

## Telemental Health Engagement: Challenging Misconceptions and Increasing Support to Provide Quality Services

WRCAC's Telemental Health Resource Center (TMHRC) was launched in 2019 to provide Children's Advocacy Centers (CACs) with research and resources to support the implementation of telemental health (TMH) services. Since then, we saw many Children's Advocacy Centers (CACs) initiate TMH services, especially during the COVID-19 pandemic when information related to the implementation of TMH expanded exponentially. However, as in-person services were re-established, the utilization and engagement with telemental health services appears to have waned.

What we learned from the 2023 National Children's Alliance's (NCA's) Member Census (NCA, 2023), is that once many CACs returned to in-person services, engagement in TMH significantly reduced.

- In 2020, 91.5% of CACs in the Western Region used TMH.
- In 2023, 54.4% of CACs in the Western Region used TMH.

While one would expect a decrease due to the end of the pandemic and restrictions for in-person services being rescinded, there was a significant nationwide increase in the need for mental health services in that time frame as well.

Another issue is that CACs often struggle to find qualified mental health professionals to serve the children in their communities. The 2020 and 2023 NCA Member Census data for the Western Region CACs showed that there was "difficulty finding qualified mental health providers."

- In 2020, 25.3% of CACs who responded in our region said they were struggling to hire qualified therapists and 30.7% were having difficulty finding a qualified linkage therapist.
- In the 2023 census, these numbers increased to 34.9% and 40.9% respectively.

Many CACs do not have access to local providers who have been trained in trauma-informed evidenced based treatment or who work with children and adolescents. Implementing TMH services allows CACs to recruit and link with mental health providers who may live in different parts of the state, therefore, increasing the pool of appropriately trained therapists.

Results from the 2023 NCA Member Census (NCA, 2023) indicate that 43.4% of CACs nationwide report serving rural communities. In the Western region, that number is 41.4%. Increasing engagement in TMH services is critical in our mission to serve children and families who do not have access to in-person treatment.

TMH, in general, has gained significant traction in recent years, yet misconceptions persist regarding its effectiveness compared to traditional in-person therapy. While some individuals may feel hesitant to embrace virtual mental health care, research and clinical experience suggest that it can be just as effective, if not more so, in certain cases. Below, we address and debunk some of the most common myths surrounding telemental health therapy.

### **Misconception #1: In-person services are superior to telemental health services**

One of the most widespread beliefs is that virtual therapy is not as effective as face-to-face sessions. There are some valid reasons for this belief. For many clinicians, the quick pivot to TMH during the pandemic left many feeling overwhelmed and under-resourced for adapting treatments to the modality. However, numerous studies have shown that telemental health therapy produces comparable outcomes to in-person therapy for a variety of mental health conditions, including anxiety, depression, and PTSD. In terms of the evidenced based treatments CACs deliver to children and families this is what we know so far based on the research:

- TMH therapy is as effective as in-person therapy (Barshur, et al, 2016)
- TMH delivery of Child and Family Traumatic Stress Intervention (CFTSI) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) have outcomes similar to in-person treatment. (Goslin MC, Epstein C., 2024, Stewart et al., 2020)

### **Misconception #2: Clients do not like engaging in telemental health services**

Critics argue that remote therapy sessions lack the warmth and personal connection of in-person meetings. While the format may be different, skilled therapists are trained to create meaningful connections regardless of the medium. Many clients find that speaking from the comfort of their home actually enhances their openness and willingness to engage in therapy, leading to deeper conversations and breakthroughs. Research suggests that caregivers and clients report high satisfaction with TMH services (Villalobos et al, 2021). Findings of the Villalobos study indicated telemental health treatment addressed barriers that would have otherwise prevented families from accessing office-based services.

Clinicians often note the challenges with engaging children in virtual therapy. There are now many resources available to support clinicians in doing this. I have listed a few at the end of this Roundup and we link to those and others on WRCAC's Telemental Health Resource Center.

Additionally, we do know that a large portion of children enrolled in mental health services (28%-75%) do not complete treatment (Barrett, 2008, de Hahn et al. ,2013). I am hearing from many clinicians who engage in both in-person and TMH services (anecdotally at this point), that completion of treatment is higher for TMH than in-person due to reducing some of the barriers such as transportation and scheduling issues. At the very least, the ability to pivot from in-person to virtual as a response to a schedule change or transportation barrier for a family allows for treatment to continue instead of being delayed until they can get to the CAC for another in-person session.

