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How did you get involved in teletherapy and teleanalysis?

There were many different convergent influences. For starters, my professional home is a distance learning environment. A lot of my psychoanalytic training occurred at the IPI through online seminars, small group discussions, and tele-supervision. Beyond my training, I had a particularly compelling clinical experience that really taught me to respect the potential value of teleanalysis. A teenager with an intense internet life asked me to continue working with him via video when he attended college. We had several months to discuss the transition from on-site to online work, so we could think carefully about ways to create a private and secure setting. We also met in the office during his recesses from college. Through the online work, we were able to integrate his virtual life with his actual social experiences to bridge those worlds. It wasn't just that the work was as effective as in-office work, it was actually superior for this particular patient. Beyond preserving the continuity of the treatment, we came to realize that the screen actually leveraged the treatment forward. That clinical experience was transformative for me.

Later on, I began working with young children who needed to work online for a temporary period of time. Sometimes it was in response to the child's personal or family circumstances that would have otherwise interrupted the treatment. For example, I worked with a young child while she attended summer camp far from home. In another instance, the parents were unable to bring their child reliably to the sessions, and the child appreciated the continuity that the online adaptation offered.

Since the pandemic, I have conducted online play sessions with very young children. I have been impressed by what is possible and how symbolic play can

still be analyzed along with the transference and countertransference. As with on-site work, parent work is an absolute requirement to ensure a successful child treatment. I would say that it's even more important to enlist the parents as partners –their help is needed to sustain a stable setting.

What is essential to think about when conducting teletherapy and teleanalysis?

A secure frame is crucial. The analyst needs to hold to the frame and maintain the consistency of the setting. It is important for the analytic couple to each establish a private environment to minimize interruptions during the session. As well, it is optimal to ensure a good broadband internet bandwidth and high-quality audio.

Having an open-mindedness to the unique aspects of online treatment can be a real asset. Analysts need to tolerate uncertainty and hold a stance of *not knowing* about the gains and losses that a patient may experience rather than prematurely foreclosing either conclusion. It takes practice to listen for ways in which the patient's underlying conflicts and struggles are being communicated through the technology, and to leverage that material to enhance understanding of the patient's mind. As in other aspects of analytic work, evenly suspended, attentive listening is necessary. If we are absolutely convinced that teletherapy will undoubtedly work or not work, or that it would be superior or inferior to on-site treatment, we stand the risk of imposing our own biases in ways that may contaminate the material. Not all patients will derive equal benefit from this approach.

Periodic reviews of the effectiveness and side-effects of this approach are essential. Learning from others practicing distance-mediated work via Best Practices courses can also be very helpful. Teletherapy and teleanalysis differ from on-site treatment, and the unique benefits and drawbacks for each patient need to be investigated.

How is the therapeutic process the same and different between the two settings?

I have been studying the differences and similarities of in-office and online therapy with the Clinical Teleanalysis Research Group at the IPI for over a decade. We used to compare transcripts of sessions without anyone but the presenter knowing whether the session was conducted onsite or via distance-mediated technology. Usually no one could tell the difference, although we still tried to look for hints in either the content or the analytic process and technique.

Analysts need to train themselves to 'listen' to the nonverbal aspects of communication when working online. With an open-minded stance, it is possible to discern patients' sighs, subtle postural changes, and shifting speech patterns.

Sometimes the online setting can even foster greater intimacy within the analytic couple. One patient who could not maintain eye contact with me in the office reported that he felt more comfortable meeting my gaze online. Some nonverbal behaviors can also be missed. A teenager might look down either because he is averting his gaze or because he is looking at something online. Once a patient revealed that he had been looking at his texts.

Another aspect of the process that is different concerns the ways patients transition when entering and leaving the sessions. When people come to the office, they have some time to let go of their prior activities and shift their mindset. At the end of an in-office session, there is a gradual leave-taking in which the patient has time to get up, walk out slowly, open the door, turn back, or say something else. Connecting and disconnecting online can be more abrupt. Patients may move from one activity directly into the session without that pause. Children or adolescents are sometimes embroiled in and having to interrupt an online activity, such as playing a video game, which can make them less willing to transition to the session. I work with parents to support the idea of a transition time of fifteen minutes for the child before and after sessions. Another way I work is to pause at the conclusion of sessions and wait to see how the patient will choose to end. For instance, one child prefers to leave the actual room before I end the video-session or chooses to sign out online rather than have me close the meeting. These new choice points give unique opportunities to gather new meanings about the patients and the analytic relationship.

What is gained and lost by working online?

Aside from physical safety in the context of the pandemic, some patients experience a newfound sense of emotional safety at revealing areas of their mind or narratives that they could not previously disclose within the physical office. The ordinary power balance between patient and therapist can be lessened when the child patient is sometimes more tech savvy than the therapist. Continuity of care is a huge benefit of working online during the pandemic. By so doing, the analyst communicates an earnest commitment to the ongoing treatment relationship.

Because online work in the pandemic has taken place usually within the home of the therapist and patient, there can be a loss of privacy and safety when multiple activities and persons are in the vicinity. The patient has to take responsibility for establishing a private and secure setting in their home, so some patients may feel burdened.

In every analytic treatment, the losses need to be identified and mourned before the gains can be recognized and reaped. I find that there is a tremendous benefit from examining the differences in the analytic work occurring between the two settings.

How do you adjust the analytic tools for online work with children?

With young people, I collaborate even more closely with parents and ask them to provide the child with arts and craft materials and toys that are similar to what is used in the office or that would be conducive to their play. The setting inspires the analyst to be creative about how play objects are defined and experienced. One adolescent patient writes poems and keeps a record of his dreams, which he screen-shares with me during the session. When we meet, he likes for us to look at them together on the screen as we associate to them.

What do you find surprising about working with patients online?

I am very curious about how technology is employed by the patient as a “third,” an object that can reveal new aspects of the patients’ mind and communications. I approach distance-mediated work with an open-mindedness and curiosity as to what can be newly discovered in the transference and countertransference that has not been previously visible or analyzed. Sometimes fertile ground can be unearthed in ways that may never have been realized had the analytic couple not traversed cyberspace.