



COVID-19 Special Edition: TeleMental Health

Hosts: Rebecca Gillett, MS OTR/L and Julie Eller

Guest Speaker: Jessica Auslander, MA, LCMHC, LCAS, NCC, BC-TMH; licensed Clinical Mental Health Counselor, arthritis warrior and juvenile arthritis parent

Access to care has long been on Jessica Auslander's mind. Diagnosed as a child with juvenile arthritis and now a parent of three children – two of whom have autoimmune diagnoses – she knows how hard it can be for some people to show up in person for medical and mental health appointments. She also knows how important it is that they get the care they need, which is why she has been offering mental health counseling virtually since 2005.

In this episode, Rebecca and Julie talk to Jessica about the benefits of telemental health. Virtual counseling provides an accessible alternative for people who would not or could not seek psychotherapy in person. They may have financial or transportation obstacles or even be worried about stigma. Or they may be ill or afraid of becoming ill, or they may be unable to leave children or others they care for.

Especially during this pandemic, people at higher risk from COVID-19 – and their caregivers – may be reluctant to seek in-person care, but the anxiety and heightened stress brought by the pandemic makes mental health care even more important.

Jessica Auslander is a Licensed Clinical Mental Health Counselor certified in distance counseling. She is licensed in clinical mental health and substance-abuse disorders in North Carolina and Ohio with telehealth privileges in Florida. As an adult living with JA, she works with many clients who also have chronic conditions.

Additional resources:

Learn more about mental health during the coronavirus pandemic in the Arthritis Foundation's [Coronavirus & Arthritis Three-Part Webinar Series](#).

Read about and sign up for The Foundation's [National Juvenile Arthritis Conference](#) this year.

Help make a difference for yourself and others living with arthritis by sharing your insights at arthritis.org/insights.

Find out more about the new coronavirus and what you should know on the Foundation website, arthritis.org/care-connect.

To find a teletherapist, check [The Psychology Today Directory](#).

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PODCAST OPEN:

Welcome to Live Yes! With Arthritis podcast, from the Arthritis Foundation. You may have arthritis, but it doesn't have you. Here, you'll learn things that can help you improve your life and turn No into Yes. This podcast is part of the Live Yes! Arthritis Network — a growing community of people like you who really care about conquering arthritis once and for all.

This edition is part of a special series on COVID-19 and arthritis, sponsored by Novartis.

Our hosts are arthritis patients Rebecca and Julie, and they are asking the questions you want answers to. Listen in.

Rebecca Gillett:

Welcome to the Live Yes! With Arthritis podcast. I'm Rebecca, an occupational therapist living with rheumatoid arthritis and osteoarthritis.

Julie Eller:

And I'm Julie, a JA patient who's passionate about making sure all patients have a voice.

MUSIC BRIDGE

Rebecca:

Thanks for joining us on this episode of the podcast where today we're going to focus on mental health and how to access that care in this era of the COVID pandemic. I think a lot of us are suffering right now with a lot of anxiety and stress, not just about the pandemic but everything else happening in our world right now, with a lot of social unrest and just trying to manage our care, just to be pain-free or live with less pain. It's a tough time, Julie, it really is. I have my ups and downs. I don't know how you've been doing, but I'm sure it's the same.

Julie:

Oh yeah. No, it's a very difficult and heavy time. I think I've shared in previous episodes that I feel like I'm in this prolonged fight or flight response. And it has its physical tools and it also has its mental health tools, and I'm really excited to be talking today with Jessica Auslander, who is a certified telemental health professional, someone who can really share with us about what it's like to have a virtual mental health care visit, talk about those feels that you experience as a result of all of those things that are happening in our world right now. But also all of the things that happen in your world with your arthritis care. And something that's really special about Jessica is that she's a longtime

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Arthritis Foundation friend and family. Not only does she live with a form of arthritis herself, she also has a child with JA. So she really understands the needs of our community. She understands how to give back to them. And she is just an inspiration to listen to and talk with because she can help us break down what it's like to have a mental health concern, need a tune-up and talk through all of the things that we're facing as people in the arthritis community, not just now, but throughout the year. Welcome, Jessica!

Rebecca Gillett:

Thanks so much for joining us on the podcast today, Jessica, you wear so many hats that make you such the perfect guest for our podcast. Can you share a little bit about your story with our listeners?

