Mindful
Continuing Education

Telehealth in Mental Health: Legal and Ethical Guidelines

Section 1: Introduction to Telehealth

References: 4, 7, 12, 13, 14, 15, 16, 17, 19, 25, 26, 33, 36, 39, 40

Terminology

The Health Resources and Services Administration (2022) defines telehealth as "the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health" (para. 1). In clinical care, telehealth services are used by various disciplines, including by doctors, nurses, and mental health professionals. They can provide education to patients and caregivers as well as psychological, emotional, and social support, or problem solve health issues, for example (Federal Communications Commission, n.d.). There are two primary ways of using telehealth:

- Talking directly to a provider by phone, video, or text in real time, in an interactive, two-way conversation (also referred to as synchronous service delivery).

- Electronic communication that occurs between a provider and a patient or caregiver at different points in time (also known as asynchronous service delivery). For example, sending an email or text message that someone views later, sending a message about test results in a patient portal, or completing documents or surveys before or after an appointment. There are two different forms of asynchronous telehealth:

  - Mobile Health (mHealth) refers to a patient wearing a device or using a smartphone to support their health and wellness. For example, a fitness tracker or scheduling reminders to take medication. As another example, using a mental health app for treatment purposes.

- Remote patient monitoring (RPM or telecare) involves sharing data with a health care provider through a device or by the patient transmitting it electronically, such as via wireless scales or heart rate monitors. A health care provider can also share information with a patient. For example, they may use an app that reminds a patient to take their medication and monitor the compliance (Federal Communications Commission, n.d.; Gilbertson, 2020; Harvard Health Publishing, n.d.; Health Resources and Services Administration, 2024c; Health Resources and Services Administration, 2025a; Luxton et al., 2024).

Telemedicine is a term often used interchangeably with telehealth, but it specifically refers to the delivery of medical, diagnostic, and treatment-related services provided by doctors or advanced practice providers. Depending on the condition, these providers may be able to diagnose patients remotely via phone or video, or monitor their progress while they receive a specific treatment or therapy. Additionally, a patient may be able to see a specialist using telemedicine that is not available in their area (Federal Communications Commission, n.d.).

Telemental health is a term that has evolved to describe the use of telecommunications or videoconferencing to provide quality mental health care. It falls under the umbrella of telehealth. Other terms used interchangeably with telemental health include telepsychiatry, telepsychology, telebehavioral health, distance counseling, and video counseling (Gilbertson, 2020; National Institute of Mental Health, n.d.). Telemental health encompasses the clinical care provided by mental health professionals, including assessment, treatment, and psychoeducation, as well as research, training, supervision, and consultation (Luxton et al., 2024, p. 3).

The term "telehealth" will be used throughout this course to describe mental health services using telecommunication technology. The terms "patient" and "client" will be used interchangeably when discussing the person seeking help from a mental health professional. The terms "mental health professional," "provider," and "clinician" will be used to describe psychologists, therapists, counselors, marriage and family therapists, and social workers.

Background

Telehealth has been utilized in the U.S. for several decades, initially in the medical field to provide care to individuals with unique medical conditions and those who required medical services due to living in a rural community, being incarcerated, or serving in combat.

The application of telehealth in the mental health field dates back over 50 years. In the late 1950s, the Nebraska Psychiatric Institute utilized early videoconferences to offer long-term therapy, group therapy, psychiatric consultations, and medical student training at the Norfolk State Hospital. Around the same time, the National Aeronautics and Space Administration (NASA) used telehealth to assess the physical and emotional well-being of astronauts. About 10 years later, Massachusetts General Hospital utilized telehealth to offer psychiatric consultations for children and adults in a health clinic located at Logan International Airport in Boston. Then, in the 1970s and 1980s, telehealth became a more common method of providing mental health care, expanding to many diagnostic and therapeutic patient interactions. In the 1990s, its reach expanded globally, and researchers began to examine how telehealth compared to in-person care and whether it improved access to care. By the 2000s, telehealth had been recognized as an effective yet distinct method of delivering mental health care to clients, and guidelines for its use started to be established by various

organizations. These guidelines have been updated and expanded over many years to provide best practices for mental health professionals as telehealth methods continue to evolve in conjunction with research and technology advancements (Robertson, 2021; Von Hafften, n.d.).

Telehealth Use

Before the COVID-19 pandemic, some mental health services provided via telehealth served people with the greatest need, including those living in rural communities, military personnel and veterans, people with access concerns, such as physical disabilities, and those who were unlikely to seek treatment in person due to worry about being stigmatized (Robertson, 2021).

While telehealth continues to serve these individuals, its reach has expanded to encompass a broader range of people and services. The use of telehealth also increased at the onset of the pandemic. One reason for the increase in usage is that telehealth enabled continued physical and mental health care without exposure to the coronavirus. It not only kept people not diagnosed with the virus safe at home, but it also allowed those with the virus who were in quarantine to receive care from the comfort of their own homes. Another reason is that it helped meet the increasing psychological, emotional, and social needs that arose as a result of the pandemic, including anxiety and other mental health conditions, fear, uncertainty, stress, grief, loss, and isolation (Luxton et al., 2024).

A data analysis by the U.S. Government Accountability Office (2022) shows an increase in telehealth usage among Medicare and Medicaid recipients by comparing telehealth visits before and after the onset of the pandemic.

- Between April 2019 and December 2019, health care professionals provided approximately 5 million telehealth services to Medicare recipients nationwide. When compared to this same time frame in 2020, there were

approximately 53 million telehealth services. One contributing factor to this increase is the waiver issued by the U.S. Department of Health and Human Services, which temporarily lifted certain Medicare restrictions on telehealth services.

- For Medicaid recipients in five select states, telehealth visits increased from 2.1 million in March 2019 to February 2020 to 32.5 million from March 2020 to February 2021.

One study also shows the increase in telehealth usage, especially for mental health services, by analyzing data from over 475 million telehealth and in-person encounters between April 2019 and September 2023. These visits took place in more than 1,200 hospitals and 27,000 clinics from all 50 states and Lebanon. For the year 2019, telehealth visits across various specialties accounted for less than 1% of all visits during that period. However, starting in April 2020, telehealth visits significantly increased across all specialties, with mental health seeing the highest rates of telehealth utilization (approximately 65%) until the end of June 2020. In the months that followed, mental health services continued to have the highest rates of telehealth utilization, which remained consistent throughout the study period. By September 2023, the mental health telehealth utilization rate was close to 40%, while rates for many other specialties were approximately 10% or less (Bartelt et al., 2023). Data recorded from September 2023 to April 2025 indicate that mental health services have the highest ongoing telehealth utilization rate, ranging from 26% to 31% per month. Other specialties during this time range from 6% to 7% telehealth utilization (Epic Research, 2025). This data shows that even though telehealth usage has decreased over time, mental health services continue to be provided via telehealth at rates that are higher than in other specialties.

While the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) has limited data on the patient use of telehealth

before the pandemic, they published a report titled "Declines in Telemedicine Use Among Adults," which focused on usage 1 to 2 years after the onset of the pandemic. This report analyzed data from the 2021 and 2022 National Health Interview Surveys. This survey is a national initiative that monitors the health of people in the U.S. by collecting and analyzing data on various topics (Centers for Disease Control and Prevention, 2024a). The telehealth-related data in these surveys showed that approximately 37% of adults used telemedicine in the 12 months preceding January 2021 to December 2021. This number declined to approximately 30% the following year (Lucas & Wang, 2024). This report shares similar findings with the study noted above regarding the decline in telehealth usage over time. While the CDC has not published more recent data (as of July 2025), usage rates could continue to decline as reimbursement for telehealth services becomes more limited and guidelines or laws become more restrictive.

While more data is needed to understand ongoing trends in telehealth, the National Institute of Mental Health (n.d.) also notes that further research is necessary for mental health professionals to determine when to utilize telehealth services and how to use them effectively. Still, since telehealth remains an essential modality for accessing and providing mental health services, providers need to be knowledgeable on the following topics:

- Types of technology used in telehealth.

- Advantages and disadvantages of telehealth for the client and the mental health professional.

- Telehealth models (fully virtual and hybrid).

- Legal and regulatory stipulations that are imperative for the provision of mental health services via telehealth, including professional guidelines, standards, and federal and state laws.

- Ethical considerations related to the provision of mental health services via telehealth.

- Developing a plan for crisis services and safety planning.

- Best practices for delivering mental health services via telehealth.

- Resources for evaluation, quality improvement, and Joint Commission and CARF accreditation standards.

This course will review these topics in detail, providing a case study example, reviews, and a research summary on the effectiveness of telehealth.

Section 1 Key Terms

Telehealth refers to the use of telecommunication technologies for long-distance clinical health care, patient and professional health-related education, health administration, and public health. Telehealth can be used by various professionals, including doctors, nurses, and mental health professionals.

Telemedicine is often used interchangeably with telehealth and refers to the clinical services provided electronically, typically by doctors or advanced practice providers.

Telemental health is a term that describes the use of telecommunications or videoconferencing to provide mental health services, typically by psychologists, therapists, counselors, marriage and family therapists, and social workers.

Synchronous service delivery occurs when a patient communicates directly with a provider via phone, video, or text in real-time.

<u>Asynchronous service delivery</u> involves the exchange of communication between a provider and a patient or caregiver at different times and places. It includes mobile health and remote patient monitoring.

Section 1 Reflection Question

What has been your experience, both personally and professionally, with using telehealth?

Section 2: Types of Technology

References: 22, 26

Telehealth services are provided using various technologies, including videoconferencing, telephone (or voice-only) communication, web-based applications, and mobile devices. All of these communication methods and their use must comply with applicable patient privacy and data security laws and regulations.

- Videoconferencing is a synchronous communication method in which a provider and patient connect over video. The system consists of a camera, a microphone, and a video monitor, which can already be found on many laptops, tablets, and smartphones, or added to desktop computers. Tablets and smartphones are common devices used by patients for videoconferencing, while providers may prefer the larger screens of laptops or desktop computers to see patients more clearly. Videoconferencing is a method that resembles social interaction more closely than other methods. Providers can see nonverbal communication, which is essential in the therapeutic process. Providers can also confirm the patient's identity more easily (as long as they have seen them in person before or can verify it using

their photo ID). There are various videoconferencing platforms with a wide range of features, including waiting rooms, whiteboards, and scheduling tools. Medicare typically reimburses these types of visits; however, reimbursement from Medicaid and private insurers varies.

- Telephone (voice-only) communication is another synchronous method commonly used for following up with patients and scheduling appointments. Some psychosocial assessments and interventions can be conducted by phone when deemed appropriate. Telephones can serve as a reliable backup to videoconferencing systems. Similar to videoconferencing, various telephone systems are available to consider; however, this type of service is typically not reimbursable by insurance.

- Web-based applications are an asynchronous communication method that providers can use to distribute forms to patients, administer psychological self-reporting measures, and provide psychoeducational materials and interventions. Providers often use them in conjunction with videoconferencing and telephone communication.

- Mobile devices, including smartphones and tablets, are synchronous and asynchronous methods of communication. As noted above, providers frequently use these devices for videoconferencing, but they can also utilize them for text messaging and health-related applications. People may self-track or wear a device to monitor their health information (Luxton et al., 2024).

Luxton et al. (2024) note the following steps when selecting the type of technology to use in clinical practice:

- Consider the objective or task and match the technology to it.

- For example, observing a client's nonverbal cues during a session may be a part of a therapeutic intervention. In this case, video conferencing would be the best technology to use. As another example, a provider could conduct a check-in with a patient over the phone.

- As part of this consideration, the technology used may depend on what is available, what feels most comfortable for both the mental health professional and the client, and which type of technology follows ethical practices and policies.

