

Liza Colby

During COVID-19, it's been quite an interesting experience because it has brought to mind hardships for disenfranchised groups. In particular I am speaking about older adults and people with disabilities.

The behavioral advocacy committee of the New Hampshire Psychological Association has done a remarkable job fighting to get coverage for older adults who have Medicare. It's hard to imagine what it's like to be an older adult with limited ability to get to appointments and difficulty coping with technology. I have had patients who could not figure out how to get on my videoconferencing to have a telepsychology meeting. Because of the advocacy, Medicare is reimbursing for phone only sessions. This change has allowed people who are vulnerable and at risk to receive the psychological services that they need. It levels the playing field, so to speak. People should not be left behind simply because of something easily fixable through a modification.

I am currently in private practice in Windham, New Hampshire. Right now I am doing teletherapy only. When I really think about it, there are some things that are very different because of not seeing people face-to-face. I have a visible disability and use a walker. This is the first time I have done therapy without somebody knowing I have a disability. I am wondering whether I should mention the disability before I see them in person. I haven't made up my mind. Part of the reason that I hesitate is because of my experience with other psychologists in New Hampshire. Before I had my own practice, I had some interviews in other organizations. During one interview the psychologist asked me how I thought my disability affected my patients. That was basically the whole interview. I think that kind of question is illegal during job interviews. I never got to talk about my abilities as a psychologist or how I would fit into the organization. If I had done the interview remotely, that question would not have come up. Another experience I had was being offered an interview over the phone, however, when I asked if the site was accessible, the psychologist told me she didn't think I could do the job because I would need to walk quickly down hallways. She did not want to do the interview after that. It is unfortunate that things like this happen because disability as a diversity issue allows difference to become a strength, even if people do not think so at first. I don't think most of the clients that I have seen emphasize my disability as much as some seasoned psychologists. The people I have treated successfully were willing to consider my disability without allowing the disability to prevent them from seeing me. People do become patients in spite of differences in ability. I don't think my disability decreases my ability to build rapport. As we all know, the therapeutic connection is the primary variable that helps people get better.