BUILDING RAPPORT IN VIRTUAL VS. IN-PERSON MENTAL HEALTH CARE: A QUALITATIVE ANALYSIS

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INTRODUCTION

- The rise of virtual mental health care has reshaped the way clients and clinicians perceive engagement in treatment and rapport-building (Petrova & Schulz, 2022).
- Virtual care has a number of benefits (i.e., providing flexibility for those living in remote environments, working in demanding careers, lower prices) (Zulman & Verghese, 2021).
- However, research shows that in-person interactions foster stronger bonding and group cohesion in therapy compared to virtual formats (Lopez et al., 2020).
- The present study sought to examine a gap in the literature: whether acuity and diagnosis have an impact on the effectiveness of virtual and in-person mental health care.
- Specifically, the following themes were explored: 1) How therapeutic relationships and community dynamics differ across virtual and in-person mediums of mental health care, and 2) How acuity and diagnosis influences the perception of effectiveness and safety of these mediums.

METHODS

LOCATION

- The Dorm is an intensive outpatient program for young adults, ages 18-35, located in New York City and Washington DC.
- Program duration is approximately one year, on average.
- Treatment includes:
  - Empirically-supported behavioral psychosocial methodologies (i.e., Clinical Groups such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT), Clinical Coaching, Individual Therapy).
  - Alternative and complementary modalities (i.e., personal training, yoga, horticulture, community service, social clubs, meditation, mindfulness).
  - A community clubhouse model that fosters clinically-supported socialization, socially corrective learning experiences, and relationship-building.

DATA COLLECTION

- We conducted six qualitative semi-structured interviews, including groups of clients (n=14) and clinicians (n=18).

DATA ANALYSIS

- Thematic analysis followed four stages, adapted from Braun and Clarke's six-phase thematic analysis framework (Ahmed et al., 2025):
  - **Stage 1:** Transcripts were reviewed by three authors to uncover central codes.
  - **Stage 2:** Codes were selected and would be used as the basis for coding.
  - **Stage 3:** Line-by-line coding was conducted by selecting quotes in the dialogue that corresponded to each code.
  - **Stage 4:** All codes were considered collectively to generate conceptual categories (i.e., themes). Analyses were complete when theoretical saturation was achieved.

RESULTS

Demographics

- At the time of the six interviews, the clients in the study were between 19 and 26 years old, with an average age of 22.29 (SD = 1.77) (see Table 1).
- Clinical staff were assessed for their type of degree (see Table 2).

THEMATIC ANALYSIS

- Thematic analysis revealed three key findings:
  (1) Community: Building community (i.e., therapeutic alliance, rapport in the milieu, and peer-to-peer connection) in therapy was perceived as more natural in person, with nonverbal cues and shared physical space enhancing the opportunity for connection
  (2) Clinical Presentation: In-person care was reported to be recommended for clients with higher acuity mental health concerns and complex diagnoses, such as active eating, substance use, or thought disorders.
  (3) Use of Clinical Skills: The ability of clinicians to utilize essential clinical skills (i.e., engaging clients, fostering therapeutic alliance, reading body language) is significantly hindered in virtual settings.