- Determine whether the technology meets privacy standards.

- Assess whether the type of technology is suitable and feasible for both the client and the mental health professional.

- Think through whether the technology supports evidence-based practices.

- Understand insurance reimbursement based on the type of technology and services.

After understanding the types of technology and deciding which one(s) to use, Luxton et al. (2024) recommend optimizing the technology equipment and having a backup option in case the primary method fails. Both will be discussed further in the best practices section later in this course.

Section 2 Key Term

The technology used for telehealth appointments includes devices (such as mobile phones, smartphones, tablets, laptops, or desktop computers), internet (with consideration of speed and bandwidth), and platforms used by both the patient and the mental health professional (such as patient portals and web-based

applications). The Health Resources and Services Administration (2025c) suggests considering factors like speed, size, screen, keyboard, and data storage when selecting a device.

Section 2 Reflection Questions

If you are currently providing telehealth services:

- What type(s) of technology are you using in your practice?

- Was the technology assigned to you by your employer, or did you decide what type(s) to use?

- If the kind of technology was your decision, what did you take into consideration during the decision-making process?

If you are considering a telehealth practice:

- What type(s) of technology are you interested in using in your practice?

Section 3: Advantages and Disadvantages of Telehealth

References: 14, 28, 33

There are advantages and disadvantages to using telehealth for mental health services. This section will discuss both for clients and mental health professionals.

Advantages for Clients

The following are potential benefits for people seeking or receiving mental health services via telehealth:

- **Convenience** - Since telehealth appointments do not require traveling to a provider's office, people can take less time off work or school, or away from other responsibilities, to receive the care they need. Depending on the provider's schedule, there may be more flexible hours and less notice required to schedule an appointment, also making it more convenient to receive care. People may also be able to receive support closer to the time of symptom onset, which can help minimize any worsening effects.

- **Fewer barriers to care** - Technology may be more accessible than physical offices, especially for individuals in remote areas, those in emergencies, or those with mobility difficulties.

  - People in remote areas may have access to providers or specialists who are located far away from their homes, but are easier to access using technology.

  - People experiencing an emergency or crisis who do not require hospital emergency department care can utilize crisis services via phone, text, or video, or contact a mobile crisis team directly from their mobile device.

  - Some individuals are also unable to leave their homes due to physical disabilities, emotional issues, or other reasons, such as caring for a loved one at home. Telehealth enables people to receive care from the comfort of their own homes, ensuring they receive the care they need and deserve.

  - If transportation is a barrier to care for individuals, it becomes less of an issue when people can attend their appointments from home.

- **Decreased stigma** - Since people can receive mental health services from their homes, they may be less fearful or worried about getting professional

help and any stigma that may come from seeing a mental health provider in person. Telehealth may be a more convenient first step, offer greater privacy, and be a more comfortable way for some people to receive care (Gilbertson, 2020; National Institute of Mental Health, n.d.).

Advantages for Mental Health Professionals

The following are possible benefits for mental health professionals using telehealth:

- **Technological advances** - Mental health professionals may become more comfortable using telehealth services as advances in technology make them easier to use. Thus far, these advances have enabled mental health professionals to establish fully virtual practices.

- **Cost savings** - Not having to pay for an office space, as there is a private one at home, can lead to decreased expenses over time.

- **Expanded access** - When offering sessions virtually, mental health professionals can serve people across their state or possibly in multiple states (depending on licensure requirements). This expansion allows them to have more access to people in need.

- **Flexibility** - Mental health professionals working remotely may have more flexibility in their schedules (Gilbertson, 2020; National Institute of Mental Health, n.d.).

Disadvantages for Clients

The following are potential disadvantages and risks for people seeking or receiving mental health services via telehealth:

- **Access to technology** - People may have limited access to devices or a lack of an internet connection, both of which prohibit their ability to access telehealth care.

- **Quality issues** - The quality of the technology can compromise the services a person receives. For example, a poor internet connection could cause communication delays.

- **Privacy concerns** - Privacy needs consideration when people are on camera in their home environment.

- **Insurance Coverage** - A client's insurance plan may provide limited coverage for telehealth services, resulting in higher out-of-pocket costs (Maheu, 2025; National Institute of Mental Health, n.d.).

Disadvantages for Mental Health Professionals

The following are disadvantages or risks for mental health professionals using telehealth:

- **Access to technology** - Similar to their clients, providers also require access to technology to deliver telehealth services.

- **Quality issues** - The quality of the technology can compromise the delivery of services. For example, if the microphone or camera is of lower quality, the client may have difficulty hearing or seeing their provider.

- **Boundaries** - Work-life boundaries can become blurred when a provider works remotely. They may be more likely to switch between personal and work responsibilities during the day, feel more distracted, and lack the natural transitions that happen throughout a workday, such as leaving the

office when the workday is complete. They may also book sessions back-to-back without any breaks, which can contribute to fatigue.

- **Cost** - There may be a greater financial burden on providers if they need to update their equipment, devices, platforms, and networks to enable clients to access them. They may also require additional and ongoing training to ensure competency in telehealth, which can incur costs.

- **Insurance** - While policy changes led to more leniency in providing telehealth services during the pandemic, these policies may no longer be in place. Reimbursement for services may also be lower. Furthermore, insurance coverage and licensure requirements can vary based on the company and state in which a mental health professional practices (Maheu, 2025; National Institute of Mental Health, n.d.).

Section 3 Reflection Questions

If you are currently providing telehealth services:

- What advantages and disadvantages have you and your clients experienced?

- How did you work through any disadvantages that you or your clients encountered?

If you are considering a telehealth practice:

- What advantages and disadvantages resonate with you the most?

- How do you envision yourself working through any challenges?

Section 4: Telehealth Models

References: 2, 28

There are two models for providing mental health care via telehealth.

- The first model is fully remote, where all care is provided virtually using technology.

- The second model is hybrid, which incorporates technology with traditional in-person care or office visits.

In hybrid care, the relationship between the mental health professional and the client is facilitated through communication technologies (such as video, phone, or email) and clinical support technologies (including patient portals), while also offering in-person appointments (American Psychiatric Association, 2021). This format "maximizes the benefits of using a virtual space in conjunction with the traditional familiarity of a physical space (American Psychiatric Association, 2021, para. 2).

Benefits of Hybrid Care

There are benefits to hybrid care noted in a review by Steidtmann and colleagues. They highlighted the following about hybrid care in mental health:

> *"It retains the convenience of remote services while restoring face-to-face connections when clinically or relationally essential. This model offers "the best of both worlds," reducing commute times and burnout while preserving collaboration and therapeutic presence. For clinicians and clients, the ability to switch between modalities week-to-week - or within a single care plan - can promote continuity without sacrificing effectiveness"* (Maheu, 2025, para. 3).

Research has shown that many therapeutic interventions can be provided by mental health professionals virtually as well as in person. Having the option to offer effective interventions in multiple settings can be beneficial to both clients and mental health professionals. Clients can still receive the care they need without gaps or concern that their therapy is ineffective. Mental health professionals can have more flexibility and autonomy in their schedules. Both can contribute to increased satisfaction with work-life balance, decreased burnout, and employee retention (Maheu, 2025).

Challenges of Hybrid Care

While there are benefits to hybrid mental health care, there are also tradeoffs. Steidtmann and colleagues noted that institutions may see cost-saving opportunities in hybrid models of care, but that it can be challenging to optimize this model. For example, space-sharing, varied schedules for on-site work, and clinician availability can all be in play simultaneously. These aspects need to be coordinated as thoughtfully as possible so that patient needs are met without overstressing the institution or the patients it serves (Maheu, 2025).

Section 4 Key Terms

<u>Fully remote</u> work means that an individual can work from anywhere, regardless of their physical location. They use various forms of technology to complete 100% of their work.

<u>Hybrid work</u> is a model that combines remote work and in-person work, allowing individuals to split their time between both settings and enjoy greater flexibility in their schedules.

Section 4 Reflection Question

If you are currently providing telehealth services:

- What model(s) have you used?

- Are you still using the same model as when you first started providing telehealth care, or have you switched to a different one?

If you are considering a telehealth practice:

- Which model would be the best fit for you, and why?

Section 5: Case Study

Brandy is a licensed clinical social worker who has been working in the hospital setting since the start of her career. She often floats between the emergency department and several different inpatient units, conducting psychosocial assessments, providing emotional support, and engaging in discharge planning during individuals' hospital stays. While she enjoys working as a hospital social worker, Brandy has been considering starting her private practice, primarily providing virtual care to clients on a part-time basis (starting with evenings and weekends). Her long-term goal is to work in a private practice full-time.

Based on the information shared in this course so far, what types of things should Brandy consider from a telehealth perspective as she thinks about establishing her practice?

Section 6: Case Study Review

There are several factors that Brandy should consider. She could start by weighing the advantages and disadvantages of providing care virtually.

- She has accustomed herself to working with patients and their families in person. Working in a remote environment will be different from her current practice, so she will need to consider adjusting her practice style and learn an entirely different way of providing care.

- While working remotely can provide flexibility and a broader reach to the clients she will serve, she will likely incur increased costs for technology and training.

- She will also need to explore how she will be paid for her services, and may need to seek credentialing with insurance companies.

- Additionally, her boundaries with work may become blurred if she works part-time in private practice while also working in a hospital setting, as she builds her business.

Another factor is whether she would like to provide all virtual care or establish a hybrid model of care where she can see some clients in person.

- Brandy needs to consider the space she has to work from home, ensuring it is private and suitable for client meetings.

- She can also consider renting office space for both virtual and in-person meetings, but may need to coordinate with other clinicians if she shares a space. Renting an office space will also be an additional cost for her.

One more factor is the technology she will use with her clients.

- She has been considering videoconferencing and a web-based application to administer forms, self-report measures, and educational information. She will need to research her options to ensure compliance with patient privacy and data security laws and regulations.

In her current practice, she not only follows the rules and guidelines established by her state's social work board but also adheres to the hospital's established policies and procedures. She will have more independence in this position, while still adhering to the laws and regulations of the social work board, meaning she will be taking on additional responsibility.

The upcoming sections discuss the rules, regulations, ethics, and best practices in telehealth that Brandy also needs to be knowledgeable about.

Section 7: Legal and Regulatory Requirements

References: 1, 3, 6, 9, 10, 11, 14, 23, 21, 24, 26, 29, 31, 32, 34

Mental health professionals must be aware of the legal and regulatory requirements for providing telehealth services. These requirements include federal and state laws as well as professional standards and guidelines.

Luxton et al. (2024) introduce legal and regulatory considerations in telehealth by stating the following:

> *"The same liabilities, risks, and ethical issues that are encountered during conventional 'in office' practice also apply to telehealth. You'll want to keep several important and special considerations in mind when engaging in telehealth, however. These considerations generally center around two characteristics of telehealth: geographic distance from the location of the client and the use of technology as the medium of service provision. These differences introduce additional risks and considerations that extend beyond those of conventional in-person services"* (p. 31).

Gilbertson (2020) also notes, regarding technology as a medium for services, "privacy and security are first and foremost on our minds when we consider the

use of technology to deliver services" (p. 37). This topic is first for discussion in this section.

Privacy and Security

Privacy and security extend far beyond the type of technology and telehealth model used by a mental health professional. There are laws related to privacy and data security at the federal and state levels that are of great importance when providing telehealth mental health care.

Federal Law

The primary federal law that mental health professionals need to understand is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law "establishes federal standards protecting sensitive health information from disclosure without a patient's consent" (Centers for Disease Control and Prevention, 2024c, para. 1). There are three primary rules included in HIPAA: the Privacy Rule, the Security Rule, and the Breach Notification Rule.

