President's Column

The world has changed drastically since I last wrote a message to SEPI members. COVID-19 transformed our lives in an instant. A world under quarantine is not something that we ever imagined. Although the lockdown has being lifted in many countries, we still have a long way before we reach our so-called new normal. As an international organization with members from every continent, SEPI prizes our opportunity to meet our colleagues once a year. It is not only innovative clinical theories and cutting-edge research studies that we look forward to but also the face-to-face discussion and dialogue and warm collegiality that we cherish so much. Not being able to meet posed a big challenge for us.

But SEPI also prizes flexibility and innovation, so we are doing our best to sustain our connection, develop our collaboration, and thrive through these difficulties. We are finding ways to continue to intellectually stimulate one another. For one, we decided to have an online poster session. With the help of Jennifer Callahan, the chief editor of the Journal of Psychotherapy Integration, we were able to create a poster session with an interactive feature. A total of 25 posters are being presented (If you haven't visited, please go to https://psychology.unt.edu/posters).

Second, with the help of our new chair of the Communication and Publication Committee, Tracy A. Prout, SEPI has been going through a major web page renovation and creating a better web presence. As some of you might have already noticed, the homepage was updated and refreshed. We now have a very active Facebook page, Twitter, and Instagram accounts. I hope that you will promote our SNS by linking to yours. Through these SNSes we can maintain our connection throughout a year! One of the major changes includes our logo. We certainly have a lot of attachment to the previous one of longstanding. I hope that our new logo will represent us and our ever-evolving integrative movement better. I hope you like it.

Third, the SEPI Webinar Series was launched. It is a monthly webinar on current topics in psychotherapy integration. The webinars will continue throughout the year until our next meeting in Lausanne. The Webinar Series is open to non-members as well, to promote SEPI all over the world. The first one was given on 29th of May in the SEPI weekend by Tony Rousmaniere and Alex Vaz on Deliberate Practice. Over 370 people registered for this event. There was an exercise in which we sent in our empathic responses watching videoclip. It seemed a lot of participants were very engaged! It was also interesting to see the variety of empathic responses from participating therapists. Thanx to Tony and Alex! It was a huge success. The second one is planned for 22nd of June on telepsychotherapy in the age of covid-19 and is moderated by Jennifer Callahan, the chief editor of our journal. The third one will be on 13th of July by Marv Goldfried and Paul Wachtel on the past, present and future of psychotherapy integration.
The online therapist: Searching for a silver lining during the time of Covid-19
By Katie Aafjes-van Doorn, Vera Bekes, Tracy Prout and Leon Hoffman

SEPI’s Response to Racial Injustice & Institutionalized Oppression

How COVID-19 had changed our world and altered the practice of psychotherapy: Tips to surviving and thriving in a pandemic
By Jeffrey J. Magnavita

Teletherapy: A Must for the Modern World
By Tania Alaby-Varma, & Dr. Robert H. Spiro

"We need to acknowledge the deeply entrenched systemic factors that reify oppression. As an international organization, we need to form a concerted alliance to stand up and stop racial injustice and institutionalized oppression."

Fourth, with the leadership of Jennifer Callahan, our official journal, Journal of Psychotherapy Integration, responded very quickly to the pandemic with a call for a special issue on tele-psychotherapy in the age of covid-19. The journal had over 60 submissions! Now this special, free-access issue is out online. I applaud Jennifer and her editorial board members for processing those submissions and creating such an important special issue in such a short period of time. It is a truly remarkable achievement. Now it is our turn to read and make the best clinical use of these articles.

As the world is now in a stage to pursue a so-called new normal, we are also experiencing the accumulation of stress, anxiety, and frustration. New studies are showing dramatic increases in anxiety and depression and overall poor wellbeing in countries such as Australia and the United States. Similar results will probably be reported from other countries. I hope that SEPI as an organization will contribute to addressing these challenges.

