inSocialWork Podcast Series – Telehealth is Here to Stay: Now Let's Do it Well

Speaker 1 [00:00:10] Social workers and technology in the same sentence? I kid, I kid. Hi, everybody, and welcome back to inSocialWork. I'm Peter Sobota. Oh, and by the way, be sure to check out our new website, which is going to launch this month. It's got a fresh look and more engaging content, including show notes and more at insocialwork.org. You may have heard about the global pandemic that brought a lot of life as we knew it to a standstill. While many social workers were reluctantly pushed into the pool of teletherapy, there were in our early adopters, folks ahead of the curve, including today's guest, Shannon Miller. So we did it, but now we're really wondering how to do the therapy. Well, we reached out to Shannon and she's been at this for quite some time. Shannon Miller, LCSW is the owner of a Apricity behavioral health, an online global therapy practice specializing in the mental health needs of expatriates. In addition, Shannon is the co-host of the Dear Sigmund podcast. She holds a master's degree in social work from the University of Southern California and a master's of education from Drexel University. Shannon Miller, welcome to inSocial Work. Thanks for having me. It's our pleasure. Oh, I forgot to

Speaker 2 [00:01:30] ask you this. Apricity?

Speaker 1 [00:01:32] Yep, I got it right.

Speaker 3 [00:01:34] Bonus points, if you know what it means.

Speaker 1 [00:01:36] I've heard the word isn't. It's something about sunlight

Speaker 3 [00:01:40] when the air around you is very cold. But you're warmed by the sun.

Speaker 1 [00:01:44] Yes, yes, yes. What a great term. I love

Speaker 3 [00:01:48] it. Late night Pinteresque searching how the practice came to be.

Speaker 1 [00:01:52] So as I mentioned in the

Speaker 2 [00:01:54] introduction, there's been

Speaker 1 [00:01:56] a massive and quick rise in the use of the therapy. As a result, obviously, you were one of the early adopters. How and why did that happen?

Speaker 3 [00:02:06] Well, it came to be out of necessity from my own personal experience. I was living as an expatriate for about 15 years. Well, now going on 20 years as an expatriate, you're overseas. Things happen. You need a therapist, but there's nothing culturally congruent

Speaker 2 [00:02:23] where you're living.

Speaker 3 [00:02:24] And so it would make sense, hey, we could do this online.

Speaker 2 [00:02:28] However, the time I

Speaker 3 [00:02:29] have the idea the technology wasn't matching where I was. And so when the technology became capable of doing that, I just jumped on it and said, we can make this work and we have and we do in science as it works.

Speaker 1 [00:02:43] How long ago was that?

Speaker 3 [00:02:44] Well, I first recognized the need, like in 2006 at that time. Now, I didn't even have my MSW at that time. So I had to go to school, get the

Speaker 2 [00:02:54] MSW, do all the stuff

Speaker 3 [00:02:56] to get the

Speaker 2 [00:02:57] LCSW and then

Speaker 3 [00:02:58] open the practice.

Speaker 1 [00:03:00] So, again, necessity. That's interesting. There are a bunch of options when we say tell a therapy. So, I mean, I've heard some people do it by phone audio only. I know. I've heard of people doing it through text or email, although that sounds kind of. Oh, I hate that. Yeah. And obviously

Speaker 2 [00:03:21] video and I've even heard

Speaker 1 [00:03:22] of some kind of anonymous models, which I don't quite

Speaker 2 [00:03:25] understand. How do you

Speaker 1 [00:03:26] conduct your work and why do you do it that way?

