Allyssa Lanza:

Hi Lorraine,
This is a great idea. Thank you for the well wishes. I am so very grateful for my experience at Antioch, and I feel like I am still relying on my PSC documentation training as I venture into telehealth!

I am currently working full time as part of a group private practice in Bethesda, MD. When COVID-19 first started to hit the US, Maryland labeled psychologists as "essential employees." For about a week, I offered clients an option to be seen in person or through Doxy.me (a free HIPAA-secure teleconferencing program). At the time, I had a few internship didactic and VA trainings about telehealth, and I was regularly seeing 1-2 folks per week remotely. Once I started to realize how bad things were getting, I sent a notice to all of my clients saying I was changing to entirely telehealth practice. The vast majority of my clients were comfortable with trying this. A few decided it made sense to take breaks in treatment, and a few stopped out of concern for privacy/security issues. Referrals dropped for about a week, and then started to roll in as people noted worsening anxiety (lots of health anxiety and OCD symptoms reported). Recently, people have been reaching out for treatment now that they have the time to spare.

My largest adjustment was adapting telehealth for some of my clients who were not ideal candidates for the modality. Some clients were receiving EMDR (which has limited/anecdotal researched benefits over telehealth), some clients have unmanaged BPD symptoms, and a few clients are dissociative. I sought out CEUs on telehealth, and the trainings cautioned against seeing clients who were emotionally dysregulated. One trainer in particular emphasized practitioners to refrain from making the argument "some treatment is better than none," as this can enable clients to not seek the type of treatment they need. I was in an ethical dilemma, where I both did not want to abandon the client, nor did I want to go against the telehealth guidelines with a higher-risk client. Ultimately, after consulting with many trusted peers (and confirming that no therapists were accepting new in-person clients), I decided to continue with clients whom I would not have considered appropriate for telehealth otherwise. I documented with a QE-level of care (Vic would be proud), and so far, treatment has been going well.

Overall, I have been pleasantly surprised how well telehealth has been going. There is something about how vulnerable everyone has been feeling with COVID that has allowed some people to go to depths in therapy we had not reached before. I think it has helped some of my clients to know that everyone is going through the pandemic, as it normalizes the fear and anxiety they are sometimes too ashamed to admit. I appreciate the intimacy in seeing their homes and meeting their pets. One of my clients asked to "meet" my dog, and it felt like such a therapeutic and humanizing moment to share with her. It has also been helpful for me to stay busy with work, as it keeps me anchored in a mindful place (and out of the fridge). I feel accountable to my clients to wear professional attire and makeup, and I find changing clothes a helpful way to compartmentalize my day.

The last point I'll share is about the dual role of being a therapist during a disaster. Under normal conditions, we can separate our work from our personal life. Typically, the stressors our clients experience may be different than our own daily struggles. Gargi Roysircar, Sarajane Rodgers,

Marie Macedonia, and I have written about how disaster responders have the challenge of dealing with the *same* stressors as their clients. The same virus that is contributing to anxiety in clients is also likely to bring up fear and worry in ourselves. We can start to feel "imposter syndrome" (how can I help clients when I am experiencing the same thing?), when in actuality our parallel experience is just our shared humanity. Talk to your colleagues who are unafraid to show their humanity to you. They will help normalize your very natural emotions. Normalize difficult emotions for clients, while also making sure that you are taking care of yourself. It is ok to model taking mental health/self care days, and it is definitely ok to admit to clients you are practicing what you preach with good sleep hygiene, walks, and journaling. Be gentle with yourself in the ways you want your clients to be with themselves. And, as always, please feel free to reach out to me at this email if I can help in any way.

I hope this helps.
Best wishes,
Allyssa