LIVED EXPERIENCES OF COUNSELORS: NAVIGATING THE CHANGING ROLE USING EMOTIONAL INTELLIGENCE

by

Marissa Stelzer

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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APPROVED BY:

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Nathan Borrett, PhD, M.Div., BSEE, Committee Chair

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Jennifer Geyer, PhD, PCC, BCPCC, Committee Member

ABSTRACT

The purpose of this phenomenological study was to describe the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. The theories that guided this study were the ability model of emotional intelligence and social constructivism. The following questions guided this study: How did counselors experience their changing role from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic? How did counselors experience emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic? How did counselors experience the utilization of emotional intelligence skills/abilities during this time? Participants' lived experiences were collected through individual semi-structured interviews coupled with letters of advice. The data analysis was completed following the methods outlined by Moustakas (1994) for analysis. Their experiences were integrated into a universal description of the experience, which became the essence. The essence of this phenomenon was that counselors' roles changed via technological changes, client care, environmental changes, and logistics. Emotion identification, emotion management, and awareness of/understanding the environment were all experiences that were central to the participants' experience of emotional intelligence during teletherapy. These findings could help counselors in better serving their clients in a teletherapy format.

Keywords: COVID-19, emotional intelligence, essential worker, pandemic, psychotherapy, teletherapy, transcendental phenomenology, qualitative research

Copyright

Dedication

This dissertation is dedicated to my husband and children. Andrew, thank you for always supporting me and allowing me to chase my dreams. You played a large role in my dissertation coming to fruition. There were many times where you talked me off a ledge and encouraged me to keep going when the going got tough. Without you, none of this would have been possible. Colton and Hailey, thank you for allowing me to sacrifice my time with you to complete this. I hope this shows you that hard work and perseverance is always worth it.

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I owe my passion for wanting to get my PhD in industrial organizational psychology to my previous employers that hired me on first as a job coach working with individuals with developmental disabilities and second, as a vocational specialist on an assertive community treatment team. Thank you for igniting my passion for making the workplace a better place for both employees and their employers.

I am especially grateful for Dr. Nathan Borrett and Dr. Jennifer Geyer. Thank you for walking this journey with me. Thank you for providing actionable and concrete feedback, guidance, and encouragement and being patient in working with my timeline. None of this would have been possible without you two.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Chapter 1 provides an introductory framework for this qualitative transcendental phenomenological study. This study explored the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. In March 2020, the COVID-19 pandemic prompted many counselors to quickly shift to providing services via teletherapy (Eppler, 2021). The theoretical framework of social constructivism was employed to understand the view of counselors who have experienced this significant transition (Creswell & Poth, 2018). The data collection methods included individual semi-structured interviews coupled with letters of advice. These letters gave advice/tips to a future counselor who may experience a transition from traditional face-to-face counseling to teletherapy and feedback regarding successful strategies that may work to implement emotional intelligence skills/abilities from a minimum of six participants. The purpose of this section was to provide an overview of this study. This chapter explores the background of the study through historical, social, and theoretical contexts. Additionally, the statement of the problem, purpose of the study, research questions, assumptions and limitations, definition of terms, and significance of the study are provided.

Background

Historical Context

In December 2019, the coronavirus disease of 2019, also referred to as COVID-19, was discovered in Wuhan, China (Centers for Disease Control and Prevention [CDC],

2021b). It was caused by the virus called SARS-CoV-2. It was highly contagious and had spread rapidly across the globe through various variants (CDC, 2021b). Many individuals diagnosed with COVID-19 may experience mild symptoms, which often mirror symptoms of a cold or flu. However, many, especially those with underlying medical conditions or at increased risk, have experienced more severe cases, including hospitalization and even death. As of December 2022, there had been approximately 1,080,472 individuals that had lost their lives to COVID-19 in the United States (CDC, 2020). Due to the seriousness and worldwide spread of this virus, by mid-March 2020, the World Health Organization (WHO; 2020) pronounced COVID-19 a pandemic.

Around the time the WHO pronounced COVID-19 a pandemic, the WHO also put forth recommendations for social distancing to attempt to curb the transmission of COVID-19. As such, many places of employment transitioned nonessential employees to work remotely (Adalja et al., 2020, as cited in McKee et al., 2022). This transition specifically impacted the way the counseling profession functioned. Traditionally, psychotherapy/counseling services are provided in a face-to-face format. However, adaptations had to be made to the typical face-to-face format. As a result, there was a quick transition from traditional face-to-face therapy to teletherapy during the first quarter of 2020 (Sammons et al., 2020, as cited in McKee et al., 2022). This transition caused many to experience both changes in their role and unfamiliar territory, which many counselors were seemingly unprepared for. According to Hardy et al. (2021), teletherapy services have existed for almost 2 decades. However, the counseling field had been slow to adopt these practices prior to the COVID-19 pandemic. Pre-pandemic

teletherapy utilization rates were estimated to comprise approximately just 7% of therapists' clinical practice (Pierce et al., 2020, as cited in McKee et al., 2022).

Social Context

Human beings are highly social creatures (Blake & Shiffrar, 2007). One of the ways in which human beings connect is through emotion. Emotions, such as happiness, sadness, anger, fear, disgust, and surprise, are universal and experienced throughout many different cultures (Eibl-Eibesfeldt, 1970; Ekman & Friesen, 1975, as cited in Kohler et al., 2004; Huber, 1931; Izard, 1971; Ekman & Friesen, 2003). Those who are emotionally intelligent can connect through emotion by being able to identify, express, understand, manage, and use emotions in situations with others (Mayer & Salovey, 1997; Petrides & Furnham, 2003). However, the COVID-19 pandemic may have created barriers that impacted emotional intelligence abilities, specifically for those in the counseling field. As mentioned previously, many clinicians moved to providing therapy via telephone or telehealth platforms, such as Zoom (Jurcik et al., 2021). One of the barriers to using these platforms is the ability to accurately perceive emotions and get a complete clinical picture, given missed environmental cues. Research by Gonzalez et al. (2022) supported that this is a barrier for clinicians. Other research by Hardy et al. (2021) also echoed this same sentiment.

Meanwhile, some clinicians moved to providing face-to-face therapy in a socially distanced manner. These clinicians encouraged the use of personal protective equipment (PPE) for both parties, offered therapy services in well-ventilated areas, and frequently cleaned surfaces before and after sessions (Jurcik et al., 2021). For those clinicians that continued to provide face-to-face therapy wearing PPE, this may have created a barrier.

A commonly used PPE item was face masks due to mask mandates put into effect by many cities, states, and places of business to prevent the spread of COVID-19. The use of face masks presented barriers, especially for those in the counseling field, in the ability to correctly identify emotions in other individuals, which is an underlying component of emotional intelligence. Facial expressions are integral to successfully decoding emotions, especially in clinical interactions (Foley & Gentile, 2010, as cited in Mitzkovitz et al., 2022). With face masks covering much of the lower region of one's face, correctly identifying emotions is difficult. Emotional intelligence use or lack thereof can have significant consequences in the therapeutic relationship (Abargil & Tishby, 2022; Gutierrez et al., 2019).

Theoretical Context

Emotional intelligence is understood through three different lenses. The three different emotional intelligence models are the ability, trait, and mixed models (Kanesan & Fauzan, 2019). This research study looked through the lens of the ability model, as this research study intended to explore the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time.

As a whole, this research study drew from the theoretical framework of social constructivism. This theoretical framework was appropriate for three reasons. (1) Within social constructivism, individuals seek to understand the world in which they live and work (Creswell & Poth, 2018). It was this researcher’s desire to seek to understand the larger world in which she and fellow counselors work. (2) The goal of social

constructivism is to rely as much as possible on the participants' views of the situation (Creswell & Poth). This aligned well with the chosen research design of transcendental phenomenology, which focuses on describing the participants' experiences (Moustakas, 1994). (3) In social constructivism, researchers generate a pattern of meaning (Creswell & Poth, 2018). This also aligned well with the chosen research design of phenomenology. This was due to the fact that this research was focused on understanding the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time.

Problem Statement

The problem was that it was not known how counselors experienced their changing role from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic and how they experienced the utilization of emotional intelligence skills/abilities during this time. Specifically, Maurya et al. (2020) stated, "Examining the changing role of the counselor, unique therapeutic interventions for online work, effective theoretical frameworks, and factors that may support client change are also recommended for future research endeavors" (p. 18). Although similar studies have been conducted in comparison to both the research study by Maurya et al. (2020) and the present study, their focus tended to be on certain aspects, such as effectiveness; outcomes; satisfaction; acceptability; preferences; competence; practical challenges, such as technology; and teletherapy interventions for specific modalities. Other published studies, although similar, have not held the same research goal as the current study.

The literature review discussed in Chapter 2 identifies several research studies, including one quantitative study, three qualitative studies, one mixed-method study, and one nonformal in nature (based on ideas shared on an online form, where clinicians could add their experiences and ideas about how to work with eating disorders using telehealth methods), which were relevant by investigating counselors' experiences with teletherapy (Gallo et al., 2022; Gonzalez et al., 2022; Hardy et al., 2021; Landes et al., 2022; Maurya et al., 2020; Waller et al., 2020). However, no research study was found during the literature review investigating how counselors experienced their role changing from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic and how they experienced the utilization of emotional intelligence skills/abilities during this time. Thus, further research was needed in order to understand how emotional intelligence was experienced or utilized during the transition from face-to-face therapy to teletherapy due to the COVID-19 pandemic (Maurya et al., 2020). The current research study sought to fill this gap.

The importance of investigating the lived experiences of these counselors cannot be understated. With more and more counselors thinking of their future practice after the impact of the pandemic, continuing to provide teletherapy post-pandemic, and more and more counselors seeking out training/workshops in teletherapy post-pandemic, it is essential to understand how counselors have adapted to the changing role of the counselor in this format and have utilized emotional intelligence abilities during this time (Hardy et al., 2021; Landes et al., 2022; Waller et al., 2020). Without this understanding, this gap will continue to widen, which will increase the magnitude of this problem.

Purpose of the Study

The purpose of this qualitative transcendental phenomenological study was to explore and describe the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. This research study utilized the gap previously pointed out by Maurya et al. (2020) as a justification for this study.

This research study was accomplished by identifying the underlying themes and commonalities that describe the shared participant experiences through analysis of the data gathered from individual semi-structured interviews and letters of advice giving advice/tips to a future counselor who may experience a transition from traditional face-to-face counseling to teletherapy and feedback regarding successful strategies that may work to implement emotional intelligence skills/abilities. The analysis was expected to result in meaningful themes that described the participants' shared experiences of this phenomenon.

The sample for this research study consisted of six counselors (Dukes, 1984; Kuzel, 1999, as cited in Sim et al., 2018; Polkinghorne, 1989). They had to meet the eligibility criteria, which was being licensed (i.e., licensed professional clinical counselors, licensed clinical social workers, licensed drug and alcohol counselors, or licensed psychologists) and having transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic. The participants for this research study were gathered as a result of a purposive sampling approach.

Purposive sampling is a method in which characteristics are defined for a purpose relevant to the study at hand (Andrade, 2021; Creswell & Poth, 2018).

It was believed that the current research study would provide added insight into the experiences of counselors who have experienced the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. Further, it was desired that the study would provide greater awareness of the experiences/situations that helped or hindered clinicians in utilizing emotional intelligence skills/abilities with clients while providing teletherapy services so that it could positively impact counselors that plan to continue to utilize teletherapy post-pandemic and ultimately assist counselors in better serving their clients. Additionally, one of the desired outcomes of the study was to provide counselors a voice and empower them to share their stories through their lived experience with the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic, especially as it relates to emotional intelligence skills/abilities during this time (Creswell & Poth, 2018).

Research Questions

RQ1: How did counselors experience their changing role from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic?

RQ2: How did counselors experience emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic?

RQ3: How did counselors experience the utilization of emotional intelligence skills/abilities during this time?

Assumptions and Limitations of the Study

Assumptions

Creswell and Poth (2018) stated that one of the first phases of the qualitative research process is acknowledging broad assumptions. There were four assumptions presented within this research study. First, it was assumed that there would be honest and truthful responses from participants regarding their lived experiences. Chandler and Paolacci (2017) asserted that when researchers rely on participant self-report, the quality of data depends on participant honesty. Previous research has shown that participants will be deceptive if they believe it is necessary to gain access to a study (Chandler & Paolacci, 2017). This is particularly true when the reward is high (Chandler & Paolacci, 2017). However, this was a low-reward study. This researcher only gave all participants a $10 gift card as a thank you for their participation.

Second, it was assumed that the researcher's biases would be understood and minimized to the best of her ability using Epoche/bracketing. Clark and Vealé (2018) explained that through reflection, researchers can better explain the phenomenon at hand by minimizing or disclosing their own assumptions and biases throughout the data collecting, coding, and sorting phases of research. This process is vital, as bias might influence the study's outcomes (Clark & Vealé, 2018).

Third, it was assumed that this researcher would accurately select participants to participate in the research study that would provide adequate descriptions of their lived experiences and lead to an understanding of the phenomenon at hand. This research study used a purposive sampling approach to recruit six licensed counselors (Dukes, 1984, as cited in Sim et al., 2018; Kuzel, 1999; Polkinghorne, 1989). These counselors had to be

licensed professional clinical counselors, licensed clinical social workers, licensed drug and alcohol counselors, or licensed psychologists who had transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic. Purposive sampling is used to select the participants most likely to yield appropriate and valuable information (Kelly, 2010, as cited in Campbell et al., 2020).

Fourth, it was assumed that the researcher would build adequate rapport with participants and that the power differential between the researcher and participant would be minimized as best as possible through strategies, such as finding common ground (e.g., weather, sports, love of family, experience of being a parent), using humor, engaging in acts of hospitality (e.g., built-in restroom/snack/drink break), and collaborating directly with participants (i.e., collaboration during the data analysis and interpretation phases of the research process; Creswell & Poth, 2018; Goodman-Delahunty & Howes, 2016).

Limitations

According to Theofanidis and Fountouki (2018), limitations pertain to potential weaknesses that are typically out of the researcher's control and are closely related to the chosen research design, statistical model constraints, funding constraints, or other factors. Three limitations existed within this research study.

First, this study was a qualitative transcendental phenomenological study. Theofanidis and Fountouki (2018) asserted that data analysis methodology is an area of potential limitation. Most qualitative methodologies cannot be truly replicated (like in controlled experimental conditions) and, therefore, are unable to be "verified" (Theofanidis & Fountouki, 2018).

Another potential limitation was selection bias. Bias can impact the validity and reliability of the study findings (Smith & Noble, 2014). It was possible that counselors who desired to participate in this study were different from those who elected not to contact the researcher or those who decided not to participate after screening for eligibility.

A third potential limitation of this research study was the researcher's inexperience in conducting semi-structured interviews. Although this researcher had similar transferrable skills being a licensed professional clinical counselor, such as asking open-ended questions, asking follow-up/probing questions, reflecting/summarizing, etc., this researcher had never been in an interviewer role conducting research. DeJonckheere and Vaughn (2019) asserted that some interviewers will naturally be more comfortable and skillful at conducting interviews than others. They also asserted that these skills are learnable and, through practice and feedback, can improve (DeJonckheere & Vaughn, 2019). However, this researcher did not have previous practice experiences in this realm. As such, this was a limitation.

Definition of Terms

The following is a list of definitions of terms used in this study.

COVID-19 – COVID-19 is defined as a respiratory disease caused by SARS-CoV-2, a coronavirus discovered in 2019 (CDC, 2022).

Emotional Intelligence – Emotional intelligence is defined as the ability to identify, express, understand, manage, and use emotions (Mayer & Salovey, 1997; Petrides & Furnham, 2003).

Essential Worker – Essential worker is defined as those who conduct a range of operations and services in industries that are essential to ensure the continuity of critical functions in the United States (CDC, 2021a).

Pandemic – Pandemic is defined as an epidemic that spreads globally (Grennan, 2019).

Psychotherapy – Psychotherapy refers to various treatment techniques that aim to assist an individual in identifying and changing troubling emotions, thoughts, and behaviors (National Institute of Mental Health, 2021).

Qualitative Research – Qualitative research is defined as:

> A situated activity that locates the observer in the world. Qualitative research consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (Denzin & Lincoln, 2011, p.3, as cited in Creswell & Poth, 2018)

Teletherapy (which may also be referred to as telemental health, telepsychology, telemedicine, telehealth, or telepsychiatry) – Teletherapy is defined as the use of remote technology to specifically conduct synchronous, clinical therapy sessions with clients who are not physically co-located with their mental health therapist (Burgoyne & Cohn, 2020; Robledo Yamamoto et al., 2021).

Transcendental Phenomenology – Transcendental phenomenology means "in which everything is perceived freshly, as if for the first time" (Moustakas, 1994, p. 34).

Significance of the Study

Empirical Significance

This research study was empirically significant. In Chapter 2, one will learn that there is a gap in the literature. Maurya et al. (2020) stated, "Examining the changing role of the counselor, unique therapeutic interventions for online work, effective theoretical frameworks, and factors that may support client change are also recommended for future research endeavors" (p. 18). Because this study identified this area as a gap and was not explored in their research, the current research sought to address this gap. The research by Maurya et al. (2020) did not explore counselors' use of emotional intelligence in teletherapy formats. The current research sought to address this gap by exploring how counselors experience their changing role from face-to-face counseling to telehealth counseling and the utilization of emotional intelligence interventions that were used with clients during this time. Thus, addressing this gap in the literature will advance scientific knowledge.

Theoretical Significance

This research study also provided theoretical significance. This research study specifically added to the existing knowledge regarding the ability model of emotional intelligence. Much was already known about this model, as it was first introduced in 1997 by Peter Salovey and John Mayer (Kanesan & Fauzan, 2019). However, this study contributed additional information. For example, it gave insight into the

experiences/situations that helped or hindered clinicians in utilizing emotional intelligence skills/abilities with clients while providing teletherapy services.

Practical Significance

This research study was also practically significant to both counselors and their clients. As previously mentioned, the study provided greater awareness of the experiences/situations that helped or hindered clinicians in utilizing emotional intelligence skills/abilities with clients while providing teletherapy services so that it could positively impact counselors that plan to continue to utilize teletherapy post-pandemic and ultimately assist counselors in better serving their clients who access the mental health system. Additionally, this provided an opportunity for counselors to be given a voice and empower them to share their stories through their lived experiences regarding the significant transition they experienced during the pandemic (Creswell & Poth, 2018). There is strength in numbers, and it helps to know one is not alone in experiencing something.

Summary

Chapter 1 provided an overview of the study and identified the research gap supporting the need for a qualitative transcendental phenomenological study of counselors to identify common ideas and themes within their lived experiences of the transition from face-to-face to teletherapy. The purpose of this transcendental phenomenological study was to explore how counselors experienced the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors experienced utilizing emotional intelligence skills/abilities during this time. It was hoped that the findings from this research would help to provide a

foundation for identifying paradigms across the counseling field. By identifying and investigating perceptions of these counselors' lived experiences, data could assist counselors in better serving their clients who access the mental health system.

The four subsequent chapters include the following information. Chapter 2 is an in-depth review of the literature on the field of counseling (history and biblical foundations), emotional intelligence (history; major models: ability, trait, mixed, nine-layer; impact; applicability to counseling field; and biblical foundations), and the COVID-19 pandemic (impact on the counseling field and impact on aspects of emotional intelligence, such as emotion identification, perception of emotion, and emotion regulation). Additionally, Chapter 2 discusses the gap in the literature related to how counselors experienced their changing role from face-to-face counseling to telehealth counseling and the utilization of emotional intelligence interventions that were used with clients during this time and how this study filled this gap in the literature. Chapter 3 discusses the research design and details of how this research study was conducted. The research results are provided in Chapter 4. Finally, a discussion, interpretation of the findings, implications, limitations of this research study, and recommendations for future research in Chapter 5 will follow.

CHAPTER 2: LITERATURE REVIEW

Overview

An in-depth review of existing research was conducted to identify studies in which researchers examined counselors' experiences specifically related to emotional intelligence during the transition from traditional face-to-face counseling to a teletherapy format. To provide context and an overview, the researcher discussed the current literature pertaining to the study in this chapter. Additionally, in this chapter, there is a review of the relevant theoretical framework, including:

1. History of psychotherapy and the major schools of thought
2. The history of emotional intelligence theory
3. Major models of emotional intelligence: ability, trait, and mixed
4. Other prevalent emotional intelligence models

A presentation of consistent themes as related to the impact COVID-19 has had on the various facets of emotional intelligence (i.e., perception, identification, and regulation) as related to the counseling field follows. Biblical foundations are interwoven throughout this chapter as well. Finally, a gap within the literature is identified following the review of current research, thus providing a focused area of need for this study.

Description of Search Strategy

In preparation for the present study, databases and search engines utilized included Liberty University's online library (Jerry Falwell Library) and Google Scholar. Search terms included, but were not limited to, emotional intelligence, emotion identification, emotion regulation, emotion management, and teletherapy. Many scholarly

articles underwent scrutiny for content pertinent to the present study. This literature review includes the most relevant journal articles from past and current sources.

Review of Literature

History of Psychotherapy

Mental illness impacts many individuals. According to the National Alliance on Mental Illness (NAMI; 2022), one in five adults in the United States experiences mental illness each year, and 46.2% of adults in the United States with mental illness received treatment in 2020. One standard and effective treatment for mental illness is psychotherapy. According to the National Institute of Mental Health (NIMH, 2021), psychotherapy is defined as a variety of treatment techniques that aim to assist an individual in identifying and changing troubling emotions, thoughts, and behaviors. The overall goal of psychotherapy is typically symptom reduction, improvement in functioning, and remission of the disorder (Hofmann et al., 2012). Typically, psychotherapy occurs between a licensed, trained mental health professional and a client. The format can vary from meeting individually, as a couple, or in a group setting (NIMH, 2021). Insurance companies typically dictate the length of treatment. Insurance companies can also dictate other aspects throughout treatment, such as the specific type of modality to be used (Drisko & Simmons, 2012). Drisko and Simmons (2012) supported this assertion by stating that states and payors (i.e., insurance companies) have developed their own lists of approved treatments for many mental health diagnoses and disorders.

In order to understand psychotherapy, one must first understand the pioneers of psychotherapy and the various schools of thought. One of the pioneers in psychotherapy

was Sigmund Freud. Freud developed psychoanalysis, which is a type of psychotherapy that uses one's past (Roth, 2016). The goal of psychoanalysis is to support the expression of the effect associated with a traumatic memory (catharsis) and to bring the repressed trauma into conscious memory (abreaction; Kenny, 2016). Although psychoanalysis has evolved over the years, some of Freud's original ideas remain to this day, such as the dynamic unconscious, developmental approach, defense mechanisms, transference, and countertransference (Yakeley, 2018). This modality is still used in psychotherapy today. It is often referred to as a psychodynamic approach, which refers to theories and methods based on Freud's original works. Evidence has supported the efficacy of psychodynamic psychotherapy in treating several mental health disorders, specifically depressive disorders, anxiety disorders, personality disorders, eating disorders, somatic disorders, some substance abuse disorders, and some mixed disorders (Drisko & Simmons, 2012).

After the introduction of psychoanalysis in the early to mid-1900s, the field of psychotherapy's pendulum swung to behaviorism. Pioneers in this field included John B. Watson and B. F. Skinner (Moore, 2011). Behaviorism is defined as an approach that seeks to explain behavior without directly appealing to mental or cognitive processes (Moore, 2011). These scientists proposed that it should rely on experimental observation (borrowed from animal psychology) and be objective rather than subjective (Moore, 2011). Behaviorism rejected anything that could not be observed (Moore, 2011).

Decades later, in the 1950s and 1960s, work done by both Albert Ellis (on rational emotive therapy) and Aaron Beck (on cognitive therapy) eventually contributed to the theory of cognitive behavioral therapy (Blackwell & Heidenreich, 2021). The focus of cognitive behavioral therapy has been on both cognition and behavior. This theory uses

the cognitive triad. For example, one's thoughts impact their emotions, their emotions impact their behaviors, and so forth (Fisher et al., 2023). Common cognitive behavioral strategies include cognitive restructuring and behavioral strategies (Wenzel, 2017). There is also evidence supporting the efficacy of cognitive behavioral therapy in treating several mental health disorders, specifically anxiety disorders, somatoform disorders, bulimia, anger control problems, and general stress (Hofmann et al., 2012).

The primary schools of thought regarding therapy are cognitive, behavioral, and a mixture of the two. Since psychotherapy's inception, there have been many different modalities brought forth, which include, but are not limited to, interpersonal therapy, dialectical behavior therapy, solution-focused brief therapy, acceptance and commitment therapy, person-centered therapy, gestalt therapy, existential therapy, and experiential therapy.

Biblical Foundations of Counseling

It could be argued that the history of counseling began well before Freud's time. Jesus displayed counseling skills throughout the Bible. In fact, Johnson (2017) referred to Jesus as the "world's supreme soul physician" (p. 1). In particular, Jesus displayed active listening skills, which is an essential counseling skill, as counselors need to listen to their clients to be able to assist them. The Bible verse that highlighted this was Mark 10:46–52 (*English Standard Version Bible [ESV],* 2016), which stated,

> And they came to Jericho. And as he was leaving Jericho with his disciples and a great crowd, Bartimaeus, a blind beggar, the son of Timaeus, was sitting by the roadside. And when he heard that it was Jesus of Nazareth, he began to cry out and say, "Jesus, Son of David, have mercy on me!" And many rebuked him,

> telling him to be silent. But he cried out all the more, "Son of David, have mercy on me!" And Jesus stopped and said, "Call him." And they called the blind man, saying to him, "Take heart. Get up; he is calling you." And throwing off his cloak he sprang up and came to Jesus. And Jesus said to him, "What do you want me to do for you?" And the blind man said to him, "Rabbi, let me recover my sight." And Jesus said to him, "Go your way; your faith has made you well." And immediately he recovered his sight and followed him on the way.

Jesus could have easily continued on his journey, ignoring the man. Instead, he stopped and actively listened to Bartimaeus and was able to assist him.

Jesus listened and interacted with others without judgment, which is another essential counseling skill. This was highlighted in John 7:53–8:11 (*ESV,* 2016), which stated:

> They went each to his own house, but Jesus went to the Mount of Olives. Early in the morning he came again to the temple. All the people came to him, and he sat down and taught them. The scribes and the Pharisees brought a woman who had been caught in adultery, and placing her in the midst they said to him, "Teacher, this woman has been caught in the act of adultery. Now in the Law, Moses commanded us to stone such women. So what do you say?" This they said to test him, that they might have some charge to bring against him. Jesus bent down and wrote with his finger on the ground. And as they continued to ask him, he stood up and said to them, "Let him who is without sin among you be the first to throw a stone at her." And once more he bent down and wrote on the ground. But when they heard it, they went away one by one, beginning with the older ones, and

> Jesus was left alone with the woman standing before him. Jesus stood up and said to her, "Woman, where are they? Has no one condemned you?" She said, "No one, Lord." And Jesus said, "Neither do I condemn you; go, and from now on sin no more."

Jesus did not make this woman feel judged for her sins, as all of us are sinners.

Jesus was present and in the moment with other individuals whom he interacted with. The Bible reminded us to be alert, present, and in the moment. Matthew 24:42–44 (*The Message [MSG],* 2018), stated:

> So stay awake, alert. You have no idea what day your Master will show up. But you do know this: You know that if the homeowner had known what time of night the burglar would arrive, he would have been there with his dogs to prevent the break-in. Be vigilant just like that. You have no idea when the Son of Man is going to show up.

As counselors, one would not want to miss the opportunity to help someone in need because they were distracted and not present with the client.

Most importantly, Jesus provided counsel and guidance. One example was the guidance he provided to his disciples. Prior to being crucified, he informed his disciples, "But the Helper, the Holy Spirit, whom the Father will send in my name, he will teach you all things and bring to your remembrance all that I have said to you" (*ESV*, 2016, John 14:26). There were many other examples of counsel and guidance as well. For example, The Ten Commandments, as discussed in Exodus 20: 3–17 (*New International Version [NIV],* 2011), provided a guide on how to behave in the world, and the Bible provided a guide for Christians on how to navigate the world. Likewise, Wolters (2005)

also supported the Bible and Ten Commandments playing a role in the development of a Christian worldview. According to Wolters (2005), a worldview functions as a guide to one's life, functioning like a compass or road map.

In addition to Jesus displaying several counseling skills throughout the Bible, Johnson (2013) asserted that the Christian faith in general is a psychology, and the Christian ministry is a psychotherapy. An in-depth understanding of how individuals behave is intrinsic to thinking in a Christian manner (Johnson, 2013). Counselors assist individuals in dealing with reality (Johnson, 2017). From a Christian viewpoint, God is the ultimate reality (Johnson, 2017). At times, reality can be troubling and include psychopathology, though. According to Johnson (2017), the term psychopathology literally means "soul disorder." Humans have become disordered through sin (Johnson, 2017). As human beings, all have been affected by original sin, which indicated that the need for counseling began well before the times of Jesus or Freud.

