

A digital Gesell chamber: adjustments for professional practices in social isolation

Cámara de Gesell digital: adecuaciones para prácticas profesionales en distanciamiento social

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ABSTRACT

Keywords

Trainee; clinic
psychology;
professional
ethics; distance
study;
experiential
learning

The aim of this study was to show the migration process, due to the covid-19 pandemic, of the psychotherapist training program provided by a psychological care center from a real Gesell chamber to a digital version. The method used was action-research with self-study from the practitioners and supervisor whom reported their experiences with this new mode of working. An informed consent was given to students and participants explaining the implications of the process and its limitations, as well as the intention to publish findings. As results: the digital Gesell chamber presented some technical difficulties; however, it was a useful and ethical response to continue with the training program, with broad benefit for users. What is more, it presented communication advantages that allowed the reflective group to intervene without interruption. In conclusion: the use of the digital chamber was an alternative that eased the supervision of practitioners as well as the optimal performance of psychological care during social isolation.

RESUMEN

Palabras clave

Practicante;
psicología clínica;
ética profesional;
enseñanza a
distancia;
aprendizaje por
experiencia

El objetivo de este estudio fue mostrar el proceso de migración de las prácticas profesionales de una cámara de Gesell, en donde los participantes interactuaban de forma presencial, a un modelo digital en un centro de prácticas que brindaba atención psicológica durante el inicio de la pandemia originada por la covid-19. El método empleado fue investigación-acción con autoestudio tanto de las practicantes como del supervisor, quienes reportaron sus experiencias con esa nueva modalidad. Se otorgó un consentimiento al personal y a los participantes sobre las implicaciones y limitaciones del proceso, así como la intención de publicar los hallazgos. Como resultado, se obtuvo la experiencia de la cámara de Gesell digital, la cual presentó dificultades técnicas; sin embargo, fue una respuesta ética útil para proseguir con prácticas profesionales que tuvo con amplios beneficios para los usuarios, como ventajas de comunicación que permitieron intervenciones sin interrupción por parte del grupo reflexivo. En conclusión, el uso de la cámara digital resultó una alternativa que facilitó la supervisión y el desempeño óptimo de la atención psicológica durante el distanciamiento social.

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INTRODUCTION

The objective of this research is to describe the process of construction of a digital Gesell chamber as an alternative to give continuity to the professional practices of university students, and to the process of supervision of these practices in a psychological counseling center during the period of social distancing derived from the covid-19 pandemic. Prior to the pandemic, a Gesell chamber was used at the practicum center on a face-to-face basis; however, this space and the activities that were carried out were rendered unfeasible when the pandemic emergency was declared. This article presents the process of ethical and action-research decisions undertaken to give continuity to the students' training and to the commitment acquired with the people who attended the psychological care center, which is why they migrated to a digital space to follow the indications of social distancing and maintain the development of professional practices and patient care.

The practice center treated approximately 180 people per week, of which 30 were under the care of Dr. Jaime Sebastián F. Galán Jiménez, the author of this research, and his students in training. The care provided to patients was temporarily paused while the way to maintain remote care was evaluated; currently they are being attended under this new modality due to the continued presence of SARS-CoV-2.

By September 2020, the World Health Organization reported 28 637 952 people infected with covid-19, of whom 917 417 died; this situation was repeated in 216 countries (WHO, 2020). In addition, the Ibero-American Social Security Organization (OISS, 2020) considers that there is an increase in anxiety, stress and depression due to the pandemic.

Gutiérrez (2020) states that the condition of confinement will increase negative emotional states, and that the intensification of these will increase in people with other elements of vulnerability (such as socioeconomic ones); in addition, he warns that those who were "equally vulnerable will not have the necessary accessibility to have this service due to the socioeconomic and geographic limitations that interaction through an Internet network implies" (p. 136).

In this context, the dissemination of this study aims to have an impact on at least two areas. On the one hand, in the practices of clinical psychology, in training and supervision in similar health centers and in other formative elements, which offer an alternative to mitigate the psychological and educational damage generated as a consequence of the pandemic; this provides the characteristics and possible limitations for which it is convenient to have additional precautions in the use of reflective groups in this modality. On the other hand, it is presented as an alternative to give continuity to the professional practices of university students who, due to social distancing, have experienced changes in the usual ways and means

of teaching, since they abruptly transitioned from face-to-face teaching to the distance modality; likewise, it is useful in educational centers where there is no face-to-face Gesell chamber.

Distance psychotherapy

Gutierrez (2020) speaks of the practice of telepsychology as a pre-panel alternative, which is defined as, "the provision of services, teaching, or conducting research involving populations, areas, techniques, or innovative technology" (American Psychological Association, 2017, p. 5). The author warns that this tool is useful to maintain attention and provide emotional containment, and recommends generating agreements with the consultant regarding times, fees, conditions of care, advantages, disadvantages, as well as possible risks and warning about confidentiality and its limits (in case of imminent risk to others or oneself), and possible technological failures or intrusions, which should be minimized.

