

2021-2022 CSI & CACREP Leadership Essay Contest

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“Imagination, Collaboration, Cooperation”: Addressing Telehealth’s Challenges and Opportunities



When asked to consider how the COVID-19 pandemic was changing the landscape of the counseling profession, almost every award recipient of last year’s essay contest discussed the increased use of telehealth. One year later, it looks like telehealth is here to stay (Bray, 2021). As counselors and counselors-in-training, we are faced with optimizing the use of this modality. In other words, if the task of 2020 was facilitating a rapid shift to telehealth while adhering to ethical standards, our current task is to slow down and carefully and creatively address some of telehealth’s unique challenges and opportunities. These include promoting equity and access in delivering telehealth services and utilizing telehealth in interdisciplinary settings. These issues prompt us to stretch our leadership skills as we develop a vision for the future of telehealth through “imagination, collaboration, cooperation, and creative use of resources” (Chi Sigma Iota Academy of Leaders, 1999).

A major consideration with telehealth is equity and access. Several healthcare providers have highlighted ways that telehealth increases equity and access by eliminating barriers like transportation (Bray, 2021; Berger, 2021) and reshaping provider-client power dynamics by enabling clients to receive care from their own location (Kaplan, 2021). That said, there are also challenges to equity and access. One major hurdle is access to high-speed internet. Maps charting the use of high-speed internet demonstrate the “broadband gap,” showing large sections of the country where fewer than 15% of the population uses high-speed internet (Brandom & Joel, 2021). This gap disproportionately affects low-income individuals, American Indians/Alaska Natives, Hispanics, and Blacks (Rothschild, n.d.). Temporary fixes may include lending internet hot spots and identifying public areas with free internet access, but counselors also should advocate for infrastructure changes at the state and federal levels to increase affordable broadband access if we’re to sustainably tackle the issue.

Similar inequities appear when we look at digital literacy among adults. A 2018 study from the National Center for Education Statistics showed that the 16% of participants

who were not digitally literate were typically “less educated, older, and more likely to be Black, Hispanic, or foreign born.” Given these statistics, counselors should gauge clients’ comfort with technology before scheduling telehealth appointments. Counselors can also think about expanding access for digitally illiterate clients by providing telephone services, identifying counselors in clients’ areas who provide in-person services, and providing tailored educational materials or in-person courses for clients who would like to learn the skills necessary for engaging in telehealth.

Two additional equity and access issues to consider are insurance coverage and access to confidential spaces. With the onset of the pandemic, many insurance providers, including Medicare and Medicaid, expanded their coverage for telehealth services. While it appears that some of these changes will become permanent, counselors should continue to advocate for increased insurance coverage for telehealth services. Another consideration is clients’ access to confidential spaces for counseling. Confidentiality is a central ethical principle in counseling, and many clients may not have access to spaces where they can speak freely and confidentially. With this issue, counselors may want to consider new telehealth delivery models such as a “hub-and-spoke” model where clients go to a “hub” or centralized location where they can connect to remote providers (Warren & Smalley, 2020). Given the expansion of telehealth across fields, counselors could collaborate with other healthcare providers in funding and staffing these hubs.

One strategy we can use to address these challenges is utilizing telehealth on interdisciplinary teams. Counselors are often encouraged to conceptualize mental health concerns from a biopsychosocial model – one that encompasses multiple aspects of a person’s life. Therefore, it makes sense for counselors to partner with other providers such as physicians and social workers to coordinate care as an interdisciplinary team. Teams could divide the cost of resources, such as hot spots, centralized access hubs, and/or digital literacy education efforts, to increase access to a greater number of clients. Additionally, since provider licenses are often state-based, telehealth teams could treat clients from a broader geographic region than if they were only providing in-person services. CACREP programs help counselors-in-training develop a strong professional identity, and interdisciplinary teams allow them to work alongside providers with distinct yet complimentary professional identities to address their clients’ needs.

One particularly interesting development in the field of coordinated care is “healthcare hotspotting,” a project developed by the Camden Coalition of Healthcare Providers (n.d.) that involves the “strategic use of data to reallocate resources to a small subset of high-needs, high-cost patients.” In hotspotting, physicians partner with other providers such as counselors to attend to a person’s medical and non-medical (e.g., housing, mental and emotional health, etc.) needs to prevent continued health issues. This type of coordination can reach clients who may not typically receive consistent healthcare access and could allow counselors to engage in preventative work.

Through collaboration, creativity, and advocacy, counselors can transform telehealth challenges into opportunities for expanding equity and access in mental healthcare.

CSI's and CACREP's support will be integral in preparing current and future counselors for the shift to digital delivery of services. This support can include creating educational opportunities related to the expansion of telehealth – including those specifically related to issues of equity and access – and identifying clear areas for advocacy work. Additionally, CSI can recognize members who have done extensive work in advancing the fields of telehealth and interdisciplinary teams and invite them to mentor and educate others through workshops and continuing education opportunities. CACREP's standards related to technology in counseling also serve as a motivator for institutions seeking or renewing accreditation to more robustly cover issues related to telehealth and telehealth advocacy in their curricula. As counselors and counselors-in-training stretch their leadership skills in the field, bolstered by educational opportunities and support from CACREP and CSI, we can continue to fulfill the mission of counseling as defined in the 20/20: A Vision for the Future of Counseling (2010): to “empower diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” through telehealth services.

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