

## Case Report

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# "When the first session may be the last!": A case report of the implementation of "rapid tele-psychotherapy" with single-session music therapy in the COVID-19 outbreak

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## Abstract

**Objective.** Conventional psychotherapy with a lengthy and regular number of meetings is no longer relevant in the case of COVID-19, when persons with psychiatric problems, especially COVID-19 patients/clients, really require immediate psychological assistance. It is recognized as a "rapid test" in the field of body health to rapidly decide whether or not a person is affected by COVID-19. So, we should now be able to use the term "rapid tele-psychotherapy" with Single-Session Music Therapy (SSMT) in the field of mental health to characterize the mechanism of assistance provided to persons who seek therapeutic assistance virtually during this COVID-19 outbreak, so that they will easily and reliably be freed from troubling psychiatric issues.

**Method.** The author reports the case of a 33-year-old widow with asymptomatic COVID-19 who was admitted to her own home.

**Results.** The author describes the effectiveness of the implementation of rapid tele-psychotherapy with SSMT in reducing the scale of anxiety, panic, fear, depression, acute stress, insomnia, and delusions of death.

**Significance of results.** This case can provide new inputs or ideas for counselors/psychologists/psychiatrists/therapists who work in hospitals/institutions to provide rapid tele-psychotherapy with SSMT as therapeutic assistance for individuals who need psychotherapy in this COVID-19 outbreak, especially for COVID-19 patients/clients. Besides that, this concept is not only suitable for rapidly screening individuals that may face psychological problems and helping them better seek therapeutic assistance, but can also be used as an adjuvant therapy for psychiatric patients.

## Introduction

There is a rise in the number of patients affected by COVID-19 every day, based on data from around the world (WHO, 2020). It has resulted in more and more individuals seeking psychological assistance through a therapy mechanism worldwide, both for those who have not been subjected to COVID-19, for COVID-19 patients, and families who have family members affected by COVID-19 (Situmorang, 2020a; Wang et al., 2020). The psychological factors that they experience include anxiety, panic, fear, depression, acute stress, insomnia, and delusions of death (Lee and Crunk, 2020; Silva, 2020; Situmorang, 2020b; Mazza et al., 2020).

The therapeutic support process must be carried out by mental health counselors/psychologists/psychiatrists/therapists operating in hospitals/institutions in conjunction with those issues. Conventional psychotherapy with a lengthy and regular number of meetings is no longer relevant in the case of COVID-19, when persons with psychiatric problems, especially COVID-19 patients/clients, really require immediate psychological assistance.

It is recognized as a "rapid test" in the field of body health to rapidly decide whether or not a person is affected by COVID-19 (Andrey et al., 2020). So, we should now be able to use the term "rapid tele-psychotherapy" in the field of mental health to characterize the mechanism of assistance provided to persons who seek therapeutic assistance virtually during this COVID-19 outbreak, so that they will easily and reliably be freed from troubling psychiatric issues.

The aim of this article is to discuss the use of rapid tele-psychotherapy with Single-Session Music Therapy (SSMT) to address psychological challenges during the COVID-19 outbreak. The author discusses scaling questions and miracle questions as the most well-known psychotherapy techniques in this approach.

## Case report

A 33-year-old widow with asymptomatic COVID-19 was admitted to her own home. She had a comorbid disease, namely asthma, and she had a Cycle Threshold (CT) value of 17 after being tested by PCR. She was exposed to COVID-19 after a few days earlier she took her

grandmother to the emergency unit at the hospital. She did not know for sure how the process of transmission of COVID-19 occurred. For three days after the incident, she felt a headache that did not go away, felt tired easily, body aches, eyes reddened, and blurred vision. However, she did not experience shortness of breath and did not experience a loss of smell. After being tested by PCR, she was declared infected with COVID-19. She had a fairly high scale of anxiety, panic, fear, depression, acute stress, insomnia, and delusions of death, represented by a score of 10 on the scaling questions given in the rapid tele-psychotherapy with SSMT process. She was very worried about death and was afraid of transmitting the disease to other family members, as well as her three children. During the implementation of the working stage, especially when giving the miracle question, she gave a fairly good answer and was able to participate well in the implementation of the two strategies, namely “invite them to sing a song that they love” and “invite them to create new lyrics using the song that they love.” At the closing stage, she was able to compose new lyrics of the songs that she loves, which she made as a “soundtrack of my life.” At the end of the session, she admitted that her anxiety, panic, fear, depression, acute stress, insomnia, and delusions of death had dropped to 5.