COVID-19 Pandemic

The coronavirus disease of 2019, also referred to as COVID-19, is caused by the virus called SARS-CoV-2 (Centers for Disease Control and Prevention [CDC], 2021b). It was initially discovered in Wuhan, China, in December 2019 (Centers for Disease Control and Prevention [CDC], 2021b). It is highly contagious and has spread rapidly across the globe through many different variants (CDC, 2021b). Symptoms of COVID-19 often mirror symptoms of a cold, flu, etc. (CDC, 2021b). Symptoms may include, but are not limited to, fever, cough, fatigue, muscle aches, sore throat, diarrhea, headache, and loss of taste or smell. For many individuals diagnosed with COVID-19, they may experience mild symptoms. However, for others, especially those that are at increased

risk due to underlying medical conditions, they may experience more severe cases, which include hospitalization and even death (CDC, 2021b). As of June 2022, there had been approximately 1,007,370 individuals that had lost their lives to COVID-19 in the United States (CDC, 2020).

The pandemic has caused many to experience both changes and stressors. Examples include having to cope with evolving variants, having to decide whether to accept a vaccine that prevents the spread of COVID-19, dealing with the uncomfortableness of having to wear personal protective equipment (PPE) for long periods of time, quickly switching to telecommuting, dealing with staffing shortages due to employees having to quarantine/isolate, and coping with the emotional effects of client deaths, fear of infection, anxiety surrounding transferring COVID-19 to friends/family, and physical exhaustion/fatigue (Pinchuk et al., 2021). These are just a few of many examples of COVID-19-specific related stressors that workers may have experienced since the start of the pandemic. The COVID-19 pandemic has also impacted the way the counseling profession has functioned. Traditionally, psychotherapy/counseling services have been provided in a face-to-face format. However, as the COVID-19 pandemic impacted those around the world, adaptations had to be made to the typical face-to-face format. The progression of these adaptations from a face-to-face format to an alternate format differed based on individual clinician decision or counseling agency/organization decision. Some clinicians moved to providing face-to-face therapy in a socially distanced manner and engaged in actions, such as wearing PPE for both parties, offering therapy services in well-ventilated areas, and frequently cleaning surfaces before and after

sessions (Jurcik et al., 2021). Other clinicians moved to providing therapy via telephone or telehealth platforms, such as Zoom (Jurcik et al., 2021).

Impact of the COVID-19 Pandemic on the Counseling Field

The COVID-19 pandemic greatly impacted the counseling field. For many counselors, there were rapid changes made at very short notice. Some counselors had to transition to providing services via telephone or teletherapy (Waller et al., 2020). For other counselors, they had to be more creative in their meetings. Some continued to provide services with the use of PPE in a socially distanced manner, using well-ventilated areas (i.e., outdoors), with frequent sanitizing encouraged (Jurcik et al., 2021). This was a historical change in the field of counseling, which traditionally provided services in a face-to-face format (Waller et al., 2020).

According to Hardy et al. (2021), teletherapy services have existed for almost 2 decades. However, the counseling field had been slow to adopt these practices prior to the COVID-19 pandemic. For example, according to Landes et al. (2022), prior to the pandemic, counselors reported that 0%–15% of dialectical behavior therapy (DBT) services (individual and group) at their site were being delivered via telephone or teletherapy. All sites either began to offer or increased their offering of DBT services via telephone or teletherapy due to the COVID-19 pandemic. Since the start of the pandemic, 90%–100% of DBT therapy services (individual and group) have been delivered via telephone or teletherapy (Landes et al., 2022). In yet another example, research done by Maurya et al. (2020) showed that the majority of counselors reported having never or rarely provided counseling via teletherapy to their clients previously. Both of these studies highlighted the dramatic shift from counselors providing traditional face-to-face

services to counselors having to provide services via teletherapy in a matter of days (Landes et al., 2022; Maurya et al., 2020). With the COVID-19 pandemic, many counselors who had never or rarely used teletherapy faced challenges with maintaining continuity of care with their clients.

In order to support counselors and clients in preventing the spread of COVID-19 and ensure continuity of care, payors made changes that they previously did not approve. According to Mitzkovitz et al. (2022), during the COVID-19 pandemic, for the first time in history, the Center for Medicare and Medicaid (CMS) approved the use of both telephone and teletherapy for providing services to clients. Despite this approval, there were challenges. They noted that the challenges of conducting psychotherapy via telephone include lack of control over the client’s environment, issues with privacy and confidentiality, and a negative impact on the therapeutic alliance without face-to-face contact (i.e., loss of many aspects of nonverbal communication; Brenes et al., 2011, as cited in Mitzkovitz et al., 2022).

While teletherapy eliminated some of the issues related to the loss of aspects of nonverbal communication, the issue of the client's environment, privacy, and confidentiality still remained (Gros et al., 2013; Henry et al., 2017, as cited in Mitzkovitz et al., 2022). Additionally, there was a need to alter treatment protocols, assessment procedures, and communication style with this format, such as increased behavior showing active listening and exaggerated nods (Gros et al., 2013; Henry et al., 2017, as cited in Mitzkovitz et al., 2022). Teletherapy has been shown to be the most effective medium of distance counseling due to the decreased number of issues with teletherapy versus telephone (Maurya et al., 2020). Even though teletherapy is preferred over

telephone, traditional face-to-face therapy still remains the preference for the majority of counselors (Hardy et al., 2021)

History of Emotional Intelligence

Numerous scholars have studied emotional intelligence. Prominent figures in the psychology field have tried to define intelligence for some time. For example, in the 1920s, Edward Lee Thorndike, also known as E. L. Thorndike, described the concept of "social intelligence." In an article titled, "Intelligence and its Uses," E. L. Thorndike (1920) stated, "By social intelligence is meant the ability to understand and manage men and women, boys and girls—to act wisely in human relations" (p. 228). Ultimately, E. L. Thorndike pointed to the ability to identify and recognize the emotions of others in addition to the ability to get along with other individuals.

Approximately 3 decades later, David Wechsler (1950) proposed that intelligence includes several aspects. However, one of those aspects was not related to cognition. Instead, it was related to capacities and traits, such as affective aspects of intelligence (Wechsler, 1950).

After many years of emotional intelligence being introduced, Howard Gardner (1983), similar to Weschler, introduced the concept of non-cognitive intelligence. This was referred to as the concept of multiple intelligences. This theory has eight categories of intelligence: visual-spatial, linguistic-verbal, logical-mathematical, bodily-kinesthetic, musical, interpersonal, intrapersonal, and naturalistic. There has also been a suggestion for a ninth category, which is existentialist (Gardner, 1983).

These prior theories built the foundation on which the concept of emotional intelligence stands today. However, it was not until recently that the concept of emotional

intelligence started to take off. In 1990, psychologists, Peter Salovey and John Mayer, published their well-known article "Emotional Intelligence" in *Imagination, Cognition, and Personality* (Salovey & Mayer, 1990). Salovey and Mayer defined emotional intelligence as "the ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (p. 189). Their conceptualization of emotional intelligence included five different categories: appraisal and expression of emotion in self, emotion in others, regulation of emotion in the self, regulation of emotion in others, and utilizing emotional intelligence (Salovey & Mayer, 1990).

The concept of emotional intelligence started to become popular with the mainstream general public after psychologist Goleman's (1995) work on emotional intelligence was published. Goleman asserted that 80% of success in the workplace is determined by emotional intelligence, and the remaining 20% is determined by cognitive intelligence. In addition, Goleman (1995) emphasized emotional intelligence being vital to one's success in other areas of life, such as academically and socially (Perloff, 1997).

Models and Measurement of Emotional Intelligence

Ability Model

There are three models of emotional intelligence. The first model of emotional intelligence is called the ability model. According to Kanesan and Fauzan (2019), Salovey and Mayer first introduced the ability model in 1997. Their model included four components arranged in sequential order from lower-level skills to higher-level skills: perception, appraisal, and expression of emotion; emotional facilitation of thinking; understanding and analyzing emotions; and regulation of emotions. Goleman (1995) and

Mayer and Salovey (1997, as cited in, Kanesan & Fauzan, 2019), stated that one strength of the ability model was that it is well validated and clearly indicated that it is ability-based. Previous research had consistently shown that emotional intelligence can increase with both age and training.

For example, in a recent study examining the relationship between emotional intelligence and negative emotions in healthcare workers during the pandemic, researchers found that participants 45 years of age and older had higher total emotional intelligence than participants aged 26–35 years (Sun et al., 2021). Additionally, participants with 11–15 years of experience had higher emotional intelligence than participants with less than 5 years of experience (Sun et al., 2021). Another recent study was conducted by Gribble et al. (2018). They examined the changes in emotional intelligence of healthcare students during their practice education (i.e., internships or practicums). Their results showed that the students increased their total emotional intelligence score during their 16-month placements. These findings indicated that emotional intelligence is malleable. It is an ability that can be learned. Skills can be acquired/developed, especially via workplace learning, throughout one's lifetime instead of being born with a fixed emotional intelligence level (Gribble et al., 2018).

Instruments, such as The Wong and Law Emotional Intelligence Scale, are based on the ability model (Nguyen et al., 2019). The Wong and Law Emotional Intelligence Scale is a short 16-item measure of emotional intelligence developed for use in management research and studies. One sample question is: "I am quite capable of controlling my own emotions." Respondents complete this question based on the extent to which they agree or disagree with each of the statements, going from strongly disagree

to strongly agree (Law et al., 2004). The scoring is as follows: Total Emotional Intelligence = average of items 1–16; Total Self-emotions Appraisal = average of items 1–4; Total Regulation of Emotions = average of items 5–8; Total Use of Emotion = average of items 9–12; and Total Others' Emotion Appraisal = average items 13–16 (Law et al., 2004).

The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) is also based on the ability model (Brackett & Mayer, 2003). The MSCEIT is a 141-item measure of emotional intelligence. One sample question is: "How much is each feeling/emotion in the list below expressed by this face?" This question is completed based on a Likert scale of 1–5 for various emotions, such as happiness, sadness, fear, anger, and disgust. However, not every single item on the MSCEIT is similar to the one mentioned. In some items, respondents are asked to identify the correct emotion based on a given situational prompt. The MSCEIT is scored using a scoring service via consensus-based scoring. Consensus-based scoring is where the score of each item is dependent on the percentage of the group that selected the same answer (Maul, 2012).

Trait Model

The second model of emotional intelligence is called the trait model. This model is quite distinct from the ability model. Previous research has shown a low correlation between the two constructs (Drigas & Papoutsi, 2018). In any case, according to Kanesan and Fauzan (2019), Petrides and Furnham first proposed the trait model in 2001. Their model included 15 emotion-related aspects: adaptability, assertiveness, emotion perception, emotion expression, emotion management, emotion regulation, impulsiveness, relationships, self-esteem, self-motivation, social awareness, stress

management, trait empathy, trait happiness, and trait optimism; the aspects are spread across personality dimensions and categorized under four areas, which are wellbeing, self-control, emotionality, and sociability. Kanesan and Fauzan (2019) noted that one weakness of this model is that it is challenging to differentiate emotional intelligence from personality because it is highly correlated with Big Five personality traits. Additionally, as mentioned previously, Goleman (1995) and Mayer and Salovey (1997, as cited in, Kanesan and Fauzan, 2019), stated that emotional intelligence can increase with both age and training, indicating an ability component. Conversely, personality, which is more innate, tends to persist and remain stable with time (Bleidorn et al., 2021).

Instruments, such as The Trait Emotional Intelligence Questionnaire (TEIQue) are based on the trait model. The TEIQue is a 153-item measure of emotional intelligence. There is also a short-form version, which is a 30-item measure. One sample question is: "On the whole, I'm able to deal with stress." This is completed based on the extent to which one agrees or disagrees with each of the statements. It goes from strongly disagree to strongly agree. The scoring is broken down by a total score and scores on the four factors. Scores are presented as percentiles, with 1–30 being below average, 31–70 being average, and 71–100 being above average (Petrides, 2009).

Mixed Model

The third model of emotional intelligence is the mixed model. According to Kanesan and Fauzan (2019), Reuven Bar-On first proposed the mixed model in 1997, and Goleman revised the model in 2001. Bar-On's model included 15 different dimensions categorized under five areas: intrapersonal, interpersonal, adaptability, stress management, and general mood. Intrapersonal is comprised of emotional self-awareness,

assertiveness, independence, self-regard, and self-actualization. Interpersonal is comprised of empathy, social responsibility, and interpersonal relationship. Adaptability is comprised of reality testing, problem solving, and flexibility. Stress management is comprised of stress tolerance and impulse control. Lastly, general mood is comprised of optimism and happiness. Meanwhile, after revisions, Goleman's model included four aspects with 20 emotional intelligence capabilities. The aspects are self-awareness, self-management, social awareness, and relationship management. Similar to the trait model, the weakness of this model includes being redundant with personality traits (Kanesan & Fauzan, 2019).

Instruments, such as The Bar-On Emotional Quotient Inventory (EQ-i), are based on the mixed model. The EQ-i is a 133-item measure of emotional intelligence. The EQ-i is completed based on a 5-point Likert scale, going from not true of me to true of me. Items are then summed to compute a total score of emotional intelligence, as well as on the dimensions of intrapersonal intelligence, interpersonal intelligence, adaptability, stress management, and general mood and the 15 lower-order scales (Dawda & Hart, 2000).

Nine-layer Model

While the three primary models of emotional intelligence have already been discussed, another model of emotional intelligence has recently been introduced. Drigas and Papoutsi (2018) proposed a nine-layer model of emotional intelligence, which included features from both the ability and trait models. Similar to the ability model, which is arranged in order from fundamental to higher-level abilities, this model follows a hierarchical pyramid structure (Kanesan & Fauzan, 2019). This pyramid also resembles

Abraham Maslow's hierarchy of needs and includes similar vital concepts, such as self-actualization. In any case, at the base of the nine-layer pyramid is emotional stimuli (perceiving emotions through one's senses). This is followed by emotion recognition, perception-expression of emotions (recognizing emotions in nonverbal cues, such as the face, body language, voice, etc.), self-awareness (knowing oneself and understanding one’s own feelings), self-management (controlling one’s own reactions), social awareness, empathy, discrimination of emotions (recognizing the emotions of others, using perspective, and the ability to differentiate emotions in others), social skills, expertise in emotions (managing interactions with others in an appropriate manner), universality of emotions, self-actualization (realization of potential, continual movement towards growth and improvement), transcendence (i.e., helping others, exchange of emotions with others), and at the top of the pyramid is emotional unity (internal harmony; Drigas & Papoutsi, 2018). Unfortunately, at this time, there is no instrument to measure emotional intelligence that is based on the nine-layer model.

Impact of Emotional Intelligence

In a broad sense, emotional intelligence is essential for any organization. Positive impacts include emotional intelligence being correlated with the prevention of gaps in employment (Dust et al., 2018), leading to increased self-efficacy (Zeb et al., 2021), and having a positive relationship with work-family balance (Weinzimmer et al., 2017). Previously, there was a myth that emotions cause disruptions in the workplace. However, this is simply untrue. Emotions are part of the everyday human experience. They are neither "good" nor "bad." They simply are (Linehan, 2014). Additionally, employers have started to realize that employees'/candidates' cognitive abilities, education, and

experience are not always enough. As such, employers have recently begun to emphasize the importance of soft skills. Soft skills are essential, desired skills in all professions (Clark, 2017; Laker & Powell, 2011, as cited in Tsirkas et al., 2020). They include aspects, such as communication skills, leadership skills, creativity, teamwork, flexibility, emotional intelligence, empathy, time management, and problem solving; some of these have been mentioned in the various models (Hamm, 2019).

More specifically, emotional intelligence is an essential ability/trait to possess in healthcare (mental health can often be under the umbrella of healthcare), as it impacts patient care/satisfaction (Lee et al., 2018), influences attitudes towards patients (Mamcarz et al., 2020), is incorporated into the clinical decision-making process (Hutchinson et al., 2018), and affects relationships with other individuals, such as coworkers and managers (Mansel & Einion, 2019).

Emotional Intelligence in the Counselor Role

To narrow it down even more, emotional intelligence has been found to be an essential skill/ability in the counselor role. There is a belief that individuals in the helping professions, such as counseling, require a higher level of emotional intelligence compared to those in other professions, due to the emotionally draining responsibilities associated with the profession (Tharbe et al., 2021). Tharbe et al. (2021) examined the specific aspects of emotional intelligence needed to become efficient counselors from the counselor perspective. The results of their study produced 11 themes, which included (1) self-awareness (awareness of own emotion/mood, factors effecting emotion); (2) self-expression; (3) self-understanding (understanding own emotional triggers); (4) self-acceptance; (5) self-management (managing self during emotional times); (6) social

awareness; (7) effective decision making (making rational decisions while keeping emotions at bay); (8) effective communication (effectively communicating both verbally and nonverbally); (9) management of others' emotion; (10) intrapersonal professional competence;, and (11) interpersonal professional competencies (ethics). These components aligned with the previously-mentioned models of emotional intelligence. For example, the theme of social awareness aligned with the trait model, Bar On's model, and Goleman's model. The theme of self-management and self-awareness aligned with Goleman's model. Interestingly, this study also highlighted spiritual and emotional management and patience as components of emotional intelligence (Tharbe et al., 2021). These aspects had not previously been highlighted before as related to emotional intelligence. However, it may be due to the Malaysian culture and values associated with it.

Emotional intelligence skills/abilities within counselors can impact the therapeutic relationship. Research has shown that those with increased levels of emotional intelligence within prospective psychological counselors were more proficient in their counseling skills. They were able to notice emotions in other individuals' gestures, verbal statements, and the tone of other individuals' voices and tended to use an empathic approach. Additionally, they were more successful at distinguishing emotional reflection statements, where emotional reflection means that the psychological counselor understands the client's feelings and immediately reflects that emotion back to the client (Odaci et al., 2017). Emotional intelligence has also been found to be a significant predictor of cultural empathy (Smith et al., 2020). Identifying others' emotions, understanding others' emotions, using reflection, and utilizing empathy (including

cultural empathy) are foundational counseling skills that can positively impact the therapeutic relationship.

Conversely, possessing low levels of emotional intelligence can negatively impact the therapeutic relationship. For example, research has shown that counselors who reported decreased emotional intelligence also reported increased professional incompetence and increased devaluation of clients. This means that counselors who reported decreased levels of emotional intelligence may believe that they are not competent in their role as a counselor and have more negative attitudes toward their clients (Gutierrez et al., 2019).

Emotional intelligence does not just impact the therapeutic relationship, but can also have an impact on counselors themselves. Research has shown that emotional intelligence is related to compassion fatigue. Compassion fatigue decreases with increased social awareness, self-awareness, self-management, and social skills. Emotional intelligence may act as a buffer against risk factors of compassion fatigue in the counseling field (Kabunga et al., 2020). Relatedly, a recent study showed that there is a significant relationship between emotional intelligence and burnout in the addiction counseling field (Gutierrez et al., 2019). Counselors reporting increased levels of emotional intelligence also reported decreased feelings of burnout (Gutierrez et al., 2019). Both compassion fatigue and burnout threaten the counseling profession, as counselors who experience them are at risk of leaving their organization, thus disrupting the care of clients in the counseling field (Yang & Hayes, 2020).

Biblical Foundations of Emotional Intelligence

There are countless examples of the use of emotional intelligence throughout the Bible. Perhaps the most outstanding teacher of emotional intelligence was Jesus himself. Jesus was able to perceive the emotions of others, which was often depicted through empathy and compassion. In Luke 13: 10–17 (*NIV,* 2011), Jesus healed a crippled woman. The Bible stated:

> On a Sabbath Jesus was teaching in one of the synagogues, and a woman who was there who had been crippled by a spirit for eighteen years. She was bent over and could not straighten up at all. When Jesus saw her, he called her forward and said to her, "Woman, you are set free from your infirmity." Then he put his hands on her, and immediately she straightened up and praised God."

Jesus could perceive this woman's pain and suffering and associated emotions in this passage.

Not only did the Bible discuss Jesus being able to perceive others' emotions, but it also highlighted the importance of managing emotions appropriately. Jesus displayed a wide range of emotions, such as anger, sorrow, and joy, to name a few. However, he was able to manage these emotions in appropriate ways. Additionally, several Bible verses pointed out the importance of emotion management. The first verse was Proverbs 16:32 (*ESV,* 2016), which stated, "Whoever is slow to anger is better than the mighty, and he who rules his spirit than he who takes a city." The second example was Proverbs 29:11 (*ESV,* 2016), which stated, "A fool gives full vent to his spirit, but a wise man quietly holds it back."

Impacts of COVID-19 Pandemic

Impact of COVID-19 Pandemic on Emotion Identification

One result of the COVID-19 pandemic was the use of face masks. Throughout the course of the pandemic, mask mandates were put into effect by many cities, states, and places of business, in order to prevent the spread of COVID-19. However, the use of face masks may have presented barriers, especially for those in the counseling field. One of those barriers was the ability to correctly identify emotions in other individuals. Facial expressions are integral to successfully decoding emotions, especially in clinical interactions (Foley & Gentile, 2010, as cited in Mitzkovitz et al., 2022). There are six basic emotions that are expressed in the face: happiness, sadness, fear, surprise, disgust, and anger. Some emotions are more easily identifiable, such as happiness (Mitzkovitz et al.). With face masks covering much of the lower region of one's face, this makes correctly identifying emotions a difficult task. There are variances in individuals' preferences for how individuals view faces in relation to emotion identification. Some prefer to fixate on the eyes, nose, or mouth area (Mitzkovitz et al., 2022). With face masks covering much of the lower region of the face, individuals need to rely on the eyes more than they might have previously. This may be contrary for some individuals, which will be listed, as well as some cultural norms. However, it is not just counselors that rely on facial expressions to interpret emotions. Clients/patients have to do so as well. Individuals with a wide variety of psychological/psychiatric disorders may have increased difficulty with facial emotion recognition when their therapist is wearing a mask. This would be especially true for clients/patients who rely more on the mouth area

than the eye area, such as those diagnosed with depression or schizophrenia (Mitzkovitz et al., 2022).

Emotion identification/recognition has significant consequences in the therapeutic relationship. For example, emotion identification/recognition has been found to moderate the change in clients' secure attachment to the therapist, clients' avoidant attachment to the therapist, clients' working alliance, clients' rate of tension or upset they felt during the session, clients' lack of emotional clarity of emotions, clients' non-acceptance of emotional responses, clients' overall emotion regulation, and the number of client main target complaints. Furthermore, in observing the differences between those high and low in emotion identification/recognition, researchers found that therapists with low scoring in emotion identification/recognition appeared to be preoccupied and not attuned to their clients (Abargil & Tishby, 2022). Conversely, therapists with high scoring in emotion identification/recognition seemed attentive to their clients, and they reflected their clients' emotions in a way that corresponded with the clients' emotional experience (Abargil & Tishby, 2022). As one can see, being able to correctly identify and recognize emotions is a critical skill in understanding the client, making the client feel heard, empathizing with the client, choosing appropriate interventions, and avoiding rupturing the therapeutic relationship.

Impact of COVID-19 Pandemic on Perception of Emotion

A second result of the COVID-19 pandemic was the transition to teletherapy. Throughout the course of the pandemic, teletherapy was utilized in order to prevent the spread of COVID-19. However, the use of teletherapy presented barriers, especially for those in the counseling field. One of those barriers was the ability to perceive emotions

accurately and get a complete clinical picture given missed environmental cues. Research by Gonzalez et al. (2022) supported that this is a barrier for clinicians. In their qualitative study, they noted that participants expressed concerns related to the absence of non-verbal cues and the impact of this, such as "not being able to read or exhibit body language as clues for thought processes," "I like that the therapist can't see me fidgeting with my hands or my nervous body language," and “being saved from the embarrassment of crying in front of another person (even though they heard me cry). Hearing is not the same as seeing,” and "My therapist can't see my body language and it's hard to express my emotions strictly through my voice" (Gonzalez et al., 2022, pp. 7–9). Other research by Hardy et al. (2021), echoed these same themes. When asked what clinicians noticed about working through conflict with couples during couple teletherapy, several things were noted. Therapists' ability to "read" or relate to clients' nonverbal body language while in couple teletherapy was negatively impacted. Direct quotations from participants included "difficulty in reading and interpreting body language at times" (Hardy et al., 2021, p. 235). Typically, when utilizing teletherapy platforms, a clinician gets a limited view of the client. A quotation from a qualitative research study by Gallo et al. (2022) supported this assertion: "I was really surprised by how comfortable I got with reading the body language of clients from [the chest] up" (p. 27). Unfortunately, only viewing the client from the chest up can lead to missed environmental cues and provide an inaccurate perception of emotion, leading to an incomplete clinical picture. Missed environmental cues include evidence of self-injurious behavior, shaking one's leg from anxiety/nervousness, and evidence of tardive dyskinesia (involuntary control of muscles in the leg), to name a few.

Although barriers were mentioned, teletherapy can have its benefits. Research has also shown that there is increased client openness and disinhibition with teletherapy services (Simpson et al., 2020, as cited in Gonzalez et al., 2022).

Impact of COVID-19 Pandemic on Emotion Regulation

Another potential barrier that the COVID-19 pandemic presented may be on the use of emotion regulation. Emotion regulation refers to a diverse set of psychological processes by which emotions are amplified, reduced, or maintained (Gratz et al., 2015; Gross, 1998, as cited in Soma et al., 2020). The process of emotion regulation can be either individual (Thompson, 2011, as cited in Soma et al., 2020) or a shared experience (Butler, 2011, as cited in Soma et al., 2020). This shared experience is referred to as emotion coregulation. Emotion coregulation is the idea that regulation is impacted by the emotional states of other individuals with whom one is interacting with (Soma et al., 2020). Recent research done by Soma et al. (2020) examined the coregulation of the therapist and client during psychotherapy sessions. They found that the therapist's arousal began at a high point and decreased throughout the session, while the client's arousal began at a low point and increased throughout the session. The authors asserted that increased therapist arousal might be related to factors, such as activation, engagement, and being present. Meanwhile, clients' increase in arousal may indicate involvement in the therapeutic process, which is both emotional and challenging. The study also showed that clients' arousal decreased when their therapist's arousal increased. Thus, this indicated that clients felt safe when the therapist was active and engaged in the session. However, one problematic area of concern was that this study used vocal acoustics as the avenue of exploring emotion regulation/coregulation in the therapeutic relationship

(Soma et al., 2020). Vocal acoustics may be impacted by the switch to teletherapy. For example, sound may carry differently virtually than it does in person. Another example is that poor internet connections can interfere with the quality of sound.

There is a reason that emotion regulation is so important. As a therapist, it is essential that one is able to regulate their own emotions, especially when dealing with emotional content daily. Research has shown that there is an existence of a relationship between therapists' emotional reactions to clients and overall treatment outcomes (Hayes et al., 2011; Rossberg et al., 2008; Rossberg et al., 2010, as cited in Barzilay et al., 2020). Specifically, increased negative emotional responses by therapists are more strongly correlated with weaker client perceptions of the therapeutic relationship (Barzilay et al., 2020).

Related Literature and Gap

Similar studies to the current research had been done before. For example, in a mixed-methods study by Gonzalez et al. (2022) investigating the area of the transition to teletherapy during the COVID-19 pandemic, a sample of 86 clients and 11 counselors were used for the study. Data collection consisted of sending a survey via Qualtrics to the sample population. The student questionnaire consisted of three initial questions seeking information on the number of sessions, main method of counseling (i.e., phone or video), and first name of the counselor, followed by 19 Likert-type questions (focused on experiences and satisfaction, attitudes, and preferences for teletherapy and the provider delivering the services) and three open-ended items (focused on likes, dislikes, and additional comments on experiences with teletherapy; Gonzalez et al., 2022).

Meanwhile, the counselor questionnaire was comprised of 15 questions and three open-ended items (Gonzalez et al., 2022). The survey was then analyzed using thematic analysis for clients. However, because there were so few respondents as far as counselors, their comments were not subject to thematic analysis as in the client survey. The findings revealed several themes, such as confidence in providing teletherapy services, challenges to teletherapy, previous training regarding teletherapy, effectiveness of services, benefits to teletherapy, cues/expression of emotion, satisfaction, preferences, understanding of risks/confidentiality, supervision, technology, and feeling tired/stressed providing teletherapy (Gonzalez et al., 2022).