Jessica Auslander ([00:14](#)):

Absolutely. my arthritis journey started when I was just eight years old. I started having symptoms. I was just kind of suffering in silence. There wasn't really much they could do for me. So fast forward, our oldest child is diagnosed with juvenile spondyloarthritis and, um, he was five at the time of diagnosis. And in 2015, he was nine years old and wanted to meet other kids like him. And we heard about this, uh, conference that happens in the summer and that year it was in Orlando and we went to the conference and it was an amazing experience for our whole family.

Jessica Auslander ([01:10](#)):

he got to meet kids that were just like him and his siblings got to hang out with other kids. And I had no idea the impact it would have on me because it was the first time I met people my age with arthritis. I met other JA kids who are now JA parents so I thought, okay, this is amazing, I have to keep supporting this. not only has our family gone to conference every year, but my husband and I both have different roles on the national planning committee. and we also are involved on the local level with our JBR and our Walk to Cure Arthritis. we've been very strongly involved the last five years.

Julie Eller:

Well, thank you for all that you do. It's a very powerful story to hear about the, you know, the inspiring event that the JA conferences, that Juvenile Arthritis Conference. do you mind sharing a little bit how the JA conference is evolving for COVID-19?

Jessica Auslander ([02:18](#)): It is gonna be a different experience instead of having our family reunion, now we're gonna be connected in a different way, and we're going to have to connect online. we have a committee just for kids, a committee for teens, you know, there's all these little subgroups that are all just volunteers that are working, working our tails off since January, really to make this a reality.

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So we have been working twice as hard to modify it, to make it a meaningful where families can still connect.

Jessica Auslander ([03:01](#)):

Many of our families at conference are newly diagnosed first time attendees. And we did not want to lose this opportunity to wrap our arms around them. Like we do every year and say, "Hey, welcome to the family. Um, you know, how can we help?? So we're just doing it in a little bit different adapted way.

Julie Eller ([03:18](#)): moving away from the volunteering and the roles that you have there. Can you tell us a little bit about what you do professionally and what brings you here to talk about TeleMental health?

Jessica Auslander ([03:51](#)):

Yes, so I am a licensed Clinical Mental Health Counselor. I'm licensed in both clinical mental health and addiction related disorders in North Carolina and Ohio. And I have a telehealth privileges for the state of Florida. So, um, my career started actually as a school counselor and I was working for an online Charter school. And that's when I first became certified in what they call distance counseling. That was in 2005. I literally, when I went to training, I literally trained on a flip phone [inaudible 00:04:26] where you had to keep pressing the number to get the right letter when you were texting.

Rebecca Gillett ([04:39](#)):

Wow.

Jessica Auslander ([04:39](#)):

Um, I moved from school counseling to clinical counseling and that issue of access to care has always been in the back of my mind, you know, as a person that struggled with having a disability as it affected my life off and on through young adulthood and in my professional life to now raising children, um, two of my three children have autoimmune related diagnoses, you know, access to care is a huge, huge barrier.

Julie Eller ([05:06](#)):

Right.

Jessica Auslander ([05:06](#)):

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I worked with a lot of people with chronic health problems, anxiety, addiction related disorders, It's hard for people to get to an office sometimes. It's hard for them to schedule a session, especially my clients that are parents. Um, you know, they don't wanna bring the kids 'cause they don't want their kids to listen to what they're talking about. It might be about them, right?

Julie Eller ([05:35](#)):

Right.

Jessica Auslander ([05:35](#)):

It's not appropriate. Um, so being able to do things at a distance with telehealth allows a lot more flexibility. I wanted to be in private practice because I wanted to have the ability to remove those barriers. I said, you know what, I'm gonna do it my way. I'm gonna dust off that distance counseling credential, and I'm gonna do this purely telehealth.

Jessica Auslander ([06:21](#)):

I talk to a lot of people that say they never would have been in counseling otherwise never would have tried it never would've been able to make appointments or they would have had to cancel.

Jessica Auslander ([06:47](#)):

So telehealth is a great way to remove traditional barriers to care like financing, transportation, um, you know, health issues, mental health issues.

