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Memo

To:	Telehealth Committee Members	**Date:**	August 31, 2021
From:	Christy Berger Regulatory Analyst	**Telephone:**	(916) 574-7817

Subject: Results of Telehealth and Supervision via Videoconferencing Surveys for Students, Associates, Supervisors, and Schools

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Background

At its June 2021 meeting, the Telehealth Committee directed staff to develop and administer a survey pertaining to telehealth (primarily as performed by applicants gaining hours toward licensure) and supervision via videoconferencing. Four different surveys were developed and administered with the assistance of professional associations:

- Supervisor Survey (Attachment A)
- Student Survey (Attachment B)
- Associate Survey (Attachment C)
- School Survey *(results to be provided separately prior to the meeting – survey closed later to give schools coming back after break enough time to respond)*

The purpose of the surveys was to obtain feedback about student and associate experiences with providing services to clients via telehealth, supervision of applicants who are providing telehealth services, providing supervision via videoconferencing, and gathering topics related to telehealth where training may be needed.

Each survey was prefaced by a statement that asked respondents to keep in mind that "…these questions are seeking to gain insight about how the practice of the professions the board regulates will move forward AFTER the COVID-19 pandemic has ended."

The surveys were posted to the Board's website and social media, to our email subscriber's list, and disseminated by professional associations. Survey results are provided in the attachments, and include a sampling of written comments to open-ended questions. The sampling of written comments:

- Attempt to provide a representative sample

- Include comments that summed up many individual comments

- Comments related to marginalized communities were included more often to emphasize those voices

- Exclude comments that responded "none" or N/A or similar

Survey Results – Supervisors

This survey was designed for supervisors of students and associates pursuing LMFT, LPCC or LCSW licensure. 1,938 completed surveys were received. 46% of respondents supervise in a nonprofit and charitable setting, with the second most common being private practice at 27%.

Notable findings - Supervisor Survey:

Supervisees Providing Services via Telehealth

- 94% of respondents' supervisees are **currently providing clinical services via telehealth**. Of that number, 78% are providing 50% or more of their clinical services via telehealth.

- 85% plan to allow supervisees to continue providing clinical services via **telehealth after the COVID-19 state of emergency is over**, and 12% have not decided yet.

- Commonly listed **benefits** to supervisees providing services via telehealth include greater access to care for clients, greater safety/comfort level for client and therapist, and flexibility/convenience for client and therapist.

- Commonly listed **disadvantages** to supervisees providing services via telehealth include technology/connectivity issues, doesn't work well for all clients, difficulty seeing client's nonverbal cues, and privacy issues. There was very little mention of issues with supervisee performance.

- 53% of supervisor respondents believe that supervisees should have no **limit on the percentage of supervised experience** they are allowed to gain providing clinical services to clients via telehealth. Only 1% of supervisors believe that no telehealth hours should count at all.

- Commonly listed **topics** that respondents believe should be covered if the Board were to require coursework and/or training include assessing and addressing client risk factors, and legal and ethical issues related to telehealth.

Providing Supervision via Videoconferencing:

- 93% of supervisors who responded to the survey have **provided clinical supervision** via videoconferencing.

- 88% believe that clinical supervision via videoconferencing is **as effective as in-person** supervision.

- Commonly listed **advantages** to providing supervision via videoconferencing were flexibility/convenience, greater accessibility, safety during the pandemic, and ability to use digital tools, such as screen sharing to review files and documentation.

- Commonly listed **disadvantages** to providing supervision via videoconferencing were technology/connectivity issues, feeling less personal, and distractions. Only 20% listed an issue that was related to the actual supervision (difficulty teaching/training, assessing the supervisee, and harder to engage and/or develop a relationship with the supervisee). It should be noted that 30% of respondents answered "none."

- 89% of supervisors who responded believe that supervision via videoconferencing should be **allowed in all settings**.

- 78% believe that supervision via videoconferencing is appropriate for **both associates and students**, and 22% for associates only.

- 70% of supervisors believe there should be **no limit on the percentage of direct supervisor contact** allowed to be gained via videoconferencing in any setting.

- 70% of supervisors who responded were in support of a **board-required training** regarding supervision via videoconferencing for supervisors, and felt the following **topics** should be covered: legal and ethical issues, and establishing/maintaining an effective supervisory relationship.

Survey Results – Students and Associates

Separate surveys were created, one for students currently enrolled in a LCSW, LMFT and/or LPCC program, and one designed for associates. 784 completed surveys were received from students, and 2,523 from associates.

Notable findings – Student and Associate Surveys:

Providing Services via Telehealth:

- 91% of associates and 85% of students stated that they are **currently providing clinical services via telehealth**.

- 75% of associates and students believe that there should be **no limit on the percentage of supervised experience** hours they are allowed to gain in providing clinical services via telehealth.

- 34% of associates and 52% of students said their **school provided coursework or training** specific to providing services to clients via telehealth.48% of associates and 68% of students feel that the coursework/training prepared them adequately.

- The primary **topics** associates and students would like to see covered if coursework were required in regards to providing clinical services via telehealth are: effective

ways to work with clients via telehealth, assessing and addressing client risk factors, and legal and ethical issues.

Receiving Supervision via Videoconferencing:

- 95% of **students** reported that their **school permitted clinical supervision via videoconferencing**. 70% of those students receive clinical supervision via videoconferencing 100% of the time.

- 85% of **associates** reported that they **received clinical supervision via videoconferencing**. 53% of those associates receive clinical supervision via videoconferencing 100% of the time.

- 96% of associates and 89% of students felt that supervision via videoconferencing was **as effective as in-person supervision.**

- Nearly 70% of associates and students felt that their **supervisor was competent in providing supervision via videoconferencing**.

- 100% of **students** have experienced **disadvantages or problems** with clinical supervision via videoconferencing. The most **commonly** listed issues were technology/connectivity (mentioned in about 50% of comments), lacking in personal connection, and difficulty getting forms signed. Interestingly, only 15% of **associates** reported any disadvantages or problems.

- Approximately 70% of associates and students believe that **100% of supervision should be allowed via videoconferencing in all settings**.

Attachments

Attachment A: Supervisor Survey Results
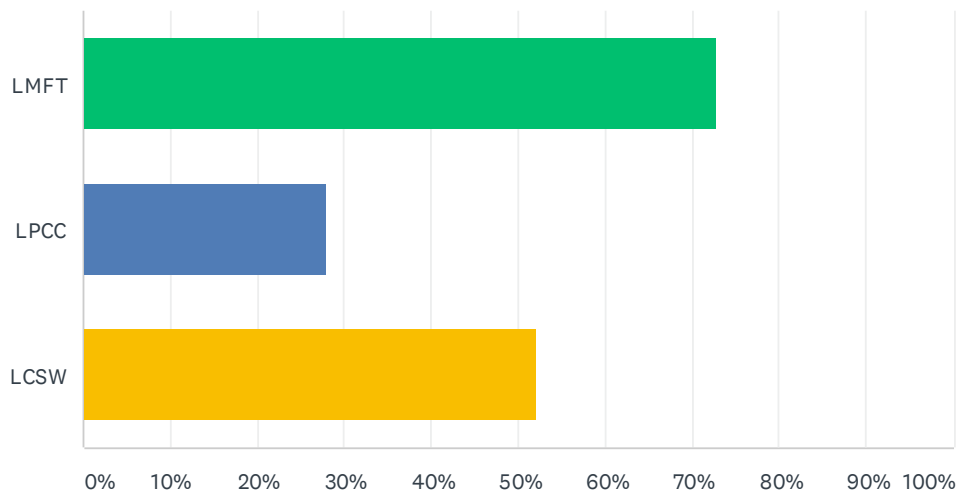**Attachment B:** Student Survey Results
Attachment C: Associate Survey Results

BBS Telehealth Survey for Supervisors

Q1 Please indicate the type of license(s) your supervisees are pursuing (check all that apply):

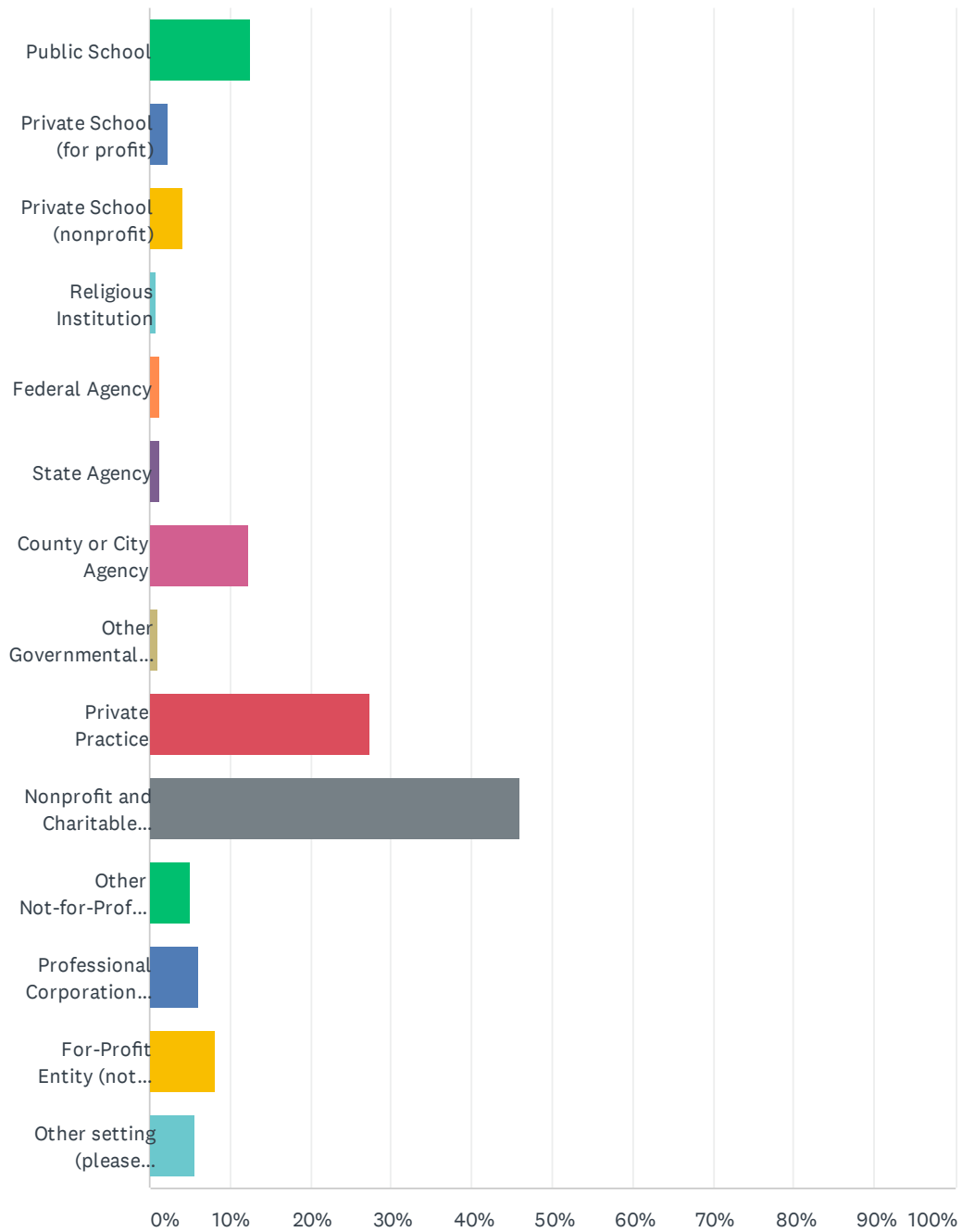Answered: 1,938   Skipped: 0

ANSWER CHOICES	RESPONSES	
LMFT	72.70%	1,409
LPCC	28.12%	545
LCSW	52.12%	1,010
Total Respondents: 1,938		

Q2 Please indicate the type of practice setting(s) you are supervising in (check all that apply):
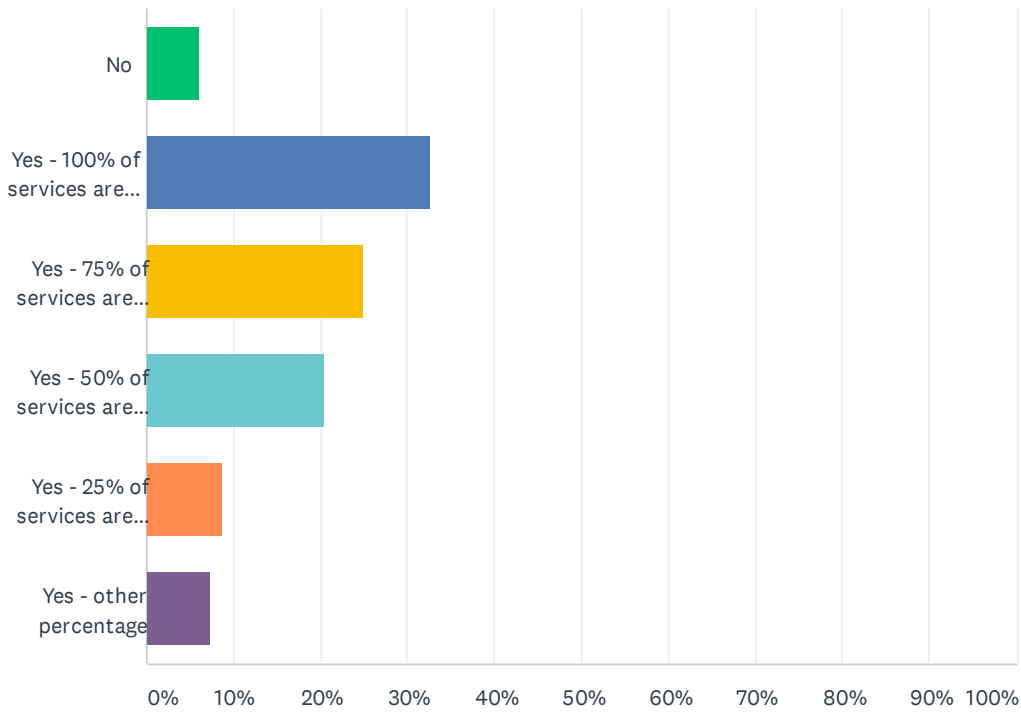
Answered: 1,938   Skipped: 0

BBS Telehealth Survey for Supervisors

ANSWER CHOICES	RESPONSES	
Public School	12.59%	244
Private School (for profit)	2.32%	45
Private School (nonprofit)	4.13%	80
Religious Institution	0.88%	17
Federal Agency	1.24%	24
State Agency	1.29%	25
County or City Agency	12.44%	241
Other Governmental Agency	1.14%	22
Private Practice	27.45%	532
Nonprofit and Charitable Entity (registered 501(c)(3))	46.08%	893
Other Not-for-Profit Entity	5.11%	99
Professional Corporation (ownership solely composed of licensed health professionals)	5.99%	116
For-Profit Entity (not otherwise listed)	8.10%	157
Other setting (please specify)	5.57%	108
Total Respondents: 1,938		

Q3 Do your clinical supervisees currently provide any mental health services to clients via telehealth?

