

Wyoming Telehealth Network

May Provider Spotlight

Matt J Gray, PhD



Dr. Matt J Gray is a Professor of Clinical Psychology at the University of Wyoming. He trained at the National Crime Victims Research and Treatment Center and the National Center for PTSD. His clinic provides evidence-based trauma treatment at little to no cost to the community. His research focuses on sexual violence and intimate partner violence prevention and treatment.

1. When did you first hear about telehealth? How did you feel about it then? How do you feel about it now?

Matt Gray: I actually started doing telehealth more than a decade before the pandemic. We wrote a small grant in 2006 to provide secure encrypted videoconference based services to sexual assault and domestic violence agencies in Wyoming. I was approached by folks in the College of Health Sciences to partner in that work and was initially apprehensive given my

limited technology background. It proved to be a very helpful service for distal trauma survivors and was also a great benefit to our Clinical Psychology PhD students who could get more experience providing trauma treatment. I think it's wonderful now and am glad that it is more widely available and more extensively utilized.

2. When did you begin offering telehealth services? What prompted the need to offer these services?

Matt: In 2007 we started providing telehealth to 2 domestic violence and sexual assault agencies in rural Wyoming and soon expanded to 3 sites. Rurality and lack of trauma-informed treatment at that time made it a necessity and I was pleased to be able to partner in that effort.

3. What motivates you to continue offering telehealth services?

Matt: Mental health service shortages continue throughout the United States and this is especially true in rural and frontier states like Wyoming. Telehealth can connect remote clients and patients with specialized services that would otherwise not be available in their home communities. It is critical for helping to meet the burgeoning demand for mental healthcare.

4. What is your proudest accomplishment with telehealth?

Matt: We published a paper WAY back in 2011 showing that clinical outcomes (i.e., reductions in PTSD and depression symptoms) as well as patient satisfaction levels were comparable to services provided in person. At that time, very little telehealth mental health service delivery was happening – so being able to show that it was viable, effective, and well-received was important and exciting.

5. What advice would you give patients wanting to try telehealth?

Matt: I would let them know that most studies show that people benefit greatly from telehealth and are satisfied with services, that the technology is very easy to use and not intimidating, and that they now have an abundance of healthcare options that are easier to access.

6. What advice would you give providers wanting to start offering telehealth?

Matt: For mental health professionals, I would first let them know that it is tremendously easy and convenient to use. I would encourage them to access the very helpful resources for starting telehealth practice that can be found on the Wyoming Telehealth Network Website. It's a one-stop shopping for all of the information one might need: Provider Toolkit – Wyoming Telehealth Network.

7. What was the biggest barrier in providing telehealth services? Have you overcome it?

Matt: When I first started doing telehealth, we were using Polycom units that were quite good and user-friendly but also not inexpensive. We were able to write small foundation grants to fund this initiative. Nowadays, with HIPAA compliant Zoom options, it is much more affordable.

8. How do you think implementing telehealth now will affect how things will be done at your organization after the pandemic is over?

Matt: The ONLY good thing about the pandemic is that it forced more providers and patients to try telehealth, so access has greatly expanded. The technology, and demonstrated efficacy, has long been known but individuals were understandably reluctant to take the leap. Now that it has been de-mystified, it will continue to see widespread usage.

9. Is there anything you learned the hard way in telehealth implementation?

Matt: It is important to communicate with patients/clients about having a private and distraction-free environment. Early on, we were thoughtful about privacy and professionalism on the provider end but quickly realized that some clients might not be in the best physical space to receive emotionally and psychologically sensitive services. With multiple kids and pets on-screen, we quickly realized that we needed to prepare clients a bit more for sessions before starting.

10. Do you have any telehealth hacks or tricks?

Matt: The only tip I have is the exact opposite of what I would tell therapists and trainees doing in-person sessions – i.e., don't make eye-contact! If you want to give the appearance of making eye-contact while a patient or client is talking to you, you actually have to look at the camera (typically above the client's head). It takes some practice for sure!

Bonus Question: Do you have a favorite podcast, book, or author?

Matt: My favorite book is *A Thousand Splendid Suns* – which is odd, because you would think I would have already gotten my fill of tragedy and despair through my day job. If you haven't read it yet, have at least a couple of boxes of Kleenex at the ready.