

Luxton, Nelson, and Maheu present an excellent overview of best practices for the telemental health professional. This text is incredibly timely, as the use of distance technologies is ever-changing in the professional clinical landscape. This is a must-read for both seasoned practitioners and practitioners in training.

—**Jeremiah L. Peck, PhD**, Western Seminary, Portland, OR

Written by a team synonymous with distinction in telemental health (TMH) care, this revised edition takes an interdisciplinary look at what has changed since the COVID years, including best practices, evidence-based recommendations, and artificial intelligence. It is hard to imagine a better book on TMH for practitioners, researchers, consultants, and mental-health-related graduate students.

—**Richard P. Long, PhD**, Approved Supervisor and Clinical Fellow, American Association for Marriage and Family Therapy (AAMFT), Alexandria, VA

If you're a health care professional, use this guide to discover the best ways to ensure accessible, quality, and safe telemental health care. It is easy to read, well-organized, and thoughtfully written by professionals who have clinical, educational, and research experience. They help us see virtual care from a 360-degree perspective. Trainees and early- and advanced-career professionals will find it extremely useful.

—**Donald M. Hilty, MD, MBA**, Professor of Psychiatry and Behavioral Sciences, University of California, Davis; Chief Medical Officer, Heritage Oaks Health System and Universal Health Services, Sacramento, CA; and Editor, *Journal of Technology and Behavioral Science*

Contents

<i>Foreword—Gerald P. Koocher</i>	<i>ix</i>
<i>Acknowledgments</i>	<i>xi</i>
Introduction: Telemental Health Moves From the Margins Into the Mainstream	3
1. Concepts, Principles, and Benefits of Telemental Health	11
2. Overview of Telemental Health Technologies	19
3. Ethical, Legal, and Risk Management Considerations	31
4. Establishing a Telemental Health Practice	47
5. Safety and Emergency Planning and Management	59
6. Providing Direct Clinical Care	73
7. Conducting Psychological Assessments	87
8. Telesupervision and Training in Telepractice	99
9. Ethical Telepractice With Historically Underserved Populations	111
10. Optimizing Practitioner Skills and Resilience	125
11. Conclusion: A Call to Action and Telemental Health Leadership	131
	vii

<i>References</i>	139
<i>Index</i>	165
<i>About the Authors</i>	175

INTRODUCTION

Telemental Health Moves From the Margins Into the Mainstream

The capability to provide behavioral health services with telecommunications technologies has greatly expanded avenues for behavioral and mental health professionals to provide quality care. This capability, referred to as *telemental health* (TMH), has extended to nearly all aspects of behavioral health service, including the research and delivery of treatment, assessment, psychoeducation, training, supervision, and consultation. As with other forms of care, access barriers to telehealth do exist, despite increased availability and affordability of webcams, videoconferencing (VC) software, and high-speed network connections. Still, recent years have seen increased access to remote care through traditional hospital, clinic, and office-based referrals or directly to the home. Other available technologies include mobile device apps and interactive websites (Armstrong et al., 2021; Luxton, 2017a; Luxton et al., 2011; Maheu et al., 2013; Mohr et al., 2013). Cultural responsiveness when suggesting and using apps and other novel health technologies is also increasingly important as specialized apps enter the marketplace (Armstrong et al., 2019; Hilty, Crawford, et al., 2021; Luxton & Hudlicka, 2021).

<https://doi.org/10.1037/0000374-001>

A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence-Based Telepractice, Second Edition, by D. D. Luxton, E.-L. Nelson, and M. M. Maheu

Copyright © 2024 by the American Psychological Association. All rights reserved.

At no other time in history have telehealth technologies been so widely implemented than during the SARS-COV-2 (COVID-19) pandemic (Luxton, 2023). VC technology was used for telework, remote education, and providing health care and other services on a worldwide scale. For example, a report from the U.S. Department of Health and Human Services found that the share of Medicare visits conducted via telehealth in 2020 increased 63-fold, from approximately 840,000 in 2019 to 52.7 million in 2020 (Samson et al., 2021). On the national and state levels, governments loosened telehealth regulations and requirements to meet overwhelming needs. The benefits of TMH during this pandemic were apparent. VC allowed for health care visits without the possibility of exposure to the virus, both in session or during travel to sessions. Persons who were in quarantine could also receive services while at home.

Moreover, VC-based TMH helped meet the increasing public behavioral health needs. The realities and fears of a global pandemic increased stress on individuals and communities. Government restrictions including lockdowns, social distancing, masks, and vaccine mandates were also associated with an increase in anxiety and mental health problems. People worldwide were forced to cope with grief and loss without the solace offered by assisting a loved one's transition or honoring them at funerals (Czeisler et al., 2020; Ganesan et al., 2021; Radfar et al., 2021).

The pandemic forced the vast majority of behavioral professionals to adopt VC-based capabilities in a matter of days. Many professionals already using VC scaled up their operations to meet the needs of their clients. The use of VC was also expanded in diverse settings, such as in prisons and jails, where health care providers and forensic evaluators conduct their work (Luxton, 2018). Unprecedented numbers of clients were served across geographies and in their homes. This great VC "retooling" and "scaling up" required that professionals and their clients develop basic skills on the procedural, technical, legal, and ethics requirements of TMH.