## Discussion

### *Tele-psychotherapy during COVID-19 outbreak*

Human activities were no longer the same at the time of the COVID-19 outbreak as before. Regulations for working from home, learning from home, social distance, physical distance, etc., have been implemented by different countries in the world (Situmorang, 2020a). In addition, these changes can ultimately cause symptoms of mental health, such as anxiety, fear, depression, acute stress, insomnia, and delusions of death (Arnout et al., 2020; Liebrezn et al., 2020).

In respect to this phenomenon, mental health services can no longer be performed face-to-face and during the psychotherapy process, mental health counselors/psychologists/psychiatrists/therapists and patients/clients must undergo social and physical distancing, but psychological distancing is not required (Situmorang, 2020a). Ultimately, this has contributed to the introduction of a tele-psychotherapy process, whether by chat, email, video call, or even mobile, for all mental health clinicians/practitioners around the world. The only option at present, during this COVID-19 outbreak, is the use of tele-psychotherapy (Situmorang, 2020a, 2020b).

### *Solution-focused brief therapy approach as the theoretical basis*

One of the first therapists to undertake Single-Session Therapy (SST) was Sigmund Freud. Aurelia Öhm-Kronich (“Katharina”) in 1893 and Gustav Mähler in 1910 were both said to have undergone SST. Since then, there have been several references to SST in the literature, with prominent therapists such as Alfred Adler, Milton Erickson, and Albert Ellis being among the early adopters. Furthermore, further researchers improved SST to make it even better (Dryden, 2018; Spoerl, 1975; Talmon, 1990). In its development, the application of SST can be integrated with Solution-Focused Brief Therapy (SFBT) (Lamprecht et al., 2007). As a master philosophy, SFBT helps mental health counselors/psychologists/psychiatrists/therapists to be able to concentrate on solutions to

their patients/clients’ issues (Iveson, 2002). SFBT has a particular view that anyone should create solutions to the challenges they face (Bannink, 2007). SFBT claims that understanding the source of a problem to be able to fix it is not very necessary, since it would take a long time. It is not necessary to gather information about an issue for progress to happen. Knowing the dilemma is not necessary, but it is most important to find the “correct” solutions. Some individuals may think about all sorts of alternatives, and what is right for one individual may not be right for another individual. In SFBT, patients/clients choose tasks they want to fulfill in psychotherapy, and no consideration is paid to diagnosis, history, or problem discovery (Gingerich and Eisengart, 2000; Iveson, 2002).

SFBT is based on the positive hypothesis that stable and knowledgeable individuals are able to develop strategies that enrich their lives. This therapy’s essence is to create confidence and excitement in the individual by building optimistic hopes that improvement is inevitable. SFBT is a nonpathological approach that stresses abilities rather than vulnerabilities and strengths rather than weaknesses (Bannink, 2007; Kim, 2008).

### *Single-session therapy as “rapid tele-psychotherapy”*

It is appropriate to use the term “rapid tele-psychotherapy” to describe a method of rapid therapeutic assistance with just one meeting. Rapid tele-psychotherapy will use SST in the implementation process based on the current theory (Talmon, 1990), but it is combined with music in this sense. So, SSMT may also be used as the term (Krout, 2001). The application of SST based on the SFBT approach should be combined with music on the basis of current theoretical studies and study findings (Degges-White and Davis, 2017; Gladding, 2016). In this case, with just one appointment, the psychotherapy process for COVID-19 patients can be performed without having to hang on to several psychotherapy sessions.