Jessica Auslander ([07:18](#)):

I like being able to meet people where they are. Can't roll out of bed in the morning, if you can reach your cell phone, give me a call.

Rebecca Gillett ([07:25](#)):

I love that.

Julie Eller ([07:27](#)):

I know that really, that took my breath away there. That's such a powerful point. I will meet you where you are, and here is a way that you can access me that doesn't require you to get your life in perfect run, like type A order, right? You don't have to be completely organized.

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Julie Eller ([08:17](#)):

You just have to ask for help.

Jessica Auslander ([08:27](#)):

Exactly.

Rebecca Gillett ([08:30](#)):

as people with arthritis like us, you know, that it, it's exhausting. It's exhausting to not just only manage your care in general and make all those appointments and then drive yourself to them. But for some people, I know there's days it's hard to get dressed like, and you might have to cancel that appointment, but with telehealth, you don't. I did occupational therapy using telehealth out of necessity.

Rebecca Gillett ([09:13](#)):

I had a spinal fusion and I couldn't drive for like three months, but I saw my families using telehealth. So they met me where I was in my pajamas with, you know, a sweat shirt on and my neck brace, doing, doing services with my families. my early days when I was diagnosed and it really was hard for me. It took me an hour and a half to get ready for the day and then to get into the car and try to drive stick shift when my shoulder was, um, stiff and my, my wrists hurt and to drive my car to just go see my doctor, I didn't wanna go,

Julie Eller ([09:59](#)):

Yeah.

Jessica Auslander ([10:01](#)):

I say, "Remember I have this too. You think I wanna get up and get dressed and drive in traffic to meet you out at office?" I'm like yeah, "You don't see my yoga pants right now, but I'm with you." Your hair is up, I rolled out of bed too, you are fine because honestly, you know, my first career was actually music education. I was going to be a director. I'm a flutist, I love music, but I found very quickly physically my body could not keep up consistently to meet the demands of a public high school schedule.

Julie Eller ([10:50](#)):

Mm-hmm (affirmative).

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Rebecca Gillett ([10:51](#)):

Mm-hmm (affirmative).

my love shifted to, you know, psychology and helping people in this way. And I love it because I can do more. I can have a longer day.

Julie Eller ([11:30](#)):

there are so many people who live with chronic illness that reinvent their career, reinvent their passion, change their path to accommodate for their disease. I'm realizing in this moment, how TeleMental health or telehealth services are a value add, not just for the patient, but for the provider themselves. I think a lot of times about healthcare has this one sided thing, I am the patient, I have needs. I need you to help me fix myself. I need you to fix me. that's a lot of weight to give to a provider. It's a lot of grief to help you manage and carry.

Julie Eller ([12:21](#)):

And I love the idea of at TeleMental health is something that can really serve people on both sides of that relationship and make it a more meaningful experience.

Jessica Auslander ([12:31](#)):

Absolutely.

MUSIC BRIDGE PROMO

We want to hear from you about topics you'd like us to cover in future Live Yes! With Arthritis podcasts. And tell us how we're doing! Go to [arthritis dot org slash live yes podcast](https://arthritis.org/live-yes-podcast). Just scroll down to the big green block at the bottom of the page and click "get started" to start the survey. That's [arthritis dot org slash live yes podcast](https://arthritis.org/live-yes-podcast).

Rebecca Gillett ([12:33](#)):

So we know that so many people with chronic conditions like arthritis are really struggling with anxiety and depression and other mental health and emotional challenges in general, um, especially today. So in your experience, how do they differ from the challenges that other patients have?

Jessica Auslander ([12:56](#)):

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Well, a lot of it is, is very similar, especially when we're dealing with the pandemic. You know, we're dealing with an environmental stress, environmental trauma. Um, it affects us all differently, but what we experience is normal because there's still a wide range of possibilities. People that are already dealing with, you know, other issues 'cause you know, it's not like disasters schedule a good time with us, right?

Julie Eller ([13:22](#)):

[crosstalk 00:13:22].

Jessica Auslander ([13:22](#)):

Yeah. Let me know if this works for you now? No.

Rebecca Gillett ([13:24](#)):

Yeah.

Jessica Auslander ([13:26](#)):

Those that have already been coping with something, they have this amazing strength and resilience that we can draw from and just apply it to this situation.