The Privacy Rule outlines the guidelines for covered entities to use and disclose patient health information (PHI). The Privacy Rule also helps patients understand and control the use of their health information. For example, patients can request their medical records, ask a provider to correct their records, and limit their health insurance plan's access to their health information if they pay privately for a service. As another example, patients can grant permission to their providers to communicate with individuals involved in their care, while providers are required to notify patients of their privacy rights and how they will use their information.

While the Privacy Rule protects health information, it also allows necessary access to it, in addition to outlining permitted uses and disclosures of PHI without a patient's consent. One example is a hospital providing health information to an

insurance company for prior authorization or to facilitate the processing of a claim. Another example is providers sharing medical information in consultation.

The Security Rule protects the PHI that a covered entity creates, receives, maintains, or transmits in electronic form. Electronic PHI is referred to as ePHI. The Security Rule requires covered entities to have appropriate security policies, identify and protect against security threats, analyze security risks, develop solutions (including a contingency plan), continually review and revise security measures, ensure employee compliance, and maintain the confidentiality of information during transmission.

Implementing these safety measures involves considering the necessary technology and its associated costs, as well as the likely volume of information that a covered entity will share electronically and the potential risks associated with it.

Finally, HIPAA has a Breach Notification Rule to reference in the event of a breach of PHI or ePHI. This rule requires providers to notify the affected patient and the Department of Health and Human Services within two months of discovering the breach (Centers for Medicare and Medicaid, 2023).

State Law

In addition to HIPAA, state laws may impose further requirements for data privacy and security. According to the Health Resources and Services Administration (2024c), state laws vary. Still, in general, they enhance the transparency about how patient data is collected, transmitted, and stored, restrict the use of patient health information in the marketplace, and increase a patient's rights over their data (para. 2 & 3). Resources are provided at the end of this course to learn more about state laws.

Recommendation

Luxton et al. (2024) recommend consulting an attorney familiar with telehealth practice to ensure compliance with federal and state laws. The Telehealth Resource Centers (TRCs) listed at the end of the course can serve as a resource, and they may be able to suggest attorneys who specialize in this area.

Risk Assessment and Management

As noted above, part of HIPAA's Security Rule is risk assessment and management. The primary risks associated with using telehealth that need consideration are those related to privacy, security, and confidentiality. Virtual therapy platforms, patient portals, email servers, text messaging systems, and workspaces may have security issues that can compromise a patient's privacy and confidentiality. Therefore, providers must ensure that they use HIPAA-compliant secure technology and practices.

Technology

Since technology can compromise privacy and confidentiality, both mental health professionals and clients must be aware of these risks, and providers must know how to assess and manage them. Gilbertson (2020) and Luxton et al. (2024) offer the following steps for evaluating and managing risk.

- The first step in this process is to become familiar with the rules and regulations governing the provision of telehealth care in your profession.

- The next step is to conduct a risk assessment to identify vulnerabilities.

  - The Office of the National Coordinator for Health Information and Technology, in collaboration with the U.S. Department of Health and Human Services' Office for Civil Rights, offers a free online risk

assessment tool for health care providers. A link to the tool is available in the resources section below.

- Once vulnerabilities are identified, the tool will rate these vulnerabilities and guide individuals on how to make improvements.

- The next step is to reference guidelines and other resources related to HIPAA compliance. Providers also need to determine the appropriate technology to use in clinical practice and the methods they will use to protect data security and patient privacy.

  - Legal consultation, cybersecurity training, and audit controls can help providers ensure they are assessing and managing risk effectively.

- The final step is to implement a plan to manage the identified risk(s).

Gilberston (2020) notes that a sole provider, organization, or agency should complete the risk assessment tool annually or whenever there is a change to technology or vendors. She also notes that risk assessment and management appear differently for a clinician with a solo private practice compared to those who work for an agency or organization. She emphasizes that HIPAA risk assessments should be an ongoing process, with providers regularly tracking access to PHI and ePHI as well as their security measures and safeguards. She states, "At the most basic level, you need to understand where ePHI is stored, who can access it, how ePHI is viewed and used, and how risk is handled, including with business associates and vendors" (Gilbertson, 2020, p. 42). Technology is constantly evolving, making this process even more crucial.

Safeguards

HIPAA's Security Rule requires covered entities to implement three types of safeguards — administrative, technical, and physical — for managing risk.

- Administrative safeguards encompass policies and procedures designed to protect data and ensure that personnel are adequately trained in these protocols. They are the routine actions taken by mental health professionals and any individuals they work with when handling and accessing PHI. These safeguards include risk assessment, developing solutions for compliance, and contingency plans, as well as workplace training.

- Technical safeguards focus on the technology that individuals use and the processes that they follow to protect the confidentiality, integrity, and security of PHI as it is stored and transmitted. These safeguards ensure that only authorized users access health information, and all their activity is traceable and secure. It includes the following methods:

  o Access controls include user IDs, strong passwords, a system for password changes, and multi-factor authentication. These controls can also send a notification in the event of a failed login attempt.

  o Audit controls help monitor who is accessing PHI, making it easier to detect potential breaches.

  o Integrity controls are in place to ensure that PHI is not altered or destroyed.

  o Having systems that automatically log people off when they are not in use.

  o Data encryption for secure information transmission.

- Physical safeguards protect places and guard devices that hold health information. These safeguards reduce the risk of unauthorized access to office spaces and theft of devices or paper files. Some strategies include:

- Facility access requires badges, locks, or other forms of security clearance.

- Visitor protocols to restrict non-employees from accessing certain areas.

- Secure workstations with cable locks, privacy screens, user IDs and passwords, and automatic log-off.

- Determining ways to dispose of devices that contain health information, as well as any paper files (Gilbertson, 2020; Henry, 2025).

Additional Technology Recommendations

If a mental health professional is a solo practitioner or working for an agency, Gilberston (2020) recommends hiring a consultant for risk management, someone who is familiar with technology and can help take the necessary steps to protect clients' health information. She also recommends seeking training as a solo practitioner or completing the training that an agency provides in this area. Furthermore, she recommends establishing policies and procedures, if they are not already in place, and adhering to them once established.

In summary, Gilbertson (2020) states:

> *"As a mental health provider, it is equally important to set up administrative, technical, and physical safeguards so you can have the best security for ePHI. Failing to maintain adequate safeguards for security in these areas could lead to fines and legal issues. It is important to invest the time needed to set up the equipment properly, write the policies and procedures, and train staff on all aspects of privacy and security. It is all time well spent. Your*

organization's risk management is a protective factor for both you and your clients. Understanding risk management is essential" (p. 44).

Workspace

In addition to technology-related risks and safeguarding, maintaining confidentiality in a workspace is a potential risk that requires appropriate assessment and management. Mental health professionals must be thoughtful about the physical space in which they practice. This space is often referred to as a distance site, whether it be in an office or home environment. The same standards for in-office practice apply to telehealth practice, meaning that the physical space must be private and located in a place where other people cannot see or overhear what is happening in a client's session.

The mental health professional will want to reassure their client that they are practicing in a private space, mainly because clients may be hesitant to share sensitive information during sessions if their privacy in the environment is compromised, either by the provider or themselves. The mental health professional will also need to discuss the client's environment with them, whether they are meeting at home or in another location, to ensure privacy and confidentiality. The location of the client is referred to as the originating site. If there are interruptions on either end, the mental health professional should discuss the risks with their client and explore the possibility of an alternative location (Gilbertson, 2020; Luxton et al., 2024).

Licensure and Scope of Practice

Mental health professionals who provide telehealth care must comply with the requirements outlined by their respective state licensing boards. If they plan to practice outside their state of residence, they must also be aware of and comply

with the requirements for practicing across state lines (Luxton et al., 2024). Gilbertson (2020) states:

> *"The most important thing to understand is that when a clinician is licensed and physically located in a state different from their client, both states have jurisdiction. Therefore, the practicing clinician must understand the laws in both states to provide treatment"* (p. 56).

According to the Health Resources and Services Administration (2025b), there may be variations in state requirements regarding how telehealth is defined, the types of services that mental health professionals can provide electronically, and reimbursement. Therefore, mental health professionals need to be knowledgeable about the regulations outlined by the licensing boards in their state of residence, as well as in the state(s) where they intend to and will eventually practice. They will likely need to be licensed or have legal permission to practice outside of their state of residence. There may be a provision that allows a mental health professional to practice in a different state temporarily, but this is dependent on the rules outlined in each state (Gilberston, 2020). Luxton et al. (2024) recommend holding a license in each jurisdiction as the safest approach to risk management. However, they acknowledge that this can become a "financial and administrative burden for many" (p. 33).

In addition to checking with state licensing boards, mental health professionals should review the regulations outlined in their professional liability insurance policies. They should also reference insurance payer policies for reimbursement of their services (Health Resources and Services Administration, 2025b).

Furthermore, mental health professionals need to consider their scope of practice, which is specific to the licensure they hold, the training they have received, and the experience they have. Suppose they want to expand their practice via telehealth, either within their state or across state lines, to work with

different populations than they usually do. In such cases, they must be mindful of their scope of practice and seek additional training, as well as supervision, as appropriate, to help them work with new populations or implement different clinical interventions (Luxton et al., 2024).

Interstate Compacts

Some states participate in interstate compacts, which "allow specific providers to practice in states they are not licensed in as long as they hold a license in good standing in their home state" (Center for Connected Health Policy, 2025, para. 1). There are licensure compacts for the following mental health professions: counselors, marriage and family therapists, psychologists, and social workers. Resources for each discipline's compact are provided in a later section. Since information may change quickly, it is vital to stay up to date with your profession's interstate licensure compact.

Informed Consent

Just as mental health professionals obtain informed consent when providing in-person treatment, they also need to obtain informed consent when providing treatment via telehealth. Based on law and professional ethics, each client, whether seen in person or electronically, has the right to know the risks and benefits of treatment, as well as the details of their participation in it, and make an informed decision to engage in treatment or not.

Generally, the mental health professional should address the following items during the telehealth informed consent process. These items are in addition to the standard information covered during an in-person informed consent process.

- Confidentiality and its limits when using electronic communication.

- Managing emergencies and information about local resources.

- Precautions the provider has taken to keep the client's information secure, including compliance with federal and state laws, notification procedures in the event of a breach, password usage guidelines, and the addition of electronic communication to their records.

- Type of technology used during sessions, and the expectations for use.

- Risks associated with using technology.

- Privacy considerations, including risks associated with a provider communicating with a support person when necessary.

- Session recording (if applicable).

- Attendance policy.

- Potential costs.

- Process of documentation and how information will be stored or disposed of.

- Procedures for electronically coordinating care with other providers.

- Protocol for scheduling and communication in between scheduled sessions, including the frequency, provider response time, and methods that can be used (email or text).

- Boundaries with social media.

- Potential for technology to fail, and what will happen in those instances.

- Conditions under which telehealth services are terminated, and a referral for in-person care will be made (Gilbertson, 2020; Luxton et al., 2024).

Luxton et al. (2024) also recommend discussing the client's reasons for seeking care via telehealth and ensuring they are aware that in-person care is an option. It is also important for the client to understand that they are choosing telehealth, including the associated risks and benefits. Additionally, the client needs to understand the limitations of telehealth, such as the fact that some interventions may not be as effective in this modality, non-verbal cues may be difficult to read, there may be a delay in reading text messages and emails as the provider may not be available to respond within the desired time frame, and the provider may have no control over other people accessing the client's email or text messages.

