TELEThERAPY DIMinishES CLIENT ENGAGEMENT:

DEBUNKING THE MYTHS

HOWARD GOODE
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INTRODUCTION

Recently, the worlds of speech, occupational, and mental health therapies have undergone a quiet revolution. You guessed it, like everything else, it’s gone online. And as technology accelerates, the revolution continues to gain momentum. So perhaps it’s time to take a closer look to see if this revolution is good news or bad news.

For schools, there are many benefits of online therapy, or teletherapy, as it has come to be known. Convenience, cost savings, access to a wide pool of therapists are to name but a few. At the same time, there seem to be obvious disadvantages, as well. Take for example, the challenge of clear communication between client and therapist.

Without face to face contact, it can be tricky to get across your intended meaning. Scientists say that “only 7% of communication is about the words you use, while 38% is tone of voice and 55% body language.” We often resort to emoticons and seemingly superfluous exclamations on social media and in email because we are unsatisfied with merely transmitting words; we want to convey the feeling behind them.

In addition to the challenge of communicating clearly, there is another critical concern when it comes to online therapy - compromising client engagement. It would seem that we have sacrificed the optimal therapeutic experience on the altar of this “Digital Therapy Revolution.” After all, teletherapy poses potential technical problems, inferior client engagement, and downgrading the client-therapist relationship, doesn’t it?
MYTH 1

TECHNICAL PROBLEMS COMPROMISE THERAPY

THE PROBLEM

It is commonly understood that there are technical problems that can arise due to the online venue that are nonexistent when the therapy session is in person. For example, it can be difficult for the client to connect and communicate with a therapist who is not in the same room together interacting face-to-face. It would seem that the therapist needs that eye contact to connect to and engage with the client and be present in the session.

THE REALITY

Eye Contact

But this doesn’t have to be the case. Know that there is much the therapist can do via videoconferencing to enhance eye contact and thereby increase engagement and enhance clinical effectiveness. In addition to the therapist, the client should also make eye contact by looking directly into the camera. This makes the conversation with the therapist feel more like a natural conversation.

The best video conference systems let the therapist look at the client by looking directly into the camera. The therapist should position the video camera with this in mind.
**Get a Better Camera**

While the built-in camera on the therapist’s laptop may work, an external camera will enhance the quality of the video feed. In addition, the therapist needs to ensure that there is enough light in the room in which he or she is conducting the video conference. Another important but often overlooked feature of the camera is the remote control zoom. This tool makes it easier to frame the picture without reaching for the camera or leaving the image.

**Practice Makes Perfect**

Talking to a web-camera might feel awkward at first, but it will start to feel more natural with practice. Furthermore, if the clinician is comfortable, the client is more likely to feel comfortable, as well— which sets everyone up for a more productive session.

**Distractions**

Yet even after perfecting the eye contact with a state-of-the-art camera, there are other visual challenges to contend with as well. Videoconferencing carries with it the increased risk of distractions. Since the therapist is in a different place than the client, the therapist may be oblivious to the fact that whatever is going on in the therapist’s location could impact the client, such as the therapist having a desk cluttered with papers, books, or coffee mugs.

**Distraction-Free**

The therapist must create a clean, distraction-free background. This begins with the awareness of the cleanliness of the desk in front.
Even what the therapist is wearing is a potential distraction. Care must be taken to dress appropriately - not only for the job, but also for the venue. For example, striped shirts do not transmit well on camera nor does large, shiny jewelry. Both can be visually distracting. What’s more, the therapist should try to keep his or her body movements to a minimum, as excessive movement can degrade video quality and be distracting.

**Audio Excellence**

Perhaps even more problematic than the visual challenges are the audio challenges of teletherapy. *After all, the essence of the communication is oral.* Depending on the quality of the connection, there may be a buzz or wind sound at times, or it may be difficult to hear what is said - enough to sour any communication. In addition, there can be a time delay between responses, which can lead to stilted conversations.

**Ensuring Clear Communication**

Sometimes the solution is simple. For example, it may require nothing more than speaking clearly, refraining from wearing “noisy” jewelry, or assuring that nothing is covering the microphone. If necessary, the therapist should turn off the fan, close the window, and take other necessary actions to keep the environment quiet.