Finally, in the midst of the pandemic, we now find ourselves also confronting racism and violence. SEPI as an organization condemns police brutality, violence, and the silencing of the voices of people of color. We need to acknowledge the deeply entrenched systemic factors that reify oppression. As an international organization, we need to form a concerted alliance to stand up and stop racial injustice and institutionalized oppression. SEPI’s mission rests on the importance of dialogue and learning from one another. Our mission focuses on culture as a fundamental context within which people grow and flourish. We have a responsibility, as individuals and as an organization, to examine and challenge ourselves.

Shigeru Iwakabe
SEPI President
Impact and Coping with Coronavirus in the SEPI Regional Networks

We surveyed the SEPI RNs about how the coronavirus has affected them and their colleagues. We received responses from different corners of the world, with quite different stories.

Béatriz Gomez, RN coordinator in Argentina reports that Argentina, particularly Buenos Aires, continues on a quarantine that began in March and is likely to extend beyond the current deadline of end of June. The country is suffering economically, as well as in the health and mental health areas. The Aiglé Foundation, which sponsors the RN, is offering free counseling during the quarantine, as well as continuing their usual services via telehealth. Moving all clinical, training, and research online has been challenging but successful. The Foundation continues its research projects with their team in Valencia, Spain and other groups in Latin America. This collaborative research now includes a research project on the impact of the virus on psychotherapists, both at a professional and personal level.

Fan Zhengli, Yang Hui, and Mark Stein, coordinators of the Chongqing RN, reported on a highly organized response by the Chongqing Mental Health Center, where the RN is located. This involved suspending routine psychiatric treatment and closing the psychiatric ward to new admissions. Buffer wards throughout the hospital provided screening for Covid-19 for all new patients. To date there have been no cases of Covid-19 among hospital staff or hospitalized psychiatric patients. Some staff were deployed to assist teams in other regions of China. A helpline was set up to provide psychological and mental health support, including to the foreign students at a local university. Some training events were re-scheduled, and clinical supervision was mostly suspended during the outbreak. Some online services occurred, but this was not widespread. In mid-April Chongqing was in remission from Covid-19, and the hospital and center resumed routine outpatient treatment. Treatment is delivered face-to-face, with social distancing between therapist and patient. Some patients reported deterioration during the outbreak, when they were not receiving treatment; however, others did not. At this time, all the routines of the Center have resumed without having to introduce any additional measures.
Magdalena Frouzová, coordinator of the Prague RN, reports that relatively few people in the Czech Republic became infected with Covid-19. Therapists maintained clinical treatment via telehealth. Some training was postponed, while other training activities took place via internet. After a period of quarantine, therapists and patients are now meeting face to face. No one in the Skala Institute, nor in their families, has been infected.

Tom Holman, coordinator of the Washington, DC RN reports that everyone in this very small RN is healthy, as are their families. Our integrative psychotherapy supervision group has continued via internet since March. The Washington, DC area has been in quarantine since March, but different sections are now very cautiously relaxing the quarantine as the number of Covid-19 cases has declined throughout the area. However, some degree of quarantine (often called “lockdown” here) is likely to persist for at least the next several months. All of us are offering all our services via telehealth, including group therapy, except for testing. Psychological testing, in particular, was severely curtailed, since few tests can be administered over the internet. Some psychologists are now returning to testing in their offices. Teaching and clinical supervision has also continued without interruption via internet. None of our members work in hospital or other medical settings, so our exposure to the virus has been more easily controlled. Some clinicians in our area are returning to face-to-face practice with precautions and social distancing. However, others plan to continue with telehealth until an effective vaccine is widely available. While we hope for the best, we know the pandemic is far from over here. The United States as a whole continues to suffer significantly because of the very different responses in different parts of the country.

Tom Holman (tom@tomholman.com)

Doménica Klinar (dome.klinar.a@gmail.com)
Due to health and safety concerns during the COVID-19 pandemic, the 2020 International SEPI Conference in Vancouver had to be cancelled. Still, there are still many ways to connect and be in conversation with SEPI colleagues who are committed to psychotherapy integration. We invite you to visit the online SEPI poster session. The posters presented are original contributions that were submitted for the international conference.

SEPI would like to thank all poster authors, and we look forward to experiencing your important work in person at a future meeting.