Lysaker *et al.* (2020) consider that, in contrast to face-to-face interaction, therapeutic elements are lost in the video call; however, it also opens up dialogues about the therapeutic relationship that are not always possible to address, including attachment to the therapist, difficulties in accepting his personal life (if he worked from home), as well as other vicissitudes that might arise from patients with psychosis - especially with paranoid ideas of recording or leaking the session.

Békés and Aafjes-van (2020) take up different studies to talk about the need experienced by psychotherapists to migrate to digital spaces, forced by the conditions of social distancing imposed by covid-19; in addition, they report that therapists have experienced feelings of fatigue, less security, anxiety, less connection with the persons attended and difficulty in maintaining attention; they also report greater conflicts in those who practice psychodynamic approaches, as opposed to those who develop cognitive behavioral therapy. On the other hand, it was identified that patients stopped attending or had negative feelings towards online therapy, among other emotions. Finally, the authors find that supervision and peer support can support therapists to reflect on clinical practice.

Moreno-Proañó (2020) mentions that anxiety is associated with uncertainty (as extreme worry), an issue that has been presented in the pandemic accompanied by other related symptoms, such as insomnia, anger, tension, distorted thoughts (such as catastrophizing), negative selection of information (filtering), overgeneralization (e.g., thinking that everyone will die), or mind-reading. Most of these thoughts are focused on disease, contagion or death, elements that are important to address in consultation or teleconsultation.

On the other hand, Velayos and Sanchez (2020) consider covid-19 as an invisible predator that brings people's attachments into play and

reactivates their patterns, as they are affected by the decrease in physical contact. Even if attachments remain through platforms, reality is segmented, which diminishes trust in a therapeutic process, as it is required to have a secure base for the conformation of an alliance. Thus, we speak of a process of adaptation that not only concerns the clinical situation, but also the family relationship in its dynamics, the forms of relationship and the economy. This increases if a person contracts the virus and feels responsible for contagion, or when mourning deaths, which generates notorious increases in anguish.

The digital approach to therapies can experience different controversies and difficulties, such as connection failures, spontaneity, the necessary conditions of space for care -both for patients and therapists-, or the increase of suspicion and surveillance (real or imagined). The reception of new people in clinic work was also diminished with the decrease in care.

Along with the description of the conflict identified in the move from face-to-face to digital therapy, a series of recommendations for therapists proliferated: active listening, paraphrasing, generating confidence and a secure state, making brief self-revelations, being accessible, increasing their support network, accompanying to face difficulties and obtain a suitable state of mind, empowering, employing humor, providing tools and resources available at home -especially those that allow them to feel in control-, procuring routines and elements that help maintain identity, prioritizing and trying to preserve the lifestyle; that is to say, seeking to adapt.

The reference literature proposes that, in community centers, such as the one addressed in this study, it is important to promote research, adaptation and care for people with a view to support and interest in mental health (Chimpén-López *et al.*, 2021). In the application of these interventions, significant results were found in the distance modality with groups of psychiatric patients, which allows anticipating that the migration or adaptation of the reflective group that worked in Gesell chamber could also be effective (Scholl *et al.*, 2021).

From the systemic constructivist approach used by the research team, the attention to a supervision group is reported (to be discussed in another section), from which the capacity of bonding and accompaniment that the encounter with the group implies for the supervised persons is taken up again in vignettes; finally, cases are highlighted in which social inequalities and their effects due to the pandemic -where isolation and work restrictions in underprivileged people stand out-, have affected and make remote care pertinent or necessary (Chimpén-López *et al.*, 2021).

Rodríguez *et al.* (2021) mention that in the pandemic landscape there are numerous guidelines on psychotherapy care, but not on the construction of a virtual space; however, in their research they report the changes in

therapists and the challenge this represented with a sample of 491 mental health workers (7% psychiatrists and 93% psychologists) from Latin America. Of the total sample, 93% use technology in their care and 92% provide care remotely from home. In these types of care, the main complaints reported by users are noise, interruptions, internet failures, lack of space or devices. On the other hand, the professionals who provide the service report Internet failures (62%), greater exhaustion (51%), eyestrain (44%), patients who rejected the modality (38%) and difficulties with the payment of services (29%).

School, coexistence and adaptation

Serey and Zúñiga (2021) consider that school coexistence is the basis of citizenship. This is not limited to the relationship between students or teachers; it is a space that allows the development of freedoms, rights and learning, in addition to being a fundamental point of well-being. As a consequence of the covid-19 pandemic, the benefits of school coexistence have been slowed down by social distancing, which has meant the postponement of face-to-face classes at different educational levels in Mexico and other parts of the world. For Saucedo and Marrugo (2020), as a result of the pandemic, teachers have been forced to migrate their teaching practices to digital platforms.

González-Calvo, Barba-Martín, Bores-García and Gallego-Lema (2020) worked from a micro ethnography approach with eight students; as part of the findings they report the changes that have arisen as a consequence of abandoning face-to-face classrooms and their practices, as well as the ways in which teachers faced them, which is presented as an adaptive process of university teachers, students and their practices. In addition to the uncertainty, emotional exhaustion, insecurity, sadness, homesickness and demotivation of the students, there was a feeling that their learning was reduced.