It is highly advisable for the therapist to invest in a top quality headset and video conferencing system. Modern systems have full duplex audio, transmitted in CD quality, so the therapist doesn’t need to shout at the microphone; he or she can simply talk at a normal volume as though the listener is in the same room. In essence, the microphone is just the client’s ear. As long as the therapist is close enough, the client will hear whether the therapist shouts, whispers, or talks.
In summary, if the therapist is aware of the potential technical pitfalls and enlists common sense while conducting the session, teletherapy need not feel all that different from an in-person, face-to-face encounter.

The key to ensuring high-quality video resolution and sound is utilizing the right equipment. After all, nothing will throw the client off more than dark, blurry video or muffled, crackling audio. To avoid this, at a minimum, the therapist needs:

1. A computer with a high-resolution web-cam,
2. An external web-cam (if there isn’t a built-in camera or if that camera doesn’t have a high enough resolution),
3. Sound input and output (this could be a built-in microphone and speakers or an external microphone and headphones).

But even if those technical problems can be solved, thereby bringing teletherapy up to par with face-to-face therapy, what about engaging the client? How can online therapy ensure that the client will become and remain engaged throughout the session?
MYTH 2

CLIENT ENGAGEMENT WILL SUFFER

THE PROBLEM
Most therapists have confronted the significant challenge of maintaining the focus and engagement of their client in an online therapy session. And many are at a loss as to how to connect with a client who isn’t engaged due to a problem with motivation or focus or because the online venue seems to be deficient for this particular client.

What can the therapist do to mitigate these problems? What strategies will assist the clinician navigating those choppy waters that threaten to capsize the entire session? If this doesn’t stop soon, compliance may soon become an issue for the school!

THE REALITY

It’s Not Really about Teletherapy
The truth is that many of the problems afflicting client engagement in the online venue aren’t related to the online venue at all but are problems inherent to therapy, and would be present even if the therapy was delivered face-to-face.

Establishing Rapport is Critical
Before the therapist begins working with a new child, it is important to conduct a short interview with the parent that contains three fundamental questions to better assess the new client.
1. Does your child have difficulty relating to new people, adults in particular?

2. Does your child find it challenging to sustain attention on a task?

3. How does your child handle frustration?

**Don’t Take it Personally**

Rule number one is “don’t get into it with the child.” When those challenging behaviors do arise, the therapist shouldn’t take them too seriously or personally and should certainly avoid escalation! Otherwise this therapy session will be over, and there will be damage to that precious rapport the therapist worked so painstakingly to achieve. The therapist must strike a balance by simultaneously being sensitive to the child’s frustration and allowing the child to vent without rewarding inappropriate behavior.

Instead of allowing the frustration to trigger a meltdown, the therapist should empower the child to rise above it. Perhaps the task at hand was too much right now. No problem, either shorten it or move to something else to regain the therapeutic momentum.

**Positive Reinforcement and Praise**

As child development literature suggests, positive reinforcement brings the best results, as opposed to negative reinforcement. A corollary to this idea is the need to be generous with praise. The therapist shouldn’t wait for a major breakthrough but should look for opportunities to applaud those seemingly insignificant victories along the way, as well.
5 TIPS TO PRAISE YOUR CHILD THE RIGHT WAY

1. **Be Specific:** Don’t say, “Good job!” but rather, “I’m so proud you stayed focused and finished all ten math problems.” Being specific helps the child attune to his or her special effort or skill and motivates the child to replicate that behavior in the future.

2. **Praise the Process:** Praise hard work, perseverance, and resilience, even if the objective was not reached. Success doesn’t always come on the first try. Praise for the process encourages continued effort in the future.

3. **Choose Carefully:** Praise is most effective and meaningful when targeted at moments when the child is able to go beyond his or her normal behavior, such as overcoming a challenge that demands extra effort.

4. **Know the Child’s Strengths and Weaknesses:** Since praise is most powerful when the child is extending himself or herself, the therapist needs to be familiar with the child’s abilities. In this way, it will be clear when the child is going beyond.

5. **Easy Does It:** While praise is extremely important, too much of a good thing can be counterproductive. Praising the child for everything renders the praise disingenuous and meaningless. Assure that the praise is earned and sincere.

