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Psychotherapy By Telehealth: Tele-Therapy Is Effective and Develops a Positive Therapeutic Alliance

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August, 2020

Psychotherapy-by-telehealth, *tele-therapy*, has become a prevailing method of treatment for many therapists this year. I have exclusively seen clients by telehealth for five months, hundreds of interviews. Most of Shorehaven's staff also has worked almost exclusively by telehealth since late March.

I've read some recent review of research into telehealth and talked to the clinicians I supervise in order to gather their impressions. So, we will look at four major questions about telehealth.

Both psychotherapists and clients have these questions:

1. *Is telehealth as effective as in-person therapy?*
2. *Do clients rate telehealth as highly satisfying?*
3. *In what ways is telehealth better and in what ways inferior to in-person therapy?*
4. *Is the relationship, the most important predictor of improvement, comparable in video conferencing as measured by studies of the therapeutic alliance?*

Review articles provide some intriguing answers.

First, is telehealth as effective as in-person therapy?

A review by Langarizadeh et al (2017) found telehealth to be as effective as in-person therapy. Therapists are able to complete an effective Diagnosis Assessment on which to base treatment decisions.

Emotional expression is critical to improvement. Emotion helps create rapport between client and therapist. Emotion is the basis for empathic understanding. Emotion is essential to insight and change. Although some therapists may have questioned whether emotional expression is comparable, it appears that telehealth does elicit client emotions and therapist empathy. Without the nonverbal ways we have to communicate understanding when we are in an office, nonetheless, we can achieve it online by words and tone of voice. Clients feel the concern.

I felt at first that, compared to being in the office, video conferencing put me in a more objective place, a more observant or distant stance. But clients do show the depth and range of emotion that makes for a meaningful bond.

Second, do client's rate telehealth as highly satisfying?

A review by Kruse et al (2017) determined some of the factors that led to clients finding telehealth to be as satisfying as in-person therapy. Some of the factors contributing to satisfaction include

- Equivalent or better outcomes
- Ease of attending
- More means and opportunities for communicating (i.e., video, chat, email, phone)
- Saving on travel time

The reviews suggest *therapists may over-focus on negative differences*. We may focus on how we get less of a feel for the whole person. We get less nonverbal communication. Without touch and without leaning in to express empathy, we may not get the same *sense of presence*. However, I see that as the weeks go on, each client feels more naturally and fully present. Practice with video conferencing seems to improve the ability to connect interpersonally.

Some clients have the camera close up and show only the face. Some clients have it too far and seem a bit disconnect. But mostly it works well.

So, clients report satisfaction. Therapists can use that finding to focus on the strengths of this medium and not think in-person is the only gold standard.

Third, in what ways is telehealth better and in what ways inferior?

This is a more subjective question. Kruse et al (2017) looked at factors that make it seem equal or more favorable. Let's add our own observations.

- Improves means of communication
- More opportunities for immediate communication
- No travel time
- Reduced cost
- More access for rural populations, for shut-ins, and those who are ill or quarantined
- More access for all because therapists have more flexible schedules than they do when constrained by the hours they are in the office
- Decreased missed appointments
- Decreased wait times
- Improved adherence
- For therapists, more family time, less expense

On the other side, we can't offer Kleenex as a caring gesture, we have to work without eye contact, and we have to work harder to maintain empathic connection. Some other negatives affect the quality of the encounter.

- Personal connection more challenging
- Not seeing the whole person
- Technology balky and inconsistent, sometimes fails
- Microphones differ in quality, clients too far from mic, poor voice tone
- Hard to get clients to sign documents
- Clients lacking privacy, intrusions
- Some client symptoms may make telehealth more difficult – e.g., hypervigilance, delusion
- Some clients hesitant or refuse telehealth or strongly prefer in-person
- Older clients less comfortable with the technology
- Difficulty managing emergencies
- Percentage of clients have no access to the technology
- Percentage of clients conference from smart phones which is inferior to conferencing by computer

Fourth, is the relationship, the most important part of improvement, comparable?

A review by Simpson and Reid (2014) pointed out that years of research show the therapeutic alliance is a reliable predictor both for better outcomes and lower attrition. The alliance is the single strongest factor influencing outcome. The alliance at the outset of therapy is a crucial predictor. Yet, the correlation between the alliance and outcome increases as treatment progresses.

The therapeutic alliance is a multi-factorial phenomenon that connects therapist and client in the effort through a sense of rapport or bond, agreement on the treatment, and agreement on the goals. Rapport includes the feeling of being understood, shared understanding of the problem, and trust in the therapist's good will and approach to the endeavor. It engenders hope and confidence. The alliance allows the client to be open, to disclose thoughts and concerns, and to trust the therapist will be accepting and not embarrass the client

When the alliance is strong, the client will agree that the therapist gives new ways of looking at the problems, that the therapist has the competence to help, that the therapist knows what matters to the client.

Turning to telehealth, *all the studies that measured the alliance in teletherapy report a moderate to strong alliance during video conferencing.* Clients rate the bond and sense of presence to be equally as strong as in-person therapy. Clients feel just as much attachment to therapists. The sense of focus and agreement on goals and therapeutic tasks can be as strong or stronger. If that is so and the alliance is a major predictor, the outcome should be equivalent.

Clients rate the alliance in early sessions more highly than do therapists. That could parallel the idea therapist focus more on the negatives and disadvantages.

One possibility is that clients who are unfamiliar with therapy have no basis for comparison. They would be rating the experience afresh. Asked to rate the relationship, they rate the interaction just as they would for an in-person treatment. Therapists who have spent perhaps years doing in-person therapy are comparing the two modalities and so can see the contrasts, but may be downplaying the fact that research shows the two are essentially comparable for help produce change while reaching a wider population.

References

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