

Appendices

Appendix A

Interview guide for telepsychotherapy

General

1. Have you worked therapeutically since the outbreak of coronavirus or since the beginning of the quarantine measures (Aislamiento Social Preventivo y Obligatorio; ASPO) in Argentina?
 - 1.1. If yes, in which area are you working therapeutically? Have you also converted therapies to video/telephone in this area and conducted them in this format?
 - 1.1.1. If yes, which of these did you use, video, telephone, or both?
 - 1.1.2. If yes, approximately what percentage did these therapies represent?
 - 1.2. What age group do most of your patients belong to?

General conditions of therapeutic work

2. How did you cope with the video/telephone therapy?
 - 2.1. Did the switch to telepsychotherapy mean a considerable change in your practice?
 - 2.2. Did the switch involve (much or little) effort?
 - 2.3. Did you encounter any difficulties/problems in the process?
 - 2.3.1. e.g., technical problems?
 - 2.4. Did the switch have any advantages from your point of view?
 - 2.5. How did your patients react to it?
3. How did the described switch affect your therapeutic work?
 - 3.1. Could all aspects of the usual setting be maintained in the new format?
 - 3.1.1. e.g., frequency of sessions, duration of sessions, seating arrangements?
 - 3.1.2. if not, what aspects of the setting did you adapt?
 - 3.2. Were you able to transfer your therapeutic method one-to-one to the new format?
 - 3.2.1. If not, what aspects of the therapeutic relationship, the therapeutic technique(s), or interventions did you adapt?
 - 3.2.2. Despite these adaptations, were you able to continue to work largely adherently to your method, e.g., psychoanalytic, psychodynamic, or behavioral?
 - 3.2.3. If not, how did you feel about this?
4. Did the outbreak of the coronavirus and the resulting quarantine measures (switch to video/telephone therapy) change the therapy content?
 - 4.1. For example, have other topics become more important in the therapy?
 - 4.2. If yes, which topics?
 - 4.2.1. e.g. coping with the current quarantine situation?
 - 4.3. If yes, did you have the impression that the ongoing therapeutic processes were interrupted as a result?

Therapeutic relationship

5. In your view, has the therapeutic relationship or some characteristics of the therapeutic relationship changed as a result of the switch to video/telephone therapy?
 - 5.1. If yes, which aspects have changed or been more difficult?
 - 5.1.1. e.g., expressing empathy, holding affect?
 - 5.2. If yes, were there also aspects that were easier?
 - 5.2.1. e.g., speaking about sensitive topics?
 - 5.3. Could a comparable (emotional) depth be achieved in therapy?
 - 5.4. Were there patients who under- or discontinued treatment due to the switch to video/telephone therapy?
 - 5.4.1. If yes, what reasons did the patients give for this?
 - 5.5. Have you admitted any new patients since the quarantine measures began?
 - 5.5.1. If yes, was it possible to establish a comparable therapeutic relationship via video/telephone?
 - 5.5.2. Were there any special features in the diagnostic interviews via video/telephone?
 - 5.6. Were certain skills of you as a therapist more important or more required than usual due to the new format?
 - 5.6.1. If yes, which ones?

Therapist and burden

6. How did you feel during the video/phone sessions (compared to presence sessions)?
 - 6.1. Were the video/telephone sessions more stressful or tiring for you?
 - 6.1.1. If yes, how did this affect you (also on a physical level)?
 - 6.1.2. And if so, do you have any idea why this might be?
 - 6.2. Did you feel as safe and competent as a therapist as usual?
 - 6.2.1. If not, do you have any idea why not?
 - 6.3. How did you feel after the video/phone sessions compared to otherwise?
 - 6.4. Did you feel as satisfied, helpful, or effective as usual? Were the sessions as productive as usual?
 - 6.4.1. If not, do you have any ideas why not?
7. How did you experience the fact that the patients were not in the same room?
 - 7.1.1. Did you miss any (non-verbal) information due to the format of the video/telephone therapy?
 - 7.1.2. Did the online format make it difficult for you to (reliably) assess or grasp the patients' psychological state?
 - 7.2. Did any patients (significantly) deteriorate or destabilize since or with the switch to video/telephone therapy? Have crisis situations occurred?
 - 7.2.1. If yes, how did you deal with them?
 - 7.3. Did you also have suicidal patients during this time?
 - 7.3.1. If yes, how did you deal with them?
 - 7.4. If yes, how stressful were these aspects for you?
8. Has your workload changed since the outbreak of coronavirus and the accompanying quarantine measures (since the beginning of ASPO)?
 - 8.1. If yes, what aspects changed/rose/ decreased?
 - 8.2. What was the ASPO period like for you personally? How would you describe/assess your subjective stress during this time?

8.3. Have you had to deal with financial insecurity since the beginning of the ASPO? How would you describe the development of your income during this time?

Outlook

9. Do you plan to continue providing therapy via video/telephone after the pandemic?

9.1. If yes, in general or under specific, external circumstances?

Appendix B

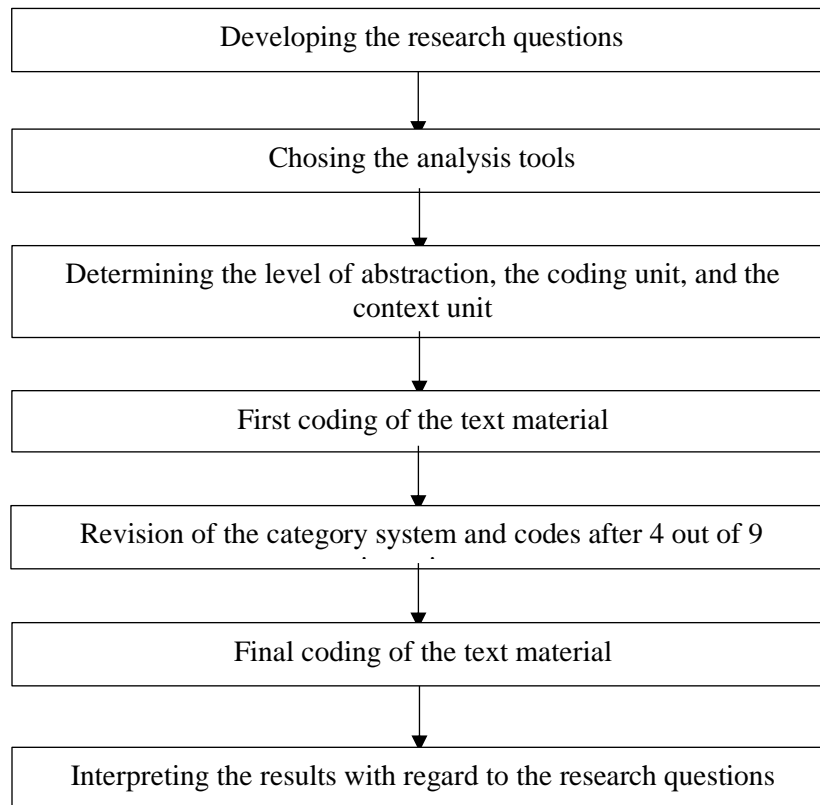


Figure 1. Process of qualitative analysis of the text material; adapted from process model in Mayring (2015)

Appendix C

Quantitative Evaluation

To assess which codes were most salient, the following cut-off was established: at least twelve mentions within at least eight of the interviews. On this basis, the following codes were identified:

Table 1

Excerpt from the codebook

Codes	Number of codes (n)	Number of interviews (n)
Negative impact on clinical problems	23	9
Telepsychotherapy more exhausting	16	9
Therapy interruption	21	8
Topic present in sessions	15	8
Therapy not tied to a location	13	8

In all the interviews, it was reported that the overall situation can have a negative impact on the patients' clinical problems. Also, all therapists reported that they experienced telepsychotherapy or individual aspects of it (e.g., ending sessions) as more exhausting at least at times. Mental and physical burden was described. The reasons for the therapy discontinuations are not always clear from the examples given, but in some cases the therapy discontinuations can be attributed to the switch to telepsychotherapy. Further, the code "theme present in sessions" was assigned in eight interviews. In eight interviews, it was emphasized that telepsychotherapy is not tied to a specific location; thus, patients in other provinces or countries could also be treated.