Mental health professionals must follow the informed consent laws of both the state in which they reside and the state in which their clients reside. Most states require informed consent before starting treatment. Some states require it to occur both audibly and visually, in real-time, whereas others require real-time audio communication only. In addition to state laws, employers may have informed consent requirements that providers need to be aware of. Lastly, mental health providers should consult their professional association for guidance on standards when conducting the informed consent process. State regulatory boards are another resource (Gilbertson, 2020; Luxton et al., 2024). Resources to learn more about state-based consent requirements and professional association guidelines are provided in a later section.

In addition to the mental health professional and their client reviewing all aspects of informed consent in a real-time conversation, there needs to be a safe way for the provider to send a consent form to the client for review and signature, and for the client to return the form to the provider. Having a secure, HIPAA-compliant platform or encrypting emails is a safe way to exchange sensitive information. The mental health professional should also document the informed consent conversation and keep the signed consent form in the client's record.

It may be helpful for a mental health professional to consult an attorney familiar with telehealth to ensure they cover all aspects of the informed consent process. They may also consider contacting their professional association for guidance and recommendations for training in this area (Gilbertson, 2020; Luxton et al., 2024).

Mandatory Reporting

Mental health professionals are required to be transparent with their clients about their mandatory reporting responsibilities when providing care via telehealth, just as they would when providing care in person. Although they may not be practicing in an in-person office setting, they must be aware of their jurisdiction's requirements as well as the client's jurisdiction for protecting vulnerable populations, such as children and older adults.

Mental health professionals are required to assess the situation and the risks of disclosure, and make reports (when appropriate). When a report needs to be made, it is important to determine a way to engage family members in the telehealth setting and provide them with education about the reporting process, as well as the type of local agency that will be in contact with them. The mental health provider also needs to assess the risk of immediate harm associated with the report and, if necessary, engage law enforcement (Luxton et al., 2024).

Duty to Warn

Duty to warn is a two-fold responsibility for mental health professionals. They are required to inform a potential victim of any threats to harm, and they are required to "protect clients and others from foreseeable harm by sharing confidential information with the people or organizations that can minimize or eliminate the danger" (Gilbertson, 2020, p. 67).

Since the duty to warn and protect regulations vary by state, mental health professionals must be knowledgeable about this commitment in both their state of residence and the state where their client resides (Luxton et al., 2024). Gilbertson states the following about duty to warn: "Although the statutes are different in many states, most require that a clear threat is voiced, that there is an identifiable victim, and the victim is in imminent danger for the duty to warn to apply" (p. 67).

Mental health professionals should complete a risk assessment of the threat that includes learning about the client's history of violence and how their symptoms have escalated. If the evaluation indicates a need to warn, the mental health professional should reference the law and follow an ethical decision-making process. They can breach confidentiality under HIPAA in these instances and notify the appropriate individuals of the threat. Documenting all communication, the rationale for issuing a warning, and the steps taken are essential (Gilbertson, 2020; Luxton et al., 2024).

Professional Liability Insurance

Mental health professionals may be required to carry malpractice insurance depending on the law in their state of residence. If they are carrying insurance, they should verify that their plan covers telehealth services and if this coverage applies in all the states in which they intend to practice. They may need to contact multiple companies and maintain ongoing communication with them to ensure they understand their coverage options and benefits. It may also be helpful to consult an attorney who is familiar with telehealth services and liability insurance (Luxton et al., 2024).

Summary

Resources on federal and state laws, risk assessment and management, licensure and scope of practice, reimbursement, interstate compacts, and informed consent are available in a later section. There are recommendations throughout this section to consult state regulatory boards and/or legal counsel that is familiar with providing mental health care via telehealth.

Furthermore, Luxton et al. (2024) also encourage the following:

- Professional education

- Supervision

- Consultation with other telehealth providers

- Mentorship and peer-to-peer support

- Shadowing an established provider or clinic before starting a telehealth practice

If mental health professionals practice independently or within a small group practice, they may find a support community through a professional association or a local community group. In these instances, professional education and thoughtful preparation are also recommended.

Section 7 Key Terms

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) outlines the legal and ethical responsibilities of health care providers in protecting their patients, and providers must adhere to all aspects of this law (Edemekong et al., 2024). Being HIPAA-compliant means that a provider is protecting a patient's privacy and secure health information under this law.

A covered entity is an individual or organization that is subject to HIPAA's Privacy Rule. Covered entities include health care providers, insurance plans, and their business associates, such as health care clearinghouses, which are organizations that act as intermediaries between health care providers and insurance plans.

Patient Health Information (PHI) is "any health information that can identify an individual that is in possession of or transmitted by a 'covered entity' or its business associates that relates to a patient's past, present, or future health. This data includes demographic information. It also includes, but is not limited to, electronic and paper transmission. The term 'covered entity' refers to, but is not limited to, health care providers, insurance companies, and hospitals. PHI includes demographic identifiers in medical records, such as names, phone numbers, and emails, as well as biometric information, such as fingerprints, voiceprints, genetic information, and facial images" (Isola & Khalili, 2023, para. 1).

Electronic Patient Health Information (ePHI) is "data related to an individual's health condition, treatment for the condition, or payment for the treatment which is created, received, stored, or transmitted electronically" (Alder, 2025, para. 1).

Safeguards are "policies and procedures that are set up to protect against breaches of PHI. Not only are these safeguards a federal requirement, but they also play an important role in ensuring that sensitive health data remains secure and out of the reach of unauthorized individuals. Each organization must review their own policies, daily workflow, and security needs to ensure the right measures are in place" (Gilbertson, 2020, p. 43).

Policies are written formal communications that shape standards and expectations. They look at the big picture and outline a rule or regulation. They are typically written at a high level and have widespread application.

Procedures are written documents that translate policies into action. They outline steps or tasks in a detailed process to ensure the same outcome each time (New Hampshire Department of Health and Human Services, n.d.).

A distance site is the location where a mental health professional provides services to a client. For example, this may be their home or a traditional office setting. The definition may vary from state to state, so referencing the regulatory board is important.

An originating site is the location where a client receives services from a mental health professional. State laws also differ in this area, so it is important to know the state regulations for both the originating site and the distance site (Gilberston, 2020).

Scope of practice "refers to the areas in which a therapist specializes. It represents the knowledge, skills, and experience needed for the provision of effective therapy and counseling services to clients, as well as the mental health diagnoses and conditions clinicians are trained and experienced in diagnosing and treating" (Marschall, 2024, para. 1).

An interstate compact is a "legally binding agreement between two or more states. Similar to a contract, a compact establishes a formal, legal relationship among states to address common problems or promote a common agenda" (National Center for Interstate Compacts, n.d.). In the mental health profession, an interstate compact allows for providers to practice across state lines. Not all states have active legislation.

Informed consent is the process by which a mental health professional reviews the risks, benefits, expectations, roles, and other aspects of the therapeutic process, enabling a client to make a voluntary decision to participate or not. This process should be tailored to the mental health professional's practice, the

patients they are serving, and the types of services they provide. It often includes a verbal discussion and a form that a client should review and sign. Informed consent should be obtained before treatment begins and routinely reviewed (American Psychiatric Association, 2024).

Mandatory reporting is the requirement to report concerns or incidents involving vulnerable people, such as children or older adults.

Duty to warn is a clinician's responsibility to "warn an identifiable potential victim of any proposed threat or harm. The clinician also has to protect clients and others from foreseeable harm by sharing confidential information with the people or organizations that can minimize or eliminate the danger" (Gilbertson, 2020, p. 67).

Professional liability insurance is an insurance plan that covers "the cost of specific legal fees, judgments, or settlements resulting from claims and litigation brought against you for the services you provide" (National Board for Certified Counselors, 2023, para. 3). It is also known as malpractice insurance, with each policy having differences in the coverage they provide.

Section 7 Reflection Questions

If you are currently providing telehealth services:

- What types of risk assessment and management practices do you have in place? Do you need to implement any additional practices?

- What is your workspace like? Do you need to make any changes to it so that the space is more comfortable or private?

If you are considering a telehealth practice:

- Were any of the legal and regulatory requirements unfamiliar to you? If so, what steps do you need to take to learn more information?

Whether you provide telehealth services or not, consider a time when you needed to make a report or warn someone about a threat. What was that experience like for you? What was your relationship like with the client after the incident occurred?

Section 8: Ethical Considerations

References: 14, 26, 28, 30, 37

Ethics are at the core of a mental health professional's daily work. A discipline's code of ethics outlines values, establishes standards, and guides professional conduct. A code of ethics also helps professionals identify relevant considerations when issues, dilemmas, or uncertainties arise. The principles can support a mental health professional in their ethical decision-making process and hold them accountable to ethical actions (National Association of Social Workers, 2021).

It's essential to review your profession's code of ethics regularly, as it will keep you connected to your core values and responsibilities to clients, colleagues, the setting in which you practice, the profession, and society at large.

Commonalities Between Law and Ethics

There are commonalities between the legal issues outlined above and ethical considerations in telehealth. One example is maintaining confidentiality, both in sessions and with clients' data. Since telehealth sessions are often conducted via videoconferencing with the client at home or in another less private location, maintaining confidentiality can be challenging compared to a session held in a

counselor's private office. Additionally, if the connection or device is not secure, data privacy issues may arise.

Another example of commonalities in legal and ethical considerations is licensure and the scope of practice. Not only do mental health professionals need to ensure that they are legally practicing within their jurisdiction and adhering to regulations established by state boards, but they must also be mindful that practicing within their licensure and scope of practice is an ethical requirement (Shigley, 2025). For example, a mental health professional who has primarily worked with children and adolescents in an in-person setting but will be transitioning to a different role working with adults in a telehealth setting will need additional training to enhance their competency in telehealth and ensure they are practicing within their scope of professional knowledge and skill.

An additional example of commonalities in legal and ethical considerations is the process of informed consent. As noted above, several aspects of informed consent must be addressed in the telehealth setting, as technology can introduce additional ethical complexities. It is essential that all elements of informed consent are communicated clearly and that the patient understands the risks and benefits of receiving care virtually. The mental health professional must ensure that the client understands all aspects of informed consent and can actively participate in this type of care.

The last area of commonality between legal and ethical considerations is the duty to warn, mandated reporting, and crisis intervention. It may be more challenging to assess specific issues via telehealth that require these interventions, as the interaction with the client is different, and it can be harder to read their nonverbal cues or gauge their mental state over a screen. Additionally, in the virtual setting, mental health professionals may have limited access to immediate resources to help them intervene, as they often rely on local resources (Shigley, 2025). For

example, if a mental health professional is practicing in a hospital or clinic, they likely have immediate access to other team members or security that can intervene in a difficult situation. But if they are practicing in their home environment, these resources are not as readily available.

Additional Ethical Considerations

Technological Competency

Another ethical consideration is the technological competency of both the mental health professional and the client. While mental health professionals need to be competent in their areas of practice, they also need to be skilled in utilizing technology and managing the associated risks. The client also needs to know how to use technology effectively, as it is a fundamental component of telehealth (Gilbertson, 2020).

Appropriateness for Telehealth

Another ethical consideration is the mental health professional's commitment to their client's well-being, which includes the essential step of assessing "whether providing services is appropriate for each client's circumstance" (Luxton et al., 2024, p. 63). Several factors must be considered when determining whether a client is suitable for telehealth, including the reasons that they are seeking therapy, the type of mental health condition, the severity of symptoms, the treatment goals, and the purpose of different sessions (e.g., initial assessment vs. follow-up visit) (Maheu, 2024).