The authors point out that, in particular, the development of the teaching identity of the professionals in training has been affected, who believe that their inexperience in the classroom will be a consequence that they will carry with them during their first years as professionals: "The students feel that the lack of immersion in a classroom during their internship period will result in a training deficit that they will not be able to overcome. Students perceive this lost experience as irreparable in their training" (González-Calvo, *et al.*, p. 163).

Accompanying students during the pandemic has positive repercussions on their motivation and learning, even if this is provided through digital media (Gucciardi *et al.*, 2020). Saucedo and Marrugo (2020) point out that the use of information technologies makes it possible to reduce geographical barriers and save travel time. Similar to this research, an action-research methodological approach was developed. Based on an

initial diagnosis, the authorities were involved, difficulties were identified and interviews were conducted, actions were planned, reflected upon and undertaken for the implementation of a virtual platform, as well as for the follow-up of the course development. Finally, the respective adjustments were made and it was concluded that what was done allows students to continue their training in an environment conducive to motivating learning.

Digión and Álvarez (2021) proposed a virtual classroom as a response to the pedagogical needs of the pandemic, which has informative, experimental (allowing practical application), evaluative and communicative functions, with didactic strategies of individual, group and collaborative work through problem-based learning, practice assessment and self-learning. The authors conclude that the digital literacy process undertaken to adapt their subjects and learn from the experience gathered was of great pedagogical utility for the teachers.

Finally, the work of George (2021) points out two relevant conclusions for the present study: the pandemic made it possible to think about education outside the classroom because teachers kept their subjects only in virtual spaces, and the need for a greater diversity of technological tools in educational institutions became evident.

The reflective team

The reflective team consists of a training, supervision and intervention improvement tool that has wide effectiveness; "in addition to being used as a therapeutic approach, it facilitates the practice, training and supervision of different forms of intervention in psychotherapy in academic contexts" (Sesma *et al.*, 2016, p. 15). The reflective team works the first two-thirds of the session and then deliberates regarding the interventions, techniques and tools employed, as well as the becoming of the consultation. Sesma *et al.* (2016) mention the possibility of withdrawing from the room to contact each other outside the room.

As a tool for supervision and co-construction of clinical cases, it allows improving the therapeutic experience and interventions, in addition to anticipating the possible failures of a psychological intervention. Friedman (2001) considers that the reflective team with a Gesell chamber is of great use in providing resources to clients. In that sense, what is heard in the session is discussed and what has been proposed by the team is incorporated. "We also use the reflective team as an audience, with the purpose of embodying the changes produced in the process of reformulating one's own life story" (p. 112). It is common for the process to begin with professionals talking or listening to a family and then providing feedback, letting them know what they thought, and inviting the family back in to voice their opinions.

Another benefit of the reflective team is that it provides protection and reduces risks, especially for patients who experience violence, since it functions as a micro-society that allows enriching the implicit elements; also, it evidences as witnesses of the lived history and functions as a counter-power, especially if the person minimizes the violence exercised (Garrido and García, 2015).

Supervision

According to the Code of Ethics of the American Psychological Association (APA, 2017) there are different sections that accompany the migration from the physical Gesell chamber to the digital process: a) not to abandon the users who came to care, b) not to stop the training of the students, c) to continue with the supervision of the clinical work to ensure adequate work, and d) not to risk students and users to possible harm due to SARS CoV-2. In this sense, we proceeded to implement a digital supervision strategy in order to maintain an ethical, formative and psychological care process in a time of crisis.

The reflective group allows the co-construction of therapy and, therefore, is not limited to the premises and experiences of a single person; actions are coordinated between the team, the person supervising and the consultants, which enriches the therapeutic experience. This allows for the development and growth of the people who participate in the reflective team, as skills for care are generated and their experience and practical training are complemented. The role of the supervisor ensures the development of competencies and active accompaniment for optimal practice, in addition to grounding the conceptualization of the case and considering the horizontal and reflective process of the team (Hernández, 2007).

According to Galán and de Ávila (2018), supervision fosters ethics in interventions and allows greater adequacy to the processes, particularly those that exceed the experience of the supervised; likewise, the authors state that it serves as a didactic element, as it represents a possibility to adapt and think about praxis, in addition to allowing work with the needs of the institutions. In the present research, the institution was left to migrate to the homes of the people, who now act as supervisors and as supervisees; it is a transfer of the space that provided intimacy or frontier with the families to become a connection with possible attacks to privacy.

In this sense, in the research of Tarlow *et al.* (2020) a working alliance inventory was applied during supervision and another one of satisfaction about this process; when contrasting the scores of the supervision that began in the face-to-face practice and the one that occurred during the pandemic, which they called telesupervision; no significant differences were found in satisfaction, but significant differences were found in the working alliance.

After the measurements, interviews were conducted in which the following categorization was proposed: differences between modalities, characteristics of effective supervision, role of technology and personal preference. In the categories, it is highlighted that less non-verbal communications are recorded, it is identified as an advantage that feedback happens at that moment - unlike face-to-face, which occurred later - and that support, communication and feedback are what they expect from supervision; regarding technology, failures in transmission were pointed out.