Appendix D

Codebook

■	Number of codes for yes/no answer
■	affirmative answer
■	indirect answer

Category system and codes	Code description	Example	Number of Codes	Number of interviews
1. General conditions				
1.1. Therapeutic setting				
Negative effects				
Patients forget to pay	This code is assigned when it is described that patients forget to pay for sessions.	<p>T9: "I have not had any problems in general, but it is true that some patients forget, there are people who put three or four together, but it is nothing that I would say is good, it is a sign to look at. "</p> <p>T9: "Yo no he tenido en general problemas, pero sí es cierto que algunos pacientes se olvidan, sí hay gente que junta tres o cuatro, pero no es nada que yo te diga bueno, es un signo para mirar."</p>	1	1
Patients pay less	This code is assigned when it is described that patients pay less or (temporarily) do not pay.	<p>T4: "But nobody pays up to date, because it also happened that many people had money problems, some kept paying less."</p> <p>T4: "Pero nadie paga al día, porque también paso que mucha gente tuvo problemas de dinero, algunos siguieron pagando menos."</p>	2 (+1)	1
Suboptimal therapy conditions	This code is assigned when the switch to telepsychotherapy results in therapy conditions that can be classified as suboptimal (e.g., small cell phone screen).	<p>T10: "... I had to, I had to see the husband of a patient from the League of the Fight Against Cancer, and they both sat down, so I was at the computer and they were on a cell phone, so it was like, the two of them were watching me through a little screen, ..."</p> <p>T10: "... me pasó que tuve que, cité al marido de una paciente de allá de la Liga de la Lucha contra el Cáncer, y los dos se sentaron, entonces yo estaba desde la computadora y ellos estaban con un celular, entonces fue como, los dos juntitos me veían por una pantallita, ..."</p>	6	3
Simultaneous activity (on the part of the patients)	This code is assigned when it is described that patients did something else during the sessions (e.g., paint their nails).	<p>T3: "Yes, those things have happened in the therapy setting, have the patient who is talking, but I see her painting her nails."</p> <p>T3: "Sí han pasado esas cosas en el encuadre, tener la paciente que está hablando, pero yo la veo que se esta pintando las uñas."</p>	4	3
Distraction/disturbance at home	This code is assigned when it is described that patients are distracted at home.	<p>T10: "... then if someone interrupts, if someone came in, if they knocked on the door, then that also makes it difficult for them to process the connection inside."</p> <p>T10: "... entonces si alguien interrumpe, si alguien entró, si golpearon la puerta, entonces eso también les dificulta el proceso de conexión para adentro."</p>	3	3

No privacy at home	This code is assigned when it is described that patients do not have privacy at home for therapy.	T4: "Some have told me that they feel uncomfortable if a family member hears them, but we try to arrange another time or other alternatives, for example, that they can go to the terrace or to the car to have privacy. Those who left, for example, told me they had no room, and they did not allow themselves to look for alternatives." T4: "Algunos me han dicho de sentirse incómodos por si algún familiar los escucha, pero buscamos convenir otro horario u otras alternativas, por ejemplo, que se vayan a la terraza, al auto para tener intimidad. Los que dejaron por ejemplo me decían que no tenían lugar, y no se permitieron buscar unas alternativas."	6	4
Alternative place for therapy	This code is assigned when it is described that patients go to an alternative location for therapy (e.g., walking, driving).	T2: "She goes for a walk and sits in a square or whatever and we talk on the phone while she is out of the house, she is also alone because there are no people and we do it early in the morning because there are less people and noise on the street." T2: "Ella sale a caminar y se sienta en una plaza o lo que fuere y conversamos por teléfono mientras ella está fuera de la casa, está también sola por que no hay gente y lo hacemos temprano a la mañana porque hay menos gente y ruido en la calle."	8	5
Limited access to [clinical] material	This code is assigned when it is described that access to [clinical] material is not possible or is limited.	T8: "We started to take other [patients], but all that [clinical] material remained at the hospital." T8: "Empezamos a recibir a otros, pero todo ese material nos quedó en el hospital."	3 (+1)	1
Access to institution is not possible	Access to institution not possible	T8: "For example, the Faculty is still closed, and non-teaching staff are not going to work." T8: "Por ejemplo, la Facultad sigue cerrada, y los no docentes no van a trabajar."	5	1
Interaction in institution is no longer possible	This code is assigned when it is described that interactions that would otherwise take place in the institution are no longer possible.	T8: "And then with the patients, the patient lost the place of going to our office, the children are there. For example, a non-teaching staff member, sometimes, gives little games to a child, games to a child, while I admit the mother, or I make an initial admission to the mother, until then I look for someone to refer to. Well, there is a first interaction of admission to the Faculty Program, which we cannot have."	2 (+1)	1

		T8: "Y después con los pacientes, el paciente perdió el lugar de ir a la oficina nuestra, los chicos están ahí. Por ejemplo, una no docente, a veces, le da jueguitos, juegos a un niño, mientras yo ingreso a la mamá, o hago una admisión de inicio a la mamá, hasta que después busco en quién derivar. Bueno, hay una primera interacción de ingreso al Programa de la Facultad, que no la podemos tener."		
No exchange / meeting(s) with team	This code is assigned when it is described that an exchange with the team or meetings are no longer possible.	T8: "In other words, it affects us, in terms of making the work visible as well; presentation of cases, exchanges... Then it affects us because we cannot meet with the teams; it affects us because, in my case, I cannot meet with the doctors, with the psychiatrist, with the services, because I need that interaction". T8: "O sea, a nosotros nos afecta, en cuanto a visibilizar el trabajo también; presentación de casos, intercambios... Después nos afecta que no nos podemos reunir con los equipos; nos afecta que, en mi caso, yo no me puedo reunir con los médicos, con la psiquiatra, con los servicios, porque esa interacción yo la necesito."	2	1
Neutral effects				
Impact on payment in general	This code is assigned when it is described that changes have occurred during payment and the aspect cannot be assigned to any of the more specific codes.	T9: "The sign there is to look at is that neither that person nor I see bills, from the symbolic perspective no one sees the payment." T9: "El signo que hay para mirar es que ni esa persona ni yo vemos billetes, desde la perspectiva simbólica nadie ve el pago."	2	2
Alternative payment methods	This code is assigned when it is described that alternative payment methods are used (e.g. bank transfer).	T9: "And if the body is not there, let's say the person who pays you is not there, then everything is organized through bank transfer." T9: "Y sí al no estar el cuerpo digamos no está la persona que te paga, entonces todo se organiza a través de transferencia bancaria."	5	4
Online sessions are longer	This code is assigned when it is described that telepsychotherapy sessions are longer.	T3: "Possibly patients in public hospitals is more time in the virtual than in the face-to-face." T3: "Posiblemente los pacientes del ámbito público sea más el tiempo en lo virtual que en lo presencial."	3	3
Online sessions are shorter	This code is assigned when it is described that the telepsychotherapy sessions are shorter.	T3: "Sometimes that made the frequency change to biweekly or maybe the duration of the interview shorter." T3: "A veces eso hizo modificar la frecuencia en quincenal o a lo mejor la duración de la entrevista más acortada."	1 (+1)	1

