the potential for bias based on my emotional engagement with the participants, as an interviewer I attempted to maintain a neutral tone and to follow a consistent interview protocol. It was of utmost importance to me personal to approach the gathering of information with an open mind – even if that meant finding different pieces of knowledge that contradict my theory or what I am looking to find.

While an honest self-assessment would be that I maintained a non-judgmental attitude throughout all interviews, the perception is most likely up to the interviewees. Since gathering that data was not part of this research, there is a certain risk, despite reflection and due to cultural differences as well as English not being my native language, certain statements may have been perceived as misunderstanding or judgmental without my conscious knowledge.

On some occasions, I asked certain instances questions that were not part of the initial interview script. They were either meant to enhance the understanding of what the interviewee was saying or to expand on personal interest on something that the participant had mentioned.

While the interviewees were not asked specific questions about their own mindset – in order to not make the research topic too obvious – certain questions and markers were used to classify and identify a tendency of their way of thinking. This allowed for the theme of ‘mindset’ to emerge more spontaneously from the participants’ responses.

## Participants

### Study Inclusion Criteria

All participants either had a professional or college degree in psychology or a sub-field. The interviewees had at least 3 years of general experience working as a therapist or coach and were currently applying cognitive behavioural therapy principles in their work with clients. Since they are conducting internet-based therapy or coaching, there were no geographic limitations in the selection of the participants other than them

being fluent in English. It was the intention to have an almost equal representation of gender, but priority was given to meet the professional standards outlined in this study.

There was no intention for the participants to have contact amongst each other, but it cannot be ruled out that some of them knew each other or talked about this study. In fact, out of all participants, two people have been a long-term married couple. However, all others did not know each other – as far as the researcher is aware.

The interviewees were informed about the study taking up to an hour and that they could terminate the session at any time – no questions asked. They were further given the information that the research was about their mindset when transitioning from offline to online work. However, no hypothesis was communicated with them prior to the interview in order not to influence their responses in a particular direction.

Participants were recruited from the following: LinkedIn, Facebook, WhatsApp, Email, personal conversations, the Harvard Office of Career Services (OCS), and the Harvard Alumni for Mental Health group (HAMH).

Table 1. Contact Methods of Study Participants

	LinkedIn	Facebook	WhatsApp	Email	OCS	HAMH
of people contacted	10	8	1	4	7	1*
# of people responded positively	3	3	1	2	1	0

*\*One email was sent as an initial contact to HAMH, with several reminders following over multiple weeks. However, no response was received in terms of helping to find interview subjects.*

The participants were initially contacted and selected with the expectation to have a mix of therapists with fixed and growth mindset. However, all ten interviewees unexpectedly turned out to have a growth mindset. In other words, they all exhibited a strong belief that their skills are not set in stone but can be changed and developed. This is essential identified in Carol Dweck's work of defining a growth mindset (Yeager & Dweck, 2012). Saturation was reached after interviewing 10 people.

### Design

Potential participants were contacted through the personal network of the researcher. People were made aware that their participation would be completely voluntary, that they could terminate the interview at any time – no reasons asked – and that there was no cost involved except for an hour of their time. They were then asked to schedule their interview date via a Calendly link if they fit the criteria. Originally, interview dates were available for the whole month of March. The initially planned time of one hour for each interview was well received and all conversations took either nearly 60 minutes or less. Each interview was then audio-recorded, which was followed by transcription for analysis purposes. Manual adjustments were made to clarify wordings and meaning in case the artificial intelligence software did not correctly capture what the participant said.

The phenomenological approach of the study is based on open-ended questions trying to examine how therapists perceive and experience working in virtual environments as well as their adaptation to new ways of practicing their profession. Moustakas' (1994) design will be used to guide the structure of the study. The purpose of the questions is to determine if there are any connections between the adaptation of new

technologies as well as a therapist's mindset. Does a fixed or a growth mindset influence the effectiveness of their work and adaptation to challenges when new tools and technology get introduced? Why do therapists think the way they think about online work? What do they believe to be true about learning or adapting to new technologies? The goal is to identify commonalities in the approach of therapists, including the role of growth mindset. Or, is it impossible to find commonalities and does everybody have a widely varying approach? Do therapists share certain experiences or are we facing a situation where everybody's reality is too different to draw a conclusion on the subject?

### Procedure

During the period of 3 months, the outreach to interviewees happened. Interview dates were scheduled via Calendly with interested therapists who fit the criteria. The sessions were conducted with the help of online tools such as Zoom, Skype, or Google Meet. Perception checks have been conducted throughout the interview to ensure that the answers of the participants are correctly understood. The therapists all remain anonymous and any potential identification details have been removed or coded.