Answered: 1,700   Skipped: 238

ANSWER CHOICES	RESPONSES	
No	6.00%	102
Yes - 100% of services are being provided via telehealth	32.71%	556
Yes - 75% of services are being provided via telehealth	24.82%	422
Yes - 50% of services are being provided via telehealth	20.41%	347
Yes - 25% of services are being provided via telehealth	8.82%	150
Yes - other percentage	7.24%	123
TOTAL		1,700

Q4 If yes, what have been the advantages of providing services via telehealth?

Answered: 1,526   Skipped: 412

SAMPLING OF COMMENTS:

"It has allowed the supervisee to gain experience in a service platform that most likely will continue, has allowed for supervisee to can experience working with a more diverse population, more flexibility/control over schedule, increased accessibility for clients (transportation, movement, childcare limitations)."

"Can reach more clients in remote areas, can see more clients when not having to travel to them or rely on them to remember to come to the office, some clients are more comfortable staying in the comfort of their own home or not being in person."

"Trainees can continue to obtain hours toward licensure as well as ability to graduate despite COVID restrictions in a safe way. They do not have to wear masks and can see clients verbal and nonverbal communication style/behaviors/mood/affect. Provides easy access to clients and easier to schedule sessions as they don't have to travel. The ease of communication has allowed vulnerable and marginalized populations to access services such as students with disabilities, student parents needing childcare, students of color with lack of resources, etc. College students have been able to receive emotional support despite feeling isolated in their dorm rooms or apartments in a safe setting."

"Consistency, less missed appointments, caregivers more accessible, opportunity to experience client's home environment."

"Increased access quality services despite geographical locations or SES. Also greater access to those unable or limited to leave their homes."

"Getting a glimpse of client home setting. Clients uncomfortable with coming to a therapist's office are being served. Also, continuity of care when supervisee or client moves (within state)."

"Flexibility for clients, supervisees, and supervisors. More access to services in a way that has less impact (time, gas cost) on the individual lives of the persons involved. Ability to share screens in new ways. Ability to observe supervisee in sessions in ways that are less intimidating for clients."

"Access to treatment for low SES community; Access to clinicians with training in LGBTQ themes."

"Able to accommodate client's schedule, therefore more consistently in attendance by the client. An increase number of people being served due to factors around attending therapy is not as prevalent (such as child care issues, commute time, etc). Can utilize elements of the videoconferencing in working with families and couples to help in communication and descalation. Can continue with established clinical relationships when clients moves outside of the area, as long as still within California. Can reach more people in less populated areas, especially with specific cultural identities and may not have a therapist in their community which is able to address cultural considerations."

Q5 If yes, what have been the disadvantages of providing services via telehealth?

Answered: 1,453   Skipped: 485

SAMPLING OF COMMENTS (excluding those that said "none."):

"It's been challenging to get clients to come back in-person, certain modalities are best done in-person, crisis are challenging to manage via telehealth."

"Serving children and adolescents is more difficult over telehealth and is not appropriate for many of them. In my opinion, it has been much more difficult for younger persons to connect via telehealth. For associates servicing low SES communities, there has been difficulty reaching those clients whose technology (computer, phone or tablet equipment, internet service availabity/quality) does not allow for video sessions."

"Challenges with connectivity, challenges assessing for crisis/high-risk situations, difficulty engaging younger children, concerns about privacy on client's end, not as easy to tune in to client's non-verbals."

"Some elderly clients are not comfortable using computers or technology, some potential clients may not have the resources (computer, tablet) to access telehealth counseling."

"Virtual platforms make it more difficult to engage populations that are generally more difficult to engage; increases challenges around thorough safety assessment; difficult to provide crisis intervention to high crisis populations; providers are experiencing "Zoom fatigue;" requires more ongoing training for interns/staff using telehealth to ensure that they are adequately monitoring for safety, picking up on non-verbal cues, etc.; some clients demonstrate difficulty using platforms such as AdobeSign or DocuSign for legal paperwork/intake paperwork in an effort to provide telehealth services and remain 100% no-contact."

"Crisis management is more complicated. We have placed some limits on the kinds of services supervisees can provide via telehealth in order to protect them and our clients."

"Not being able to ensure who is in the space (limited view point), turning camera off to avoid looking at the therapist, connection trouble (dropped audio or video)."

"Some clients do not benefit from Telehealth as much from face to face. Some do not have access to technology. Harder to have consents returned."

"Challenges managing emotional dynamics for couples or parent-child sessions, working around bandwidth limitations, learning to track nonverbal communication when only seeing part of a person depending on camera angle, clients maintaining a confidential setting."

"Difficult with children, susceptible to distractions, difficult to engage/build rapport,limits who can be seen due to severity."

Q6 If no, why is telehealth not allowed for your supervisees?

Answered: 251   Skipped: 1,687

SAMPLING OF COMMENTS:

"Hospital setting and services are provided in person."

"It is an intensive residential program."

"The clients are in a juvenile detention facility."

"It is not practical."

"At this time it is not needed."

"Providing in home services."

"Clients are low income seniors with minimal access to technology, understanding of technical issues and cognitive issues. It is allowed and tried but was not effective."

"In the school setting, we are making every attempt to meet with students in person. There may be some rare circumstances when we have parent meetings over zoom or student has health issues precluding in-person."

"I believe Telehealth is utterly inadequate for providing services to the severely and persistently mentally ill population. Some do not have access to a computer, some are paranoid about disclosing PHI over a video connection, not knowing who might me in the room listening. To do good therapy, observation of hygiene, condition of clothes, client being malodorous or smelling of alcohol of drugs just cannot be done. There is nothing personal about seeing a faee on a screen. It dilutes both the transference and counter-transference."
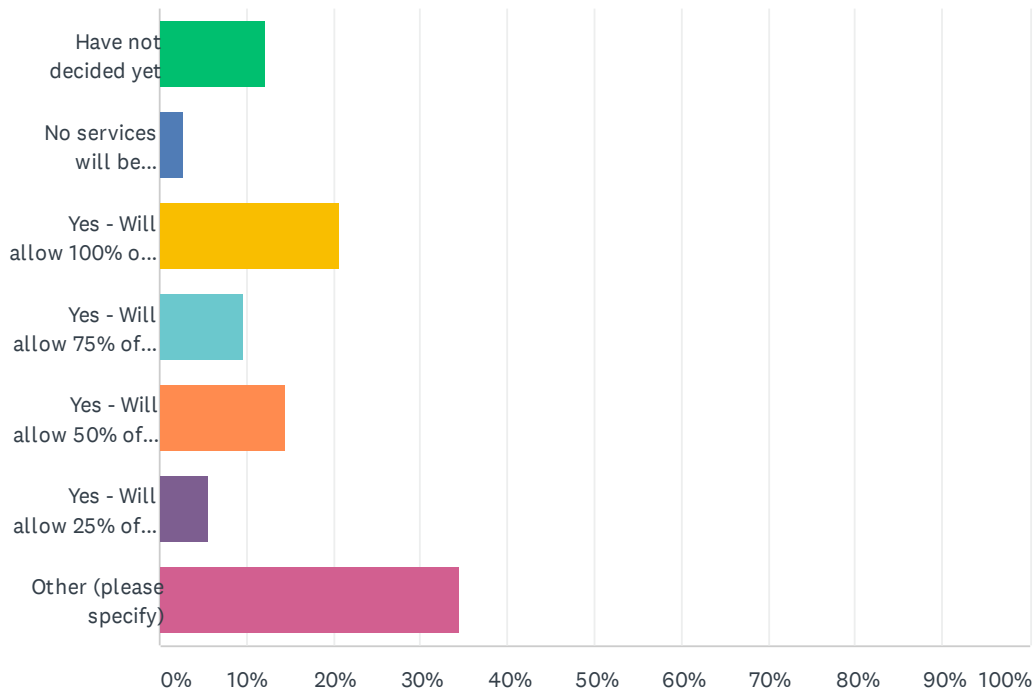
"I do not allow it if the supervisee doesn't have enough training which most trainees do not have the proper training yet."

"Clinic does not yet have the technology to conduct telehealth (video)."

"Lack of resources available in non profit and lack of resources with the population we serve. Homeless and SMI."

Q7 If you currently allow your clinical supervisees to provide mental health services to clients via telehealth, do you plan to allow this post-pandemic?
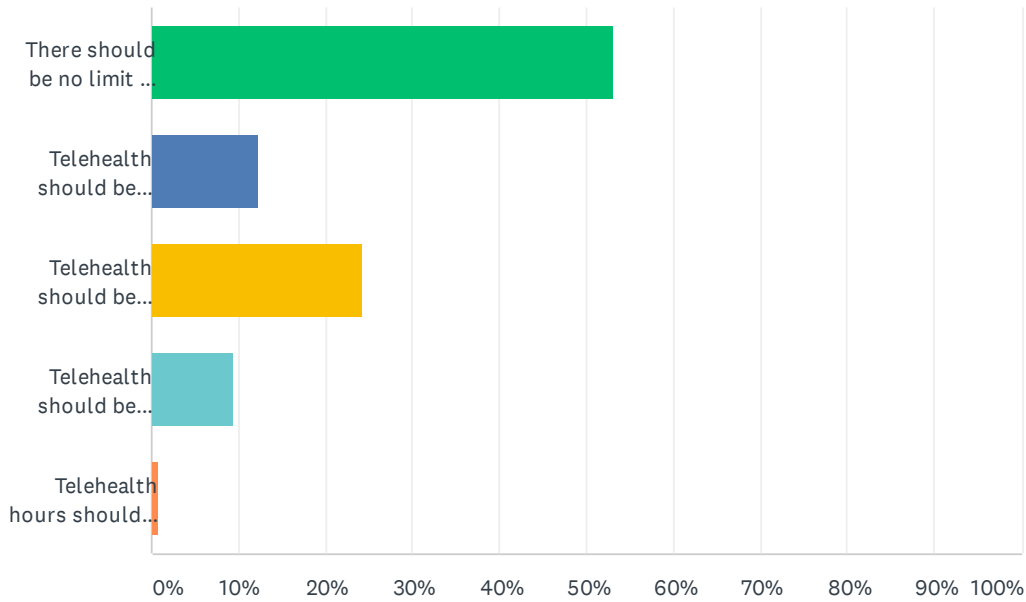
Answered: 1,548   Skipped: 390

ANSWER CHOICES	RESPONSES	
Have not decided yet	12.08%	187
No services will be provided via telehealth after the pandemic	2.78%	43
Yes - Will allow 100% of services to be provided via telehealth	20.61%	319
Yes - Will allow 75% of services to be provided via telehealth	9.69%	150
Yes - Will allow 50% of services to be provided via telehealth	14.53%	225
Yes - Will allow 25% of services to be provided via telehealth	5.75%	89
Other (please specify)	34.56%	535
TOTAL		1,548

Q8 Do you believe supervisees should have a limit on the percentage of supervised experience hours they are allowed to gain in providing mental health services to clients via telehealth?
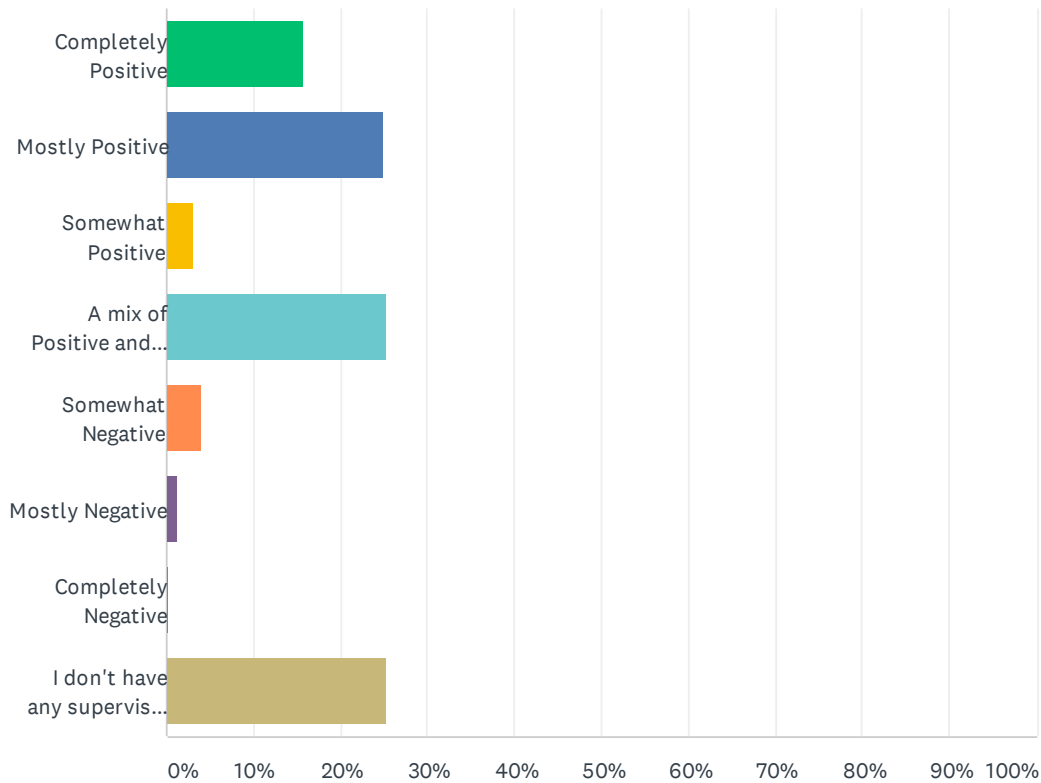
Answered: 1,548   Skipped: 390

ANSWER CHOICES	RESPONSES	
There should be no limit to telehealth hours	53.17%	823
Telehealth should be limited to 75% of hours	12.34%	191
Telehealth should be limited to 50% of hours	24.22%	375
Telehealth should be limited to 25% of hours	9.37%	145
Telehealth hours should not be allowed at all	0.90%	14
TOTAL		1,548

Q9 If you have any supervisees who began completing their experience hours during the COVID-19 pandemic, and therefore have thus far only seen clients via telehealth and had clinical supervision virtually, how has this affected their clinical skills?