Other/flexible therapy times	This code is assigned when it is described that the therapy times have changed.	T4: "I used to have my fixed schedules, and now it's more flexible I can attend them at different times." T4: "Antes tenía mis horarios fijos, y ahora es más flexible puedo atenderlos en diferentes horarios."	2	2
Lower frequency of meetings	This code is assigned when it is described that the frequency of sessions is lower.	T3: "Sometimes that made the frequency change to biweekly..." T3: "A veces eso hizo modificar la frecuencia en quincenal..."	3	2
Adjustment of the setting in general	This code is assigned when it is described that the therapeutic setting is adapted to the changed conditions.	T2: "I tell you these details because they seem to me that they make it possible to generate the setting a little bit by hand for each situation, because each patient has his possibilities, his schedule, his family scheme, his housing conditions, his needs, his work schedules, etc. and everything is put together in this way". T2: "Te cuento estos detalles porque me parecen que hacen un poco como uno va generando el setting un poco artesanalmente para cada situación, porque cada paciente tiene su posibilidad, su horario, su esquema familiar, su condición habitacional, sus necesidades, sus horarios laborales, etc. y todo se va armando de esta forma."	2	2
Effects of patients at home (in general)	This code is assigned when it is described that the fact that patients are in their own homes has an impact, and no specific code can be assigned.	T9: "It is also different when someone moves into their own space than when someone comes into another's space, both of which have their characteristics, ..." T9: "También es distinto cuando alguien se mueve en su propio espacio a cuando alguien viene al espacio del otro, ambas cosas tienen sus características, ..."	3	3
Co-visions take place online	This code is assigned when it is described that the co-visions take place online.	T10: "They went as well as in the virtual modality, they went with a colleague and with a psychologist, with more years as more trajectory and other tools, ..." T10: "Fueron como también en la modalidad virtual, fueron con una colega y con una psicóloga, con más años como más trayectoria y otras herramientas, ..."	1	1
No effects				
No impact on setting in general	This code is assigned when aspects of the setting are maintained and this cannot be assigned to a more specific code.	T3: "Formal things [were] equal." T3: "Las cosas formales iguales."	3 (+2) (+1)	3

No impact on therapy costs	This code is assigned when the same fees are charged for online sessions.	T7: "In fees I did not increase the price..." T7: "En honorarios no aumenté el precio..."	7 (+1)	7
No impact on seating arrangement	This code is assigned when the seating arrangement is maintained.	T1: "Yes, the arrangement is face-to-face." T1: "Si, la disposición es cara a cara."	4	4
No impact on session duration	This code is assigned if the online sessions last the same amount of time.	T2: "Well, the formal aspects in terms of frequency and duration have been fully maintained." T2: "Mirá los aspectos formales en cuanto a la frecuencia y duración se han mantenido plenamente."	4 (+3)	4
No impact on session frequency	This code is assigned if the frequency of sessions or therapy times are maintained	T2: "Well, the formal aspects in terms of frequency and duration have been fully maintained." T2: "Mirá los aspectos formales en cuanto a la frecuencia y duración se han mantenido plenamente."	5	5
1.2. Therapeutic methods				
Negative effects				
Interventions/technique are not possible	This code is assigned when it is described that interventions or aspects of treatment technique are difficult or not possible. Since interventions and techniques are difficult to distinguish from one another, this is combined into one code.	T7: "Yes, but for video calls there are many techniques that are difficult for me to administer, such as systematic desensitization or flooding, it is very difficult for me, I have not yet found a way for the patient to really be present in that contemplation of fear." T7: "Sí, pero por videollamadas hay muchas técnicas que se me dificulta administrarlas, como la desensibilización sistemática o el flooding, se me dificulta un montón, todavía no engancho el modo para que la paciente realmente pueda estar presente en esa contemplación del miedo."	4 (+1)	2
Family therapy is not possible	This code is assigned when it is described that family therapy or interventions with the family are not possible. Since family therapy is also a form of therapy, a separate code has been created.	T10: "... but for example, families I have not seen, it would be very difficult for me." T10: "... pero por ejemplo, familias no he visto, me sería muy difícil."	2 (+1)	2
Therapy with children is more difficult	This code is assigned when it is described that therapy with children is more difficult.	T8: "Because with parents, or with teenagers, or with a ten or twelve-year-old child, it is more accessible. When the child is younger, which	5	3

		<p>is always the ludic tool that holds the work within a session, it's a little bit more difficult."</p> <p>T8: "Porque con los padres, o con adolescentes, o con un niño de diez o doce años, es más accesible. Cuando el niño es más pequeño, que siempre la herramienta lúdica es la que te sostiene el trabajo dentro de una sesión, es un poquito más difícil."</p>		
Loss of (nonverbal) information	This code is assigned when it is described that there is a loss of information (nonverbal) due to the modality. This code can also refer to diagnostic aspects.	<p>T2: "Because as one is not physically there to see reactions, one only counts on the ear in that sense, not on the rest of the senses and one is not there either for the patient to see the expression that in that something, the facial expression, in the corporeality..."</p> <p>T2: "Porque como uno no está físicamente para ver reacciones, uno solamente cuenta con el oído en ese sentido, no con el resto de los sentidos y uno no está tampoco para que el paciente vea la expresión que en dicha algo, la expresión facial, en la corporalidad..."</p>	9 (+1)	6
Diagnostics is more cumbersome	This code is assigned when it is described that diagnostics are more cumbersome or more difficult.	<p>T7: "Yes, because in the first sessions to make the diagnosis I am a lot about looking at the body, both in how it moves and also in the physiognomy if it is tall, if it is petite, if it has curls, straight hair, chubbier, thinner... But well, it took me longer and I had to ask, I did not ask if it was fat or thin, but how they felt about their body, if they had any difficulty with meals... Before I asked more specific questions in order to make the differential diagnosis, and now I don't."</p> <p>T7: "Sí, porque en las primeras sesiones para hacer el diagnóstico yo soy mucho de mirar el cuerpo, tanto en cómo se mueve como también en la fisonomía si es alta, si es petisa, si tiene rulos, pelo lacio, más regordita, más delgada... Pero bueno, me demoró más tiempo y lo tuve que preguntar, no preguntaba si era gorda o flaca, pero si cómo se sentían con su cuerpo, si tenían alguna dificultad con las comidas... Antes hacía preguntas más puntuales para poder hacer el diagnóstico diferencial, y ahora ya no."</p>	7 (+1)	6
Diagnostic process is interrupted	This code is assigned when it is described that the diagnostic process has been interrupted.	<p>T8: "Everything was interrupted, because you can't do virtual. That has been a major loss."</p> <p>T8: "Se interrumpió todo, porque no se puede hacer virtual. Eso ha sido una pérdida importante."</p>	3	1
Neutral effects				

Adaptation of interventions/technique	This code is assigned when it is described that interventions or treatment technique are adapted to the new modality (e.g., implement games for children online) and this cannot be assigned to any of the more specific codes.	<p>T7: "Yes, for the sessions with the children I had to research on programs in which I could simulate the games that I played in person, and there I discovered a world apart, because there are millions of pages that are only ludic, but with rational, cognitive and emotional learning objectives, so I had to incorporate this tool".</p> <p>T7: "Sí, para las sesiones con los niños tuve que investigar sobre programas en los que pudiera simular los juegos que yo hacía presencial, y ahí descubrí un mundo aparte, porque hay millones de páginas que son puramente lúdicas, pero con objetivos de aprendizajes racionales, cognitivos y emocionales, ahí si tuve que incorporar esta herramienta."</p>	9 (+2)	4
Therapists are more active/speaks more	This code is assigned when it is described that therapists take a more active role.	<p>T9: "That's why I think we talk more because you try to replace the body with other things, you can't stand the silence, it's hard to stand it in this dimension."</p> <p>T9: "Por eso creo que hablamos más, porque intentás reemplazar el cuerpo por otras cosas, no soportás el silencio, es difícil soportarlo en esta dimensión."</p>	4 (+1)	3
Therapists are more passive	This code is assigned when it is described that therapists take a more passive role.	<p>T7: "I did make more pauses, more silences and spoke more slowly so that there would be a silence, let's call it interior, so that they would experience with their bodies what they were expressing with their mouths."</p> <p>T7: "Yo sí hacía más pausas, más silencios y hablaba más lento para que se diera ese silencio, llamémosle interior, para que vivieran con el cuerpo lo que estaban manifestando con la boca."</p>	4	2
Change of modality with suicidal patients	This code is assigned when it is described that the modality was changed with suicidal patients (e.g., walking with patient).	<p>T7: "...except with one patient who was at risk of suicide and had great distress, with her I did not increase the frequency, but started face-to-face because I identified that what was impeding her progress was the modality."</p> <p>T7: "... excepto con una paciente que tenía riesgo de suicidio y gran angustia, con ella no aumenté la frecuencia, sino que empecé presencial porque identifiqué que lo que impedía su progreso era la modalidad."</p>	2	1