*But Sometimes it is about Teletherapy*

While most common “client engagement” problems are unrelated to the online venue, clearly some only exist or are exacerbated because the therapy is being delivered online. Lacking physical presence carries with it the risk of the therapist becoming somewhat disconnected from the client. What can be done to ameliorate that?
Therapist Interaction Strategies and Tips

1. Start the session by asking the client to remove any distractions.

2. Vary ways in which the client participates by switching quickly between activities.

3. Take the client’s emotional temperature often - polling, asking, listening.

4. Connect with the client - clients perform better when they are comfortable with the therapist, which affords a greater degree of candor and mutual interest. The job of a therapist is to make the client feel connected. How? Before beginning the session, invite the student to share a bit of what is going on in his or her life.

5. Integrate the water cooler. A few minutes before the session ends, do what the client would have done after the physical session by the proverbial water cooler - ask the student how the session went, what he or she liked, and what could be done differently next time.

6. Take short breaks when necessary to give the client time to stretch, go the bathroom, or some other way to relax before continuing.

7. Make learning applicable to everyday life. Choosing activities that are relevant to the child provides him or her with more opportunities to practice a particular skill and helps the child understand why it’s necessary. This relevance increases motivation to practice and master the skill.

8. Communicate specific treatment goals. Create a visual representation of the child’s progress to help the child focus on the objectives and those successful efforts in meeting them. The child is motivated to see fruits of his or her labor.

Guess What?

Teletherapy Actually Helps Engage the Client
REDUCES DISTRACTIONS

Although perhaps not readily apparent, the online venue can be a big bonus when it comes to engaging the client. First of all, it is easier for many clients to focus on the computer than when the therapist is in the same room. Distractions, such as the way the therapist is sitting, disruptive clothing, or peripheral movements in the room, are simply not concerns during teletherapy.

GAMES AND MUCH MORE

Children often find the online experience less intimidating than in-person interactions. Connecting through a webcam can actually increase the effectiveness of the session.

Perhaps more significantly, our children are growing up in a world defined by technology. Kids love online video interactions and digital learning. They’re comfortable with computers and enjoy the fun, game-based activities afforded by teletherapy. Online therapy offers a plethora of games, exercises, and more to engage the student.

There is an ever-expanding universe of websites and apps expressly designed to provide materials, games, exercises, and more for practitioners. This acceleration ensures that both the clinician and child alike will enjoy a constant array of fresh and exciting choices, enhancing engagement and the clinical experience for everyone.

So, the technical problems can be solved, and the client can be kept engaged. But how effective can any mental health therapy be unless the client feels comfortable sharing with the therapist? And don’t tell me that the comfort created through a webcam and monitor is just like being there in-person!
MYTH 3

SACRIFICING THE CLIENT- THERAPIST RELATIONSHIP

THE PROBLEM

If there was one area more than any other that would seem to highlight the deficiencies of teletherapy, it would be in the area of mental health. Research shows that about 40% of the transformation in counseling is due to the quality of the therapeutic alliance (also known as therapeutic relationship). What is the therapeutic alliance?

THE REALITY

The Therapeutic Alliance

According to the world-renowned psychologist, Carl Rogers, “There are three important qualities a client should look for when seeking a therapist: empathy, genuineness and respect.” These qualities are at the core of what is known as the therapeutic alliance, the precious bond between the therapist and client critical to any successful therapy.

- Empathy

Empathy is the ability of the therapist to identify with and understand the client’s situation, feelings, and motives. It is the foundation for a therapeutic alliance because it establishes the personal connection. Rogers asserted that, “Empathy involves entering the private, perceptual world of the
other and in therapeutic contexts, communicating that understanding back to the client in ways that can be received and appreciated.”

In other words, empathy goes beyond focusing on feelings. The therapist cannot accurately convey empathy unless he or she understands the client’s experiences on a moment-by-moment basis. What’s more, the clinician needs to share this understanding and the implications of the experience with the client.

Part of the reason empathy has been credited with improving outcomes is as Dr. John Norcross explained, “empathy serves a positive relationship function, facilitates a corrective emotional experience, promotes exploration and meaning creation, and supports clients’ active self-healing” Online therapy generally cannot compare to traditional therapy when it comes to facilitating empathy.

However, while empathy is critical to the therapeutic alliance in mental health therapy, it doesn’t play much of a role in speech language therapy or occupational therapy. In those therapies, the primary role of the therapist is of a more technical nature, and therefore, empathy is generally not a necessary component.

