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Research Brief

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Which Clients Benefit Most from In-Person Versus Telehealth Therapy?

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Telehealth therapy has become a permanent addition to many college counseling centers since the beginning of the COVID-19 pandemic. Research on telehealth has found that clients, on average, make equivalent improvement in symptoms and form similar working alliances in telehealth (TH) and in-person (IP) care in counseling centers and other settings (CCMH Blog 2023; Davis et al., 2023; Gurm et al., 2023; Lalor et al., 2023). However, less is known about whether certain types of clients benefit from one modality more than the other. This is important because results from studies of the "average client" may not always apply to a specific client a therapist is treating. Identifying whether certain clients benefit more from TH or IP psychotherapy could inform counseling center clinicians' and administrators' decisions about which students might benefit more from either modality.

As such, this report examined three questions about TH and IP therapy in college counseling centers:

1. Do TH and IP therapy produce different amounts of symptom change for different clients?
2. What types of clients benefit more from TH and IP therapy?
3. Can we improve clients' outcomes by assigning them to the modality (TH or IP) predicted to be best for them?

To answer these questions, we used data from 17,416 clients receiving individual therapy at 138 college counseling centers in the United States from 2021 to 2024. We defined symptom change as the difference between clients' first and last CCAPS-34 administrations during therapy, and client characteristics were gathered from the Standardized Dataset Client Information Form that clients completed at the beginning of treatment. For a complete list of the characteristics evaluated, see the Appendix.

Data analysis was conducted in three steps. First, a formula was derived from client outcomes in the national sample to predict the amount of CCAPS change clients were likely to achieve in both TH and IP therapy based on their initial symptoms, treatment history, suicidal and homicidal risk, and demographic/identity-related characteristics. Next, we determined the extent to which each client was predicted to achieve more change in TH or IP and whether client characteristics could inform the modality in which they would experience more symptom improvement. Finally, we calculated how much additional CCAPS change each client would have achieved if they were assigned to their optimal treatment modality. Details on these analyses are in the appendix at the end of the report.