First, knowing the reason that the client is seeking therapy is an essential component of the intake process. For example, if a client is seeking anger management counseling, it can be helpful to know more about their situation,

such as what is causing them to seek this type of counseling, their goals, and who resides with them at home. Knowing what is leading them to seek therapy can provide insight into their past and current circumstances. Learning about their goals can help the mental health professional determine if these goals are feasible in the telehealth setting. Additionally, learning about who lives in the home with them is valuable information, as there may be vulnerable individuals living with the client who are affected by the client's emotional state immediately after a session. In this case, it may be difficult for a mental health professional to intervene or for the client to have time to calm down before interacting with their loved ones. In-person counseling may be a better fit for this type of client, as it allows them to be removed from their environment, provides space for self-reflection, and offers the opportunity to learn and apply coping skills. As another example, working with victims of violence or clients seeking support with substance abuse has different safety considerations. Depending on the situation, these clients may also benefit from in-person therapy instead of telehealth.

Steidtmann and colleagues (as cited in Maheu, 2024) emphasize that not all mental health conditions can be effectively treated using telehealth, whether in a fully remote or hybrid model of care. For example, obsessive-compulsive disorder may benefit from telehealth as the mental health professional can work on exposures and interventions in a client's home environment. On the other hand, a client with severe depression may benefit from coming into an office for an appointment, as it is a way to activate positive behavior. It is essential to consider the research conducted on various mental health conditions and the effectiveness of virtual interventions.

Maheu (2024) also notes that it is essential not only to consider the condition but also to assess the severity of the client's symptoms and be mindful of the goals of their treatment. For example, if a person is having mild anxiety symptoms or if there are straightforward treatment goals, hybrid telehealth or all virtual sessions

could be appropriate options, especially if the client agrees. However, if a person is having severe posttraumatic stress symptoms and needs support with stabilizing many areas of their life, they may need in-person care indefinitely or until the symptoms are less severe and they are more stable.

Furthermore, Maheu (2024) notes that mental health professionals should consider the purpose of the session. Visits that include the initial assessment or crisis intervention can be more effective in person, especially when a person lives in an unstable situation or their diagnosis causes them to be unreliable. On the other hand, it may be appropriate to conduct all visits, follow-up sessions, or supportive check-ins virtually.

There are additional steps that mental health providers can take to determine a client's suitability for telehealth. Luxton et al. (2024) note that it can be helpful to review any existing clinical records to learn if the client has a history of adverse interactions. An assessment of suicide risk before and during treatment is also recommended. Furthermore, if the client provides consent, consulting with other providers involved in their care can provide more details that may help determine their appropriateness for telehealth.

During the intake process, the mental health professional can also ask the client if they are aware of any issues that may arise when using telehealth. These issues could include vision or hearing problems or other accessibility concerns. Each situation is unique, so it is essential to conduct a thorough intake and gain a comprehensive understanding of the client's situation before initiating telehealth therapy.

If it is determined that a client is suitable for telehealth care, it is essential to be aware that contraindications, such as safety concerns, may arise during the therapeutic process. Contraindications could include behavioral problems, increased risk for suicide or homicide, and a medical emergency. Having a safety

plan in place as early as possible in the therapeutic relationship can support the client and ensure they are aware of the steps that will take place if these issues arise (Luxton et al., 2024). Safety planning is discussed in a later section of the course.

Steidtmann and colleagues (as cited in Maheu, 2024) recommend that the decision to provide care, whether all virtual, hybrid, or in-person, should be guided by ethical decision-making that considers many factors. Some professional organizations also mandate client preference in their codes of ethics and guidelines.

Boundaries

Boundaries are another ethical consideration. According to Gilbertson (2020), boundaries can be "emotional, physical, or digital" (p. 71). One way to maintain boundaries in the telehealth setting is to use HIPAA-compliant platforms consistently in practice. Some clients may prefer to use other platforms that are not secure, such as FaceTime. Therefore, it is essential to maintain clear boundaries with the technology and to communicate these boundaries to the client (Gilbertson, 2020).

Clients may also want to "follow" a mental health professional on social media (if they have an account) because they interact in other ways using technology. However, guidelines from professional organizations advise against interacting with clients on social media as it blurs boundaries. If a mental health professional has a personal social media account, they should also be cautious about what they post, as clients may search for information about them and find certain posts. Maintaining boundaries in this area involves refraining from interacting with clients on social media and reviewing privacy settings on accounts to ensure that information remains private (Gilberston, 2020).

Dual Relationships

Another way that boundaries can become blurred is through dual relationships. Gilberston (2020) states, "using technology in certain ways can create the impression that a relationship differs from its original intention" (p. 73). She provides the example of using emoticons in communication with clients, which may be perceived as unprofessional. She also notes that when a mental health professional conducts sessions from their home, it can make the therapeutic relationship seem more relaxed. She advises including clear boundaries in the informed consent discussion, as starting them from the beginning makes them easier to maintain. Having social media and acceptable forms of communication policies can support this discussion.

Lastly, mental health professionals are encouraged to keep their workspaces at home organized and with physical safeguards to ensure the safe storage of PHI (Gilberston, 2020).

Summary

Overall, several ethical considerations arise when providing mental health care via telehealth. By referencing a code of ethics, receiving training, and undergoing supervision as needed, professionals can more effectively navigate the ethical dilemmas that may arise in this setting.

Section 8 Key Terms

A code of ethics is a set of standards that guides the professional conduct of specific disciplines, including psychology, counseling, marriage and family therapy, and social work. They help professionals understand how to behave in various situations and assist with ethical decision-making.

Technological competency is a part of the code of ethics. It states that "mental health professionals must be competent in their provision of services to clients and that they must only see clients within their scope of practice and competency" (Gilbertson, 2020, p. 18). It also applies to clients as they must be able to use technology effectively to participate in telehealth services.

Boundaries are the limits that individuals set for themselves that they apply through their words and actions. In mental health practice, boundaries protect both the client and the provider, helping them establish a healthy therapeutic relationship. They can include confidentiality and limits on communication.

Dual relationships happen when a mental health professional has a second, different relationship with their client, such as a friendship or one that is sexual.

Section 8 Reflection Questions

- How often do you reference your profession's code of ethics?

- What are some of the techniques that you use to determine a client's appropriateness for therapy?

- How do you set boundaries with your clients?

Section 9: Case Study Review

After learning more about legal requirements and ethical considerations, Brandy has additional factors to consider as she thinks about establishing her private practice.

- First, she is familiar with HIPAA from her work in the hospital setting, where she already protects her patients' health information. She will need to learn more about implementing HIPAA into her private practice, as well as

research whether her state has any additional laws regarding privacy and security.

- Her experience with risk assessment and management is limited, as much of this is done by other staff at the hospital where she works. She takes annual compliance training at the hospital on these topics, but has never implemented privacy and security measures herself. Brandy can consider finding appropriate training, accessing telehealth resource centers, consulting a few colleagues who are in telehealth practice, and hiring an attorney who can help her ensure compliance with all relevant legal requirements.

- We previously discussed her workspace, and she can continue to consider it as she establishes her practice.

Another factor is her licensure and scope of practice.

- Brandy has extensive experience working in medical social work. She is considering starting her private practice by working with individuals who are living with an illness, as well as caregivers of a loved one with an illness, so that she stays within her scope of practice.

- If she decides to serve additional populations, she will likely need further training and supervision, as appropriate. She can also consider supervision as she transitions to the telehealth setting.

- Additionally, Brandy will consult her state social work board to ensure compliance with their guidelines for her level of licensure and the provision of telehealth services.

- She will also need to purchase professional liability insurance and research plans before making a decision.

Currently, Brandy does not wish to practice beyond her state of residence, but she may reconsider this as her private practice develops. In this case, she will need to reference the social work interstate compact, as well as the social work board in her state of residence and any other states where she intends to practice, to ensure compliance with their regulations.

Furthermore, Brandy already complies with her profession's code of ethics in her hospital-based social work practice, and she can reference the code, as well as the NASW Technology Practice Standards, for further guidance as she establishes her private practice. She will need to learn how to adapt her knowledge of ethics and her skills in the telehealth setting, though, including determining a client's appropriateness for services, the informed consent process, establishing and maintaining boundaries, the duty to warn and mandatory reporting, and avoiding dual relationships. She will also need to feel competent in using technology to provide mental health care.

While there are many factors to consider and work through, all of them are possible with Brandy's professional experience, support, and resources that are available to her.

Section 10: Navigating Crises and Safety Planning

References: 8, 14, 18, 26, 36

Just as with in-person care, safety issues will arise in the telehealth setting. Having an understanding of the safety issues that can occur, as well as how to mitigate risk and engage in safety planning, is necessary for a mental health professional practicing in this setting.

Safety Issues

Two types of emergencies, behavioral and medical, can occur in the telehealth setting.

Behavioral Emergencies

Duty to warn when there is a risk of harm to oneself or another, and worsening clinical symptoms that increase suicide risk, for example, are behavioral emergencies that need immediate intervention. While the populations that are at risk for suicide are the same whether care is provided in-person or via telehealth, being able to intervene in the telehealth setting effectively can become complicated because of the distance between the client and the mental health professional. If the client is seen in a clinically supervised setting, such as an outpatient clinic, assistance may be available from on-site support staff. This assistance can be helpful in a crisis, but requires some planning in advance and coordination during the emergency (Luxton et al., 2024).

Medical Emergencies

Medical emergencies can arise in clients who are homebound and have chronic conditions, as well as people who are in good health. They are difficult to predict. People with chronic conditions can become acutely ill, or they may have been experiencing something at home that they have yet to report to their medical provider. People who are in good health can experience cardiac arrest, for example.

Mitigating Risk in Behavioral and Medical Emergencies

Some ways to mitigate risk can be applied in both behavioral and medical emergencies, while others are situation-specific.

Strategies for Both Types of Emergencies

Robertson (2021) states that mental health professionals can mitigate risk by implementing proper planning and preparation before initiating the telehealth relationship.

First, the provider should address the possibility of a behavioral or medical emergency and the need for safety planning during the informed consent process. The mental health professional must outline the reasons that this type of information needs to be identified, including "collateral contacts (also known as patient support persons), and emergency personnel in the client's area" (Robertson, 2021, p. 56). It is good practice to complete an emergency plan with the client. First, ask the client to complete an emergency contact form, which includes at least two people that the mental health professional can contact in case of an emergency. A discussion with the client's support people is recommended, so they are aware of the situation and that they are an emergency contact for the client. Then, the mental health professional and the client should create an emergency plan that includes the client's contacts, as well as the names, locations, and phone numbers of local emergency departments, the closest emergency response teams, and other community services that can assist, such as mobile crisis services. It can also be helpful for the mental health professional to know the average response time for emergency services in their client's area before starting therapeutic sessions (Luxton et al., 2024).

If the client plans to attend sessions in more than one location, such as their home and office, an emergency plan must be in place for each location. If the client wishes to attend sessions in locations that do not have an emergency plan in place, the mental health professional can discuss the importance of maintaining consistency in locations and the associated risks of changing locations. During the informed consent process, mental health professionals can inform their clients

that therapy sessions will only take place in approved locations that have an established emergency plan. If a client calls into a session from an unapproved location, it is at the clinician's discretion whether to proceed with the session. If the clinician proceeds, it is recommended that they take the time to gather the needed information about the location, such as nearby emergency services, and confirm collateral contacts in case an emergency arises during the session (Luxton et al., 2024; Robertson, 2021).

Another aspect of the informed consent process that can mitigate risk is for the mental health professional to notify the client of the security measures they take during each session to protect their safety. They can also inform their client that they will regularly review the emergency plan, including their collateral contacts, to ensure the information is up to date (Health Resources and Services Administration, 2024b; Robertson, 2021). The emergency plan and any updates to it should be stored in a HIPAA-compliant platform that both parties have access to (Luxton et al., 2024). Additionally, since technology may fail during a session, discussing a backup plan with the client and establishing one that both parties agree upon during the informed consent process can help mitigate this risk (Gilbertson, 2020; Luxton et al., 2024; Robertson, 2021).

