

To: Board of Behavioral Sciences
From: Tony Rousmaniere, PsyD

Regarding: August 12 meeting, item XVI, Trainee telehealth requirements

August 4, 2022

Dear BBS Board Members,

I am writing in regard to the issue of telehealth rules for trainees in practicum. I believe the recommendation from the Policy and Advocacy Committee for policy language on this issue lacks empirical research support and will create unnecessary barriers for people joining the mental health workforce in California. This could negatively impact the accessibility of mental health services, especially for low-income residents of rural areas. **I urge the board to take no action on item XVI for the August 12 meeting and instead ask the Committee to review the empirical research on telehealth and online supervision.**

Since COVID started in 2020, there has been a sharp rise in mental health distressⁱ, with a near doubling of the rate of serious psychological distress among older adults and triplingⁱⁱ in Hispanic and low-income adults. More than 4 in 10 teens report feeling 'persistently sad or hopeless'ⁱⁱⁱ.

Yet there is an acute shortage of mental health service providers^{ivv}. A recent report from Mental Health America found that over half of adults with a mental illness do not receive treatment, totaling over 27 million adults in the U.S. who are going untreated^{vi}. There is a particularly acute shortage of providers who represent diverse communities and live in rural areas^{viiiviiiix}.

Given this shortage, I suggest that the BBS carefully consider the impact of new policy on services provided to California residents and trainees entering the field of mental health. The proposed requirement of one hour of in person practicum could pose a significant barrier for trainees achieving licensure. This could reduce the availability of mental health providers, especially for low-income residents in rural areas.

If a new policy that raises barriers must be made, it should be only done when there is clear evidence from empirical research. However, the extant research suggests that telehealth is equivalent in outcome to in-person therapy, and that online supervision is equivalent to in-person supervision^{xxi}. I published a book on this topic for the American Counseling Association which includes a literature review of 63 publications on Internet-based supervision, 33 of which were original research studies^{xii}.

As a recent example, in 2021 the Substance Abuse and Mental Health Services Administration (SAMHSA) published an evidence-based resource guide that encourages mental health

providers to use Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders^{xiii}.

In summary, I believe it is in the best interests of California residents to not place barriers to mental health licensure unless they are warranted by reliable empirical research. The negative impact of these barriers would be most felt by California residents who are low-income and live in rural areas. I recommend that the BBS not act on item XVI for the August 12 meeting at this time, but rather continue to review the literature regarding the use of telehealth in clinician training.

Thank you for your consideration on this important issue.

Best regards,
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ⁱ <https://pubmed.ncbi.nlm.nih.gov/32492088/>

ⁱⁱ <https://www.commonwealthfund.org/publications/issue-briefs/2020/jul/medicare-mental-health-coverage-covid-19-gaps-opportunities#1>

ⁱⁱⁱ <https://www.washingtonpost.com/education/2022/03/31/student-mental-health-decline-cdc/>

^{iv} <https://californiahealthline.org/news/article/college-student-mental-health-therapist-shortage/>

^v <https://abc7news.com/mental-health-coronavirus-pandemic-covid-19/10850759/>

^{vi} <https://mhanational.org/issues/state-mental-health-america>

^{vii} <https://www.apa.org/workforce/data-tools/demographics>

^{viii} <https://www.apa.org/monitor/2018/02/datapoint>

^{ix} <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201200071>

^x Rowen, J., Giedgowd, G., & Demos, A. (2022). Effectiveness of videoconferencing psychotherapy delivered by novice clinicians in a training clinic. *Training and Education in Professional Psychology*. Advance online publication. <https://doi.org/10.1037/tep0000410> “The results from this study suggest that novice clinicians can successfully use videoconferencing to deliver effective, evidence-based treatment in a community clinic, across a range of presenting concerns, and that such services can yield significant improvement of symptom distress and functioning, with patterns comparable to in-person services.”

^{xi} Gerton, J. M., Aoyagi, K., León, G. A., Bludworth, J., Spille, S., & Holzapfel, J. (2022). Outcomes in clients transitioning from in-person counselling to telehealth counselling with trainees. *Counselling and Psychotherapy Research*. Advance online publication. <https://doi.org/10.1002/capr.12541> “Results support our hypothesis that changes in clients' self-reports [of depression and anxiety symptoms] would be generally equivalent across in-person and telehealth services.”

^{xii} Rousmaniere, T.G. & Renfo-Michele, E. (2015). *Using Technology for Clinical Supervision: A Practical Handbook*. Alexandria, VA: American Counseling Association Press. ISBN-13: 978-1556203480

^{xiii} <https://www.samhsa.gov/resource/ebp/telehealth-treatment-serious-mental-illness-substance-use-disorders>