Speaker 3 [00:03:30] I think it's pretty well known in the mental health field that the cornerstone of an effective therapeutic relationship or a therapy in general is therapeutic relationship that you have with your therapist. And so we try to recreate the in-person experience as much as possible. So that's

Speaker 2 [00:03:46] why I chose

Speaker 3 [00:03:47] Zoome, because it was the best at the time to be using and it was high def enough that you could feel like you were there and the computer would melt away and that you were in a genuine relationship with your therapist. We do phone if people are living in locations where the Internet connection can't

Speaker 2 [00:04:04] sustain a good

Speaker 3 [00:04:05] video connection. But we do like to stick purely to

Speaker 2 [00:04:08] video because we are

Speaker 3 [00:04:10] trying to replicate that in person. We only use email to handle the little

Speaker 2 [00:04:14] stuff like, hey, you're late, where are

Speaker 3 [00:04:16] you? Or Hey, reminder your appointment's coming up. Email's not really appropriate

Speaker 2 [00:04:21] for therapeutic

Speaker 3 [00:04:23] stuff as far as my practice is concerned. Neither is text

Speaker 2 [00:04:27] or anonymous or chat or

Speaker 3 [00:04:28] anything like that. I don't like the unfettered access to the therapist. I also don't like the how many degrees removed you are from the interpersonal interaction. So we try to mimic face to face in person as much as possible. It does have its limitations. Right. So I can only see what the person wants me to see.

Speaker 2 [00:04:49] I also can't smell them.

Speaker 3 [00:04:52] That's a weird thing to say. Right? But like sometimes like somebody walks in. If you've got addiction issues, I get it. And you're like, oh. In a while since you showered or what you have to drink before you come in today, we only get to see what they want us to see. And so we acknowledge that that is a pretty big limitation. And so I often ask people, I can't see your hands right now, what are you doing? And there's a lot of twitching and things like that going on just below the camera that I'm like that maybe.

Speaker 1 [00:05:22] Yeah, that's. Oh, that is interesting. If I could follow

Speaker 2 [00:05:25] up on that. I mean, I agree

Speaker 1 [00:05:27] completely, you know, that at least from a social perspective and I think other disciplines we argue in education that really without the container of relationship, not much else gets done. You could

Speaker 2 [00:05:40] be tech skills

Speaker 1 [00:05:41] savvy, you could know all the

Speaker 2 [00:05:42] models. But if you don't know

Speaker 1 [00:05:44] how to

Speaker 2 [00:05:44] engage and form an

Speaker 1 [00:05:46] alliance with people, not a lot gets done. The other thing that we teach people is

Speaker 2 [00:05:51] that relationship is full of

Speaker 1 [00:05:53] intangibles

Speaker 2 [00:05:54] like empathy

Speaker 1 [00:05:56] and faith and hope in your client's ability to succeed and worker characteristics and their

Speaker 2 [00:06:03] style. So in

Speaker 1 [00:06:04] your experience and you've already addressed this a little bit, maybe a little more practically than I'm asking it, but in your

Speaker 2 [00:06:10] experience, how does

Speaker 1 [00:06:11] tella

Speaker 2 [00:06:12] therapy impact

Speaker 1 [00:06:13] the therapeutic

Speaker 2 [00:06:14] relationship in

Speaker 1 [00:06:16] maybe positive

Speaker 2 [00:06:17] ways as well as not so positive?

Speaker 1 [00:06:19] You kind of spoke to a couple of the limitations, but can you say more about that?

Speaker 3 [00:06:23] Yes. So the positive way is, look, in the pandemic, there is no disruption of service. It was like, oh, online suite. I can just keep going as is.

Speaker 2 [00:06:32] But that's also important when we specialize

Speaker 3 [00:06:35] with expatriates because they tend to be more transient. Couple of years you're living in Turkmenistan and then you are living in Argentina. I can go with you to all of those places. There is a continuity of care and that's really important when you

Speaker 2 [00:06:50] are experiencing

Speaker 3 [00:06:52] times of disruption in your life, when everything else is

Speaker 2 [00:06:55] new, that stays

Speaker 3 [00:06:56] the same. What also works is I can also write, right? So I'm also an expat. So I'm technically supposed to be posted in Israel right now. But thanks, covid we're not there. I could take my practice with me. The only inconvenience would be managing the time zones. The not so positive ways are, like I said before, I can only see what the person wants me to see. Also not so positive as I found it really necessary to sort of lay down the law of what's acceptable, what's not on camera, like show up wearing your clothes. I don't want to see things that I wouldn't see if I was looking at you in person.