### Data Collection

In the beginning of the session, each participant was given a short overview of the study and asked whether they consent with it being recorded. The interviews took place online on Zoom. While the video was collected in nine out of ten sessions, and audio was recorded for all ten sessions, body language of the participants was not taken into consideration or analyzed. Rather, what was communicated verbally informed the analysis for this thesis. The interviews included but were not limited to questions

according to the main four challenges that digital work poses on employees: constant connectivity, increasing demands, incompatibility of technology and users, and social isolation (Vendramin & Nardelli, 2020). The complete questionnaire can be found in Appendix 1.

## Data Analysis

The data gained in this qualitative study was analysed according to a modification of the Van Kaam method in order to examine the factors that influence a therapists' adaptation to challenges when using new technologies in their practice (Moustakas, 1994). The goal was to find and identify patterns across experiences of the interviewees to help answer the main research question. This modified method is a process which includes the following four phases:

1. Listing and preliminary grouping of every expression that is relevant to the research question.
2. Reduction and elimination of repetitive, vague, and irrelevant expressions.
3. Clustering and thematizing the core themes of the experiences.
4. Final identification of the invariant constituents and creating themes by application. After each individual participant has received a textural-structural description of their experience, an overarching description of all subjects will be created in order to help answer the research question.

Steps 1 and 2 were reversed in the final analysis. This happened because the transcribed interviews still had to be adjusted manually for any errors. At the same time,

repetitive, vague or irrelevant expressions were eliminated. The qualitative analysis tool NVivo was used to analyse the transcriptions of the interviews.

From these guiding questions, patterns in the answers of the transcribed interviews will be analysed and themes and sub themes derived. Finally, a reflective interpretation of the experiences will take place to be able to connect themes and sub themes with the topic of growth mindset. This shall help answer the question whether therapists with a growth mindset indeed achieve better results for their patients and how they overcome challenges and setbacks in fast-changing times like these.

### Chapter III.

#### Results

The following interview questions were supposed to aid in helping answer the research question. While a lot of attention has been given in research to patients and clients, and how they experienced the transition from offline to online services during the COVID-19 pandemic, very little is known about those who were there to help everybody cope with the additional load of stress: psychologists and therapists. Building on Carol Dweck's work of fixed and growth mindset, the interview manuscript set out to explore how one's mindset helps in adjusting to unknown situations and adapting to new life and work circumstances, especially when one does not just have to deal with one's own life happenings but one's work evolves helping everybody else solve theirs' as well.

Table 2. Participant Nationalities

<b>Country</b>	<b>Number of Participants</b>	<b>Gender Representation</b>
Ghana	1	F
India	1	F
Nigeria	1	F
The Philippines	1	F
United Arab Emirates	1	M
United Kingdom	1	F
United States of America	4	3F, 1M



Since the network of the researcher was comprised of more female than male therapists, there was a 4:1 ratio of participating women to men. One person took their business online in 2018, two in 2019, and the remaining 7 right at the start of Covid-19 in 2020.

#### Resources Used to Become Familiar With Online Tools

While some participants mentioned that the change to online work brought them into very unfamiliar territory, they were as proactive in learning about it as those who embraced the switch right from the start. Four of them took on the help of a coaching program or online class in order to help them with the transition, while the others read up a little bit on online tools. Two people found that working with online tools came natural to them. One participant had been using Skype as ‘probably the first one on the planet’ due to engaging a therapist for her autistic child in another country for a long time.

The participants reported using the following online tools for meetings: Zoom, Skype, Google Meet, Microsoft Teams, WebEx, and WhatsApp.

Other tools, that were not specifically asked for but mentioned by two participants to help them manage their daily practice, client base, or communication were: Calendly (appointment scheduling software), Keap (contact and email management software), Google Drive (file management and storage), and Google Calendar.

While the therapists usually did not have any technical challenges using online tools for their practice, it seemed that everything else that came with it was that almost nobody was prepared for, such as:

- What do I do when my patient suddenly turns off the camera and does not respond anymore?
- How do you still assess a patient properly even when you can only see their head instead of their whole body?
- How do I keep my patients engaged even when ‘zoom fatigue’ kicks in?

These were situations that tested the psychologists, their adaptability, and their growth mindset. They reported taking breaks in order to think about these happenings, moving sessions, and researching ways to be more engaging.

Three of the interviewees mentioned that it took them some time to get used to the different functionalities of online tools as well as the change in environment with virtual communication. They mentioned the example, that, if they are in their office, it may be possible for the therapist to simply get up and get the patient some water when they felt that was needed in the moment. However, that kind of care and in-the-moment support was not possible in virtual sessions. Besides, some participants mentioned that not seeing a person’s whole body required for mental adjustment in terms of how the patient was assessed. Those who worked with children mentioned the difficulty of keeping them engaged for longer periods of time or cameras being turned off or not turned on to begin with.

When asked about whether their clients prefer online to offline sessions, almost all therapists elaborated on their response beyond giving a simple ‘yes’ or ‘no’ answer. 80% of them said that most of their clients do not prefer online to offline sessions. They highlighted that their patients were often willing to travel for a few hours just to see the

right psychologist. Even in situations where the option between online and offline session was given, about 90% of people chose in-person sessions.

