

From Joan Torgersen Magill:

Working as a Psychotherapist During a World Pandemic
June, 2020

We humans have certainly known that if we don't adapt we perish. While adapting to new developmental stages and to changes in the family life cycle are fairly well understood even beyond our specific field of psychology; there are, of course, many other events in life which come as a surprise. It is an understatement to say that the Covid 19 virus and resulting world pandemic is an event for which no one was prepared. Yet adapt we must.

Having worked as a psychotherapist for over 4 decades, I've managed to adapt to various work environments and various geographic locations over the years. Never, however, had I conducted psychotherapy via telehealth until the middle of March. Now, as we approach the middle of June, I feel like somewhat of a pro. Sure, I grumbled when the connection faltered or I had to telephone a client to "check your email invitation to Zoom". I initially rather frequently cursed out my PC or my iPad when things didn't run smoothly. And considering myself somewhat technically challenged (I used to rebuild cars, but I can't get the hang of troubleshooting a computer), I needed a lot of help to know to purchase an ethernet cable and buy an expensive external microphone for the PC. But all that hassle is behind me. I am here to tell you telehealth is great. Here's what I'm learning here in my home study, with my new elegant leather and chrome desk chair hastily purchased via Amazon Prime and my resurrected Asian three panel screen to hide stacks of unfinished whatever:

Looking polished from the waist up, with yoga pants and bare feet beneath works great. And now that I've learned to ignore seeing myself on the screen (really, that's a must!), I may be more physically active than I was ever known for back in the days of face to face treatment; in other words, my clients know that I'm fully, intensely involved via my getting up close to the screen (or retreating back) or using my hands or even occasionally getting up to grab a book off a shelf. I have not had one cancellation and, in fact, have been averaging one new client each week. Now here's the most important thing I want to share, and I ask that others look into what may be going on as I'm not sure I've figured it out: in working with families, the work seems to be going faster. It may even be going better. While I had noticed this early on, I finally brought it up at one of the Zoom cocktail parties my husband and I attend with a small group of mostly other clinicians (which, thankfully, my husband is not) on a weekly basis. A colleague -also a family therapist- said she thought it might be because I was "in their home". Then it clicked for me: prior to entering the doctoral program at Antioch, I had maintained, in addition to my regular clinic counseling job, a small private practice with a man from a nearby Massachusetts town. It had been his idea that we let every family we saw know (and we worked as a team in those days with each family) when they called to schedule an initial appointment that there would be one session in their home

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early on in treatment. That was prior to 1982 when I entered the first class at Antioch NE. For us two therapists, being in the home with a family added so much dimension to the people and to the work. They were more "real", more interactive going forward. And we clinicians seemed to have more empathy and were more able to grasp earlier what might be the actual clinical issues to address. We believed we'd hit on something and I vowed to always work in that way. That didn't happen, of course. I stopped clinical work while going to Antioch other than practica (and raising my children), then I became a clinician in the Psychiatry Department at UMMC, then I moved because of my new husband's work in 1991 to Boca Raton, Florida. Then came managed care. Then APA saying it wasn't ok to go to clients' homes (which I hadn't been doing anyway since '82). Then two years ago, I decided to accept an offer to join a large practice in Boca, not far from where I'd had my own office for over a quarter of a century. So..... I believe there will be many more noticeable and possibly distinctive features of doing telehealth. My firm reopened this past week. I'm choosing to wait to go back in until things get smoothed out (14 clinicians each fully booked scheduling every hour, with restrictions in place!!!). Sometimes I ponder whether to go back, whether to combine types of treatment locations, or to retire. No. Forget that last ponder. My expectation has been that I shall someday become a snowbird psychologist, so maybe now is the time to figure that out. I do want to spend part of the year in New England, for sure. And I still have my LMFT license in Massachusetts (#51).

I so want to learn others' experiences working with telehealth. I had never expected to do it or to like it or, Heaven forbid - see a new client via telehealth! I'm adapting. And doing that very well.

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