Visit the SEPI online poster session here:

https://psychology.unt.edu/posters
The Integrative Therapist wants you to be an author. We are seeking brief, informal, interesting and actionable articles with a personal touch. Please limit references to those that are absolutely essential. Our bias is towards articles relevant to SEPI’s three missions: integration between researchers and clinicians, integration across cultures, and further development of psychotherapy integration.

Contributors are invited to send articles, interviews, commentaries and letters to the Newsletter’s Editor, Alexandre Vaz (alexmagvaz@gmail.com)

**Submission Deadlines and Publication Dates**

January 1 deadline for February Issue
April 1 deadline for May Issue
July 10 deadline for August Issue
October 15 deadline for November Issue
New Initiatives from the SEPI Communications & Publications Committee: Join us!

by Lauren Smith (Student Committee Member, laurenlsmith21@gmail.com)
& Tracy A. Prout, Ph.D. (Committee Chair, tracyprout@gmail.com)

SEPI’s Communications and Publications Committee has launched several efforts to advance our organization and, to that end, SEPI is diving into the world of social media to promote the development of psychotherapies that fully integrate theoretical orientations, clinical practices, and diverse methods of inquiry.

Social media platforms are particularly powerful tools that can help advance SEPI’s organizational goals by providing unique spaces that unite people worldwide. Social media platforms - like Twitter, Instagram, and Facebook - further propel our organization’s long-held values of building bridges between practitioners and researchers, and those from different psychotherapy paradigms to create meaningful conversations, learn best practices, challenge differing perspectives, and collaborate to advance the field. We have found that social media enhances the dialogue among clinicians and researchers of different theoretical orientations. In doing so, such platforms advance and spread our understanding of the sources of effective therapeutic change and better address the needs of integrative therapists and those who seek treatment.

Our Twitter account, @SEPIntegration, has been a success with 500 followers and growing each day. Building on our efforts to modernize SEPI, we revamped our website with SEPI’s new sleek logo and design, and we have plans to unveil a new website in the near future.

While we were disappointed to cancel this year’s annual conference in Vancouver, the COVID-19 pandemic has not stopped SEPI’s work. Our committee members are working remotely and continue to make great strides in advancing SEPI’s mission. We have created a powerful platform to host a series of webinars covering a variety of relevant topics including Deliberate Practice, Telepsychotherapy in the Age of COVID-19, and An Overview of Psychotherapy Integration. For those members who cannot attend the live webinars, we are recording them and posting these valuable resources on our website. We have also created online poster presentations that continue to connect SEPI members around the world, thanks in large part to the leadership of Jennifer Callahan at the University of North Texas.
All of this could not be done if it were not for the help of senior and founding members of SEPI - including Marvin Goldfried, Paul Wachtel, Franz Caspar, and Catherine Eubanks, who have provided so much valuable input.

We are proud of the work achieved by the Communications and Publications Committee in modernizing SEPI and are excited about the organization’s forward path as it expands its outreach worldwide. To continue this trajectory, we are looking for members to join a new committee that will focus on expanding SEPI’s impact and enhancing member engagement in new, meaningful, and purposeful ways. We invite anyone who is interested in joining the committee to complete a survey at https://rb.gy/pmpcld. We are eager to hear from you!

Lauren Smith  
(Student Committee Member)

Tracy A. Prout, Ph.D  
(Committee Chair)
"We asked therapists about their experience of providing remote therapy"

"Our findings so far suggest that during this sudden switch to remote therapy, therapists and their patients have had relatively positive therapeutic experiences"

The online therapist: Searching for a silver lining during the time of Covid-19

By Katie Aafjes-van Doorn, Vera Bekes, Tracy Prout and Leon Hoffman

The social restrictions during the COVID-19 crisis led to an en masse transition to remote therapies, despite some therapists’ concerns regarding its efficacy, technical challenges and their ability to build a strong therapeutic relationship online. We developed several online surveys and reached out to therapists via professional listservs and social media. We asked therapists about their experience of providing remote therapy (online via video conferencing and phone), about their perceptions of the therapeutic relationship (working alliance and real relationship) in video sessions compared to previous in-person therapy, their confidence in their professional competence (professional self-doubt) and anxiety related to video therapy, their attitudes towards video therapy technology in general, as well as their intention to continue using video therapy in the future. We received many responses from therapists across the world in April and May. The initial survey responses have been analyzed and are now reported in several publications (Aafjes-van Doorn et al., 2020; Aafjes-van Doorn & Bekes et al., 2020; Bekes & Aafjes-van Doorn, 2020; Bekes et al., 2020).