Yacelga *et al.* (2020) consider it important to generate skills for remote care, in order to foster constant communication with the supervision group, the supervisor and peers through calls and messages, as well as to structure meetings by means of a calendar -at least weekly- with clear indicators of improvement and performance. The team presented by the authors includes a supervisor with expertise in psychotherapy, qualified supervisees and student volunteers.

Supervision focuses on improving practitioner cognitions and reflections, as well as emotional support of participants, case discussion, evidence elements, and feedback for improvements in interventions, self-care, and ethical decisions. During the pandemic, the supervision group also became a space for emotional support and accompaniment for therapists.

In a center with functions similar to the one proposed in this research, it was reported that in the work, from a constructivist systemic perspective (same approach), supervision included the review of the content, strategies and interventions, and the therapeutic relationship that occurred during the session. The weekly 90-minute supervision sessions - which migrated to biweekly 90-minute sessions-, with a two-week suspension of patient care, included the review of content, intervention strategies and the therapeutic relationship.

The results warn that in working with infants it is more difficult to maintain attention, especially because games must be improvised at a distance, there may be emotional reactions due to isolation and difficulties in framing, spaces or loss of formalities during the process (such as substance use during the session) (Walsh and Ceresato, 2020).

METHODOLOGICAL DESIGN

We worked with the action research method according to Corrales (2010), which consists of putting ideas into action by a) exploring the initial concern (in this case migration and the ethical continuity of patient care), b) designing and implementing an action plan that seeks a strategic change, and c) expressing this change based on circumstances and effects with critical reflection (this will be described in the procedure).

Specifically, self-study or self-study was employed, defined by Fernandez and Johnson (2015) as:

Self-study experiences are often collective, focusing on a relevant aspect of the professional practice of a group of professionals or academics. Various methods and a diversity of information sources are considered, such as institutional documents, student records, student papers, texts specially produced for the study by students or researchers, experience journals, and others (p. 99).

Self-study was employed as a technique for working with action research in these circumstances, in which the practitioners and supervisor were encouraged to reflect on and submit a document synthesizing their experiences in migrating from the face-to-face to the digital Gesell chamber. Subsequently, a selective axial coding was performed with the self-studies.

Sample

The sample consisted of five female interns between 22 and 25 years of age, three in their seventh and two in their ninth semester of the Bachelor's Degree in Psychology, and a 37-year-old supervisor with a doctoral degree in Psychology. The selection was based on convenience and the inclusion criteria were: voluntariness, submission of the self-study and active participation at that moment and previous participation in the supervision group in order to contrast their experience. The invited participants were the total number of people who continuously attended the virtual classes in pandemic. Due to the circumstances, it was not possible to force them to continue with their practices due to connection or infrastructure difficulties that could arise.

Procedure

Once the pandemic began, the search for an alternative to sustain, maintain and carry out professional practices, supervision and reflective equipment at a distance was undertaken. Prior to the online modality, we worked with the Gesell chamber, where students interviewed their patients with synchronous supervision by the supervisor and received feedback during and after the session. Therefore, informed consents were made warning of the limitations of exploratory remote care; subsequently, an intervention was designed in which suitable platforms to implement this model were tracked. Meet.jit.si was chosen because of the possibilities it offers for reviewing connection quality, muting, having the same space for each session (so as not to generate different links) and expelling a participant (in case it was necessary or someone not invited to the session entered). The focus group and participants were asked to provide feedback on the choice.

Once the sessions began, the first session was presented to the team; this was not done in the face-to-face work modality (it was only referred to as

behind the mirror); however, since they would be inside the session without camera or microphone, it was considered pertinent to introduce them to the group to give seriousness to the activity. It is important to clarify that for many people these were their first video calls. Subsequently, Google Meet was used to discuss as a reflective team during the session (it was not hung up or suspended) in a pause, with the purpose of generating adjustments, agreeing on tasks or giving feedback. Also, in necessary or crucial cases, a text message was sent to the person. In the face-to-face consultation this activity was too invasive and obvious; in contrast, during the digital process it was considered an advantage of remote interactions.

It is important to note that patient experience varied, especially depending on the amount of space, the quality of the Internet and the people at home during the video call. The patients were asked to narrate their experiences with the digital Gesell chamber, the reflective group and the persons attended; afterwards, they had to send a synthesis that took up the most important elements of the annotations in a report (self-study) in order to proceed with the coding, which was initially divided into positive and negative experiences; later it was considered to expand to selective axial. For this purpose, thematic blocks were created which, due to the limited participation and extension of the documents received (generated by students), resulted in a limited variety of topics and subtopics.

RESULTS

The experiences of the implementation of the digital Gesell chamber and the migration of professional practices to distance education modalities are reported below. The categories considered are four: 1) migration process to the digital Gesell chamber, 2) its function and effectiveness, 3) experiences with the reflective equipment, and 4) difficulties and limitations faced in the process.

Migration process to the digital Gesell chamber

In this category, the discourses allusive to the process of adaptation and migration from the physical Gesell chamber to the digital one are collected:

The formative process put two elements in perspective: on the one hand, the fear of death, uncertainty and the abrupt interruption of activities (it was warned that same Wednesday before Easter) that forced to cancel patients via telephone; on the other hand, the recognition that they would not work in face-to-face spaces again, so it was urgent to search for alternatives for training and patient care. During the process, both students and patients presented symptoms of anxiety, family conflicts and technological resources that were dealt with in the ways that were possible and accepted by the people we regularly consulted (Supervisor, 37 years old; personal communication, June 12, 2020).