More sessions with suicidal patients	This code is assigned when it is described that the frequency of sessions was increased with suicidal patients.	T9: "Yes, that has happened to me and actually I tried to make it telephonically, have more periodicity, let's say in that type of situation." T9: "Sí me ha pasado eso y en realidad traté de sostenerlo telefónicamente, tener más periodicidad, digamos en ese tipo de situación."	1 (+1)	1
No effects				
No impact on interventions/technique	This code is assigned when no changes are reported regarding interventions or treatment technique.	T1: "No, if I have made any modifications it was on a patient basis, but not modification of the technique." T1: "No, si he realizado alguna modificación fue en función del paciente, pero no modificación de la técnica."	6	5
No impact on theoretical orientation	This code is assigned when it is described that the theoretical orientation was maintained.	T3: "Actually, from the theoretical line with which I work, it seems to me that it has been hyper concordant. Virtuality has allowed me to confirm some theoretical issues, which is relational psychoanalysis in relation to others." T3: "En realidad desde el lineamiento teórico con el que trabajo, me parece que ha sido como hiper acorde. La virtualidad me ha permitido como confirmar algunas cuestiones teóricas, que es el psicoanálisis relacional en relación a otras."	5	3
No impact on diagnostics	This code is assigned when no changes are indicated with regard to diagnostics (e.g., same tests).	T7: "Yes, I used the same ones, ..." T7: "Sí, utilicé los mismos, ..."	3 (+2)	3
No impact on effectiveness	This code is assigned when no changes are indicated regarding (experienced) effectiveness.	T3: Yes, I really do. I think the results have been good overall." T3: "Sí, la verdad que sí. Yo creo que los resultados han sido buenos en términos generales."	4	2
No impact on loss of information	This code represents a yes/no answer.		(1)	
1.3. Therapy content				
Negative effects				
Therapy process takes longer	This code is assigned when it is described that the therapy process is prolonged due to the changed modality.	T10: "... maybe the process takes a little longer." T10: "... quizás el proceso se alarga un poco más."	2	2

Therapy process is interrupted	This code is assigned when it is described that the ongoing therapy process is interrupted (e.g., by current situation).	T7: "... I had to interrupt the process of the initial consultation reason from May to August to reassemble routines, so as not to despair, not to deregulate, not to lose skills that they had already activated." T7: "... tuve que interrumpir el proceso del motivo de consulta inicial de mayo a agosto para rearmar rutinas, para no desesperarse, no desregularse, no perder habilidades que ya habían activado."	1 (+1)	1
Neutral effects				
Therapy contents/processes changed (in general)	This code is assigned when it is described that the therapy contents or processes have changed, and no specific code can be assigned.	T3: "I don't know if they were interrupted. But I believe that they were modified, because other things came into play." T3: "No sé si se interrumpieron. Pero yo creo que sí se modificaron, porque entraron a jugar otras cosas."	5 (+1)	3
Topic present in sessions	This code is assigned when it is described that topics related to the pandemic/ASPO come up in sessions.	T8: "Yes, well, the central issue is the coronavirus. It has come to have an extremely... well, to us, at least, in our case, it doesn't allow us to go to work." T8: "Sí, bueno, el tema central es el coronavirus. Ha pasado a tener un lugar sumamente... bueno, a nosotros, por lo menos, en el caso nuestro, no nos permite ir a trabajar."	15	8
No effects				
No impact on therapy processes	This code is assigned when it is described that the changed modality does not impact therapy processes. This includes ongoing and general therapy processes.	T4: "Then there is another young patient who decided to continue, and she did not notice that this interrupted everything she had been working on, she continued working and how the quarantine affected the conflicts she had already been having". T4: "Después hay otra paciente joven que decidió continuar, y en ella no notó que esto irrumpió en todo lo que venía trabajando, se siguió trabajando y cómo afectó la cuarentena en los conflictos que ella ya venía teniendo."	8 (+1)	5
2. Therapeutic relationship				
Positive effects				
Patients can open up more easily	This code is assigned when it is described that it is easier for patients to open up in the changed modality due to various factors.	T7: "... so that was an advantage, because it also allowed them to comment on things and since they knew that I was watching the barbecue at home, the TV or their kitchen, they shared more freely some more personal questions, or without so many detours."	3 (+1) (+1)	3

		T7: "... entonces eso fue una ventaja, porque permitía también comentar cosas y como sabían que yo estaba mirando el quincho de la casa, la tele o la cocina de ellos, compartían con mayor libertad algunas cuestiones más personales, o sin tantos rodeos."		
More psychic space is available	This code is assigned when it is described that there is more psychic space available in telepsychotherapy (e.g., to be able to unfold).	T4: "One patient did benefit from it, she had an issue with her gaze, there was a lot of resistance, she was very shy, she is very inhibited by the gaze of others, so we started to talk on the phone, she did not want to video call, she felt uncomfortable, and then she began to deploy herself more, for me it was a surprise, she was listening over the phone, I supervised her, I noticed that it helped her and she is a patient who could use the couch and could deploy a lot". T4: "A una paciente sí la favoreció, tenía un tema con la mirada, había muchas resistencias, era muy tímida, se inhibe mucho con la mirada de los demás, entonces empezamos a hablar por teléfono, videollamada no quería se sentía incómoda, y ahí empezó a desplegarse más, para mí fue una sorpresa, estuvo la escucha a través del teléfono, yo la supervisé, noté que la favoreció y es una paciente que podría hacer diván y pudo desplegar muchísimo."	3	3
Therapists 'go into patients' home'	This code is assigned when it is described that therapists get an insight into the patients' home.	T9: "Afterwards, there was something about entering the other person's house that was impossible in the office, ..." T9: "Después bueno, se da una cosa de entrar en la casa del otro que era imposible en el consultorio, ..."	5	3
Patient and therapist in the same situation	This code is assigned when it is highlighted that the patient and therapist are in the same situation (regarding the pandemic).	T4: We analysts are going through the same reality as the patients, so there was a certain empathy." T4: "Los analistas estamos atravesados por la misma realidad que los pacientes, por lo que había cierta empatía."	3	3
Negative effects				
(More) difficulties to connect	This code is assigned when it is described that the modality makes it more difficult for patients to connect.	T10: "... but I do think that perhaps some people have found it more difficult to connect to, let's say with the screen, it generates a bit of distance or a lack of connection. I also think that there are many people who are very aware of the outside, so if someone interrupts, if someone enters, if they knock on the door, then that also makes it difficult for them to connect with the inside".	1	1

