

MOODS

Serving People with Unipolar and Bipolar Illness, Their Families and Friends, since 1981

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Managing Virtual Treatment for Mood Disorders

By Li Faustino, PhD

Think back to before the pandemic started and remember and imagine what it was like to go to therapy. You might have taken the train there or walked. There may have been an elevator and waiting room. Your therapist may have opened their office door and invited you in. Inside, there may have been a couch or a chair, a box of tissues, and a clock. You also probably met at the same time each week for 45 or 50 minutes and you know how the payment was going to happen. You paid at the end of the session or the end of the month. Or the therapist would bill your insurance. In the mental health field, we call many of these surrounding and peripheral features of the therapy, “the frame.” They are, by design, meant to provide you with a sense of consistency and trust in your therapy. They may be adjustable, but they are indicators of the boundaries that protect your safe space. Due to an ongoing frame, you know that the discussion is confidential and you do not have to ask each

week. You know that your therapist is there waiting for you each week. There are many functions to the frame and the frame is slightly different for each person and each therapist. I bring it up here because we have all been forced to switch to virtual therapy and groups. What we do with the video sessions and video groups is try to replicate the frame. We try to make it as close to the in-person experience as we can.

If you attend groups at MSDG, you see we do a similar thing. Just like in real life, we have a facilitator, an introduction to the group, and we meet at the same time each week. We have similar rules virtually as we do in person. All of these things help provide security and reliability in our groups.

There are many advantages and disadvantages to a virtual frame. One clear advantage is that virtual meetings are very convenient. Also, many people with social anxiety seem to feel more comfortable in virtual groups and those who have limited mobility can now attend more easily. Per-

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Items of Interest

Cregan, Mary. [The Scar: A Personal History of Depression and Recovery](#). Norton, 2019. 284 p.

Hammond, Meryl. [Mad Like Me: Travels in Bipolar Country](#). Consultancy for Alternative Education, 2018. 288p.

Two memoirs that detail life with mood disorders: the emotional toll and the affect on family, colleagues, friends, and others.

Brain & Behavior Research Foundation. “Suicidality is Found to Affect 8 in 100 U.S. Children Before Puberty in New Study”

<https://outlook.live.com/mail/0/AQMkADAwATEXATQ3LTRjM2YtODRhMyOwMAItMDAKAC4AAAO1zHbPwRxEQIrx5AelkNDoAQDTXVtJA5SnR4Mlx92YNvLDAAACAVsAAAA%3D/id/AQMkADAwATEXATQ3LTRjM2YtODRhMyOwMAItMDAKAEYAAAO1zHbPwRxEQIrx5AelkNDoBwDTXVtJA5SnR4Mlx92YNvLDAACAVsAAADTXVtJA5SnR4Mlx92YNvLDAAOuu6IIAAAA>

HealthyPlace.com “Why Mental Health Misdiagnosis Can Be Traumatic”

<https://www.healthyplace.com/blogs/recoveringfrommentalillness/2020/7/why-mental-health-misdiagnosis-can-be-traumatic>

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haps do to the ease of clicking in to the group, our virtual groups seem to be more accessible to people of color, many of whom reported that going to groups in the past was very challenging due to the stigma of mental illness in their community or families.

There are some downsides to virtual treatment, though. One is that many people do not have a strong enough internet connection or a good grasp of the technology needed and so their treatment may be interrupted by technical difficulties. Also, many people cannot get privacy in their homes. A very glaring disadvantage is difficulty reading body language. It can still be done, but it is compromised. Both therapist and client have only a face or upper half of a body to view and get a read. With virtual treatment in mental health, we are working on difficulties of the human condition without being in the same room with someone. This speaks to the loss of an intangible “feel” of people that we get when we interact with them. Lastly, many people describe that when they leave therapy or group they can process or “digest” the discussion on the way home. Now, they describe that when they end sessions, they are plunged into sudden aloneness as their

therapist or group disappears from their device.

So virtual sessions have their good and bad points. It is best to make attempts to create a virtual experience that works as best as it can for ourselves. For a therapy session, if possible, you want to try to get a private space with as few distractions as possible. You want to try to sit in the same place each week and meet your therapist at consistent times. I would suggest a similar thing for group. Having minimal distractions is helpful for both you and the others in the group. Sometimes it is important to use technology more so we can continue with treatment, book clubs, music lessons, socializing, etc.

This then means we should modify our virtual system to be more comfortable. Make your talking space comfortable for you as if this is a permanent situation. Now is the time to re-arrange furniture, get that new desk chair you need, or install a lamp or plant in your sitting or work area near your device. However, having more screen time requires balance so it is equally important to get outside time and movement in your daily routine as well. Take a walk, hike, ride a bike, or simply sit outside each day, if possible. Create a structure in your day that includes the activities

you must do on-line with those where you can go outside. Make sure you leave your bed each day and only use it for sleeping. Do not have sessions or group in bed if you can avoid it. And it is best to get dressed each day even if you cannot leave the house. This enhances mood and signals to your body that you are up in the day and going to sleep at night. For more tips on managing virtual therapy and virtual groups, you can actually attend a virtual group and exchange and listen to others.

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