One of the main conflicts that was experienced, from my experience, is that when trying to contact patients via telephone they did not respond or did not receive the message correctly, but in contrast to face-to-face practices this is something that also usually happens (Patient 1, 22 years old, 8 weeks; personal communication, June 20, 2020).

The planning of the work in the digital Gesell chamber was done as a possibility not to lose the professional practices or fail to comply with the code of ethics in two sections: patients are not abandoned, and in psychologists in training or non-experts' supervision is necessary. In this sense, the necessary precautions should also be taken to ensure that there are no attacks on confidentiality and to contain the team emotionally, since in general there is a period of chaos or adaptive crisis. In this sense, those who contacted by phone gave much shorter sessions; via WhatsApp had more failures than by other means such as Mee.jit.si, Zoom or Meet. Meet.jit.si had the advantage that it was possible to mute participants, exclude them from the meeting and have a single permanent link without the need to generate one for each occasion (which Zoom also does); it allows to know the functionality of the network, the session does not expire nor is it necessarily paid, and it also allows to close the login with a password. All these were the reasons for the choice, since it was an already agreed space that could even have a fixed name that did not refer in any way to the practice to be carried out. On the other hand, it was used simultaneously in Google Meet to make reflections on what was heard; sometimes there it was agreed upon and then feedback was given to the person attended (Supervisor, 37 years old; personal communication, June 12, 2020).

The digital Gesell chamber promoted the following learning and regulations for its use: all persons had to present themselves five minutes before the session, with the camera and microphone turned off (except for the first session, when they presented themselves with the patient), and listen in an active and participatory manner. One of the advantages of this modality is that, unlike the physical Gesell chamber, it allowed sending text messages to the student who was attending, a tool that greatly improved the experience of the persons attended, especially when the psychologist in training had difficulties in asking questions or applying the techniques learned. Therefore, not only was the session contributed to until the break with the reflective team or after the session, but synchronously, without interrupting the session; in a traditional way this happens, but it becomes noticeable, as it is communicated through a telephone that is on the wall. Also the reflective group can communicate via another platform, in order to share theory, perspectives and possible tasks

at that time (Supervisor, 37 years old; personal communication, June 12, 2020).

I started out seeing it [the state impacted by the pandemic] as "a break" and that in a couple of weeks we would be back with our patients. But when it came time for my consultant [...] to ask us to call our patients to let them know what was going to happen to the way we were going to work, I was nervous at first, I hadn't spoken to them in a long time. We were explained the dynamics that were going to be carried out with the patients who agreed to continue with the therapeutic accompaniment, carrying out a virtual reflective group, for which we had to previously sign an informed consent (Practitioner 4, 23 years old; personal communication, June 10, 2020).

I spoke with three of my patients [...] apologizing for the abrupt interruption, which was unexpected for all of them, and explaining to them that in case they wished, we would start with the dynamics of virtual sessions, as long as they had the time and a private space to carry them out; and if not, that they felt free to communicate with me at the number I called them from in case they felt it necessary [...]. [Only one person agreed], was encouraged to take online sessions and immediately said yes, that she felt she needed it and wanted to start (Practitioner 4, age 23; personal communication, June 10, 2020).

My first reaction was one of resistance. Personally, my position had always been radically opposed to the possibility of health care at any level through electronic means, because for me direct contact between people is essential: looks, presence, appreciating the body language of the other person, etc.; however, the situation called for different measures to respond ethically to the emergency, we had to adapt (Practitioner 2, 25 years old; personal communication, June 10, 2020).

We are forced to innovate more and more and although in my opinion nothing equals human contact (face to face), it is necessary to adapt to the means that help our profession to develop in one way or another (Practitioner 4, 23 years old; personal communication, June 10, 2020).

It seemed better to me than the abrupt abandonment that the contingency had forced us to make without giving us the possibility of carrying out a closure. We attempted to communicate with each patient via telephone. In my case, I was only unable to contact one patient; the rest agreed to take the sessions digitally at first, under the understanding that they would be free of charge, supervised by the improvised digital Gesell chamber and that they should sign a

new informed consent for it (Practitioner 2, 25 years old; personal communication, June 10, 2020).

Function and effectiveness of the digital Gesell chamber

In my opinion, the digital practices fulfilled the same function as the face-to-face ones, since it was possible to conduct most of the sessions adequately, as well as the supervisions and the function of the reflective group remained the same (Practitioner 1, 22 years old; personal communication, June 6, 2020).

Despite these difficulties, sessions with patients seen in this modality were conducted adequately. Several options were generated to maintain the same role of the reflective team during the session as in case supervision, these two aspects being essential in the professional practice process (Practitioner 1, 22 years old; personal communication, June 6, 2020).

Advances were shown in the therapeutic process of the patients seen, showing the advantage of implementing this new modality in relation to the new normal (Practitioner 1, 22 years old; personal communication, June 6, 2020).