Julie Eller ([13:35](#)):

Mm.

Jessica Auslander ([13:37](#)):

Honestly, a lot of my clients with arthritis or other similar disorders, kind of been loving quarantine. Kind of loving the change of routine, right?

Julie Eller ([13:49](#)):

Oh, yeah.

Jessica Auslander ([13:49](#)):

The emphasis on not going out and interacting with people, not having to deal with that.

Julie Eller ([13:55](#)):

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Commute to the office.

Jessica Auslander ([13:57](#)):

So it's been a break. It's been this breather-

Rebecca Gillett ([14:00](#)):

Yeah.

Jessica Auslander ([14:00](#)):

... that, you know, a lot of us needed. Many of my clients honestly discontinued because things improved and it gave them some insight as to what they needed to change.

Rebecca Gillett ([14:13](#)):

it slows down that pace of life that I think adds to our stress.

Jessica Auslander ([14:19](#)):

Yes. And it, this has helped us focus a bit more on self care because when you're in survival mode, right, wants versus needs, kind of thinking goes out the window, it's all needs.

Rebecca Gillett ([14:31](#)):

Yeah.

Julie Eller ([14:32](#)):

Right.

Jessica Auslander ([14:32](#)):

And when you no longer have to get up an hour early because traffic and all of that fun stuff, you get more time to rest.

Rebecca Gillett ([14:42](#)):

Yeah.

Jessica Auslander ([14:42](#)):

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You get more time just to be, you know, how many people have been reorganizing their houses. Right.

Julie Eller ([14:47](#)):

Mm-hmm (affirmative).

Jessica Auslander ([14:49](#)):

Literally getting their home in order. Um, we've been focusing on ourselves in a way that, um, we haven't really done before for this length of time as a society and as a culture. So for those who are already coping with things, it's not all bad. Some people have actually had the benefit from this and have slowed down and kind of taken stock. Others, this may have been the straw that broke the camel's back. This may have been what put them over the edge.

Julie Eller ([15:17](#)):

Right.

Jessica Auslander ([15:18](#)):

And even then there's a silver lining because if they're reaching out for help, you know, they're accessing help, they're accessing care and maybe realizing, hey, I could use this beyond the pandemic too.

Julie Eller ([15:40](#)):

I also really appreciated that you said for a lot of people, this has been hard. This has been such a hard time and learning that you have a resource potentially in some TeleMental health has been helpful. And maybe is something that's gonna become a part of that self care ritual that goes beyond the pandemic. If you are in that position, the straw has broken the camel's back and you need someone to talk to. You need to sort some of the things out that are in your head, what does it look like to get started? What does it look like to find, to TeleMental health provider?

Jessica Auslander ([16:48](#)):

Not every provider is gonna be certified in TeleMental health. There are different certifications out there.

Jessica Auslander ([17:33](#)):

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So if it's something you are considering long term, please find someone who has the training and experience and it is certified there are many, many differences, all the major insurance companies have allowed for telehealth, um, across the board, not just in mental health. And they do have deadlines on the provision of those services that they can be telehealth until a certain point. So that's something to watch for, if you're looking for brief services, maybe just a tune up over the summer, chances are the providers will still be able to do telehealth even if they weren't before. But if you're looking for something long-term, find that provider who is certified in it.

Jessica Auslander ([18:22](#)):

So you can go through a couple channels. You can go through your insurance companies, if you're gonna use health insurance benefits, if your employer offers EAP or Employee Assistance Program Services, typically this looks like anywhere from three to 12 sessions of free counseling. So if you have EAP services, I recommend starting there because it's free to you. You don't have to pay out of pocket. You've already paid for the benefit as part of your package.

Jessica Auslander ([19:13](#)):

And it's a chance to try it out, to see if tele is a good fit for you, because it's not a good fit for everybody, but it gives you a chance for free to try it out over the phone.

Jessica Auslander ([19:50](#)):

Another option is a wonderful resource called Psychology Today. Some people have heard of the Magazine but a psychologytoday.com is a website. Part of that website is a free provider search tool and it offers a lot of different, um, options for searching. So you can start with just your zip code, for example, and you'll just see lists of profiles. And then you can start filtering out by diagnosis, by insurance carrier, by all these other different features you might be looking for in a counselor. There, they have added a feature that can help you filter if they are telehealth or not.