### *Two main techniques that can be applied in rapid tele-psychotherapy*

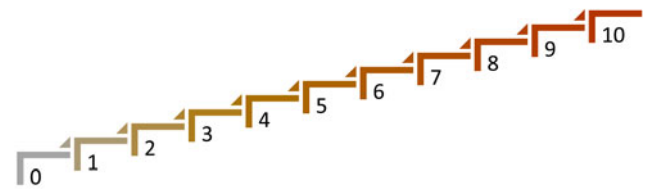
In comparison, SST is an innovative SFBT principle of psychotherapy. The beauty of SST is that, with just one brief meeting, it can be completed easily (Rose et al., 2003). So it can be called “rapid tele-psychotherapy” for this one quick meeting, particularly in the current pandemic situation. In applying this rapid tele-psychotherapy during the psychotherapy process for those in distress in the present pandemic situation, mental health counselors/psychologists/psychiatrists/therapists who work in hospitals/institutions should apply two traditional SFBT techniques. Scaling questions (Strong et al., 2009) and miracle questions are the two well-known psychotherapy techniques in this approach (Strong and Pyle, 2009).

#### *1. Scaling questions*

For a tele-psychotherapy session, this question may be an opening or closing question. The mental health counselor/psychologist/psychiatrist/therapist, for instance, may pose questions such as: “On a scale of 0 to 10, on what scale do you describe your anxiety, fear, depression, acute stress, insomnia, delusions of death, or so on?” (see Table 1). This question will allow the patient/client to gauge the psychological issues he/she is actually experiencing. This question really allows the mental health clinician/practitioner to consider the scale of psychological issues that the patient/client

**Table 1.** The questions of two main techniques

Two Main Techniques	The Questions	Implementation Stages
Scaling questions	“On a scale of 1 to 10, on what scale do you describe your anxiety, fear, depression, acute stress, insomnia, delusions of death, or so on?”	Beginning and Closing Stages
Miracle questions	“If there is a miracle in your life tonight, you can be free from the psychological problems you are experiencing. Are you happy?”  “Then what can you do to make you more happy?”	Working Stage



Note: 0 = no pain, 1-3 = mild, 4-6 = moderate, 7-9 = severe, 10 = very severe

**Fig. 1.** Psychological problems scales of scaling questions.

is actually facing, whether the condition is no pain, mild, moderate, severe, or very severe (see Figure 1). In addition, it is possible to pose this question again at the conclusion of the tele-psychotherapy session. The goal is to figure out whether or not the patient/client has experienced a difference in the understanding of psychological difficulties. If, relative to the beginning, the size of the numbers given is decreasing, then the therapy process could be successful.

**2. Miracle questions**

In this rapid tele-psychotherapy session, this question could be the final question. For instance, by answering questions such as: “If there is a miracle in your life tonight, you can be free from the psychological problems you are experiencing. Are you happy?” (see Table 1). The patient will lead him/herself immediately to respond that he/she can be happy. Then it can be continued with the next question: “Then what can you do to make you happier?” (see Table 1). This problem is a follow-up concern that causes the patient/client to rely on ideas that come through him/herself. Everyone would be able to create solutions to their own challenges, and they must have a wide range of options. Supporting these solutions is the next role of the mental health counselor/psychologist/psychiatrist/therapist.

**How to apply rapid tele-psychotherapy with SSMT and two main techniques**

It has been found that the use of music in the tele-psychotherapy phase decreases anxiety, fear, depression, acute stress, insomnia, delusions of death, and so on (de Witte et al., 2020). Music has also been found to improve feelings of pleasure and well-being (Dileo, 2006). This is really appropriate for helping COVID-19 patients/clients with psychopathological and well-being issues (Situmorang, 2021a, 2021b, 2021c). So, the use of music in rapid tele-psychotherapy is very beneficial in this case. How do you apply that then? The author will clarify below how to use rapid tele-psychotherapy with SSMT using three key strategies.