To maximize the capability and benefits of VC TMH, professionals now need to understand and implement the latest in competencies to optimize their practices. Guesswork is no longer necessary or appropriate. Using these technologies requires adequate training and experience to develop the competencies (knowledge, attitudes, and skills) that are foundational to delivering professional levels of care. Most issues associated with competent practice parallel those of conventional in-office services. However, professionals must (a) extend competencies associated with existing skills practiced in traditional settings and (b) develop new skills that bridge the gaps created by technology. For example, TMH practitioners must complete a proper intake and

assessment but using instruments and procedures appropriate for remote administration through technology. They must establish informed consent, obtain emergency contact(s), be prepared to involve emergency or support services, document essential elements of the procedure, and conduct appropriate follow-up. The physical distance between the clinician and the client or patient¹ using technology can create palpable challenges, all of which are manageable when following best practices. For example, it is easy to hand out consent forms or administer paper-and-pencil assessments in person, but with a few additional steps, a completely legal informed consent can be obtained through telehealth. Just as with in-person services, TMH professionals need to know how to conduct practice consistent with the ethical standards, guidelines, and recommendations that apply to their specific profession and the needs of their patient populations. Each behavioral profession has general ethical standards and sometimes guidelines. Some organizations have produced guidelines specific to telehealth practice.

Complying with legal requirements and managing risks are required for TMH practice. Providers must determine whether TMH services are allowed in any designated environment and understand the unique accreditation, licensure, and legal requirements of the jurisdiction where the client is located. The use of telehealth technologies also can present liability, even with the briefest of contact (e.g., email or text message). Practitioners must be aware of intra- and interagency policies, including guidance on what and how particular services should be provided and the limits of those services. Another essential requirement is informed consent, which must address patient safety, mandatory reporting requirements (e.g., duty to report suicidal or homicidal clients, mandated reporting of abuse to minors, elders, or partners), as well as privacy and data security.

In today's ever-evolving technological landscape, practitioners need to know which technologies are available and appropriate, and how to optimize them. Telepractitioners also need to be sensitive to issues in clinically unsupervised settings—settings without clinical staff on site, such as when care is provided directly to a client in their home at the time of the contact. Furthermore, TMH psychological assessment requires particular attention to factors influencing the reliability, validity, and integrity of remote assessments and measures. For example, unbeknownst to the professional, a family member may secretly be present during part or all of the assessment procedure, clients can easily

¹We use the terms client and patient interchangeably throughout the book and recognize that one term is often preferred over the other depending on the health care setting or type of care being provided.

look up answers while online, or some assessments may be taken over a week rather than at a single sitting.

Behavioral health services provided via technology also create a different context for the therapeutic process, including unique benefits and challenges. For example, telepractice extends the reach of service to underserved groups and diverse populations that may have limited previous contact with behavioral health services and with technology. Thus, clinicians must be familiar with working with clients from diverse backgrounds (Hilty, Gentry, et al., 2020). There are also potential complications that can arise during telepractice. For example, the clinician facing a delicate mandated reporting situation must be aware that an emotionally charged confrontation of a client about potential abuse may be more difficult to manage via VC. Such a client may easily and quickly respond to abuse-related inquiries by simply turning off the computer. Such clients are unlikely to respond to attempts for further contact. Working via technology, then, also requires understanding how technology alters a professional clinical relationship and how to compensate for such alterations. Telehealth requirements vary from state to state and must be considered. Without proper training, clinicians may unwittingly put patients and themselves at risk by treading into new terrain without nullifying their malpractice insurance by being unaware of these telepractice issues.

As previously mentioned, various professional associations in the behavioral sciences have developed ethical standards and/or guidelines for telepractice. Standards and guidelines help move TMH forward by increasing practitioner confidence and setting minimum standards for ethical and competent practice. They provide necessary high-level guidance but often lack the level of detail or practical recommendations needed by behavioral health practitioners. Therefore, TMH trainees and practitioners can benefit from a practice-friendly, “how-to” guidebook that includes many essential issues included in standards and guidelines but also provides recommendations for conducting telepractice that draws not only from relevant legal and regulatory codes and clinical acumen but also provides best-practice suggestions based on the scientific literature and the hundreds of model TMH programs in the field. That is why we published the first edition of this book in 2016.

Throughout this second edition, we have updated our best-practice recommendations and guidance for conducting competent, ethical, and evidence-based TMH. We add information about the potential of TMH to support health care and other workers hit hard by pandemic demands and losses while hundreds of thousands of our colleagues deal with the skyrocketing behavioral health needs among youth and other distressed groups. We provide

suggestions for how TMH can be sustained beyond the public health emergency and strategies for thriving TMH practices. In particular, we've expanded our discussion of best practices to encompass a greater diversity in settings and populations. We have organized our chapters as follows.

