Previous to the COVID-19 pandemic, counseling was primarily face-to-face. As the technology evolved, counselors began dipping their toes into e-therapy or counseling online. At the time, e-therapy or online counseling was to provide psychological advice and support. It was not meant to be used for psychotherapy or psychological counseling. At the time, one could not diagnose or treat mental disorders online, and it was not to take the place of face-to-face counseling.

In 2014, the ACA updated its Code of Ethics and included a section specific to distance counseling, technology, and social media. In the section, it states, "Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions." It also states in section H.4.d: "When distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor cannot provide face-to-face services (e.g., lives in another state), the counselor assists the client in identifying appropriate services.” This statement could be viewed as outdated in today’s world due to the dramatic shift needed when COVID-19 hit since the only way people could seek help was through teletherapy.

Due to the influx of mental health problems caused by the COVID-19 pandemic, counselors needed to adapt and conform to teletherapy. New disclosures specific to teletherapy needed to speak to confidentiality and digital platforms used for counseling sessions, making it known that it is not 100% guaranteed to be secured since therapy is taking place over the internet.

According to Christopher Chaney's article, there are four predictions for teletherapy in 2021. There will be an upward growth trajectory. Teletherapy will continue to grow even though people are going back to work in an office setting; some will still be more comfortable using telehealth for several reasons. There will be more teletherapy start-ups, mergers, and acquisitions. There is more recognition from health plans that teletherapy is increasing patient access. Lastly, during the pandemic, the Centers for Medicare & Medicaid Services have relaxed the licensing requirements for behavioral...
health so that professionals can practice across state lines. If CMS ends the cross-state licensure for behavioral health professionals after 2021, it may cause issues with access.

Behavioral health professionals who continue to adapt to technology allow them to be more flexible with the needs of different populations. Technology can help people with social anxiety, phobias, provide access to caregivers of young kids and older parents who cannot leave for an extended period of time and people with trauma. However, it could also have the potential to be isolating. Therapists may find it more difficult or impossible to pick up nonverbal cues such as fidgeting or an odor that could indicate a patient is intoxicated when delivering services via phone or video (Abrams, 2020). The therapist may also struggle to build rapport with a client via teletherapy; however, this can be seen as a positive aspect since clients are more focused on what they need to do to get better. It seems that clients may step down to less infrequent visits sooner, whereas, in person, some clients may like to come into the office and do a “check-in” to prolong the therapeutic contact.

Telehealth services can support counselors working in an interdisciplinary setting with other professionals by giving multiple providers the ability to be online at the same time without having to be in the exact location. It is more feasible for providers to meet and discuss the client’s care, and therefore it is more beneficial to the client. It can also be helpful for someone who has a physical health condition. They can find a specialized provider who they would not be able to see otherwise. The provider can then refer to a mental health professional who can better understand the nuances of their condition, how it affects their mental health and give them coping skills.

Regarding inclusion and accessibility, teletherapy can be particularly impactful for people dealing with compromised immune systems, reduced mobility, or other severe health conditions. According to Melissa Boudin, individuals in rural communities who may not have access to a qualified therapist can now have more options. It allows more choices when it comes to selecting a therapist. People can also gain access to therapists who specialize in treating underserved communities (Sermo, 2020).

CSI and CACREP can promote equity and access by providing training and classes that focus on teletherapy. Telesessions are here to stay, and technology is continuously getting better and more refined. The pieces of training would include confidentiality, how to deal with emergencies, and long-distance counseling relationships that touch on boundaries as well as how to build rapport. Implementing the above can help more therapists feel better prepared and more comfortable in providing teletherapy. Therefore, it can help with increased demand and, hopefully, help with burnout and counselors not having overwhelming caseloads due to the influx of new clients.

In conclusion, the flexibility and access of teletherapy for the clients and therapists could mean more people will match with the therapist that best suits their needs (Berger, 2021). It seems COVID-19 has illuminated the importance of mental health and seeking treatment. It appears to have helped decrease mental health stigma and, therefore, makes it more acceptable to seek help. There are pros and cons to everything; keeping
that in mind gives the idea that a hybrid approach would be the best of both worlds as the world begins to increasingly open. This approach would allow people who want to be in the office to do so, but they can also choose telehealth with an option of an office check-in from time to time. Either way, having telehealth available provides an opportunity to take a step forward in the way we care for ourselves and each other, emphasizing individualized care and real-time response.

References