Especially for those therapists who are working with children, they highlighted that the playful element and moving one's body is a crucial element of their work, and that that went missing in most online sessions. On the one hand, because of a lack of knowing what to do due to not seeing what the patient was doing. For example, in an office, the therapist could easily see what the child would pick up or how they were moving their body. However, with virtual games, they always had to ask a parent for help or ask the child separately what they had chosen. That felt like an interruption to the natural flow of their work and session. Interestingly, one therapist recounted a situation where she had so gotten used to online tools, that in one of her most recent offline sessions, the child asked her specifically to do more exercises with their hands again. She had almost forgotten about that element. It was an important reminder for her and showed her that children need physical activity in their learning and therapy.

Other issues that were highlighted dealt with connectivity and finding it harder to keep the children's attention through a screen. Some of the therapists mentioned that they had to ask frequently whether the child could hear them, see them, and whether they were able to follow along. This was even more difficult and challenging in regions where internet access may have not been that strong or available yet.

In terms of the 20% who responded that some people or people in general prefer online to offline sessions, they highlighted the convenience of being able to access psychological help from anywhere. Whether it was during someone's lunchbreak, on the way home during long public transport journeys, or just saving on the journey completely

in order to change locations. However, one of them also mentioned that a certain ‘energy and experience’ gets lost in virtual environments.

Besides looking into how the relationship with patients changed, I also wanted to know how the interviewees perceived their career progress. What effect did the change to working more online have on their business or their work in a company?

More than half of the interviewees took the chance to reduce their workload when transitioning to online sessions. They did not just feel less stressed, but they highlighted that they could improve the quality of the service that they were delivering. One therapist mentioned how her clients were now able to achieve outcomes much quicker because of applying a more transformative system. Another psychologist recounts that working online has helped her stay stricter to her hours every week as part of her employment. While before 2020, she would easily produce over hours and stay longer at the office, she was able to implement a strict eight-hour workday for her. That has helped her be more productive, have better work-life boundaries, and have less cognitive load, hence focus better on her tasks and patients at hand.

Another important aspect mentioned by multiple participants was the borderless nature of their online work. While some had already had international clients before, it was now even easier to reach patients in other countries and with that even expand their business or scope of work. The increased exposure and number of opportunities was seen as positive by everybody who mentioned it. One participant in particular recounts that his work with international corporate clients increased in project size. For example, while you could do a 2-day workshop in-person before, doing the same amount of time in front of a computer screen is almost impossible. As a result, his clients have opted in for

shorter periods of times, but longer durations. Nevertheless, he emphasized that despite all that, he considers offline engagements to be more immersive than online coaching sessions.

Another aspect that the change to working online has for one participant, who is employed as a school therapist, is that it allowed her to be more of herself. She was able to be more creative, bring in new ideas, and use methods that she had not before. As a result, she even won the school's 'Staff of the Year' award, which was a boost in her confidence and a nice recognition of her efforts.

Sixty percent of the interviewees stated that they clearly worked less when prioritizing online sessions. One participant highlighted that she does not work less now but she wants to. She felt that having too many clients is draining to her and her emotional well-being suffered. Two people stated that it was about the same time they spent working. Whereas it was interesting that one of them was self-employed and one was employed. Only one therapist said that he was working more now than before.

Another positive outcome, which may be linked to growth mindset, is that 60% of the therapists reported their business or career improving over the past two years. While the remaining ones said that it was worse or as usual. Many of the therapists did not just enjoy getting back to more in-person sessions again, but also made use of the added flexibility that they felt that working online has brought them. The participants also appreciated learning about new therapy approaches as well as becoming more creative in their practice. They had to come up with new ways and methods to either keep patients engaged or analyze them as well as before with in-person sessions.

One psychologist mentioned that her confidence in her work had increased – even though the business was not going as well in 2022 as in 2021. Another one highlighted that with her transfer to working at a prestigious university came a variety of resources and privileges that she did not have before. This did not just give her more opportunities but also made her enjoy work a lot more.

Two coaches mentioned that the demand for their services and exposure had increased. As a result, they are now taking care of more clients. However, only one of them mentioned that they work more now. The other one is actively adjusting her business structure in order to fit the increased demand but avoiding having to work more and getting overwhelmed.

While it is not just about personal preference of where the sessions may lead to more success, it is also important to measure a patient's progress in order to get real-time feedback and validate perceptions. When asked about how they measure their clients' progress during virtual sessions, all therapists highlighted relying on verbal feedback as an indicator for progress. Some mentioned also relying on external feedback, such as from co-workers or parents. Only two reported also considering non-verbal feedback, and three said that they also use some sort of psychometric tests in order to measure change and progress quantitatively. While the actual way of measuring progress has not changed for therapists while switching from offline to online work, they highlighted that it may sometimes be harder to assess a person. This is simply because oftentimes they are not able to see the person's full body and with that miss out on a lot of valuable physical information and indication.