Answered: 1,548   Skipped: 390

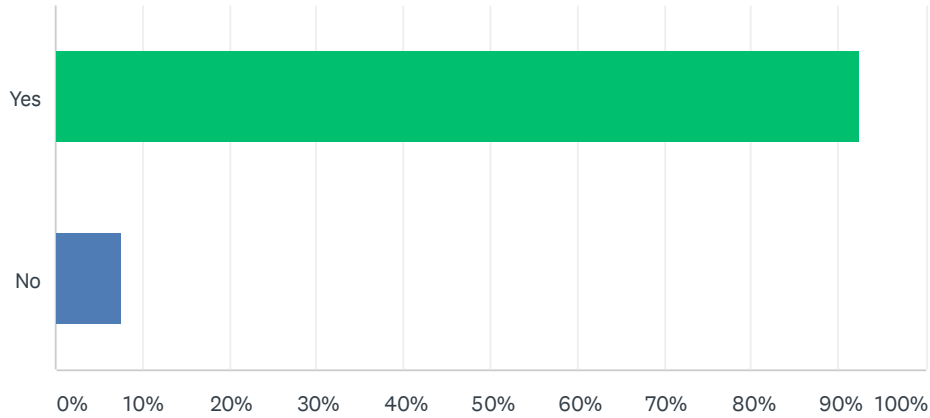| ANSWER CHOICES	RESPONSES	
Completely Positive	15.76%	244
Mostly Positive	25.00%	387
Somewhat Positive	3.10%	48
A mix of Positive and Negative	25.32%	392
Somewhat Negative	3.94%	61
Mostly Negative	1.29%	20
Completely Negative	0.19%	3
I don't have any supervisees who have only seen clients via telehealth and are supervised virtually	25.39%	393
TOTAL		1,548

Q10 If the Board were to require coursework and/or training for delivery of mental health services to clients via telehealth, what topics should be covered so that registrants are adequately prepared to practice safely and effectively? List in order from most to least important.

Answered: 1,548   Skipped: 390

ANSWER CHOICES	RESPONSES	
Topic 1	100.00%	1,548
Topic 2	79.72%	1,234
Topic 3	56.01%	867
Topic 4	27.97%	433
Topic 5	14.21%	220
Topic 6	7.75%	120
Topic 7	5.17%	80

Q11 Have you provided clinical supervision to Associates and/or students (defined as MFT trainees, PCC trainees or social work interns) via videoconferencing?

Answered: 1,547   Skipped: 391

ANSWER CHOICES	RESPONSES	
Yes	92.57%	1,432
No	7.43%	115
TOTAL		1,547

Q12 What advantages did you experience in providing supervision in this manner?

Answered: 1,359   Skipped: 579

SAMPLING OF COMMENTS:

"I can read their faces up close at the same time on the screen. A few trainees live in adjacent counties and they do not have transportation. They have expressed that if we go back to in person, they will not be able to continue with The LGBTQ Center OC, which provides specialized services to the LGBTQ community."

"We were able to provide therapy to a much broader geographic area and this gave trainees the opportunity to have full caseloads and work with clients from a variety of cultural and geographic backgrounds. I work with co-therapy teams and meeting virtually allowed them to see each other and themselves."

"Adding resource links immediately in the chat, asking questions privately to me or publicly to their group supervision team, sharing any document to review easily without wasting paper making copies/packets."

"I had the ability to provide direct observation and support the trainee in real time during their session (jumping into HIPAA compliant zoom). Ability to video and audio record at any time. I can support the trainee with a crisis/emergency from anywhere I just join the zoom session."

"Since the ASW did not have to drive to supervision, they had more time to spend with their patients. This also increased accessibility for ASW's who I have chronic health conditions, which impact their ability to drive. It also increased accessibility for supervision with a SW's who had limited financial resources that impacted transportation."

"Convenience, lower no show rate, ability to share documents, files and videos live and in the moment. Ability to easily sit-in on a therapy session with the trainee."

"More contact with supervisees for case coordination, consultation, had access to more of my personal tools via zoom and sharing my screen. Less interruptions by being off-site, felt more focused in supervision time."

"Flexibility in scheduling, ease in observing treatment sessions with minimal disruptions to the session."

"Convenience; time-saving; more flexibility/ availability; allows me to coach supervisees in how to track clients and demonstrate attunement viatelehealth."

"I supervise several staff from different clinics and was able to see multiple people in the same afternoon or day at their convenience (as opposed to traveling to each clinic throughout the week to see supervises)."

Q13 What disadvantages did you experience in providing supervision in this manner?

Answered: 1,277   Skipped: 661

SAMPLING OF COMMENTS **(excluding technology complaints)**:

"It can be harder to engage associates that are quiet and tend not to participate especially in group situations. It is also slightly reduces (but not eliminates) the ability to hone in on non-verbal cues when assessing how associates are doing."

"I think in person shifts the conversation and allows associates to be more vulnerable."

"Barriers to building a relationship, missing some connection and cues."

"Clinicians were somewhat more disengaged in group supervision via telehealth than I think they would have been if we were meeting in person."

"Difficulty with experiential teaching and group dynamics for group supervision."

"Same as the disadvantages of therapy. It's fine for cerebral conversations. It's much more challenging to facilitate in depth self-of-the-therapist work."

"I feel there is less of connection over a tele-health platform and they aren't as forthcoming as they are in person with their own struggles."

"Tracking a group is more difficult on-screen. Limited ability to do role plays or utilize sand play objects."

"...inability to have "full-body" presence to assess/process in supervision, sometimes students unable to find confidential space to conduct supervision."

"Difficulty teaching hands on skills, more challenging to get to know/build a connection with my supervisees."
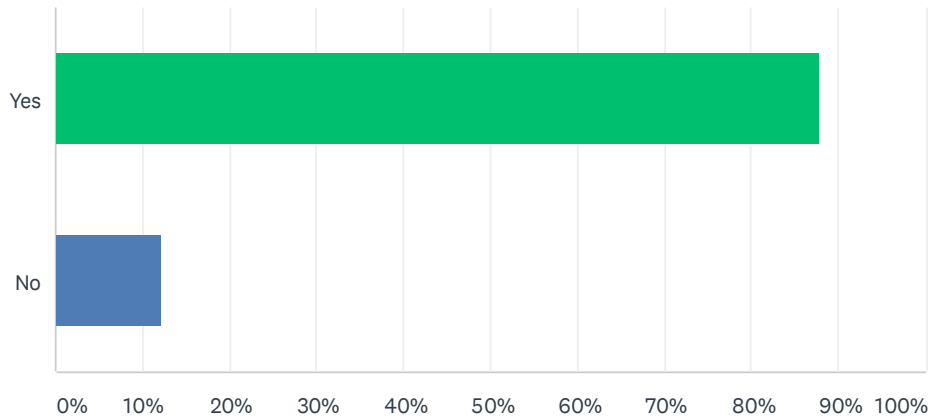
"Less spontaneous discussions."

"more difficult to read body language, have to figure out new ways to connect and develop supervisory relationship."

"Getting paperwork signed in a timely manner. Discussing performance concerns can be difficult via videoconferencing."

"Not being in the office with individuals means there are several loss opportunities to watch them interact with clients, see how they are managing their own mental wellbeing or just genuine connection."

Q14 Do you feel providing clinical supervision via videoconferencing to Associates and/or students was as effective as in-person clinical supervision?

Answered: 1,391   Skipped: 547

ANSWER CHOICES	RESPONSES	
Yes	87.78%	1,221
No	12.22%	170
TOTAL		1,391

Q15 What were the reasons for not providing clinical supervision via videoconferencing?

Answered: 104   Skipped: 1,834

SAMPLING OF COMMENTS:

"Our agency can't allow services to be done via telehealth."

"I didn't know we could."

"The company required all services to be provided in person throughout the pandemic."

"Not a direct supervisor at this time."

"Was not necessary or convenient."

"I use telephones."

"We were able to meet in open air environments."

"It was not necessary, as all services are provided in-person in a residential setting - supervisees are present at the work site."

"Not currently supervising anyone who is gaining their hours for licensure."
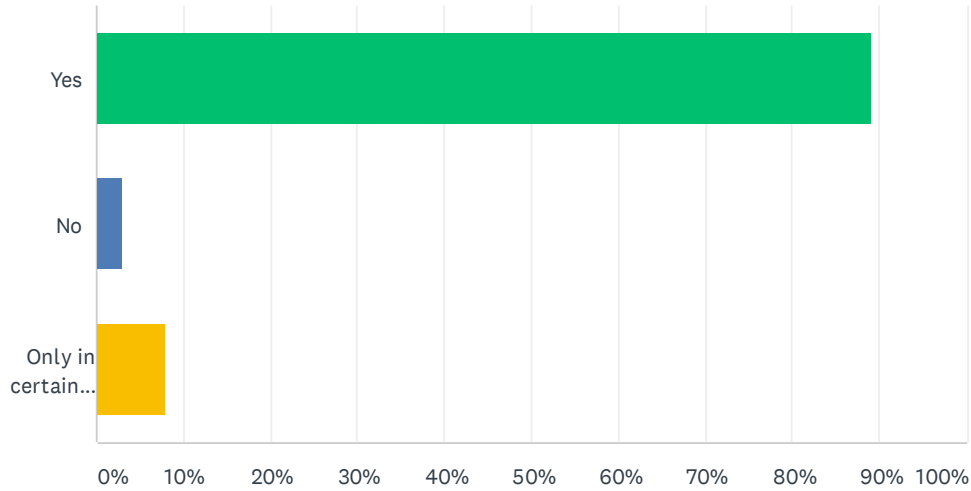
"I believe that in-person supervision aids in establishing a cohesive educational and supervisorial relationship with the supervisee."

"I do not support this technology. Just as much can be missed assessing clients, much can be missed assessing supervisees."

"Not directly supervising trainees in my role."

Q16 Do you feel that clinical supervision via videoconferencing should be allowed more widely? (i.e. allowed in all settings, not just in exempt settings as is allowed currently)
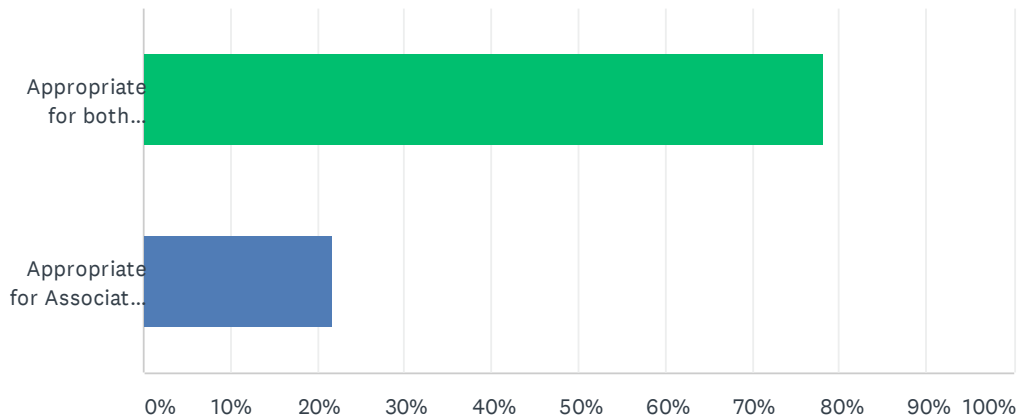
Answered: 1,489   Skipped: 449

ANSWER CHOICES	RESPONSES	
Yes	89.19%	1,328
No	2.89%	43
Only in certain circumstances	7.92%	118
TOTAL		1,489

Q17 Do you feel that clinical supervision via videoconferencing is appropriate for both Associates AND students, or only Associates?
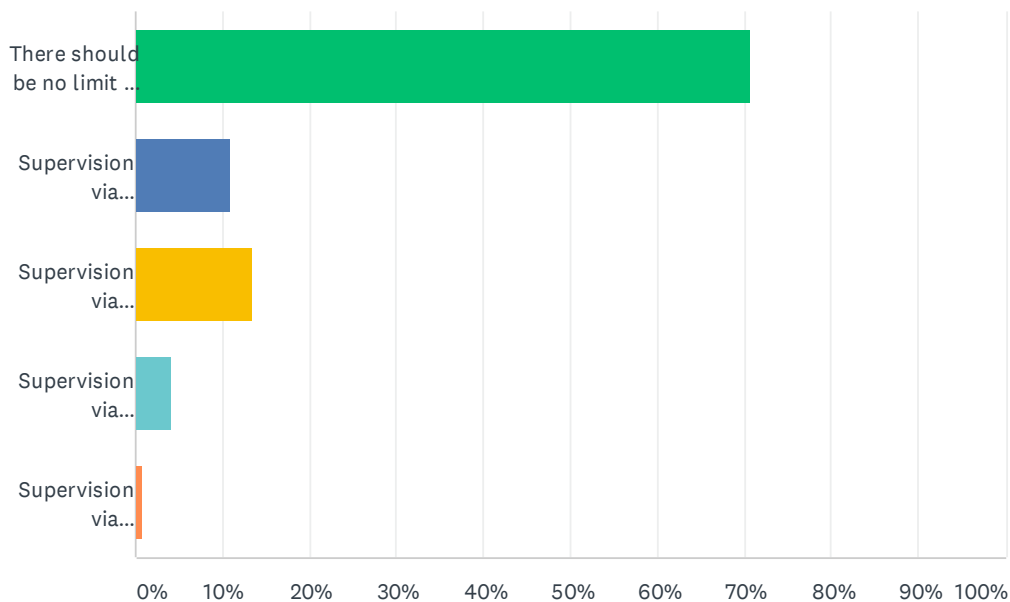
Answered: 1,489   Skipped: 449