During each session, Luxton et al. (2024) recommend that the mental health professional have an opening protocol in place. This protocol includes verifying the client's identity and location at the beginning of each session. It also includes confirming the client is using a HIPAA-compliant platform and ensuring that both people are in a private area. They should outline the expectations for the session. They can also review the emergency plan and make any necessary updates at a frequency that is appropriate for them and the client.

A client may also leave a session prematurely, without warning, as it is easy to disconnect in the telehealth setting. Ending a session in this way leaves the mental

health professional unable to confirm their safety and may even leave other people at risk. Confirming the client's location at the beginning of the session is a way to mitigate this risk. If the mental health professional is unable to reach the client by phone or text after a disconnection, they can contact the client's local emergency services to check in with them at their reported location as another way to mitigate risk (Luxton et al., 2024).

Luxton et al. (2024) also recommend engaging community health workers, local health care professionals, or another care provider who can help the mental health professional coordinate care and check in with the client on a non-emergency basis. It can also be beneficial to have a referral network in place, particularly if the client requires in-person care. Additionally, if the client is going to receive services on-site at an agency, the mental health professional can consider visiting the site and connecting with individuals who may be available to provide support in a crisis.

Behavioral Emergencies

For behavioral emergencies more specifically, the informed consent process must include telling the client about the mental health professional's duty to warn and protect, as well as reviewing situations in which confidentiality can be breached to ensure the client's safety and the safety of others (mandatory reporting). If this discussion takes place early in the therapeutic process and throughout it, the client is aware of what will happen in situations where the mental health professional is concerned about their safety or the safety of others. The mental health professional can outline the steps they will take in an emergency and review them verbally with their client, in addition to providing a written copy of the policy for them to read.

During a session, if the mental health professional determines that the client requires a higher level of care or poses a threat to themself or another person,

they should make every effort to maintain the video session or phone call while using an alternative device to contact the collateral contact. The mental health professional should plan for the devices they will use in these types of situations and ensure that the necessary ones are available at all times. The mental health professional must work with the client's emergency contact or their local emergency services to ensure the client receives the necessary care and that other people at risk are kept safe.

Lastly, the client may express a desire to harm themselves or another person outside of a session by text or email. The mental health professional will need to decide in advance whether to use these types of communication methods. If they choose to do so, during the informed consent process and at times during the therapeutic process, they must review with their client when it is appropriate to use these methods, including not in emergencies, and discuss the potential delayed response times. Additionally, if they decide to use these methods, they can explore technology options that enable them to send automated responses stating their expected response time and the expectation to contact 911 in an emergency (Robertson, 2021).

Medical Emergencies

For medical emergencies, specifically if the client has a chronic condition, the mental health professional can check in with the client during sessions about their physical well-being. They can also provide support and encouragement to the client to contact their health care provider about any concerns, if needed. If a medical emergency arises during a session for both healthy and ill individuals, the mental health professional would follow the steps of contacting the client's local emergency response teams (Luxton et al., 2024).

Additional Safety Issues

There are other risks that mental health professionals may encounter in the telehealth setting, such as access to firearms and technical difficulties.

Access to Firearms

According to the CDC (2024b), firearm injuries and deaths have been a significant public health issue for years. In 2022 (most recent data available), more than 48,000 firearm-related deaths occurred in the U.S, which is about 132 people on average every day. More than half of these deaths were suicides, and about the other half were firearm homicides. More people suffer from nonfatal firearm-related injuries than those who die from them.

Men have the highest rates of firearm death and firearm injuries. Firearm suicide rates are highest among people who are aged 75 and older, American Indian or Alaskan Native, and non-Hispanic white. Firearm homicide rates are highest among teens and young adults ages 15-34, as well as people who are Black or African American, American Indian or Alaska Native, and Hispanic or Latino (Centers for Disease Control and Prevention, 2024b). Furthermore, having firearms in the home is more common in rural areas (Luxton et al., 2024).

Mental health professionals need to be aware of this data as guidelines from the American Psychiatric Association and the American Telemedicine Association state that "clinicians shall discuss firearm ownership and safety and consider the social norms and culture of the community they are serving" (as cited in Luxton et al., 2024, p. 61).

Luxton et al. (2024) note that firearm access is more of an immediate issue in certain situations, for example, if the client is attending sessions from home and they are at risk for violent behavior towards themself or another person. This risk should be considered when assessing a client's appropriateness for telehealth. For

example, if a client has threatened violence against other people, such as any staff involved in their care, it may be safer for them to receive telehealth care at home.

If there are any concerns about firearm access, the mental health professional should discuss safety precautions and possible overall means restriction (depending on the situation) (Luxton et al., 2024).

Issues with Technology

As noted above, technology disruptions can occur, whether due to equipment issues or network problems. Technology limitations can also occur, such as an impairment in the quality of the sound or video. These issues present risks in the telehealth setting.

Mental health professionals should have an alternative means of contacting a client in the event of a technology disruption or limitation. They should also discuss this as early in the therapeutic process as possible, such as during informed consent, so that both parties are aware of what to do in the event of a problem arising (Luxton et al., 2024).

Additional Considerations in Safety Planning

Regarding safety planning in the telehealth setting, Luxton et al. (2024) state, "just as onsite care, safety planning is a necessary component of competent and ethical telepractice and is a must for all practitioners across telepractice settings" (p. 59). While safety planning and intervening during a crisis can be more challenging in the telehealth setting, there is no evidence that telehealth is less safe than office-based care when evidence-based protocols are followed.

In addition to the information outlined in this section, a mental health professional should also consider the jurisdictional requirements of both the

distance site and the originating site. There may be laws that dictate the types of care that they can provide and under what circumstances. There may also be laws about the duty to warn and mandatory reporting. An employer may have policies to consider as well. (Luxton et al., 2024)

Summary

Assessing a client's appropriateness for telehealth, being prepared for crises, and developing and executing a safety plan are critical in the telehealth therapeutic process. Safety planning is a process that often occurs over multiple sessions. Still, it is essential because it identifies risks and monitors them, as well as helps mental health professionals and clients understand what will happen if an emergency arises.

Safety planning should include:

- Assessing the client's appropriateness for telehealth care

- Evaluating the client's site factors (e.g., who they live with)

- Planning for coordination with support people and emergency services where the client attends sessions

- Developing an emergency contact list that is easily accessible

- Assessing technology issues

- Reviewing the safety plan and expectations

As a reminder, all of this should be done during the informed consent process, before the initiation of therapy (Luxton et al, 2024).

Section 10 Key Terms

The <u>intake process</u> is the first step in establishing therapeutic services. It often takes place during one or more appointments. It is the process of gathering information about a client, including their medical and psychiatric history, family history, personal information, life situation, the reason(s) they are seeking therapy, and their desired goals.

An <u>emergency plan</u> is a document discussed between a mental health professional and a client. It outlines the client's contacts, as well as the names, locations, and phone numbers of local emergency departments, the closest emergency response teams, and other community services that can assist, such as mobile crisis services. The document should be easily accessible to both parties.

<u>Safety planning</u> is an evidence-based intervention that can help mitigate the risk of a person harming themselves or others. Mental health professionals can also use a safety plan in cases of other behavioral and medical emergencies.

Section 10 Reflection Questions

Consider a situation where you developed a safety plan with a client and subsequently utilized it. What was the experience like for you and the client during both the planning and the execution stages? Were there any lessons that you learned that you integrated into your practice?

Section 11: Best Practices in Service Delivery

References: 14, 26

There are many best practices for providing mental health services via telehealth. Gilbertson (2020) emphasizes this point by stating, "many of the best practices for

telehealth are similar to those of in-person sessions...Although you will need to make some modifications, it is all manageable. Some skills will stay the same, while you will need to adapt others for video sessions or other forms of technology" (p. 37). This section covers best practice considerations for preparing for, conducting, and completing sessions. It also reviews best practices in technology. Additionally, professional best practices are reviewed for both clinical practice and building and maintaining resilience in the field.

Preparing for Sessions

Before providing clinical services, the mental health professional needs to establish who is a fit and who is not for their telehealth practice, Luxton et al. (2024) state this is "guided by individual preference and clinical strengths, research and telepractice guidelines, and institutional policies" (p. 80). It is also based on the client's appropriateness for telehealth, as noted in this course.

If the mental health professional is working at an agency that has a site available, the mental health professional will need to determine if some clients should be seen in person, either for the initial encounter or throughout therapy, or if they can be seen virtually, either at the agency's site or in their home.

Then, the mental health professional will need to establish a scheduling and intake process, which includes reviewing and completing necessary paperwork. If an agency's site is available, administrative staff can often assist with these tasks. They can also ask clients about their experience and comfort level with technology, and help them with any technology support needs. If administrative support is not available in a mental health professional's practice, they will want to make time to establish a process for scheduling, sharing paperwork, and completing intake forms. They can also discuss with clients in advance the

technology they use for their sessions and address any questions or concerns they may have.

Space is another factor to consider in the telehealth setting. The mental health professional's workspace and the client's space, in terms of privacy, were discussed in a previous section. The mental health professional should also prepare their space, taking into account the client's experience of it. When working at home, they will want to think of their telehealth workspace in terms of an office setting where the space is welcoming, comfortable, and quiet. They will want to minimize distractions, including items in the space, family members or roommates, pets, and unexpected phone calls. The space should also be well-lit and have a neutral tone. They will also want to consider camera placement and decide whether to use the picture-in-picture feature on videoconferencing platforms, which allows the mental health professional to see themselves during a session with a client. If the mental health professional will be working from home but seeing a client at an agency's site, they will want to connect with the support staff ahead of time to view the client's space and understand the environment. They can also collaborate with support staff to make any necessary adjustments to the environment before sessions begin (Luxton et al., 2024).

During Sessions

The initial telehealth sessions are similar to in-person sessions in that an intake is completed. The mental health professional and client should also discuss their initial thoughts about engaging in therapy via telehealth and whether it is a good fit to meet their goals. Clients may have specific expectations or be new to mental health care, so it can be helpful for the provider to encourage open dialogue and communicate aspects of the telehealth practice to the client. Open dialogue and the opportunity to ask questions can build rapport and help the client feel more at

ease. The mental health professional can reassure the client that there are processes in place to protect them and review security measures.

In the first session, it can also be helpful for the mental health professional to discuss the technology used and help the client with any troubleshooting. A user-friendly instruction sheet complements this discussion. This session may take longer, as there is a lot of information to review when incorporating technology into clinical practice. If the mental health professional and the client agree to therapy, the informed consent process can proceed next. Informed consent typically occurs over a few sessions.

The mental health professional should incorporate all aspects of the traditional informed consent process, while adding the points related to technology outlined in this course. These points include the timeframe during which clients can contact the mental health professional, the methods they can use, and the expected response time. It also consists of both parties agreeing on backup methods of communication in case technology fails during a session. The mental health professional should also be transparent about the length of sessions, their cancellation policy, and any additional costs that the client may incur. Clients may anticipate that telehealth sessions are less formal if both parties are signing in from home; therefore, it is essential to take the time needed to review informed consent and clearly communicate the risks, benefits, and expectations to ensure a thorough understanding. An emergency plan should also be in place before conducting any virtual therapy session.

While in sessions, the mental health professional should be mindful that they are on camera and refrain from engaging in distracting activities, such as eating, doodling, or yawning repeatedly. They should also present themselves professionally, being thoughtful about their attire. They can convey empathy through facial expressions and body language. If circumstances require the use of

a phone, employing active listening and paraphrasing can demonstrate engagement.