		T10: "... pero sí creo que quizás algunos les ha costado más como conectarse a, digamos con esto de la pantalla genera como un poco de distancia o de no conexión. Igual yo creo que hay muchas personas que están muy pendientes del afuera, entonces si alguien interrumpe, si alguien entró, si golpearon la puerta, entonces eso también les dificulta el proceso de conexión para adentro."		
(More) Distance due to screen	This code is assigned when it is described that there is some distance created by the screen.	T9: "... and when someone cries or is very distressed I feel that it is the moment of greatest distance from the screen, I don't know what the other person feels, it's what I feel. I mean, if you start crying at this moment, I feel a commotion in my body where I feel that the screen is an obstacle, but not because I am going to hug you, but because you feel that there is something that is like a stopper." T9: "... y cuando alguien llora o está muy angustiado siento que es el momento de mayor distancia de la pantalla, no sé qué siente el otro, es lo que yo siento. O sea, si vos en este momento te ponés a llorar, yo siento una conmoción en el cuerpo donde siento que la pantalla es un obstáculo, pero no porque te vaya a abrazar sino porque vos sentís que hay algo que es como un tope."	2	2
Affectivity is lost	This code is assigned when it is described that some affectivity is lost when interacting with patients.	T5: "But I mean, with the kids, the kids need the hug, the being, the "hey, this is a good thing you did", to see the production. It's different, it's something else." T5: "Pero me refiero, con los chicos, los pibes necesitan esto del abrazo, del estar, del 'che, que bueno esto que hiciste', ver la producción. Difiere, es otra cosa."	2	1
Interruptions in therapy	This code is assigned when it is described that therapy has been interrupted for a certain period of time in the time since the ASPO (on the part of the therapists or the patients).	T4: "But I am noticing this, the reactions that people have and some patients who were a couple of months, decided to stop, and now as they see that the situation continues like this they resumed after many months." T4: "Pero voy notando esto, las reacciones que tiene la personas y algunos pacientes que estuvieron un par de meses, decidieron dejar, y ahora como ven que la situación sigue así retomaron después de muchos meses."	12	7
Discontinuation of therapy	This code is assigned when it is described that patients have discontinued therapy in the time since the ASPO.	T4: "Those who left, for example, told me they had no room, and did not allow themselves to look for alternatives."	21 (+2)	8

		T4: "Los que dejaron por ejemplo me decían que no tenían lugar, y no se permitieron buscar unas alternativas."		
Neutral effects				
Discontinuation of physical presence	This code is assigned when it is described that the therapist is no longer physically present and/or how this affects therapy.	T2: "There are other patients who have felt the lack of physical contact, of presence..." T2: "Hay otros pacientes que han sentido la falta de contacto físico, de presencia..."	14	6
Inquiries about the therapist's situation	This code is assigned when inquiries about the therapist's personal situation caused by the current situation are described.	T10: "Yes exactly, they have been like those questions, like "How are you doing? how are you? how is your family?" many without knowing them, "how are your parents?" they ask me. But that, from another place, not like from affection, from closeness." T10: "Sí exactamente, han sido como esas preguntas, como "¿Cómo andas? ¿cómo estás? ¿cómo está tu familia?" muchos sin conocerlos, '¿cómo están tus padres?' me preguntan. Pero eso, desde otro lugar, no como desde la afectividad, desde la cercanía."	2	1
More contact via messages	This code is assigned when describing that contact via messages has increased.	T9: "Yes, as many times people are undergoing treatment and I accompany the treatment, I tell them to let me know, tell me how it is going, I make that possible, yes, the use of WhatsApp is much more intensified, ..." T9: "Sí, como muchas veces la gente está haciendo tratamientos y yo acompaño el tratamiento, les digo avisame, contame cómo va, yo posibilito eso, sí está muchísimo mas intensificado el uso de WhatsApp, ..."	3	2
No effects				
No impact on therapeutic relationship in general	This code is assigned when no changes are described regarding the therapeutic relationship and this cannot be assigned to any of the more specific codes.	T3: "But in terms of therapeutic bonding there are no modifications." T3: "Pero en término de vínculo terapéutico no hay modificaciones."	8 (+3)	4
No impact on emotional depth	This code is assigned if no changes are described with regard to emotional depth, i.e., this continues to be possible.	T10: "... but I do believe that it has been possible to achieve that depth or that contact that makes the person be moved, cry, talk, I have worked on several mourning for other deaths they have had, and that they were just in the process of mourning and I believe that the pandemic has intensified this, but that people have been able to talk about this."	7 (+2) (+2)	6

		T10: "... pero sí creo que se ha podido lograr esa profundidad o ese contacto que hace que la persona se conmueva, llore, hable, he trabajado varios duelos por otras muertes que han tenido, y que justo estaban en el proceso de duelo y creo que ha intensificado la pandemia esto, pero que han podido hablar de esto las personas."		
No impact on sensitive topics	Dieser Code wird vergeben, wenn beschrieben wird, dass die Patienten sich weiter öffnen bzw. über sensible Themen sprechen können.	T1: "Not really, because it is followed as a session, it's not that they are inhibited by this format." T1: "La verdad es que no, porque se sigue como una sesión, no es que están inhibidos por este formato."	2 (+1) (+1)	2
No impact roles/boundaries	This code is assigned if no impact is described in terms of roles/boundaries.	T5: No, I think that those who already had their roles overwhelmed, continue the same, and those who didn't... no. That's how central it is, to modify those issues, it takes a lot of time, it's not that because the pandemic comes, that's going to change." T5: "No, en eso creo que los que ya venían con los roles desbordados, continúan igual, y los que no... no. Eso es como central, modificar esas cuestiones, lleva muchísimo tiempo, no es que porque venga la pandemia eso va a cambiar."	3	2
No impact on therapy discontinuations	This code is assigned when no therapy discontinuations are described since the ASPO.	T3: "I don't think anyone has dropped out." T3: "Creo que no ha dejado nadie."	1 (+1)	1
No impact on interruptions	This code represents a yes/no response.		(1)	
3. Therapist factors				
3.1. Burden				
Negative effects				
Limited scope of action	This code is assigned when limited scope of action is described on the part of the therapists.	T8: "No, we are not authorized. As long as the Faculty is closed, it is closed." T8: "No, nosotros no estamos autorizados. Mientras la Facultad está cerrada, está cerrada."	4 (+1)	1
Higher workload/more patients	This code is assigned if a higher workload or more patients or increased demand is described in general.	T4: "Time is not the same, I work more than before." T4: "El tiempo no es el mismo, yo trabajo más que antes."	13 (+1)	7

Fewer patients than usual	This code is assigned when it is described that the situation only allows for fewer patients than usual.	<p>T4: "In terms of numbers, I could treat 17 patients in person. In quarantine I could not go beyond 10-11. Before I had my fixed schedules, and now it is more flexible, I can see them at different times. I can't see more patients because of my family organization, we are all here, there is overlapping."</p> <p>T4: "En cuanto a cantidades yo presencialmente podía atender 17 pacientes. En cuarentena no pasó de 10-11. Antes tenía mis horarios fijos, y ahora es más flexible puedo atenderlos en diferentes horarios. Más pacientes no puedo por mi organización familiar, estamos todos acá, hay superposición."</p>	1	1
No separation of work and private life	This code is assigned if it is clear that there is no longer a clear separation between work and private life.	<p>T4: "I work from my home, and I was not prepared for this, I had to condition part of my house, which also affects my family members."</p> <p>T4: "Yo atiendo desde mi casa, y no estaba preparada para esto, tuve que acondicionar una parte de mi casa, lo que también afecta a mis familiares."</p>	10 (+1)	5
Additional effort because of switch	This code is assigned when it is described that there are tasks associated with the switch (e.g., transferring tests into Excel) or that certain aspects are more effort.	<p>T7: "Yes, I used the same ones, that was also an extra task because I had to systematize them in Excel to directly send the file and have them answer me, before I gave them the paper, but it was an advance because now I have 16 systematized tests that give me the results and the scales".</p> <p>T7: "Si, utilicé los mismos, eso también fue tarea extra porque los tuve que sistematizar en Excel para directamente mandar el archivo y que ellos me respondan, antes yo daba el papelito, pero fue un avance porque ahora tengo 16 test todos sistematizados que me arrojan los resultados y los baremos."</p>	15 (+1)	6
Additional purchases	This code is assigned when it is described that additional purchases will be required as a result of the switch (e.g., computers).	<p>T5: "Also, I had to buy a computer."</p> <p>T5: "Además, tuve que comprarme una computadora."</p>	4	3
Pandemic/ASPO as a stressful situation	This code is assigned when it is clear that the pandemic or ASPO is a stressful situation for therapists.	<p>T5: "And at the beginning too, and now something is sustained, but to a lesser extent, is this lack of contact with other people, with other humans, yes. And it also influenced the fact that I couldn't sleep, and those things. Like I had a sleep disorder."</p> <p>T5: "Y al principio también, y que ahora algo se sostiene, pero en menor medida, es esta falta de contacto con otras personas, con otros</p>	5 (+1)	3