ANSWER CHOICES	RESPONSES	
Appropriate for both Associates and Students	78.17%	1,164
Appropriate for Associates Only	21.83%	325
TOTAL		1,489

Q18 Do you believe there should be a limit on the percentage of direct supervisor contact that is allowed to to be gained via videoconferencing for supervisees who are working in an exempt setting (defined as a school, college, university, government entity, or and institution that is both non-profit and charitable)?
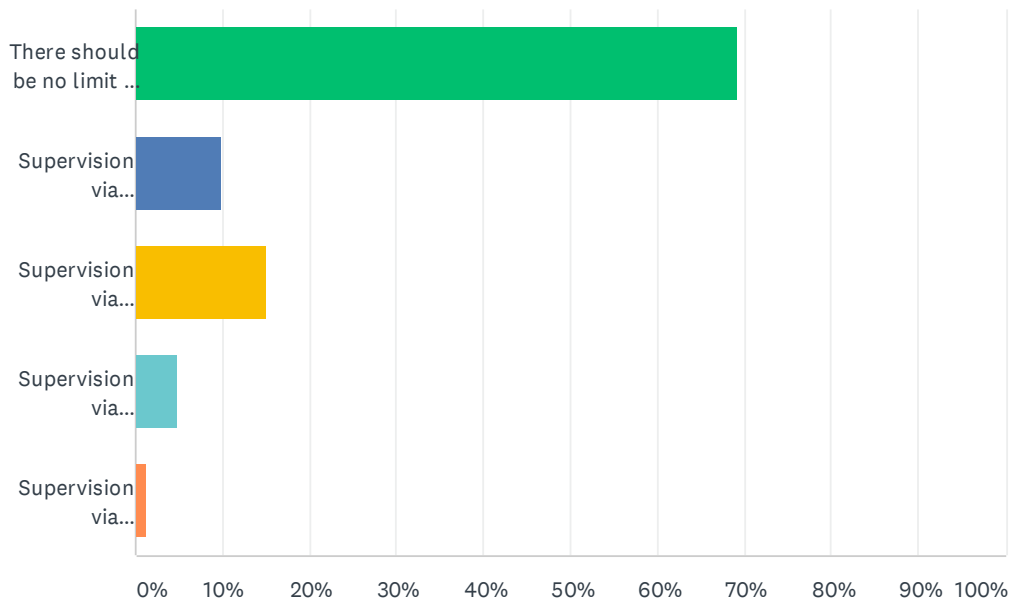
Answered: 1,489   Skipped: 449

ANSWER CHOICES	RESPONSES	
There should be no limit to the number of direct supervisor contact hours via videoconferencing	70.72%	1,053
Supervision via videoconferencing should be limited to 75% of direct supervisor contact hours	10.81%	161
Supervision via videoconferencing should be limited to 50% of direct supervisor contact hours	13.36%	199
Supervision via videoconferencing should be limited to 25% of direct supervisor contact hours	4.23%	63
Supervision via videoconferencing should not be allowed at all	0.87%	13
TOTAL		1,489

Q19 Do you believe there should be a limit on the percentage of direct supervisor contact that is allowed to to be gained via videoconferencing for supervisees working in a non-exempt setting (for example, a private practice, professional corporation, or other entity that does not meet the definition of an exempt setting)?
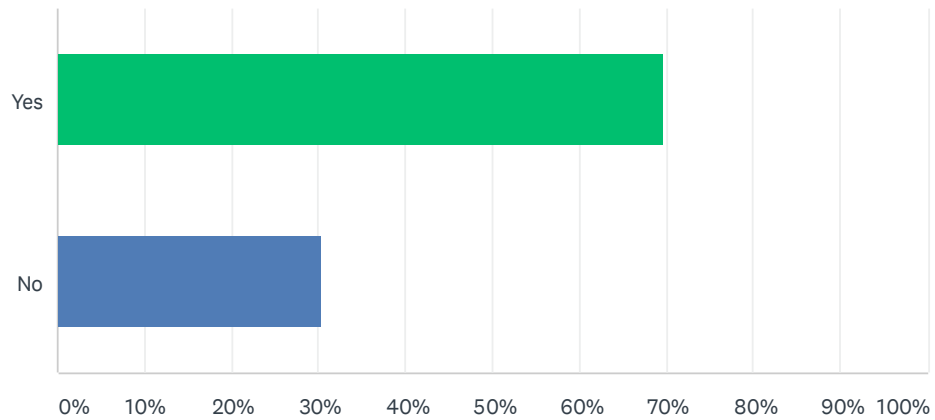
Answered: 1,489   Skipped: 449

ANSWER CHOICES	RESPONSES	
There should be no limit to the number of direct supervisor contact hours via videoconferencing	69.17%	1,030
Supervision via videoconferencing should be limited to 75% of direct supervisor contact hours	9.81%	146
Supervision via videoconferencing should be limited to 50% of direct supervisor contact hours	14.98%	223
Supervision via videoconferencing should be limited to 25% of direct supervisor contact hours	4.77%	71
Supervision via videoconferencing should not be allowed at all	1.28%	19
TOTAL		1,489

Q20 Would a Board-required training regarding clinical supervision via videoconferencing for all supervisors be helpful?

Answered: 1,489   Skipped: 449

ANSWER CHOICES	RESPONSES	
Yes	69.64%	1,037
No	30.36%	452
TOTAL		1,489

Q21 What topics should be covered in a Board-required training on clinical supervision via videoconferencing for supervisors?

Answered: 771   Skipped: 1,167

ANSWER CHOICES	RESPONSES	
Topic 1	100.00%	771
Topic 2	62.52%	482
Topic 3	38.13%	294
Topic 4	18.03%	139
Topic 5	8.43%	65
Topic 6	4.15%	32
Topic 7	2.72%	21

Q22 Do you have any additional comments?

Answered: 474   Skipped: 1,464

SAMPLING OF COMMENTS:

<u>IN FAVOR OF</u> ALLOWING TELEHEALTH HOURS and/or SUPERVISION VIA VIDEOCONFERENCE (majority of comments):

"I am a BIPOC therapist. Because of telehealth, I can serve clients who speak my language but resides in a different city in California. I consider this is the most beneficial for telehealth, which is to serve clients that are in remote area and they don't have many therapist in their cities. With that said, I strongly believes that 100% telehealth gained supervised hours should be counted. "

"Telehealth and working from home are the way of the future. People want to have the options to engage in therapy via telehealth, instead of fighting it, the BBS can train, monitor, and regulate it so it is effective and safe. This necessary shift has been a silver lining of covid. Giving people options for their care is huge."

"So many more associates are getting private practice experience now b/c they don't have work in their supervisor's space. It's good for business experience, but I do hope the supervisors are paying attention and giving them good training."

"I am strongly in favor of offering video conferencing as an option in all settings for supervision, without caveat. I believe this is a social justice issue, which would address barriers for a SW's and their clients throughout the state."

"It is not the methodology that is the important factor, it is the quality of supervision that matters, which is being currently address by the Board."

"I firmly believe that all forms of telehealth should be allowed for supervision including phone conferencing. If it's allowed by major insurance companies like Medicare why is it not allowed for supervision. There are not enough supervisors available in California, especially now with everything happening. Personally if I could utilize both telehealth via video and phone I would be able to take on additional supervises."

"It is imperative that the Board continue to provide this ability to provide telehealth as well as videoconferencing for supervision; steping into the modern day would be an asset to all and especially help those that don't have the privilege ability to meet in person."

"Allowing tele-supervision would be hugely beneficial for special populations. For example, I am Native American, one of only a few and there is a huge need for supervisors to assist trainees and interns working at programs that serve Native Americans. Being that many programs are rural or very remote it makes it difficult to accept opportunities. That not only impacts those of us who supervise who are members of smaller cultural groups and doesn't provide associates and trainees to learn from supervisors with the clinical knowledge and lived experience. In my view, issues regarding race and cultural are still present which negatively impact outcomes for all."

Q22 Do you have any additional comments?

Answered: 474   Skipped: 1,464

SAMPLING OF COMMENTS (continued):

"This is a disability justice access issue first and foremost. We need to open up the field and services to more people and allowing virtual services as an option allows us to serve more people and nurture more emerging therapists. It is a racial equity issue since those most impacted by the challenges of providing services in person are disproportionately BIPOC, who are already underrepresented in the field. It is also a service delivery issue. The Bay Area is pouring money into mental health services but it is still not compensating programs and clinicians enough for them to sustain a good quality of life here. We do not have enough clinicians and supervisors for all the positions that are currently open. Putting more restrictions on how the work is able to be done, makes our ability to provide services for all of the clients who are in need severely compromised. Forcing folks to go back to in person services while we are still in a Pandemic is also not trauma informed and puts us in the position of threatening our staff and trainees with putting their health and well-being at risk."

AGAINST/MIXED FEELINGS ON ALLOWING TELEHEALTH HOURS and/or SUPERVISION VIA VIDEOCONFERENCING:

"Appears to me to be damaging to client care and training needs of associates to put any limitations on teleservices that are not directly the result of excluding minority of clients who are not appropriate for teehealth."

"In a world where there's less and less human interactions and in-person connections and along with the recent research results on the effects of technology on human brain, our field needs to take a stand on what we believe as truly therapeutic and healing, instead of having our practice being dominated by insurance companies and those who can afford advanced technology."

"I know several therapists who abuse this modality: multi-tasking, conducted with non-therapist in the room or within earshot, while on vacation in hotel rooms. etc."

"I am in favor of having some type of hybrid model for clinical supervision."

"I don't want to see supervision moved to primarily videoconferencing, but I do think there is a place for it. It can be effective, efficient, and convenient. I think the way to make sure it isn't overused and abused is to limit the number of supervision hours that can be gained via videoconferencing (fewer for trainees, more for associates; fewer in private practice, more in exempt settings)."

"I have mixed feelings about telehealth and supervision via videoconferencing. I worry there are not enough protections in place to make sure clients are getting quality care. I also worry supervisees are missing out on valuable experience that can only come with in-person sessions."

Q23 Provide your name and contact information in case the Board has any follow-up questions or to be informed of future discussions on the topic. (OPTIONAL)

Answered: 623   Skipped: 1,315

ANSWER CHOICES	RESPONSES	
Name	99.52%	620
Company	67.58%	421
Address	81.70%	509
Address 2	15.73%	98
City/Town	84.75%	528
State	85.71%	534
Zip/Postal Code	83.15%	518
Email Address	95.99%	598
Phone Number	85.55%	533

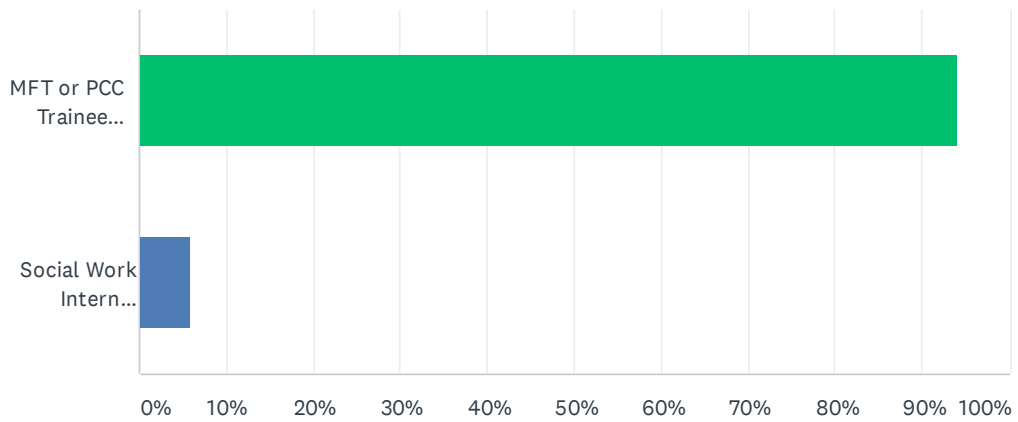# *Blank Page*

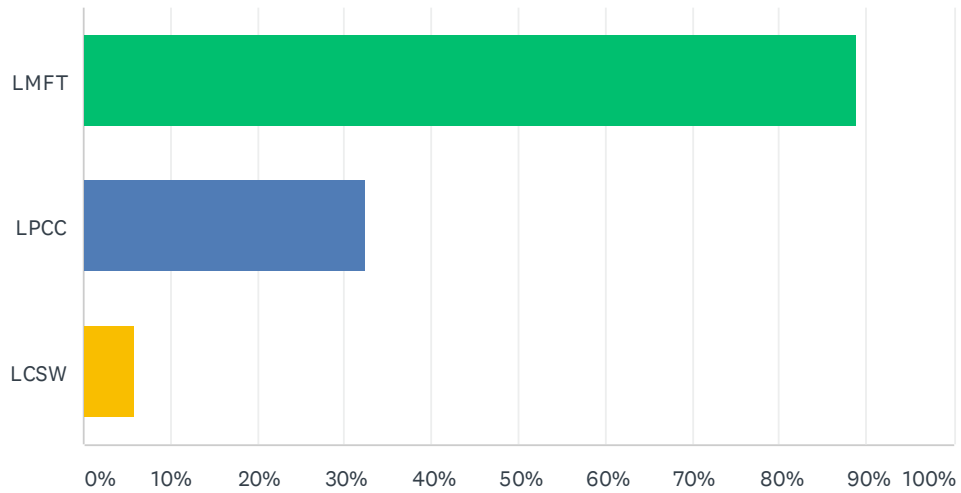# BBS Telehealth Survey for Students

Q1 Please indicate your current status.