Jessica Auslander ([20:52](#)):

Psychology Today is one of the most comprehensive provider directories out there. Providers do have to pay a monthly fee to have a profile. So you're getting providers that are engaged, that are looking for clients. That information is likely to be current, but it does allow us to indicate if we are doing telehealth or not. So that's another way people can find care.

Rebecca Gillett ([21:18](#)):

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Well, I think that's really helpful because that's the hard part. When you feel like you might need some mental health support is taking that first step and where do I start? Like, how do I even find somebody? And then once you get there and you filter out well, it's so important to have a good rapport and feel like, like you can trust sharing your inner most feelings with somebody that is a stranger, you know? And so I wonder in this format of like TeleMental health, do you find that it's, it's easier or more difficult to kind of build that rapport with people?

Jessica Auslander ([21:57](#)): as human beings, we are social creatures. We are designed to read facial expressions, read body language, things like that. So every once in a while I have someone that says, you know what, this is driving me crazy. I can't see you. Or I, you know, I don't like using the screen to connect. For most people who are opting for telehealth, one, the benefits that come with just the access to care, right, tend to outweigh, yeah, I may not prefer the video might freeze here and there, but you know, you specialize in my issues and I'm a hundred miles away from you.

Rebecca Gillett ([22:48](#)):

Yeah.

Jessica Auslander ([24:55](#)):

with the phone based only we tend to see a lot more work being done in a short period of time because we're not processing the other information or emotionally reacting to the nonverbal cues.

Julie Eller ([25:10](#)):

I never would have thought that, Oh, a telephone visit might actually yield greater progress over a shorter length of time. in my experience pursuing, um, mental health care, uh, I, I've always done it in person.

Julie Eller ([25:59](#)):

and so to think about nurturing my brain and nurturing my emotional health and nurturing my mental health by hopping on the phone with someone that's something I think I can do on, on some of those darker days and something I wouldn't have considered as an option before. what is the process of a TeleMental health appointment? How does it start? What kind of questions do you ask?

Jessica Auslander ([26:38](#)):

it's the same as if we're face to face. It really is. TeleMental health is not a treatment modality, it's just a setting.

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Julie Eller ([26:47](#)):

Right.

Jessica Auslander ([28:03](#)):

I tend to do more, um, assessment in a conversational way in telehealth than when I have face to face, um, but that's just my style. It should really look the same as if you're approaching someone for face to face. The only difference is, you know, You don't have to get ready and be kind of silently judging yourself. Does this look okay? what kind of impression am I gonna make? You don't have that drive in the car where your wheels start turning and you know, what am I gonna say? And trying to predict all of that. It's truly as meeting you where you are. So it's just a change of, of setting, it's not a change of therapeutic modality.

Jessica Auslander ([29:19](#)):

we tend to get through much more because I'm meeting you where you are like, literally, I am probably-

Rebecca Gillett ([29:25](#)):

Literally.

Jessica Auslander ([29:26](#)):

... in your house and your car and your office. you're bringing me to where you are.

Rebecca Gillett ([29:32](#)):

how long do your sessions typically last, when you, when you do a TeleMental health visit?

Jessica Auslander ([29:39](#)):

your clinical hour is 45 minutes, but you know, with tele, I have a lot of flexibility over my own schedule too. So there are clients where, you know what, I'll block out a little extra time and if we take that time, that's okay. In a traditional mental health setting, you have, you know, kind of the meeting in the lobby phenomenon, you know, people, you know, we, we schedule it so in that 15 minutes between sessions, the person can leave with some privacy before the next person comes in, you may have separate entrances and exits things like that. You don't have to manage that kind of thing in telehealth.

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Rebecca Gillett ([32:26](#)):

you're stuck in the house with your spouse and children and like you were saying earlier, sometimes those are the people you're gonna talk about. has that been a challenge for privacy issues?

Jessica Auslander ([32:58](#)):

A little bit and you know, with telehealth, I'm responsible for the privacy on my end, you're responsible for the privacy on your end. So I can tell you that when we're talking, my door's closed, nobody's around me, no one's overhearing. Um, I do occasionally, my dog occasionally comes in 'cause he knows how to open the doors because thank you arthritis. All of our doors in our house have lever handles instead of twists because I cannot grip and twist very well and neither can my son. So all of our doors are lever handles and we have a service dog who is specifically trained to open doors on command.