**Misconception #3: There is a lack of resources for TMH applications for evidenced-based treatments beyond Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

We are quite fortunate that that most used evidenced-based treatment (EBT) implemented at CACs, TF-CBT, has great support, trainings, and resources for TMH delivery. However, many clinicians continue to believe that other NCA-approved modalities do not have TMH applications. That is not accurate. Resources and supports for other EBTs include:

- Eye Movement Desensitization and Reprocessing (EMDR)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Parent-Child Interaction Therapy (PCIT)
- Alternative for Families Cognitive -Behavioral Therapy (AF-CBT)

Resources for these modalities can be found on their webpages and are linked on WRCAC's Telemental Health Resource Center (see below)

**Moving Forward with a Renewed Mindset**

While we acknowledge that TMH services are not for all the clients we serve, they provide great opportunities for not only increasing the overall number of clients CACs serve but reducing barriers to treatment.

We need to recognize that the way many CACs had to adopt TMH services during the pandemic could be a significant factor in the lack of engagement and beliefs we are hearing now. There are now extensive options for training clinicians new to the model and for "retraining" clinicians who did not have the best experiences with TMH in the past. In terms of training and resources for clinicians, I suggest the Medical University of South Carolina (MUSC) website <https://www.telehealthfortrauma.com/>.

**Research that is referenced or helped inform this article:**

- Provider perspectives on telemental health implementation: Lessons learned during the COVID-19 pandemic and paths forward (Lipschitz et al., 2022)
- Effectiveness of telemental health during the COVID-19 pandemic: A propensity score noninferiority analysis of outcomes. (Gurm et al., 2023)
- Patient perceptions of trauma-focused telemental health services using the Telehealth Satisfaction Questionnaire (TSQ) (Villalobos et al, 2021)
- Telehealth Delivery of the Child and Family Traumatic Stress Intervention is Associated With Reduced Posttraumatic Stress in Children and Caregivers. (Goslin MC, Epstein C., 2024)
- Feasibility and Effectiveness of a Telehealth Service Delivery Model for Treating Childhood Posttraumatic Stress: A Community-Based, Open Pilot Trial of Trauma-Focused Cognitive Behavioral Therapy. (Stewart et al., 2020)
- Acharibasam, J. & Wynn, R. (2018).Telemental Health in Low-and Middle-Income Countries: A systematic review. *International Journal of Telemedicine and Applications*, 1-10.
- Barshur,R., Shannon, G.,Barshur,N., & Yellowlees, P. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and e-Health*, 22,1-27.
- Hellstern, Rylan B., "The Impact of COVID-19 and Telehealth Services on Attrition Rates in Psychotherapy" (2022). All Graduate Theses and Dissertations, Spring 1920 to Summer 2023. 8433.

**Resources:**

- For links related to the delivery of EBTs in a TMH environment, check out this page from WRCACs Telemental Health Resource Center: <https://www.westernregionalcac.org/tmhresourcecenter/clinical-services/delivery-of-ebts-in-tmh-environment/>
- The National Children’s Alliance/NCA Engage Mental Health Institute page (<https://learn.nationalchildrensalliance.org/mental-health>) has many resources for TMH delivery, including some new videos on CFTSI.

**In terms of guidance on making sessions more engaging for children and adolescents, the following article may be useful:**

- *Resources and Recommendations for Engaging Children and Adolescents in Telemental Health Interventions*, Dueweke, A.R., Wallace, M.M., Nicasio, A.V., Villalobos, B.T., Hernandez Rodriguez, J., & Stewart, R.W. (2020) *The Behavior Therapist*, 45(5), 171-176.
- Check out WRCAC's [Telemental Health Resource Center](#). There are numerous resources and documents linked to provide “one-stop shopping” for CACs, Chapters, and clinicians interested in implementing TMH.

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**Interested in exploring TMH opportunities or re-engaging in the modality?  
Contact Amelia Siders.**

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Amelia Siders, Ph.D. is a licensed clinical psychologist who has worked to support children’s advocacy centers for over 12 years. She gained experience providing direct service as well as being a clinical supervisor and program director at a children’s advocacy center in Traverse City, Michigan. Following her time at the CAC, she had the opportunity to serve as the clinical director at the state chapter level for Children’s Advocacy Centers of Michigan. Her role at the chapter included providing resources, training, and supports for clinicians and advocates who served CACs throughout the state. She has been trained in several evidenced-based trauma informed treatment practices including Trauma-Informed Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR) therapy. She has provided consultation in the areas of trauma-informed assessment and substance use treatment as well as served as an expert witness related to trauma and sexual abuse.