

Covid-19 The Challenges of one Mental Health Provider....

I began to worry in March when the airlines contacted me about my flight to London on May 17th and the changes they were making. That incident coupled with the increasing news of the Covid-19 spread in China heralded in a series of changes in my professional life that I am still grappling with.

As a Trauma Psychotherapist in Tucson, AZ, I specialize in PTSD and Acute Stress Disorders. The Therapeutic Model I've embraced is EMDR (Eye Movement Desensitization Reprocessing). Though I am 79, I'm still working part time, three days a week and occasionally doing Individual or Group Consultation on the fourth day.

As the days progressed my online listserv's and medical contacts began filling my inbox with warnings about how we were going to provide safety , which is the prime directive, for our clients. I created a sign requesting that everyone wash their hands when they came into my waiting room and again after session before they left. It was up to me to wipe down everything, (door knobs, couches, entry way door frames, table and magazines in the waiting room, bathroom sinks, toilets, etc.) I became a cleaning person between sessions and double checked my work as often as some of my OCD clients.

Where was this endless supply of wipes and alcohol sprays going to come from? Would I have enough toilet paper and tissues for my clients? These questions plagued my sleep until the week of March 23rd when the President announced the Relaxation of HIPPA requirements and my colleagues started e-mailing that seeing clients in person was too dangerous and telemedicine or teletherapy was the platform we needed to embrace to provide safety for ourselves and our clients. At this point , I knew I was at high risk for Covid-19, being a two time breast cancer survivor and moving rapidly towards being an octogenerian. But it was the thought of any of my clients catching the virus due to my negligence or someone asymptomatic coming in and infecting an-

other, that really impacted my sleep and pushed me to make the decision to move my clients online.

The next two weeks were the most hectic in my practice. I began telling each client of my decision to move to an online platform and that they could not see me personally for a while. It was emotional and incredibly time consuming. I had to switch each client individually and find the best option for them depending on what they had available and their technological expertise. I did not realize how emotional it was for me until I watched another colleague of mine present a webinar on Trauma and Teletherapy during which she asked how we, the practitioners, were doing and what we needed to do for ourselves during this collective trauma. I cried for the first time. I cried for the lack of safety my grandchildren and daughters now experience. I cried for my clients who were struggling with so many issues and the burden of added uncertainty that was entering their lives and separating them from the room they were used to designating their safe or calm place. I cried because I realized I was scared also and I didn't know how this was going to work, or if it would.

My first sessions were complicated by technological issues and the placement of things in my room. I use a light bar which is synced with hand held tactiles that emit a vibration and ear phones that produce sounds. These are all designed to add a dual attention stimulus to the protocol for each trauma target we process. I experimented with things. I taped the tactiles to the bar and they vibrated loudly enough to simulate the in office experience. I used the blue lights on the light bar as close to the client (as if they were in my office) and got deftly skillful in moving my chair in and out of their visual range. I checked in with them more frequently during processing, and because I could not see their bodies asked often what they were noticing and worked with that. I learned new methods of doing therapy on the phone and was able to provide those clients with resources and ways to work on their issues. More than anything else, I

modified the way I opened our sessions, checking in with each client on how they were doing and letting them know they were not alone and if what was happening currently was more disturbing for them than their original presenting issues, we would work on what was most important and take a break from the original treatment plan.

The hardest thing I did was discuss with my long term clients how they wanted to be notified if something happened to me. Did they want a referral, what was the best method of communication? And, then I had to ask about them. How were they going to let me know if they contracted the virus? Once we got past these discussions the work seemed to continue more smoothly. A number of clients who could not insure privacy in their living situations discontinued their therapy "until they could come back to the room in person". I took on a couple of new clients and that was a major challenge but it is working out and they have reported benefits from our sessions. I had a couple of old clients contact me who joined my client roster again with online work on their current situations.

I started working online on March 31st and am still doing online Therapy sessions three days a week. At the beginning I had less clients and that is probably because of financial restrictions, although I offered a sliding scale to those that need it. Currently my practice is full. It feels like I have been doing this for a while now. We humans certainly are adaptable. But, I miss the warmth of working in person and feeling the energy in the room. I miss the feeling at the end of a session when I know where a person is because I have walked them out and watched their body movements and been able to look into their eyes. I miss shaking their hands and sometimes offering a hug when they request it. I miss the certainty of my schedule and the work I was able to do before.

I originally wrote this on Mother's day after reading a poignant piece on "Why is this Mother's Day different from all others" by Molly Jong-Fast. She ended it with "On

Passover we Jews say " "Next year in Jerusalem" Today I'd like to say, next year we will meet in person.



Linda Bowers has been in private practice for 25 years. She was influential in starting the Women's program, facilitated the aftercare program, and worked in-patient as well as IOP at Westcenter , Tucson General Hospital. She was the Director of Substance Abuse Services for JFCS for 5 years and has presented on Trauma, PTSD, EMDR, and other modalities. Trained in EMDR in 2000, she became Certified in 2002 and an EM-DRIA Approved Consultant in 2005. Linda was awarded the EMDRIA 2013 Outstanding Service and contribution award and continues to serve on their Standards & Train-

ing Committee. She is a past Regional Coordinator and Coordinator of EMDR & Medical Illness SIG. She sees clients Tuesdays, Wednesdays, and Thursdays and facilitates Consultation Groups on Mondays and Fridays.