As mentioned previously, this study briefly touched on cues and expression of emotion (Gonzalez et al., 2022). The results showed that 63% of the participants disagreed or were unsure whether they were missing out on important information, such as nonverbal cues or other information via teletherapy, in comparison to traditional face-to-face sessions. Additionally, 81% of counselors strongly agreed or agreed that they could attend to their clients' emotions in the same way as in traditional face-to-face counseling. However, this research did not address the concept of emotional intelligence in depth, which the current research sought to investigate. With 37% of counselors agreeing that they may be missing out on important information, such as nonverbal cues or other information via teletherapy in comparison to traditional face-to-face sessions, and 19% of counselors disagreeing that they could attend to their clients' emotions in the same way as in traditional face-to-face counseling, it was imperative that a richer exploration was provided (Gonzalez et al., 2022). Thus, the current research sought to explore nonverbal cues and important information counselors feel may be missed in a

teletherapy format, as well as explanations for why counselors may have difficulty in attending to clients' emotions in a teletherapy format.

Another study, conducted by Landes et al. (2022), investigated how DBT via teletherapy was being implemented, challenges and solutions, and provider perceptions, utilizing a qualitative methodology. In order to obtain a sample, researchers sought out existing DBT providers using teletherapy in the Veterans Affairs (VA) system. The VA system has an internal SharePoint site, which has a listing of all facilities within the VA system that offer DBT, along with the contact information for each facility’s point of contact included. Each point of contact was emailed an invitation to complete the survey on behalf of their team. The data was gathered using a web-based survey that consisted of 47 items. Item topics included technology used for each mode of DBT, changes made to each mode, challenges in transitioning to teletherapy, challenges specific to each mode and how these were being addressed, tools/resources that providers want for providing DBT via teletherapy, provider perspectives on client acceptability, and provider opinion about DBT via teletherapy. The data was analyzed using template analysis. The findings showed seven themes rising to the surface: challenges of teletherapy, benefits of teletherapy, likelihood of continuing teletherapy services in the future, effectiveness, changes to supervision, changes surrounding confidentiality, and changes specific to DBT treatment modality via teletherapy. The overarching themes were related to the implementation of teletherapy in DBT treatment, challenges of teletherapy, and counselor perceptions (Landes et al., 2022). It was anticipated that the current research would also explore counselor perceptions, more specifically related to the changing role of the counselor, instead of the perception of teletherapy in general. Additionally, Landes et

al.'s (2022) research did not explore the lived experiences of emotional intelligence, which the current research sought to explore.

In addition to the previous two studies, research performed by Waller et al. (2020) explored cognitive behavioral therapy provider tips for working with clients diagnosed with eating disorders via teletherapy during the COVID-19 pandemic. Their work was not considered to be a research study. Seventy clinical colleagues of the researchers were emailed regarding sharing about how to provide cognitive behavioral therapy services for eating disorders via teletherapy and how to adapt services to a teletherapy format. The data was gathered online using Google Forms. Providers were able to add their experiences and ideas about how to work with their population using teletherapy. After 96 hours, all of the feedback that had been shared by 22 clinicians was collated for the article. This resulted in several themes emerging. The overarching themes related to general clinical and practical areas, such as concerns about teletherapy, technical issues, and the changing environment. However, other themes included specific feedback related to providing cognitive behavioral therapy services for the eating disorder population. Similar to previous studies, this work was specific in regard to modalities and its interventions (Waller et al., 2020). For the current research, rather than focusing on the changing environment, the focus was on the changing role of the counselor, how they experienced this changing role, and their ability to use emotional intelligence.

Research performed by Hardy et al. (2021) explored the experiences and recommendations of couple therapists providing teletherapy services during the COVID-19 pandemic. Their research used a mixed-methods study approach with a purposive sampling method to identify 58 couples therapists. The data was gathered using a

Qualtrics survey containing 22 closed-ended questions and 12 open-ended questions to explore couples therapists' experiences. The quantitative data were analyzed using basic descriptive statistics and bivariate correlations through the Statistical Package for the Social Sciences (SPSS). The qualitative data were analyzed using inductive thematic analysis, which resulted in three themes being identified, such as advantages, challenges, and recommendations. This study was close to the current study, with the exception of this study focusing solely on couples therapists. This study explored feelings towards a teletherapy format, such as effectiveness, practical issues impacting sessions, and feelings about the continuation of teletherapy services, instead of the changing role of the counselor itself. Additionally, this study did not explore how counselors use emotional intelligence abilities in this format (Hardy et al., 2021).

Research performed by Gallo et al. (2022) explored the experiences of student counselors conducting telehealth counseling during the COVID-19 pandemic. Their research used an interpretive phenomenological analysis qualitative study approach. A purposive sampling method was used to identify six participants. The data was gathered using semi-structured interviews at two different time points: in the fall and spring semesters. The qualitative data were analyzed using interpretative phenomenological analysis's six-step framework developed by Smith et al. (2009), which resulted in five themes being identified, including the importance of relationships, emotional awareness, counselor development, belief in counseling, and skill acquisition. This study was close to the current study, with the exception of this study focusing solely on student counselors, which may be a limitation related to accuracy. Because student counselors were used, it may negatively impact the results as student counselors may not want to

appear incompetent in providing teletherapy services. Additionally, this study did not explore how counselors use emotional intelligence abilities in this format, although this theme was touched upon. For example, one participant noted, "I was worried about the barriers that we would face just not being able to be in person and see you know pick up on the body language of clients." Another noted, "It also makes me pay more attention to tone of voice, to eye contact, to the non-verbal's that you get…" (Gallo et al., 2022, pp. 25, 27).

Lastly, research performed by Maurya et al. (2020) explored counselors' perceptions of distance counseling. Their research used a quantitative approach with a stratified random sampling method to identify 193 participants. Participants were gathered via email with a survey link that was sent by the National Board for Certified Counselors on behalf of the researchers to National Certified Counselors. The data was gathered using a survey (Maurya et al., 2020).

The survey was created using Qualtrics, which is an online survey tool (Maurya et al., 2020). The researchers developed the survey instrument. They drew upon existing questionnaires, such as the E-therapy Attitude Scale, E-therapy Ethics Scale, Online Counseling Attitude Scale, and the Face-to-Face Counseling Attitudes Scale. In order to validate the survey, researchers had it reviewed by two different parties: an independent counselor educator and five practicing counselors. The data was then analyzed using descriptive statistics, inferential statistics, and a t-test (Maurya et al., 2020).

Results pertained to the prevalence and comfort of distance counseling services, challenges and benefits of distance counseling, variables associated with perceptions of distance counseling (i.e., setting, training/workshops, experience, and modality), and the

future of distance counseling (Maurya et al., 2020). This study pointed to a gap in the literature. Maurya et al. stated, "Examining the changing role of the counselor, unique therapeutic interventions for online work, effective theoretical frameworks, and factors that may support client change are also recommended for future research endeavors" (p. 18). Because this study identified this area as a gap and was not explored in their research, the current research sought to address this gap. The research by Maurya et al. (2020) also did not explore counselors' use of emotional intelligence in teletherapy formats. The current research sought to address this gap by exploring how counselors experience their changing role from face-to-face counseling to telehealth counseling and the utilization of emotional intelligence interventions that were used with clients during this time.

Summary

The current study contributed to research on the topic of emotional intelligence within the counseling field by exploring how counselors experience the use of emotional intelligence during the transition from face-to-face counseling to teletherapy. Researchers identified significant gaps related to the changing role of the counselor and unique therapeutic interventions for online work that may be used–in this case, unique emotional intelligence skills/abilities that were utilized during this time (Maurya et al., 2020).

Several research studies were reviewed throughout the literature review process. Of these research studies that were reviewed, one quantitative study, three qualitative studies, one mixed-method study, and one non-formal in nature (based on ideas shared on an online form, where clinicians could add their experiences and ideas about how to work with eating disorders using telehealth methods) were found to be the most relevant. Of

these six studies, one study used a phenomenological method, purposive sampling, and semi-structured interviews, which was what this current research study utilized. Findings from these studies were similar to what was anticipated in the current research. However, none of these studies explored how the counselors experienced emotional intelligence during the transition from a face-to-face to a teletherapy counseling approach, which the current research sought to address.

With more and more counselors thinking of their future practice after the impact of the pandemic, continuing to provide teletherapy post-pandemic, and more and more counselors seeking out training/workshops in teletherapy post-pandemic, it will be essential to understand how counselors have adapted to the changing role of the counselor in this format and have utilized emotional intelligence abilities during this time (Hardy et al., 2021; Landes et al., 2022; Waller et al., 2020). Without this understanding, this gap will continue to widen. Although similar studies have been conducted in comparison to the present study, their focus tended to be on effectiveness, outcomes, satisfaction, acceptability, preferences, competence, practical challenges, such as technology, and teletherapy interventions for specific modalities. Other published studies, although similar, have not held the same research goal as the present study.

This literature review assimilated information from peer-reviewed sources significant to the current study. This literature review began by explaining the search strategy. Next, the literature review provided an overview of psychotherapy and emotional intelligence, specifically during the COVID-19 pandemic. Afterward, the literature review presented a theoretical justification for the study. Lastly, the literature review identified theoretical foundations and biblical foundations upon which this current

research was established prior to summarizing the chapter. From the information in this literature review, one may ascertain the relevance of the current study in emotional intelligence research in the counseling field. This literature review has identified the need for the current research to explore how counselors experience the transition from face-to-face to telehealth counseling and the utilization of emotional intelligence.

CHAPTER 3: RESEARCH METHOD

Overview

This transcendental phenomenological study aimed to explore the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic. Counselors provide services to many individuals on a daily basis. According to the National Alliance on Mental Illness (NAMI), one in five adults in the United States struggles with mental illness each year, and of those, 46.2% received treatment in 2020 (NAMI, 2022). The treatment of mental illness has looked drastically different due to the COVID-19 pandemic. These experiences significantly impacted both counselors and their clients. The current study was designed to explore how the counselor experienced the changing role during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how the counselor experienced the utilization of emotional intelligence during this time. It was anticipated that the counselors would be recruited online. The findings of this research were anticipated to benefit future researchers, counselors, and clients who access the mental health system.

This chapter contains the research design and research questions. Additionally, the participants, procedures, and researcher's role are explained within this chapter. This section also includes the data collection instruments and the methods of data collection and analysis. Qualitative methods ensuring the study's validity and accuracy are also presented with ethical considerations.

Research Questions

Creswell and Poth (2018) asserted that research questions should be open-ended, general, and geared towards understanding the central phenomenon in the research study. More specifically, according to Moustakas (1994), interviewees should be asked two broad, general questions: (1) What have you experienced in terms of the phenomenon? and (2) What contexts or situations have typically influenced or affected your experiences of the phenomenon?

RQ1: How did counselors experience their changing role from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic?

RQ2: How did counselors experience emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic?

RQ3: How did counselors experience the utilization of emotional intelligence skills/abilities during this time?

Research Design

Qualitative inquiry was the appropriate method for this research as the intent was to capture the lived experiences of the counselor during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors experienced utilizing emotional intelligence skills/abilities during this time. Qualitative research, rather than quantitative research, was the appropriate design for five reasons. (1) A problem or issue needed to be explored (Creswell & Poth, 2018). As mentioned in the previous chapter, Maurya et al. (2020) identified that there must be a gap in the literature that needed further exploration. (2) A complex, detailed understanding of the issue was required (Creswell & Poth, 2018). Creswell and Poth

asserted that this level of detail can only be obtained by talking directly with people, in this case, counselors. (3) An opportunity was needed to empower individuals to share their stories (Creswell & Poth). Counselors were empowered to share their stories in regard to their changing role. (4) It provided insights and understanding of people's experiences (Denny & Weckesser, 2019). A rich understanding of counselors' experiences during this time was provided. (5) Quantitative measures and statistical analyses did not fit the problem (Creswell & Poth, 2018). Additionally, exploring the lived experiences of the counselor during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors experienced utilizing emotional intelligence skills/abilities during this time would have been difficult to quantify.

After deciding that qualitative inquiry was the most appropriate, it was necessary to choose which type of qualitative approach to utilize. According to Creswell and Poth (2018), there are five types of qualitative approaches. The first approach is narrative research. The purpose of narrative research is to explore the life of an individual (Creswell & Poth, 2018). This approach would not have been conducive to this study, as the current study sought to explore the experiences of counselors instead of the life of an individual counselor.

The second approach is a case study research approach (Creswell & Poth, 2018). The purpose of this approach is to develop an in-depth description and analysis of a single case or multiple cases (Creswell & Poth, 2018). Again, this approach would not have been conducive to the current study, as this study was looking to explore the lived

experience of counselors rather than provide a detailed exploration of a single event, situation, or individual over a period of time.

The third approach is grounded theory research (Creswell & Poth, 2018). The purpose of grounded theory research is to develop a theory that is grounded in data from the field (Creswell & Poth, 2018). The current study was not seeking to develop a theory. Therefore, this approach would have been inappropriate.

The fourth approach is ethnographic research (Creswell & Poth, 2018). The purpose of ethnographic research is to describe and interpret a culture-sharing group (Creswell & Poth, 2018). Although counselors and helping professionals may be a part of a culture, this current study was not seeking to look through a cultural lens as the goal of this research.

The final applicable approach considered is phenomenological research (Creswell & Poth, 2018). The purpose of phenomenological research is to understand the essence of the experience. Phenomenological research was the appropriate approach for this current study. This study sought to describe the common meaning for counselors of their lived experiences of a concept or phenomenon: transitioning from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time (Creswell & Poth, 2018).

After deciding that phenomenological research was the most appropriate, it was necessary to choose which type of phenomenological approach to utilize. According to Creswell and Poth (2018), there are two approaches to phenomenology. The first approach is hermeneutical phenomenology. The origins of hermeneutic phenomenology

begin with Martin Heidegger. In hermeneutical phenomenology, the research is focused on the lived experience and interpreting those descriptions to co-construct meaning. Crowther and Thomson (2020) asserted that hermeneutic phenomenology is concerned with how one makes sense of and finds meaning in the world. In addition, the lived experiences are used for interpretation to come to a deeper understanding.

According to Crowther et al. (2017), hermeneutic phenomenology is an ongoing, creative, intuitive, dialectal approach that challenges predetermined rules and research procedures, in turn freeing one from "right" and "wrong" ways of doing things. However, this approach is not without its criticisms. Areas of tension include how interview data are used and reported (Crowther et al., 2017). As such, there is a second alternative approach to choose from. This approach is called transcendental phenomenology (Creswell & Poth, 2018).

The origins of transcendental phenomenology began with Edmund Husserl, who was considered the founder of phenomenology, specifically transcendental phenomenology (Moran, 2005). Transcendental phenomenology means "in which everything is perceived freshly, as if for the first time" (Moustakas, 1994, p. 34). According to Moustakas (1994), transcendental phenomenology is focused less on the interpretations of the researcher and more on the description of the experiences of the participants. Whereas in hermeneutic phenomenology, the role of the researcher is important, with their past experience and knowledge being valuable guides, in transcendental phenomenology, researchers attempt to bracket (set aside previous understandings, past knowledge, and assumptions about the phenomenon in order to avoid subjectivity in influencing the results of their study) their subjective perspective

(Neubauer et al., 2019). Because this study was looking to describe rather than interpret the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time, transcendental phenomenology appeared to be the most appropriate approach.

Participants

The researcher recruited six counselors. There appeared to be a lack of consensus regarding the exact number of participants to recruit in a qualitative study. However, general rules of thumb have been proposed in the past. According to Creswell and Poth (2018), the general guideline was to study a few individuals or sites and to collect extensive detail about the individuals or sites studied. Polkinghorne (1989) recommended that researchers interview between five to 25 individuals who have all experienced the phenomenon. Dukes (1984, as cited in Sim et al., 2018) suggested between three and 10 participants in a phenomenological study. Kuzel (1999, as cited in Sim et al., 2018) suggested five to eight participants in a homogeneous sample, which was what this study consisted of. However, others have argued that sample size should be determined by saturation (Sebele-Mpofu, 2020). Saturation is defined as the point where no additional issues are identified, and no further insights are gained (Sim et al., 2018). Additionally, previous research studies have aligned with the sample size of this current study. Gallo et al. (2022), who explored the lived experiences of students conducting teletherapy during the pandemic, utilized a sample size of six participants. As such, this current study sought to have a desired sample size of a minimum of six participants. However, if this

researcher continued to gain further insights, the sample size would have been expanded until saturation was achieved.

The participants were recruited via purposive sampling. Purposive sampling is a sampling method in which characteristics are defined for a purpose that is relevant to the study at hand (Andrade, 2021; Creswell & Poth, 2018). The advantage of purposive sampling is that the researchers study only the population that is of specific interest (Andrade, 2021). In this case, the participants were counselors. Drawbacks to this approach included the non-random selection of participants, the lack of ability to draw inferences about a population, and the researcher being subjective and biased in choosing the participants in the study (Etikan et al., 2016). This method was also utilized by Gallo et al. (2022), who explored the lived experiences of students conducting teletherapy during the pandemic. As a backup sampling method, this researcher considered using a snowball or chain sampling method. This is where current participants help recruit future participants for the study, as they are likely to know other individuals who share similar characteristics that are relevant to the study at hand (Creswell & Poth, 2018). In this case, counselors were able to refer this researcher to other counselors who may have experienced the same phenomenon.

Following institutional review board (IRB) approval (see Appendix A), the researcher issued a call to participate on various Facebook sites seeking counselors that were willing to participate in this research study (see Appendix B). In order to ensure confidentiality, participants were instructed to avoid responding to the Facebook post and/or Facebook messaging the researcher and instead, email the researcher directly to the email address posted on the flier/Facebook listing. Other potential sources for calling

for participants included trying to enlist assistance through Liberty University's counseling program or the National Board for Certified Counselors in order to send out a mass email for a call for participation.

To meet the eligibility requirements for this study, participants needed to be licensed counselors (i.e., licensed professional clinical counselors, licensed clinical social workers, licensed drug and alcohol counselors, or licensed psychologists) and had to have transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic. According to Patino and Ferreira (2018), establishing inclusion/exclusion criteria for study participants is a frequently required practice when designing a research study. In order to verify that participants met eligibility/inclusion criteria, this researcher reviewed the Google Form that participants completed, which provided this researcher with demographic information and eligibility questions to determine whether they met the eligibility requirements to participate in this research study.

The researcher chose the inclusion criteria of having transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic from precedence based on the previous study by Ferriby Ferber et al. (2021), who explored couples and family therapy students' experiences transitioning to teletherapy and telesupervision due to the COVID-19 pandemic. This was sufficient for counselors to talk about their experiences transitioning from a traditional face-to-face counseling role to a teletherapy role due to the COVID-19 pandemic. If criteria had been met, a consent form (Appendix C) was sent to counselors purposefully selected to participate in this research study to inform them of the following: the purpose of this research study, the

right to voluntarily withdraw at any time, the benefits and risks of participation in this research study, and measures to protect their confidentiality (Creswell & Poth, 2018).

The consent form was emailed to participants to the email address provided via the Google Form that participants completed, which provided this researcher with demographic information to determine whether they met the eligibility requirements to participate in this research study. According to Lobe (2017, as cited in Lobe et al., 2020), the most common way to obtain informed consent is to email the consent form to the participant, typically in the body of an email, and request that the participant reply to that message as an expression of consent. However, in some situations, electronic signatures could be provided either by scanning the signed informed consent forms and emailing back to the researcher or by using DocuSign (Hewson et al., 2016, as cited in Lobe et al., 2020). Participants were asked to sign the informed consent form and email it back to the researcher. This researcher then downloaded the signed informed consent form, added it to her external hard drive, and deleted the email from her email box.

Due to the necessity of confidentiality, pseudonyms were assigned to the participants. The use of pseudonyms allowed participants to remain anonymous and protect their confidentiality (Creswell & Poth, 2018). The use of pseudonyms has been recommended by previous researchers. Saunders et al. (2015, as cited in Surmiak, 2018) suggested anonymizing: 1) individual names, 2) places, 3) religious or cultural background, 4) occupation, 5) family relationships, and 6) other potentially identifying information.

Research by Gallo (2022), as mentioned previously in Chapter 2, also supported this strategy, as they omitted any identifiable information in their study as well.

Participant names used included Skyler, Ellis, and Jamie instead of Participant 1, Participant 2, etc. This provided an aspect of humanness. As such, the current researcher followed the following steps. Participants first completed a Google Form that provided this researcher with demographic information and to determine whether they met the eligibility requirements to participate in this research study. If they did participate in the study, this researcher randomly assigned them a pseudonym using a free pseudonym generator online. No information was inputted into this generator, with the exception of either choosing a male or female pseudonym option, which was chosen based on the demographic information provided. Once a pseudonym had been generated, it was entered into an Excel spreadsheet, which allowed the researcher to keep track of which pseudonym was assigned to which participant. Pseudonyms were used in the transcription process and the final reporting of the data. Participants were reminded throughout the study that although their assigned pseudonym may protect their identity, it did not mean that what they said would be kept private, as verbatim quotes appeared in the final report (Goodwin et al., 2020).

Study Procedures

Recruitment

The researcher recruited counselors across the United States. Each participant was interviewed virtually from their home, office, or preferred location. The purpose of choosing a virtual format was to avoid imposing as much as possible on the counselors' valuable time so that they could instead spend time providing needed counseling services to their clients. According to Sedgwick and Spiers (2009), the advantages of this format include it being cost-effective, decreasing time constraints, and assisting in overcoming

geographical barriers. According to Sah et al. (2020), the disadvantages of this format include the fact that a virtual format limits the participation of individuals who do not have access to the internet or those that may incur charges for using the internet to participate.

However, this appeared to be inapplicable to this study, as this study sought out counselors that provide services via teletherapy. As such, they had access to the internet at a minimum on the equipment issued by their workplace. Despite potentially having access to the equipment issued by their workplace, this researcher encouraged participants to utilize their personal computer in order to better ensure confidentiality (as some employers may monitor employees' computer/internet usage), be able to talk freely with this researcher, avoid feeling uncomfortable with the possibility of other coworkers overhearing discussion between the participant and the researcher, and avoid the potential negative impact on accuracy or truthfulness in participant responses.

The interviews were approximately 1 hour in length and were recorded through the Microsoft Teams platform for accuracy. The length of the interviews was chosen at the suggestion of previous researchers. According to Adams (2015), 1 hour is thought to be a reasonable timeframe. Additionally, this should be the maximum length of time for interviews in order to decrease the risk of fatigue for both the interviewer and interviewee (Adams, 2015). In addition to fatigue, Mwita (2022) also explained that lengthy discussions can be boring, participants may lose interest, and the quality of information collected may be negatively impacted. In a recent systematic literature review done by Mwita (2022), who examined 31 journal articles, they found that the shortest interview

was approximately 21 minutes, while the longest interview was approximately 53 minutes.

In another literature review, Irvine et al. (2013, as cited in Johnson et al., 2021), who examined 11 interviews (five in person and six over the phone), found that phone interviews were shorter in duration (80 minutes for phone interviews and 101 for in-person interviews). Taken together, the current researcher choosing a 1-hour time frame was in line with the previous research. Ultimately, a high-quality interview is one in which depth of detail in the data is produced (Johnson et al., 2021). Johnson et al. (2021) argued that it is possible that participants can be long-winded and produce details of no value. As such, just because an interview is longer in length does not necessarily mean that it is better. Thus, 1 hour appeared to be a sufficient amount of time to achieve a detailed, rich, and in-depth description of participants' lived experiences.

The interviews being recorded were also decided at the suggestion of previous researchers. Whiting (2008) asserted that a permanent record of the interview is essential. A recording through the Microsoft Teams platform allowed the interviewer to be distraction free from note taking and, in turn, allowed her to concentrate on interaction with the interviewee and to be able to listen and respond to the participants (Self, 2021; Whiting, 2008). Benefits of a recorded interview include having a verbatim transcription of the interview, which increases accuracy, which is further discussed at the end of this chapter. Drawbacks of a recorded interview include the interviewee feeling inhibited knowing that they are being recorded. However, this can be overcome by developing rapport with the interviewee (Whiting, 2008). Another element that might come into play with recorded video interviews is the perceived power differential of the interviewer over

the interviewee. Creswell and Poth (2018) acknowledged that power differentials often exist between a researcher and the participants in a study. However, this should be minimized. Strategies to minimize this include collaborating directly with participants (i.e., having them review research questions and collaboration during the data analysis and interpretation phases of the research process; Creswell & Poth, 2018).

The six interviews took place on a Microsoft Teams platform. According to Ilag (2018), Microsoft Teams is built on the Office 365 cloud, which has advanced security and compliance capabilities. As such, it is secure by design. Additionally, Microsoft Teams data is encrypted (Ilag, 2018). A multitude of research studies (especially since the COVID-19 pandemic) in various fields, such as public health, medicine, and education, have utilized Microsoft Teams in the past for data collection, recording, and transcription purposes (Archer et al., 2021; Barnes et al., 2021; Lion et al., 2021; Ostermeier et al., 2022). As a backup to Microsoft Teams and in case a participant suddenly decided that they did not want to be on a video recording, this researcher employed the use of an audio recorder on her password-protected cell phone as a backup. All recorded data was uploaded to an external hard drive and deleted from the cell phone immediately following the completion of the individual interview.

Both Microsoft Teams and audio recording capability on cell phones can be subject to technological problems. Interviews could have had to be restarted or rescheduled because of poor phone/internet connection, poor sound quality, poor video quality, etc. (Carr & Worth, 2001; Deakin & Wakefield, 2014, as cited in Self, 2021). Depending on the situation, participants were asked to either reschedule the entire interview if there were technological issues beforehand, or they were asked to reschedule

the remainder of an interview if a partial interview had been completed. If the latter was the case, the researcher needed to provide a brief recap/summary of what was discussed previously at the beginning of the rescheduled interview. Participants were allowed adequate time to answer each question and contribute as much information as possible throughout the interview process.

Researcher Positionality

The purpose of this section was to identify where researcher bias might arise in the evaluation and analysis of the data. According to Creswell and Poth (2018), researchers should actively report their values and biases, as well as "position themselves" by identifying their "positionality" in relation to the context/setting of the research (p. 21). A couple of the identified aspects that needed to be discussed are personal experiences and professional beliefs, which are discussed in further detail (Berger, 2015, as cited in Creswell & Poth, 2018).

The motivation for conducting this qualitative transcendental phenomenological study emanated from the researcher’s desire to give counselors a voice through their lived experience with the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic (as it relates to emotional intelligence skills/abilities during this time). As a licensed professional clinical counselor, this was a phenomenon she had personally experienced. Shortly after graduating with a master’s degree in professional counseling from Liberty University, she began working on an assertive community treatment (ACT) team. Initially, she was hired as the vocational specialist; however, once she obtained enough supervision hours, she moved into a therapist role on the team.

While this researcher was in school, she had always thought that she wanted to do traditional face-to-face therapy. However, she then became drawn to and passionate about the ACT model. An ACT team works with individuals diagnosed with severe mental disorders, such as schizophrenia, bipolar disorder, and depression with psychosis (Spivak et al., 2019). It is a comprehensive team comprised of a team lead, unit assistant, nurses, psychiatrist, mental health practitioner, vocational specialist, therapist, peer specialist, and substance use counselor (Phillips et al., 2001).

The goal of the ACT model is to keep clients out of the hospital and in the community functioning successfully (Stein, 1980, as cited in Odden et al., 2019). It is often referred to as a "hospital without walls" (Stein, 1980, as cited in Odden et al., 2019, p. 2). In this role, as a counselor, one is making a real-life impact, helping clients go to the food shelf or grocery store, aiding access to transportation, filling out necessary paperwork, assisting in obtaining/maintaining housing, assisting in obtaining/maintaining a job, assisting with medical appointments, and teaching/practicing therapeutic skills. In this job, this researcher felt as though what she did mattered. Unfortunately, in March 2020, that soon changed when the COVID-19 pandemic began.

This researcher's team, as well as other teams around the nation, shifted the format of their services to protect both staff and clients. Staff were no longer able to engage in tasks that they previously had, such as transporting clients or being in clients' homes/apartments. There was minimal face-to-face interaction. However, many clients still needed their medications delivered. That was often done as a delivery to their door wearing PPE and then making a phone call or Zoom call afterward once back in the car or at the office. This researcher felt as though she were thrust into a completely new role

as she did not sign up to be a telehealth provider. She felt as though her work no longer mattered. She also felt as though the ACT team's services were no longer as effective. If clients did not ignore the team's phone calls and picked up the phone, it was difficult to pick up on aspects, such as environmental cues, facial expressions, gestures, and tone of voice.

This researcher's motivation for this study was based on these factors and grounded in her belief that counselors experienced a significant transition during the pandemic, and she wished to give this field a voice. However, she understood that she had to set aside her own preconceived experiences before attempting to comprehend the experiences of others (Moustakas, 1994). In addition to this researcher's practical beliefs and biases, she also had several philosophical assumptions, which are discussed in further detail next.