• **Warmth**

Therapist warmth is very much related to empathy. According to Carl Rogers, warmth in therapeutic terminology is the “non-possessive caring for the [client] as a separate person with the inherent right and responsibility of self-determination.” While empathy and warmth are intertwined, conveying warmth shouldn’t be more difficult online than face-to-face even in mental health therapy.

• **Genuineness**

A therapist is genuine when he or she is open, honest, and sincere with the client. Being genuine allows the client to relax, and it enhances the chances for valuable inquiry and awareness. Meaningful change cannot occur until before genuineness is established. Like warmth, genuineness can be conveyed to the client online just as well as it can be conveyed face-to-face.
• Respect

Respect is necessary to establish the feeling of safety that is instrumental in the therapeutic alliance. Only when the client is fully accepted, with his or her strengths and weaknesses alike, is an environment established where important and profound issues can surface for examination and eventual transformation. Again, respect can be established and conveyed online as well as it can be expressed face-to-face.

SUMMARY

As Carl Rogers has defined the therapeutic alliance or bond between client and therapist, the components other than empathy, whose expression is constrained in online venues - warmth, genuineness, and respect - can be established and conveyed online as well as face-to-face.

However, there is another key advantage of face-to-face therapy - reading the client.

Body Language

In mental health therapy, it is important for the therapist to read the client by interpreting body language to maximize the therapy. These signals can often be quite telling, and thus give the therapist a better picture of what is going on in the client’s internal world. As such, the client may be revealing more than what he or she is simply saying.

In video conferencing, it is rare that the therapist will see anything but the head and shoulders of a person. While the face holds a lot of emotion, it does not reveal shaky hands or fidgeting, which can indicate nervousness that can be critical when dealing with important matters.

Eye Contact

Both parties in a web-conference typically need to look at their screen, not into their webcam, to see the other person, which means they are precluded from making mutual eye contact. Although tips for improving eye contact during tele-
therapy were discussed in a previous section, the online forum bars the type of mutual eye contact that can be held during face-to-face sessions. Lack of mutual eye contact means losing an important nonverbal cue - similar to body language - that helps the therapist understand the client better.

So when it comes to reading the client and mutual eye contact, similar to empathy, face-to-face counseling holds an advantage over teletherapy.

**A Surprising Find**

Day & Schneider (1999) examined psychotherapy delivered via videoconferencing, two-way audio, and face-to-face and the impact of each modality on the development on the therapeutic alliance. Results indicated that clients participated more in the videoconferencing and audio conditions than when meeting face-to-face, as evidenced by ratings of activity, level, initiative, trust, spontaneity, and disinhibition.

The authors suggest two possible reasons for this increased participation. First, it may be that clients in the videoconferencing condition “made more of an effort to communicate, taking more responsibility for the interaction.” It may also be that “distance made openness seem safer,” as videoconferencing may increase a client’s sense of security.

A study conducted by Simpson (2011) in the Shetland Islands found that clients not only were able to develop a positive therapeutic relationship through videoconferencing, but also reported feeling as though the videoconferencing enhanced the therapeutic relationship. Participants also reported that as they became more familiar with the video equipment, their satisfaction increased.

According to two different clients, videoconferencing “is sufficiently personal without being so personal as to be confrontational...there was good personal contact but without an invasion of my space,” and the clients in the videoconferencing condition reported being able to speak more freely and feeling less self-conscious than they would if they had met with a therapist face-to-face.

In other words, the distancing effects of videoconferencing may promote a sense of security and help patients feel more comfortable and less scrutinized, which
in turn could encourage honesty in certain client groups. It may be that meeting in “neutral territory” promotes a greater sense of client control (Norman, 2006).

It seems that while the conventional wisdom is that face-to-face therapy is preferable regarding mental health therapy due to the advantages of empathy, body language, and mutual eye contact, nonetheless it was clinically demonstrated that the online venue was comparable, and in some ways better when it came to therapeutic benefits.

HOW TO INCREASE CLIENT THERAPIST RAPPORT IN TELETHERAPY

As Carl Rogers proclaimed, “the therapeutic bond between client and therapist is the key to therapeutic success.” What then can be done to neutralize the inherent deficiencies associated with the online venue to maximize the therapeutic bond?

1. **Active listening**

Active listening is key in all counseling, and it is even more important in online counseling. Counselors need to pay close attention to the words and emotions of the client and assure the client that he or she is being heard and understood.