Regarding camera placement, the mental health professional should plan to have their camera in a position where they are eye-to-eye with their client. It can be helpful for the mental health professional to encourage open dialogue and ask the client if they can see them, and if they would like them to adjust their camera. Furthermore, if the mental health professional is taking notes or reviewing records during a session, they need to inform their client, as the client may assume the provider is uninterested if they continue to look away from the camera.

Regarding audio, the mental health professional can also engage a client in open dialogue to ensure the client can hear them. They will want to be mindful about the volume, though, so that they are not too loud and people don't overhear what is being shared in the session. Both parties can also use headphones during sessions to ensure privacy and confidentiality.

Furthermore, the mental health professional will want to engage in building rapport and address any changes in rapport that may occur throughout the delivery of services. They should also observe nonverbal reactions, such as silences and body language, as well as facial expressions (Gilbertson, 2020; Luxton et al., 2024).

After Sessions

When wrapping up a session, the mental health professional should ask the client if they have any questions about the therapy and the technology. They should also check in to see if the client's needs are being met and if there are any changes to their situation. They can schedule the next session and review their recommendations. If the client is at an agency's site, they will want to ensure that they disconnect the session, as another client will likely use the space after them.

Support staff can also assist with providing any necessary paperwork to the client before they leave the agency; however, the mental health professional will need to have a process in place to coordinate this.

After the session, the mental health provider will complete their documentation. It is important to document the originating and distance sites, as well as the services provided, using technology (including the specific type in the note). If the mental health professional is billing for the session, they should follow the process and use the appropriate Current Procedural Terminology (CPT) codes. (Luxton et al., 2024).

Technology

There are several technologies, including those used for videoconferencing sessions, as well as those used outside of sessions. The following are some additional best practices for using technology in mental health care.

When considering equipment, it is best practice to optimize it as much as possible by investing in a quality computer, camera, and either a microphone or headset. Additionally, investing in a high-speed internet connection and router is crucial to ensure a stable and adequate speed during sessions. Furthermore, investing in good-quality systems used by patients, such as the videoconferencing platform or a patient portal, can support client privacy and confidentiality. Additionally, using password-protected emails with clients helps protect confidentiality by limiting the number of servers through which the communication will travel.

If the mental health professional is using a patient portal, they can consider using authentication methods to support privacy and confidentiality, such as sending authentication codes via text message to the client's cell phone.

When considering other ways of communicating with clients outside of sessions, emails and text messages are regarded as forms of communication. When therapeutic information is exchanged in these ways, it is considered PHI. Mental health professionals must protect. If they decide to use email and text messaging to communicate with clients, one best practice is to have a HIPAA-compliant email and texting system, or a single system that supports both. During the informed consent process, the mental health provider should review the types of technology they will use outside of sessions and educate their clients about the associated risks. They should also inform their clients about how frequently they check these forms of communication to set expectations appropriately. This information should also be documented (Gilbertson, 2020; Luxton et al., 2024).

If the mental health professional uses an application (also called an app) for treatment purposes, they must educate their patients on the risks and benefits, as well as privacy and confidentiality, especially if the app is not HIPAA-compliant or if they connect to it using one of their accounts, such as an email account. The mental health professional also needs to ensure that the client knows how to use the app and feels empowered to do so. They should also document these conversations with their client, noting the therapeutic reasons for using the app and the client's level of competency. It may be helpful for them to share a user-friendly handout for the client to reference.

Most importantly, with the use of technology, mental health professionals should ensure that they have the appropriate HIPAA safeguards in place. They should also have clear policies that address PHI and ePHI, including the measures in place to protect it, and ensure that their clients are notified of this information through verbal discussion and documentation (Gilberston, 2020).

Professional Best Practices

In the rapidly evolving field of telehealth, one key professional best practice is to adhere to federal and state laws, as well as the code of ethics for the profession. Both are foundational and can provide mental health professionals with the information and clarity they need most in their challenging work. They can also help provide "valuable information on the necessary modifications to use technology for treatment" (Gilbertson, 2020, p. 30).

Another best practice is that mental health professionals should only work with clients with whom they are competent to work and use technology with which they are skilled—staying within the scope of practice, maintaining standards of care, providing evidence-based services, and staying up-to-date on the literature all support this best practice.

Mental health professionals need to develop cultural competency in the virtual setting. Being able to understand the diversity of their clients and becoming familiar with their environments makes the client feel more at ease and confident in their provider. Additionally, being aware of the developmental level of clients can help tailor techniques to their specific needs. For example, children are at a different developmental stage than older adults, and they will likely interact with technology differently. Being able to adapt techniques to various lifestyles and age groups in this setting is crucial to providing effective care.

As noted above, open dialogue with clients is constructive and something that should be encouraged, especially in the telehealth setting, where certain aspects of the therapeutic process may differ from those of in-person care. Part of that open dialogue involves regularly checking in with clients to assess whether they are comfortable using the technology and feel that they are benefiting from it. Providing clients with the opportunity to decide whether they would like to

continue receiving telehealth care or see a provider in person is another way to encourage open dialogue.

An additional best practice is to seek the training and supervision necessary to be an effective telehealth provider. There can be a learning curve, especially if the majority of care that you have provided has been in person. Several different aspects of practice are unique to this setting, so seeking the education and support you need is necessary.

Lastly, be consistent and maintain boundaries. Mental health professionals can model these behaviors for clients to support healthy relationships with them (Gilbertson, 2020; Luxton et al., 2024).

Building and Maintaining Resilience

The world has undergone significant changes since the onset of the COVID-19 pandemic. The way mental health professionals provide care has evolved and is likely to continue doing so as technology advances. Some clinicians who primarily worked in in-person settings may have transitioned to remote work for some time or indefinitely. Other clinicians may be starting their careers in the virtual world, while others are working in a hybrid model of care.

Providers are also helping clients through many different challenges, as their lives have likely changed since the pandemic. There is also a high demand for mental health care, as there is a certain "heaviness" to issues taking place in the world. The everyday stressors that mental health professionals experience in their work can be compounded by "Zoom fatigue" in the telehealth setting, a term coined during the pandemic to describe the exhaustion and burnout that can result from excessive computer use or a lack of boundaries between professional responsibilities and personal life. Therefore, mental health professionals need to

learn to take care of themselves, if they're not already doing so, and build and maintain their resilience.

One thing that mental health professionals can do is optimize their work environment. This optimization involves arranging equipment, such as cameras or monitors, to ensure physical comfort and prevent neck strain. Paying attention to light in the workspace can also help prevent eye strain. A standing desk allows for alternating between standing and sitting positions throughout the day. Ensuring the environment is free from distractions can help maintain focus throughout the day. Some suggestions for minimizing distraction include disabling push notifications on a cell phone and implementing "do not disturb" functions on devices. Additionally, scheduling breaks between sessions to step away, rest your eyes, go for a walk, or engage in another activity can help facilitate a smooth transition and enhance the effectiveness of your sessions.

In addition to taking breaks, establishing a routine can help decrease stress and increase overall well-being. Mental health professionals should make time in their schedule to hydrate, eat, use the bathroom, and even spend some time in silence. Practicing grounding strategies and awareness of the mind-body connection can also support well-being. Scheduling time for grounding or mind-body exercises can help providers cope with stressors and transition more effectively between tasks.

Mental health providers may also feel more isolated when working remotely. Consider renting an office space, which will provide opportunities to interact with others and foster collaboration. When working from home, being intentional about scheduling time to connect with colleagues for interaction, consultation, and supervision, as well as with friends and family during the day, helps decrease feelings of isolation.

Lastly, establishing and maintaining boundaries between work and life is critical. Scheduling work and non-work hours can help keep people accountable and prevent blurred boundaries (Luxton et al., 2024). Additionally, implementing a ritual to mark the end of the workday and transition to the rest of the day can be beneficial, such as brief journaling, a mindfulness exercise, or deep breathing.

Summary

There are numerous best practices to consider when it comes to clinical practice, professional responsibilities, and personal well-being. While many of the clinical and professional ones are non-negotiable, start by trying one of the personal best practices for building resilience in your work. The clinical work itself can be challenging, and as demonstrated in this course, there are numerous additional layers to consider when practicing in a telehealth setting. Therefore, taking care of yourself and implementing strategies for resilience can help with longevity in the field.

Section 11 Reflection Questions

If you are currently providing telehealth services:

- Are any of these best practices new to you? If so, what steps will you take to implement them?

If you are considering a telehealth practice:

- What will be helpful to you in implementing best practices? (for example, supervision, consultation)

Whether you provide telehealth services or not, how have you built resiliency in your work? How do you maintain it? Is there one step you take today towards resiliency?

Section 12: Research Summary

References: 5, 14, 35, 38

According to Totten et al. (2020), "there is a large volume of research reporting that clinical outcomes with telehealth are as good as or better than usual care and that telehealth improves intermediate outcomes and satisfaction" (para. 6). There is also research supporting the use of telehealth in providing psychotherapy as a part of behavioral health care. Additionally, literature reviews have found that telehealth is effective for multiple populations, including adults, older adults, children, underserved and rural communities, and those that are ethnically diverse, in producing the same outcomes as in-person care, including reduction in depression and panic symptoms, hospitalizations, and improvements in adherence to care and high satisfaction among clients (Hilty et al., 2013 as cited in Palmer et al., 2022).

This research summary examines the effectiveness of mental health care delivered via telehealth for a few populations and conditions in the existing literature.

- **Veterans** - Veterans are one population that is affected by the fear of being stigmatized for seeking and receiving the help they need. Research has been done to determine the safety and feasibility of providing mental health care via telehealth to military service members and Veterans. For example, researchers studying exposure treatment in PTSD found no significant differences between home-based telehealth and in-person sessions in reducing specific symptoms of anxiety and depression. Another

study examined behavioral activation treatment for depression for people in active duty and found that home-based telehealth sessions were just as effective as in-person sessions. Sometimes the outcome for clients was better when they received care via telehealth (Gilberston, 2020).

- **Rural populations** - Research has shown that there is a culture of self-reliance among rural populations, and they are less inclined to seek mental health care. One study found that an internet-based mental health program was successfully delivered to clients in rural areas, suggesting that this method of care for depression may increase their desire to participate and improve their access to care (Gilbertson, 2020).

- **Individuals who need intensive treatment** - One extensive behavioral health study examined partial hospitalization programs (PHP) and intensive outpatient programs (IOP), both in-person and using telehealth, for a variety of disorders, including anxiety, eating, mood, neurodevelopmental, obsessive-compulsive, social, substance abuse, and trauma. Researchers found that patients who attended telehealth PHP stayed about 2-3 days longer than those in the in-person group. There was no difference in length of stay in the IOP programs. There were also no significant differences in depression and quality of life scores at discharge between the two groups, nor were there any differences in the degree of change from admission to discharge. These data support the notion that telehealth treatment is an effective alternative to in-person mental health services, as both in-person and telehealth patients experienced symptom reduction and reported improvements in quality of life (Bulkes et al., 2021).

- **Groups** - Group therapy conducted via videoconferencing has been shown to have confirmed benefits in the literature. Similar to in-person group work, it provides the benefit of connecting with others who are

experiencing similar challenges, allowing clients to gain more support and understanding in their lives. Group members can build strong bonds with each other, even in the virtual setting, that support and encourage healing (Gilberston, 2020).

Section 13: Resources

General Resources

National Consortium of Telehealth Resource Centers (https://telehealthresourcecenter.org/)

Center for Connected Health Policy, also known as the National Telehealth Policy Resource Center (https://www.cchpca.org/)

National Telehealth Technology Assessment Resource Center (https://telehealthtechnology.org/)

Federal and State Laws

Center for Connected Health Policy, also known as the National Telehealth Policy Resource Center (https://www.cchpca.org/). This organization offers a free database of federal and state policies, featuring updated laws and regulations on over 20 telehealth topics.