Interpretive Framework

Social constructivism served as the interpretive framework for this phenomenological research study. This interpretive framework was appropriate for three reasons. (1) Within social constructivism, individuals seek to understand the world in which they live and work (Creswell & Poth, 2018). As a current licensed professional clinical counselor, this researcher sought to understand the larger world in which she worked beyond her own interpretation. (2) The goal of social constructivism is to rely as much as possible on the participants' views of the situation (Creswell & Poth, 2018). This aligned well with the chosen research design of transcendental phenomenology, which is focused on the description of the experiences of the participants (Moustakas, 1994). (3) In social constructivism, researchers generate a pattern of meaning (Creswell & Poth,

2018). This also aligned well with the chosen research design of phenomenology, as this research was focused on understanding the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. From there, a pattern or shared experience of meaning was determined. Underpinning this framework was the assumption that understanding, significance, and meaning are developed in coordination with other individuals (Amineh et al., 2015). This is the essence of qualitative research.

Philosophical Assumptions

Creswell and Poth (2018) asserted that, intentionally or not, researchers bring certain beliefs and philosophical assumptions into their research. As a current licensed professional clinical counselor (LPCC) that was previously in a traditional face-to-face counseling role and was now working entirely via telehealth, this researcher understood that she was bringing certain philosophical assumptions into this qualitative research study. Researchers may disclose their experiences/assumptions and attempt to bracket (set aside those experiences/assumptions) in order to focus on the experiences of the participants in the study (Creswell & Poth, 2018). Next, the researcher's philosophical assumptions concerning ontology, epistemology, and axiology are presented.

Ontological Assumption

Ontology pertains to the nature of reality and its characteristics (Creswell & Poth, 2018). The researcher’s ontological assumption was that this researcher believed in the existence of subjective reality. Despite this, a common meaning can be found by examining that subjective reality. This researcher recognized that counselors have

different realities about transitioning from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and perceptions of their emotional intelligence skills/abilities they were able to draw from during this time. However, this researcher also believed that a common meaning could emerge through those different realities/perceptions. This paralleled the field of counseling, in which the counselor recognizes that individuals' experiences, perceptions, and realities differ. Just because one differs from another does not make it "right" or "wrong." In order to honor the belief in multiple realities, Creswell and Poth (2018) suggested reporting different perspectives as themes develop in the findings.

Epistemological Assumption

Epistemology is concerned with knowledge. According to Sprague (2010), epistemology describes ways of knowing how we know what we know and who can be a knower. It was this researcher's epistemological assumption that in this study, knowledge of the phenomenon could only be obtained by those experiencing the phenomenon itself. This researcher relied on quotes from participants as the basis of knowledge (Creswell & Poth, 2018). In order to gain that knowledge, this researcher had to engage in relationship/rapport building with participants so that they felt safe enough to share that knowledge with her. Creswell and Poth (2018) supported this by asserting that the researcher should lessen the distance between himself/herself and those being researched and become an "insider." Again, this parallels the field of counseling. As counselors, one can relate but may never truly "know" what one is going through. Additionally, counselors are constantly engaging in the cycle of rapport building, checking in on and assessing the therapeutic relationship, and repairing therapeutic ruptures in order for the

client to be able to trust the counselor. Without this trust, counselors may be limited in the information and knowledge that is shared by the client.

Axiological Assumption

Axiology is concerned with values. It was the researcher's axiological assumption that this study could inherently have both values and bias within it, despite this researcher's best attempts. However, throughout this chapter, this researcher had openly shared her values (which were developed through both childhood and experiences this researcher had gone through as an adult, especially professionally as a counselor) that may have shaped the narrative of this study. In order to combat this, she engaged in Epochè or bracketing. She set aside her own values and biases in order to gain a new look at the phenomenon at hand. Although Moustakas (1994) admitted this may never be perfectly achieved, she still strove to do so whenever her own values and biases entered her mind. This also paralleled the field of counseling; counselors are supposed to remain judgment free towards their clients despite having their own value-laden lenses that they may view things through.

Researcher's Role

The role of the researcher is essential in qualitative research. According to Creswell and Poth (2018), in qualitative research, the researcher is a human instrument or key instrument, especially in regard to data collection. As the key instrument, the researcher is responsible for many aspects, such as data collection and analyzation (individual interviews and letters of advice) to discover emerging concepts, themes, and patterns. In order to do so, this researcher needed to establish rapport so that she could effectively develop an "insider" perspective (Creswell & Poth, 2018). In order to gain

rapport with participants, she found common ground (i.e., weather, sports, love of family, experience of being a parent), used humor, and engaged in acts of hospitality (i.e., built-in restroom/snack/drink break; Goodman-Delahunty & Howes, 2016). Ultimately, those that feel more comfortable may be willing to open up more and share.

Another role of the researcher was to ensure that participants are protected throughout the research process. The researcher gained approval from the IRB at Liberty University. Prospective participants who were interested in participating in this research study were provided with background information on the study's focus, a description of the process and procedures, the risks and benefits of participation, and the protection of their personal confidentiality.

Lastly, the role as a researcher included the recognition and acknowledgment that, as a human instrument, there was a potential for bias. In order to minimize the potential for bias, this researcher continually used the process of bracketing in order to suspend her preunderstandings and assumptions to attain the lived experiences of participants prior to making sense of them (Dörfler & Stierand, 2021)

Data Collection

Data was collected once Liberty University's IRB and site approval were granted. Individual semi-structured virtual interviews were conducted with each of the six participants from the participants' home, office, or preferred location in order to gain insight into counselor's transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. McGrath et al. (2019) recommended constructing an interview guide and testing the questions in advance. As

such, this researcher used an interview guide listing the open-ended questions to be explored. Counselors did not have access to the questions prior to the individual interview. Notes were not taken during the interview, as this researcher preferred to be distraction-free and in the moment with the interviewee.

Participants were emailed with options of dates/times to select for their individual interview. Participants were asked to rank the dates/times most convenient to them in order of first, second, and third choice. This was available through Google Docs. Once a date/time was chosen that worked well for the interviewee and the researcher, a confirmation email with a Microsoft Teams link was sent to participants to inform them of their scheduled interview date/time. Interviews were recorded through Microsoft Teams. The recordings were checked at the conclusion of each interview to ensure the equipment worked properly. Next, the interviews were transcribed using Microsoft Teams, and the researcher sent each participant a transcription of their respective interview for member checking as part of a validity strategy (Creswell & Poth, 2018).

Member checking is the process of obtaining feedback from participants about the researcher's data or interpretations (Lincoln & Guba, 1985). Member checking is essential; Lincoln and Guba (1985) stated that it is “the most crucial technique for establishing credibility” (p. 314). Additionally, Creswell and Miller (2000) asserted that member checking is always needed to document rigor in qualitative research. Member checking is done for a number of reasons. Member checking ensures rigor in research (Creswell & Poth, 2018). It is also used to ensure validity and verify/assess the trustworthiness of the results (Birt et al., 2016; Doyle, 2007, as cited in Motulsky, 2021).

Without member checking, it is possible that the validity, credibility, rigor, and trustworthiness of the study may be threatened.

According to Motulsky (2021), there are two approaches to member checking. The first approach is providing participants with the interview transcript to review, correct, delete, edit, or add to, usually in writing or with an additional interview. The second approach is to provide participants with a summary of themes or interpretations and preliminary analyses of findings asking them to respond in writing or in an interview/focus group. This researcher utilized the first approach. Deletions were honored even if valuable data was lost (Motulsky, 2021). Only member-checked data that had been confirmed as accurate or edited for accuracy was included in the final data analysis.

Upon receiving member-checking feedback from participants, the researcher read the interview transcriptions and made notes in the margins for coding and thematic development. According to Agar (1980, as cited in Creswell and Poth, 2018), it was suggested that researchers "read the transcripts in their entirety several times. Immerse yourself in the details, trying to get a sense of the interview as a whole before breaking it into parts" (p. 103). Writing notes or memos in the margins can be helpful throughout this process (Creswell & Poth, 2018).

Further research has supported this process. Castleberry and Nolen (2018) asserted that after gathering the data, it must be separated. This involves taking the data apart and developing meaningful groupings through coding. Coding is defined as “the process by which raw data are gradually converted into usable data through the identification of themes, concepts, or ideas that have some connection with each other” (Austin & Sutton, 2014, as cited in Castleberry & Nolen, 2018, p. 808). In order to get a

sense of similarities/differences in the data and tentative themes, this researcher had to read through the transcripts and take notes during the process. Additionally, she documented the individual interviews in the audit trail, bracketed all assumptions/biases, and noted them in a reflective journal to engage in Epochè or personal bracketing (Moustakas, 1994).

Counselor interviews were saved as an encrypted file on this researcher's password-protected laptop, which was stored in her office using a laptop cable lock to secure it to a desk, during the data collection phase and were transferred to an external hard drive after completion of the study to ensure the security and confidentiality of the data. The external hard drive was stored in a lockbox, which was placed in a locked filing cabinet in the researcher’s storage space in the basement. The researcher was the only individual with access to the keys for both the lockbox and the locked filing cabinet. This will be stored for 3 years. This timeframe was chosen based on the recommendation of the Office for Human Research Protections, which was discussed in §46.115 (b), which stated that "…records relating to research that is conducted shall be retained for at least three years after completion of the research" (Basic HHS Policy for Protection of Human Research Subjects, 2021). After 3 years, the data and materials will either be shredded using the researcher’s mini shredder or manually deleted from the external hard drive using Windows built-in hard drive wiper under Settings > Update & Security > Recovery > Reset this PC > Get Started > Remove everything.

Next, each participant was asked to write a letter of advice, giving advice/tips to a future counselor who may experience a transition from traditional face-to-face counseling to teletherapy and feedback regarding successful strategies that may work to implement

emotional intelligence skills/abilities. This approach was beneficial in learning from the counselors as it allowed them to reflect on their lived experiences, write about it, and provide a mechanism for others to learn from their experiences.

There were both advantages and disadvantages to this activity. According to Stamper (2020), letter writing could elicit emotional and self-reflective participant responses. A handwritten letter provides rich data that could not be produced through email as it may contain subtleties, such as crossing out, underlining, highlighting, etc. In contrast, email can easily be modified and produces a more rehearsed response. Other benefits of letter writing include anonymity, time, reflection, and distance. However, drawbacks to this method include accessibility (e.g., having a visual impairment), receptiveness, and interest/enjoyment (Stamper, 2020).

According to Creswell and Poth (2018), qualitative data collection can involve journaling; diary entries; observation; and gathering documents, such as memos/correspondence, photographs, memory boxes, and letters sent by individuals. A multitude of qualitative research studies in various fields, such as sports, exercise, health, and education have utilized letter writing in the past for data collection (i.e., asking participants to write a letter to their younger selves offering advice and writing letters to an imagined future student cohort on what was learned and what they wished someone would have told them to make the most of their experience; Drabier et al., 2020; Szedlak et al., 2021).

After the letters were composed, participants were instructed to mail their letters to this researcher. This researcher provided a self-addressed stamped envelope to participants. Participants were asked to avoid including a return address or any

identifying information in their letters to ensure privacy. Participants were assigned a number and wrote that number on the bottom of their letter so that the researcher knew which letter belonged to which participant. Handwritten letters were transcribed using Microsoft Word. Individual transcriptions, as well as a photocopy of the original handwritten letter, were distributed to each participant for member checking (see Appendix D). Upon receiving member-checking feedback from participants, the researcher analyzed participants' letters of advice for coding and thematic development, documented the process of letters of advice in the audit trail, and suspended all assumptions/biases when analyzing the five participants' letters of advice by documenting those assumptions/biases in a reflective journal to engage in Epochè or personal bracketing (Moustakas, 1994).

However, it was important to recognize that triangulated research or research that uses more than one method of data collection comes with risks. One of the risks is taking on too many unfocused questions all at once, unless it has sequencing and a sense of which technique is primary (Olsen, 2004). As such, this researcher openly acknowledged that individual interviews with participants were the primary source of data collection.

Qualitative research involves gaining access to individuals in order to collect data (Creswell & Poth, 2018). Permission needed to be sought out by the researcher by obtaining approval from a university or college institutional review board (Creswell & Poth, 2018). Data was collected after the researcher obtained approval from IRB at Liberty University (see Appendix A).

Instrumentation and Measurement

Qualitative research attempts to make sense of/interpret phenomena in terms of the meanings that individuals bring to them (Denzin & Lincoln, 2011). This study was qualitative and used a transcendental phenomenological approach to explore the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. Qualitative research studies use various data collection methods, such as interviews, focus groups, observation, and document analysis, in order to gather good information and answer the research questions at hand (Creswell & Poth, 2018). In order to gain insight into the perspective of participants, shed light on a theme, and achieve triangulation, data was collected through two different methods (Creswell & Poth, 2018). Those methods were interviews and letters of advice. An audit trail was used to document the steps in the data collection process.

Individual Interviews

Semi-structured individual interviews were conducted with each participant in this research study. They were conducted in order to obtain in-depth descriptions of counselors' lived experiences regarding the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how they were able to utilize emotional intelligence skills/abilities during this time. Interviews were conducted virtually from the participants' home, office, or preferred location. Notes were not taken during the interview, as this researcher preferred to be distraction-free and in the moment with the interviewee. Instead, the interview was recorded through the

Microsoft Teams platform. At the conclusion of the interview, this researcher ensured that the recording worked. Interviews were transcribed through Microsoft Teams.

Broadly speaking, an interview is a social interaction that is based on a conversation (Rubin & Rubin, 2012; Warren & Xavia Karner, 2015, as cited in Creswell & Poth, 2018). During this time, “knowledge is constructed in the interaction between the interviewer and the interviewee” (Brinkmann & Kvale, 2015, p. 4). The purpose of an interview is to "understand the world from the subjects' point of view, to unfold the meaning of their experience, to uncover their lived world” (Brinkmann & Kvale, 2015, p. 3).

More specifically, there are several types of interviews, such as structured, semi-structured, and unstructured. However, this researcher has chosen semi-structured interviews as the method of data collection. Semi-structured interviews are one of the most common forms of data collection (Moser & Korstjens, 2018). Unlike unstructured interviews, semi-structured interviews often include an interview guide (Adeoye-Olatunde & Olenik, 2021). The questions in the interview guide are focused on addressing the research objective (Adeoye-Olatunde & Olenik). It is not supposed to be read word-for-word or in the same prescribed order with participants (Adeoye-Olatunde & Olenik). That style may be more indicative of a structured interview. The semi-structured interview guide typically, however, is comprised of open-ended questions instead of closed-ended questions (i.e., yes/no, Likert items, or multiple choice) with follow-up probing questions that the interviewer may refer to throughout the interview for reference/guidance (Adeoye-Olatunde & Olenik, 2021). The semi-structured interview guide for this study is found in Appendix E.

Letters of Advice

The second method of data collection for this study was letters of advice. These five letters were composed by the counselor participants giving advice/tips to a future counselor who may experience a transition from traditional face-to-face counseling to teletherapy and feedback regarding successful strategies that may work to implement emotional intelligence skills/abilities. After the letters were composed, participants were instructed to mail their letters to the researcher. The researcher provided a self-addressed stamped envelope to participants. Participants were asked to avoid including a return address or any identifying information in their letters to ensure privacy. The letter of advice gave the participants an opportunity to openly relay their lived experiences of their own transition to teletherapy and how they experienced the utilization of emotional intelligence skills/abilities. The advice was not altered in any fashion, and it was their own advice, both positive and negative. These letters of advice offered to future counselors are found in their entirety in Appendix D.

According to Stamper (2020), letter writing can elicit emotional and self-reflective participant responses. A handwritten letter provides rich data that could not be produced through email as it may contain subtleties, such as crossing out, underlining, highlighting, etc. Whereas email can easily be modified and produces a more rehearsed response. Other benefits of letter writing include anonymity, time, reflection, and distance. However, drawbacks to this method include accessibility (e.g., having a visual impairment), receptiveness, and interest/enjoyment (Stamper). However, this researcher felt that the benefits outweighed the drawbacks. The drawback of accessibility was unlikely to affect these participants, as this population was already likely engaging in

some form of documentation in their counseling practice. Additionally, it was unlikely that the participants would not be receptive to letter writing. Stamper (2020) noted that letter writing can be time consuming and require a degree of commitment. However, this researcher estimated that letter writing may take approximately the same amount of time as a journal prompt, which is another method of data collection. This researcher had also made it as easy as possible for participants by providing a self-addressed stamped envelope as well. Lastly, it was unlikely that participants would be affected by interest/enjoyment as these participants were initially interested in participating in the research study in the first place.

Data Analysis

The data that was collected by the individual semi-structured interviews and letters of advice followed the methods outlined by Moustakas (1994) for analysis (see Appendix F for full instrumentation). Interviews were transcribed using Microsoft Teams, and handwritten letters were transcribed using Microsoft Word. Individual transcriptions of both the individual semi-structured interview and letter of advice, as well as a photocopy of the original handwritten letter, were distributed to each participant for member checking. The researcher suspended any judgments prior to analyzing the transcriptions. In order to remain in a state of Epochè, the researcher wrote in a reflective journal, identifying her assumptions, biases, and preconceived experiences (Jorgensen & Brown-Rice, 2018; Moustakas). The researcher then created a list of significant statements about how participants were experiencing the phenomenon (Jorgensen & Brown-Rice, 2018; Moustakas). Each interview statement and statement throughout the letter of advice was given equal value through horizontalization (Moustakas, 1994, as

cited in Creswell & Poth, 2018). Repetitive, overlapping statements were removed (Moustakas, 1994, as cited in Creswell & Poth, 2018).

Next, these statements were coded and clustered into themes using NVivo to create a textural description of each counselor's experience (Jorgensen & Brown-Rice, 2018; Moustakas, 1994). This researcher utilized NVivo 12 Pro (Windows), which is available to students through Liberty University. According to Feng and Behar-Horenstein (2019), prior to the use of computer-assisted qualitative data analysis software, coding had to be completed manually. Because of this, there was criticism that researchers' personal viewpoints may have an impact on the ways in which they analyze the data. However, the use of computer-assisted qualitative data analysis software reduced this potential for bias. One of the most frequently used and most powerful computer-assisted qualitative data analysis software is NVivo. NVivo allows researchers to analyze text, images, and videos (Feng & Behar-Horenstein, 2019). As such, it was appropriate for this research study. The counselor's textual description was combined into a universal textural description of the experience (Jorgensen & Brown-Rice, 2018; Moustakas, 1994).

Next, the researcher developed a structural description of counselors' experiences (Jorgensen & Brown-Rice, 2018; Moustakas, 1994). The counselor's structural description was combined into a composite structural description of the experience (Jorgensen & Brown-Rice; Moustakas). Then, the researcher combined the universal textural and structural description of counselors' experiences to discover the essence of the phenomenon (Jorgensen & Brown-Rice, 2018; Moustakas, 1994). In combination, the

analysis of the individual interviews and letters of advice resulted in the essence of the phenomenon. The data collection method was documented in an audit trail as well.

Delimitations, Assumptions, and Limitations

Delimitations

According to Theofanidis and Fountouki (2018), delimitations are the limitations consciously set by the researchers themselves. The following three delimitations were present within this research study.

The first delimitation of this research study was the use of a purposive sampling method. According to Theofanidis and Fountouki (2018), one common delimitation is the particular sampling technique chosen out of many available. This research study purposefully selected counselors who met the eligibility criteria of being a licensed counselor (i.e., licensed professional clinical counselors, licensed clinical social workers, licensed drug and alcohol counselors, or licensed psychologists) and having transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic. Individuals who have experienced the phenomenon at hand are able to describe their experiences (Moustakas, 1994).

The second delimitation of this research study was utilizing the Facebook platform to issue a call for participation and seek out counselors that were willing to participate in this research study. While social media can be an effective and efficient way to recruit study participants, sampling through social media may introduce sampling bias toward characteristics of those who have an online presence (Leighton et al., 2021).

A third delimitation of this research study was the use of a qualitative transcendental phenomenological methodology. The goal of this research study was to

explore and describe the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. A quantitative methodology may provide new insights. However, qualitative research rather than quantitative research was the appropriate design due to quantitative measures and statistical analyses not fitting the problem at hand (Creswell & Poth, 2018).

Assumptions

Creswell and Poth (2018) stated that one of the first phases in the qualitative research process is to acknowledge broad assumptions. The following four assumptions were present within this research study.

The first assumption was that there would be honest and truthful responses from participants in regard to their lived experiences. Chandler and Paolacci (2017) asserted that when researchers rely on participant self-report, the quality of data depends on participant honesty. Previous research had shown that participants would be deceptive if they believe it is necessary to gain access to a study. This is particularly true when the reward is high (Chandler & Paolacci, 2017). However, this was a low-reward study. This researcher gave all participants a $10 gift card as a thank you for their participation.

The second assumption was that the researcher's biases were understood and minimized to the best of her ability using Epoche/bracketing. Clark and Vealé (2018) explained that through reflection, researchers are better able to explain the phenomenon at hand by minimizing or disclosing their own assumptions and biases throughout the

collection of data, coding, and sorting phases of research. This process is vital as bias might influence the study's outcomes (Clark, & Vealé, 2018).

The third assumption was that this researcher would accurately select participants to participate in this research study that would provide adequate descriptions of lived experiences and lead to an understanding of the phenomenon at hand. This research study used a purposive sampling approach to recruit six licensed counselors (i.e., licensed professional clinical counselors, licensed clinical social workers, licensed drug and alcohol counselors, or licensed psychologists) who had transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic. Purposive sampling was used to select participants that were most likely to yield appropriate and valuable information (Kelly, 2010, as cited in Campbell et al., 2020).

The fourth assumption was that the researcher would build adequate rapport with participants and that the power differential between the researcher and participant would be minimized as best as possible through strategies, such as finding common ground (weather, sports, love of family, experience of being a parent), using humor, engaging in acts of hospitality (built-in restroom/snack/drink break), and collaborating directly with participants (i.e., collaboration during the data analysis and interpretation phases of the research process; Creswell & Poth, 2018; Goodman-Delahunty & Howes, 2016).

Limitations

According to Theofanidis and Fountouki (2018), limitations pertain to potential weaknesses that are typically out of the researcher's control and are closely related to the chosen research design, statistical model constraints, funding constraints, or other factors. The following three limitations were present within this research study.

This study was a qualitative transcendental phenomenological study. Theofanidis and Fountouki (2018) asserted that data analysis methodology is an area of potential limitation. Most qualitative methodologies cannot be truly replicated (like in controlled experimental conditions) and therefore are unable to be "verified" (Theofanidis & Fountouki, 2018).

The second potential limitation was selection bias. Bias can impact the validity and reliability of the study findings (Smith & Noble, 2014). It was possible that the counselors who desired to participate in this study were somehow different than those who elected not to contact the researcher or those that decided not to participate after screening for eligibility.

The third potential limitation of this research study was the researcher's inexperience in conducting semi-structured interviews. Although this researcher had similar transferrable skills being a licensed professional clinical counselor, such as asking open-ended questions, asking follow-up/probing questions, and reflecting/summarizing, she had never been in an interviewer role conducting research. DeJonckheere and Vaughn (2019) asserted that some interviewers will naturally be more comfortable and skillful at conducting interviews than others. They also asserted that these skills are learnable and, through practice and feedback, can improve (DeJonckheere & Vaughn, 2019). However, this researcher had yet to have previous practice experiences in this realm. As such, this was a limitation.

Trustworthiness

According to Gunawan (2015), a study is trustworthy based on the judgment of the reader. Trustworthiness has been divided into credibility, dependability,

transferability, and confirmability (Gunawan, 2015; Lincoln & Guba, 1985). According to Nassaji (2020), these concepts are similar to internal validity, external validity, reliability, and objectivity, which are seen in quantitative research.

Credibility

Credibility pertains to whether the results are an accurate interpretation of the participants' meaning (Creswell & Poth, 2018). It asks the question of how well the findings match up with reality (Stahl & King, 2020). According to Stahl and King, there are several methods to ensure credibility. The first method is through methodological triangulation. This method uses more than one method to collect data. The second method is through data triangulation. This method uses more than one type of data to establish findings. The third method is through investigator triangulation. This method uses multiple researchers to analyze the findings. The fourth method is through theoretical triangulation, which uses multiple different theoretical orientations to understand the results. The fifth method is through environmental triangulation, which uses more than one situation to study the intended phenomena (Stahl & King, 2020). Other ways to ensure credibility include involving the participants, prolonged engagement, persistent observation, negative case analysis, referential adequacy, reflexivity, and peer debriefing (Amin, 2020; Stahl & King, 2020).

This study utilized methodological triangulation by utilizing two methods of data collection. Data was collected via individual interviews and letters of advice written to a future counselor who may experience a transition from traditional face-to-face counseling to teletherapy. This study also involved the participants in member checking. Participants were offered to review their transcribed interviews for accuracy and completeness.

Participants were allowed to make corrections to any errors made by the researcher. Member checking allows participants to verify that transcribed interviews are accurate, thus ensuring the participants' description of the lived experience/phenomenon is accurate.

Dependability

Stenfors et al. (2020) asserted that dependability is the extent to which the study could be replicated under similar conditions. In order to ensure dependability, sufficient information should be provided so that another researcher could follow the same procedures. However, they may reach different conclusions (Stenfors et al., 2020). In order to increase dependability, an external audit/audit trail was created. An audit trail methodically describes the step-by-step processes and decision making throughout the study (Johnson et al., 2020). By evaluating the process by which this study was carried out, the auditor verified the study's dependability (Amin, 2020). Other ways to increase dependability included using reflexivity (Amin, 2020).

Transferability

Transferability pertains to whether the findings can be transferred to another setting, context, or group (Stenfors et al., 2020). Transferability in a research study can be recognized by the researcher providing a detailed description of the context in which the research study was performed and how this shaped the findings (Stenfors et al., 2020). In order to increase transferability, the study generated a detailed, thick description. This meant that the researcher provided abundant, interconnected details (Creswell & Poth, 2018; Stake, 2010). Doing so allowed the reader to make decisions regarding transferability because the researcher described in detail the participants or setting that

was being studied (Creswell & Poth, 2018). Another way to increase transferability is using reflexivity (Amin, 2020).

Confirmability

Confirmability means that there is a clear link or relationship between the data and the results (Stenfors et al., 2020). One way to spot this in a qualitative research study is by the researchers showing how they made their findings through detailed descriptions and the use of quotes (Stenfors et al., 2020). In order to increase confirmability, this research study utilized an audit trail, as mentioned previously. This differed from the previous purpose of using an audit trail; in this case, while the auditor evaluated the product, which emerged from the data and interpretations, confirmability was established (Amin, 2020). Other ways to increase confirmability include using triangulation and reflexivity (Amin, 2020).

Ethical Considerations

Moriña (2021) asserted that ethics are critical when research involves people. There are many ethical considerations to ponder and prepare for prior to, during, and after a research study, all of which are discussed in further detail below. Prior to conducting this study, Creswell and Poth (2018) recommended seeking college or university approval. As such, the researcher obtained institutional review board (IRB) approval prior to conducting this study. An IRB is a committee comprised of at least five diverse individuals who review research processes/protocols and oversee ongoing studies to ensure human research subjects are provided protection from harm (Oakes, 2002). Once the researcher entered into the data collection phase of this study, she disclosed the purpose of the study to participants (Creswell & Poth, 2018). Additionally, the researcher

avoided pressuring participants into signing consent forms (Creswell & Poth, 2018). Informed consent ensured that participants were participating in the research study out of their own free will (Moriña, 2021).

Creswell and Poth (2018) also suggested avoiding “using” participants by gathering data and leaving without giving back. As such, the researcher gave all participants a $10 gift card as a thank you for their participation. Incentives can be a motivator for participation. Research by Abdelazeem et al. (2022) showed that there is a statistically significant increase in the rate of consent and responses from participants when offered even small monetary value incentives. However, IRBs are increasingly saying that incentives can be considered coercive (Singer & Bossarte, 2006). Other researchers, though, have argued that the use of incentives to recruit and retain participants is not harmful for the most part (Grant & Sugarman, 2004). In some instances, it could be harmful, such as when the participant is in a dependency relationship with the researcher, where the risks are high, when the research is degrading, and when the participant will only consent if the incentive is relatively large because the participant's aversion to the study is strong (Grant & Sugarman, 2004). This was why a gift card in the amount of $10 was chosen, as it is not a relatively large incentive but is large enough where one could potentially buy themselves a treat (e.g., coffee or a sandwich). The intention was not to coerce participants to participate but instead to thank them for their time in participating. It was possible that members may feel as though they cannot disclose certain things during data collection or that they feel as though they should not edit or delete during member checking in order to obtain their incentive. However, to combat this, this researcher made it clear from the beginning and throughout

the process that all participants would receive the $10 gift card no matter the type of information/data disclosed and regardless of whether any deletions were asked to be made during member checking, etc.