Speaker 2 [00:07:36] No, you can't be driving.

Speaker 3 [00:07:37] This requires your undivided attention. There is more of a tendency

Speaker 2 [00:07:42] to try to multitask

Speaker 3 [00:07:44] while doing it, but only the first time or two. And actually, it's pretty rare that people do that now.

Speaker 2 [00:07:49] But there is a kind of and this is

Speaker 3 [00:07:51] pre pandemic before we all learned our Zoome behaviors

Speaker 1 [00:07:55] of or not.

Speaker 3 [00:07:57] Yeah, exactly. I love that the TV commercials now sort of pander to that Hosein behavior thing anyhow. Like, yeah, you got to be dressed. No, you can't be drinking a glass of wine while we're doing this. No, you can't be driving that sort of thing, like kind of going back and reviewing those things. Also real technical stuff like how you sit and talk to yourself. You can't twitch and move around because it looks weird on camera, but we've all kind of learned that. So basically the not so positive or everything that all of us learned during the pandemic of how to conduct ourselves on camera, that's a pretty good way to say that.

Speaker 2 [00:08:32] No, no,

Speaker 1 [00:08:32] it was good. You know, I just while you were talking, I had a thought back in my practitioner

Speaker 2 [00:08:38] days, I was a public

Speaker 1 [00:08:39] health social worker. So I went to people's

Speaker 2 [00:08:41] homes and I

Speaker 1 [00:08:42] had done traditional agency based work before that. So people came to my office, for example. But it was a real eye opener for

Speaker 2 [00:08:51] me when

Speaker 1 [00:08:52] I went and did my social work thing on my client's home field

Speaker 2 [00:08:57] in their house.

Speaker 1 [00:08:58] So all of a sudden there are people running through the house. There are people yelling at each other in a different room. Many people open before they let me in. They would apologize for what their home looked like. It just was so different.

Speaker 2 [00:09:14] And while you were

Speaker 1 [00:09:14] talking, I wonder, because the camera is showing you where people live in most cases right

Speaker 3 [00:09:23] now, people tend to Instagram it for me.

Speaker 1 [00:09:26] Oh, no. All that set up for that.

Speaker 3 [00:09:30] Yeah, because people know how to curate what they want you to see and what they don't want you to see. We have become pros at that.

Speaker 1 [00:09:39] This is what I need to.

Speaker 2 [00:09:40] For example,

Speaker 3 [00:09:41] I had a client who part of

Speaker 2 [00:09:44] her depression

Speaker 3 [00:09:45] symptoms where she just wouldn't

Speaker 2 [00:09:47] clean up. She's very messy.

Speaker 3 [00:09:48] I couldn't tell that because every time we met in session, she would use her phone and keep it tight on her

Speaker 2 [00:09:53] face until I said we're talking

Speaker 3 [00:09:55] mess. It's relative to everybody. Right? So, like mess to. My mother is going to be different than most to you and then different from me and all that, so let me see it. Turn your camera around so I can see it. She absolutely refused out of shame. And so then

Speaker 2 [00:10:11] we got into the idea of

Speaker 3 [00:10:12] curating an image and this masking that we can continue to do in this format. Also, the number of moms that I treat from their

Speaker 2 [00:10:22] cars, they will go

Speaker 3 [00:10:23] and sit in their

Speaker 2 [00:10:24] garage, in the

Speaker 3 [00:10:25] car and do therapy because it's the only place they can have privacy. It's the only place that's quiet. And so I get to sit inside of garages and cars and things like that, but that's fine if that's where they need to be to do it. And the connection is fine, there's absolutely no problem with that. But we have become absolute

Speaker 2 [00:10:42] pros at only showing

Speaker 3 [00:10:44] what we want to show.