Answered: 784   Skipped: 0

ANSWER CHOICES	RESPONSES	
MFT or PCC Trainee (student)	94.13%	738
Social Work Intern (student)	5.87%	46
TOTAL		784

Q2 Please indicate the type of license(s) you plan on pursuing.

Answered: 784   Skipped: 0

ANSWER CHOICES	RESPONSES	
LMFT	88.90%	697
LPCC	32.53%	255
LCSW	5.87%	46
Total Respondents: 784		

Q3 What type of setting(s) are you working in?

Answered: 784   Skipped: 0

ANSWER CHOICES	RESPONSES	
Exempt Setting (school, college or university, or a nonprofit and charitable entity)	82.78%	649
Other Setting	21.81%	171
Total Respondents: 784		

Q4 Do you provide mental health services to clients via telehealth?

Answered: 633   Skipped: 151

ANSWER CHOICES	RESPONSES	
Yes	84.99%	538
No	15.01%	95
TOTAL		633

Q5 If yes, what have been the advantages of providing services to clients via teleheath?

Answered: 505   Skipped: 279

SAMPLING OF COMMENTS:

"Accessibility for clients from marginalized communities. These clients may not have the regional access to affirming and knowledgable clinicians near their home, but through telehealth they have been able to access these life-changing services."

"Ease of access, continuity of care, providing therapy for clients unable to get into the office, providing therapy to quarantined individuals, clients opened up more in the relaxing environment of their home."

"It was more useful for clients with physical disabilities or individuals who were also caregiving."

"It has provided my clients better access to services and has allowed me more access to clients as well."

"Greater availability and more consistent attendance. Clients are more comfortable sharing emotionally sensitive content from the comfort of their own homes."

"More flexibility for the client in terms of when they can schedule appointments. I can see more clients. I don't have to commute 1.5 hours each way, thus lessening the damage on the environment. I have a health condition and it is less challenging to my body to be able to work via telehealth. Some students are more likely to do video sessions than to come to a physical location."

"Accessibility of services for clients; ability for me to manage school/work/practicum much more easily; increasing ability for self-care with reduced commuting."

"I have found that the clients open up quicker over telehealth than in person. Clients appreciate they do not have to drive to an in-person location, they can be relaxed in their own home. I can also quickly and easily share online resources with them."

" Fewer cancellation and tardiness. Being able to see client's face without exposure to COVID-19."

"Greater flexibility in meeting with clients. It allowed me to seek training working with the LGBTQ demographic group, otherwise, I would not have been able to train at the center given the location is a bit far if I could only work in person. Going multiple times a week would have been difficult but telehealth has proven wonderful and helpful."

"Flexible hours, seeing faces not covered by masks, lessened health anxiety."

Q6 If yes, what have been the disadvantages of providing services to clients via teleheath?

Answered: 483   Skipped: 301

SAMPLING OF COMMENTS (excluding those that said "none"):

"Not being able to read full body language (although therapy in person with a mask would be worse)."

"I do not get to take advantage of the energy in the room between words. There is more pressure to fill the space with words and less room for silences. There is less of the "experience" of therapy. It is like operating with only two senses instead of five. Functional but less than. It has been hard for people to find privacy. They call in from parks, cars, beside roads. There is no sacred safe space."

"Some clients do not have access to video for sessions and some clients are too distracted at home and not in a confidential area to speak freely."

"Nonverbal cues are sometimes lost. There is an intangible aspect to being in front of a person."

"Some clients did not have reliable internet connection. For younger clients, it can be difficult to engage keep client's attention. Groups can be difficult to facilitate over Telehealth."

"Not being present in the same space as the client. Inability to see client's entire body. Technical issues that either impede communication or make a session not doable. Decreased ability to utilize interventions that include physical activity like play therapy with children."

"Too many distractions. Can't feel the emotions in the room. Hard to work with couples and families, not everyone as engaged."

"a sense of disconnection, regular issues with connectivity. from my own therapy, i am also aware of how much more progress I have made since my own therapist returned to in-person work, implying to me that I am best suited to in-person work. I cannot help but anticipate that I would be similarly impacted by being in-person as the therapist (I have only ever seen clients via telehealth so far)."

"Not being able to do certain interventions via telehealth or certain interventions not being as effective as they would have been in person."

Q7 If no, please explain why you have not been providing mental health services to clients via telehealth.

Answered: 94   Skipped: 690

SAMPLING OF COMMENTS (excluding comments stating that they have not yet started their practicum/seeing clients):

"I am a student and my practicum will be in person in a hospital setting. I have been going to personal therapy over zoom and it has been wonderful, and will continue to do, much easier to find time for appointments when not having to include travel/parking time as well."

"With this new school year approaching, the administration wants services to be provided in person. Unless COVID goes back into lockdown or for some reason education services are solely online."

"When asked, I was informed it was unlikely I would be able to intern online because agencies were moving forward with in-person services."

"Clients lack accessibility to reliable internet and technology, feedback on telehealth efficacy was poor, clients prefer in person services."
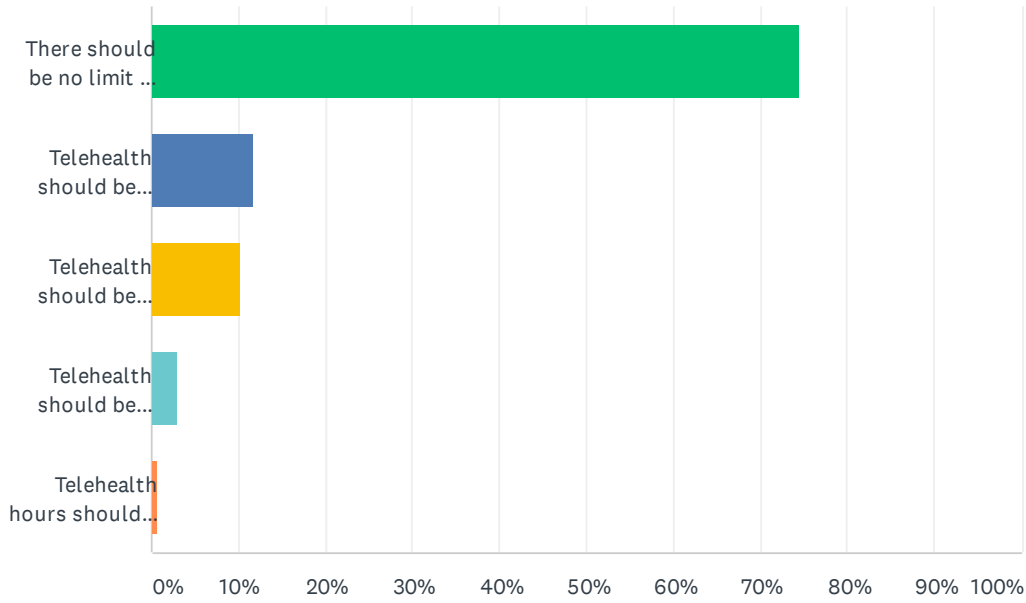
"I work at an inpatient center."

"I will be starting practicum this fall and have been told that my client hours will be in person. However I have classmates whose hours will be via telehealth and they are very concerned about completing enough hours."

"I am at a school so I see the students during school hours."

Q8 Do you believe Students (defined as MFT trainees, PCC trainees and social work interns) should have a limit on the percentage of supervised experience hours they are allowed to gain in providing mental health services to clients via telehealth?
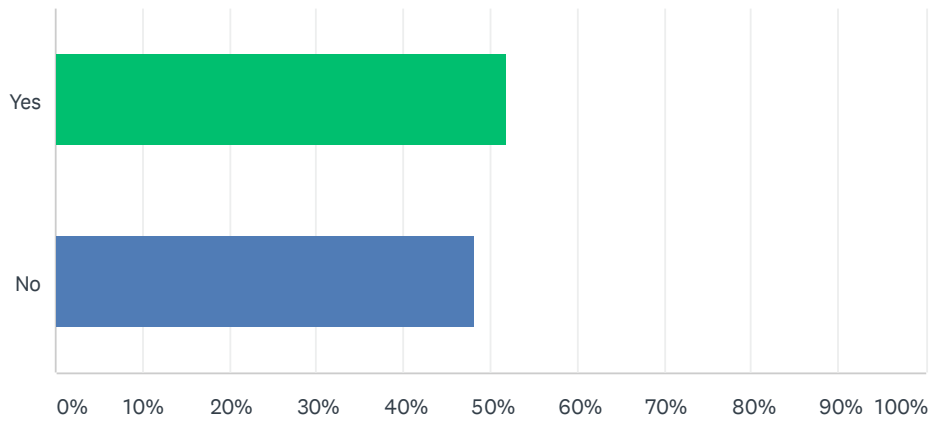
Answered: 550   Skipped: 234

ANSWER CHOICES	RESPONSES	
There should be no limit to telehealth hours	74.55%	410
Telehealth should be limited to 75% of hours	11.64%	64
Telehealth should be limited to 50% of hours	10.18%	56
Telehealth should be limited to 25% of hours	2.91%	16
Telehealth hours should not be allowed at all	0.73%	4
TOTAL		550

Q9 Did your school provide you with coursework or training specific to providing services to clients via telehealth?
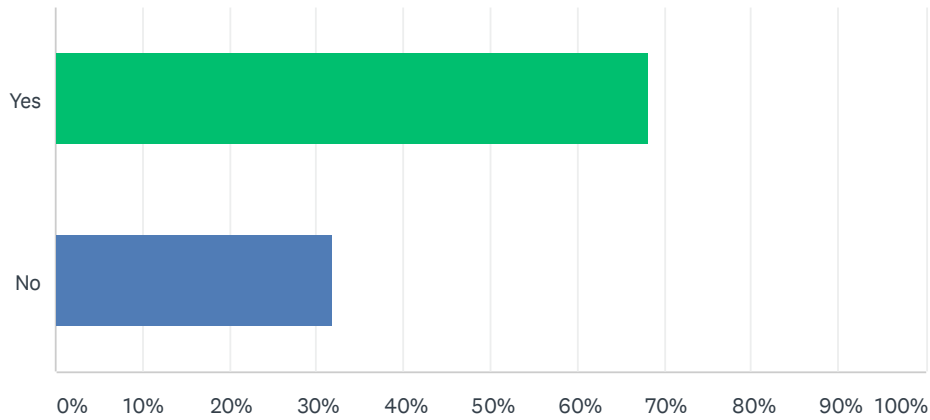
Answered: 550   Skipped: 234

ANSWER CHOICES	RESPONSES	
Yes	51.82%	285
No	48.18%	265
TOTAL		550

Q10 Do you feel that you received the coursework or training you needed from your school to be adequately prepared to provide services via telehealth?

Answered: 550   Skipped: 234

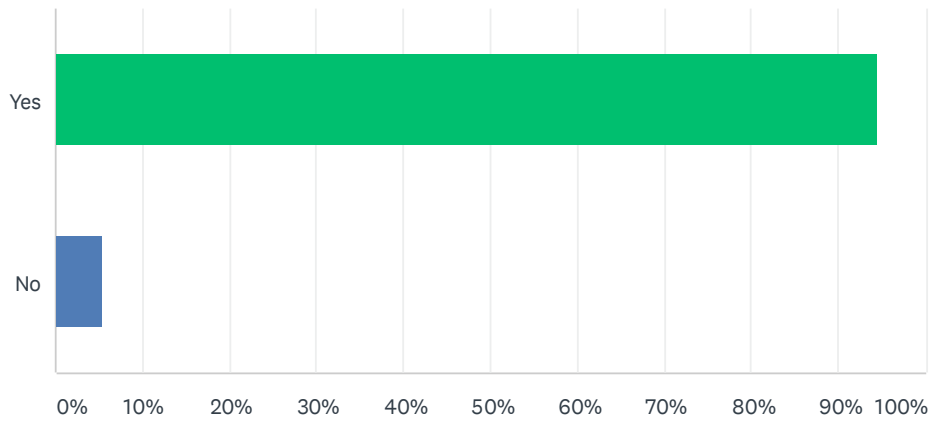| ANSWER CHOICES	RESPONSES	
Yes	68.18%	375
No	31.82%	175
TOTAL		550

Q11 If coursework regarding providing services to clients via telehealth were required, what topics would you like to see covered to maximize your preparedness for the task?

Answered: 550   Skipped: 234

ANSWER CHOICES	RESPONSES	
Topic 1	99.82%	549
Topic 2	68.55%	377
Topic 3	44.55%	245
Topic 4	21.09%	116
Topic 5	10.91%	60
Topic 6	4.91%	27
Topic 7	4.36%	24

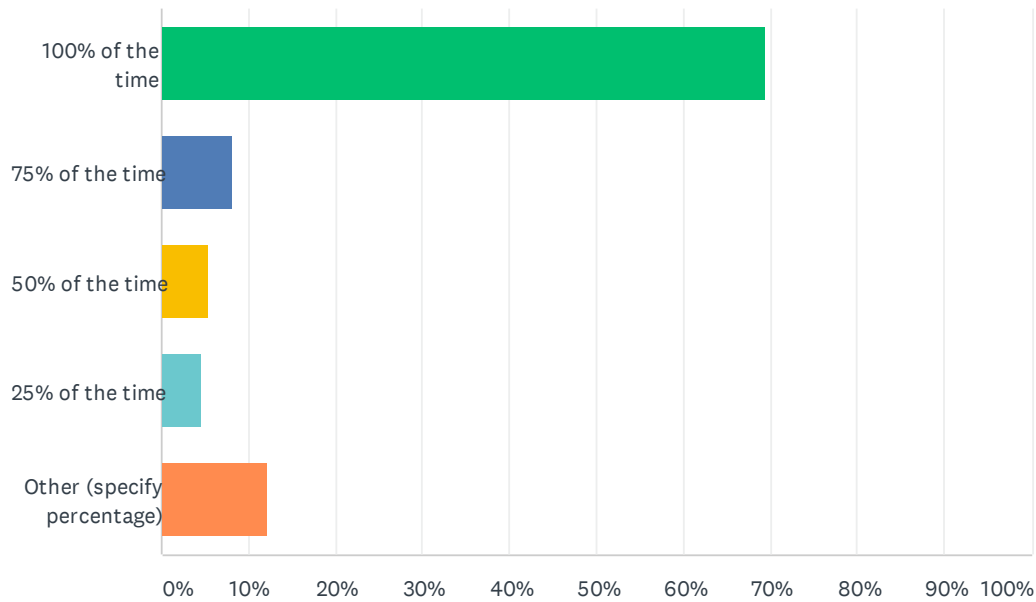# Q12 Does your school permit you and your supervisor to meet for clinical supervision via videoconferencing?