As part of data collection, this researcher securely stored the data that was obtained. Data and materials that were collected electronically, such as video/audio recordings, transcripts, or documents, were stored for the duration of the study on a laptop that was password protected to ensure the security of any electronic data related to this research study (Creswell & Poth, 2018). The researcher was the only individual with access to this password. After completion of the study, all electronic data was transferred to an external hard drive and removed from the password-protected laptop. Both the external hard drive, as well as data and materials that were collected on paper, were stored in a lockbox, which was placed in a locked filing cabinet in the researcher's storage space in the basement. The researcher was the only individual with access to the keys for both the lockbox and the locked filing cabinet. This will be stored for 3 years. This timeframe was chosen based on the recommendation of the Office for Human Research Protections, which was discussed in §46.115 (b), which stated that "records relating to research that is conducted shall be retained for at least three years after completion of the research" (Basic HHS Policy for Protection of Human Research Subjects, 2021). After which time, the data and materials will be either shredded or manually deleted from the external hard drive.

While analyzing the data, the researcher avoided siding with participants and reporting only the perspectives that aligned with her own perspective (Creswell & Poth, 2018). One clue that could have shown that the researcher was siding with a participant

could have been if the researcher was putting more weight into a participant's statement or viewpoint than another instead of treating each statement or viewpoint as having equal worth (Creswell & Poth, 2018). In order to back out of this effect, the researcher revisited and engaged in reflective journaling to engage in Epochè or personal bracketing (Moustakas, 1994, as cited in Creswell & Poth, 2018). In order to avoid reporting only the perspectives that aligned with the researcher's own perspective, the researcher utilized quotations from all participants in the results section. According to Patton (2002, as cited in Eldh et al., 2020), quotations are able to capture participants' views, which are represented in their own words. Quotations can demonstrate how the findings and interpretations have arisen from the data. They can also be used to support researcher's claims (Sandelowski, 1994, as cited in Eldh et al., 2020).

The researcher respected the privacy of participants by assigning pseudonyms (Creswell & Poth, 2018). Moriña (2021) also suggested changing the name of institutions involved (in this case, the name of the counselors' place of employment, if disclosed). Lastly, Creswell and Poth (2018) recommended sharing the report with others. Therefore, the researcher planned to share her final dissertation copy with those who participated in the study.

Summary

This chapter described the methods that were used in this qualitative research study. A qualitative transcendental phenomenological design was used to explore counselors' lived experience with transitioning from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to experience utilizing emotional intelligence skills/abilities during this time. A

transcendental phenomenology approach was utilized because it was focused less on the interpretations of the researcher and more on the description of the experiences of the participants (Moustakas, 1994). This research study was guided by three research questions. The research study occurred virtually from the participants' home, office, or preferred location, with participants being selected through purposive sampling. A participant sample size of six was selected based on various research, including Polkinghorne (1989), who recommended that researchers interview between five to 25 individuals who have all experienced the phenomenon. The role of the researcher was discussed in detail to openly acknowledge her existing assumptions, biases, and values to bracket them to comprehend the experiences of others (Moustakas, 1994). Data collection methods consisted of individual interviews and letters of advice. They were analyzed using the following methods outlined by Moustakas (1994): Epochè, phenomenological reduction, imaginative variation, and synthesis. Trustworthiness was ensured through credibility, transferability, dependability, and confirmability. Lastly, ethical considerations were considered, which are essential when research involves people (Moriña, 2021).

CHAPTER 4: RESULTS

Overview

This transcendental phenomenological study explored the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. The researcher gathered data from participants through semi-structured interviews with open-ended questions coupled with letters of advice. Six participants were recruited for this study. The research questions that drove this study are:

RQ1: How did counselors experience their changing role from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic?

RQ2: How did counselors experience emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic?

RQ3: How did counselors experience the utilization of emotional intelligence skills/abilities during this time?

This chapter reported the results of the study. It begins with a narrative of participants' backgrounds and structural descriptions, development of themes, and how these themes were utilized to address the research questions. A summary is provided at the end of this chapter.

Descriptive Results

Participants

The researcher purposefully selected six participants for this study. Eligibility criteria were participants had to be licensed (i.e., licensed professional clinical

counselors, licensed clinical social workers, licensed drug and alcohol counselors, or licensed psychologists) and had to have transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic. Participants were recruited by social media on various Facebook groups and given pseudonyms to maintain confidentiality. Females comprised 83.33% of the sample, while males comprised 16.67%. Exact ages were not provided; however, age categories ranged from 31–60 years. The sample was comprised of 83.33% of the participants identifying as Caucasian and 16.67% of the participants identifying as both Caucasian and Latino or Hispanic. Despite advertising on social media, which reaches across the United States, 100% of the participants were from the Midwest. Their type of license varied from licensed marriage and family therapists to licensed alcohol and drug counselors to licensed independent clinical social workers. However, some participants also identified that they were pursuing additional licensures as well, such as licensed psychologist and licensed professional clinical counselor. Exact years of experience in the counseling profession were not provided but ranged from 6–20+ years. Brief demographic information was provided in Table 1 using pseudonyms for confidentiality. A more detailed narrative of each participants follows the table.

Table 1

Participants' Demographic Information

Participant	Age Range in Years	Gender	Ethnicity	Years in the Counseling Profession	Type of License
Ariana	41–50	Female	Caucasian and Latino or Hispanic	11–15	LMFT and LADC
Madelynn	31–40	Female	Caucasian	11–15	LMFT
Emma	31–40	Female	Caucasian	6–10	LICSW and LADC
Esme	51–60	Female	Caucasian	20+	LMFT
Justin	41–50	Male	Caucasian	6–10	LADC
Carmen	31–40	Female	Caucasian	6–10	LICSW

Note. LMFT = Licensed Marriage and Family Therapist; LADC = Licensed Alcohol and Drug Counselor; LICSW = Licensed Independent Clinical Social Worker.

Ariana

Ariana was both a licensed marriage and family therapist (LMFT) and licensed alcohol and drug counselor (LADC). She had been in the counseling/therapy profession for approximately 11–15 years. Ariana worked for two different agencies. At one agency, she was an independent contractor, and at the other agency, she was an employee. She worked with individuals, couples, and families. Because of her LADC licensure, she tended to work with a lot of individuals, couples, and families that are impacted by chemical health issues. Ariana graduated from graduate school in 2010. She expressed that this was something that she had always wanted to do. Early in her schooling, it was made known that if you are planning to pursue psychology, you needed to obtain a PhD to be a psychologist. As such, she thought that that would be a lengthy journey and thought maybe she would pursue something else, as she did not realize there were other avenues, such as pursuing marriage and family therapy, clinical counseling, social work,

etc. She then ended up pursuing criminal justice/corrections and wanted to do case management in the prison system. However, while doing her internship in the prison, she had connected with counseling students that were also doing their practicum, and this again sparked her interest. Ultimately, Ariana ended up supervising group homes for adults and children with developmental disabilities and had been doing that for many years. However, she soon felt burnt out and needed a new career, so she decided to go back to school in the counseling field.

Ariana endorsed transitioning from in-person therapy services to teletherapy services in response to the COVID-19 pandemic. She stated:

> I think my initial reaction was like, well, I'm just gonna wait a couple weeks and, you know, take a little break and then when we go back to go back to the office and go back to normal, then I'll go back. So I was not eager to do telehealth… But my attitude about it was kind of like I would do this once in awhile, but I would never want to do it like on a regular basis. So yeah, I just had the attitude- I'm going to wait this out. I'm going to go back in a couple weeks and… and… as we all know, that is not how it turned out.

Ariana endorsed that she had limited previous telehealth experience. She stated, "I had only had one telehealth experience previous a couple years prior to the pandemic and it was fine."

Madelynn

Madelynn was a LMFT and was currently pursuing her PhD/PsyD in psychology. She would then be dually licensed. She had been in the counseling/therapy profession for approximately 11–15 years. At this time, Madelynn owned her own private practice and

oversaw seven other staff. It was a smaller agency that was focused on providing dialectical behavioral therapy (DBT). Because of this, the population they tend to see is clients with a personality disorder (e.g., borderline and avoidant), clients with severe and persistent mental illness (SPMI), and clients with a history of trauma. Madelynn stated that she had been a counselor since 2016. Madelynn started out her career as a police officer in the Navy. She expressed that she tended to respond to the same houses frequently. Because of that, she wanted to offer help in a proactive manner instead of after the fact. She then changed careers from criminal justice, got a bachelor's degree in psychology, and went on to pursue marriage and family therapy.

Madelynn endorsed transitioning from in-person therapy services to teletherapy services in response to the COVID-19 pandemic. She stated, "Before the pandemic, I saw most of my clients in the office. Following the pandemic, I had to see my clients online. Then it was a mixture of online and in-person-sometimes with masks being required." She went on to elaborate saying, "I'm trying to remember, like how many months this lasted. Maybe two-where it was only video-only… and then after that period, we could go in person and it would have to be masked." Madelynn described her reaction to the transition as a "long and challenging process." She added, "I hated it. It was… I'm not a fan like at all." Madelynn endorsed that she had some previous telehealth experience. She stated:

> I had some. Like there was a couple people that I saw only telehealth because of where they were located at… A good hour away so… Like I had some. It was not my primary. Like when winter would happen like and you couldn't make it in, we would. I would do telehealth. But I would say like 90% of mine were in person.

Emma

Emma was a licensed independent clinical social worker (LICSW) and LADC. She had been in the counseling/therapy profession for approximately 6–10 years. At this time, Emma worked in a jail and worked with incarcerated individuals. However, for the purposes of this study, Emma discussed her lived experience at her former job, which was in the assertive community treatment field. Emma actually went to school to be a social worker. While working, she realized that she liked the counseling aspect more so than the case management aspect of her job. As such, she went back to school to get her master's degree in order to be able to provide clinical social work services. Emma stated that she graduated in 2015 with her preclinical license and became fully licensed in 2019.

Emma endorsed transitioning from in-person therapy services to teletherapy services in response to the COVID-19 pandemic. In addition to providing teletherapy services, Emma also provided a mixture of therapy services via telephone and in person while socially distanced, typically in an outdoor environment. She stated:

> We had this whole like the phone call thing too, which just drove me nuts because I think that was just bullshit. You know, I'm like, that's not… I, I mean, could you do therapy over the phone? I mean, yes, but really that's not really what happened most of the time.

During the transition, Emma described her reaction to the change as "apprehensive." She stated, "So… umm… I wasn't really sure, I guess what to expect. I was kind of apprehensive…" Emma acknowledged that she had no previous telehealth experience though. She stated:

> Umm… I, I don't think I ever did therapy by telehealth before. It was… Yeah… No, I don't think I did. So that was my first time doing therapy by telehealth. So maybe part of it was me too-just like not knowing how to engage people as much over Zoom or like being creative I guess and figuring out how to get more out of the sessions.

Esme

Esme was a LMFT and was on the verge of finishing her post-doc for her licensed psychologist (LP) licensure. She had been in the counseling/therapy profession for over 20 years. Esme worked for her post-doc agency. While there, she did testing and therapy. She worked with both children and adults there. Esme also had her own private practice. There, she primarily worked with couples and families. Esme's desire to work in the counseling field came from her previous work experience. Esme previously worked as an advocate in domestic violence services, working on a hotline and with protection orders. She wanted to be able to do more clinical work with individuals.

Esme endorsed transitioning from in-person therapy services to teletherapy services in response to the COVID-19 pandemic. She stated:

> Umm… well it was… it was kind of at the time I was at a place that I don't work anymore. I was at an outpatient clinic and it was kind of left up the practitioner and it was really interesting because that physical office that I was in was like a satellite one and there were three of us and one person I think worked face to face the whole time. And… and I… I'm not in touch with them. So I don't know how many times they got sick or anything like that. I did not and umm… I mean the… the other background that I think played in here for me was that early on in my

> career, I worked with people who were living with HIV. And so I was pretty cautious because you know back in the day, I'm like, I could get them sick. They have compromised immune system. I can't go in if I have a cold. I can't, you know, and we weren't doing telemedicine then. We were just like, you just don't meet, you know, so it's tricky. Maybe some phone calls and you know things like that. You, you know, as creative as you can be. But I… I think I was more cautious because of that history and yeah, so…

Esme endorsed that she had some telehealth experience. She stated, "And... and I had done some umm… telehealth in other scenarios prior to that, so I wasn't, I wasn't scared of it."

Justin

Justin was a LADC. He was also working towards obtaining his supervision hours so he could obtain his licensed professional clinical counselor (LPCC) licensure. He had been in the counseling/therapy profession for approximately 6–10 years. At this time, Justin owned his own business. He provided substance use disorder treatment services via telehealth on an outpatient basis—both outpatient and intensive outpatient levels of care. Justin shared that early on in his adulthood, he struggled with his own substance use, which led to him being incarcerated. He realized that he wanted his life to be different. So, when he got out of prison, he went to a local college. He took many different courses. However, he struggled to get past math. Addiction counseling was the only program that did not require math as a prerequisite to complete the program. Justin felt that his path to the counseling profession was one of divine intervention and now feels like he was aligned with his passion.

Justin endorsed transitioning from in-person therapy services to teletherapy services in response to the COVID-19 pandemic. Justin recounted that at the beginning of COVID-19, his agency had just converted services over to Zoom. He was out of the country on vacation but was still providing services via Zoom. While on vacation, he stated that the Department of Human Services visited his agency, and they were in violation of a new law surrounding LADCs joining a group practice and being able to bill insurance for services independently. Because of this, Justin lost his job and created his new business in the same day. He stated:

> So I just decided I was gonna set the structure of the business up for telehealth only moving forward, but I was taking a big gamble because at that point in the… in the... uh… at the beginning of COVID, the laws didn't allow… They were only temporarily allowing substance use treatment via telehealth. The previous laws didn't allow for that… But I knew that legislation was changing because of COVID. Umm… so I took the gamble and it paid off.

Justin continued, "I did know that I really like telehealth." Justin acknowledged that he had some telehealth experience at least educationally. He stated, "I was an early adopter of telehealth and was fortunate enough to have taken a telehealth graduate class adapted for COVID during my last semester of graduate school."

Carmen

Carmen was a LICSW. She had been in the counseling/therapy profession for 6–10 years. Carmen had her own private practice that was delivered completely via telehealth. She worked primarily with individuals, such as adults and parents. Carmen graduated from graduate school in 2015 and became fully licensed 3 years later. Her

desire to work in the counseling profession came from growing up with her sister, who had special needs.

Carmen endorsed transitioning from in-person therapy services to teletherapy services in response to the COVID-19 pandemic. She expressed that her transition started before COVID-19. She was trying to find something that was going to work for her lifestyle and family. Carmen had young children at home and disliked that the in-person work and commute pulled her away from her family. She stated:

> And then when COVID hit it was like let's make the shift because my husband was working in the schools and we had another child at that point. And so we wanted to make this shift happen, which we did, which was pretty nuts.

Carmen stated, "Making the shift from in person to telehealth may be quite intimidating and frankly scary." She went on to say, "I was like a fish out of water when exploring it for the first time myself." Carmen endorsed that she had no telehealth experience at least educationally. She stated, "The training I received in school consisted of 0% telehealth and everything was in person."

Study Findings

Research Question 1 Themes

How did counselors experience their changing role from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic? The themes that related to this research question were (a) technological, (b) client care, (c) environmental, and (d) logistical.

Technological

This theme was related to the use of technology. One change that participants noted was related to an increase in technology usage. Five out of six participants discussed this change. This increase was, at times, a pain point for both counselors and their clients. Emma stated, “I felt with a lot of the people… umm… the technology piece was really difficult.” Justin echoed this and stated, “The thing that really that becomes problematic the most is if the client cannot seem to grasp the technology.” Participants spoke of many technological aspects that proved to be difficult, such as internet signal, amount of high-speed data, audio, lighting, etc. Justin touched on many of these aspects stating:

> If they don’t pay their cell phone bill either, I can’t help them… and how good of Internet signal do you have?… Some of those, you know, poor clients will be on these programs that throttle down after they use their high-speed data and then it’s not good enough for, for Zoom… When the audio gets choppy, that can really throw things off. So I feel like that happened a lot last week with the grief work when people were getting really intense and they’re telling their grief story and then the audio would, you know, cut out in the middle of something. And then I’m left with the question in my head… Do I say something? Cause it pops right back on and I missed that few words that might be important or might not. Do I disrupt their story—their, their processing to capture that? Or do I let them keep going and then like try to…

Despite technology being difficult to navigate at times, participants also highlighted the benefits to their increased technology use, such as the ability to screen

share and accessibility. Madelynn stated that the capability of screen sharing was helpful during this time: "Being able to share like on my computer like different charts and like Inside Out characters and like you know, that was probably helpful." Carmen shared:

> When I do a workshop, I can record it and then it's saved you know? I mean incredible. Where it's like I literally go and just do it on Zoom. I press record and then it's done. And it's like there it is. And then how many more people can readily access it?

This theme echoed the results of studies done by both Landes et al. (2022) and Gallo et al. (2022). In the study done by Landes et al. (2022), the results showed that one of challenges noted was related to technology, such as clients having an unstable internet connection, audio issues, not turning on their camera, and other technical issues. Research performed by Gallo et al. (2022) also touched on technology issues, such as connectivity and screens being glitchy. However, this study also pointed out the positives of technology similar to this present study as pointed out by both Madelynn and Carmen.

Client Care

This theme was related to clinicians' direct service to their clients.

Customer Service and Physical Comfort. One change that participants noted was related to the customer service and physical comfort provided to their clients. Ariana stated, "I think just that piece of that, that, customer service piece of greeting somebody and offering them, you know, a beverage and getting situated and making them feel comfortable physically… That piece if completely removed." Similarly, Madelynn shared, "So when it… when it's face to face, you know, the… there's a waiting area we have like snacks and water and pop and stuff for people because we serve a lot of under,

you know SES status." This appeared to be an emerging subtheme that was not noted in the previous literature reviewed in Chapter 2.

Client Population. Participants shared that populations they were once able to work with effectively in person, they had difficulty managing via teletherapy. Five out of six participants discussed this topic. Emma shared, "I do feel like if my population would have been different, it could have been much more effective." Various populations were mentioned as being more difficult to work with. For example, Emma stated:

> So I think… I… I specifically feel like with individuals who easily disassociate, it is not helpful. Like… I… because if like there were several times, I remember where like a couple people who had a tendency to dissociate would. It was very difficult to get them to come back and like be present.

Esme stated, "And then, uh, and I think some of the, the other difference is my level of comfort. Umm… especially with like couples or families. Like I, I don't want to do families on telehealth." Similarly, Madelynn also stated, "Umm… couples felt like… argumental couples… It's impossible to have over a video… the lag…" She also stated that, "For ADHD kiddos, it does not work very well."

These results differed from the results from the study completed by Hardy et al. (2021). In this particular study, they reported that clinicians felt slightly to moderately comfortable and felt moderately competent providing services via teletherapy to couples (Hardy et al., 2021). However, these results may have differed due to the target sample in this study being primarily couples therapists. Meanwhile, in this present study, type of license and thus, type of schooling related to couples therapy varied.

Clinician Support. Participants also noted that their ability to obtain support from fellow clinicians had also changed. Five out of six participants discussed this change. Madelynn shared, "I'm not getting that moment to like get up and walk around and see colleagues…" Similarly, Justin stated:

> The last thing that I'll say that has been hard about doing all telehealth because I work from my… I'm, I'm home based is not isolating. I isolate a lot more that I used to. I don't get the umm… I don't… I'm not around colleagues…

Because this was frequently noted as a change, this was also a topic of recommendation for future counselors. Ariana stated, "If you're struggling with the transition to telehealth, consult with your supervisor or colleagues to get the support you need." Madelynn also recommended this by saying, "Consult [with colleagues] regularly to conduct the best therapy possible."

Clinician support was also a topic discussed in the study by Landes et al. (2022). In this particular study, participants noted a difference between the effectiveness of in-person consultation versus consultation via telehealth, with in person being more effective. It was unknown if this was formal consultation or casual consultation, though.

Environmental

This theme was related to the surroundings of both the counselor and their clients.

Distractions. Another change that participants noted was related to the environment of their clients, specifically distractions. Four out of six participants discussed this change. This differed from the therapy room, in which the environment could more easily be controlled and distractions could be limited. Ariana noted, "There's a lot of distractions for many of the clients, if it be pets or children or other family

members, you know walking in…" Justin also echoed a similar sentiment saying, "You know, somebody's in group and all of a sudden hear their partner yelling in the background." However, counselors also had to put up with similar distractions. Madelynn highlighted this by stating, "I was constantly interrupted by my dogs and having to take care of children…"

This subtheme was also noted from the study completed by Gonzalez et al. (2022). In this study, two client respondents discussed distractions, such as pets, children, or family members interrupting teletherapy sessions.

Privacy. Because of all of the distractions, specifically by other individuals, this led to the topic of privacy. Three out of six participants discussed this topic. Madelynn stated, "Their living room is the only place where they have a computer or router and so they didn't have privacy." Other clients went as far as doing therapy in public places via teletherapy. Esme shared:

> I remember had one guy in a parking structure and I… you know, could kind of figured out it was a parking structure and could hear people going by and they were totally fine with it. I'm like… I'm… I'm not fine with it…

Emma elaborated on the problematic nature of the lack of privacy stating:

> I think a lot of times like the what's in the background or who's in the background really impacts the person's ability, to, like, not just focus, but be able to regulate cause like sometimes if they're on a lunch break or if they're you know, at home with a significant other who they're having issues with, like, there may be… they maybe wont either say everything or they won't show emotion in a certain way…

This subtheme was also noted from the study completed by Gonzalez et al. (2022). In this study, 18% of client respondents reported no or limited access to privacy at home as being a challenge during teletherapy.

Safety. The last environmental change noted by participants was related to safety of the environment. Three out of six participants discussed this change. For example, Carmen shared, “I am in my safe space (at home) and that helps me feel more at ease.” She went on to share, “I had a lot of traumatic and difficult experiences doing in-person work, especially early in my career. I don’t have to worry about someone throwing something or even threatening me. There is an actual screen and different location separating us.” The aspect of safety also applied to clients as well. Justin stated, “Telehealth can be a great starting point because it allows the client to be in an environment they are familiar with and feel safe in.”

These results were comparable to the results from the study completed by Gonzalez et al. (2022). In this study, the results showed that 9% of client respondents identified safety as one thing they liked about receiving teletherapy services. However, this was more so related to safety surrounding the contamination of COVID-19 versus psychological and physical safety.

Logistical

This theme was related to the planning and organization aspect to ensure that resources, whether that be employees or supplies, are in the places where they are most needed.

Driving and Supplies. One change that participants noted was related to logistics. Emma noted:

> Logistically not have to drive all over or like you know, physically go places was, you know, was nice on one hand, umm… for when we did telehealth cause I mean that was obviously like a big part of our job too was driving everywhere.

However, with that change, access to supplies became problematic. Supplies were no longer easily accessible in one's office with the quick transition to working from home. Madelynn stated, "It was no longer quick to grab a book on the shelf, gather supplies, and do an activity on anger management."

This subtheme echoed results from research done by Gallo et al. (2022). Participants in the study by Gallo et al. (2022) also discussed the ease of sitting where one is at, being able to log in to the computer, and not having to drive back and forth. However, the topic of supplies was not noted in the previous literature reviewed in Chapter 2.

Research Question 2 Themes

How did counselors experience emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic? The themes that related to this research question were (a) emotion identification, (b) emotion management, (c) awareness.

Emotion Identification

This theme was related to clinicians' ability to recognize and label emotions as they are experienced by their clients.

Nonverbals. Six out of six participants discussed the aspect of nonverbals, such as facial expressions and body language, being a part of their experience in regard to emotional intelligence during the transition to teletherapy during the COVID-19

pandemic. It appeared to be a more difficult aspect for clinicians. For example, Madelynn shared, “It seemed like you had to have been way more like attentive especially to like nonverbals because like when that persons in the room with you like I can kind of like… if they’re anxious, like I can feel it…” Justin also shared:

> It takes more brain power and you know, sometimes I’m gonna miss things like the body tensing for instance. I might not catch that on telehealth... So it might take me a little longer to see that the nervous system is activating the, the muscles in the body and things are tightening up or the breath is, is takes me a little longer sometimes to tell that the breath is tightening.”

Similarly, Emma expressed, “But I think it was just more difficult for me to be able to read other people.” She went on to elaborate on this saying:

> Obviously, being in person you get all the, the other like nonverbals and the… you can just see, see more I guess when you’re like up close and personal with it. Like right now in my work, I… I’m face to face with people. So I can read their body language. I can get a feel for like, you know, sometimes people come in hot, you know, and they’re just like… oh… you know, and you can just feel the tension as they walk in, you know, kind of thing and that’s just lacking in telehealth or it was for me anyway.

These results were in line with research done by Gallo et al. (2022), where participants also noted that they had to pay increased attention to tone of voice, eye contact, and nonverbals while doing teletherapy.

Intentionality. Four out of six participants discussed the aspect of intentionally checking in with clients as a way to assist them in identifying client emotions as being a

part of their experience in regards to emotional intelligence during the transition to teletherapy during the COVID-19 pandemic. For example, Emma made the suggestion in her letter to a future counselor to "check in regularly during the session to ask if the emotion(s) you are perceiving are accurate." Madelynn stated, "So a lot of times I think I'd have to check in with people more." Clinicians had to be more intentional about checking in more frequently over teletherapy versus a traditional in-person format.

Intentionality appeared to be an emerging subtheme that was not noted in the previous literature reviewed in Chapter 2.

Emotion Management

This theme related to the ability to help regulate emotional responses in the self as a counselor and with others (i.e., clients).

Managing the Emotions of Clients. Five out of six participants discussed the topic of managing the emotions of clients as being a part of their experience in regard to emotional intelligence during the transition to teletherapy during the COVID-19 pandemic. This also appeared to be a more difficult aspect for clinicians. Emma stated:

> I think it was difficult too for my clients when I was doing telehealth to be able to match my, my regulation. So like if I was trying to regulate their emotions by showing them, you know, a calm kind of like, you know, breathing or whatever…

Ariana shared an example of a time where it was difficult to manage the emotions of her clients via teletherapy. She stated:

> Umm… I did work with a couple where you know, I mean there, I'm in their home with them via the computer and in their kitchen and the husband got very angry and stormed off and then the wife got angry and stormed off and there I'm

> sitting all by myself in their kitchen, very uncomfortable, waiting for them to come back and looking at the time and like our, our sessions about to end and not knowing what to do. Do I wait for them? How long do I wait? Do I just leave? Umm… so that was a little weird.

Esme shared a very similar experience with Ariana, in which a couple had walked out. She stated, “Particularly like couples, you know, so like, weird things would happen. Like I, I can remember one couple where they never walked out of the office when we’re in the office, they never left the therapy room.”

This subtheme echoed the results from a study completed by Hardy et al. (2021). In this study, participants indicated that it was overall more difficult to handle conflict (i.e., manage the emotions of clients); particularly, it was harder to read and redirect conflict and escalations, as seen in the examples provided by Ariana and Esme.

Managing the Emotions of Self. Conversely, this emotional intelligence skill appeared to be easier for clinicians via teletherapy. For example, Carmen shared, “I love signing off with clients when it is a difficult session. I literally can close my computer and signify okay this is done. I get to separate more from the session.” Likewise, Carmen shared, “And now, virtually I’m like, you’re over there. I get to stay here and I’m totally in my professional like ability to focus and I’m not getting triggered in that process.”

This theme aligned with the foundation of emotional intelligence (e.g., the nine-layer model of emotional intelligence). According to Drigas and Papoutsi, (2018), one of the components of this model is self-management (controlling one's reactions). This was mentioned by Carmen.

Awareness

This theme related to the ability to use cues from the client's environment to be aware of what the client may be experiencing emotionally.

Understanding the Environment. Four out of six participants discussed the topic of environmental cues as being a part of their experience in regard to emotional intelligence during the transition to teletherapy during the COVID-19 pandemic. Justin shared that teletherapy "can even provide unique insights into the client's external environment in person services cannot." He went on to say:

> It gave me a window into people's lives I wouldn't normally have. Like when you can peer into somebody's living room or wherever they normally are. Their external environment is a reflection of what's going on within them. And you don't really get insight like that if somebody comes into your office, right?

However, these environmental cues can be limited at times. Ariana stated, "Things can be definitely missed or interrupted." Emma also stated:

> I felt like I wasn't gonna be able to get a good clinical picture of what was actually happening in people's lives because I was just getting like a tiny little box that I was seeing on my screen of what was actually happening you know.

Understanding the environment appeared to be an emerging subtheme that was not noted in the previous literature reviewed in Chapter 2.

Research Question 3 Themes

How did counselors experience the utilization of emotional intelligence skills/abilities during this time? The themes that related to this research question were (a)

implementing emotional intelligence, (b) effectiveness, (c) adaptation, and (d) preferences.