Taken together, our findings so far suggest that during this sudden switch to remote therapy, therapists and their patients have had relatively positive therapeutic experiences and might have a more positive mindset towards remote therapy going forward. More specifically, we found that: (1) during the pandemic, therapists prepared themselves and their patients for the transition in multiple ways; (2) compared to in-person sessions, the majority of therapists felt similarly confident and competent in their online sessions; (3) despite technical and relational challenges, therapists felt that the therapeutic relationship with their patients remained similarly strong, emotionally connected, and authentic during their online therapy sessions. However, (4) around 15% of therapists experienced high levels of vicarious trauma during the COVID-19 pandemic; and (5) younger and less experienced therapists were less confident and more anxious about providing therapy remotely, and more likely to experience vicarious trauma than more experienced/older therapists. Finally, (6) although the majority still thought that online therapy was less effective than in-person sessions, these experiences during the pandemic resulted in more
positive views about online therapy in general, compared to views before. Thus, it seems that this forced transition to online therapy caused by the COVID-19 epidemic might turn out to have some silver lining; however, there is still a need for personal and professional support, especially for younger therapists with less experience, to help ameliorate the challenges of working remotely amidst a global health crisis.

Our study of therapists’ experiences of online therapy is a work in progress. We are continuing to collect data, not only from therapists but also from patients. This will allow us to compare therapist and patient perspectives on remote therapies. Moreover, we have also started to collect follow-up data from therapists to track how their remote therapy experiences have changed since the start of the pandemic. This follow-up includes interviews with therapists in order to gain a richer insight into the subjective experiences of therapists who have transitioned to a remote therapy format. Taken together, this type of large-scale, longitudinal, mixed-method research design, drawn from multiple perspectives, will provide a comprehensive picture of the remote therapy experience, which will be useful for therapists, patients, and supervisors.

If you haven’t participated yet, you can still take part by completing the therapist and/or patient survey.

Link to therapist survey: [TherapistTransitiontoOnlineSurvey](#)

Link to patient survey: [PatientOnlineTherapySurvey](#)

References


SEPI's Response to Racial Injustice & Institutionalized Oppression

In this season of devastating loss and grief due to the coronavirus pandemic, we now find ourselves confronting the racism and violence that has characterized American history since its inception. We are devastated and anguished by the violent and senseless deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, Tony McDade, Laquan McDonald, Trayvon Martin, Freddie Gray, Eric Garner, Aiyana Stanley-Jones, Botham Jean, Michael Brown, Sandra Bland, Tamir Rice, and so many more Black men, women, and children.

As an organization, SEPI condemns police brutality, violence, and the silencing of the voices of people of color. Moreover, we acknowledge the deeply entrenched, systemic factors that reify oppression — the militarization of the police, structural inequalities in housing, healthcare, civil rights, as well as economic and educational opportunities. The murder of George Floyd in Minneapolis has catalyzed a long overdue movement. We are encouraged by protesters — those who have kneeled in the streets, fists raised for justice, those who have marched and wept on behalf of the many who have lost their lives to police brutality. We are hopeful about what is possible, spurred on by activists who are standing up for radical and sustained change in the systems of oppression.

The issues of racial injustice and institutionalized oppression are not unique to the United States. As we consider our international membership, we remember the many atrocities that have been wrought across the globe in the name of nationalism, xenophobia, racism, and hatred. We are hopeful that the migration of protests and activism from the U.S. to other countries, who face their own systems of injustice, will spur on radical and restorative change around the globe. We acknowledge that we are, in the words of American Psychological Association President Sandra L. Schullman, in a “racism pandemic.” As an organization, SEPI condemns these actions, institutions, and policies that seek to destroy the humanity and dignity of our fellow citizens.