		humanos, eso sí. Y también influyó en que no me podía dormir, y esas cosas. Como que tuve trastorno del sueño."		
Fears and worries of therapists	This code is assigned when therapists express their own fears and worries.	T1: "Fear of Covid yes, because I am not at risk, but I am a big person and I have blood pressure, I have my fears, I will not deny that". T1: "Miedo al Covid sí, porque yo no soy de riesgo, pero soy una persona grande y tengo presión arterial, mis temores los tengo, eso no lo voy a negar."	7 (+1) (+1)	5
Financial insecurity	This code is assigned if therapists report financial insecurity or express fears and concerns related to them.	T5: "Yes, at the beginning yes. At the beginning I was very afraid of this, of how I was going to do, that I would be out of a job, that I would lose almost all the patients. Then, as I got reorganized, that lessened." T5: "Sí, al principio sí. Al principio tenía mucho temor a esto de cómo iba a hacer, de que me quedaba sin trabajo, que perdía a casi todos los pacientes. Después, en la medida en que me reorganicé, eso disminuyó."	6 (+2)	3
No effects				
No impact on additional effort	This code is assigned when it is described that some aspects did not require additional effort on the part of the therapists.	T1: "With two patients I did Zoom with, they invited me. So I didn't have to send them the invitation, ..." T1: "Con dos pacientes con los que hice Zoom, me invitaron ellos. Así que no tuve que enviarles yo la invitación, ..."	3 (+1)	2
No impact on financial insecurity	This code is assigned when financial insecurity or fears and worries related to them are denied.	T4: "No financial, in my case I have a steady job where I had no complications during the year, I do not dedicate myself only to patient care, so no financial complications". T4: "No financieras, en mi caso yo tengo un trabajo que es fijo donde no tuve complicaciones durante el año, no me dedico solamente a la atención de pacientes, entonces complicaciones financieras no."	5	4
No impact additional purchases	This code represents a yes/no response.		(1)	
3.2. Therapist factors				
Positive effects				
Enriching/positive experience	This code is assigned when the situation or transition is also described by therapists as a positive experience.	T4: "I learned a lot, this was a breakthrough in everyone's life, but I also think of the experience, so rich, so enriching". T4: "Aprendí muchísimo, esto irrumpió en la vida de todos, pero también pienso en la experiencia, tan rica, tan enriquecedora."	7	4

Working as a resource in these times	This code is assigned if working or interacting with colleagues during these times is experienced as a resource.	T2: "In a sense, I would say that I didn't experience my professional life as a burden. I didn't live it that way, I didn't live it as a burden that was overloading me." T2: "En un sentido te diría que este yo no viví lo profesional como una carga. No lo viví así, no lo viví como una carga que me estuviera como sobrecargando."	3	2
Neutral effects				
Acclimation/adaptation processes	This code is assigned if it is described that the therapists had to get used to or adapt to the new situation.	T9: "As time went by, yes, I gained confidence, like all things, you get used to it". T9: "Con el correr del tiempo sí, fui ganando seguridad, como todas las cosas te vas acostumbrando."	14 (+1)	7
Changing habits	This code is assigned if there is a change in habits associated with the change.	T9: "And maybe I don't bring anything in, because I never answer the phone, for example, now in pandemic I have the phone next to me, when I was attending here and I was with a patient the phone was in the kitchen, look at the difference, I don't answer it, but I have it next to me. If I am with a patient and they call me, I don't answer it. If you ask me, why don't I leave it in the kitchen like before? I don't know, but now talking to you I realize that this is what happens to me". T9: "Y a lo mejor yo no hago entrar nada, porque jamás atiendo el teléfono, por ejemplo, ahora en pandemia al teléfono lo tengo al lado mío, cuando yo atendía acá y estaba con un paciente el teléfono quedaba en la cocina, vos fijate la diferencia, no lo atiendo, pero lo tengo al lado mío. Si estoy con un paciente y me llaman no atiendo. Si vos me preguntás ¿por qué no lo dejo como antes en la cocina? No sé, pero ahora hablando con vos me doy cuenta de que esto es lo que me pasa."	1	1
Change in patient group	This code is assigned when a change in patient group is associated with the switch.	T5: "Exactly, yes. What's more, on the page I appear oriented to teenagers and adults." T5: "Exacto, sí. Es más, en la página yo aparezco orientada a adolescentes y adultos."	1	1
Creativity is required	This code is assigned when it is described that creativity on the part of the therapist is required in the situation.	T10: "... because sometimes the resource is so small that you have to be creative with it, ..."	3	3

		T10: "... porque algunas veces es como tan pequeño el recurso que hay que ser creativo con eso, ..."		
Flexibility is required	This code is assigned when it is described that flexibility on the part of the therapists is required in the situation.	T9: "... I, because of the characteristics of my way of working, try to include all this that I am telling you about the cat and things, but it is not that one does not have to respect this situation, one must be flexible in this dimension and take into account in any case". T9: "... yo, por características de mi forma de trabajo, trato de incluir todo esto que te digo del gato y las cosas, pero no es que uno no tenga que respetar esta situación, uno debe ser flexible en esta dimensión y tomar cuenta en todo caso."	1	1
No effects				
No impact on satisfaction	This code is assigned when it is described that the change does not impact satisfaction.	T1: "Yes, this year I am very strong, to the point that my 20-year-old analyst referred a patient to me. I am also seeing patients who are evolving some attitudes and that gives me a lot of satisfaction, as well as I also have these patients who cost me more, but I do not give up." T1: "Sí. Este año estoy como muy fuerte, a tal punto que mi analista de 20 años me derivó a una paciente. También voy viendo pacientes que van evolucionando algunas actitudes y eso me da muchas satisfacciones, así como también tengo estos pacientes que me cuestan más, pero no aflojo."	2	2
3.3. Therapists' in-session experiences				
Positive effects				
Focus on the essentials	This code is assigned when therapists describe being better able to focus on the essentials in telepsychotherapy sessions.	T7: "Yes, especially because I, not being face to face, tried to listen to the speech without being seduced by the movements or tonalities, so that allowed me to quickly intercept the distortions or the generalities of 'the same thing always happens to me', it helped me to concentrate more on what the person says and to find the solution or the path to health there and with some question or even some silence". T7: "Sí, sobre todo porque yo, al no estar frente a frente, intentaba escuchar el discurso sin dejarme seducir por los movimientos o por tonalidades, entonces eso me permitió interceptar rápidamente las distorsiones o las generalidades de 'siempre me pasa lo mismo', me ayudó a concentrarme más en lo que la persona dice y poder encontrar ahí la solución o el camino de salud y con alguna pregunta o algún silencio inclusive."	1	1