Implementing Emotional Intelligence

This theme related to counselors using emotional intelligence skills/abilities with their clients during the transition to teletherapy during the COVID-19 pandemic. Five out of six participants discussed the topic of using emotional intelligence skills/abilities with their clients as being a part of their experience during the transition to teletherapy during the COVID-19 pandemic. These emotional intelligence skills/abilities varied, including teaching about emotional intelligence, providing psychoeducation about emotional intelligence, modeling emotional intelligence skills for their clients, identifying and labeling emotions, and assisting with expressing emotions in a healthy manner. For example, Justin shared:

> So the… I'm aware of like the majority of my, my clients have a limited vocabulary around this. So every single check in they're required to label, you know. I give them an emotion chart. It's quite expansive, and I require them to label three negative, four positive emotions that are experiencing and this way I'm building their emotional vocabulary right.

Similarly, Madelynn stated:

> Ohh, I would say identifying and labeling for sure. Like what emotion are you having? I think about, okay, how are you interpreting this event based on how intense your emotion is or how… Like that's one. What facets make you more vulnerable to the emotion that you're experiencing, like are you tired? Are you hungry? Have you had a long day? What is your emotion telling you to do? What

> is it urging you to do? What are you actually doing in response? How are you physically experiencing that emotion? What are the after effects to that emotion? What is the primary emotion you're experiencing? And then what is any of the secondary emotions that you're experiencing? We use the feeling wheel a lot. Umm… so like those are the main ones and identifying in others too. It's like, what do you think was going on for that person?

This theme was in line with the foundation of emotional intelligence (e.g., the ability model of emotional intelligence). According to Kanesan and Fauzan (2019), the components of the ability model are perception, appraisal, and expression of emotion; emotional facilitation of thinking; understanding and analyzing emotions; and regulation of emotions. Some of these interventions were mentioned by Madelynn, as she discussed assisting clients in being able to identify and label emotions.

Effectiveness

This theme related to the belief that counselors held about the effectiveness of their interventions during the transition to teletherapy during the COVID-19 pandemic. Five out of six participants discussed the topic of how effective their interventions were, especially in regard to emotional intelligence, during the transition to teletherapy during the COVID-19 pandemic. For example, Ariana shared, "I feel as the therapist, I am still able to teach and coach clients around emotional intelligence both in person and via telehealth in just about the same manner." She went on to elaborate saying:

> I think for me that part is the same. I think there's still that ability to teach and model and umm, you know, even on, on screen if you have a family or you have a couple sitting there, you can still, you know point out facial expressions, body

> language to the, the person sitting next to them or can clearly say I, you know I can see this is a big emotion for you. I think that, that piece is still there.

Carmen pointed out similar aspects stating:

> Yep, I think what's so interesting with telehealth, I can still read people's nonverbals pretty quick. It's funny, like people are like you're not in the same room. It's like there's a lot we show in our face. There's a lot that even goes on that I can still pick up with people and be like what was that? Or if I'm doing a phone call session like I just got off one just now and it's like I'll be like, hey, what was that change of voice?

Justin also believed in the effectiveness of his interventions, whether via in person or teletherapy. He stated:

> Emotional intelligence to me… I really think that it doesn't matter if it's in person or telehealth. I think if you're paying attention and listening, people know that and that comes through the voice, the tone, the dialect. Umm… you know eye contact sometimes. Umm… you know facial expression. All those things. Like I don't see a big difference between me sitting across the room from somebody…

However, other counselors did not feel that teletherapy was as effective for them. For example, Emma stated, "I, I guess for my particular role, I did not feel like telehealth was nearly as effective as in person." Madelynn agreed with this noting that "effectiveness is sometimes lost in the process."

These results are comparable to the results from the study completed by Gonzalez et al. (2022), where the results showed that the majority of counselors (55%) strongly

agreed or agreed that their therapy services were just as effective via teletherapy.

Adaptation

This theme related to how counselors were able to adjust to the change in format from traditional in-person services to teletherapy during the COVID-19 pandemic. Three out of six participants discussed the topic of how they were able to adapt during the transition to teletherapy during the COVID-19 pandemic. For example, Madelynn shared, "I had to revise how I did therapy regarding the topic and figure out ways to be more effective." She went on to say that, "Yeah, I think I got better at it probably like a like I, I went on." Ariana also shared how she adapted saying:

> I think for me personally, I kind of went into telehealth kicking and screaming and like, I don't want to do this and I don't understand how, you know. This, this isn't like true therapy. And then how gradually like that mind, that mindset has shifted and I, I think telehealth, there's differences most definitely, but I think definitely there, I think there's more similarities than there are differences, but I think going into that, that, that was not my mindset. And now, now I'm to the point where kind of like, why do clients want to see me in person? Like, that's weird.

The theme of adaptation appeared to be an emerging theme that was not noted in the previous literature reviewed in Chapter 2.

Preferences

This theme related to how counselors felt about the delivery of counseling services post-COVID-19 pandemic. Five out of six participants discussed this topic. Because counselors were able to adapt to the transition to teletherapy services, the

majority actually preferred to stick with teletherapy moving forward. For example, Carmen stated, “I like meeting virtual more than in person.” Esme noted:

> And as a clinician, it’s really a struggle because it’s super convenient for me and it’s really hard to think about. Oh, you know, could we go back [to in person services]? Do I wanna go back [to in person services]?...

However, ultimately a preference is just that: a preference. Carmen stated:

> Some people love telehealth and others don’t. I telehealth like mustard. It’s a love hate kind of thing. I don’t like mustard, so I don’t eat it. If you don’t like telehealth, they don’t do it. What I love about our profession is that there are different ways to deliver our services. So if you prefer in person, yes do that. And if you prefer telehealth, then yes do that! Do you!

As this highlighted, there are many preferences for both clinicians and clients alike, and fortunately, there are many providers willing to do teletherapy, and there are providers willing to provide in-person services as well.

This theme differed from the results obtained from research done by Hardy et al. (2021), where traditional face-to-face therapy remained the preference for the majority of counselors. However, in this present study, the majority of counselors actually preferred to stick with teletherapy moving forward. There may be many reasons for this, such as the sample that participated in this study, the adaptation that had occurred since the start of the COVID-19 pandemic, etc.

Theme Development

Participants were interviewed and video/audio-recorded individually using Microsoft Teams. Interviews lasted from 20 minutes to 42 minutes, with the average

being approximately 31 minutes. The interview was semi-structured (see Appendix E), with open-ended, follow-up, and clarifying questions utilized. Each of the six participants completed an interview with this researcher. All of the participants were willing to share information about their experiences. However, some participants provided more detail than others.

After participating in the interview, the participants were asked to write a letter of advice, giving advice/tips to a future counselor who may experience a transition from traditional face-to-face counseling to teletherapy and feedback regarding successful strategies that may work to implement emotional intelligence skills/abilities (see Appendix D). Responses were received from five out of six participants. Letters ranged from one page to five pages, with the average being two pages. Again, some participants provided more detail than others.

Transcripts from the individual interviews and letters of advice were reviewed on several occasions. This researcher then began the coding process using NVivo 12 Pro. An inductive coding approach was used. This is where codes are derived from the data rather than starting with a predefined set of codes as in deductive coding. As such, significant statements were identified and coded. The coded statements were then sorted into categories and evaluated for connections, similarities, and differences. They were then re-sorted into categories, as needed, and used to develop overarching themes. These themes were organized by the research questions (see Figures 1–3).

Figure 1

RQ1 Themes and Subthemes for all Data Sources

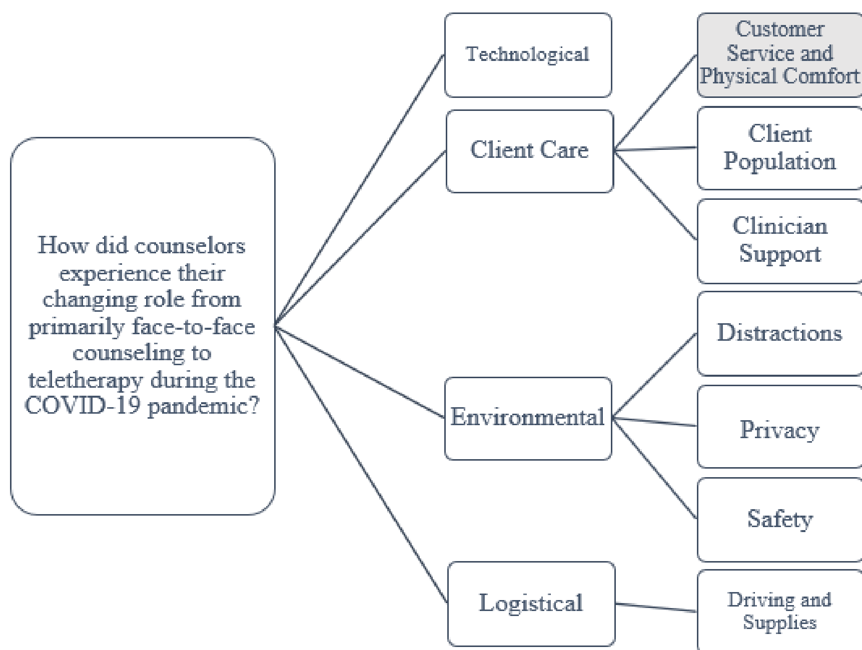


Figure 2

RQ2 Themes and Subthemes for all Data Sources

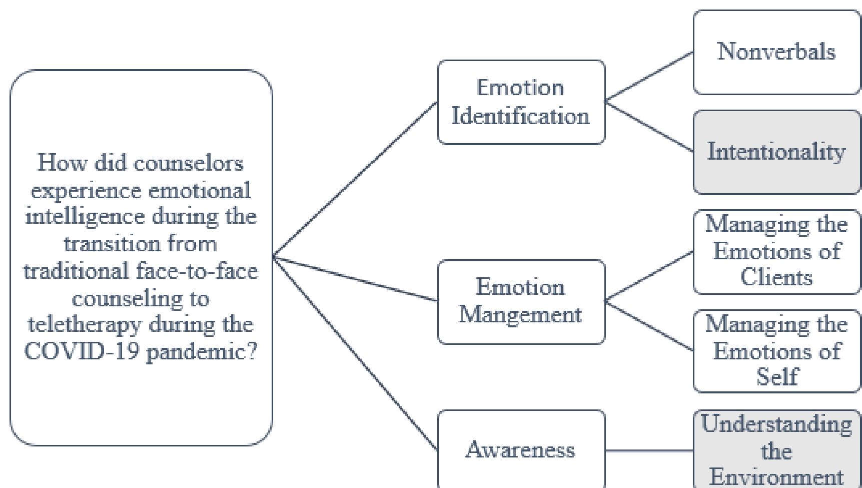
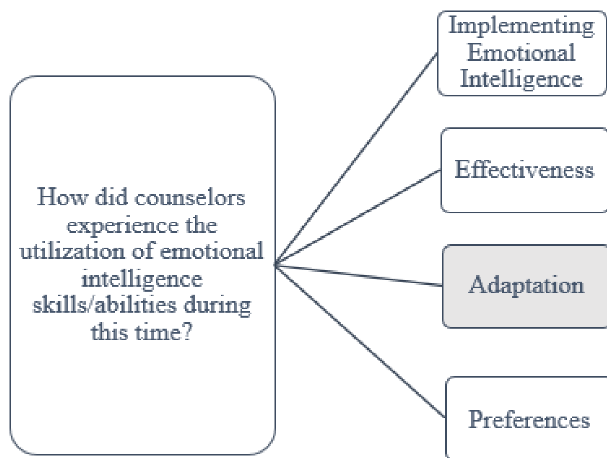


Figure 3

RQ3 Themes and Subthemes for all Data Sources



Summary

This chapter first provided a description of the individuals who participated in the study and their structural description of their experiences. Next, this chapter provided a description of the research results depicting the experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. An analysis of the data collected via individual semi-structured interviews and letters of advice indicated that counselors' roles changed in relation to technology, client care, the environment, and logistical aspects. Counselors were able to describe ways in which they typically implemented emotional intelligence skills/abilities, and differences in these skills/abilities, such as emotion identification, emotion management, and awareness. Counselors also discussed the effectiveness of their emotional intelligence interventions, how they adapted during this transition, and preferences moving forward. Lastly, this chapter provided a brief discussion on how

these findings are similar to or differ from the relevant literature previously reviewed in Chapter 2. Specifically, findings that were similar to those found in prior research were technology, clinician support, distractions, privacy, safety, driving, supplies, nonverbals, managing the emotions of clients, managing the emotions of self, implementing emotional intelligence, and effectiveness. Findings that differed from those found in prior research were client population and preferences. Emerging themes and subthemes included customer service, physical comfort, intentionality, adaptation, and understanding the environment.

CHAPTER 5: DISCUSSION

Overview

The purpose of this qualitative transcendental phenomenological study was to explore and describe the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. The study included six participants who were engaged in individual semi-structured interviews coupled with writing letters of advice. The six participants were purposively selected because they met the criteria of the study. This chapter provides a summary of the findings related to the participants' experiences as counselors who transitioned from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how they were able to utilize emotional intelligence skills/abilities during that time. Next, the chapter discusses the findings as they relate to the theoretical, empirical, and biblical foundations previously discussed in Chapter 2. The theoretical, empirical, and practical implications of the study are examined, along with limitations. Recommendations for future research are also made in this chapter. Finally, the most significant highlights and key takeaways of this study are presented.

Summary of Findings

Research Question 1

The study's first research question asked, "How did counselors experience their changing role from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic?" Participants noted that their roles changed in four key ways.

The first way their role changed was through technological changes. Participants discussed both positive and negative aspects related to their increase in technology usage. Technological difficulties included clients' ability to grasp technology, internet signal, amount of high-speed data, audio, and lighting. Benefits of technology included accessibility, use of screen sharing, and ability to record material for clients.

The second way counselors' roles changed was through client care—counselors providing direct service to their clients. Counselors noted that customer service and providing physical comfort to their clients had changed. For example, greeting a client and getting them a beverage or snack was not possible via teletherapy like it had previously been in a face-to-face format. Additionally, counselors shared that populations that they were once able to work with effectively in person, they had difficulty managing via teletherapy. These populations included clients who disassociate, couples, families, and clients diagnosed with attention deficit hyperactivity disorder. Lastly, counselors shared that their ability to obtain support from fellow clinicians had also changed. It was more difficult to do so, due to being more isolated than in an office setting.

The third way counselors' roles changed was through environmental changes. This differed from the therapy room setting, in which the environment can more easily be controlled. Distractions were a common occurrence by pets, children, and family members. This led to counselors discussing a lack of privacy. Clients often did therapy in common areas, such as their living room and parking structures. Clinicians felt uncomfortable with this and shared that it impeded the therapy session. One positive environmental change noted by participants was safety, though. This referred to both physical and emotional safety of counselors and their clients.

The last way counselors' roles changed was logistically. Counselors discussed their physical environment changing. They no longer had to drive to clients' homes, if they had been doing in-home work. However, access to supplies became problematic as their environments were not already prearranged for teletherapy due to the rapid transition to teletherapy from face-to face therapy.

Research Question 2

The second research question asked, "How did counselors experience emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic?" Participants noted three key ways they experienced emotional intelligence during this transition.

The first way counselors experienced emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic was through emotion identification. This appeared to be more difficult for clinicians than in a face-to-face format. They noted having to be more attentive and using more brain power in order to be able to pick up on nonverbals, such as facial expressions and body language. Counselors noted that they had to be more intentional in checking in with clients as a way to assist them in identifying client emotions.

The second way counselors experienced emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic was through emotion management. This included both managing the emotions of clients and the self. Managing emotions of clients appeared to be more difficult via teletherapy than in a face-to-face format. Counselors provided examples of this, such as clients having difficulty matching their emotion regulation via teletherapy and couples

storming off during the middle of a teletherapy session. However, managing the emotions of the self as a counselor appeared to be easier for counselors over teletherapy. Counselors were able to log off of a session, close their computers, and get separation from a difficult session.

The last way counselors experienced emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic was through awareness and understanding the environment. Teletherapy can provide insight into a client's environment that in-person therapy cannot offer. However, participants noted that this can be limited at times, things can be missed, and a good clinical picture may not be able to be obtained.

Research Question 3

The third research question asked, "How did counselors experience the utilization of emotional intelligence skills/abilities during this time?" Participants noted four key ways that they experienced the utilization of emotional intelligence skills/abilities.

First, participants spoke of their implementation of emotional intelligence skills/ abilities with their clients during the transition to teletherapy during the COVID-19 pandemic. This varied from counselor to counselor. However, counselors shared primarily about teaching about emotional intelligence, providing psychoeducation about emotional intelligence, modeling emotional intelligence skills for their clients, identifying and labeling emotions, and assisting with expressing emotions in a healthy manner.

Second, participants discussed their beliefs they held about the effectiveness of their interventions during the transition to teletherapy during the COVID-19 pandemic.

The majority of counselors believed that their interventions regarding emotional intelligence were just as effective via teletherapy as in a face-to-face format.

Third, participants discussed the theme of adaptation. Counselors were able to adjust to the change in format from traditional in-person services to teletherapy during the COVID-19 pandemic. Lastly, because counselors were able to adapt to the transition to teletherapy services, the majority actually preferred to stick with teletherapy moving forward despite their initial reactions to the transition to teletherapy.

Discussion of Findings

This section discusses the present study's findings in relation to the empirical and theoretical literature reviewed previously in Chapter 2. Specifically, the discussion explored how the findings tied into the theoretical frameworks of social constructivism (Creswell & Poth, 2018) and the ability model of emotional intelligence (Kanesan & Fauzan, 2019).

Theoretical Literature Discussion

Social Constructivism

In social constructivism, individuals seek to understand the world in which they live and work (Creswell & Poth, 2018). This researcher desired to understand the larger world in which she worked as a fellow counselor. However, it was also the belief that participants that chose to take part in this study also desired to understand the world in which they live and work. A prime example of this was Carmen emailing this researcher stating, "I'd love to read your dissertation when completed!" Throughout social constructivism, the goal is to rely as much as possible on the participants' views of the situation (Creswell & Poth, 2018). This researcher did so through the use of participant

quotes, as highlighted in the previous chapter. This not only conveyed participants' views of the situation, but also contributed to credibility and transparency in the findings. Lastly, in social constructivism, researchers generate a pattern of meaning (Creswell & Poth, 2018). This was done through coding the data and creating a universal textural and structural description of counselors' experiences.

Ability Model of Emotional Intelligence

According to Kanesan and Fauzan (2019), the ability model of emotional intelligence includes four components arranged in sequential order from lower-level skills to higher-level skills: perception, appraisal and expression of emotion; emotional facilitation of thinking; understanding and analyzing emotions; and regulation of emotions. One of the themes from the present study was implementing emotional intelligence. Participants in this study demonstrated that they are incorporating components of the ability model of emotional intelligence into their counseling practices.

For example, participants discussed assisting their clients in identifying and labeling emotions and assisting clients in regulating emotions. Furthermore, the ability model of emotional intelligence believes that emotional intelligence is malleable and can be learned. Skills can be acquired/developed throughout one's lifetime instead of being born with a fixed emotional intelligence level. The fact that counselors are teaching clients about emotional intelligence and providing psychoeducation about emotional intelligence to their clients was in line with this theory. If counselors believed that emotional intelligence was a fixed trait, they would likely not be providing these interventions to their clients.

Empirical Literature Discussion

According to Maurya et al. (2020), the majority of counselors reported having never or rarely provided counseling via teletherapy to their clients previously. Similarly, the majority of participants in this present study endorsed having limited to no experience providing teletherapy services to their clients prior to the COVID-19 pandemic. Because of this, counselors were in unfamiliar territory. This unfamiliar territory brought both practical and ethical challenges with it.

Practical challenges included technological issues, such as clients' ability to grasp technology, internet signal, amount of high-speed data, audio, and lighting. This aligned with the results of studies done by both Landes et al. (2022) and Gallo et al. (2022). In the study done by Landes et al. (2022), the results showed that one of challenges noted was related to technology, such as clients having an unstable internet connection, audio issues, not turning on their camera, and other technical issues. Research performed by Gallo et al. (2022) also touched on technology issues, such as connectivity and screens being glitchy. The other practical challenge noted in this research study was access to supplies. Access to supplies became problematic, as counselors' home settings were not already prearranged for teletherapy, due to the rapid transition to teletherapy from face-to-face therapy. Access to supplies was not previously touched on in the literature. However, this may be because the present study focused on the transition to teletherapy during the COVID-19 pandemic, which was very rapid compared to a preplanned transition to teletherapy due to counselor preference.

Counselors also encountered ethical challenges. The main ethical challenge related to distractions and privacy, which have important implications in regard to HIPPA

(Health Insurance Portability and Accountability Act). Distractions were a common occurrence by pets, children, and family members. This aligned with the study completed by Gonzalez et al. (2022). In this study, two client respondents discussed distractions, such as pets, children, or family members interrupting teletherapy sessions. Naturally, this led to counselors discussing a lack of privacy. Clients often did therapy in common areas, such as their living room and parking structures. This also aligned with the literature. This was noted from the study completed by Gonzalez et al. (2022), where 18% of client respondents reported no or limited access to privacy at home as being a challenge during teletherapy. Other research had also shared that issues with the client's environment and privacy/confidentiality still remain during teletherapy (Gros et al., 2013; Henry et al., 2017, as cited in Mitzkovitz et al., 2022).

Other ethical challenges related to direct client care. Counselors shared that populations that they were once able to work with effectively in person, they had difficulty managing via teletherapy. These populations included clients who disassociate, couples, families, and clients diagnosed with attention deficit hyperactivity disorder. This also had important implications, especially in regard to how counseling agencies screen clients for appropriateness for teletherapy services. In any case, these results differed from the results from the study completed by Hardy et al. (2021), where they reported that clinicians felt slightly to moderately comfortable and felt moderately competent providing services via teletherapy to couples. However, these results may have differed due to the target sample in this study being primarily couples therapists. Meanwhile, in this present study, type of license and type of schooling related to specific client populations varied.

In order to provide quality client care, it is common to consult with both colleagues and supervisors. In this present study, counselors shared that their ability to obtain support from fellow clinicians had changed. It was more difficult to do so, due to being more isolated than in an office setting. This also validated the current literature, as in a study by Landes et al., (2022), participants noted a difference between the effectiveness of in-person consultation versus consultation via telehealth, with in-person being more effective. This had important implications for counseling agencies, in that they need to provide better access to supervision services and support for their clinical staff.

Despite both practical and ethical challenges, participants in this present study believed in the overall effectiveness of teletherapy. These results were comparable to the results from the study completed by Gonzalez et al. (2022), where the results showed that the majority of counselors (55%) strongly agreed or agreed that their therapy services were just as effective via teletherapy.

Counselors especially believed in their effectiveness in regard to emotional intelligence interventions they provided via teletherapy. The delivery did not change, as counselors were still able to teach about emotional intelligence, provide psychoeducation about emotional intelligence, model emotional intelligence skills for their clients, identify and label emotions, and assist with expressing emotions in a healthy manner.

Even though the delivery remained similar to an in-person format, there were some challenges that were encountered. For example, emotion identification appeared to be more difficult for clinicians than in a face-to-face format. They noted having to be more attentive and using more brain power in order to be able to pick up on nonverbals,

such as facial expressions and body language. These results are in line with research done by Gallo et al. (2022), where participants noted that they had to pay increased attention to tone of voice, eye contact, and nonverbals while doing teletherapy. Other previous literature also showed the need to alter communication style with this format, such as increased behavior showing active listening and exaggerated nods (Gros et al., 2013; Henry et al., 2017, as cited in Mitzkovitz et al., 2022). Again, this showed that increased concentration and active listening is essential in a teletherapy format.

Because emotion identification appeared to be more difficult for clinicians than in a face-to-face format, counselors noted that they had to be more intentional in checking in with clients as a way to assist them in identifying client emotions. This appeared to be an emerging subtheme that was not noted in the previous literature reviewed in Chapter 2. While it is common to check in with clients in a therapy setting, it appeared that this was increased during teletherapy. This had important implications for the therapeutic relationship, as it is possible that clients may perceive this as excessive or as the counselor not understanding them.

Additionally, emotion management presented some challenges. Managing emotions of clients appeared to be more difficult via teletherapy than in a face-to-face format. Counselors provided examples of this, such as clients having difficulty matching their emotion regulation via teletherapy and couples storming off during the middle of a teletherapy session. This subtheme aligned with the results from a study completed by Hardy et al. (2021), in which participants indicated that it was overall more difficult to handle conflict (i.e., manage the emotions of clients); particularly, it was harder to read and redirect conflict and escalations.

One positive change to emotion management was that managing the emotions of the self as a counselor appeared to be easier for counselors over teletherapy. Counselors were able to log off of a session, close their computers, and get separation from a difficult session. This aligned with the foundations of emotional intelligence. For example, in the nine-layer model of emotional intelligence, one of the components of this model is self-management (controlling one's reactions; Drigas & Papoutsi, 2018) or in the ability model of emotional intelligence, one of the components is regulating (or managing) one’s own emotions (Kanesan & Fauzan, 2019).

Despite counselors’ beliefs in both the effectiveness of teletherapy overall and emotional intelligence interventions via teletherapy, effectiveness is one aspect that should be explored further. This was a key takeaway from this study. Counselors noted that customer service and providing physical comfort to their clients had changed. For example, greeting a client and getting them a beverage or snack was not possible via teletherapy like it had previously been in a face-to-face format. This appeared to be an emerging subtheme that was not noted in the previous literature reviewed in Chapter 2. In Chapter 2, Maslow's hierarchy of needs was briefly discussed in relationship to the nine-layer model of emotional intelligence. Physiological needs are at the bottom of Maslow’s hierarchy of needs, which begged to question whether therapy services are effective without meeting clients’ basic needs (i.e., food) first (Carducci, 2020). Furthermore, counselors in this study brought up the theme of safety. This referred to both physical and emotional safety of counselors and their clients, which was comparable to the results from the study completed by Gonzalez et al. (2022), where the results showed that 9% of client respondents identified safety as one thing they liked about receiving teletherapy

services. However, this was more related to safety surrounding the contamination of COVID-19 versus psychological and physical safety. Still, though, this brought back the topic of effectiveness in relation to Maslow's hierarchy of needs (Carducci, 2020). This implied that clients that feel safe may be better able to participate in therapy services, and counselors that feel safe may be better able to provide therapeutic services. Further exploration on this topic may be beneficial.

Another key takeaway was that awareness and understanding the environment changed. This appeared to be an emerging subtheme that was not noted in the previous literature reviewed in Chapter 2. Teletherapy can provide insight into a client's environment that in-person therapy cannot offer. However, participants noted that this can be limited at times, things can be missed, and a good clinical picture may not be able to be obtained. This had important implications for clinicians, as clinical decision making depends on having a good clinical picture. However, it also was important to evaluate this against in-person services. For example, in an in-person format, a clinician may never obtain information related to the clients' environment. An example of this is that a client may be hoarding in their home, and a clinician would never have that insight due to providing services in person. As such, their clinical decision making may be impacted as well. This begged the question of whether this missed information is similar no matter the format.

Finally, despite the challenges presented previously that counselors experienced during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic, counselors showed that they were able to adapt and actually preferred to stick with teletherapy moving forward despite their initial reactions

to the transition to teletherapy. This theme differed from the results obtained from research done by Hardy et al. (2021), where traditional face-to-face therapy remained the preference for the majority of counselors. There may have been many reasons for the preference counselors have for teletherapy, as well as adaptation being an emerging theme that was not noted in the previous literature reviewed in Chapter 2. Reasons may include the sample that participated in this study, the overall adaptation that has occurred since the start of the COVID-19 pandemic as we are now living in a society where remote work and appointments are the new norm, etc.

Implications

This study had important implications. First, it was noticed that counselors that had previous experience or training with teletherapy felt significantly more comfortable with the transition to teletherapy from a face-to-face format. As such, college counseling programs should consider adding in courses related to providing services via a teletherapy format in order to ensure preparation and comfortability with this format. Additionally, specific training related to management of emotions in a teletherapy format may be helpful for counselors as well, as this was an area of difficulty.

Second, counseling agencies should ensure that both their staff and clients are prepared and have a sense of buy-in to a teletherapy format. This applied to both technology and boundary setting. Counselors and their clients should have access to technology needed to engage in teletherapy and know how to utilize it. Additionally, counselors may need further training on boundary setting as it relates to others being in the therapy space so that there are no potential HIPPA violations and that clients feel comfortable sharing in a therapy space.

Next, counseling agencies and counselors should screen clients for appropriateness for teletherapy, as the results of this study indicated that not every population may be appropriate for teletherapy.

Last, in order to combat isolation and to encourage consultation, counseling agencies should consider ways of increasing access to informal connection with colleagues and consultation services with supervisors.