Given the fact that interactions can differ online, I also inquired whether the relationship with the interviewees' patients had changed. The participants expressed a variety of experiences about how their relationships with clients transformed. While about half of the participants shared that they felt less connected online to their patients, others mentioned that the connection did not change or even improved. The latter is a direct correlation with those who said that they felt more fulfilled with the change in their business model and working online. It seems that those people who were able bring more of their authentic selves to work also felt a better connection despite being able to see less of the actual person. One participant also said that just the willingness of a person to work online with them already added positively to the connection he and his patients were able to establish through a camera. Another psychologist recounts that for her, changing her business model to working more online, and with that receiving largely new clients, allowed her to be more of "herself". She felt she could be a more authentic person as she was not limited anymore by the conditions of running a walk-in psychology practice. She said that she was now able to bring in more of a coaching and empowering role to the sessions that she would have not been able to include before due to the limitations of certain therapeutic frameworks.

For those therapists that mentioned feeling less connected online, they highlighted how much value they and their patients drew from physical meetings. It almost seemed to give them energy, whereas the online sessions seemed to drain them of energy. Another aspect was the limitation of time online. All therapists usually strictly stuck to a certain amount of allocated time for their online sessions with their patients. However, those who said that they felt less connected highlighted as one missing item the unaccounted time

that is being spent offline interacting with a person: chatting with parents after the session, exchanging small talk, walking them into a room, just to give a few examples. Two therapists also mentioned the importance of taking a walk with their patients. Whether it was children or adults, they highlighted that just the process of getting more oxygen allowed for more in-depth connection during sessions. This was something they tried to keep up even during mainly engaging with clients online.

Transitioning from offline to online work, one of the therapists recounted that her mindset helped her stay compassionate towards her own as well as the different life situations of her clients while dealing with these changes. Another one recounted how her family history had already prepared her well for an entrepreneurial journey since her father had established an insurance company. This has taught her to be a risk taker, be flexible, and growing herself continuously. Another psychologist mentioned that her mindset helped her adjust her services quicker to her patients' needs. For example, she became more creative and engaging with her sessions when delivering them online. Another therapist mentioned that due to noticing zoom fatigue, she started limiting her sessions to take place on only two days of the week. This helped her keep up the quality of her work without getting burnt out or overworked. A different interviewee mentioned how his mindset helped him adjust the words he was saying to himself about the situation. He quickly realized that in order to keep effectively working with clients, it was necessary for him to view the new-found work situation from a positive angle. A similar view was shared by someone else who mentioned that her mindset helped her shift her way of thinking when she may not have been feeling as well or in the best mood.



Only one therapist mentioned that he did not really perceive any difference in how mindset influences his work with clients comparing offline to online work.

Transitioning from offline to online work successfully, psychologists also have to make mental shifts in order to keep up their performance or improve it. They mentioned that they now had to get up and move around more often in order to keep up their energy. The therapists felt like they had to get fitter with their bodies in order to keep up their mental performance as some said that their backs were getting sore because of prolonged times of sitting. As a result, some even got a nutritionist or are exercising more now.

All of the ten participants said that mindset has an impact on one's learning and adjustment to new situations. As a result, they also incorporate elements of growth mindset development into their work with clients. One interviewee highlighted that with a growth mindset usually comes a certain fondness of the change. While our brain often tries to keep us in familiar circumstances because it perceives change as a threat, those with a growth mindset seem to have found a way to embrace it. Another participant highlighted that she sees people with a growth mindset being able to connect with others more easily. So, whether one feels excited or anxious about a certain situation influences their behavior 100%. Adaptability was another key phrase that was used – the more of a growth mindset one has, the easier it is to adapt to new situations.

An important aspect for a person's growth mindset is self-motivation and self-awareness. As a result, I asked the participants about which tools or techniques they use so that they make sure they are in the right state of mindset for their work and sessions. The main responses can be clustered into two segments: physical and mental preparation. As reported by the interviewees, physical preparation entails making sure to get sufficient

breaks and going for a walk or engaging in enough physical exercise in their life in general. They reported that it helps them recharge and that their physical health automatically improves their mental health. Quite a few interviewees mentioned that they almost felt some sort of obligation to keep themselves physically fit as serving as a kind of role model for their clients. They also noted that it is an essential part of one's overall health. Like this interviewee #4 phrased it:

Well, it is critical for somebody in my profession, to take care of himself or herself, emotionally and physically and because for a number of reasons. One is when you take care of yourself emotionally, physically, you impact your own mindset about life and optimism and positivity. Because you are treating yourself positively. And, and in that, you are asking your clients to do the same thing. So if I do not take care of myself, and I show up in the office, you know, in some kind of disarray, or, or I am just not healthy, or I am not sleeping, or whatever it is, then I am not going to show up in my fullness. And that is my responsibility to show up with everything I have, that I preach, right? So if I am preaching something, and I have always felt that way, if I am if I am advocating for a better marriage or a better personal life, I better be living one.