Answered: 550   Skipped: 234

ANSWER CHOICES	RESPONSES	
Yes	94.55%	520
No	5.45%	30
TOTAL		550

Q13 What percentage of the time do you meet with your supervisor for clinical supervision via videoconferencing?
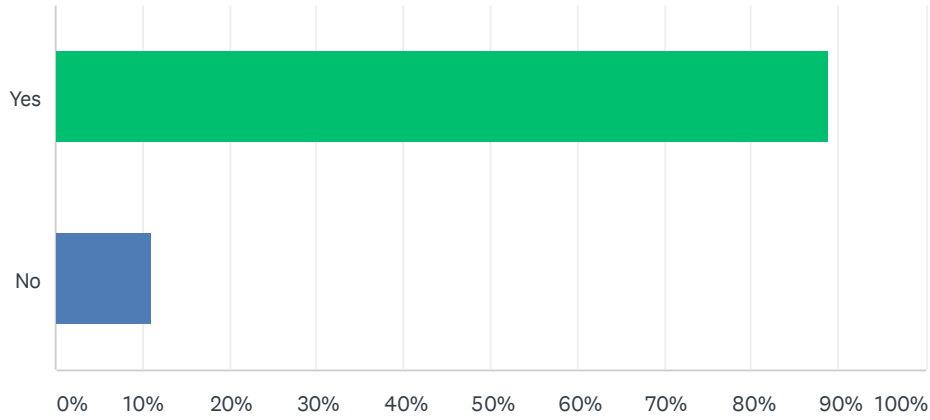
Answered: 499   Skipped: 285

ANSWER CHOICES	RESPONSES	
100% of the time	69.54%	347
75% of the time	8.22%	41
50% of the time	5.41%	27
25% of the time	4.61%	23
Other (specify percentage)	12.22%	61
TOTAL		499

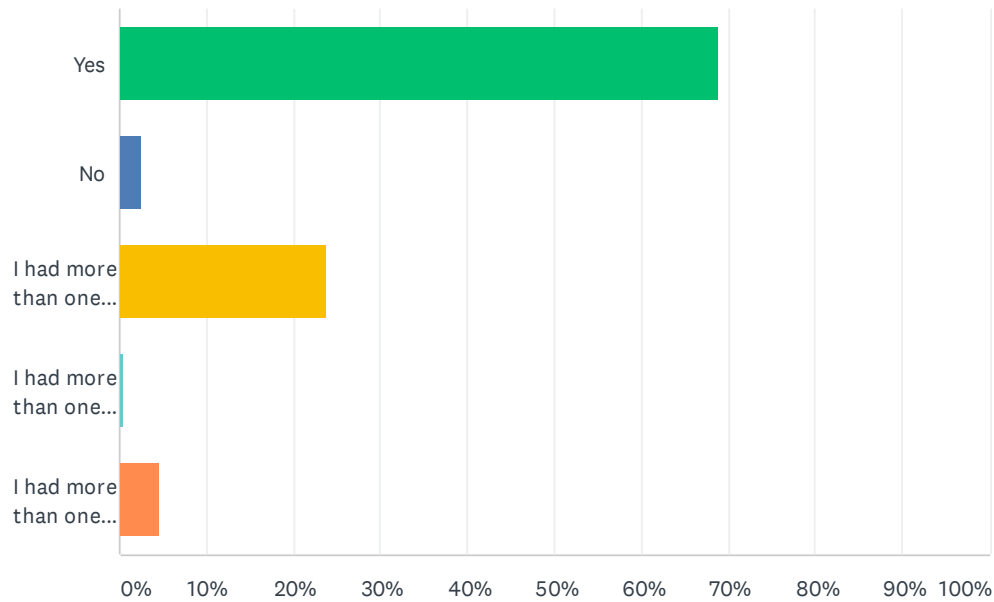# Q14 Do you feel that it is as effective as in-person clinical supervision?

Answered: 481   Skipped: 303

ANSWER CHOICES	RESPONSES	
Yes	88.98%	428
No	11.02%	53
TOTAL		481

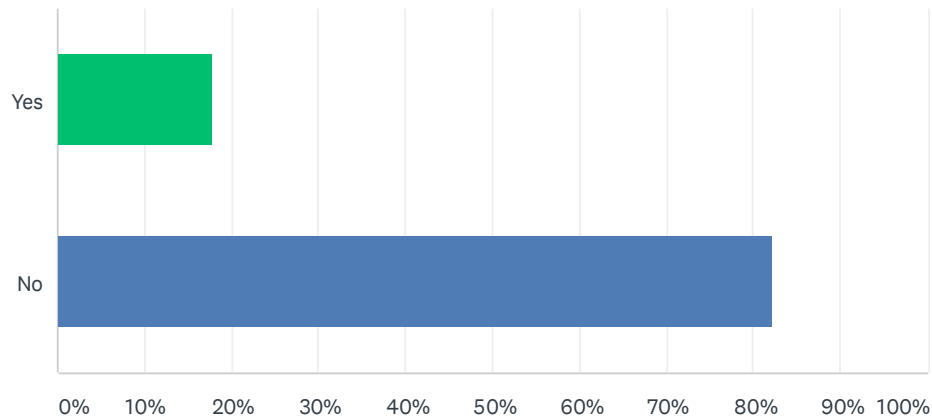# Q15 Do you feel that your supervisor had the competency to provide supervision via videoconferencing?

Answered: 483   Skipped: 301

ANSWER CHOICES	RESPONSES	
Yes	68.74%	332
No	2.48%	12
I had more than one supervisor and all were competent in this area	23.81%	115
I had more than one supervisor and none had adequate competency in this area	0.41%	2
I had more than one supervisor and some had adequate competency in this area and some did not	4.55%	22
TOTAL		483

Q16 Have you experienced any disadvantages or problems with clinical supervision via videoconferencing?

Answered: 483   Skipped: 301

ANSWER CHOICES	RESPONSES	
Yes	17.81%	86
No	82.19%	397
TOTAL		483

SAMPLING OF COMMENTS FOR THOSE WHO ANSWERED "YES":

"Minimal time for side conversations, making personal connections w/ supervisors & colleagues, etc."

"During triadic and group supervision I find it difficult to get my word in, add my input, or ask for additional help when I can't read body language and we sometimes end up talking over each other. It is not ideal."

"It is more difficult to have a conversation that feels organic, especially in group supervision."

"Wifi lag. Compared to the potential disadvantages and problems of traffic in our area, it pales. If we are providing therapy by telehealth, then we probably should be observed/supervised by telehealth at least sometimes. If we are working a hybrid model, maybe it makes sense to have hybrid supervision."
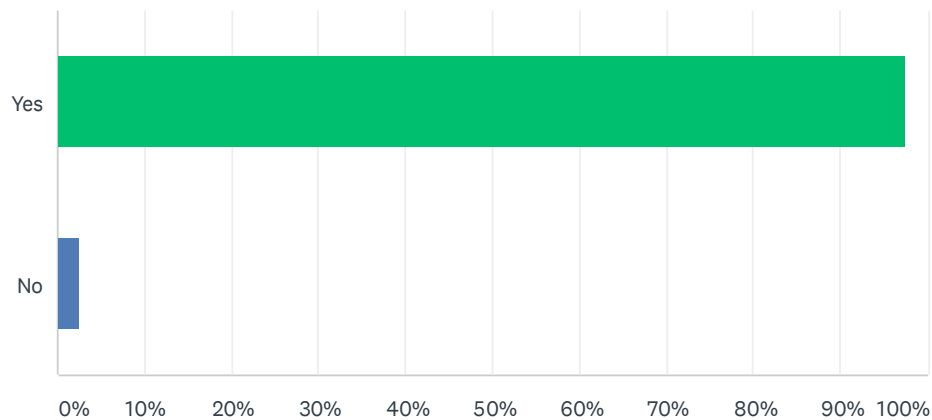
SAMPLING OF COMMENTS FOR THOSE WHO ANSWERED "NO":

"My supervisor and other staff have office hours and are readily available to help whenever there is a question. My supervisor is also response quickly to email, phone calls, texts when it's an emergency. I have always felt very well supervised and supported even when dealing with very difficult crisis situations for the first time."

"It seems like supervision functions adequately over videoconferencing. Even when technical problems have come up, we have been able to work around them."

Q17 Do you believe that allowing clinical supervision via videoconferencing provides Students with any benefits?

Answered: 522   Skipped: 262

ANSWER CHOICES	RESPONSES	
Yes	97.51%	509
No	2.49%	13
TOTAL		522

SAMPLING OF COMMENTS:

"It is cheaper to pay for online supervision than it is for in person. It's more convenient because of times to choose from not typical 9-5 hours. I do not have to drive 3 hours to a supervisor."

"Having supervision the same way that I meet with my clients was a huge benefit. I was able to be fully there both with my clients and supervisor. I didn't have to worry about traffic on the road or running late with a client because I knew that supervision was just a click away. It provided more fluid conversation because we didn't have to pack up and leave."

"I believe that supervision videoconferencing provides many benefits. Doing video conferencing the supervisor and clinician are able to share screens with each other to obtain clarification to questions. In person this is more difficult. Also the supervisor is able to instantly share resources to the clinician that will help them with providing adequate services."
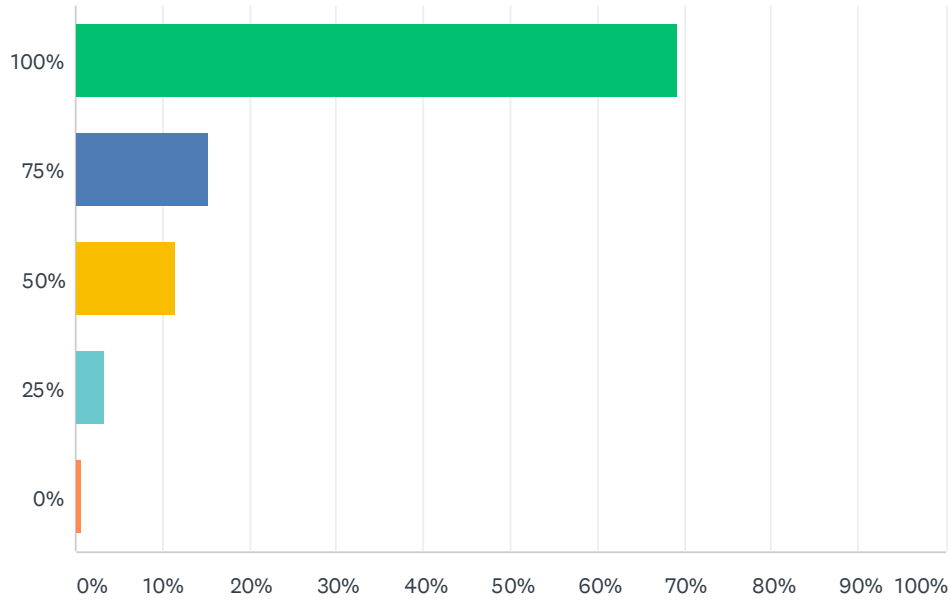
"Yes, student are already juggling so much - including mostly UNPAID traineeship hours. Videoconferencing allows for more flexibility and less commute time, which is critical."

"Convenience, continued supervision despite quarantine requirements, ability to see full facial expression without masks on videoconference vs mask-wearing for in-person supervision."

"in person is better, video is just more convenient."

Q18 If a certain percentage of clinical supervision were to be allowed via videoconferencing in ALL settings (it is currently only allowed in "exempt" settings), what percentage do you think would be most beneficial and why?

Answered: 522   Skipped: 262

ANSWER CHOICES	RESPONSES	
100%	69.35%	362
75%	15.33%	80
50%	11.49%	60
25%	3.26%	17
0%	0.57%	3
TOTAL		522

Q18 If a certain percentage of clinical supervision were to be allowed via videoconferencing in ALL settings (it is currently only allowed in "exempt" settings), what percentage do you think would be most beneficial and why?

Answered: 522   Skipped: 262

SAMPLING OF COMMENTS:

"I think it should be up to the supervisor and trainee. If they want to meet in person, or the supervisor or student prefers it, then that makes sense to do. I don't see any reason why this shouldn't be worked out between the supervisor and trainee."

"100% should be allowed, but students and supervisors should have the choice to determine what works best for their schedules and specific concerns."

"Most the time video conferencing can be done but i do feel an in person session periodically is important."

"So long as the supervisor is competent to provide online supervision and the modality is suited to telehealth, there should be no restriction. Sites should be able to set their own policies, and students/schools can hold them accountable."

"I believe a limit should not be placed as each situation and setting have differing needs and requirements. My county agency services clients in far reaching areas, not really suitable for in person contacts each week."

"Allows supervisors from across the state to provide supervision to trainees/associates."

"Both have different advantages. Telehealth flexibility is vital to those who are students, working to pay rent, and getting trainee hours. In person is vital to the connection and support between supervisor and other trainees."

"I don't think supervision should exclusively be offered virtually, or in person. If certain trainings are more conducive to in person practice/ training, then those should be offered in person. General supervision about cases however can be done entirely remotely."

"In person is so beneficial because your supervisor can pick up on more of what you are learning and not learning when you are in the room together."

"It is hard to say the ideal as I have only received clinical supervision via videoconferencing. I think it is hard to say what would be most beneficial without experiencing both. I guess I would encourage flexibility over a hard percentage. Who knows what situations people will face? Why lock yourself into a rigid rule? For someone in a rural area or a huge metropolis videoconferencing might allow access to someone great! I think the focus should be on the quality of supervision, not the mode in which it is delivered."