Limitations

According to Theofanidis and Fountouki (2018), limitations pertain to weaknesses that are typically out of the researcher's control and are closely related to the chosen research design, statistical model constraints, funding constraints, or other factors. The following limitations were initially anticipated and existed within this research study:

1) This study was a qualitative transcendental phenomenological study. Theofanidis and Fountouki (2018) asserted that data analysis methodology is an area of potential limitation; most qualitative methodologies cannot be truly replicated (like in controlled experimental conditions) and therefore, are unable to be "verified."
2) Another limitation was selection bias. Bias can impact the validity and reliability of the study findings (Smith & Noble, 2014). It was possible that the counselors who desired to participate in this study were different from those who elected not to contact the researcher or those who decided not to participate after screening for eligibility.
3) Another limitation of this research study was the researcher's initial inexperience in conducting semi-structured interviews. Although this researcher had similar

transferrable skills being a licensed professional clinical counselor, such as asking open-ended questions, asking follow-up/probing questions, reflecting/summarizing, etc., this researcher had never been in an interviewer role conducting research previously. DeJonckheere and Vaughn (2019) asserted that some interviewers will naturally be more comfortable and skillful at conducting interviews than others. They also asserted that these skills are learnable and, through practice and feedback, can improve (DeJonckheere & Vaughn, 2019). This researcher felt that her skills improved with each successive interview. However, she had not had previous practice experiences in this realm. As such, this was a limitation.

The following limitations were unanticipated and appeared within this research study:

4) One participant did not turn in their letter of advice, giving advice/tips to a future counselor who may experience a transition from traditional face-to-face counseling to teletherapy and feedback regarding successful strategies that may work to implement emotional intelligence skills/abilities. It was possible that their letter may have gleaned additional insights for this research study.
5) The level of participant input and elaboration varied among participants in this research study, despite the researcher’s use of follow-up questions, probing questions, etc. This may be based on participant factors, as some individuals may naturally be more talkative or extraverted than others.
6) Despite recruiting being done over Facebook, which is the largest social networking site and has individuals from many different locations, participants

that ended up participating in this study were solely from the Midwest (Gilmour et al., 2020).

Recommendations for Future Research

The current study focused on the lived experiences of six counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how these six counselors were able to utilize emotional intelligence skills/abilities during this time. The following suggestions for future research were proposed from the collected data, implications, and limitations associated with the research. This study contributed valuable information to the existing literature on this topic. However, future research on this topic should be also explored.

To increase the diversity, quantitative research must be completed. Research involving participants from other geographical regions would provide various perspectives on this issue since participants from this study were solely from the Midwest. It is possible that other areas of the country experienced the COVID-19 pandemic differently. Future research should include other ethnicities, as participants in this study were primarily Caucasian individuals. Because of this, some unique cultural factors may be missing. Future studies should also include other genders, as participants in this study primarily identified as female. Future research should also include a wide variety of licensed professionals, as this study lacked the perspective of individuals licensed as licensed professional clinical counselors (LPCCs) and licensed psychologists (LPs). Lastly, future studies could also explore how either meeting basic needs, such as hunger/thirst or physical/psychological safety, impact the effectiveness of teletherapy.

These topics offered a range of options for future studies on how counselors transitioned to a teletherapy format and utilized emotional intelligence skills/abilities during this time.

Summary

The purpose of this study was to explore the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. The study was guided by two theories: social constructivism (Creswell & Poth, 2018), which was employed as a way to understand the view of counselors who had experienced this significant transition, and the ability model of emotional intelligence *(*Kanesan & Fauzan, 2019), which provided a framework for examining how counselors utilized emotional intelligence skills/abilities with their clients.

Data collection methods were individual semi-structured interviews coupled with letters of advice. Six individuals took part in the study. Five of the six were females, with five of those identifying as Caucasian, and one identifying as Caucasian and Latino or Hispanic. Age range varied from the 31–40 years age category to the 51–60 years age category. Years in the counseling profession also varied from 6–10 years to over 20 years. Type of license varied as well. Those that participated endorsed having their Licensed Marriage and Family Therapist (LMFT), Licensed Alcohol and Drug Counselor (LADC), and Licensed Independent Clinical Social Worker (LICSW) certification. Two individuals were dually licensed as well. The study sample represented the Midwest region of the United States. Data analysis was conducted using Moustakas' (1994) transcendental phenomenological research method.

The study answered the first research question: “How did counselors experience their changing role from primarily face-to-face counseling to teletherapy during the COVID-19 pandemic?” The essence of the phenomenon was this: their roles changed in four key ways: technological changes, client care, environmental changes, and logistically.

Two additional research questions supported the first research question. The second research question asked how counselors experienced emotional intelligence during the transition from traditional face-to-face counseling to teletherapy during the COVID-19 pandemic. Data from the study showed that emotion identification, emotion management, and awareness/understanding the environment were all experiences that were central to the participants’ experience of emotional intelligence during teletherapy. The third research question asked how counselors experienced the utilization of emotional intelligence skills/abilities during this time. The study found that counselors were able to provide emotional intelligence interventions effectively, such as teaching about emotional intelligence, providing psychoeducation about emotional intelligence, modeling emotional intelligence skills for their clients, identifying and labeling emotions, and assisting with expressing emotions in a healthy manner. Overall, despite their initial reactions to the transition to teletherapy, counselors showed that they were able to adapt and actually preferred to stick with teletherapy moving forward.

Significant implications from this study included including teletherapy training in college counseling programs, ensuring preparation for both counselors and their clients in regard to technology and boundary setting, screening clients for appropriateness for

teletherapy, and increasing access to informal consultation with colleagues and consultation with supervisors while providing teletherapy services.

REFERENCES

Abargil, M., & Tishby, O. (2022). How therapists' emotion recognition relates to therapy process and outcome. *Clinical Psychology & Psychotherapy*, *29*(3), 1001–1019. https://doi.org/10.1002/cpp.2680

Abdelazeem, B., Abbas, K. S., Amin, M. A., El-Shahat, N. A., Malik, B., Kalantary, A., & Eltobgy, M. (2022). The effectiveness of incentives for research participation: A systematic review and meta-analysis of randomized controlled trials. *PloS One*, *17*(4), 1–13. https://doi.org/10.1371%2Fjournal.pone.0267534

Adams, W. C. (2015). Conducting semi-structured interviews. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey (Eds.), *Handbook of practical program evaluation* (4th ed., pp. 492–505). John Wiley & Sons. https://doi.org/10.1002/9781119171386.ch19

Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, *4*(10), 1358–1367. https://doi.org/10.1002/jac5.1441

Amin, M. E. K., Nørgaard, L. S., Cavaco, A. M., Witry, M. J., Hillman, L., Cernasev, A., & Desselle, S. P. (2020). Establishing trustworthiness and authenticity in qualitative pharmacy research. *Research in Social and Administrative Pharmacy*, *16*(10), 1472–1482. https://doi.org/10.1016/j.sapharm.2020.02.005

Amineh, R. J., & Asl, H. D. (2015). Review of constructivism and social constructivism. *Journal of Social Sciences, Literature and Languages*, *1*(1), 9–16.

Andrade, C. (2021). The Inconvenient Truth About Convenience and Purposive Samples. *Indian Journal of Psychological Medicine*, *43*(1), 86-88. doi:10.1177/0253717620977000

Archer, S., Calanzani, N., Honey, S., Johnson, M., Neal, R., Scott, S. E., & Walter, F. M. (2021). Impact of the COVID-19 pandemic on cancer assessment in primary care: A qualitative study of GP views. *BJGP Open*, *5*(4), 1–11. https://doi.org/10.3399/bjgpo.2021.0056

Barnes, J., Greenway, C., & Morgan, C. (2021). *How has Covid-19 affected how teacher educators engage their students in learning?* British Educational Research Association (BERA). https://www.bera.ac.uk/publication/how-has-covid-19-affected-how-teacher-educators-engage-their-students-in-learning

Barzilay, S., Schuck, A., Bloch-Elkouby, S., Yaseen, Z. S., Hawes, M., Rosenfield, P., Foster, A., & Galynker, I. (2020). Associations between clinicians' emotional responses, therapeutic alliance, and patient suicidal ideation. *Depression and Anxiety*, *37*(3), 214–223. https://doi.org/10.1002/da.22973

Basic HHS Policy for Protection of Human Research Subjects, 45 CFR 46 §46.101. (2021, March 10). Retrieved November 9, 2022, from https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/revised-common-rule-regulatory-text/index.html#46.101

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: a tool to enhance trustworthiness or merely a nod to validation?. *Qualitative Health Research*, *26*(13), 1802-1811.

Blackwell, S. E., & Heidenreich, T. (2021). Cognitive behavior therapy at the crossroads. *International Journal of Cognitive Therapy*, *14*(1), 1–22. https://doi.org/10.1007/s41811-021-00104-y

Blake, R., & Shiffrar, M. (2007). Perception of human motion. *Annual Review of Psychology*, *58*, 47–73. https://doi.org/10.1146/annurev.psych.57.102904.190152

Bleidorn, W., Hopwood, C. J., Back, M. D., Denissen, J. J. A., Hennecke, M., Hill, P. L., Jokela, M., Kandler, C., Lucas, R. E., Luhmann, M., Orth, U., Roberts, B. W., Wagner, J., Wrzus, C., & Zimmermann, J. (2021). Personality Trait Stability and Change. *Personality Science*, *2*, 1-20. https://doi.org/10.5964/ps.6009

Brackett, M. A., & Mayer, J. D. (2003). Convergent, discriminant, and incremental validity of competing measures of emotional intelligence. *Personality and Social Psychology Bulletin*, *29*(9), 1147–1158. https://doi.org/10.1177/0146167203254596

Brinkmann, S., & Kvale, S. (2015). *InterViews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage Publications.

Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family Process*, *59*(3), 974–988. https://doi.org/10.1111%2Ffamp.12589

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: Complex or simple? Research case examples. *Journal of Research in Nursing*, *25*(8), 652–661. https://doi.org/10.1177/1744987120927206

Carducci, B. J. (2020). Maslow's hierarchy of needs. In B. J. Carducci & C. S. Nave (Eds.), *The Wiley encyclopedia of personality and individual differences*: *Models and theories* (pp. 269–273). John Wiley & Sons. https://doi.org/10.1002/9781118970843.ch45.

Carr, E. C., & Worth, A. (2001). The use of the telephone interview for research. *Journal of Research in Nursing*, *6*(1), 511–524. http://doi.org/10.1177/136140960100600107

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, *10*(6), 807–815. https://doi.org/10.1016/j.cptl.2018.03.019

Centers for Disease Control and Prevention (CDC). (2020, March 28). *COVID data tracker*. Retrieved June 15, 2022, from https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

Centers for Disease Control and Prevention (CDC). (2021a, October 6). *Categories of essential workers: COVID-19 vaccination*. Retrieved December 11, 2022, from https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html

Centers for Disease Control and Prevention (CDC). (2021b, November 4). *Basics of COVID-19*. Retrieved September 18, 2022, from https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19/basics-covid-19.html

Centers for Disease Control and Prevention (CDC). (2022, November 14). *Disease of the week – COVID-19*. Retrieved December 6, 2022, from https://www.cdc.gov/dotw/covid-19/index.html

Chandler, J. J., & Paolacci, G. (2017). Lie for a dime: When most prescreening responses are honest but most study participants are impostors. *Social Psychological and Personality Science*, *8*(5), 500–508. https://doi.org/10.1177/1948550617698203

Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic Technology*, *89*(5), 482CT–485CT. https://pubmed.ncbi.nlm.nih.gov/29793921/

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, *39*(3), 124-130.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.

Crowther, S., Ironside, P., Spence, D., & Smythe, L. (2017). Crafting stories in hermeneutic phenomenology research: A methodological device. *Qualitative Health Research*, *27*(6), 826–835. https://doi.org/10.1177/1049732316656161

Crowther, S., & Thomson, G. (2020). From description to interpretive leap: Using philosophical notions to unpack and surface meaning in hermeneutic phenomenology research. *International Journal of Qualitative Methods*, *19*, 1–11. https://doi.org/10.1177/1609406920969264

Dawda, D., & Hart, S. D. (2000). Assessing emotional intelligence: Reliability and validity of the Bar-On Emotional Quotient Inventory (EQ-i) in university students. *Personality and Individual Differences*, *28*(4), 797–812. https://doi.org/10.1016/S0191-8869(99)00139-7

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, *7*(2), 1–8. https://doi.org/10.1136/fmch-2018-000057

Denny, E., & Weckesser, A. (2019). Qualitative research: What it is and what it is not. *BJOG: An International Journal of Obstetrics and Gynaecology*, *126*(3), 369. https://doi.org/10.1111/1471-0528.15198

Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 1–19). Sage Publications.

Dörfler, V., & Stierand, M. (2021). Bracketing: A phenomenological theory applied through transpersonal reflexivity. *Journal of Organizational Change Management*, *34*(4), 778–793. https://doi.org/10.1108/JOCM-12-2019-0393

Drabier, R., Ramirez, L. Y., & Fimmen, C. P. (2020). A qualitative analysis: Mexican university student written advice to future students at the conclusion of a semester abroad experience. *Journal of Comparative & International Higher Education*, *12*, 39–48. https://doi.org/10.32674/jcihe.v12iSpring.1334

Drigas, A. S., & Papoutsi, C. (2018). A new layered model on emotional intelligence. *Behavioral Sciences*, *8*(5), 1–17. https://doi.org/10.3390%2Fbs8050045

Drisko, J. W., & Simmons, B. M. (2012). The evidence base for psychodynamic psychotherapy. *Smith College Studies in Social Work*, *82*(4), 374–400. https://doi.org/10.1080/00377317.2012.717014

Dukes, S. (1984). Phenomenological methodology in the human sciences. *Journal of Religion and Health*, *23*, 197–203. https://doi.org/10.1007/BF00990785

Dust, S. B., Rode, J. C., Arthaud-Day, M. L., Howes, S. S., & Ramaswami, A. (2018). Managing the self-esteem, employment gaps, and employment quality process:

The role of facilitation- and understanding-based emotional intelligence. *Journal of Organizational Behavior, 39*(5), 680–693. https://doi.org/10.1002/job.2265

Eibl-Eibesfeldt, I. (1970). *Ethology: The biology of behavior*. Holt, Rinehard, & Winston.

Ekman, P., & Friesen, W. V. (2003). *Unmasking the face: A guide to recognizing emotions from facial clues* (Vol. 10). Ishk.

Eldh, A. C., Årestedt, L., & Berterö, C. (2020). Quotations in qualitative studies: Reflections on constituents, custom, and purpose. *International Journal of Qualitative Methods*, *19*, 1–6. https://doi.org/10.1177/1609406920969268

English Standard Version Bible. (2016). Crossway Bibles https://www.biblegateway.com/

Eppler, C. (2021). Systemic teletherapists' meaningful experiences during the first months of the coronavirus pandemic. *Journal of Marital and Family Therapy*, *47*(2), 244–258. https://psycnet.apa.org/doi/10.1111/jmft.12515

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1–4. http://doi.org/10.11648/j.ajtas.20160501.11

Feng, X., & Behar-Horenstein, L. (2019). Maximizing NVivo utilities to analyze open-ended responses. *The Qualitative Report*, *24*(3), 563–571. https://doi.org/10.46743/2160-3715/2019.3692

Ferriby Ferber, M., Heiden-Rootes, K., Meyer, D., Zubatsky, M., & Wittenborn, A. (2021). Couple and family therapy students’ experience of transitioning to teletherapy and telesupervision in the wake of the COVID-19 pandemic.

International Journal of Systemic Therapy, *32*(3), 194–218. https://doi.org/10.1080/2692398X.2021.1936878

Fisher, L. B., Curreri, A. J., Tan, E. K., & Sprich, S. E. (2023). Cognitive Techniques. In *The Massachusetts General Hospital Handbook of Cognitive Behavioral Therapy* (pp. 19-38). Cham: Springer International Publishing.

Gallo, L. L., Moro, R., & Moran, M. (2022). Students' experiences conducting telehealth counseling during a pandemic. *Journal of Technology in Counselor Education and Supervision*, *2*(1), 20–30. https://doi.org/10.22371/tces/0012

Gardner, H. (1983). *Frames of mind: The theory of multiple intelligences*. Basic Books.

Gilmour, J., Machin, T., Brownlow, C., & Jeffries, C. (2020). Facebook-based social support and health: A systematic review. *Psychology of Popular Media*, *9*(3), 328–346. https://doi.org/10.1037/ppm0000246

Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. Bantam Books.

Gonzalez, J. E., Ramclam, A., Moelbak, R., & Roche, M. (2022). The transition to telepsychology during the COVID-19 pandemic: College student and counselor acceptability perceptions and attitudes. *Journal of College Student Psychotherapy*, 1–17. https://doi.org/10.1080/87568225.2022.2029688

Goodman-Delahunty, J., & Howes, L. M. (2016). Social persuasion to develop rapport in high-stakes interviews: Qualitative analyses of Asian-Pacific practices. *Policing & Society*, *26*(3), 270–290. https://doi.org/10.1080/10439463.2014.942848

Goodwin, D., Mays, N., & Pope, C. (2020). Ethical issues in qualitative research. In C. Pope & N. Mays (Eds.), *Qualitative research in health care* (4th ed., pp. 27–41). John Wiley & Sons. https://doi.org/10.1002/9781119410867.ch3

Grant, R. W., & Sugarman, J. (2004). Ethics in human subjects research: Do incentives matter? *The Journal of Medicine and Philosophy*, *29*(6), 717–738. https://doi.org/10.1080/03605310490883046

Gratz, K. L., Weiss, N. H., & Tull, M. T. (2015). Examining emotion regulation as an outcome, mechanism, or target of psychological treatments. *Current Opinion in Psychology*, *3*, 85–90.

Grennan, D. (2019). What is a pandemic? *JAMA*, *321*(9), 910. https://doi.org/10.1001/jama.2019.0700

Gribble, N., Ladyshewsky, R. K., & Parsons, R. (2018). Changes in the emotional intelligence of occupational therapy students during practice education: A longitudinal study. *British Journal of Occupational Therapy*, *81*(7), 413–422. https://doi.org/10.1177/0308022618763501

Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, *2*(3), 271–299.

Gunawan, J. (2015). Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal*, *1*(1), 10–11. http://doi.org/10.33546/bnj.4

Gutierrez, D., Butts, C. M., Lamberson, K. A., & Lassiter, P. S. (2019). Examining the contributions of trait emotional intelligence on addiction counselor burnout. *Journal of Addictions & Offender Counseling*, *40*(1), 52–64. https://doi.org/10.1002/jaoc.12056

Hamm, N. (2019). 11 soft skills healthcare executives need: What you didn't learn in school. *Managed Healthcare Executive, 29(4)*, 27–29. https://cdn.sanity.io/files/0vv8moc6/mhe/0df97aadc5bd31e155322598fe751810ac57af4a.pdf/mhe0419_ezine%2520R1.pdf

Hardy, N. R., Maier, C. A., & Gregson, T. J. (2021). Couple teletherapy in the era of COVID-19: Experiences and recommendations. *Journal of Marital and Family Therapy*, *47*(2), 225–243. https://doi.org/10.1111/jmft.12501

Hayes, J. A., Gelso, C. J., & Hummel, A. M. (2011). Managing countertransference. *Psychotherapy*, **48**(1), 88-97. https://doi.org/10.1037/a0022182

Hofmann, S. G., Asnaani, A., Vonk, I. J. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, *36*(5), 427–440. https://doi.org/10.1007%2Fs10608-012-9476-1

Huber, E. (1931). *Evolution of facial musculature and facial expression*. John Hopkins Press.

Hutchinson, M., Hurley, J., Kozlowski, D., & Whitehair, L. (2018). The use of emotional intelligence capabilities in clinical reasoning and decision-making: A qualitative, exploratory study. *Journal of Clinical Nursing*, *27*(3–4), e600–e610. https://doi.org/10.1111/jocn.14106

Ilag, B. N., & Ilag, B. N. (2018). Introduction: microsoft teams. *Introducing Microsoft Teams: Understanding the New Chat-Based Workspace in Office 365*, 1-42.

Izard, C. E. (1971). *The face of emotion*. Appleton-Century-Crofts.

Johnson, D. R., Scheitle, C. P., & Ecklund, E. H. (2021). Beyond the in-person interview? How interview quality varies across in-person, telephone, and Skype interviews. *Social Science Computer Review*, *39*(6), 1142–1158. https://doi.org/10.1177/0894439319893612

Johnson, E. L. (Ed.). (2013). *Psychology & christianity: Five views* (16th ed.). ReadHowYouWant.

Johnson, E. L. (2017). *God & soul care: The therapeutic resources of the Christian faith*. InterVarsity Press.

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, *84*(1), 138–146. https://doi.org/10.5688/ajpe7120

Jorgensen, M. F., & Brown-Rice, K. (2018). Phenomenological methodology: Merging research and practice. In C. A. W. Morris & K. L. Wester (Eds.), *Making research relevant* (pp. 141–155). Routledge. https://doi.org/10.4324/9781315179353

Jurcik, T., Jarvis, G. E., Zeleskov Doric, J., Krasavtseva, Y., Yaltonskaya, A., Ogiwara, K., Sasaki, J., Dubois, S., & Grigoryan, K. (2021). Adapting mental health services to the COVID-19 pandemic: Reflections from professionals in four countries. *Counselling Psychology Quarterly*, *34*(3–4), 649–675. https://doi.org/10.1080/09515070.2020.1785846

Kabunga, A., Anyolitho, M. K., & Betty, A. (2020). Emotional intelligence and compassion fatigue among psychotherapists in selected districts of Northern Uganda. *South African Journal of Psychology*, *50*(3), 359–370. https://doi.org/10.1177/0081246319889174

Kanesan, P., & Fauzan, N. (2019). Models of emotional intelligence: A review. *e-Bangi*, *16*(7), 1–9. https://docplayer.net/177828587-Models-of-emotional-intelligence-a-review.html

Kenny, D. (2016). A brief history of psychoanalysis: From Freud to fantasy to folly. *Psychotherapy and Counselling Journal of Australia*, *4*(1), 1–26. http://doi.org/10.59158/001c.71013

Kohler, C. G., Turner, T., Stolar, N. M., Bilker, W. B., Brensinger, C. M., Gur, R. E., & Gur, R. C. (2004). Differences in facial expressions of four universal emotions. *Psychiatry Research*, *128*(3), 235–244. https://doi.org/10.1016/j.psychres.2004.07.003

Kuzel, A. J. (1999). Sampling in qualitative research. In B. F Crabtree & W. L. Miller (Eds.), *Doing qualitative research*, (2nd ed., pp. 33–45). Sage Publications.

Landes, S. J., Pitcock, J. A., Harned, M. S., Connolly, S. L., Meyers, L. L., & Oliver, C. M. (2022). Provider perspectives on delivering dialectical behavior therapy via telehealth during COVID-19 in the Department of Veteran Affairs. *Psychological Services*, *19*(3), 562–572. https://doi.org/10.1037/ser0000571

Law, K. S., Wong, C.-S., & Song, L. J. (2004). The construct and criterion validity of emotional intelligence and its potential utility for management studies. *Journal of Applied Psychology*, *89*(3), 483–496. https://doi.org/10.1037/0021-9010.89.3.483

Lee, E. W., Hasty, B. N., Lau, J. N., Merrell, S. B., Hawn, M. T., Shanafelt, T., Salles, A., & Lin, D. T. (2018). Surgeon emotional intelligence is strongly correlated with patient satisfaction. *Journal of the American College of Surgeons*, *227*(4), S164–S165. https://doi.org/10.1016/j.jamcollsurg.2018.07.350

Leighton, K., Kardong-Edgren, S., Schneidereith, T., & Foisy-Doll, C. (2021). Using social media and snowball sampling as an alternative recruitment strategy for research. *Clinical Simulation in Nursing*, *55*, 37–42. https://doi.org/10.1016/j.ecns.2021.03.006

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Linehan, M. L. (2014). *DBT skills training manual* (2nd ed.). The Guilford Press.

Lion, P., McClenaghan, F., Hall, A., Mackinnon, S., & Navaratnam, A. V. (2021). ENT trainees' experience of redeployment during the coronavirus disease 2019 pandemic: A qualitative study. *The Journal of Laryngology & Otology*, *135*(5), 391–395. https://doi.org/10.1017/S0022215121000840

Lobe, B., Morgan, D., & Hoffman, K. A. (2020). Qualitative data collection in an era of social distancing. *International Journal of Qualitative Methods*, *19*, 1–8. https://doi.org/10.1177/1609406920937875

Mamcarz, I., Torres, K., Mamcarz, P., Jurek, K., Torres, A., & Szast, K. (2020). The role of emotional intelligence in attitudes towards elderly patients: Comparative study of medical students from rural and urban areas. *Annals of Agricultural and Environmental Medicine*, *27*(1), 134–138. https://doi.org/10.26444/aaem/110770

Mansel, B., & Einion, A. (2019). 'It's the relationship you develop with them': Emotional intelligence in nurse leadership. A qualitative study. *British Journal of Nursing*, *28*(21), 1400–1408. https://doi.org/10.12968/bjon.2019.28.21.1400

Maul, A. (2012). The validity of the Mayer–Salovey–Caruso emotional intelligence test (MSEIT) as a measure of emotional intelligence. *Emotion Review*, *4*(4), 394–402. https://doi.org/10.1177/1754073912445811

Maurya, R. K., Bruce, M., & Therthani, S. (2020). Counselors' perceptions of distance counseling: A national survey. *Journal of Asia Pacific Counseling*, *10*(2), 1–22. https://doi.org/10.18401/2020.10.2.3

Mayer, J. D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. Sluyter (Eds.), *Emotional development and emotional intelligence: Implications for educators* (pp. 3–34). Basic Books.

McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, *41*(9), 1002–1006. https://doi.org/10.1080/0142159X.2018.1497149

McKee, G. B., Pierce, B. S., Tyler, C. M., Perrin, P. B., & Elliott, T. R. (2022). The COVID-19 pandemic's influence on family systems therapists' provision of teletherapy. *Family Process*, *61*(1), 155–166. https://doi.org/10.1111%2Ffamp.12665

Mitzkovitz, C., Dowd, S. M., Cothran, T., & Musil, S. (2022). The eyes have it: Psychotherapy in the era of masks. *Journal of Clinical Psychology in Medical Settings*, *29*, 886–897. https://doi.org/10.1007/s10880-022-09856-x

Moore, J. (2011). Behaviorism. *The Psychological Record*, *61*(3), 449–463. https://doi.org/10.1007/BF03395771

Moran, D. (2005). *Edmund Husserl: Founder of phenomenology*. Polity.

Moriña, A. (2021). When people matter: The ethics of qualitative research in the health and social sciences. *Health & Social Care in the Community*, *29*(5), 1559–1565. https://doi.org/10.1111/hsc.13221

Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice*, *24*(1), 9–18. https://doi.org/10.1080/13814788.2017.1375091

Motulsky, S. L. (2021). Is member checking the gold standard of quality in qualitative research? *Qualitative Psychology*, *8*(3), 389–406. https://doi.org/10.1037/qup0000215

Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.

Mwita, K. (2022). Factors to consider when using qualitative interviews in data collection. *Social Sciences Humanities and Education Journal* (SHE Journal), *3*(3), 313–323. https://doi.org/10.25273/she.v3i3.13919

Nassaji, H. (2020). Good qualitative research. *Language Teaching Research*, *24*(4), 427–431. https://doi.org/10.1177/1362168820941288

National Alliance on Mental Illness (NAMI). (2022, June). *Mental health by the numbers*. Retrieved September 18, 2022, from https://nami.org/mhstats

National Institute of Mental Health (NIMH). (2021, June). *Psychotherapies*. Retrieved September 18, 2022, from https://www.nimh.nih.gov/health/topics/psychotherapies.

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, *8*, 90–97. https://doi.org/10.1007/s40037-019-0509-2

New International Version. (2011). Biblica https://www.biblegateway.com/

Nguyen, N. N., Nham, P. T., & Takahashi, Y. (2019). Relationship between ability-based emotional intelligence, cognitive intelligence, and job performance. *Sustainability*, *11*(8), 1–16. https://doi.org/10.3390/su11082299

Oakes, J. M. (2002). Risks and wrongs in social science research: An evaluator's guide to the IRB. *Evaluation Review*, *26*(5), 443–479. https://doi.org/10.1177/019384102236520

Odaci, H., Değerli, F. I., & Bolat, N. (2017). Emotional intelligence levels and counselling skills of prospective psychological counsellors. *British Journal of Guidance & Counselling*, *45*(5), 622–631. https://doi.org/10.1080/03069885.2017.1379596

Odden, S., Landheim, A., Clausen, H., Stuen, H. K., Heiervang, K. S., & Ruud, T. (2019). Model fidelity and team members' experiences of assertive community treatment in Norway: A sequential mixed-methods study. *International Journal of Mental Health Systems*, *13*, 1–12. https://doi.org/10.1186/s13033-019-0321-8

Olsen, W. K. (2004). Triangulation in social research: Qualitative and quantitative methods can really be mixed. In M. Haralambos, & M. Holborn (Eds.), *Developments in sociology: An annual review* (Vol. 20; pp. 1–22). Causeway Press Ltd.

