Teletherapy 101 – Key Facts and Best Practices
By Arin Jayes

The months-long COVID-19 pandemic is causing a historic mental health crisis in our country that has deeply affected individuals living with brain injuries and their families. The US mental health system, which was already fragmented and underfunded, has been ill prepared to handle the surge of individuals coping with isolation, grief, and psychological trauma. Data shows that depression and anxiety are sending the nation into a tailspin.

On the other side of this is the budding teletherapy industry, which is often the only source of mental health care in underserved and rural communities. As a therapist in training, it is important to me to expand my knowledge and skills in teletherapy, which is increasingly important to master in the wake of this continuously evolving national tragedy.

I had the pleasure of attending a webinar about best practices in teletherapy presented by La Keita Carter, Psyd, LP, LCPC from the Institute of HEALing, LLC. Her presentation discussed the ethical standards that relate to providing therapy services virtually, detailed current research related about telehealth outcomes, and explained the pros and cons of using telehealth. Her presentation was sponsored in conjunction with the Pro Bono Counseling Project, which connects uninsured or underinsured low-income Marylanders with qualified mental health professionals at no cost. Organizations such as these are expanding their teletherapy options in response to the pandemic, which has prompted more trainings about teletherapy for mental health providers and consumers.

For BIAMD members considering using or providing teletherapy services, here are some key facts about teletherapy:

What is teletherapy?

Teletherapy falls under the umbrella of *telehealth,* which is the use of information and telecommunication technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, and public health and health administration (HRSA, 2019). Telehealth encompasses varying types of health professions (e-medicine, counseling, nursing, speech therapy), varying telecommunication mediums (phone, video, text messages, email), varying devices (smart phones, computers, tablets), and varying formats (synchronous and asynchronous). Telehealth uses information technology to offer health services to patients who are geographically separate from providers (Sood et al., 2007).

Teletherapy offers therapy and counseling services to patients at a distance. It includes all modalities of treatment (individual, family, & couples) and includes all therapeutic treatment (mental health and addictions). Synonyms for teletherapy include e-mental health, telemental health, telepsychology (for psychologists ONLY), and telepsychiatry (for psychiatrists ONLY).

A useful analogy for visualizing telehealth is that the originating site (location of the patient) is the spoke of the wheel, and the distance site (location of the provider) is the hub. Under typical

circumstances, insurance companies do not reimburse for telephonic services and may charge fee-for-service.

Who uses teletherapy?

Teletherapy has been used to address a plethora of clinical concerns. It has proven effective for many disorders including PSTD (Germain et al., 2009), depression (Sloan et al., 2011), anxiety (Ruskin et al., 2004), substance use disorders (Frueh et al., 2005), and chronic pain (Macea et al., 2005). Telemental health has also been helpful in addressing isolation (Kruger et al., 2001) and barriers to treatment (Moore et al., 2009). Telemental health has been important to college students, who are particularly vulnerable to not using treatment services when needed (Cheng et al., 2013). Morgan et al. (2008) researched telemental health services in the prison population and found that telemental health offered more treatment availability for inmates and increased safety precautions for mental health providers. Telemental health has also provided treatment access to individuals with social anxiety disorder, people living in rural areas, low SES individuals and people who are medically restricted to the home or bed. Teletherapists need to consider with caution whether some clinical concerns are appropriate for telemental health, including individuals who experience frequent suicidal/homicidal ideation and individuals with personality disorders, social phobias, or psychosis.

How do teletherapists maintain confidentiality?

Confidentiality protects the privacy of patient data communicated in professional relationships (Donner et al., 2008). There are key differences between a physical and virtual treatment room and this impacts confidentiality. In a physical treatment room, there is a closed door that one must knock on to enter. Sound machines offer a layer of audible "protection" and you know who is in the room with you. In a virtual treatment room, you may be less certain about who is in the room, if you can be overheard, or if anyone is able to enter the room. There are different ways that teletherapists can maintain confidentiality. Teletherapists should choose a platform that offers "close" or "lock" features. Password protecting the room may not be enough because if all of the access information is lost, then another person has all of the information needed to access the session. Teletherapists should also use a platform that has a "waiting room" or "lobby," so that they can vet individuals who are trying to enter the session. It is also important to use a platform that shows everyone who is in the room, which is especially important for patients who experience paranoia. Teletherapists must never hold as session in a place where someone could walk by and be seen on the camera. The presence of another person in your physical space automatically means that the session is not confidential. Teletherapists should also use platforms with multiple layers of protection for the patient, as 1-2 layers may not be enough.