Click here to read the full SEPI statement and access resources for joining us in the pursuit of becoming antiracist.

In Solidarity,

Shigeru Iwakabe, President
Catherine F. Eubanks, Past President
Kenneth Critchfield, Treasurer
Marvin R. Goldfried, Past President
Barbara Ingram, President-Elect Designate
Kristin Osborn, Secretary
Alberta Pos, President-Elect
Paul Wachtel, Past President
Tracy A. Prout, Communications and Publications Committee
How COVID-19 had changed our world and altered the practice of psychotherapy: Tips to surviving and thriving in a pandemic

Jeffrey J. Magnavita, Ph.D., ABPP
Chair, Practice Advocacy Committee

The COVID pandemic is a good example of system theory in action. We all are familiar with the approximation of the saying: “A butterfly flapping her wings in China can cause a tornado in Minnesota”. In the midst of a pandemic, our interrelatedness is especially indisputable. The virus jumped from animals to humans, changing the world dramatically, thrusting human lives into new operating systems characterized by uncertainty and potential threat. As mental health practitioners and psychotherapists, we have had to rapidly adapt to the new normal of not being able to see our clients in our offices, clinics, and hospitals, as well as not being able to attend our conferences where we used to enjoy meeting one another. Along with our patients, we are experiencing a type of allostatic loading, stressing our most vulnerable subsystems, exacerbating distress, and taxing our institutional and professional organizations.

We now must adapt to chaos and to rapid changes we never anticipated. The biggest professional challenge for many of us has been transitioning from seeing our patients in our offices to relying on technology in order to treat them virtually. We are fortunate that technology has advanced to the point that the telehealth practice of psychotherapy is quite reliable. With good internet access and a modern computer, it doesn’t matter where you are geographically located. Compared to five, or even three years ago, the quality of telecommunication has advanced significantly. While I have been conducting teletherapy for almost a decade, it only constituted a small percentage of my practice. Teletherapy was helpful when patients were traveling or ill. Since I had everything in place, it was fairly easy to move from my in-person to my virtual practice. So, here are some tips that I hope will help you either make the transition to, or enhance the efficiency of your telehealth practice.

10-Tips for Moving to and Maintaining a Telehealth Mental Health Practice

1) If you are a digital immigrant, and afraid of the challenge, you should examine your beliefs. The most common is that “you can’t teach an old dog new tricks” or “it is too complicated and overwhelming” and “I always let my kids or grandkids do it for me”. Try to jettison these and any other negative beliefs about not being able to master the technology.
2) Make sure you have what you need to work efficiently. The basics include a private space you won’t be interrupted and is not noisy, good internet connectivity, a new enough computer that has updated software, and a teleconference platform.

3) Download, or have an assistant help you, a video platform such as Zoom, WebX, or one of many others. Where possible, use encrypted platforms, which makes it difficult for someone unauthorized to access the session. The regulations have been relaxed in the United States to allow health providers to use non-encrypted platforms such as FaceTime.

4) Test drive your platform with a friend or family member, so you become familiar with how it operates. Many of you are probably already participating in family and social gatherings virtually, so you are almost there.

5) Make sure the camera on your computer is elevated so you are looking directly into the screen. You don’t want the camera looking up at you—not very flattering! Also, test out the lighting. If you can, use natural light and make sure that there are not lights behind you. You might need to purchase an additional light. Consider your background as it’s viewed behind you and make sure it is professional. I saw one journalist broadcasting from home with a bed behind her—not very professional.

6) I also recommend getting an online payment system so you can allow the patient to pay for the session using their credit card. There are several good companies such as PayPal, Square, and others that are user friendly and allow the transaction to be completed efficiently.

7) Some patients will resist using telehealth technology for a variety of reasons. One of my patients wanted to keep her video off because she was in bed and didn’t want me to see how messy her house was. Encourage your patients to try video but be flexible. Remember that keeping them engaged is the most important part, especially in this time, when so many are extremely isolated. You may be the only person your patient speaks with all week.

