

Teletherapy for Adolescent Psychiatric Outpatients: The Soaring Flight of so far Idle Technologies during the COVID-19 Pandemic

Mercedes M. Huscsava^{1*}, Paul L. Plener^{1,2} & Oswald D. Kothgassner¹

¹ Department of Child and Adolescent Psychiatry, Medical University of Vienna, Währinger Gürtel 18–20, 1090 Vienna, Austria

² Department of Child- and Adolescent Psychiatry and Psychotherapy, Medical University of Ulm, Steinhövelstraße 5, 89075 Ulm, Germany

Abstract

Background: As a consequence of the COVID-19 pandemic, teletherapeutic offers for patients skyrocketed. In a moment of great need, offers were emerging seemingly faster than the background technology and training required to facilitate them could be provided.

Objective: This Spotlight-Communication provides an overview of results and ideas on teletherapeutic offers for adolescent psychiatric outpatients and areas for further investigation.

Methods: It reports the insights gained from conducting follow-up interviews with 30 adolescents in weekly outpatient treatment. Data were analyzed qualitatively using standard software ATLAS.ti 8. Therapists' views were collected via informal discussions and are, although not systematically analyzed, integrated where applicable.

Results: On average, patients rated teletherapy as compared to face-to-face contacts as rather good to mediocre (3,2 on a 5-point-Likert scale). Main positive aspects were accessibility and continuity of treatment, as well as an "anchor"-function. Main negative aspects were technical issues, a lack of privacy and therapy being more superficial.

Conclusions: Although the results are not generalizable, they show that patients overall benefit from teletherapy. The main positives and pitfalls of teletherapy are described, as well as ideas for problem-solving and refinement, which are of utmost importance in light of potential further waves of the COVID-19 pandemic.

Keywords: child and adolescent psychiatry, adolescents, teletherapy, COVID-19, outpatients

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1 Introduction

The COVID-19 pandemic hit countries worldwide and confronted systems, as well as individuals, with enormous challenges in almost every aspect of life. Decision making processes had to be adapted at an extremely rapid pace, with almost no prior warning or preparation. In this rapidly changing situation, communication and the dissemination of information proved to be crucial, yet extremely challenging. In the midst of all this turmoil, already marginalized groups, like psychiatric patients, were deemed to be at an increased risk of disproportional harm. (Cui et al., 2020; Druss, 2020; Fegert et al., 2020; Kavour, 2020; Yao et al., 2020) Thus, much effort, creativity and innovation went into establishing structures to comply with regulations and control spreading of the virus on the one hand, but facilitate continued treatment of those in need on the other. Basically overnight, teletherapy became the number one treatment option and is still on the rise. (Liu et al., 2020; Torous et al., 2020; Torous & Wykes, 2020; Wind et al., 2020; Zho et al., 2020) Although the genesis of teletherapy

was not the COVID-19 pandemic, its widespread application is definitely owed to it. Our clinic, the Department of Child and Adolescent Psychiatry, Medical University of Vienna, a tertiary care center and university hospital, switched its outpatient services overnight to therapy via video-call, keeping face-to-face contact as an option if absolutely unavoidable (acute presentations). Staff eager to serve their patients went into the "experiment" teletherapy without prior training or experience, being confronted not only with insecurity in relation to the technical aspects of this treatment, but also concerning the dynamic of the situation and resulting needs of the patients. Teletherapy as discussed herein refers to planned, individual videocalls only, other applications (e.g. emergency services, online-trainings) have not been examined.

2 Aim and method

The aim of this Spotlight-Communication is to concisely discuss patients', as well as psychiatrists' and psychologists', experiences

with teletherapy, including positives, pitfalls and opportunities for future development. Given the novelty of the situation and the velocity of change, there is not a large volume of prior research to build upon in investigating diverse aspects of the current crisis. This article was thus conceptualized as brief communication discussing a small number of results from an ongoing investigation (Huscava et al., 2020), integrating further ideas in a spotlight format. We followed up 30 mostly female patients (86,7%), ranging from 12 to 18 years of age, who were in established weekly outpatient treatment before the onset of the COVID-19 pandemic, in the process of transition into teletherapy. Teletherapy, in the sense of planned, individual videocalls, was conducted using Instahelp (brand of Insta Communications GmbH/Up to Eleven Digital Solutions GmbH), an existing platform conforming to Austrian data safeguarding measures. In addition to videocalls, the platform also provides the function of an end-to-end encrypted individual chat. Ethical approval for this investigation was obtained from the institutional review board of the Medical University of Vienna (#1383/2020) and patients and guardians gave written consent for participation in the study. Data were collected via interviews – videocall or phone call, according to the respective patient’s preference – with outpatients in well-established, continuous weekly treatment before the COVID-19-associated lockdown. Interviews, conducted by two 5-year residents in Child and Adolescent Psychiatry, were semi-structured including open questions and questions to be rated on 3-, 4-, or 5-point Likert-scales. A description of the interview content, as well as sample characteristics and detailed results concerning the transition into teletherapy are available as preprint. (Huscava et al., 2020) Thoughts expressed by psychiatrists and psychologists obtained in informal discussions are integrated where appropriate to provide a comprehensive overview.