**1. Playing sedative music during rapid tele-psychotherapy session**

During rapid tele-psychotherapy sessions, playing sedative music will allow the COVID-19 patients/clients to relax and feel calmer (see Figure 2). It would help the patient/client scale up the

psychological challenges they faced at the beginning and at the end of the rapid tele-psychotherapy session where they answered scaling questions (see Table 1). Moreover, the patient/client will answer the miracle questions (see Table 1) more critically in this comfortable and calm state.

**2. Invite them to sing a song that they love**

Invite the patient/client to sing a song that they love before getting into the introduction of the miracle questions (see Table 1) process. It will improve feelings of health and satisfaction. The patient/client will be able to reason better by doing this, so that they can later try different alternative options that are right for them (see Figure 2).

**3. Invite them to create new lyrics using the song that they love**

Invite them to develop new songs using the music that they enjoy after a COVID-19 patient/client answers the miracle questions (see Table 1) critically. Adjust the old lyrics with new lyrics containing possible ideas found by the patient/client in the miracle questions (see Table 1) response. This will be sung every day as the “soundtrack of my life” (see Figure 2) by the patient/client in his/her everyday lives, so that the patient/client will always remember the solution that he/she has made to make it happen.

**The stages of rapid tele-psychotherapy with SSMT**

In applying rapid tele-psychotherapy, the counselor/psychologist/psychiatrist/therapist can perform the general procedures of four stages that are usually carried out in the usual counseling or psychotherapy process. However, the difference is this is only carried out in one session, namely:

**1. Beginning stage**

At this stage, the counselor/psychologist/psychiatrist/therapist can engage in “rapport building” (see Figure 3) by getting to know the patient/client and carrying out short fun activities, for example asking about a song title that is currently very relevant to how they feel at the moment. This song can be discussed at the next stage. After that, the counselor/psychologist/psychiatrist/therapist can provide informed consent forms (see Figure 3) which the patient/client can fill out online. In addition, the patient/client can be given a brief assessment (see Figure 3) of the available measurement tools related to a relevant problem, or by asking questions using scaling questions as pre-test (see Table 1 and Figures 1 and 3). At this stage, the counselor/psychologist/psychiatrist/therapist can start the first strategies, namely “playing sedative music during the rapid tele-psychotherapy session” (see Figure 2)

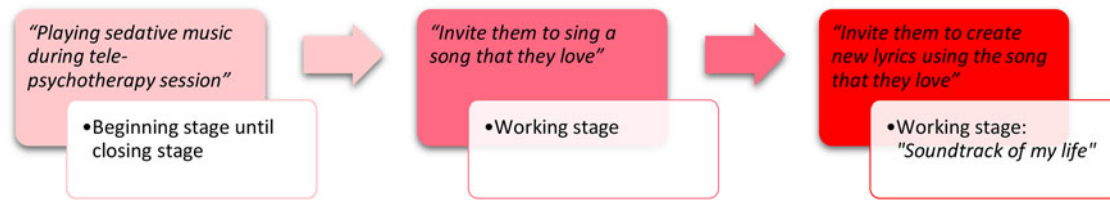


Fig. 2. Three key strategies of rapid tele-psychotherapy with SSMT.

until the rapid tele-psychotherapy with SSMT ends, so that the patient/client can always feel relaxed and calmer.

## 2. Transition stage

At this stage, the counselor/psychologist/psychiatrist/therapist can briefly explain the procedure that will be carried out in this rapid tele-psychotherapy and ask the patient/client's readiness in carrying out the procedure. After that, the counselor/psychologist/psychiatrist/therapist can make goals (see Figure 3) with the patient/client as the ultimate goal of the whole rapid tele-psychotherapy.

## 3. Working stage

This stage is a "techniques implementation" stage (see Figure 3). The counselor/psychologist/psychiatrist/therapist can implement one of the other main techniques, namely miracle questions (see Table 1). Further implementation of this technique can be applied in the implementation of the two strategies previously described, namely "invite them to sing a song that they love" and "invite them to create new lyrics using the song that they love" (see Figure 2). A song title that has been discussed at the beginning stage is very useful to discuss at this stage.