8) Educate your patient, if possible, to find a private space to conduct their session with you. Plan to walk them through the process the first time and have an alternate form of communication such as email or phone if you get disconnected.

9) Check with your professional associations, as well as state and federal guidelines for practicing telehealth.

10) Use your technology to participate in professional peer groups, continuing education and continuous learning to keep you current.

Jeffrey J. Magnavita is the Editor of *Using Technology in Mental Health Practice* (2018) with APA and is the CEO of Strategic Psychotherapeutics, LLC https://strategicpsychotherapeutics.com/ and the developer of StratPsych ©an online learning platform for psychotherapists.
Teletherapy: A Must for the Modern World

By Tania Alaby-Varma, M.S., & Dr. Robert H. Spiro, Ph.D., ABPP

Clinical Impact Statement
This manuscript provides essential information regarding the dire need for the provision of teletherapy services during the COVID-19 crisis. This information is provided to inform the development and implementation of clinical services for clinicians, providing an understanding of the positive and negative implications of the teletherapy services.

Three years following Alexander Graham Bell’s invention of the telephone, The Lancet published the reported use of a physician using this instrument to diagnose a child’s cough (Aronson, 1977). The telephone has since then, inevitably become a commodity for a vast majority of our society. However, several audiovisual platforms have since emerged increasing the access and convenience of care for both telemedicine and telepsychology. As society navigates the current COVID-19 pandemic, there is now a greater need for telemedicine and teletherapy services, including telepsychology which is the use and integration of technology for psychological and mental health care. This untapped resource is now receiving the recognition that it has long deserved. The growth of telepsychology has undoubtedly been rapid and widespread in the past few months, and will only continue to be essential in our modern world.

Prior to this global pandemic, individuals may have been unable to come into the therapist’s office due to various reasons including but not limited as noted by Spiro & Devenis (1991): Clients being bedridden or incapacitated (MacKinnon & Michels, 1970); being highly anxious, unstable (Grumet, 1979), being depressed, isolated, and withdrawn (MacKinnon & Michels, 1970; Miller, 1973; Rosenblum, 1969; Shepard, 1987); having strong phobias not permitting transportation (MacKinnon & Michels, 1970; Ranan & Blodgett, 1983) being embarrassed, adolescent clients residing away from home due to college attendance (Tolchin, 1987, Spiro & Devenis, 1991) and of course geographical distance (MacKinnon & Michels, 1970).

However, with a large majority of the world currently being homebound and requiring social distance in an effort to “flatten the curve,” teletherapy services are now viewed as the only available option to ensure a decrease in COVID-19 contraction. Not only does the telephone and audiovisual platforms enhance well-being and maintain a sense of connectedness to others, individuals may also feel “together, apart” through the use of these platforms. Additionally, the use of technology for the provision of psychological care can lead to decreased feelings of isolation and may prove beneficial by being therapeutically helpful and reassuring. It may also serve to maintain a sense of “normalcy” amidst these global trying times.

The increasing complexity of the current societal limitations, dire need for self-isolation, coupled with the complexity of our patient’s lives and our social structure, have all resulted in the need for flexibility.
Just as the therapy room is a safe and healing space, telepsychology is providing a transitional space for individuals across the globe. It not only bridges geographic distance but also enables for the continuity of care, dealing with crises, and maintaining support, which are all much-needed. In addition to the use of the telephone, the continuous advancement of technology has enabled clinicians and patients to collaborate on remote platforms, many of which are audiovisual and HIPPA compliant. These alternative modalities prove equally effective, considering factors such as mutual comfort, choice, and appropriateness.