Q19 Do you have any additional comments?

Answered: 155   Skipped: 629

SAMPLING OF COMMENTS:

"This is the way the field is going (telehealth). Any therapist of the future must be adept at both telehealth and live therapy. This hybrid and ease and flexibility to adapt to clients' needs should be the priority."

"Let us keep telehealth 100% of the time, and supervision through video 100% of the time. As our field adapts so must our training and experiences this is the new way. It can also be easier to reach out to less privileged people and people who may not go to a "therapy" office. Thanks for reading."

"My training via telehealth was the most comforting experience when dealing with my anxiety as a new therapist. I have been able to have supervisors directly sit in my sessions and offer real time feedback in private chats as I counseled families."

"It is INCREDIBLY hard as a new trainee to figure out how to work with children via telehealth. I went in person for a month and 1 in person session was like 5 telehealth sessions as far as productivity and having a useful session."

"I think teletherapy should definitely continue to count towards our hours! Now that we realize it can work for most clients, many of them may not want to go back to in-person."

"People with disabilities have been asking for options like videoconferencing for decades. Plus, it is an option that makes everyone's lives a little easier."

"I worked in the mental health service field doing home visits (in neighborhoods with the greatest needs and barriers to those services) and office visits and now telehealth. I also see my own psychiatrist and therapist on line and I can honestly say that I think the most important aspect to providing mental health services is access. Telehealth has made access undeniably easier and safer for both clients and practitioners. It has also opened up opportunities for people to access mental health specialist like someone who works with autistic children with a theory that is relationship-based verses behavioristic. It can also create the same opportunity for those of us who want to train with specialty mental health sites because that is the population we want to work with. Telehealth isn't going away, I think the BBS needs to embrace it and use the opportunities it provides to create better mental health providers."

"I am autistic. I am aware that my perspective on these matters is unique, and I invite the Board to reach out to me with questions. Our profession desperately needs more neurodiverse clinicians, and removing telehealth restrictions would be a powerful move of solidarity for those of us who are neurodiverse and struggling to enter this profession."

Q20 Provide your name and contact information in case the Board has any follow-up questions or to be informed of future discussions on the topic. (OPTIONAL)

Answered: 221   Skipped: 563

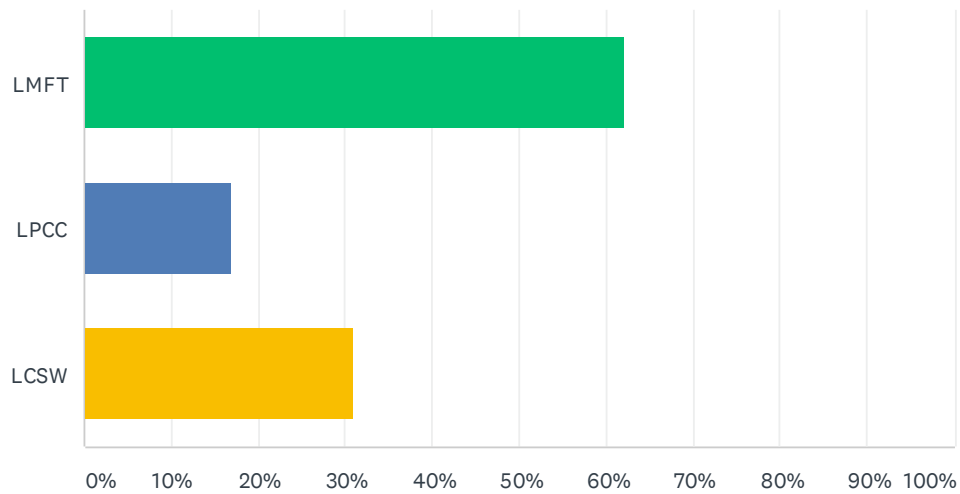| ANSWER CHOICES	RESPONSES	
Name	98.64%	218
Address	83.71%	185
Address 2	16.29%	36
City/Town	87.33%	193
State	88.24%	195
Zip/Postal Code	85.97%	190
Email Address	99.10%	219
Phone Number	81.90%	181

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BBS Telehealth Survey for Associates

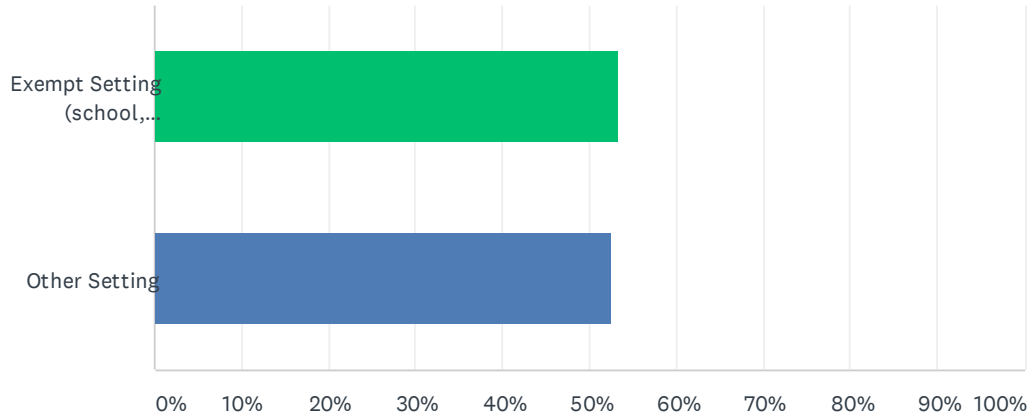## Q1 Please indicate the type of license(s) you plan on pursuing.

Answered: 2,523   Skipped: 0

ANSWER CHOICES	RESPONSES	
LMFT	62.07%	1,566
LPCC	17.04%	430
LCSW	31.03%	783
Total Respondents: 2,523		

Q2 What type of setting(s) are you working in?

Answered: 2,523   Skipped: 0

ANSWER CHOICES	RESPONSES	
Exempt Setting (school, college or university, or a nonprofit and charitable entity)	53.31%	1,345
Other Setting	52.48%	1,324
Total Respondents: 2,523		

Q3 Do you provide mental health services to clients via telehealth?

Answered: 2,149   Skipped: 374

ANSWER CHOICES	RESPONSES	
Yes	91.02%	1,956
No	8.98%	193
TOTAL		2,149

Q4 If yes, what have been the advantages of providing services to clients via teleheath?

Answered: 1,867   Skipped: 656

SAMPLING OF COMMENTS:

"I get to see clients from all over the state of CA who are in desperate need of HAES and Intuitive Eating-informed care for severe eating disorders. I can see clients who have extremely busy schedules and can't take time off of work or school to drive to and from a therapy appointment. Clients feel comfortable in their environments. Also, some of my clients are in bodies that are differently abled, or have 10/10 anxiety about going outside due to body image disturbance and these clients hugely benefit from telehealth and have been able to make progress regarding reducing anxiety and eventually re-entering their lives."

"Greater access for low-income and/or traumatized clients, who often struggle with logistics of getting to/from appointments. Also greater access for chronically ill and disabled clients to receive therapy services. Higher engagement in treatment overall when telehealth is available."

"Attendance is significantly more reliable. Clients very rarely cancel or no-show. Clients seem comfortable in their space and are able to share more of their circumstance with counselor."

"There are so many! The top advantages include working with clients who are unable to come in-person because of safety concerns or commuting issues, an increase in flexibility for my schedule, and a decrease in associated costs with operating in an office space."

"Clients in other parts of state where specialist is not located. Transportation issues where clients are unable to drive. Able to see clients with agoraphobia not ready to leave house. Able to do at home exposures with clients. Encourages clients to meet virtually if they are not feeling well."

"Ease and availability of treatment to those that need or desire alternative options; elderly, busy working professionals, younger clients that expect a telehealth option, etc."

"Ease and availability of treatment to those that need or desire alternative options; elderly, busy working professionals, younger clients that expect a telehealth option, etc."

"Accessibility to clients, safety with regards to COVID & limiting exposure/risk, consistent clients, support during a time that our society needs it most, flexibility for clients, strengthening our versatility in the way we deliver mental health services, more affordable and reached more people."

"Accessibility to clients, safety with regards to COVID & limiting exposure/risk, consistent clients, support during a time that our society needs it most, flexibility for clients, strengthening our versatility in the way we deliver mental health services, more affordable and reached more people."

Q5 If yes, what have been the disadvantages of providing services to clients via teleheath?

Answered: 1,801   Skipped: 722

SAMPLING OF COMMENTS :

"Challenging is not being in the physical office setting to speak to colleagues."

"Not sure where the client is if they change location, but confirming each time is helpful. Clients sitting in a car. Lack of privacy. Some people like to go somewhere. Less boundaries."

"The primary disadvantages have been not being able to see a client's entire body, as that can make it more difficult to understand the client's state, particularly for clients who are prone to dissociation or have difficulty connecting with their bodies. However, I have found this to slow the therapeutic work, not prevent it. The other primary challenge is when their are internet issues or when a child is not given appropriate privacy."

"Not being able to as easily collaborate with colleagues when a client is in crisis, nor being able to regulate client's nervous systems while begin in the room with them. Also, engagement is slightly more challenging with teens."

"Sometimes building the relationship is harder."

"As a clinician, it is sometimes difficult to discern a person's full energy and mood on screen, and some interventions are best suited to in-person work."

"It's difficult to do some aspects of play therapy or work with younger kids. Confidentiality limitations, screen fatigue, difficult to run some groups."

"Too many distractions for both client and therapist."

"Decreases activity options, more difficult to read body language, issues with technology, clients sometimes do not want to turn on their camera, more distractions, and a little more difficult to feel human connection."

"Sometimes the clients don't have enough privacy or there are technical challenges with telehealth. Zoom fatigue for the therapist and/or the client. Some clients are students and also have doing telehealth in school or maybe for their jobs too. Not as personable as face to face and can be more challenging to build rapport with some. Some client's don't trust telehealth services and/or are camera shy. If clients turn their video off or prefer a phone call due to these concerns aor technical challenges then I am unable to see body language and am limited to tone of voice, which can be misinterpretted. With some therapy telehealth is not appropriate."

Q6 If no, please explain why you have not been providing mental health services to clients via telehealth.

Answered: 340   Skipped: 2,183

SAMPLING OF COMMENTS:

"I am not providing mental health services at this time."

"I work at a housing agency where most of the clients to not have access to transportation so it is important to do home visits."

"My work agency does not offer telehealth to their clients and the work setting which I'm in is primarily direct contact care."

"Intensive outpatient program for substance use population."

"Work in a hospital."

"We are open for seeing clients in person and that is what they prefer."

"I have some kids returning to in person but now the issue is their face is covered by the mask. It is really dependent on the clients ability to be treated successfully via Telehealth. Some teens and adults do very well some younger kids are better served in person."

"I have been limiting as much as possible. I don't believe it is true to the therapeutic process."
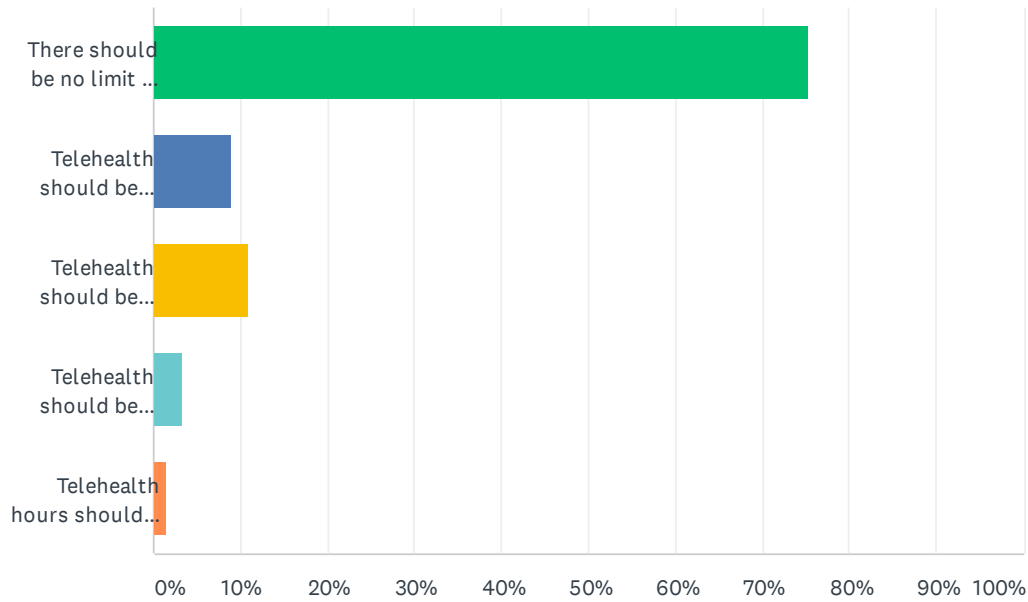
"I work in a dialysis clinic and we have been open since the pandemic began."

"I have concerns about confidentiality, also security and safety for client(s) I am also not certain I have the proper equipment to move forward with telehealth."

"I work with unhoused folks in skid Row. Telehealth is not an option."