Rebecca Gillett ([33:32](#)):

Aww.

Jessica Auslander ([33:44](#)):

we have those issues too sometimes with privacy, especially if you have a really smart golden retriever. Um, you know, I allow people to create their space. My only request is not while you're driving, that is not safe, no distracted driving. If you need to drive somewhere and we wanna have the session in the back of the Target parking lot, fine. If that's the only place you can find, that privacy is getting in the car and going somewhere, that's fine. People sit in their car and talk all the time. That's not anything that's gonna draw attention

So it's, they're in control of their space wherever they can find it is fine with me as long as we're not in a moving vehicle.

Julie Eller ([34:43](#)):

how do you anticipate that TeleMental health might shift and change as we come out of all things, COVID pandemic, shelter in place.

Jessica Auslander ([35:38](#)):

we have seen on the federal level, um, you know, exceptions being made for Medicaid, Medicare, uh, to use, not just TeleMental health, but telehealth across the board. I think both are gonna get a boost and we need both to, to, um, you know, be lifted together. We need to be connected. Um, as

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much as telehealth is validated, TeleMental health has to be validated too because the mind and the body are connected.

Jessica Auslander ([37:28](#)):

So maybe they've come to me in EAP and their diagnosis is not one of my specialties and I'm not the best fit clinically. I'm helping them find somebody, you know, who might continue with telehealth, or maybe we do a hybrid approach for that client where some sessions are face to face. But if something comes up, if there's an emergency or they're not feeling well, then they can use the telesession. I think we're gonna see more of that hybrid but I do think we're going to see more people who never considered counseling because of the barriers that come with face to face visits. Think we're gonna see a lot more people accessing care.

Rebecca Gillett ([38:04](#)):

I hope so.

Julie Eller ([38:05](#)):

I think that's very important and I hope so too. We're going through this kind of collective trauma right now.

Jessica Auslander ([38:30](#)):

Yes.

Julie Eller ([38:30](#)):

the grief of that is going to carry on for quite a while. I'm really glad to hear about TeleMental health as something that we can do. when you're talking to patients or the first time you're talking to clients for the first time, what are some of the most helpful things that you can hear from them or learn about them in those early visits that can help you really address their needs for the long term?

Jessica Auslander ([39:26](#)):

I'm always curious to know, why now? What brought you here? Was it something that's been going on a while and something just kind of triggered, okay, that's it, I'm done. I need help with this.

Jessica Auslander ([40:08](#)):

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You know, knowing what that impetus was for them to pick up the phone or send me that email or click on my link. What happened right before that moment, that tells me a lot why now and why telehealth, because for right now, since it's still considered kind of, no, even though it's not or considered kind of different. Um, you know, what brought them to the point of choosing telehealth? Is it because of the pandemic? Is it because, you know, I live in a really rural area and there's no one near me or I don't want anyone to know I'm in counseling so I don't wanna be seen driving to a provider's office.

Julie Eller ([40:45](#)):

Mm.

Jessica Auslander ([40:47](#)):

Those are very, very telling answers that can give me a lot of insight very quickly.

Julie Eller ([40:52](#)):

Definitely.

MUSIC BRIDGE

PROMO:

Now more than ever, managing your arthritis is extra challenging as we continue to distance ourselves while cautiously reopening. We want to understand how COVID-19 is impacting you, so we can help make a difference. 88% of those with arthritis say they feel anxiety and fear these days. Do you agree? Go to [arthritis dot org slash insights](#) and speak out.

Rebecca Gillett ([40:53](#)):

having gone through some mental health support myself, I think it is great to have that third party opinion who doesn't have a vested interest in anything I say or do, but can just guide me to a better place is kind of the way I see it.

Rebecca Gillett ([41:41](#)):

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Um, what advice do you give to people who are hesitant to make that step, that, you know, talk therapy isn't for me, or I don't want to talk to somebody, a mental health provider. Um, what advice do you give to people who are kind of afraid to take that step?

