OPENING THERAPEUTIC DOORS TO THE IGENERATION

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According to an article in the New York Times (Stone 2010), researchers are beginning to draw a distinction between the Net Generation, born in the 1980s, and the iGeneration, born in the '90s and this decade.

Now in their 20s, those in the Net Generation, spend two hours a day talking on the phone and still use e-mail frequently. The iGeneration — conceivably their younger siblings — spends considerably more time video chatting than talking on the phone, and tends to communicate more over instant-messenger networks.

The article further elaborates:

"*the ever-accelerating pace of technological change may be minting a series of mini-generation gaps, with each group of children uniquely influenced by the tech tools available in their formative stages of development. 'People two, three or four years apart are having completely different experiences with technology...College students scratch their heads at what their high school siblings are doing... It has sped up generational differences.'*"

These mini generations are different from each other and from the Boomer and Xers that precede them. As mental health professionals, why should we pay attention to these micro generational differences? Well very soon, these young people are going to become our clients. If we want to help them, deliver therapy to them, coach them – we will need to understand their unique relationship with technology, and as clinicians, be prepared to harness technology to deliver services.

As clients, it is easy to imagine that they will be receptive to cutting edge therapeutic delivery models. They will be open to online counseling, whether via e-mail, instant messaging or video chat. They will probably even enter a virtual world like Second Life to get information about resources, and down the line to receive confidential and encrypted avatar therapy. In their lifetimes, who knows what other methodologies will be available to them?

Other iGeneration traits that will probably have implication for psychotherapists:

- The newest generations, unlike their predecessors, will expect an instant response from everyone they communicate with, and won't have the patience for anything less. "*They'll want... [everyone] ... to respond to them immediately, and they will expect instantaneous access to everyone, because after all, that is the experience they have growing up...*"

- They will make less of a distinction between their online friends and real friends – something that can be difficult for Xers and Boomers to fully understand.

- They are fantastic multitaskers**.** Studies performed show that 16- to 18-year-olds perform seven tasks, on average, in their free time — like texting on the phone, video chatting and checking Facebook while sitting in front of the television. People in their early 20s can handle only six, and those in their 30s perform about five and a half. How is that working out in school and later on, in the workplace? Will they be able to focus? Will difficulties with commitment to task and personal relationships send them into treatment?

- They have some relaxed notions about privacy. Information that Boomers and Xers kept under (literal) lock and key is freely shared on Facebook, posted on Twitter, and uploaded to YouTube.

- This is a brave new generation who will never be "off the grid." They have grown up with this technology, as opposed to the rest of us who had to learn it, while often unlearning something else.

- It's not yet clear whether these disparities between adjacent generational groups will simply fade away, as the older groups come to embrace the new technology tools, or whether they will deepen into more serious rifts between various generations.
- The children, teenagers and young adults who are passing through this cauldron of technological change will nevertheless have a lot in common**.** They'll think nothing of sharing the minutiae of their lives online, staying connected to their friends at all times, buying virtual goods, and owning devices for controlling all of these activities. **They will not hesitate to participate in online therapy.**

The rising iGeneration presents a single critical implication for all mental health professionals - the time for us to acquire knowledge, to become Distance Credentialed Counselors (DCC) or otherwise obtain expertise is now. I remember distinctly when computers were introduced into my workplace. It was 1991, and employees in my clinical setting were offered "optional" computer training. By 1996, computer literacy was no longer an option.

Still hesitant about putting your toe in the online therapy waters?

Online therapy is:

- Effective: over fifteen years of research confirm that it's is as effective as in–person treatment. (Edwards 2009)
- Convenient: 50% of therapy clients drop out after a few sessions, but research shows teletherapy can boost retention to over 90%. Because clients can hold sessions anywhere with phone or Internet access, they are much more likely to stay in treatment. (Edwards 2009)
- Affordable: telemedicine sessions can cost 10 to 50% less due to reduced overhead, travel time, and staffing needs.
- Accessible: research shows the fit between clients and mental health providers is essential to

positive outcomes. Most people will not travel to a provider beyond fifty miles, but telemedicine lets clients work with the best licensed provider regardless of location. (Edwards 2009)

- Confidential: 80% of therapy clients worry about the stigma of treatment. (Edwards 2009) Email therapy's earliest adoptees were in Asian countries where psychotherapy carries a very negative stigma. (World Update 2008)

- Legal: Online therapy is legal and expanding, and regulated by state–specific guidelines. Government and licensing boards are also rapidly evolving legislation to expand online therapy access. Currently providers only "see" clients in states where the provider is licensed. Providers can typically apply for licensure in multiple states, either directly through state licensing boards or third–party services that streamline the application process.

- Reimbursable: Teletherapy is reimbursable. Since 2004, Medicare and the AMA (American Medical Association 2010) have issued CPT codes to identify and reimburse online therapy services. A list of eligible services and codes include:
  - Individual psychotherapy: CPT 90804 – 90809
  - Consultations: CPT 99241 – 99255
  - Office or other outpatient visits: CPT 99201 – 99215
  - Pharmacologic management: CPT 90862
  - Psychiatric diagnostic interview examination: CPT 90801

- CPT code descriptions can be found on the American Medical Association's CPT directory. The modifier GT may be necessary to identify that services were delivered via telemedicine. More details on reimbursement are available through the American Telemedicine Association (American Telemedicine Association 2010).

The time for optional online therapy literacy is almost gone.

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