## 4. Closing stage

This stage is the last as a "termination" (see Figure 3). The counselor/psychologist/psychiatrist/therapist can ask about what insights the patient/client has received during the rapid tele-psychotherapy process. After that, the counselor/psychologist/psychiatrist/therapist can provide motivation and support (see Figure 3) that the patient/client is a person who is able to construct a solution to his/her own problem, so that the patient/client can be more confident and independent in solving his/her problems after this session. In addition, the counselor/psychologist/psychiatrist/therapist can give reminders to the patient/client that when he/she experiences the same problem again, please sing the "soundtrack of my life" (see Figure 2) which was created together at the working stage. This song will be a booster when the patient/client experiences the problem again in the future. In closing, the counselor/psychologist/psychiatrist/therapist can provide scaling questions as a post-test (see Table 1 and Figures 1 and 3) to determine changes that occur in the patient/client. If the level of anxiety, fear, depression, acute stress, insomnia, delusions of death, or so on is lower than baseline, it means that the rapid tele-psychotherapy is effective.

## The advantages of rapid tele-psychotherapy during the COVID-19 outbreak

As we know, growing evidence indicates that many mental health symptoms, including anxiety, fear, depression, acute stress, insomnia, and delusions of death, are common during the COVID-19

outbreak. There are a few advantages of rapid tele-psychotherapy in populations with serious mental illness during the COVID-19 outbreak. Patients/clients and counselors/psychologists/psychiatrists/therapists are not required to meet in a physical location, reducing the need for driving, appointment-related issues, and operating costs (Abney and Cleborne, 2004; Carreine et al., 2010; Green-Hamann et al., 2011). Furthermore, patients/clients should seek care in ways that promote greater anonymity, protection, and privacy, thus alleviating any possible negative paradigm associated with seeing counselors/psychologists/psychiatrists/therapists (Barak et al., 2008; Carreine et al., 2010; McAdams and Wyatt, 2010). For King et al.'s (2006) young subjects, anonymity, intangibility, and more time to structure reactions is essential. There is less chance of bias because age, gender, color, ethnicity, and socioeconomic status are often more difficult to detect in a different context (Miller and Gergen, 1998; Barak et al., 2009). At the same time, there is a lot more to do in coping with other people who are geographically separated in dealing with a crisis (Green-Hamann et al., 2011; Holmes and Foster, 2012).

Tele-psychotherapy patients/clients often converse more unrestrainedly because they know they are in a secure, non-judgmental atmosphere, and they routinely make more insightful disclosures to counselors/psychologists/psychiatrists/therapists, and share their issues earlier than they would in a face-to-face session (Goss and Anthony, 2003; Suler, 2004; King et al., 2006; Reynolds et al., 2006). Text-based correspondence generates a written document that could help both patients/clients and counselors/psychologists/psychiatrists/therapists (Kessler et al., 2009), and Goss and Anthony (2003) discovered that patients/clients had more influence over the tele-psychotherapy session so they could hang up, log off, or step away from the camera. In addition, the most important thing is that rapid tele-psychotherapy can help COVID-19 patients in a short time.

## The disadvantages of rapid tele-psychotherapy during the COVID-19 outbreak

As for the disadvantages of rapid tele-psychotherapy, counselors/psychologists/psychiatrists/therapists have frequently been reluctant to use technical innovations, mostly for good reasons. Although counselors/psychologists/psychiatrists/therapists will currently disregard geographical constraints, questions about time management, jurisdictional licensure, and a lack of knowledge of territorial norms and occurrences have emerged (West and Hanley, 2006; McAdams and Wyatt, 2010; Green-Hamann et al., 2011; Holmes and Foster, 2012). Miller and Gergen (1998), Mallen and Vogel (2005), McAdams and Wyatt, (2010), and the American Counseling Association (ACA) (2014) have all emphasized the importance of adequate planning, mechanical information, adequate private computer access, and assistance for the uneducated. In the United States, advancements such as the