Speaker 1 [00:10:45] Yeah, and that's so interesting because you you see different part of people's lives, too. So in terms of assessment

Speaker 2 [00:10:53] and social

Speaker 1 [00:10:54] work, is the person and environment and profession. Right. So we get to

Speaker 2 [00:10:58] see the environment literally where they live.

Speaker 3 [00:11:01] Now you also get to see the Zoome virtual background because remember, people can put up what they want you to see.

Speaker 2 [00:11:07] And so I

Speaker 3 [00:11:08] usually question

Speaker 2 [00:11:09] it.

Speaker 3 [00:11:09] I'll usually bring attention to it if it's the first time or two and just say in an effort to kind

Speaker 2 [00:11:15] of make this is in person

Speaker 3 [00:11:16] as possible, if you could take the background down, because it's kind of

Speaker 2 [00:11:20] distracting, people

Speaker 3 [00:11:21] are willing to do it. And then after I've been seeing them for quite a while and it's always the exact same thing where they are, they then can have the background or whatever.

Speaker 2 [00:11:30] Real quick just to say, yeah, sure.

Speaker 3 [00:11:32] It's really important for the social worker to know where their client is located. Right. So we always at the top of every session, take note of where the client is physically located at the time of the session.

Speaker 2 [00:11:45] We would do that

Speaker 3 [00:11:46] because say something were to happen. How do we know where to send the authorities? Mm hmm. And then, you know, as your relationship develops, you can visually see, like, oh, you're in your kitchen the way you always are kind of thing. But the background is kind of important in that sense.

Speaker 1 [00:12:00] So you don't have a hard and fast rule at the beginning that says no backgrounds. You kind of address that as it comes up.

Speaker 3 [00:12:09] Yeah, because it therapeutically relevant. Why do you want the background? What's gone on behind there? What don't you want me to see? Why are you doing it? I mean it's a great conversation starter

Speaker 1 [00:12:19] and people tolerate that.

Speaker 3 [00:12:21] Yeah. Because I don't make it like a Spanish Inquisition. I make it more of like like a that's a really cool background. Did you add the app on it? And then it's like,

Speaker 2 [00:12:31] yeah, I like I'm just

Speaker 3 [00:12:32] wondering if if you might be able to do that for me. You know, the therapist's favorite line. I'm just wondering, which is

Speaker 2 [00:12:38] key for like do this

Speaker 3 [00:12:39] for me or answer this question. I'm wondering if you would just be willing to let me see. Hold on. I have kids interrupting.

Speaker 1 [00:12:46] That's called the life. Yeah. Yeah. Sorry about this is what happens in the virtual environment

Speaker 2 [00:12:52] and happens in therapy too. It does

Speaker 1 [00:12:55] agency

Speaker 3 [00:12:56] it happens in therapy for me, for

Speaker 2 [00:12:58] them. And it's

Speaker 3 [00:13:00] again therapeutically relevant because some people really become dysregulated when

Speaker 2 [00:13:03] it happens. And it's like,

Speaker 3 [00:13:05] why did that bother you so much? You know, it's all as Yalom says, it's what does he call it? Grist for the mill. Hmm.

Speaker 1 [00:13:12] I just love talking to somebody who's ready. It's just it's good stuff. Yeah. And this is making me think about a lot of things, it's almost like, well, actually, I'm going to just go into my next question, because I think it's going to there's evidence that suggests and states that online therapy is just as effective as in-person treatment. Now, there are obviously qualifiers,

Speaker 2 [00:13:34] but based on your

Speaker 1 [00:13:36] experience,

Speaker 2 [00:13:37] what, if anything, is dramatically

Speaker 1 [00:13:39] different, at least for you in the virtual environment versus face to face?

Speaker 3 [00:13:45] I have to wear pants, come face to face, like I have to wear shoes. That's honestly the first thing that comes to mind to me. At a certain point, the screen melts away and you're just staring at another person like you're just looking at them as if you were in real life. That can also be a negative in that it's very intense that if I look away, they

can't see what I'm looking at. If I'm staring too intently at them, that can be creepy. So it's a little bit of like what to do with eye placement and how, like I tell people, if you see me looking down or looking away, I'm taking notes.