Structured qualitative data analysis was conducted following the principles of Grounded Theory (11) using the computerised qualitative data analysis tool ATLAS.ti 8 (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany).

3 Results

3.1 Patients’ topics

To get an idea on what moved our patients when lockdown measures in Vienna were at their maximum, including home-schooling, part-time work, and restrictions on physical contact, Figure 1 provides a word cloud drawn from asking the patients to freely express current thoughts. To obtain the presented word cloud, patients’ answers were reduced to nouns, verbs (excluding auxiliary verbs), adverbs and adjectives. Translations were carried out by a study member, checked with Merriam-Webster Thesaurus and cross-checked with Collins Dictionary. (*Collins Wörterbuch*, 2020; *Merriam-Webster Thesaurus*, 2020) The built-in word-cloud-function of ATLAS.ti 8 was used to obtain the cloud-presentation of the initial word list. A higher word count is

indicated by a larger font. As can be seen, thoughts about the future and family, followed by those relating to friends and school preoccupied our patients the most. Teletherapy was provided by staff well-trained in the provision of non-teletherapy treatments, who have not been asked to give their thoughts in the same manner. It can be assumed though, that the picture might coincide in some points. Numerous investigations, dating from prior events (e.g. disasters, epidemics and pandemics), and also stemming from the current COVID-19 pandemic, assessed mental health consequences for health care workers, focusing on those who were “frontline workers”. (Hu & Chen, 2020; Lu et al., 2006; Lung et al., 2009) Mental health professionals providing teletherapy during the current pandemic suffered as many restrictions as other medical staff and the rest of the population, but have not been specifically investigated as a subgroup. This has to be taken into account when discussing teletherapy in this situation. Working with a novel technology in an environment of – global – insecurity, and situationally reduced exchange with colleagues, is rather challenging. In this light, it seems even more surprising (or convincing) that the patients we interviewed rated teletherapy to be on average between rather good and mediocre, as compared to the face-to-face contacts they were used to (3.2 on a 5-point-Likert scale, 1 indicating “bad” and 5 indicating “good”).

3.2 Main arguments in favor of teletherapy

Most patients expressed great relief about the fact that they still had access to continuous treatment while basically everything else was locked down. In fact, to date not a single patient we followed up dropped out of treatment during the pandemic. This is not straightforward, nor is the seamless continuation of therapy. Given our observations, the patients’ feedback, and opinions and experiences expressed by colleagues in informal discussions, the content of many therapeutic processes changed in the sense that it became somewhat more superficial and oriented toward every-day life. However, in all cases, it was possible to keep in touch. This was the case regardless of the device used, a surprising result, because it was assumed that seeing one’s therapist on a computer screen would be different than seeing them on a 5-inch cell phone. Many patients also mentioned that teletherapy was an anchor in their week, something they could be sure of while everything else felt “endless” and “surreal”. Furthermore, patients commented that it was easier to fit teletherapy into their schedule, because they did not have to spend time travelling to the treatment centre, and some also found it to be more flexible. While a number of patients mentioned that although they would prefer face-to-face contact, teletherapy gives them the opportunity to “really see” their therapists, because that way no one had to wear a mask. Most patients also appreciated the chat function of the video-call system as an extra facility to note thoughts and questions and to keep track of appointments.

chats were also welcomed and used frequently by our patients. The possible flip side of potential overuse of the patients did not prove true in our observations, so that these pathways can also be seen as a chance, e.g. for interim boosters. Although teletherapy with children and adolescents is still in its infancy, the COVID-19 pandemic led to a massive expansion of the application of these technologies, resulting in an increased and growing body of experience. Further investigations are necessary to develop guidelines for a proper framework for teletherapy and on how to distinguish patients who will benefit from teletherapy from those who should be offered face-to-face contact. Furthermore, teletherapy should be included in the training curricula for psychiatrists, psychologists and psychotherapists.

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*Corresponding Author

Mercedes M. Huscava, MD

Department of Child and Adolescent Psychiatry

Medical University of Vienna

Währinger Gürtel 18-20, 1090 Wien

T: +43 (0)1 40400-30140, E: mercedes.huscava@meduniwien.ac.at

Declarations

Conflict of interest

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