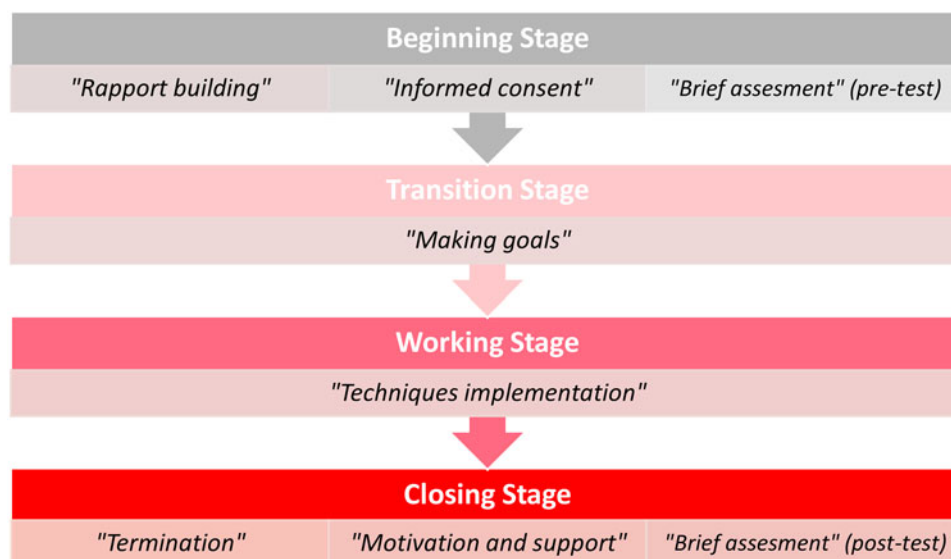


Fig. 3. The stages of rapid tele-psychotherapy with SSMT.

Health Information Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) have prompted counselors/psychologists/psychiatrists/therapists to closely explore the use of electronic communication (Kanani and Regehr, 2003).

Finally, the demand for nonverbal evidence, which is normally gleaned by observing body language and other visual and verbal cues, is shifting the therapy dynamic and has prompted others to consider the feasibility of independent tele-psychotherapy (Suler, 2004; Barak et al., 2009; Cartreine et al., 2010). As an example, in Bambling et al.'s (2008) and King et al.'s (2006) studies, young people agreed that their counselors/psychologists/psychiatrists/therapists often misunderstood the enthusiastic content of their messages. Furthermore, Situmorang (2018) and Situmorang et al. (2018a, 2018b, 2018c) discovered that if music therapy is used in the psychotherapy phase, especially if the counselor/psychologist/psychiatrist/therapist and patient/client play music together online, there would be a sound pause. However, this can be overcome if the network owned by the counselor/psychologist/psychiatrist/therapist and the patient/client are both stable.

### Conclusion

It can be inferred on the basis of the aforementioned writing that psychological issues in the midst of COVID-19 outbreak can be solved by using rapid tele-psychotherapy with SSMT and two main techniques, e.g., scaling questions and miracle questions. Apart from that, it can be concluded that this concept can be represented by the sentence, "when the first session may be the last!"

### Implications

A direct consequence of the results of this invention is that these findings can become new inputs or ideas for counselors/psychologists/psychiatrists/therapists who work in hospitals/institutions to provide rapid tele-psychotherapy with SSMT as therapeutic assistance for individuals who need psychotherapy in this COVID-19 outbreak, especially for COVID-19 patients/clients. Besides that, this concept is not only suitable for rapid screening

individuals that may face psychological problems and help them better seek therapeutic assistance, but can also be used as an adjunct therapy for psychiatric patients.

### Direction of future research

The concept of rapid tele-psychotherapy with SSMT is an interesting topic and very relevant to the current COVID-19 outbreak situation. It is hoped that the next researchers will be able to apply this concept to prove the efficacy, efficiency, and effectiveness in helping people with psychological problems in various parts of the world, so that this concept can become a new theory that is relevant in accordance with current developments.

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**Conflict of interest.** The author declares no conflict of interest.

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