Speaker 2 [00:14:26] I'm not texting

Speaker 3 [00:14:27] someone on the side. I'm actually doing something therapeutically relevant, which would be obvious if we were sitting in a room together. Right. And again, it's because it's out of the frame of the camera. So I think taking the time to explain things that you would just naturally communicate in person is really essential.

Speaker 1 [00:14:46] And being authentic and transparent works in either environment and maybe even more so in this one, right? Yeah. So I was going to make a joke along the way above the National Association of Luddites, but I decided not to make that one. And let's call it the National Association of Social Workers. But we are we are not

Speaker 2 [00:15:07] or at least a lot of the

Speaker 1 [00:15:08] people I know are not really embracing technology. I think it's happening more and more. But largely there are still a fair amount of resistance and that kind of will obviously get played out when it comes to online therapy. How do you respond to comments from colleagues of any kind, quite frankly, of any

Speaker 2 [00:15:29] discipline that

Speaker 1 [00:15:30] none? It's not for me. It's really not as effective as meeting with the person in a room face to face,

Speaker 3 [00:15:37] to my honest answer. Oh, yeah. I just kind of smile and nod and say, oh, OK.

Speaker 2 [00:15:43] And I let it go,

Speaker 3 [00:15:45] you know, you don't know what you don't know. And having been a teacher and now having been a therapist, I can say therapists and teachers resist change. We fight it like our life depended on it.

Speaker 2 [00:15:57] And here we are teaching

Speaker 3 [00:15:58] resiliency and teaching all of these things. But yet, darn it, I'm still only going to take a check. I'm not going to take PayPal. Right.

Speaker 2 [00:16:05] It's sort of that hypocrisy that we

Speaker 3 [00:16:08] have, but I just

Speaker 2 [00:16:10] sort of smile, nod,

Speaker 3 [00:16:11] move on. I don't really care that they think that that's the honest answer.

Speaker 1 [00:16:17] I like that answer, actually. Let me talk about the academic world for a minute. There are a lot of us who

Speaker 2 [00:16:21] really like

Speaker 1 [00:16:22] dragging our heels on online learning for all the kind of very similar reasons that you might argue with online counseling or therapy. Yet we had to get to the point where we had no choice and then we did it and

Speaker 2 [00:16:38] we all lived.

Speaker 1 [00:16:39] We lived. It wasn't all great, but that was because we didn't really plan for it. We did it

Speaker 2 [00:16:47] on a dime, which is probably

Speaker 1 [00:16:48] not the best way to do anything. But we did it and some of us grew to like it and wonder why we bothered resisting for as long as we did.

Speaker 3 [00:16:57] Yeah, I mean, I think that's

Speaker 2 [00:16:59] going to happen with a lot of

Speaker 3 [00:17:00] stuff. I think the pandemic has really forced us to rearrange the way we look

Speaker 2 [00:17:04] at a lot

Speaker 3 [00:17:05] of human interaction.

Speaker 1 [00:17:07] Agreed, no. In your opinion, are there limits to what kind of clients, what kind of situations or even conditions that can be effectively addressed by, you know, virtual work? Yes. What are the limits?

Speaker 3 [00:17:23] I'm nodding as if people can see me, right? Yeah. Yes. And that's one of the things we do right off the top is

Speaker 2 [00:17:30] we screen for that sort

Speaker 3 [00:17:31] of stuff to make sure that it's an appropriate fit.

Speaker 2 [00:17:33] So anybody who's

Speaker 3 [00:17:35] actively suicidal know they immediately get referred

Speaker 2 [00:17:38] to their local

Speaker 3 [00:17:39] emergency room, to be quite honest. And we have somebody on

Speaker 2 [00:17:43] staff who, if they tell us

Speaker 3 [00:17:45] they're in Oslo, Norway, we're looking up emergency rooms in Oslo, Norway, to tell them to go to, I think, as well as someone who's actively psychotic,

Speaker 2 [00:17:54] not a good fit, somebody

Speaker 3 [00:17:55] who would require more intense treatment than we're capable of handling. And I actually left it up to the discretion of each therapist.