2. **Verbally and emotionally engaging**

Research shows that rapport increases with counselor verbosity. The more the therapist engages the client in dialogue instead of only listening, the better the relationship will be. Similarly, there is the need to emotionally engage the client. The online therapist must make extra efforts to engage the client emotionally.

3. **Doing less interpretation**

The counselor's expert interpretations of the client’s situation rarely seem to increase client-counselor rapport. Instead, empathizing with the client’s emotions is a more effective approach for rapport-building, especially in the online venue.
4. *Increasing self-disclosure*

With online counseling, the client is unable to learn about the therapist from the frames on the walls, the office décor, or family pictures on the desk. Therefore, it is critical for the therapist to “become human” by sharing some personal information with the client.

5. *Emulating the client’s speech*

The flexibility to use words, phrases, and metaphors familiar to the client is important for rapport-building. The therapist must listen carefully to the language the client uses and attempt to adopt some words, phrases, and images the client feels comfortable with. To compensate for the lack of physical presence, this behavior is even more crucial in teletherapy.

6. *Breathing*

People rarely stop to consider their voluntary and involuntary inhaling and exhal- ing of air, but the synchronization of breathing is considered to be one of the oldest rapport-building techniques on record. Breathing at the pace of the client may put the client at ease, which could promote the client-therapist bond, especially when the two parties are physically separated. The synchronized breathing could bring them closer together.

7. *Anticipating needs*

Anticipating needs is certainly more challenging to do at a distance than in person. While a doctor can easily see a patient’s discomfort and alleviate it with medication or a massage, a teletherapist will be hard-pressed to anticipate needs. Therefore, the therapist needs to more thoughtfully consider the needs of the client. Could the client use a book to read between sessions? Does the client need help setting up an appointment with a medical doctor? Is there any other gesture the therapist can make to help the client feel cared for?
8. Providing stability

The client needs to know that therapist will be a source of stability amidst his or her times of crisis. This is especially necessary in the online venue where the client may conclude that the therapist just won’t be there in a time of need due to the physical distance between client and therapist.

BENEFITS OF ONLINE THERAPY IN MENTAL HEALTH COUNSELING

While there are certainly ways to compensate for the inherent deficiencies of teletherapy, there are ways in which teletherapy is superior to face-to-face counseling in mental health therapy, as well, which is good news for the school!

EXPERTISE

It goes without saying that above all else, in order for any client to benefit from therapy, that client must be working with a clinician that has the expertise and experience needed to address that client’s particular problem and does so in a way that is comfortable for the client.

Teletherapy, because it has no geographical constraints, promotes a much wider range of therapist options. Finding a therapist with the particular expertise or with the appropriate linguistic or cultural background that the client needs becomes much more likely. This far-reaching access ensures a better match between child and clinician.
AVOIDANCE FACTORS

But there is another benefit of mental health teletherapy, which may be greater than any other. Dr. David Vogel, in his 2007 paper entitled “Avoidance of Counseling: Psychological Factors That Inhibit Seeking Help,” explored the dilemma many people struggle with as they consider entering into mental health therapy.

One way to understand help-seeking is to view it as an approach/avoidance conflict, which in this case, is essentially weighing the pros and cons of seeking counseling.

The level of stress one is suffering and the desire to reduce that distress will draw the person to approach therapy. Alternatively, avoidance factors, such as risks of being perceived as crazy, will serve as a deterrent.

Putting the relative advantages of face-to-face therapy over teletherapy aside for a moment, those benefits only become operative if and when the person actually becomes a client. If avoidance factors cause a person to desist from trying, everything else becomes irrelevant!

Keep in mind that while on the surface these avoidance factors may seem to apply only to adults who independently choose therapy, these same factors will affect children as well. While they may not impact the child’s choice to become a client, they will most likely take their toll on the therapy’s effectiveness, and the child’s feelings about being submitted to an experience he or she would have preferred to avoid!

What are these avoidance factors? David Vogel was able to isolate and describe six key avoidance factors that inhibit those needing help from seeking a professional:
1. Social Norms
2. Anticipated Utility and Risk
3. Social Stigma
4. Self Disclosure
5. Treatment Fears
6. Fear of Emotion

**Social Norms** can be an avoidance factor if the norm (created by the family and friends) of the individual opposes seeking help. Having a social network that accepts and encourages seeking help is necessary for the person to do so. If a person feels that his social standing will be threatened by seeking help, then he will be discouraged. Regarding social norms, there would be little to no difference between face-to-face therapy and teletherapy.