Of course there are advantages, especially when it is possible to make use of the digital Gesell chamber, since the therapeutic team can make interventions during the session, in addition during the reflective pause (Practitioner 2, 25 years old; personal communication, June 10, 2020).

Experiences with the reflective team

I consider that the virtual platforms we have used have been extremely useful to maintain contact with the therapeutic team. This aspect has been of great help to me, not only in the academic field, to reinforce the learning acquired and with the follow-up of the contents of the systemic approach, but also on the emotional level the team has acted as a significant support in emotionally difficult moments (Practitioner 3, 23 years old; personal communication; June 10, 2020).

It is a dynamic that I liked. At first I was not so convinced, especially about giving therapy, since I consider my family especially noisy, I also felt a little afraid of being listened to as a therapist with my patients and although that moment did not present itself, now, almost two months later, I think I would do it without any problem. Being part of the virtual reflective team has also left me learning, I have been able to see that I have a bit more of a "clinical eye" when listening to the speech of some patients that

I have never seen in person, to put into practice and develop my active listening skills (since the patient is not observed in person) and to realize the power of words. It is impressive how, even if it is through a screen, people need to know that there is someone listening to them and that the feedback given by the therapist helps them lead their lives in these chaotic times (Practitioner 4, age 23; personal communication, June 10, 2020).

Difficulties and limitations faced in the process

A large percentage of the patients live in the company of family or friends, which "breaks" from my point of view with confidentiality or with their therapeutic space, which leads them to speak with a low voice volume so as not to be heard, to feel uncomfortable, or simply not to find a space and a time where they are allowed to have their therapeutic session in an adequate way [...]. Another of the conflicts witnessed were technical failures, which is quite common in any activity via digital: either audio, video or wireless network failures (Practitioner 1, 22 years old; personal communication, June 6, 2020).

At the time of contacting the patient to arrange the session, this time she argued that she had thought better of it and that she would not feel comfortable without seeing the therapist, and preferred to wait until she could continue again with face-to-face sessions when that was possible (Practitioner 2, 25 years old; personal communication, June 10, 2020).

Although solutions are found in the face of each problem, the pace of the sessions is affected. Even the intention of the interventions can be distorted by technical failures, for example, because there are times when, if the image is blocked, we do not fully hear what the other party is saying, distorting the understanding of the speech (Practitioner 2, 25 years old; personal communication, June 10, 2020).

It has been difficult to maintain emotional and psychological focus due to the unstable circumstances to which we have been required to abrupt life readjustment that has permeated all areas (Practitioner 3, 23 years old; personal communication, June 10, 2020).

Some of the drawbacks that have arisen are technical and technological failures, in some of the cases produced by the loss of connection, causing failures or repercussions in the therapeutic sessions; however, it has been demonstrated that they have been effective in providing emotional containment (Practitioner 4, 23 years old; personal communication, June 10, 2020).

From experience in treatment with adolescents, the digital modality can present major obstacles: adolescents usually come to the clinic without their own free will, generally brought by their parents or guardians [...]. It would be necessary to rethink the relevance of the digital modality in these cases or to rethink the ways to carry it out (Practitioner 2, 25 years old; personal communication, June 10, 2020).

The migration process presented technical difficulties, mostly referred to failures with the Internet, which caused instability during the sessions both in people who had to suspend their connection, and the impossibility of achieving the session without hindrances. Finally, in a case diagnosed with borderline personality disorder, and in the words of the patient with "a certain paranoia", the entire team was asked to turn on or keep the camera on to look at those who were observing her and to verify that she was not being judged. In this sense, the same thing would have happened in face-to-face, perhaps even the person would have preferred cubicle care (without a reflective group). However, before concluding the remote psychological care, the patient expressed having had a positive and enriching experience despite the differences in the process, including her agoraphobia symptoms. The team, unlike the patient, had conflict in leaving the camera on or getting ready for the session, so some of them stopped coming (this was due to the fact that they were asked that if they could not stay the whole session attending her without interruption, it was convenient to apologize and stop coming). In turn, the reflective team began to use the distance, the failures and the vicissitudes of the pandemic as elements that allowed them to stop assigning the entire practice schedule to their training, the attention to patients who so decided was maintained, but not the rigorous reading or writing process that they had prior to the pandemic (Supervisor, 37 years old; personal communication, June 12, 2020).

DISCUSSION

Rodríguez *et al.* (2021) presented in their sample 92% of mental health professionals who care from home. As can be seen in Chimpén-López *et al.* (2021), Gutiérrez (2020) and Békés and Aafjes-van (2020), among other research, the migratory processes of therapists and the work with supervision groups have been addressed, but the process of constructing a digital Gesell chamber has not been developed, nor have useful experiences been presented for the implementation of reflective group work with this tool.

From this research it is possible to notice that, together, the reflective group and the digital Gesell chamber represent innovative practices to continue the formative process of university students and the

psychological accompaniment in times of pandemic. In this sense, through the actions of constructing both elements by digital means, the ethical convictions of training professionals (in an educational sense) and developing psychological accompaniment, as stipulated in the APA Code of Ethics (2017), were maintained. George (2021) and Digión and Álvarez (2021) consider the need for migration from physical to virtual spaces as an alternative to teaching, which, according to Scholl *et al.* (2021), is useful for both patients and students.