Speaker 2 [00:18:03] So someone who is

Speaker 3 [00:18:05] actively psychotic or is going to need medication in order to put them in a frame of mind in that moment to do

Speaker 2 [00:18:11] therapy.

Speaker 3 [00:18:12] No, it's not a good fit. It's not a good fit at all.

Speaker 1 [00:18:16] That makes a lot of sense. If you encountered, you probably do if you encountered a social worker who was maybe new to being a social worker or new to being practicing in an online

Speaker 2 [00:18:29] environment, and they came

Speaker 1 [00:18:30] to you for advice on how to do this. Well, from your point of view, and you've addressed this a little bit, but I want to make this very distinct for the folks who are listening. What do you see as kind of like the greatest hits of things to

Speaker 2 [00:18:45] do

Speaker 1 [00:18:45] straight away or even a better way of saying it would probably be best

Speaker 2 [00:18:49] practices for this

Speaker 1 [00:18:51] particular kind of work?

Speaker 3 [00:18:53] See, that's interesting because I don't actually distinguish

Speaker 2 [00:18:57] virtual

Speaker 3 [00:18:57] from in person. My thought immediately went to you are not a robot, you're going to feel things. Countertransference is going to happen. It's a thing and it's not invaluable. There is a lot of value to it. So my instinct isn't even to go to the virtual stuff. I think that if I had to say virtually what it is, know your technology before you expect your clients to know it, because you are going to need to guide them through anybody who's hesitant and they will feed

Speaker 2 [00:19:27] off of your

Speaker 3 [00:19:28] confidence about it and you want to set

Speaker 2 [00:19:31] it up that it

Speaker 3 [00:19:32] is. Push this button and you will see me. That simple is how you want it

Speaker 2 [00:19:37] to be, because we want to

Speaker 3 [00:19:38] remove all obstacles to care and intimidation can be an obstacle. And so I would say that's the biggest thing.

Speaker 1 [00:19:46] Are you concerned ever that people are recording your session and let me even make it more personal you and potentially use that in ways you would not want them to use it?

Speaker 3 [00:20:01] Yeah, but that wouldn't matter if it was virtual or in-person. So my zoom is set up that nobody can record it. But yeah, that's a fear that I would have in person virtually

Speaker 1 [00:20:11] any of it, like if they were recording you or filming you with like a cell phone.

Speaker 3 [00:20:15] Yeah. Yeah. And in fact, I

Speaker 2 [00:20:17] do kind of outline that

Speaker 3 [00:20:19] in our telehealth policies that I have clients signed before the

Speaker 2 [00:20:22] start of treatment was I

Speaker 3 [00:20:24] don't want other devices in the room with you because

Speaker 2 [00:20:27] Siri and Alexa are

Speaker 3 [00:20:30] always listening. And I can't be responsible for your privacy on your end. So I'm just telling

Speaker 2 [00:20:38] you, hey, it's not

Speaker 3 [00:20:39] private if you have your phone with you.

Speaker 1 [00:20:42] Yeah, interesting. OK, all right. A little bit of a shift here. So you would hope I think a lot of people would

Speaker 2 [00:20:48] hope that

Speaker 1 [00:20:49] virtual therapy would

Speaker 2 [00:20:51] open doors

Speaker 1 [00:20:53] and really make mental health work and support really way more accessible than it is in our traditional models. And you spoke to that earlier, especially for folks, for example, who live maybe in underserved communities or a health care desert, for example. Can you just talk a little bit about ways in which you think tella therapy, social

justice, maybe even in justice, might interact with this kind of modality of practice or delivery system?