Besides, some interviewees also highlighted how important it is to stay hydrated and have a glass of water at hand.

In terms of mental preparations, the therapists mentioned a number of practices that help them stay motivated and be in the right mindset for their sessions with clients. These are tools that they do not just use immediately prior to the session but have often incorporated in their daily life: meditation, reiki, positive self-talk, journaling, listen to music, prayer, reading, proper sleep, power naps, surround oneself with silence, and deep breathing.

Like interviewee #3 proudly highlighted:

My whole life is designed to empower uplift and care for me. I work on that every single day. Specifically, through movement, mindset practices, staying growth minded and continuing to be a self-aware person who is constantly in progress as well.

Growth mindset is also shown in situations of difficulty and challenges. It helps people overcome problems better and also come out more positively as a result of that. All participants showed a high level of self-reflection and self-awareness. Most had a variety of tools that they would use if they are about to enter a session with a patient but are facing more challenges than usual. That entailed but is not limited to going to a yoga class, going for a walk, practicing general mindfulness, writing, listening to uplifting music, meditating, driving in a car, and deep breathing. Those who are employed psychologists also mentioned that they would talk with colleagues in order to find external support or guidance.

One of the interviewees shared two questions that he uses for self-reflection and maintaining focus in such situations:

What is in my control?

What can I influence?

If the therapists were not feeling at their best and have to start a session with a patient in the next 5 minutes, they mentioned the following techniques in order to get in the right mindset: drink water, get up and move a little bit, deep breathing, have a glass of water, prayer, eat something energizing, structure the session even better, force oneself 'to just get through it', and refer them to another therapist who is in the same building and available.

Jones (2016) has found that a teacher's growth mindset positively correlates with student growth and Karumbaiah and colleagues (2017) highlight that those students who had more confidence also scored higher on growth mindset. As a result, confidence was taken as an indicator of the therapists' mindset. Often times the relationship with their patients mirrors a teacher-student relationship.

Four out of the 10 interviewees said that they felt already confident enough and that more confidence would either not make any impact at all or it would make them feel as if they moved towards arrogance. The remaining six participants mentioned that more confidence would enable them to work more efficiently, gain additional skills, or communicate better with their patients i.e. increased the outcome of their work for their own clients. None of them believe that their confidence was unchangeable. They all viewed it as a characteristic that they could develop, which is a major aspect of having a growth mindset.

The responses to this question did not correlate with whether the therapist was employed or self-employed.

Another important factor for growth mindset and the progress of one's clients is to remain as neutral as possible, without transferring internal biases and beliefs onto the other person. As a result, I inquired about the therapists' process for that. While for each and every interviewee the process was slightly different, they all highlighted the following aspects to be important factors to stay neutral and that it is a challenge every psychologist faces:

- Staying mindful of one's own thoughts and feelings during the session, as well as thinking carefully before saying anything.
- Being aware of one's own traumas and doing one's best to not let them influence the outcome of the session.
- Talking with colleagues to reflect and gain different points of views.
- Being open with the patient about one's own background and experiences.
- Having the awareness that it may be difficult to always be completely objective.
- Taking a moment and pausing shortly to think.
- Ask the patients questions that may be more general and less specific.
- Accepting that other people have different viewpoints that are valid as well.

Another aspect of having a growth mindset is how one approaches challenges. As a result, the participants were asked how they become aware of the challenges, their reaction, to overcome them, and avoid them being of impact to their clients. Four of the interviewees mentioned that just the fact that they choose who they work with helps them be of better service to their clients. As a result, they work with their clients when they know that they (the therapists) are in a good emotional place. So, any challenges they face do not impact their work as much because they see their work as a feel-good place with a clear purpose. One of those four therapists also highlighted how she is able to compartmentalize her thinking, and with that find a way to stay professional, no matter what.

Another therapist said that taking session notes helps her stay focused on the client and succeed in her work with them. Sleep and proper nutrition play a big role for a second psychologist. She always makes sure to have had good sleep and enough to eat. If she could not have the former, she would take a nap during the day. If she could not eat properly, she would make sure to take care of that first prior to going into the next session.

A third interviewee mentioned how important it is to be in tune with one's mind-body connection and practice a certain level of curiosity with that. He emphasized that having this awareness and being in some sort of constant dialogue with oneself has helped him overcome certain challenges, be aware of them, and not letting them impact his work with clients.

Another key phrase that came up in the responses was 'triggers'. One of the participants highlighted how she would engage in a self-questioning process when anything would come up from a client's side that would activate certain emotions or feelings within her. She would ask herself questions like:

- Why am I feeling triggered?
- What is triggering about that?