**Anticipated Utility and Risk** are two of the most important influences on a person’s decision to seek counseling. Anticipated utility refers to the perceived usefulness or lack thereof regarding seeking services from a counselor. Anticipated risk, on the other hand, refers to an individual’s perception of the potential dangers of opening up to another person. By seeking help from someone, the person risks feeling misunderstood, judged, or even ignored, and thus may not choose help.

Vogel, when discussing the anticipated utility and risk factor said, “another implication of this [anticipated utility and risk] avoidance factor is that counselors may need to reach beyond traditional methods of providing services to access the individuals who are most reluctant to seek their services.”

He continued, “if traditional methods are perceived as involving high risks, then finding alternative methods of treatment that are viewed as less threatening may be more useful to underserved populations.” Perhaps teletherapy could be considered as an effective alternative for some.
Social stigma is defined as the fear that others will judge a person negatively if he or she seeks help for a problem. The social stigma attached to seeking professional help has been conceptualized as one of the most significant barriers to treatment. This may be because the public in general tends to provide negative descriptions of individuals who experience mental illness.

Online counseling may also be effective in eliminating social stigma by creating the comfort so necessary for therapy. To avoid the counseling center where one is almost guaranteed to see administrative staff or other clients in the waiting room, and instead receive therapy in private, is bound to ameliorate, if not completely eliminate, that stigma. Counseling takes on a whole different feel when handled with such sensitivity.

Self Disclosure is an avoidance factor when an individual is uncomfortable or distressed by sharing unpleasant or personal information. That discomfort is often exacerbated when the consultation is taking place in an unfamiliar office. Here too, the online venue may promote greater a greater degree of honesty and self-disclosure due to the safety of distance.

Treatment fears are the “apprehensions arising from aversive expectations surrounding the seeking of mental health services.” This anxiety includes the concern as to how the individual will be treated by the therapist, what the therapist will think of the individual if he or she seeks help, and the fear of being coerced by the therapist. The safety afforded by distance and remote control over the session may go a long way to mitigate these treatment fears.

Fear of Emotion is the fear of having to discuss painful emotions. Seeking help from and opening up to another person often involves strong emotions. Potential clients may fear experiencing painful emotions. Indeed, even once they are in therapy, many clients withhold emotions they have been afraid to express. Here again, the safety afforded by distance and remote control over the session may help relieve some of this fear.

As can be clearly seen, teletherapy holds great promise for alleviating some of the most basic fears of those considering therapy. In fact, this may be teletherapy's unexpected benefit in both getting people to commit to helping themselves, as well as facilitating the comfort to continue and fully benefit from the therapeutic experience.
S
o, bottom line, what’s the difference between teletherapy and face-to-face therapy?

Depending on how you look at, perhaps a lot, or maybe not so much. Teletherapy is simply a modality. Online venues are just that: modalities for providing a service. It is simply a method by which treatment is delivered; it’s not a distinct “thing”.

That said, there is a natural inclination to assume that in areas of human interaction, any change is suspect. And this suspicion is often well-founded. However, being that people are complex and that successful therapy is often a convergence of a myriad of factors, it would be wise to consider the gifts that teletherapy provides.

Don’t forget to examine the other benefits teletherapy affords schools, such as:

» **Access**: a large pool of high-quality therapists, when you need them

» **Compliance**: fully IDEA compliant, reducing complaints, mediation, and hearings

» **Convenience**: simple technology, easy to implement

» **Consistency**: uninterrupted therapy when therapists are ill, on vacation, or move

» **Control**: schedule therapy for your students at their convenience and yours

» **Delight**: kids love the motivating and stimulating computer-based activities

» **Effectiveness**: research shows teletherapy quality is on par with onsite therapy

» **Options**: easily find therapists with appropriate linguistic or cultural background
» **Private and Secure**: protection and encryption per HIPAA/FERPA regulations

» **Quality**: high-resolution, crystal-clear image, following all industry standards

» **Saves Money**: eliminating travel time for therapists saves schools money

When you consider those benefits in light of the many other ways that *telesotherapy actually enhances client engagement*, it becomes quite clear that every school administration would do themselves a favor to consider the option of *telesotherapy* very carefully.