How do teletherapists maintain competence?

Psychologists are ethically mandated to attain and maintain ***competency*** in clinical areas and treating specific populations as well as the use of telehealth technology (Baker & Bufka, 2011). 58% of psychologists are aware of state and federal laws that govern TMH, but 80% consider it ethical to deliver TMH services (Glueckauf et al., 2018) To maintain competence, teletherapists need to consider if they are knowledgeable enough about the telehealth platform to help patients

access it. They also need to know enough about the treatment platform to assure confidentiality. Teletherapists must know the nuances of the platform they are using, be able to address clients worries and concerns about confidentiality, and have a plan for managing a mental health crisis or suicidal ideation when the patient isn't in the room with them. Therapist should not offer telehealth services unless they are competent to do so.

How do teletherapists practice informed consent?

In traditional mental health treatment, ***informed consent*** covers all of the services the therapist is providing and the risks and benefits of treatment. With virtual treatment, informed consent documentation must outline the specific benefits and risks to telemental health. While typical therapy sessions involve the signing of a physical document, teletherapists need to review the document electronically with the patient. Informed consent documentation should address what happens if connection is lost in the session, how privacy is protected, why telemental health is being used instead of traditional treatment, and the protocols if someone hacks into the session.

Informed consent documentation should also explain that therapists are ***mandated reporters,*** meaning they are required to report vulnerable population abuse/neglect and a suicide/homicide plan. Teletherapists must consider how they would approach a variety of emergency situations.

How do teletherapists do record-keeping?

In traditional treatment, therapists use an electronical medical records to maintain medical ***record-keeping.*** The therapist also documents each session and all parts of a Mental Status Examination (MSE) can be assessed. In virtual treatment, a therapist needs to consider the differences in how they would document a physical or virtual session, and whether they are able to assess part of the MSE using telemental health (body language, psychomotor activity, bodily cues, affect). Teletherapists must decide which parts of the MSE may not be assessed via TMH and document the reason for this.

Can teletherapists practice across state lines?

There is a lot of uncertainty about practicing across state lines (Koocher & Morray, 2000). Glueckauf et al. (2018) researched 164 psychologists working in various settings to learn about limitations in understanding about TMH practices. 27% of psychologists were unsure if it was legal to provide TMH to patients outside the state in which they were currently licensed. Currently, teletherapists do not have a national license and all providers are licensed and regulated by individual states. According to COMAR 10.09.36.02, if you are rendering services via telehealth with a participant located in Maryland, then you are considered to be practicing in Maryland. Therefore, you must be licensed in Maryland and are subject to your professional board's licensure requirements. If the patient is in another state, you would have to check with the state regulations to find out if you can legally practice with a patient who is located in that state. At this point, it is recommended that you only provide telehealth services when you are in the state and when the patient is in the state.

To learn more about security and privacy in telehealth, it is important to read up on the **HIPAA of 1996: Security Rule and Privacy Rule.** You can learn more about by clicking here

What are the clinical benefits and drawbacks of telemental health?

There are a number of benefits to teletherapy for both the therapist and the client. For the therapist, teletherapy offers increased time flexibility and allows more time for more self-care, which decreases burnout. Clinical benefits for the client include increased access for certain populations, allowing family members and others to join in treatment, and the comfort of being able to receive therapy in one's own home.

Drawbacks of teletherapy include loss of somatic data (body behaviors and patient energy), challenges in building rapport electronically, loss of control over the treatment environment, the potential for tech problems (poor internet connection, glitching), and the awkwardness of using certain therapeutic strategies such as silence and "leaning in."

Is teletherapy the right fit for me?

While our current circumstances in the COVID-19 quarantine are far from ideal, telemental health offers the opportunity to receive mental health services from the safety of home during uncertain times. It is up to professionals to decide if they are prepared to provide telemental health services, and it is up to consumers to decide if telemental health is the right fit for them. You can find more useful information about teletherapy on PositivePsychology.com and at SAMHSA.org.

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