Jessica Auslander ([41:59](#)):

Well, I ask them, well, why not? Dig a little deeper, where is that hesitation coming from? Is it stigma? I mean, especially within arthritis, the invisible disease, right, we know stigma. You know, I can't tell you how many times I got the reaction, um, you know, growing up that I was too young to have arthritis.

Rebecca Gillett ([42:18](#)):

Yeah.

Julie Eller ([42:19](#)):

Oh yeah. Oh yeah.

Jessica Auslander ([43:23](#)):

Especially if you are a JA kid now on adult or parenting JA we know what that stigma looks like. Stigma is very strong in mental health areas

Jessica Auslander ([43:44](#)):

Is it because you're afraid of being judged? Is it you're afraid of what people will say, think, you know how they'll react? Well, guess what? With telehealth really, no one has to know because you're not leaving your house.

What people don't realize is that all, when you pay us, it goes towards your deductible too. So we're part of that package. Um, but the financial barriers, a lot of counselors will do sliding scales. It doesn't take much to ask for a sliding scale fee because we understand, we want you to get help.

I'll drop it down in a heartbeat because I want people to access care. The other barriers are pretty much erased with telehealth, Ask yourself, what is stopping you from getting care? Is it financial? Is it transportation? Is it scheduling? Are you just too stressed to think of adding one more thing to your plate? What is it? Then I encourage them just to try it?

If the barrier is simply the fear, right, then that's always going to hold you back until something happens that finally helps you break through that fear.

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Julie Eller ([46:22](#)):

I think that you hit on so many really good points there. The one that really stands out to me is related to stigma. I think so often people with arthritis, especially people who are matched with the right treatment early, whose disease can really live invisibly, um, like myself, I, I don't have any visible joint degradation in my hands and people might look at me and think, Oh, she's never been sick a day in her life. She's great. She looks very healthy, thumbs up for Julie. I, I hate hearing, that you don't look sick or kids can't get arthritis or whatever that is. And that's so true for all mental health conditions, all mental health issues that you're trying to face. And I think one of the things that's unique about mental health care is that you, don't, not only do you not need to look sick to pursue mental health care, you also don't need to be sick to pursue mental health care.

Julie Eller ([47:18](#)):

You can pursue mental health care and go for that tune-up to help you process something that is more difficult. To help you kind of have that standard check in with someone who is a neutral party.

Julie Eller ([48:15](#)):

I wonder if you wouldn't mind, could you share some, some coping strategies that people with arthritis can use when they're feeling an increase in anxiety and depression right now beyond pursuing the appointment?

Jessica Auslander ([49:14](#)):

Absolutely. It's, a first step in my opinion, is listening to your body, getting in tune with your body. Mind and body are connected, you know, as we know with arthritis, there's a little bit of immune involvement there, right? Stress also activates our immune system. So the body and the mind are constantly going back and forth and one of them will get your attention. And when one gets your attention, you have to pay attention to the other. I know for me, um, when, you know, my lower back starts to flare, that is a sign of stress, or I ran too much that week, , I know when that starts to happen, I need to take a step back and go, Oh, okay, what's going on that I am not paying attention to? What are my anxieties? What are my stressors?

Jessica Auslander ([50:12](#)):

And now, you know, obviously with, we have the pandemic, we have life, right? Plus the pandemic plus the civil unrest and the other societal issues that we're having. My job as a therapist is to hold space for people to process all of those issues and all of their pain.

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Jessica Auslander ([50:42](#)):

So we have to start by being in tune with those signals that our body or our minds are putting out. If we find ourselves constantly think about the worst case scenario or shutting down, just forget it.

The first step in coping with it is just acknowledging that it's happening. Like, whoa, okay, this is my red flag. This is what's going on. And then figuring out, is there a root cause? Is there a specific thing that's bothering us that maybe we can't process? Is it kind of the culmination of everything? 'Cause that's fine too, if you don't know, what's getting to you, chances are everything's getting to you and that's fine. That is a very typical trauma and stress response. So once we figure out that it's happening, maybe we figure out an underlying cause it's going back to really any coping strategy that's ever worked before, go with that. We don't have to reinvent the wheel for every situation. Many times when I talk with clients and they're coming to me with an anxiety or a coping thing, and we start digging into like, "Oh, I used to do this."