This process usually helps her stay focused and avoid her own challenges being of a bias to her work with clients or having them impact her reactions to what clients share with her.

There was one therapist who said that they experience challenges daily and one therapist who responded with almost never. The remaining participants responded with

either weekly or monthly, whereas the kind of challenges varied: from juggling being a single mom with her own business, to changing the system of the business and dealing with the new setup.

If the therapists noticed that their own state of mind impacted a client's session, they mentioned that just having their phone turned off and being in a room alone helps them focus fully on the patient. That way they would avoid any external circumstances, which come up during the session, to be of additional impact to the patient. Another psychologist mentioned that if she noticed her own mind impacting the session, she would switch to an easier topic. And, if a session would be in-person, excusing oneself and coming back to the patient after a few minutes was highlighted as well.

#### Direct Mindset-Related Questions

All participants mentioned that one's mindset is key in acquiring knowledge and learning new information or skills. They also highlighted how the willingness to learn and the interest in a certain topic are key to understanding it better. Therapist #7 summed it up the following way:

I would say that is like the bedrock of how learning happens. So you could be the smartest kid in the class where you could be the most intelligent adult but but if the way that you think it has not been honed, then you'll struggle to learn the best of your capacity.

The interviewees mentioned that it is easier to adapt to new situations when one's mindset is positive and has a can-do attitude. That makes it easier to drop biases, accept new information, process it, and become more confident as a result of it. One psychologist also mentioned that she observed that their colleagues who had a more

negative attitude towards working online and a change in work style felt more stressed and had more difficulties adjusting to the new circumstances. Another therapist mentioned how thoughts affect feelings and feelings affect behaviour. He also highlighted that our subconscious mindset and feeling dictate our conscious behaviour and actions. One of the main keywords used was ‘cognitive flexibility’ – the way to be open to thinking differently about one’s behaviour or a situation, and that it directly affects how we feel about and perceive a new situation.

The participants were also asked to think about Carol Dweck’s concept of fixed and growth mindset, and which aspects are particularly applicable to their work with clients. One therapist mentioned that mindset means awareness to her. With a certain mindset comes awareness of opportunities, like being open to a solution, without knowing how the solution may look like, may already aid in becoming aware of steps or chances to achieve that. Another participant highlighted that she may sometimes rephrase fixed and growth mindset to unhelpful and helpful thinking as her students learn about it in school, and she does not want her sessions with them feel repetitive. It also helps the children practice these concepts in a different manner and learn to apply them better.

One therapist said that she uses the concept of mindset to remind herself that every case is unique and what has worked before with someone else may not work for this particular person now. Another psychologist connected mindset to her profession. While she has a case load of about 10-15 patients per week, she said she felt that she is primarily a researcher, and with that comes curiosity of learning new things and always trying to grow herself as a clinician. Another one connected mindset to how he uses it to help his clients uncover where they are stuck and then move them towards their goal. It



was also mentioned how preconceived limitations hold one back from actually changing and developing. If there is resistance from the client, the psychologist may not be able to help much in guiding them to achieve the desired outcome.

Only one therapist said that she was not aware of Carol Dweck's work but referenced her own understanding of the subject.

The interviews specifically sought to help understand experiences and perceptions of therapists in the run of switching from offline to online work better, and how growth mindset impacted the adjustment.

All therapists exposed qualities of a growth mindset. They have the belief that it is essential to learning and personal development. While there was a variety in self-awareness and reflection practices, each psychologist viewed a growth mindset to be essential when facing unknown situations and adapting to new environments. It did not just help themselves navigate the world of virtual working, but also was a major reason in succeeding with supporting their patients. Despite the therapists' adaptability to changing their workstyle, 80% said that their clients and them prefer offline sessions. Some of the mentioned reasons were but are not limited to better assessment of body language, being more focused due to having a closed and dedicated space without disturbance, having small talk and being able to engage with patients beyond the session, observing patients' behaviours better, and having a clearer physical and mental separation between home and work environment. On the contrary, 6 of the 10 interviewees said that they worked less when switching to online sessions. As a result, the fact that they worked less when delivering their services virtually may not be a strong enough decision factor for keeping it that way because the large majority preferred offline work with their clients.

Psychologists who worked independently used more inward and reflective tools for motivation, while those who are employees are rather seeking the conversation with colleagues to cope with work-related demand or stress. Usually, they engaged in some sort of a prayer or spiritual practice in order to focus on the sessions with their clients with the right intention and energy. Some mentioned that they would take a few minutes, close their eyes, focus on their breath and express gratitude. Others highlighted that they tried to live a life modelling what they teach, so that such preparation practices were often not even needed for them. They felt like they had incorporated a practice of continuous self-reflection, which allowed them to perform well at their job.

It seems that self-reflection correlates with awareness of one's own limitations and how they could impact their work with clients. Those who expressed more signs of higher self-awareness usually also used a more expansive description of potential biases and limitations of their own work.