Chapter 1 introduces key definitions, the scope of TMH, and an overview of the benefits of TMH for professionals who are new to it and for experienced professionals who desire to expand and maximize their TMH practice.

In Chapter 2, the reader will find an overview of currently available telehealth technologies with a focus on VC technologies and supporting software. This chapter also includes an overview of technologies that can be used to augment VC-based TMH (e.g., mHealth apps, assistive technologies, and other emerging technologies).

Chapter 3 describes legal, regulatory, and ethical issues in telepractice in public and private practice settings. The informed consent process is addressed, including compliance with various federal and state requirements related to telepractice. Privacy and data security issues are also discussed.

Chapter 4 walks the reader through the practical steps needed to establish a thriving TMH practice. Needs assessment and other administrative processes are outlined to help identify problem areas and critical resources before engaging with clients. Other topics addressed in this chapter include necessary documentation procedures.

Chapter 5 outlines how to develop safety plans for TMH services provided to clinically supervised (e.g., in a setting with trained support staff) and unsupervised settings (e.g., the home of clients). Topics include assessment of the appropriateness of TMH, emergency protocols, roles and responsibilities during emergency management, and risk management.

Full attention is given to the process of initiating and conducting TMH clinical sessions in Chapter 6. The extensive body of literature surrounding telebehavioral and telemental health clinical competencies is outlined, including identifying basic capabilities of potential clients for telehealth, through establishing and maintaining therapeutic rapport, creating a welcoming telepractice environment. We share advice concerning the best positioning of VC equipment (e.g., eye gaze) as well as troubleshooting technical problems. Special considerations are offered for conducting in-home TMH and guidance for integrating other technologies (e.g., behavioral health apps).

Chapter 7 summarizes methods to ensure reliable and valid psychological assessments and testing conducted via telehealth technologies. We discuss selecting appropriate measures/tests, ensuring optimal assessment conditions and procedures when using telehealth technologies, and delivering assessment results remotely.

Chapter 8 provides information on supervision and consultation services via telehealth technologies. We summarize the evidence base supporting remote supervision and teleconsultation, giving examples across a wide variety of trainees (e.g., predoctoral, postdoctoral, continuing education) and training settings.

Chapter 9 covers advanced topics regarding strategies to promote clinical competency and multicultural responsiveness with diverse groups across the lifespan. We describe telepractice's potential to connect individuals with professionals with expertise in working with specific populations (e.g., LGBTQ and intersex populations or individuals with rare medical disorders). We emphasize a patient-centered approach, considering how cultural factors and the broader community may influence the telepractice encounter and sustainable TMH service.

Chapter 10 adds information about how to optimize practitioner skills and resilience. We discuss how to carry over skills from in-office services to the TMH medium, and we also provide tips for maintaining your well-being as a telepractitioner.

In Chapter 11, we issue a call to action and leadership to practitioners of TMH. We summarize those areas of ongoing concern that present barriers to fuller adoption of TMH and describe some future developments we see on the TMH horizon. Our hope is to inspire confidence among mental health providers and to encourage the continual pursuit of professional learning as technological applications become ever more sophisticated.

We've written this guidebook for the new telepractitioner who wants to get started, the seasoned practitioner who seeks to continue to enhance their TMH practice, the supervisor who engages in telesupervision, and the clinical manager or administrator interested in training a clinical team. The guidebook's practical recommendations also apply to TMH providers regardless of discipline or theoretical orientation. In many of our recommendations, we have made conscious attempts to be inclusive of the broader health care arena across prevention and the behavioral components of chronic illness, including behavioral medicine, integrative medicine, and health psychology perspectives. Also, although this guidebook primarily uses examples of regulatory requirements and guidelines from the United States, it is intended for the international behavioral and mental health researcher and practitioner communities.

While we recognize that telephone, email, text messaging, and other communication technologies are used in practice (American Psychological Association, 2010), this guidebook focuses primarily on VC to give the interested clinician a quick yet broad overview of how to proceed with this particular modality. The researcher, educator, or practitioner interested in

these other telehealth modalities is encouraged to see our list of resources available at the book's website, under the Resources tab: <https://www.apa.org/pubs/books/practitioners-guide-telemental-health>.

VC-based TMH has proven to be an invaluable tool during this unprecedented time in history, and we can only expect the technology to continue to improve and expand in its use. There is an expanding empirical literature base that supports the clinical effectiveness of TMH, including overall user acceptability and satisfaction among both clients and care providers (Pruitt, Luxton, & Shore, 2014; Wright et al., 2020). In addition, public and private insurers are increasingly supporting the use and reimbursement of some telehealth-based services. The capability to conduct behavioral services via telecommunications technologies has provided behavioral health professionals with opportunities to serve more people, specialize in areas of greatest professional development and interest, decrease office expenses, and enjoy a mobile lifestyle from anywhere on the planet. We encourage you to send us feedback about this book and relevant case examples from your experience by emailing us.

David D. Luxton, PhD, david@luxtonlabs.com

Eve-Lynn Nelson, PhD, enelson2@kumc.edu

Marlene M. Maheu, PhD, marlene@telehealth.org