The essential actions to migrate professional practices to the digital Gesell chamber, which derive from the present work, are listed below:

- a) A specific informed consent regarding the scope and limitations of the remote practice.
- b) An emergency contact.
- c) A space where you can talk freely, the conditions were the same for the reflective team, such as the use of headphones so that no one at home can hear the privacy of the person being attended.
- d) Introduce the team to the first session, wait on a platform designated for the consultation before the arrival of the person to be attended, remain with the microphone and camera turned off (except for the person attending).
- e) To pause before the end of the session to give space to the reflective team, as noted by Sesma *et al.* (2016), and a closure is made.
- f) As suggested by Lysaker *et al.* (2020), after the session, the content of the session, the therapeutic relationship and the interventions are reviewed.
- g) It is important to specify and warn that those who acquire the commitment to care for a patient, as part of the reflective team, should attend all sessions in order not to generate insecure attachments, as Velayos and Sanchez (2020) point out; in an ordinary Gesell chamber the presence or absence of a team member is not noticeable, but in this case the absence of a name on the screen is, and this can generate failures in the therapeutic bond.
- h) Finally, it is convenient to generate a permanent and specific link for the meetings; this is possible in Meet.jit.si.

As a warning for future work on this topic, it is relevant to mention that the difficulties reported in this research are similar to those of González-Calvo *et al.* (2020), who noted the importance of coping with changes and mentioned some of the havoc in suspending or migrating from

professional practices to digital ones, and warned that the feeling of reduced learning in students together with feelings of uncertainty, exhaustion, sadness, among other emotional elements, are implicit in the behavior of students. In this way, it is noticed in this research that the commitment to the internship was lower, as well as in the personal care of the interns (grooming, reading, punctuality, among other aspects).

Migrating the professional practices to a digital environment also breaks with the academic space of students and supervisor, as well as of the people with whom the psychological counseling practices were carried out. This forced a readjustment, in which elements were found that not in all cases could be foreseen, controlled or even became adversities or disadvantages, as reported in the discourses of the practitioners about the fear of being listened to at home or the refusal of some patients because of these risks.

For example, in the case of the patient with borderline disorder, there was an increase in suspicion and a feeling of vigilance, as Velayos and Sánchez (2020) point out; to this is added the difficulties already mentioned, such as connection or technical failures (Chimpén-López *et al.*, 2021). It is important to note that the care sessions did not have any cost for the patients; if this had not been the case, it is likely that difficulties with charging would have arisen, as reported by Rodríguez *et al.* (2021).

Békés and Aafjes-van (2020) mention that many patients may desist from psychological care; however, the experiences of the reflective team regarding their formative process show that "the digital practices fulfilled the same function as the face-to-face ones, since they managed to carry out most of the sessions adequately, as did the supervisions and the function of the reflective group remained the same" (Practitioner 1, 22 years old; personal communication, June 6, 2020); in turn, they state that they noticed progress in the psychological counseling processes. Saucedo and Marrugo (2020) also noted that continuing the training becomes a motivating process.

The reflective team functions as a widely effective training, supervision and intervention improvement tool. "In addition to being used as a therapeutic approach, it facilitates the practice, training and supervision of different forms of psychotherapy interventions in academic contexts" (Sesma *et al.*, 2016 p. 15). The reflective team works the first two thirds of the session and then deliberate regarding the interventions, techniques and tools used, as well as the becoming of the consultation; likewise, the author mentions the possibility of withdrawing from the room and having contact outside the room. An advantage of the Gesell chamber is the possibility of giving feedback or requesting improvements during the session, "unlike the physical Gesell chamber, it allowed sending text messages to the student who was attending" (Supervisor, 37 years old). This is not possible in the face-to-face version without interruptions.

The migration of the study to digital fields generates a team as a mental health promoter for patients and practitioners. Serey and Zúñiga (2021) consider that educational work is a space that contributes to the development of well-being, an issue that was interrupted by the pandemic. The digital Gesell chamber, therefore, not only allows professional practices to be sustained as an educational process, it also becomes a two-way mental health element, both for students who maintain the community and social bond and for people who come for care and maintain a link with their psychological counseling process.

One of the limitations of the research is the lack of training for the generation of self-studies. As reported earlier, the sample of participants and patients was limited; likewise, the absence of a specific space for the qualitative and quantitative evaluation of the work, supervision and experience of patients and students was a limitation. Elements that would have been suitable for further research are reported in the work of Tarlow *et al.* (2020), who conducted the measurement of the process and interviews, as well as in the study by Yacelga *et al.* (2021); however, their consideration is pending for future research on the same topic.

CONCLUSIONS

The construction of a digital Gesell chamber is presented as a useful and ethical pedagogical alternative to the contingency; however, its use can go beyond this context, since it opens the possibility of using it in institutions that do not have facilities to provide psychological care or guidance, while allowing synchronous feedback with the reflective team and sustaining both professional practices, supervision and psychological accompaniment (with many new possibilities) and synchronous collaboration (feedback). Among its advantages is keeping all parties involved in the health field safe.