In summary, when looking into how growth mindset impacts the transition from offline to online work for therapists, all interviewees have shown with their responses that they agree that their mindset was helpful in managing this different work environment. They highlighted how having the right mindset helped them become more creative and resourceful in adapting to new and unknown situations. While some were not necessarily excited about the transition to online sessions, others welcomed it by switching a bigger part of their work to a virtual environment and using that to create more time freedom and autonomy for themselves.

## Chapter IV.

### Discussion

One of the study's major limitations was its cross-sectional design. It therefore fails to measure change over time. In addition, all data is self-report, obtained in a single interaction with the participants. As such, answers could be skewed due to participants' mood on that day, general load of work as well as outside influences that cannot be accounted for (e.g. interruptions by children, etc.). Additionally, participation was voluntary, and everyone could withdraw at any point in time. Luckily, nobody withdrew. Any knowledge that is highlighted in this thesis is based on each participant's personal experience. Subsequently, and due to the rather low number of research subjects, each reader must assess themselves whether the results presented herein are transferable and applicable to their own situation.

Future studies might address the cross-sectional design limitation in several ways. Informants could be queried on several occasions within a short period of time to assess variation from day to day. Alternatively, interviews spaced at 6 months and 12 months following the initial interview would provide an indication of changes or stability of responses over a longer time frame. Besides, it would be helpful to research whether incorporating any growth mindset training material for the participants with fixed mindset helps enhance therapy progress. The small number of participants is also a limiting factor; hence it is advised to do more research in this area with a larger number of participants and a more quantitative approach. Furthermore, while the inclusion

criteria for the study was already very strict, it could still be made more specific in order to focus on certain sub-groups better. For example, women therapists between the age of 45-55, or only therapists who run their own business versus those who are employed, and so on.

Since the whole study was done online, analyzing the body language was not prioritized. Its experimental design and avoidance of controlled environments means that external influences cannot be accounted for - such as interviews getting interrupted due to, for example, children or pets, or incoming phone calls. As a result, there was a certain risk that some interviews might have to be rescheduled or even cancelled. Surprisingly, it was less the external circumstances of the participants that caused a reschedule or cancellation of interviews, but rather the interviewer's state of health. Pamela Wagner had COVID-19 in the week of 11<sup>th</sup> April 2022, where 3 interviews were scheduled. All 3 had to be rescheduled due to the interviewer's poor state of health. One interviewee did not reschedule, and the two others found time slots in the 2-3 weeks following this incident.

This thesis specifically sought to help understand experiences, perceptions, and views of therapists better when transitioning to online work and navigating a completely new work environment. Surprisingly, all of them exhibited a growth mindset to a large degree. None of them perceived their own or their patients' abilities to be unchangeable. The interviewed subjects have the belief that a growth mindset is essential to learning and personal development. Surely, there were major differences in self-awareness and reflection practices. Usually, psychologists who worked independently used more inward and reflective tools for motivation, while those who were employees mentioned rather

speaking with colleagues to cope with demand or stress. Subsequently, the latter group of people would also tend more towards moving a session or cancelling it if they did not feel at their best emotional self, whereas those who work more independently never even mentioned the idea of doing so. The self-employed psychologists or coaches just engaged in the respective practices in order to be in the right state of mind for their clients, no matter what.

It seems that self-reflection correlates with awareness of one's own limitations and how they could impact their work with clients. Those who expressed more signs of higher self-awareness also used a more expansive description of potential biases and limitations of their own work. Most would even talk about these elements openly with their clients and be very upfront about them. It may be that their growth mindset helped them be more open and vulnerable about certain elements of their own personality as they knew they are not perfect and could always improve their own skills.

Another aspect of this thesis was to examine how growth mindset impacts the adaptation to a different work environment. While not all therapists expressed happiness about having to conduct a large part of their work virtually, their mindset helped them embrace the status quo and make the best out of it. If using online tools was new to them or did not come naturally, they looked up resources or even took courses or hired a coach in order to manage the transition better. The therapists were open to learning new skills and successfully continued their work with clients. They made the certain necessary adaptations, such as becoming more creative or engaging in their work, practiced more self-awareness and adjusted their lifestyle with healthier eating or doing more sports, and

some thrive so much that they became the best-performing employee or now have an even more successful business than before.

### Unanswered Questions and Future Direction

The sample of participants was too small to detect any patterns from certain categories or demographic differences. The priority was set to gain first general insights about this topic.

Interestingly, none of the interviewees mentioned facing any issue with insurance coverage and that impacting their business or therapy in any way.

The question “How often have you experienced challenges on average in the past year?” could have defined the word ‘challenges’ better as quite a few therapists inquired what was meant by it. They mentioned the word setbacks, were not sure whether it was in business or life, and how it was defined overall in the context of this interview. As a result, having a clear definition may have helped get better comparable answers.