**The Telephone**

An excellent feature of the telephone, specifically, is that it equalizes the power between the therapist and patient (Spiro & Devenis, 1991). The telephone may increase a sense of control and lead to clients feeling less guarded due to mainly being “in their own home” as opposed to being in a therapist’s office. As a result, patients may feel an increased sense of empowerment, which may be particularly therapeutic (Spiro & Devenis, 1991). Further, there may be less formality leading to a facilitation of interactions, which may, in turn, facilitate the development of a stronger therapeutic rapport. The provision of therapeutic telephone services may also provide a feature of anonymity and a sense of decreased scrutiny (Spiro & Devenis, 1991). Individuals who are concerned about their appearance may find this to be particularly beneficial. Further, this mode of therapeutic contact may enable individuals to feel more at ease. However, the use of the telephone as a vehicle to provide psychotherapy undoubtedly raises the point that there are no visual cues during telephone contact and, therefore, the transferential representation of the therapist may become apparent in the patient’s visual imagery (Spiro & Devenis, 1991). Individuals who are concerned about their appearance may find this to be particularly beneficial. Further, this mode of therapeutic contact may enable individuals to feel more at ease. However, the use of the telephone as a vehicle to provide psychotherapy undoubtedly raises the point that there are no visual cues during telephone contact and, therefore, the transferential representation of the therapist may become apparent in the patient’s visual imagery (Spiro & Devenis, 1991). Further, therapists must ensure that they have access to a telephone where they are not in a position to be overheard, and of course a reliable and solid telephone connection on both ends is necessary to maintain proper communication to diminish the infrequent issues such as static, crossed wires, disconnection (Spiro & Devenis, 1991). Additionally, although therapists may be extremely skilled at evaluating and picking up on parameters of a patient’s voice (such as volume, rate, rhythm, progression, tone), the inability to see the patient may be a compromised element. As a result, working on the telephone may require more intense concentration, in comparison to that of being in person, since the therapist has no visual feedback from the client (Spiro & Devenis, 1991). Undoubtedly, any therapeutic work includes rapport, transference and countertransference, and the telephone is no exclusion. Opinions are divided regarding this topic, with some clinicians suggesting that the lack of visual cues may promote fantasy formation and more intense transference reactions on the part of the client, while other therapists may feel that the lack of visual stimuli may lead to a minimization of the transferences (Spiro & Devenis, 1991).

The provision of telepsychology through the use of the telephone and audiovisual platforms may make it easier for individuals to seek assistance as it removes the emotional inhibitions and stigma, which are often related to seeking face-to-face services. Moreover, it inevitably saves time since transportation time is reduced, thus saving on resources such as fuel. Other resources such as coordinating babysitting and child care, parking and transportation fees may be minimized. There are, of course, negative aspects and features to offering teletherapy, and certain ethical and legal factors that clinicians must consider. For instance, several licensing and jurisdictional considerations are raised since each state creates and enforces healthcare licensure requirements. Cross-state practice, informed consent, safety planning and data security are all essential aspects to carefully consider. Providers should be aware of the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPPA) and The Health Information Technology for Economic and Clinical Health Act (HITECH) at the very least.
Further, providers must ensure that their patients feel comfortable using technology and patients must not have any cognitive or sensory deficits that would interfere with the provision of care. Clinicians should also consider a patient’s previous attempts with teletherapy, and of course a thorough assessment in regards to safety concerns including suicide, homicide, firearms, substance use and abuse and other high-risk diagnoses must be considered.

While the world is experiencing this unprecedented pandemic and while millions of individuals across the globe are strongly advised to stay home and socially isolate, the provision of teletherapy is an option that can provide effective, accessible, and much-needed means of delivering psychotherapeutic interventions, relief, and support. Although a vast majority of practitioners and clients may prefer in-person therapy to be their primary choice, teletherapy may be a reasonable alternative, especially when the “traditional method” is not available. As Spiro and Devenis (1991) point out, clients may feel more safe, more secure, and more in control, which may enable openness and freedom in revealing and examining their sensitive material. As such, telepsychology can be effective and efficacious in the provision of clinical services if conducted appropriately, with generally high rates of satisfaction for both clients and providers. Teletherapy provides countless benefits for patients and clinicians while maximizing the convenience of receiving mental health services. This point was poignantly highlighted by one agoraphobic patient who expressed her gratitude for being able to have therapy without leaving her home. She said, “someday I know that I will be able to enjoy the outside world, but the safe space you’ve created for me on the telephone will make that transition possible...I really don’t think I could do it any other way. Thank you.”

**About the authors**

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