The limitations of the process in this modality are mostly related to technical failures, the space available to people in their homes and the commitment acquired once there is no physical verification of presence or compliance with schedules. Likewise, this proposal may be useful not only in cases of pandemic, but also for institutions that do not have agreements, spaces or centers for face-to-face care once the health emergency is over. Finally, this research will allow others interested in investigating the effectiveness of distance work with reflective groups to use this modality to carry out experimental designs and contrast them with the work done in

Students. *European Journal of Psychological Assessment*, 36(2), pp. 324-335. <https://doi.org/10.1027/1015-5759/a000524>

Gutiérrez, R. (2020). Propuesta de atención para los servicios de psicoterapia en línea (telepsicoterapia) derivados del covid-19 en México. *Psicología y Salud*, 30(1), pp. 133-136. <https://psicologiaysalud.uv.mx/index.php/psicysalud/article/view/2640/4509>

Hernández, A. (2007). Supervisión de psicoterapeutas sistémicos: un crisol para devenir instrumentos de cambio. *Diversitas: Perspectivas en Psicología*, 3(2), pp. 227-238. <http://pepsic.bvsalud.org/pdf/diver/v3n2/v3n2a05.pdf>

Lysaker, P. H.; Hillis, J. D.; Zalzal, A. B. & Gagen, E. C. (2020). Reflection and recovery from psychosis during the time of covid-19: adaptation in psychotherapy in the United States. *Clinica y Salud*, 31(2), pp. 99-103. <https://dx.doi.org/10.5093/clysa2020a16>

Moreno-Proañó, G. (2020). Pensamientos distorsionados y ansiedad generalizada en covid-19. *CienciAmérica*, 9(2), pp. 1-5. <http://dx.doi.org/10.33210/ca.v9i2.314>

Organización Iberoamericana de Seguridad Social (OISS). (2020). Recomendaciones de intervención psicológica con pacientes, familiares y profesionales en el contexto de la emergencia sanitaria por covid-19. OISS. is.gd/Qxff4a

Organización Mundial de la Salud (OMS). (12 de septiembre 2020). Coronavirus disease (COVID-19) pandemic. OMS. t.ly/XwjO

Rodríguez, M.; Agostinelli, J.; Daverio, R.; Benedicto, G.; Cocola, F.; Jones, G.; Calligaro, C. y Díaz, M. (2021). Psicoterapia online en tiempos de covid-19: adaptación, beneficios, dificultades. *Archivo médico*, 21(1), pp. 1-15. <https://revistasum.umanizales.edu.co/ojs/index.php/archivosmedicina/article/view/4046>

Saucedo, O. Y. y Marrugo, C. M. (2020). "MAGIAC" Implementación de un espacio virtual para apoyar el curso de matemáticas en época de covid-19 en la Institución Educativa Liceo Guillermo Valencia (tesis de licenciatura). Universidad de Córdoba, España. t.ly/nKDO

Scholl, J.; Kohls, E.; Goerges, F.; Steinbrecher, M.; Baldofski, S.; Moessner, M. & Rummel-Kluge, C. (2021). Transfer of face-to face group therapies into online group-chats in a psychiatric outpatient setting during the covid-19 pandemic. *JMIR Form Res*. <https://doi.org/10.2196/27865>

Serey, D. y Zúñiga, P. (2021). La convivencia escolar post covid-19: una propuesta didáctica desde el coaching educativo. *International Journal of Educational Research and Innovation*, (15), pp. 143-161. <https://doi.org/10.46661/ijeri.5005>

- Sesma-Vázquez, M.; Gómez, M.; Rentería, N.; Fernández, E.; Olivares, S.; Rangel, D. M.; Panizo, J.; Noriega, P.; Manassero, V.; Lozano, J.; Herrera, A.; Campero, M. y Jiménez, S. (2016). El equipo reflexivo sin equipo: el uso de la polifonía y las múltiples voces en la consulta privada. *Revista Sistemas Familiares y otros sistemas humanos*, 32(1), pp. 14-22. <https://asiba.org/index.php/asiba/article/download/32/32/>
- Tarlow, K. R.; McCord, C. E.; Nelson, J. L. & Bernhard, P. A. (2020). Comparing in-person supervision and telesupervision: A multiple baseline single-case study. *Journal of psychotherapy integration*, 30(2). <https://doi.org/10.1037/int0000210>
- Velayos, L. y Sánchez, D. (2020). El apego en la práctica clínica durante la pandemia covid-19. *Revista de Psicoterapia*, 31(116), pp. 295-309. <https://doi.org/10.33898/rdp.v31i116.391>
- Walsh, S. y Ceresato, F. A. (2020). Cambios en el proceso de supervisión en el contexto del aislamiento social preventivo obligatorio. Una mirada sistémica. *XII Congreso Internacional de Investigación y Práctica Profesional en Psicología*. <https://www.academica.org/000-007/284>
- Yacelga, T.; Zúñiga, E.; Paz, C. & Hidalgo-Andrade, P. (2020). Supervision model of mental health telecare volunteers during the covid-19 pandemic. *Clinical Neuropsychiatry*, 17(6), pp. 361- 364. <https://doi.org/10.36131/cnforitieditore20200605>



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