Other questions that should have been included in order to get an even clearer picture on the participants’ growth mindset:

- Are you happier when working offline or online?
- On a scale of 1-5, how resilient would you consider yourself with 5 being very resilient?
- With which statement do you agree with most: a) I want to work less, but do not know how. b) I am happy with the amount of work I have. c) I want to work more.

- With which statement do you agree with most: a) I am worried about what other people say if I work less than a certain number of hours. b) In order to be successful, you need to work a certain number of hours. c) I can be successful without working a certain number of hours.

Finally, the following questions remain open and should be explored further:

- Are there any cultural differences that may influence how well people adapt to different workstyles and work environments?
- How do beliefs about one's work influence one's ability to adapt to different circumstances? For example, if one believes that he or she has to work hard in order to be successful, does he or she then take more time to adjust? Would, after switching, the person then also work more as a result of their beliefs?

In conclusion, having a growth mindset can help therapists respond quickly and effectively to rapidly changing and challenging work environments. It enables them to learn skills faster and to adjust to situations that are unfamiliar and not of their own choosing – such as the COVID-19 pandemic. In these ways, growth mindset can contribute to the well-being of therapists and enhance their capacity to provide help and support to their clients. Recognizing the importance of the impact of a therapist on client outcomes, I recommend that more research be focused on the mindset and wellbeing of mental health providers as a therapist's impact on his or her clients can only be as much as their own mindset allows for. Subsequently, if psychologists are overwhelmed with work and face cost-cutting measures, they will, most likely, leave their job and focus

rather on self-employment, which offers more opportunities and freedom, but may limit options and capacity of mental health services to specific sectors of the population. That in return allows them to be more of their own authentic self and with that provide better care and service to their clients. As a result, institutions, which employ therapists, are urged to pay more attention to their employees' needs, so that they can provide better and more cost-effective care. Or else, they risk losing mental health caretakers and the help of a psychologist may be even less available to low-income groups and only something people above a certain range of income can afford – as privately hired therapists are usually more costly than institutional support options.

It seems that those psychologists who have more of a growth mindset were able to embrace the change from offline to online more successfully and feel more fulfilled. In fact, their belief that this switch to online work was beneficial, reflected back on everything that they were doing, and even helped them have better relationships with their clients than before.

Fostering a growth mindset not just from an early childhood onwards, but also later on in the workplace is important – not just for a company's growth but also for people's mental health. A growth mindset helps being more self-aware, mastering unforeseen challenges and situations, and deal better with the consequences of such. Ways to achieve that are caring about the therapist - if they work in a company – and not just giving them a certain case load. Can they actually handle all these patients, or would they be better off with five less, and then provide an outcome that is ten times better? Besides, giving the therapist enough time off and listening to them and their needs provides immediate feedback to the company. If therapists are self-employed, they are



encouraged to prioritize their own well-being before their clients'. Each psychologist needs to find out for themselves what is right for them and what makes a good work environment. Because, only when they are happy and content themselves, they will be able to serve their clients at the best possible level.

## Appendix 1.

### Interview Guide

#### **General / Warm-Up Questions:**

1. When did you take your business/career online?
2. Which resources did you use to become familiar with online tools?
3. What did you do to make sure you adapt as quickly as possible?
4. Do you think people prefer online to offline sessions?
5. What indicates progress to you in a patient (in a therapy)?
6. Has that changed in any way from offline to online work?
7. How has the relationship with your students changed since working more online?
8. What effect did the change to working more online have on your career?
9. Do you work less now?

#### **More Self-Reflective Questions:**

10. Which tools or techniques do you use for self-motivation and making sure you are in the right state of mindset for the session with the students?
11. What methods do you use for self-reflection and assessing your own state of mind prior to going into a session with a patient if you face more challenges than usual?
12. What do you do if you notice that you are not feeling at your best and have to start a session with a patient in the next 5 minutes?
13. How would the student's progress be impacted if you had 10% more confidence?
14. What do you do to avoid transferring your own internal biases and beliefs onto the student?
15. What process did you use to become aware of the challenges, your reaction, to overcome them, and avoid them being of impact to your clients?

16. What did you do if you noticed that your own state of mind impacted a student's session?
17. How often have you experienced challenges on average in the past year? - Daily, Weekly, Monthly, Almost Never?
18. How well did your career go in the last year? As usual? Worse? Or, better?
19. How has it changed over the last year?

**Mindset-specific Questions:**

1. How does a mindset impact one's ability to learn new information?
2. How does a mindset impact one's speed in adjustment and adaptations to new circumstances and situations?
3. Please think about Carol Dweck's concept of fixed and growth mindset:
  - a. Which aspects are particularly applicable to your work with clients?
  - b. Transitioning from offline to online work, what role has mindset played in your work with clients?
  - c. Transitioning from offline to online work, which adjustments did you have to make mentally in order to keep up your performance or improve it?
4. Have you incorporated any aspects around mindset in the work with your clients? If so, how does that look like?

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