Speaker 3 [00:21:25] If we regulate it within an inch of its life, we are going to exclude the people that need it the most. So if we require

Speaker 2 [00:21:33] practitioners or clients,

Speaker 3 [00:21:35] either one, you've got to you can do tella therapy, but you need to go to this facility in order to hop on their

Speaker 2 [00:21:40] computer and do it

Speaker 3 [00:21:42] from X, Y, Z, which is a thing that like. No, nobody's going to do that. If you say hey, click this link on your phone at five o'clock, people are going to do it right. So I think balance for regulating it versus regulating it to within an inch of its life is going to be really important. I mean, that gets into like interstate licensing stuff. And I mean, that just gets into like this whole new. Yeah, that's a whole brave new world that we're going to have to cross

Speaker 2 [00:22:12] into or legislatures

Speaker 3 [00:22:14] are going to have to finally acknowledge that it's a reality.

Speaker 1 [00:22:17] Yeah, I was actually going to ask you about that. Maybe this would be a good time. If there's a social worker who is kind of going to make the leap, they haven't been doing this and now they're

Speaker 2 [00:22:26] ready, but they're all

Speaker 1 [00:22:27] kind of maybe freaked

Speaker 2 [00:22:29] out a bit by licensing

Speaker 1 [00:22:30] concerns like I'm in Massachusetts. Can I practice with a person

Speaker 2 [00:22:35] in Idaho, insurance companies? I don't know

Speaker 1 [00:22:40] how friendly insurance companies are with out of area kind of

Speaker 2 [00:22:44] people or, you know, where

Speaker 1 [00:22:46] is the insurance effective

Speaker 2 [00:22:48] and those kind

Speaker 1 [00:22:49] of administrative things. Does that stuff come up in your work? Because, again, we haven't done this. We do things in these rigid ways, but now we're blasting everything

Speaker 2 [00:23:00] open and now

Speaker 1 [00:23:00] people are afraid of that.

Speaker 3 [00:23:02] But that's all change

Speaker 2 [00:23:03] management stuff, right? So, yes,

Speaker 3 [00:23:06] that's a thing. Insurance companies have a degree in social work, not insurance companies. So I don't take insurance. You're welcome to submit. Your employer got reimbursement at out of network. Right. But I can't be bothered to deal with them because they are

Speaker 2 [00:23:20] so controlling and time consuming that I just choose

Speaker 3 [00:23:24] not to have anything

Speaker 2 [00:23:25] to do with them. I think each

Speaker 3 [00:23:27] insurance company's different. During the pandemic was a lot of insurance companies rolled back the regulations, as did a lot of states, and just said, we'll cover telehealth.

Speaker 1 [00:23:36] Yeah, they definitely did.

Speaker 3 [00:23:37] So long as you're seeing a licensed provider, you're good. I think state by

Speaker 2 [00:23:42] state, company by

Speaker 3 [00:23:43] company, they are rolling those things back or pulling them

Speaker 2 [00:23:47] back.

Speaker 3 [00:23:48] And it's all changing. I mean, that's the thing. It is so fluid. What I did was I don't seek counsel on retainer, but I have consulted with this massive law firm that specializes in mental telehealth

Speaker 2 [00:24:01] services and they have an app that I stay on

Speaker 3 [00:24:04] top of and it goes through all of the license. So if you are a side and LSW in

Speaker 2 [00:24:11] LPC, it'll tell

Speaker 3 [00:24:12] you the licensing regulation for that

Speaker 2 [00:24:15] state and whether or not you can

Speaker 3 [00:24:16] practice across state

Speaker 2 [00:24:17] lines or not. And then there's

Speaker 3 [00:24:19] another advocacy group that connects with care or something like

Speaker 2 [00:24:23] that. But I belong to

Speaker 3 [00:24:24] as well that stays on

Speaker 2 [00:24:25] top of the laws. So there's a lot

Speaker 3 [00:24:26] of sort of advocacy now for getting this interstate stuff going. And some states have Florida, Arizona. All you have to do is get permission from the state as long as your license and some other state you can practice there you see. OK, yeah. So you really have to know your state and their rules.