Better sense of timing in sessions	This code is assigned if therapists describe having a better sense of timing in telepsychotherapy sessions.	<p>T7: "My advantage as a therapist was that I perceived that I went more to the point, that I no longer left certain uncomfortable questions that I used to ask after two sessions, but now I perceived that I asked them on time or at the moment when I could make an insight or some change, that for me was an advantage, I could learn to measure the timing of the patient's change process."</p> <p>T7: "Mi ventaja como terapeuta fue que percibí que iba más al grano, que ya no dejaba ciertas preguntas incómodas que antes hacía después de dos sesiones, sino que ahora me percibí que las hacía a tiempo o en el momento en el que podía hacer un insight o algún cambio, eso para mi fue una ventaja, pude aprender a medir el timing del proceso de cambio del paciente."</p>	1	1
Negative effects				
First sessions as stressful situation	This code is assigned if it is described that the first sessions after the transition were associated with a lot of stress (e.g., tension).	<p>T9: "In the first moment it was very difficult for me, I lived each interview with a lot of tension, this question of saying, do you hear me, do you see me, all this thing that interrupts".</p> <p>T9: "En el primer momento me resultó muy difícil, vivía cada entrevista con mucha tensión, esta cuestión de estar diciendo ¿me escuchás? ¿me ves?, toda esta cosa que interrumpe."</p>	8	3
Less physical activity	This code is assigned when it is described that there is less physical activity due to the switch (e.g., during sessions or in general).	<p>T2: "... because to some extent, one has to be in a position that is more physically demanding, I personally am restless, I am restless and it bothers me a lot to be seated and to be seated even in a chair at a table, at a computer where the possibility of movement is very restricted, even much more than if I were sitting in my office chair, because I move more, here I move less, ...".</p> <p>T2: "... porque en alguna medida, uno tiene que estar en una posición que es más exigente físicamente, yo personalmente soy movediza, soy inquieta y me molesta mucho estar sentada y estar sentada aun en una silla ante una mesa, ante una computadora que la posibilidad de movimiento se restringe mucho, inclusive mucho más que si yo estuviera sentada en mi sillón de consultorio, porque me muevo más, acá me muevo menos, ..."</p>	2	2
Telepsychotherapy is more exhausting	This code is assigned when telepsychotherapy sessions (or individual aspects of them, e.g.,	T9: "It seems to me that it is linked to the fatigue generated by holding something without the body and on the other hand holding technology."	16 (+1)	9

	ending sessions) are perceived as more stressful, at least for a certain period of time.	T9: "Me parece que está vinculado con el cansancio que genera sostener algo sin el cuerpo y por el otro lado sostener lo tecnológico."		
Therapists are less secure	This code is assigned when therapists report feeling less secure in telepsychotherapy sessions.	T7: "No, because it was new for me, I didn't know if they or the child would be comfortable in the space, so the uncertainty led me to be very alert, I saw that the person looked to either side of the screen, or they looked down and I felt they were writing. The uncertainty, above all, of not knowing..." T7: "No, porque era nuevo para mí, yo no sabía si ellas o el niño iban a poder estar cómodos en el espacio, entonces la incertidumbre esa me llevaba a estar re alerta, veía que la persona miraba para cualquier lado de la pantalla, o miraban para abajo y yo sentía que estaban escribiendo. La incertidumbre sobre todo, de no saber ..."	3	2
No effects				
No impact on competence	This code is assigned if no changes are described in terms of experiencing competence (e.g., by having a confident attitude).	T10: "Yes, I think so, there was much more reading, many more supervisions, more co-visions, there were this year, but I think that, yes, the question was the perception that I think I felt, I will be able to do this, that question, I don't say motivational, but if the resource is good, calm down, it will be fine, I think this worked for me, I felt competent". T10: "Sí, yo creo que sí, igual hubo mucho más lectura, muchas más supervisiones, más co-visiones, hubieron este año, pero sí creo que, que sí, la cuestión era la percepción que yo creo que sentía, voy a poder con esto, esa cuestión no digo motivacional pero si de bueno está el recurso, tranquilízate que va a estar bien, esto creo que sí que me funcionó, que me sentí competente."	4 (+2) (+1)	4
4. Patient factors				
Positive effects				
Better listening to patients	This code is assigned if better listening to patients in therapy is described.	T7: "... and better listening too, patients with high resistances, they lowered their resistances, and the following session they had done what they had proposed in the previous session and things like that that they did not do before. I perceived much better listening not only from me, but from them themselves, they began to listen to their process, their inconsistencies, their words, more active listening." T7: "... y mayor escucha también, pacientes con resistencias altas, bajaban sus resistencias, y a la sesión siguiente habían hecho lo que	1	1

		se habían propuesto en la sesión anterior y cosas así que antes no hacían. Percibí muchísima mejor escucha no sólo de mí, sino de ellas mismas, comenzaron a escuchar su proceso, sus incoherencias, sus palabras, escucha más activa.”		
More active participation of patients	This code is assigned when more active participation of patients in therapy is described.	T3: "In fact, there were people who missed or did not go or had a rhythm of going every 15 days or three weeks or once a month; they have become a more active user". T3: “Es más, había personas que en lo presencial faltaba o no iba o tenía un ritmo de ir cada 15 días o tres semanas o una vez al mes, se ha transformado en un usuario más activo.”	1	1
Positive impact on clinical problems	This code is assigned if it is described that the situation also has a positive impact on the patient’s clinical problems (or individual aspects of them) for some patients.	T10: "No, well this patient that I am telling you, on the one hand the confinement helped him to stop using because he did not go out to use, but he did start to become depressed". T10: “No, bueno este paciente que yo te digo, por un lado lo ayudó el encierro a dejar de consumir porque no salía a consumir, pero sí que se empezó a bajonear.”	4	4
Negative effects				
Children speak less	This code is assigned when it is described that children speak less in telepsychotherapy sessions.	T5: "So if you tell me with that, and yes, with the kids yes, it changed a lot, and they talk less, I would tell you". T5: “Entonces si me decís con eso, y sí, con los pibes sí, cambió un montón, y hablan menos te diría.”	1	1
Daily life is not interrupted	This code is assigned when it is described that patients no longer have a temporal-spatial separation in their daily lives.	T9: "That thing that time is not interrupted, that it is a continuity, you go into that. I have patients who have a lot of online work and the place of the session is different, there is a time-space issue that has completely changed". T9: “Esa cosa de que el tiempo no se interrumpe, de que es una continuidad, vos entrás en eso. Tengo pacientes que tienen mucho trabajo online y el lugar de la sesión es otro, hay una cuestión témporo-espacial que cambió completamente.”	2	2
No preparation and postprocessing of the session	This code is assigned when it is described that due to the lack of spatial separation the preparation for the session as well as the postprocessing of the session are lost.	T7: "Before, this did not happen to me at all, because they came to my office and they were already looking forward to being in that space and they came as if they were preparing themselves for what was going to happen there, that has changed...".	2	2

		T7: "Eso antes no me pasaba en lo más mínimo, porque entraban a mi consultorio y ya venían con ganas de estar en ese espacio y ya venían como preparándose para lo que sucediera ahí, eso ha cambiado, ..."		
Negative impact on clinical problems	This code is assigned when it is described that the situation (pandemic/ASPO) has a negative impact on the patient's clinical problems.	T9: "It's not that everyone is destabilized in the same way, there were other things going on as well. But I realize that there are a number of symptoms that have to do exclusively with the pandemic and the confinement, which destabilizes and people started to look worse." T9: "También no es que, todos se desestabilizan de la misma manera, también pasaban otras cosas. Pero yo me doy cuenta de que hay una cantidad de síntomas que tienen que ver exclusivamente con la pandemia y el encierro, que desestabiliza y la gente empezó a verse peor."	23 (+1)	9
Neutral effects				
Children want to play more	This code is assigned when it is described that children want to play more in therapy than before.	T7: "The children almost no, but they put more emphasis on the demand for one-on-one play, but I don't know if it's referring to the pandemic situation, the truth is I couldn't say." T7: "Los niños casi que no, pero ponían más énfasis en la demanda del juego uno a uno, pero no sé si es referido a la situación pandémica, la verdad es que no podría hacer ese juicio."	1	1
Patients need more support	This code is assigned when it is described that patients need more support than before.	T3: "Yes in the session, and in the search for the session or maybe to finish and ask for another session. Not because there was a need from the therapeutic process that the patient was going through but because of these other things, because of a question of extra attachment or search for attachment." T3: "Sí en la sesión, y en la búsqueda de la sesión o ponerle terminar y pedirte otra sesión. No porque hubiera una necesidad desde el proceso terapéutico que el paciente estaba llevando sino por estas otras cosas, por una cuestión de apego extra o búsqueda de apego."	2	1
Patients prefer face-to-face	This code is assigned when it is described that patients prefer therapy in presence.	T10: "... it seems to me that she did not want, did not want or did not like this modality, I don't know. But she told me that she preferred face-to-face." T10: "... me parece que no deseaba, no quería o no le gustaba esta modalidad, no sé. Pero ella me dijo que prefería la presencialidad."	8 (+1)	5