National Consortium of Telehealth Resource Centers (https://telehealthresourcecenter.org/). This organization is a collaborative of 12 regional and two national Telehealth Resource Centers (TRCs) that implement telehealth programs for rural and underserved communities.

Professional Board Standards

The Center for Connected Health Policy, also known as the National Telehealth Policy Resource Center (https://www.cchpca.org/), has an interactive tool that outlines professional board standards by state and connects providers with the applicable administrative code in the state(s) where they practice (https://www.cchpca.org/topic/professional-boards-standards/).

Joint Commission Accreditation Standards

The Joint Commission is a global organization that drives quality improvement and patient safety in health care (https://www.jointcommission.org/). They offer a telehealth accreditation program for hospitals, outpatient clinics, and behavioral health care organizations (https://www.jointcommission.org/en-us/accreditation/telehealth). Organizations can access the Joint Commission's telehealth standards for free for a time if they are considering accreditation, but have not yet applied. Reviewing the standards in advance can help organizations assess their readiness to apply for accreditation.

CARF International Accreditation Standards

CARF International is an independent, nonprofit accreditor of health and human services (https://www.carf.org/). Through their accreditation programs, they assist service providers in demonstrating value through the quality of their services and meeting internationally recognized standards of organizations and programs. Their programs and standards are available for purchase.

Risk Assessment and Management

National Telehealth Technology Assessment Resource Center (https://telehealthtechnology.org/). This organization offers a range of services for technology assessment, aiming to serve as the primary resource for information on selecting suitable technologies for telehealth programs.

The Office of the National Coordinator for Health Information and Technology provides a free security risk assessment tool (https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool).

Licensure and Scope of Practice

The Center for Connected Health Policy, also known as the National Telehealth Policy Resource Center (https://www.cchpca.org/), has an interactive tool that outlines cross-state licensing requirements for various professions (https://www.cchpca.org/topic/cross-state-licensing-professional-requirements/). They also have a map that includes state-based information about participation in various licensure compacts (https://www.cchpca.org/topic/licensure-compacts/).

Reimbursement

The Center for Connected Health Policy, also known as the National Telehealth Policy Resource Center (https://www.cchpca.org/), has an interactive tool that outlines private payer (https://www.cchpca.org/topic/requirements/) as well as Medicare and Medicaid (https://www.cchpca.org/topic/overview/) reimbursement of telehealth services.

Interstate Compacts by Profession

Licensed Professional Counselors - Counseling Compact (https://counselingcompact.gov/). Information is also available through the American Counseling Association https://www.counseling.org/advocacy/counseling-compact).

Licensed Marriage and Family Therapists - Access MFTs (https://networks.aamft.org/portability/home)

Licensed Psychologists - Psychology Interjurisdictional Compact (PSYPACT) (https://psypact.gov/)

Licensed Social Workers - Social Work Licensure Compact (https://swcompact.org/)

Informed Consent

The Center for Connected Health Policy, also known as the National Telehealth Policy Resource Center (https://www.cchpca.org/), has an interactive tool that outlines consent requirements by state (https://www.cchpca.org/topic/consent-requirements-medicaid-medicare/) for Medicare and Medicaid policies, as well as specific professional requirements (https://www.cchpca.org/topic/consent-requirements-professional-requirements/).

Professional Guidelines and Standards for Informed Consent

The American Psychological Association offers guidelines and template examples (https://www.apaservices.org/practice/business/management/informed-consent) and (https://www.apa.org/about/policy/telepsychology-revisions).

The American Counseling Association outlines standards in its Code of Ethics (https://www.counseling.org/resources/ethics).

The American Association for Marriage and Family Therapy offers guidelines for online therapy (https://www.aamft.org/Online_Education/Online_Therapy_Guidelines_2.aspx).

The National Association of Social Workers (NASW) outlines standards in its Code of Ethics (https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-to-Clients).

The NASW also has standards for technology in social work practice (https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-for-Technology-in-Social-Work-Practice).

Code of Ethics

American Psychological Association (https://www.apa.org/ethics/code)

American Counseling Association (https://www.counseling.org/resources/ethics)

American Association for Marriage and Family Therapy (https://www.aamft.org/AAMFT/Legal_Ethics/Code_of_Ethics.aspx)

National Association of Social Workers (https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English)

References

Alder, S. (2025). *What is ePHI?* https://www.hipaajournal.com/ephi/.

American Psychiatric Association. (2021). *Hybrid Models of Care.* https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/hybrid-models-of-care.

American Psychiatric Association. (2024). *Informed consent guidance and templates for psychologists.* https://www.apaservices.org/practice/business/management/informed-consent.

Bartelt, K., Piff, A., Allen, S., & Barkley, E. (2023). *Telehealth Utilization Higher Than Pre-Pandemic Levels, but Down from Pandemic Highs.* https://www.epicresearch.org/articles/telehealth-utilization-higher-than-pre-pandemic-levels-but-down-from-pandemic-highs.

Bulkes, N., Davis, K., Kay, B., & Riemann, B.C. (2021). Comparing efficacy of telehealth to in-person mental health care in intensive-treatment-seeking adults. *Journal of Psychiatric Research, 145*, 345-352. https://doi.org.10.1016/j.jpsychires.2021.11.003.

Center for Connected Health Policy. (2025). *Licensure Compacts.* https://www.cchpca.org/topic/licensure-compacts/.

Centers for Disease Control and Prevention. (2024a). *About NHIS.* https://www.cdc.gov/nchs/nhis/about/index.html.

Centers for Disease Control and Prevention. (2024b). *Fast Facts: Firearm Injury and Death.* https://www.cdc.gov/firearm-violence/data-research/facts-stats/index.html.

Centers for Disease Control and Prevention. (2024c). *Health Insurance Portability and Accountability Act of 1996 (HIPAA).* https://www.cdc.gov/phlp/php/resources/health-insurance-portability-and-accountability-act-of-1996-hipaa.html.

Centers for Medicare and Medicaid. (2023). *HIPAA Basics for Providers: Privacy, Security, & Breach Notification Rules.* https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/hipaaprivacyandsecurity.pdf.

Edemekong, P.F., Annamaraju, P., Afzel, M., & Haydel, M.J. (2024, November 24). *Health Insurance Portability and Accountability Act (HIPAA Compliance).* StatsPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK500019/.

Epic Research. (2025). *Telehealth Utilization, May 2022-April 2025.* [Data set]. https://www.epicresearch.org/data-tracker/telehealth-trending.

Federal Communications Commission. (n.d.). *Telehealth, Telemedicine, and Telecare: What's What?* https://www.fcc.gov/general/telehealth-telemedicine-and-telecare-whats-what.

Gilbertson, J. (2020). *Telemental Health: The Essential Guide to Providing Successful Online Therapy.* PESI Publishing & Media.

Harvard Health Publishing. (n.d.). *Telehealth: The advantages and disadvantages.* https://www.health.harvard.edu/staying-healthy/telehealth-the-advantages-and-disadvantages.

Health Resources and Services Administration. (2022). *What is Telehealth?* https://www.hrsa.gov/telehealth/what-is-telehealth.

Health Resources and Services Administration. (2024a). *Protecting patients' privacy.* https://telehealth.hhs.gov/providers/best-practice-guides/

telehealth-for-behavioral-health/preparing-patients-for-telebehavioral-health/protecting-patients-privacy.

Health Resources and Services Administration. (2024b). *Privacy and security for telehealth.* https://telehealth.hhs.gov/providers/best-practice-guides/privacy-and-security-telehealth/privacy-laws-and-policy-guidance.

Health Resources and Services Administration. (2024c). *What are the different types of telehealth?* https://telehealth.hhs.gov/patients/what-are-different-types-telehealth.

Health Resources and Services Administration. (2025a). *Getting started with telehealth.* https://telehealth.hhs.gov/providers/getting-started.

Health Resources and Services Administration. (2025b). *Licensure for behavioral health.* https://telehealth.hhs.gov/licensure/licensure-for-behavioral-health.

Health Resources and Services Administration. (2025c). *What do I need to use telehealth?* https://telehealth.hhs.gov/patients/what-do-i-need-use-telehealth.

Henry, K. (2025). *What are HIPAA Technical Safeguards? Overview and Examples.* https://www.accountablehq.com/post/breaking-down-technical-safeguards.

Isola, S., & Khalili, Y.A. (2023, January 30). *Protected Health Information.* StatsPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK553131/.

Lucas, J.W. & Wang, X. (2024). *Declines in Telemedicine Use Among Adults: United States, 2021 and 2022.* U.S. Department of Health and Human Services. https://www.cdc.gov/nchs/data/nhsr/nhsr205.pdf.

Luxton, D.D., Nelson, E.L., & Maheu, M.M. (2024). *A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence-Based Telepractice, Second Edition.* American Psychological Association. https://doi.org/10.1037/0000374-001.

Maheu, M.M. (2024). *On Screen + In-Person? How Hybrid Telehealth Is Changing Serious Mental Health Care.* https://telehealth.org/blog/on-screen-in-person-how-hybrid-telehealth-is-changing-serious-mental-health-care/.

Maheu, M.M. (2025). *Hybrid Mental Health Care: 2025 Research Insights.* https://telehealth.org/blog/hybrid-mental-health-care-2025-research-insights/.

Marschall, A. (2024). *What Your Therapist's Scope of Practice Means for You.* Verywell Mind. https://www.verywellmind.com/what-is-scope-of-practice-for-therapists-5323826.

National Association of Social Workers. (2021). *Read the Code of Ethics.* https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English.

National Board for Certified Counselors. (2023). *What Counselors Need from Their Professional Liability Insurance.* https://www.nbcc.org/news/article/what-counselors-need-professional-liability-insurance.

National Center for Interstate Compacts. (n.d.). *Frequently Asked Questions.* https://compacts.csg.org/faq/.

National Institute of Mental Health. (n.d.). *What is Telemental Health?* https://www.nimh.nih.gov/sites/default/files/health/publications/what-is-telemental-health/what-is-telemental-health.pdf.

New Hampshire Department of Health and Human Services. (n.d). *What is the difference between a policy and a procedure?* https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/policy-vs-procedure.pdf.

Palmer, C.S., Brown Levey, S.M., Kostiuk, M., Zisner, A.R., Woodward Tolle, L., Richey, R.M., & Callan, S. (2022). Virtual Care for Behavioral Health Conditions. *Primary Care: Clinics in Office Practice*, *49*(4), 641-657. https://doi.org/10.1016/j.pop.2022.04.008.

Robertson, H.C. (2021). *Telemental Health and Distance Counseling: A Counselor's Guide to Decisions, Resources, and Practice.* Springer Publishing. https://doi.org/10.1891.9780826179951.

Shigley, B. (2025). *Ethical Considerations in Teletherapy.* https://triangle.indwes.edu/ethical-considerations-in-teletherapy/.

Totten, A.M., McDonagh, M.S., & Wagner, J.H. (2020). The Evidence Base for Telehealth: Reassurance in the Face of Rapid Expansion During the COVID-19 Pandemic [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK557174/.

U.S. Government Accountability Office. (2022). *Telehealth in the Pandemic - How Has It Changed Health Care Delivery in Medicaid and Medicare?* https://www.gao.gov/blog/telehealth-pandemic-how-has-it-changed-health-care-delivery-medicaid-and-medicare.

Von Hafften, A. (n.d.). *History of Telepsychiatry.* American Psychiatric Association. https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/history-of-telepsychiatry.

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