Speaker 2 [00:24:44] Here's the thing.

Speaker 3 [00:24:45] There might not be a rule. They may just be silent.

Speaker 2 [00:24:50] And as the law

Speaker 3 [00:24:50] firm told me, we could reasonably argue

Speaker 2 [00:24:53] that. And I'm like,

Speaker 3 [00:24:55] so is that permission, like, interpreted how you want? You know, there's always that lag between regulating it and what's really happening. It really is sort of the Wild West frontier in a lot of ways.

Speaker 1 [00:25:06] Yeah. So it sounds like folks who would be entering into this

Speaker 2 [00:25:09] arena need to do the

Speaker 1 [00:25:11] best they

Speaker 2 [00:25:11] can and they

Speaker 1 [00:25:12] need to think about these things. But just realize that this is all evolving. This is just

Speaker 3 [00:25:18] it is super evolving. Yes. And keeping in mind the ethical principles of a social worker like the NSW very clearly lays

Speaker 2 [00:25:26] forward what are

Speaker 3 [00:25:27] ethical principles are that we are to abide by. And if you can still abide by that while doing the tell therapy, OK, if you can find by your ethical principles and the laws of your state, I think that's a go, then sure.

Speaker 1 [00:25:41] I guess most reasonable social workers and people would probably agree that online social work and counseling is here to stay. You know, the pandemic that if

Speaker 2 [00:25:52] nothing else and and

Speaker 1 [00:25:54] we've talked about this, it seems like this realization has been brought about

Speaker 2 [00:25:58] largely by

Speaker 1 [00:25:59] the necessity that was imposed by the

Speaker 2 [00:26:02] pandemic. So as a social

Speaker 1 [00:26:04] work educator and we have a lot of educate social work educators and academics and students who listen to our

Speaker 2 [00:26:10] podcast. So moving

Speaker 1 [00:26:11] forward as myself as a social

Speaker 2 [00:26:14] work educator, I'm

Speaker 1 [00:26:15] interested in your take on what ways schools of social work can better prepare students for the practice

Speaker 2 [00:26:22] environment, not

Speaker 1 [00:26:23] only of like right now. But the future,

Speaker 3 [00:26:27] so they have to start acknowledging that therapy is here to stay

Speaker 2 [00:26:30] and educating therapists

Speaker 3 [00:26:31] on it. I mean, I was super lucky when I went to USC and did it. I did mine entirely online. I did my practicum from Uganda. I worked from 6:00 at night till 6:00 in the morning treating clients in California on their time.

Speaker 2 [00:26:45] But it was

Speaker 3 [00:26:45] overnight Uganda time. There has to be more universities that are willing to do that to offer the TELLA therapy practicum.

Speaker 1 [00:26:54] Do you think it necessitates something like a course or is it a cultural shift that is something that should be integrated through the entire curriculum

Speaker 3 [00:27:03] culture shift culture? Because for you to say, well, I'm just not going to do that, really? How do you know that? Mm hmm. I don't know. I think the pandemic's taught us anything is possible. You may not do that this year

Speaker 2 [00:27:17] or next year, but to say

Speaker 3 [00:27:18] you're never going to do it, I think is a bit shortsighted. Yeah.

Speaker 2 [00:27:23] Well, Shannon,

Speaker 1 [00:27:24] thanks so much for talking with us. This is Pandora's Box. I think we could do a lot more with this, but I think you've really laid out a kind of response to what's going on. But also since because you've been doing it, I just think you've made me think about a whole bunch of things that I hadn't really thought of and further questioning the going of digging your heels and do the same old same old mentality that a lot of us are guilty of. So thank you so much for joining us.
Thanks for having me.

And finally, be sure to check out our new website, which is going to launch this month at insocialwork.org. The inSocialWork podcast team is Steve Sturman, general manager and the person who keeps the trains running, and Cate Bearss, production associate and technical guru. I'm Peter Sobota, and we'll see you next time on inSocialWork.