Patients prefer online	This code is assigned when it is described that patients prefer or want to maintain telepsychotherapy.	T7: "Yes, but most of my patients have preferred to stand virtuality ..." T7: "Sí, pero la mayoría de mis pacientes han preferido sostener la virtualidad ..."	4	4
No effects				
No impact on clinical problems	This code is assigned when no impact was observed by the therapists on the patients' clinical problems.	T4: "No, it happened the other way around, people who started with psychiatric care... no, it hasn't happened to me. I don't know what happened with the patients who dropped out, but of those who continued in treatment they haven't gotten worse." T4: "No, pasó al revés, gente que empezó con atención psiquiátrica... no, no me ha pasado. No sé qué será de los pacientes que dejaron, pero de los que siguieron en tratamientos no han empeorado."	2	2
5. Advantages of telepsychotherapy				
Treating/working is further possible	This code is assigned when it is emphasized that treating or working in the situation is further possible.	T1: "Yes, for me it is a tool that has been great, if we didn't have it we couldn't do anything, so I value it as a tool that helped me to continue working, treating patients and solving problems". T1: "Sí, para mi es un medio que ha venido bárbaro, si no lo teníamos no se podía hacer nada, entonces yo lo valoro como un medio que sirvió para continuar trabajando, atendiendo pacientes y resolviendo."	4	2
Ease of access to therapy	This code is assigned when telepsychotherapy is attributed with ease of access.	T3: "I think the easy access." T3: "Yo creo que el fácil acceso."	2	1
Safety of telepsychotherapy	This code is assigned when the safety aspect of telepsychotherapy is emphasized during the pandemic.	T4: "... but I have very elderly patients who don't feel safe to go out, and after months of this therapy modality they want to stay that way." T4: "... pero tengo pacientes muy mayores que no se sienten seguros de salir, y después de meses de esta modalidad de terapia quieren seguir así."	4	4
Convenience of telepsychotherapy	This code is assigned when telepsychotherapy is perceived to be more convenient for therapists or patients.	T7: "Yes, the comfort thing yes, it was hard to find the place in the house and accommodate the family during the therapy hour so they	11	7

		<p>didn't feel heard, but once that was accommodated, it was very comfortable for them."</p> <p>T7: "Sí, lo de la comodidad sí, costó buscar el lugar en la casa y acomodar a la familia durante la hora de terapia para no sentirse escuchadas, pero una vez que eso se acomodó, les resultaba muy cómodo."</p>		
Therapy not tied to a location	This code is assigned when it is described that telepsychotherapy can treat patients in other locations.	<p>T9: "And the other thing that happened, which is also an advantage, is that you start getting patients from distances that would never come to my practice."</p> <p>T9: "Y la otra cosa que pasó, que también es una ventaja, es que empezás a tener pacientes de distancias que nunca vendrían a mi consultorio."</p>	13	8
Resource for specific patient groups	This code is assigned when it is clear that telepsychotherapy is particularly appropriate for specific patient groups (e.g., with health problems).	<p>T4: "There is a patient who has a cardiac problem, who could travel, but she does not feel up to it, so in quarantine she found the opportunity to receive virtual care."</p> <p>T4: "Hay una paciente que tiene un problema cardíaco, que podría llegar a viajar, pero ella no se siente en condiciones, por lo que en cuarentena encontró la oportunidad de poder atenderse en forma virtual."</p>	3	2
Opportunity for continuing education	This code is assigned when it is described that ASPO provides the opportunity for continuing education.	<p>T10: "... there was much more reading, much more supervision, more co-visions this year, ...".</p> <p>T10: "... igual hubo mucha más lectura, muchas más supervisiones, más co-visions, hubieron este año, ..."</p>	3 (+1)	2
Telepsychotherapy allows for more flexibility	This code is assigned when it is described that telepsychotherapy allows for more flexibility.	<p>T5: "To create more time, much longer time. But it depends on the patient's presentation characteristics. There are patients who go all the way around, well, in those cases, you can give them more time, and at the same time, the patients who come too. Those modifications happen."</p> <p>T5: "A crear más tiempo, mayor tiempo. Pero eso depende de la característica de presentación del paciente. Hay pacientes que dan todo un rodeo, bueno, en esos por ahí, uno les puede ceder un tiempo más, y a la vez, los pacientes que vienen también. Esas modificaciones se dan."</p>	3 (+1)	2

Cost savings	This code is assigned when it is described that telepsychotherapy results in fewer costs (e.g., no rent for the practice).	T5: "Actually, I had been wanting to put something like this online for some time. Because the issue of renting an office was expensive, ..." T5: "En realidad, yo venía hace un tiempo atrás, que quería poner algo así online. Porque el tema de alquilar consultorio me era costoso, ..."	4	2
6. Disadvantages of telepsychotherapy				
Poor internet connection	This code is assigned when describing a poor internet connection and associated technical difficulties.	T3: "Yes, one of the most complex parts is the interruptions. You get cut off, the internet goes down, calls are cut off. That's part of the framing." T3: "Sí, una de las partes más complejas son las interrupciones. Se corta, se cae el internet, se cortan las llamadas. Eso es parte del encuadre."	14	7
Difficulties with technology	This code is assigned when difficulties in dealing with technology are described.	T5: "Because I was in a Zoom and something happened and I pressed the back button and I didn't know how to return. Or to be able to join the patient to the meeting." T5: "Porque por ahí me pasaba, que estaba en un Zoom y algo pasa, me iba una página para atrás y no sabía cómo volver. O poder unir al paciente a la reunión."	5	5
Unable to participate in continuing education	This code is assigned when it is described that the situation makes it impossible to participate in continuing education.	T8: "Then there was a day on Child Sexual Abuse, which is on November 19, because that is the date established for the prevention of child sexual abuse. It was a very small conference, just a few hours, we could not participate, while we are the only ones who treat child sexual abuse in the hospital; it was virtual". T8: "Después hubo una jornada de Abuso Sexual Infantil, que son los 19 de noviembre, porque es la fecha que se establece como la prevención del abuso sexual infantil. Se hizo una jornada muy chiquitita, muy de unas horas, nosotros no pudimos participar, siendo los únicos que atendemos abuso sexual infantil en el hospital; fue virtual."	1	1
Telepsychotherapy is non-suitable for certain patient groups	This code is assigned when it is described that telepsychotherapy is considered non-suitable for certain patient groups (e.g., children with psychoses or autism).	T5: "Because at that time my largest population was children, because I was dedicated to children. And also with psychosis, autism, or some generalized disorders. That's where my population dropped a lot too, because I couldn't do much with these kids."	5 (+2) (+1)	1

		<p>T5: "Porque en ese momento mi mayor población eran chicos, porque yo me dedicaba a niños. Y además con psicosis, autismo, o algo de trastornos generalizados. Ahí la población me bajó un montón también, porque no se podía mucho con estos chicos."</p>		
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