

HEALTH & WELLNESS

Your Video Therapist Will See You Now

Sessions have gone virtual amid the coronavirus pandemic, raising new challenges

By *Andrea Petersen*

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In the weeks since marriage and family therapist Shelley Hanson moved her sessions to video calls because of the Covid-19 pandemic, some of her clients—many of whom are sheltering-in-place with family members—have struggled to find private space to talk. Some couples have hidden out in their cars. A few had therapy from their bedroom closets.

Some couples in counseling “have kids who would love to listen in and know what’s going on,” says Ms. Hanson, who practices in Tigard, Ore. “You have to get kind of creative.”

Privacy is just one issue that has cropped up since nearly all of outpatient mental health treatment has moved online. Over the course of just a few weeks in March, psychiatrists, psychologists and other therapists mostly stopped in-person meetings with patients. They’ve scrambled to adopt new video platforms, tweak therapy approaches and keep up with quickly changing regulations and insurance rules meant—at least temporarily—to make telehealth more accessible. Therapists and clients alike are grappling with everything from technical glitches to interruptions from pets.

Some studies have found that video mental health assessments and therapy can be as effective as in-person treatment. But there’s less research on some types of digital treatment happening now, like group therapy and couples counseling.

In recent weeks, Mary Alvord, a psychologist in Chevy Chase, Md., has trained around 10,000 mental health providers on how best to deliver treatment online via webinars for the National Register of Health Service Psychologists and other organizations. And companies that solely do digital mental health say they are seeing increased demand. Ginger, which provides chat-based mental health services to employees of other companies, says its number of “active users” in a

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Talkspace, which connects users to therapists via video and text, says it has seen a 65% rise in demand. As the pandemic grinds on, the company is seeing people's concerns change: Initially, many users had intense anxiety about the virus and their and their loved ones' health, says Neil Leibowitz, the company's chief medical officer. That has shifted to worries about finances. More recently, relationship issues have come to the fore. "People aren't used to spending so much time together," Dr. Leibowitz says.

Robyn Suchy, 27, says there are some upsides to having his weekly appointments with his therapist via video. "I don't have to travel a half-hour. I can get back to work right away," says the Washington, D.C.-based Mr. Suchy, the chapter manager at Active Minds, a nonprofit mental health advocacy group with chapters on about 550 college campuses.

But there's also been a learning curve. During his first video session, Mr. Suchy left his second computer monitor on and found himself distracted by a document that needed to be sent to a colleague and many unread Slack messages. Before his next visit, he made sure to turn that monitor off. He also has found the lack of separation between work and therapy to be jarring. "I'll have a meeting with my supervisor and the next minute I'm in therapy," says Mr. Suchy. So now he takes 15 minutes before his therapy appointment to listen to music and "have a little space to rewire my brain to be in the right mode" for his session.

Ms. Hanson says she's finding that some teenagers who had refused to come to in-person therapy with their families are now joining the video sessions. "They come to get something from the refrigerator, they sit down and participate a little bit," she says.

Some psychiatrists say that cancellations and no-shows have plummeted. Bruce J. Schwartz says the no-show rate at the Montefiore Medical Center psychiatry outpatient practice in New York has dropped from 25% to 30% of visits to almost nothing. "The fact that so many people are home, it's really very efficient," says Dr. Schwartz, professor and deputy chair of psychiatry and behavioral sciences at Montefiore and president of the American Psychiatric Association.

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Many mental health providers have been offering some video visits for years. But government restrictions and payment issues have hampered their growth, says Jay Shore, a psychiatrist and professor at the University of Colorado Anschutz Medical Campus and chair of the American Psychiatric Association's telepsychiatry committee. In response to the pandemic, last month the Trump administration suspended rules that largely limited Medicare coverage of

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The Department of Health and Human Services also said it would waive potential penalties under the Health Insurance Portability and Accountability Act, which protects patient privacy, during the public health emergency as long as teleconferencing services are used in good faith. In a shift, many state Medicaid programs are now paying for telephone-only mental health treatment. Also, many states have temporarily dropped rules requiring that mental health providers be licensed in the same state where their patients live. Private health insurers such as Anthem and Aetna are temporarily waiving all copays for telehealth visits, including those for psychiatry and psychotherapy.

Not all patients want to make the move to video visits. Some therapists say a portion of their clients have stopped therapy until they can resume in-person appointments.

Paule McKenna opted to pass on video calls with her therapist, saying she thought having to see her own image would be too distracting. “When I’m talking about myself, I want to focus,” says Ms. McKenna, a 60-year-old former makeup artist in Palm Desert, Calif. “I don’t want to look at myself.” Ms. McKenna is doing her sessions via phone for now.

Some conditions and patients are more challenging to treat via video. Rachel Busman, senior director of the Anxiety Disorders Center at the Child Mind Institute in New York, treats children as young as 3 with selective mutism, a disorder where children fail to speak in social situations. The therapy is often done with groups of children and counselors to provide a lot of social interaction and opportunities for speaking, and is usually hands on: Counselors ask questions to prompt children to talk and reward them with stickers and prizes.

Now Dr. Busman’s program is running the groups on a version of Zoom for health care professionals. To make the cacophony of group online interaction with a dozen preschoolers and counselors manageable, the Child Mind therapists often break the big group into smaller twosomes or threesomes. And in lieu of physical stickers, during a recent session one counselor drew a star on an index card and held it up to the screen when a child spoke.

Anne Marie Albano, a professor of medical psychology in psychiatry at Columbia University Irving Medical Center in New York, runs group therapy programs for children and young adults with social anxiety disorder. Pre-pandemic, the groups would order food at local restaurants, approach strangers and role play talking to teachers, all “exposures” meant to elicit anxiety and teach them how to better handle it.

Dr. Albano and her colleagues are modifying exposures to make them doable via video. To work on handling embarrassment, for example, she’ll send an email to a participant instructing them to “mime or act out what I’m sending,” she says. “All the sudden, you’ll have one person singing

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Some mental health professionals expect that a chunk of patients will stick with digital therapy post-pandemic, especially if the regulations are permanently changed. Some clients may decide, “this really worked. I feel like it was convenient and beneficial,” says Lynn Bufka, a clinical psychologist and senior director at the American Psychological Association.

Kelly Madden, a 22-year-old senior at Ithaca College in Ithaca, N.Y., says she sees a therapist for post-traumatic stress disorder and depression. She’s found her new video sessions convenient but “pretty disjointed. We’re missing that nonverbal body language,” she says. And she’s looking forward to returning to her therapist’s office. “I’d for sure go back to in-person,” she says. “As long as that was safe.”

Tips for Making Tele-Therapy Work

- *Check with your insurance provider to make sure your particular treatment is covered. While many rules have been loosened, there are still some restrictions.
- *Even though you may be able see a provider located in another state, consider finding someone closer to home. That way there won’t be hiccups if the rules change or you want to switch to in-person treatment later.
- *Have a backup plan (such as having your therapist call you on your cellphone) in case your internet connection drops or your picture constantly freezes.
- *Ask your therapist to use a secure platform (such as Zoom for Healthcare) and avoid connecting to your session via public Wi-Fi.
- *Find a private space so you can speak freely without being overheard or interrupted. Your car or a closet can do in a pinch.
- *Treat the session like an in-person visit. That means no pajamas, drinking alcohol or snacking. (Yes, therapists say this happens.)
- *Take a few minutes to sit quietly and prepare for your session. Going right from a work meeting to therapy can be jarring.

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