Jessica Auslander ([51:51](#)):

I'm like, "Well, well do that. Do that more." If it works, do it. Chances are, there's something that's worked in the past that we can re-engage. A lot of people, one of the benefits I've been seeing with the quarantine, is a lot of people are reconnecting with old hobbies, right? A lot of people are getting back to artistic things or, you know, working in the yard, being outside, everyone's adopted a dog, right? Everyone's got a new puppy or new kitten.

So with coping look back to, what's worked in the past, think of things that would just be fun just to get your mind off of it. And if you really are feeling stuck, reach out for help.

Julie Eller ([53:11](#)):

I'm wondering if you wouldn't mind sharing your top three key takeaways for people who are listening right now, when it comes to TeleMental health and how they can pursue some care.

Jessica Auslander ([53:38](#)):

So my top three takeaways, one, you are the expert. You are the expert on you. You are enough, you are normal, you will be okay. Right now it's a lot of, you know, a crisis mode. Understandably so, that affects our bodies. Right now just understand this is temporary. This is a just for now thing. We may not know how long now lasts, but it's a for now thing. So the first takeaway is just really understanding you're the expert on yourself and chances are whatever reactions you're having are normal. It's okay. We can't be perfect, whatever response, whatever reaction ever feeling you're having physically,

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mentally, emotionally be in the moment with it, acknowledge it and honor it because you are your own expert.

Jessica Auslander ([54:33](#)):

My second takeaway is to stay connected, whatever that looks like for you. If it's connecting with loved ones over Zoom, if you're tired of that and you just need to go sit outside and just people watch because you need to see people, that's fine too. My JA kids are afraid going out in public, but they like to just kind of go on car rides like the dog and stick their head out the window and watch, that's okay. Reaching out, you know, the Arthritis Foundation website, reaching out to other reliable sources of information, getting connected whenever you need to get connected to an old hobby used to enjoy, you know, if you need to get connected to a game, you used to play whatever that is. Find that connection because isolation can be very dangerous.

We don't wanna be isolated, this is why a lot of us are stressed out right now with the quarantine, is that isolation. So find a way to get connected. And my third takeaway is please do not assume that mental health is not accessible. Please do not assume that therapy is gonna be too hard, too expensive, too time consuming. Um, you know, we have this image of having to drive somewhere and pay someone a \$100 an hour to sit on the couch, right? That's not the way it is. I mean, a lot of mental health treatments are brief solution focused interventions. You don't need to commit to weeks or months of a weekly appointment. It really can be tune-ups and touching base. It can be where you are. It can be through telehealth. It can be face to face, hopefully soon, whatever it looks like for you, there is a way to access it. So please do not assume that mental health is out of reach.

Rebecca Gillett ([56:29](#)):

Wow.

Julie Eller ([56:33](#)):

Rebecca and I are both looking at each other, I think we have tears in our eyes. You could not imagine how badly either of us needed to hear that. Um, and I hope the same is true for our listeners.

Rebecca Gillett ([56:43](#)):

Your first point too, though, especially for people who feel isolated or for people who are newly diagnosed and just trying to figure out what this arthritis means for them or their family. If they have a kid with JA, you're going to be okay, you're enough. You're not alone. That message is so important to people right now. So thank you so much. You are exactly the TeleMental health Julie and I needed today. So-

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Julie Eller ([57:18](#)):

That's right.

Jessica Auslander ([57:19](#)):

I'm so glad.

Rebecca Gillett ([57:20](#)):

We are so happy that you could join us and share some of this and make it a little less scary for people to think about

Julie Eller ([57:51](#)):

I wanna raise everybody's attention to the online community forums, where Jessica served as a subject matter expert. The Instagram stories, where she shared information about how to pursue this care. And of course for our podcast and our JA conference and all of the ways that you volunteer our community is so much stronger because you're a part of it. So thank you so much.

Jessica Auslander ([58:17](#)):

Oh, thank you. I'm just happy to give back to an organization that has given my family so much.

MUSIC BRIDGE

PODCAST CLOSING:

This Live Yes! With Arthritis podcast is part of a special series on COVID 19 & Arthritis, brought to you by the trusted experts of the Arthritis Foundation. We're bringing together leaders in the arthritis community to help you make a difference in your own life in ways that make sense. You may have arthritis, but it doesn't have you.

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