Ostermeier, E., Tucker, P., Tobin, D., Clark, A., & Gilliland, J. (2022). Parents' perceptions of their children's physical activity during the COVID-19 pandemic. *BMC Public Health*, *22*, 1–12. https://doi.org/10.1186/s12889-022-13829-y

Patino, C. M., & Ferreira, J. C. (2018). Inclusion and exclusion criteria in research studies: Definitions and why they matter. *Jornal Brasileiro de Pneumologia*, *44*(2), 84. https://doi.org/10.1590%2FS1806-37562018000000088

Perloff, R. (1997). Daniel Goleman's *emotional intelligence*: Why it can matter more than IQ. *The Psychologist-Manager Journal*, *1*(1), 21–22. https://doi.org/10.1037/h0095822

Petrides, K. V. (2009). Psychometric properties of the Trait Emotional Intelligence Questionnaire (TEIQue). In C. Stough, D. H. Saklofske, & J. D. A. Parker (Eds.), *Assessing emotional intelligence: Theory, research, and applications* (pp. 85–101). Springer. https://doi.org/10.1007/978-0-387-88370-0_5

Petrides K. V., & Furnham, A. (2003). Trait emotional intelligence: Behavioural validation in two studies of emotion recognition and reactivity to mood induction. *European Journal of Personality*, *17*(1), 39–57. https://doi.org/10.1002/per.466

Phillips, S. D., Burns, B. J., Edgar, E. R., Mueser, K. T., Linkins, K. W., Rosenheck, R. A., Drake, R. E., & McDonel Herr, E. C. (2001). Moving assertive community treatment into standard practice. *Psychiatric Services*, *52*(6), 771–779. https://doi.org/10.1176/appi.ps.52.6.771

Pinchuk, I. Y., Pishel, V. Y., Polyvianaia, M. Y., Yachnik, Y. V., & Virchenko, V. V. (2021). Occupational stress in healthcare workers during a COVID-19 pandemic. *Medicni Perspektivi*, *26*(4), 196–204. https://doi.org/10.26641/2307-0404.2021.4.248232

Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41–60). Plenum Press.

Robledo Yamamoto, F., Voida, A., & Voida, S. (2021). From therapy to teletherapy: Relocating mental health services online. *Proceedings of the ACM on Human-Computer Interaction*, *5*(CSCW2), 1–30. https://doi.org/10.1145/3479508

Rossberg, J. I., Karterud, S., Pedersen, G., & Friis, S. (2008). Specific personality traits evoke different countertransference reactions: An empirical study. *The Journal of Nervous and Mental Disease*, *196*(9), 702–708. https://doi.org/10.1097/NMD.0b013e318186de80

Rossberg, J. I., Karterud, S., Pedersen, G., & Friis, S. (2010). Psychiatric symptoms and countertransference feelings: An empirical investigation. *Psychiatry Research*, *178*(1), 191–195. https://doi.org/10.1016/j.psychres.2009.09.019

Roth, M. S. (2016). Psychoanalysis and history. *Psychoanalytic Psychology*, *33*(S1), S19–S33. https://doi.org/10.1037/pap0000035

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage Publications.

Sah, L. K., Singh, D. R., & Sah, R. K. (2020). Conducting qualitative interviews using virtual communication tools amid COVID-19 pandemic: A learning opportunity for future research. *Journal of Nepal Medical Association*, *58*(232), 1103–1106. https://doi.org/10.31729/jnma.5738

Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition and Personality*, *9*(3), 185–211. https://doi.org/10.2190/dugg-p24e-52wk-6cdg

Sebele-Mpofu, F. Y. (2020). Saturation controversy in qualitative research: Complexities and underlying assumptions. A literature review. *Cogent Social Sciences*, *6*(1), 1838706.

Sedgwick, M., & Spiers, J. (2009). The use of videoconferencing as a medium for the qualitative interview. *International Journal of Qualitative Methods*, *8*(1), 1–11. https://doi.org/10.1177/160940690900800101

Self, B. (2021). Conducting interviews during the Covid-19 pandemic and beyond. *Forum Qualitative Social Research*, *22*(3), 1–18. https://doi.org/10.17169/fqs-22.3.3741

Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology*, *21*(5), 619–634. https://doi.org/10.1080/13645579.2018.1454643

Singer, E., & Bossarte, R. M. (2006). Incentives for survey participation: When are they "coercive"? *American Journal of Preventive Medicine*, *31*(5), 411–418. https://doi.org/10.1016/j.amepre.2006.07.013

Smith, J., & Noble, H. (2014). Bias in research. *Evidence-Based Nursing*, *17*(4), 100–101. http://doi.org/10.1136/eb-2014-101946

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* Sage Publications.

Smith, J. D., Lassiter, P. S., & Gutierrez, D. (2020). Examining the relationship of emotional intelligence and cultural empathy in addiction counselors. *Journal of*

Addictions & Offender Counseling, *41*(2), 97–110. https://doi.org/10.1002/jaoc.12083

Soma, C. S., Baucom, B. R. W., Xiao, B., Butner, J. E., Hilpert, P., Narayanan, S., Atkins, D. C., & Imel, Z. E. (2020). Coregulation of therapist and client emotion during psychotherapy. *Psychotherapy Research*, *30*(5), 591–603. https://doi.org/10.1080/10503307.2019.1661541

Spivak, S., Cullen, B. A., Green, C., Firth, T., Sater, H., & Mojtabai, R. (2019). Availability of assertive community treatment in the United States: 2010 to 2016. *Psychiatric Services*, *70*(10), 948–951. https://doi.org/10.1176/appi.ps.201900032

Sprague, J. (2010). Seeing through science: Epistemologies. In W. Luttrell (Ed.), *Qualitative educational research: Readings in reflexive methodology and transformative practice* (pp. 78–94). Routledge.

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, *44*(1), 26–28. http://www.jstor.org/stable/45381095

Stake, R. E. (2010). *Qualitative research: Studying how things work*. Guilford Press.

Stamper, C. (2020). Letter writing: Life in letters: A method of qualitative inquiry. In J. Ward & H. Shortt (Eds.), *Using arts-based research methods* (pp. 177–208). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-33069-9_7

Stein, L. I., & Test, M. A. (1980). Alternative to mental hospital treatment: I. Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry*, *37*(4), 392–397. https://doi.org/10.1001/archpsyc.1980.01780170034003

Stenfors, T., Kajamaa, A., & Bennett, D. (2020). How to… assess the quality of qualitative research. *The Clinical Teacher*, *17*(6), 596–599. https://doi.org/10.1111/tct.13242

Sun, H., Wang, S., Wang, W., Han, G., Liu, Z., Wu, Q., & Pang, X. (2021). Correlation between emotional intelligence and negative emotions of front-line nurses during the COVID-19 epidemic: A cross-sectional study. *Journal of Clinical Nursing, 30*(3–4), 385–396. https://doi.org/10.1111/jocn.15548

Surmiak, A. D. (2018). Confidentiality in qualitative research involving vulnerable participants: Researchers' perspectives. *Forum: Qualitative Social Research*, *19*(3), 393–418. https://doi.org/10.17169/fqs-19.3.3099

Szedlak, C., Smith, M. J., & Callary, B. (2021). Developing a 'letter to my younger self' to learn from the experiences of expert coaches. *Qualitative Research in Sport, Exercise & Health*, *13*(4), 569–585. https://doi.org/10.1080/2159676X.2020.1725609

Tharbe, I. H. A., Sumari, M., Ng, K.-M., Razak, N. A. A., & Amat, S. (2021). Emotional intelligence from perspectives of Malaysian helping professionals: A qualitative study. *Pertanika Journal of Social Sciences and Humanities*, *28*(4), 2529–2548. https://doi.org/10.47836/pjssh.28.4.03

The Message. (2018). NavPress https://www.biblegateway.com/

Theofanidis, D., & Fountouki, A. (2018). Limitations and delimitations in the research process. *Perioperative Nursing*, *7*(3), 155–163. https://doi.org/10.5281/zenodo.2552022

Thorndike, E. L. (1920). Intelligence and its uses. *Harper's Magazine*, *140*, 227–235.

Tsirkas, K., Chytiri, A. P., & Bouranta, N. (2020). The gap in soft skills perceptions: A dyadic analysis. *Education+ Training*, *62*(4), 357-377.

Waller, G., Pugh, M., Mulkens, S., Moore, E., Mountford, V. A., Carter, J., Wicksteed, A., Maharaj, A., Wade, T. D., Wisniewski, L., Farrell, N. R., Raykos, B., Jorgensen, S., Evans, J., Thomas, J. J., Osenk, I., Paddock, C., Bohrer, B., Anderson, K., Turner, H., ... & Smit, V. (2020). Cognitive-behavioral therapy in the time of coronavirus: Clinician tips for working with eating disorders via telehealth when face-to-face meetings are not possible. *International Journal of Eating Disorders*, *53*(7), 1132–1141. https://doi.org/10.1002/eat.23289

Wechsler, D. (1950). Cognitive, conative, and non-intellective intelligence. *American Psychologist*, *5*(3), 78–83. https://doi.org/10.1037/h0063112

Weinzimmer, L. G., Baumann, H. M., Gullifor, D. P., & Koubova, V. (2017). Emotional intelligence and job performance: The mediating role of work-family balance. *Journal of Social Psychology*, *157*(3), 322–337. https://doi.org/10.1080/00224545.2016.1208141

Wenzel, A. (2017). Basic strategies of cognitive behavioral therapy. *Psychiatric Clinics of North America*, *40*(4), 597–609. https://doi.org/10.1016/j.psc.2017.07.001

Whiting, L. S. (2008). Semi-structured interviews: Guidance for novice researchers. *Nursing Standard*, *22*(23), 35–40. https://doi.org/10.7748/ns2008.02.22.23.35.c6420

Wolters, A. M. (2005). *Creation regained: Biblical basics for a reformational worldview* (2nd ed.). Eerdmans Publishing Co.

World Health Organization (WHO). (2020, March 11). *WHO director-general's opening remarks at the media briefing on COVID-19: 11 March 2020*. Retrieved September 28, 2023, from https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

Yakeley, J. (2018). Psychoanalysis in modern mental health practice. *The Lancet Psychiatry*, *5*(5), 443–450. https://doi.org/10.1016/s2215-0366(18)30052-x

Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy, 57*(3), 426–436. https://doi.org/10.1037/pst0000317

Zeb, S., Akbar, A., Gul, A., Haider, S. A., Poulova, P., & Yasmin, F. (2021). Work–family conflict, emotional intelligence, and general self-efficacy among medical practitioners during the COVID-19 pandemic. *Psychology Research and Behavior Management*, *14*, 1867–1876. https://doi.org/10.2147/prbm.s333070

APPENDIX A: IRB APPROVAL

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

March 29, 2023

Marissa Stelzer
Nathan Borrett

Re: IRB Exemption - IRB-FY22-23-1169 Lived Experiences of Counselors: Navigating the Changing Role Using Emotional Intelligence

Dear Marissa Stelzer, Nathan Borrett,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX B: RECRUITMENT FLYER

The recruitment flyer was posted on various Facebook sites seeking counselors that were willing to participate in this research study. As a backup, other potential sources for calling for participants included trying to enlist assistance through Liberty University's counseling program and the National Board for Certified Counselors in order to send out a mass email for a call for participation.

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a doctor of psychology degree at Liberty University. The purpose of my research is to better understand the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time. To participate, you must be a licensed counselor (i.e., licensed professional clinical counselor, licensed clinical social worker, licensed drug and alcohol counselor, or licensed psychologist) and had to have transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic. Participants will be interviewed (1 hour), write a letter of advice (15–30 minutes), and review interview transcripts and developed themes to check for accuracy and confirm agreement (45–60 minutes). If you would like to participate and meet the study criteria, please email me at [redacted] for more information. A consent document will be emailed to you prior to the interview, which will need to be signed and returned. Participants will be given a $10 Visa gift card as compensation.

APPENDIX C: CONSENT FORM

Title of the Project: LIVED EXPERIENCES OF COUNSELORS: NAVIGATING THE CHANGING ROLE USING EMOTIONAL INTELLIGENCE

Principal Investigator: Marissa Stelzer, Doctoral Candidate, School of Psychology, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a licensed counselor (i.e., licensed professional clinical counselor, licensed clinical social worker, licensed drug and alcohol counselor, or licensed psychologist) and had to have transitioned from providing in-person therapy services to teletherapy services in response to the COVID-19 pandemic. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about, and why is it being done?

The purpose of the study is to identify common themes from the lived experiences of counselors during the transition from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic and how counselors were able to utilize emotional intelligence skills/abilities during this time.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in a virtually recorded interview through Microsoft Teams that will take no more than 1 hour.
2. Write a letter of advice-giving advice/tips to a future counselor who may experience a transition from traditional face to face counseling to teletherapy and feedback regarding successful strategies that may work to implement emotional intelligence skills/abilities. This will take vary in length depending on the amount of detail written in these letters. However, expected length of time to complete would be approximately 15-30 minutes.
3. Review interview transcripts and developed themes to check for accuracy and confirm agreement. This is also known as member checking. Member checking is the process of obtaining feedback from participants about the researcher's data or interpretations (Lincoln & Guba, 1985). Expected length of time to complete this task is approximately 45-60 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include providing greater awareness of the experiences/situations that helped or hindered clinicians in utilizing emotional intelligence skills/abilities with clients while providing teletherapy services so that it can positively impact counselors that plan to continue to utilize teletherapy post-pandemic and ultimately assist counselors in better serving their clients who access the mental health system.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

I am a mandated reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data collected from you may be used in future research studies or shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a password-locked computer (which will be stored in the researcher’s office using a laptop cable lock to secure it to a desk) during the data collection phase and will be transferred to an external hard drive after completion of the proposed study to ensure the security and confidentiality of the data. The external hard drive will be stored in a lockbox which will be placed in a locked filing cabinet in the researcher’s storage space in the basement. The researcher will be the only individual with access to the keys for both the lockbox and the locked filing cabinet. After three years, all electronic records will be deleted and all hardcopy records will be shredded.
- Recordings will be stored on a password locked computer until participants have reviewed and confirmed the accuracy of the transcripts and then will be deleted. The researcher and members of her doctoral committee will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the interview and upon the researcher receiving the letter of advice, participants will receive a $10 Visa virtual gift card. Email addresses will be requested for compensation purposes; however, will be collected through a separate survey from the study survey to maintain your anonymity.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Marissa Stelzer. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or [redacted]. You may also contact the researcher's faculty sponsor, Dr. Nathan Borrett, at [redacted].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, [redacted]; our phone number is [redacted]; and our email address is [redacted].

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record/video-record me as part of my participation in this study.

____

Printed Subject Name

____

Signature & Date

APPENDIX D: PARTICIPANT LETTERS

To the therapist,

Before the pandemic, I saw most of my clients in the office. I had access to art supplies, toys, games, and activities that could easily provide psychoeducation and build emotional intelligence. Following the pandemic, I had to see my clients online. Then it was a mixture of online and in-person, sometimes with masks being required. It was no longer quick to grab a book on the shelf, gather supplies, and do an activity on anger management. I had to revise how I did therapy regarding the topic and figure out ways to be more effective. It was a long and challenging process.

There are a lot of resources on integrating emotional intelligence into a telehealth practice. Platforms have been developed to share your screen, activities that can be done at both locations, and objects that can be held up to the screen for the client to see. It takes effort, and effectiveness is sometimes lost in the process. I hope you use the resources and consult regularly to conduct the best therapy possible.

Good luck in your endeavors.

Dear future therapist,

Should you find yourself in a position where you would need to transition from face-to-face therapy to telehealth, here are some tips I have for you:

- Prepare your client ahead of time if possible to ensure they are comfortable and have the technology to do telehealth
- Discuss the importance of having a private space for them to go to during the session.
- Check in regularly during the session to ask if the emotion(s) you are perceiving are accurate.
- If telehealth is too difficult for the client, aka if it feels "wierd", try having them close their eyes and visualize themselves in your office.

Best of luck to you!

Dear Future Therapist,

I am writing this letter to share with you my knowledge and experience around successfully transitioning from face to face, in-person counseling to telehealth counseling. I personally find that there are a lot of similarities to both in person and telehealth therapy, versus differences. I feel as the therapist, I am still able to teach and coach clients around "emotional intelligence" both in person and via telehealth in just about the same manner.

Here are some strategies I would recommend:

1. Set up a work environment that has little distraction for you and your client(s)
2. Be sure your client(s) are set up where you can see them (have their cameras on and the camera angled where you can see their face)
3. Have any worksheets/psychoeducation handouts/worksheets on emotions/self-regulation ready to go over in session, or emailed to the client before or after the session
4. Use your counseling skills to help the client identify and name emotions they are expressing or displaying in session
5. Use validation around the client(s) being able to identify and manage their emotions
6. If the client is displaying strong emotions or struggling with self-regulation during the session, have techniques (deep breathing, mindfulness, guided meditation, etc..) ready to use in session
7. Check in with client at the end of the session if they're okay to end the session or if they need a moment or help with any self-regulation before you end the session
8. If you're struggling with the transition to telehealth, consult with your supervisor or colleagues to get the support you need
9. Be confident in your skills and abilities. You've got this!! 😌

Sincerely,

A therapist who currently practices telehealth therapy

May 27th, 2023

Dear Future Counselor,

I am a Co-Occurring Counselor licensed as a LADC and currently under postgraduate supervision with my Master's in Co-Occurring Disorders. I was an early adopter of telehealth and was fortunate enough to have taken a telehealth graduate class adapted for COVID during my last semester of graduate school. In response to COVID-19, I started my private practice that provides telehealth-only clinical services for outpatient substance use disorder treatment and mental health therapy. With this letter, I hope to share my experiences, lessons, and thoughts regarding telehealth and best practices related to emotional intelligence.

Let's turn to emotional intelligence but begin with the MSE. As someone who works with clients with substance use disorders and mental health, I often diagnose the substance use disorder and an initial mental health disorder and evolve mental health as I get to know a client when appropriate. While in-person examinations have some value, much of what may be missed via telehealth can be compensated for with the MSE (mental status examination) if done correctly and well. To obtain an excellent clinical MSE evaluation, I set the expectation that the lighting and video feed must be appropriate for successful telehealth sessions. In my experience, reading facial expressions and body language is crucial in evaluating a client's condition. I have learned through experience that the MSE is critical in determining if a client may be using substances and not being truthful, as well as giving you clues as to possible

mental health diagnosis. A person's affect and body language can provide valuable information. Dishonesty is a behavioral symptom of substance use disorders, so I don't take it personally. I focus on assessing better and using motivational interviewing to help the client move toward contemplation.

Many of my clients have experienced early life trauma and have high ACE scores, resulting in limited emotional vocabulary. As part of my online co-occurring SUD group intervention, I teach them emotional vocabulary using an emotion wheel. During check-ins, I ask clients to provide three negative and four positive emotional words, ensuring they don't repeat the same ones. This repetition helps their brain learn, and their emotional vocabulary builds slowly through treatment. They become more mindful of their feelings and learn to identify them, which is foreign to most of them at first. In individual sessions, I encourage assertive communication, stressing using "I" statements to prevent defensiveness. This approach reinforces the emotional vocabulary they are learning and building and encourages them to practice healthy communication daily. Over time, clients typically become better at identifying and expressing their emotions, which can improve their daily relationships.

Many of my clients struggle with regulating their emotions, which can be complicated by their trauma history and mental health diagnosis. In my experience, personality disorders can be particularly challenging. If left untreated, they can hinder a person's ability to be emotionally vulnerable. Therefore, a proper diagnosis and appropriate treatment may need to come first, followed by a modality such as DBT to help regulate emotions over time. While I am not a DBT therapist, I may refer clients to

DBT if they are diagnosed with a personality disorder that interferes with their ability to succeed in treatment. Sometimes, I may even recommend completing DBT before continuing with treatment. DBT sometimes is offered online or in person.

Dealing with PTSD can be very distressing, especially when someone is asked to be mindful and explore their emotions, and in the past, it may have been dangerous for them to do this. Handling this with care is essential, as we don't want to trigger past trauma unintentionally. We may focus on stabilizing the substance use first, then their emotions second, or refer them to trauma-specific therapy like EMDR. After going through appropriate PTSD treatment, individuals often become more comfortable with being emotionally vulnerable in a safe way. Telehealth can be a great starting point because it allows the client to be in an environment they are familiar with and feel safe in. EMDR can also be done in person or online.

As a therapist helping clients develop their emotional vocabulary, learn how to communicate assertively, and practice these skills in their daily life, I want them to feel confident in expressing their needs, using "I" statements, and identifying and labeling their emotions appropriately. However, it's important to note that these skills may not work in abusive or toxic situations. I advise my clients against practicing these skills with individuals who may use their emotional vulnerability practice against them. I encourage them to evaluate the people in their lives and practice with the group, myself, and other safe people. It's important to ensure they continue to connect from a safe space so they feel free and able to practice these skills with you online.

I expand my emotional vocabulary by using more complex words than usual to improve my emotional intelligence; this helps me better express and identify my clients' emotions more nuancedly, which benefits both the client and myself as a clinician.

Transference and countertransference are always present and possible even via telehealth. It is so important to take good care of yourself. In grad school, we often heard from professors that self-care would be critical to prevent burnout but also to prevent transference. It's easy for your own trauma to be triggered as clients confide in you about theirs; for example, a client might report that they have a new federal legal drug charge that matches mine earlier in life. I might be very triggered; in this case, if I have a similar experience, it would take most of my focus in session to manage my emotions and not allow transference. In cases like this, when the session ends, I feel like most mental and emotional regulating work was for myself, and sometimes that's ok because we never want to harm.

My mental health supervisor advised me to take a one-week break every 90 days. Even though it's difficult to do since I'm in private practice, I remind myself that it's crucial for my well-being. If I neglect taking time off, my life revolves solely around work, leaving me no personal time. Therefore, it's essential to prioritize self-care to ensure that I don't engage in transference, countertransference, or become resentful and burnt out, which will reflect in how I show up with clients.

In the end, we do better when we are connected to others (even if that begins online) and the ability to be emotionally vulnerable and connect through emotions is one

of the healthiest ways to live. For many, especially the types of clients I have, this is the most frightening concept they may have to consider, as many come from histories where it was unsafe to be emotionally vulnerable. Learning how to attach and develop a healthy attachment style is essential for healthy relationships and improvement in the quality of one's life. So, it starts with the therapeutic alliance built on trust. It would help if you role-modeled healthy emotional regulation and role modeling in your relationships with your clients, which can be done online.

My experience informs me clients usually figure out through this process that it can be safe to be emotionally vulnerable, enriching, and rewarding in their relationships. If you are skilled and consider all the adaptations needed with telehealth, clients can connect, practice their emotional vulnerability skills, and be assessed properly via the MSE, and those that are hard to reach or may have barriers to traditional care can be reached. In my experience, telehealth service delivery can be just as effective as in-person can and can even provide unique insights into the client's external environment in-person services cannot.

Participant # 3

Dear therapist considering telehealth,

Making the shift from in person to telehealth may be quite intimidating and frankly scary. The training I received in school consisted of 0% telehealth and everything was in person, so I was like a fish out of water when exploring it for the first time myself. But I want to assure you that making the shift was one of the best decisions for me. Below are some reasons telehealth has served me well and perhaps may serve you as well.

1. Suits me
    a. I love having set times that I work and being able to shut off from work. Yes it can be difficult at times to navigate at first, but I tried out a lot of schedules and transition techniques to find what works best for me.
    b. I love typing my notes vs writing them in a notebook. I am way quicker and I find I am better able to focus on clients when I do that.
    c. I can travel and work from where I am located (we get to take way more trips as a result).
2. Get to work from home
    a. My home office is a tax deduction and I don't have to pay rent, so the financial gain is actually quite immense. (I think about it as how many more clients would I need to see a week to cover rent expenses).
    b. I am a mom of two young children (2.5 and 4.5). I want to be with them as much as I can. I don't have a commute anymore.
    c. When a client cancels, I get to play with my boys, cook dinner, go for a walk, change the laundry, finish notes, etc (I have a lot more options that fit my life)
3. Less no shows and late cancels
    a. When there is a snow day, someone is sick, school cancels for kids – I still see my clients because they don't have to drive.
    b. I do phone calls as needed for clients. Which can be super helpful if they just need that.
4. Boosts my mindset and overall health
    a. I wear sweatpants and get to wrap up in comfy blankets if I need that extra comfort in a day
    b. I am in my safe space (at home) and that helps me feel more at ease. I get to create my office space to include what I need in it to feel comfortable. I don't have to worry about how it looks to other people. Simply my background is all people need to see.
    c. I love signing off with clients when it is a difficult session. I literally can close my computer and signify okay this is done. I get to separate more from the session.
    d. I am a very empathetic person so I feel the energy of people quite quickly. I still feel it via telehealth, but it's way less. I take on way less from clients (less countertransference).
    e. I had a lot of traumatic and difficult experiences doing in person work, especially early in my career. I don't have to worry about someone throwing something, or

even threatening me, there is an actual screen and different location separating us.

5. Clients appear more at ease
    a. As I stated above I get to be in my safe and comfortable space, I find the same for clients. I find clients are able to open up way more and are able to let their guard down way quicker
    b. I am able to support clients with what they are struggling with in that moment (for example a difficult conversation with their partner. I encourage them to call in their partner and I support them to have the conversation. OR they are struggling to get things ready before they need to leave the house. So for our session, they literally do their to-do list while they talk. I often find some clients open up more and feel way more at ease the next time they meet because they feel supported.)

Here are just some of the perks / benefits of telehealth that I have found for me. Do note, that it's important you find what works for you. Some people love telehealth and others don't. I telehealth like mustard. It's a love hate kind of thing. I don't like mustard, so I don't eat it. If you don't like telehealth, they don't do it. What I love about our profession is that there are different ways to deliver our services. So if you prefer in person, yes do that. And if you prefer telehealth, they yes do that! Do you!

Please reach out with any questions. I am more than happy to speak with any professionals and show you how I set up my practice. Sometimes that is often one of the most intimidating parts, just knowing what can be possible. I am more than happy to show you how I do mine.

APPENDIX E: INDIVIDUAL INTERVIEW QUESTIONS

1. Please tell me about yourself: What type of population do you work with? What type of modality do you practice? Why did you become a counselor? How long have you been a counselor? Ice breaker
2. What did you experience when you discovered that your practice/agency would be transitioning to a teletherapy format during the COVID-19 pandemic? CQ
3. What was your role like on a typical day providing face to face counseling services? CQ
4. What is your role like on a typical day providing teletherapy services now? CQ
5. Which aspects of your role have changed the most? CQ
6. Based on your experience transitioning from traditional face-to-face counseling to a teletherapy format during the COVID-19 pandemic, what advice would you give to counselors about how to cope with this transition? CQ
7. Describe your understanding of emotional intelligence.
8. Which aspects of emotional intelligence are most often incorporated into your counseling practice?
9. While providing teletherapy services, how were you able to implement emotional intelligence skills/abilities with your clients? RQ1, RQ2
10. Tell me about a successful experience in which you were able to utilize emotional intelligence skills/abilities with a client while providing teletherapy services. RQ1, RQ2, RQ3

11. Tell me about an unsuccessful experience in which you were unable to utilize emotional intelligence skills/abilities with a client while providing teletherapy services. RQ1, RQ2, RQ3
12. What experiences help you utilize emotional intelligence skills/abilities with a client while providing teletherapy services? RQ3
13. What experiences make it more difficult to utilize emotional intelligence skills/abilities with a client while providing teletherapy services? RQ3
14. What else would you like to share about your experience with the transition to teletherapy and your ability to utilize emotional intelligence with clients? CQ, RQ1, RQ2, RQ3

APPENDIX F: INSTRUMENTATION USED DURING INTERVIEWS AND DATA ANALYSIS PROCESS

The equipment referenced in this appendix was used during the individual interview sessions and data analysis process. Individual interviews were primarily conducted online using Microsoft Teams. Backup equipment was included in the list, as it was available and ready, if necessary, during the interviews.

Instrumentation Utilized

The following materials and instrumentation were utilized during the individual interview and data analysis process:

1. Signed informed consent paperwork including permission for audio/visual recording of the session (Appendix D)
2. Written list of questions to be asked during the interview (Appendix A)
3. Microsoft Teams
4. Voice Recorder application (Version 21.1.06.11) on password-protected Galaxy Note 9 (Model number: SM-N960U & Serial number: RF8KB1DH'60J) used as backup for interview sessions
5. Dell Inspiron 15 3000 Series (Device ID: CDCFFF0B-7DC9-4ACC-969D-6C0CC4F898FB and Product ID: 00325-80647-24360-AAOEM) used for conducting Microsoft Teams interviews and data analysis platform
6. Seagate Portable 2TB External Hard Drive (Model number: STGX2000400)
7. NVivo 12 Pro (Windows)