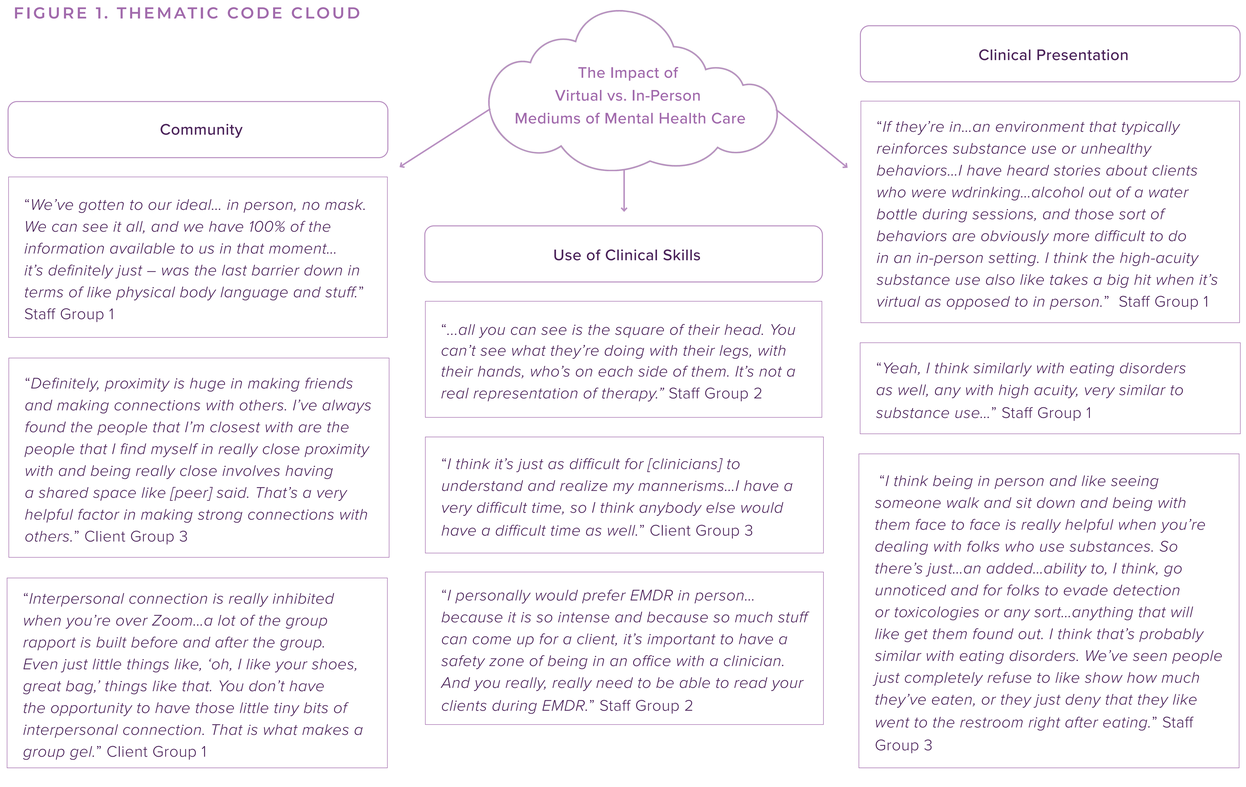
Table 1. Demographics Table of Client Participants (Race, Ethnicity, and Gender)

Demographic Variables	N	%
Race		86%
White	12	7%
African American	1	7%
Did Not Dicslose Race	1	
Ethnicity		79%
Not Hispanic or Latino	11	21%
Did Not Disclose Ethnicity	3	
Gender		36%
Cis-Gender Female	5	43%
Cis-Gender Male	6	7%
Non-Binary	1	7%
Trans-Female	1	7%
Trans-Male	1	7%

Table 2. Demographics Table of Types of Clinical Staff Degrees

Demographic Variables	N	%
Type of Degree		
Social Work Degree	10	56%
Licensed Professional Counselor	3	17%
Nursing	1	6%
Master of Arts Degree	1	6%
Mental Health Counselor	1	6%
Alcohol and Substance Use Counselor	1	6%
Registered Dietician	1	6%

FIGURE 1. THEMATIC CODE CLOUD



CONCLUSION

- These findings explore the nuanced relational dynamics that occur in mental health treatment across mediums (i.e., virtual versus in-person) as well as the impact of acuity and diagnosis on each medium (i.e., client safety, ability of clinicians to successfully deliver care, and engagement in treatment).
- While virtual care has a number of benefits (i.e., ease of use, flexibility, continuity of care), it requires intentional strategies to mitigate barriers to fostering key therapeutic factors in therapy, such as therapeutic alliance, peer connection, and therapeutic effectiveness.
- Choosing a medium of care should take into account these factors, offering an effective framework for optimizing clinical outcomes in various client populations.

LIMITATIONS

- The analyzed group is not representative of the broader populations of mental health providers and young adults seeking mental health treatment, and future research should examine these hypotheses in a larger, more diverse population.
- Considering more nuanced individual and contextual differences that might qualify a client for virtual versus in-person is warranted in future research, as we understand these results represent a specific group of individuals at a particular point in history (i.e., post-COVID-19 pandemic), from large urban settings (i.e., New York, NY, and Washington, D.C.) and social context (i.e., predominantly high socioeconomic status).

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