Q7 Do you believe Associates should have a limit on the percentage of supervised experience hours they are allowed to gain in providing mental health services to clients via telehealth?
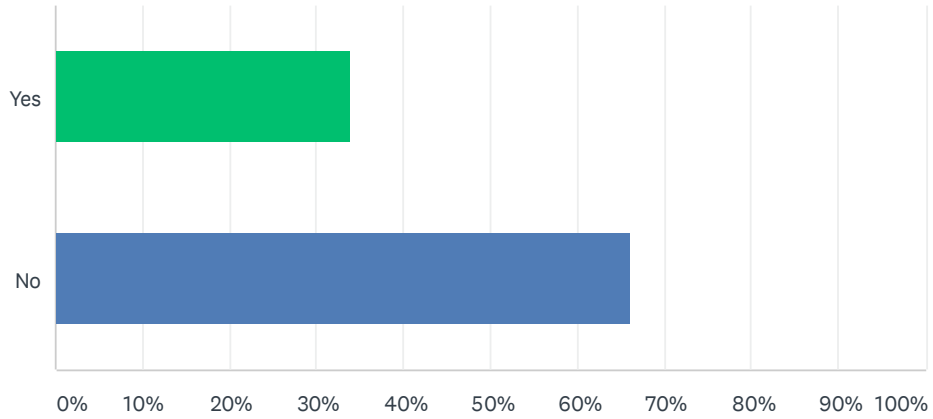
Answered: 1,887   Skipped: 636

ANSWER CHOICES	RESPONSES	
There should be no limit to telehealth hours	75.41%	1,423
Telehealth should be limited to 75% of hours	8.90%	168
Telehealth should be limited to 50% of hours	10.97%	207
Telehealth should be limited to 25% of hours	3.34%	63
Telehealth hours should not be allowed at all	1.38%	26
TOTAL		1,887

Q8 Did your school provide you with coursework or training specific to providing services to clients via telehealth?
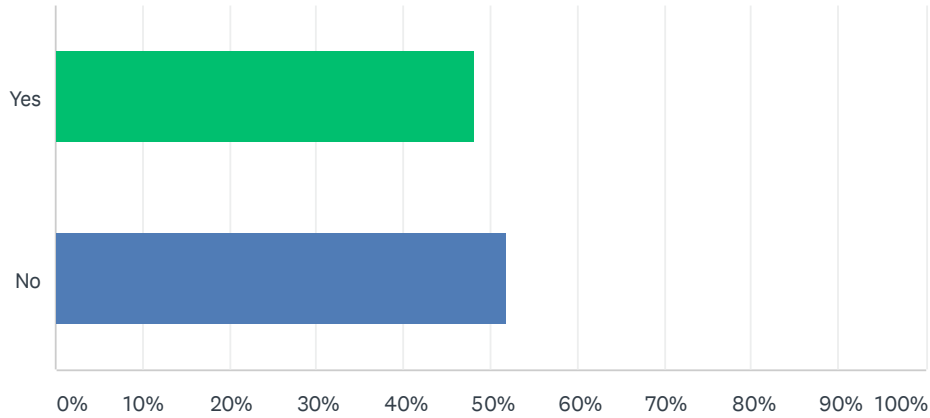
Answered: 1,887   Skipped: 636

ANSWER CHOICES	RESPONSES	
Yes	33.86%	639
No	66.14%	1,248
TOTAL		1,887

Q9 Do you feel that you received the coursework or training you needed from your school to be adequately prepared to provide services via telehealth?

Answered: 1,887   Skipped: 636

ANSWER CHOICES	RESPONSES	
Yes	48.07%	907
No	51.93%	980
TOTAL		1,887

Q10 If coursework regarding providing services to clients via telehealth were required, what topics would you like to see covered to maximize your preparedness for the task?

Answered: 1,887   Skipped: 636

ANSWER CHOICES	RESPONSES	
Topic 1	100.00%	1,887
Topic 2	69.16%	1,305
Topic 3	44.41%	838
Topic 4	21.52%	406
Topic 5	9.70%	183
Topic 6	4.77%	90
Topic 7	2.81%	53

Q11 As an ASSOCIATE, do you and your supervisor meet for clinical supervision via videoconferencing?
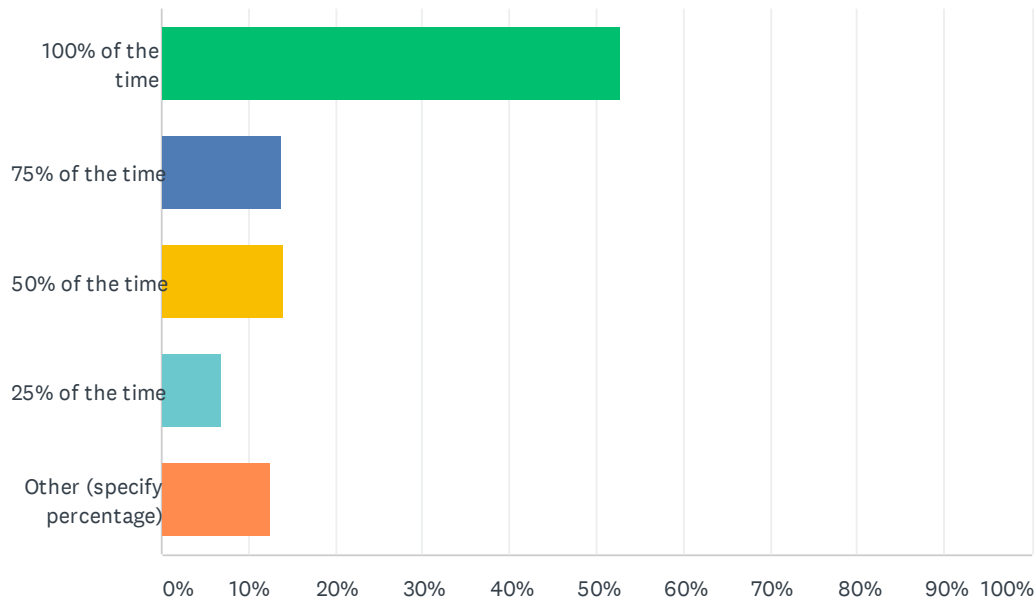
Answered: 1,818   Skipped: 705

ANSWER CHOICES	RESPONSES	
Yes	84.93%	1,544
No	15.07%	274
TOTAL		1,818

Q12 What percentage of the time did you meet with your supervisor for clinical supervision via videoconferencing as an Associate?

Answered: 1,514   Skipped: 1,009

ANSWER CHOICES	RESPONSES	
100% of the time	52.77%	799
75% of the time	13.80%	209
50% of the time	13.94%	211
25% of the time	6.94%	105
Other (specify percentage)	12.55%	190
TOTAL		1,514

Q13 Do you feel that it was as effective as in-person clinical supervision?

Answered: 1,506   Skipped: 1,017

ANSWER CHOICES	RESPONSES	
Yes	95.68%	1,441
No	4.32%	65
TOTAL		1,506

SAMPLING OF COMMENTS:

"I get all the answers I need and find it easy to speak and be heard in clinical supervisor."

"If anything, it's better because my Supervisor is in an entirely different city. We're able to meet regularly and easily, and can share resources with zero problems."

"We review clients as we would in person, she checks in w/ me and will take same time and care when needing support or processing difficult cases. At times, I feel it's better because she has provided tools and resources for me and clients that are online - she wouldn't do that when we are face to face."

"I believe the quality of supervision is not the same as in-person. Not to say that my questions were not answered, but the need to connect and the need to feel supported was diminished by videoconferencing. The same applies to group supervision or triadic."

"I feel there were even fewer challenges with meeting via video conference for supervision than there were for providing therapy via telehealth. "

"As effective or more effective for 1 on 1 supervision. Less effective for group supervision of more than 2 supervisees."

"Ability to use materials in own location versus having to haul to meeting location. It felt no different than in person other than physically being able to touch them. Still able to see non-verbal cues, use of tech for research, ability to review documents."

Q14 Do you feel that your supervisor had the competency to provide supervision via videoconferencing?

Answered: 1,517   Skipped: 1,006

ANSWER CHOICES	RESPONSES	
Yes	68.69%	1,042
No	0.86%	13
I had more than one supervisor and all were competent in this area	26.90%	408
I had more than one supervisor and none had adequate competency in this area	0.13%	2
I had more than one supervisor and some had adequate competency in this area and some did not	3.43%	52
TOTAL		1,517

SAMPLING OF COMMENTS:

"All of my supervisors have put in extra effort to be knowledgeable in this area."

"They have all been able to engage with the technology and even though some weren't a good fit, I don't think the problem was due to it being over video."

"Supervision via video was far more effective than supervision in person. It was easier to share resources, stay focused, and even consult with therapists elsewhere."

"I had some very great supervisors, but I also had another supervisor who was constantly getting interrupted by children in home, and did not provide supervision from an adequate working space."

"I found that I did have one supervisor who was not competent on the computer. But to be quite honest, I think that would have been the same in person. This supervisor didn't manage her own stress, workload, or countertransference at all."

Q15 Have you experienced any disadvantages or problems with clinical supervision via videoconferencing?

Answered: 1,506   Skipped: 1,017

ANSWER CHOICES	RESPONSES	
Yes	14.67%	221
No	85.33%	1,285
TOTAL		1,506

SAMPLING OF COMMENTS:

"My supervisor struggles in group supervision making sure each supervisee participates, e.g., providing feedback to colleagues who showed video."

"With triadic and group supervision it can sometimes be more challenging to engage a flow of ideas in light of internet bandwidth and audio/microphone limitations."

"I had 2 crises to deal with, and it was challenging as an intern not being able to talk and problem solve in person."

"I feel less connected over telehealth and less willing to contribute to the group."

"The only thing I can say to this is if your supervisor is not up to par in person, it will not be better via videoconferencing. That was my experience at my practicum site when covid started in 2020."

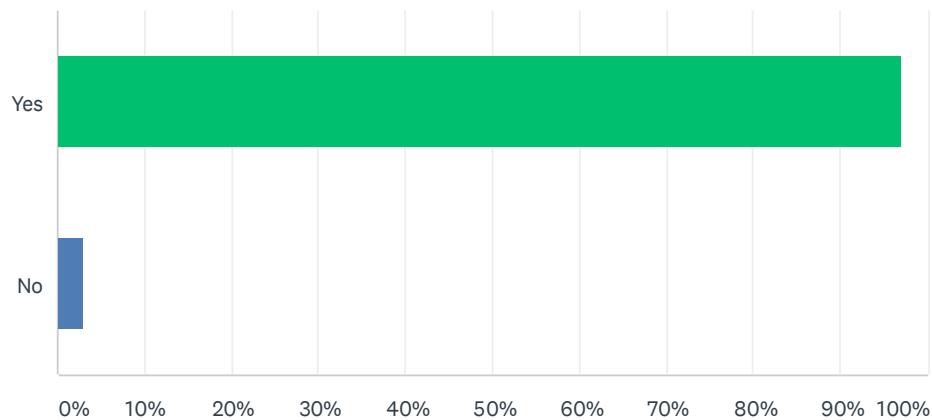"Supervisors were not as present via videoconferencing. While they may be more attuned or concentrated in person."

"It took longer for us to establish the culture of our supervision group online than in person. But once this was established, it felt quite seamless."

"Zoom fatigue. it was more difficult to engage during supervision due to distractions or inability to see material during case presentations."

Q16 Do you believe that allowing clinical supervision via videoconferencing provides Associates with any benefits?

Answered: 1,759   Skipped: 764

ANSWER CHOICES	RESPONSES	
Yes	97.04%	1,707
No	2.96%	52
TOTAL		1,759

SAMPLING OF COMMENTS:

"Associates are already woefully underpaid and exploited in terms of hours. Expecting an associate to drive, pay extra for supervision, parking, and spend extra hours is insulting and needless."

""virtual meetings are here to stay for many individuals. Therefore, videoconferencing with supervisors can act as trainings and learning for Associates. "

"Ease of meeting, esp for associates with physical or mental health disabilities."

"It is easier, allows us to share electronic material easier through shared drive, PDF, chat, etc."

"Convenience.. access to a supervisor you may otherwise not, e.g. an LCSW vs another mental health professional."

"I am able to have a fantastic supervisor who lives far from my clinic - but volunteered during the pandemic to help in any way she could. I will lose her if we have to go back to in person. Online allows us freedom to be supervised by therapists with specialties we are interested in rather than just having to use someone based on geography."

"Saves time to focus on clients and not extra time finding parking and driving."

"We can access supervisors who give us incredible support and respect. I've seen terrible supervisors, ones I would've been stuck with if I hadn't had the opportunity to move to video conferencing."

Q17 If a certain percentage of clinical supervision were to be allowed via videoconferencing in ALL settings (it is currently only allowed in "exempt" settings), what percentage do you think would be most beneficial and why?

Answered: 1,759   Skipped: 764

ANSWER CHOICES	RESPONSES	
100%	73.11%	1,286
75%	11.31%	199
50%	11.26%	198
25%	3.24%	57
0%	1.08%	19
TOTAL		1,759

Q18 Do you have any additional comments?

Answered: 550   Skipped: 1,973

SAMPLING OF COMMENTS:

"Removing videoconferencing clinical superivsion will result in associated needing to leave jobs they have secured during COVID."

"Many clients like and prefer telehealth services over in-person services. By allowing more components of our work to occur through videoconferencing, you are providing more opportunities for people to practice their telehealth skills and continue to develop competence in this area."

"Telehealth has been just as effective in my work with clients as well as my supervison experiences. Many if not most of my clients are requesting to stay telehealth regardless of the pandemic status as many barriers such as travel, parking and gas have been removed and they enjoy the comfortability of therapy in their own home; I also have many clients in other counties in CA so telehealth is increasing accessibility to clients all over California."

"As a therapist that navigates my own disability, it was super disheartening to think that with private practice remote supervision no longer being permitted that I might have to choose a more high risk way of receiving supervision because only some settings are exempt."

"Frankly put, ending or further restricting the televideo option for clients and associates would upend and destabilize my entire caseload, and I wouldn't be the only one."

"In the process of becoming licensed I've observed that underserved communities are underserved in a large part due to professionals who would otherwise choose to serve their own communities being unable geographically to meet the BBS requirements for supervision. Many are forced to choose between driving distances that are prohibitive or relocating to more densely populated areas. If online supervision became available I believe there will be a more equitable distribution of mental health services to residents across California and associates would have increased access to highly skilled supervisors."

"Please increase accessibility of services by allowing 100% telehealth therapy services AND supervision in all settings and let schools, trainees, associates, licensed clinicians, and licensed clinical supervisors decide for themselves how they wish to practice."

"I have been able to train in a county that I may not have ever gotten the opportunity to train in. I was exposed to a more diverse population, and I was able to learn more resources for future patients. I also appreciate that I save 15 hours a week that can be spent on self care rather than driving, which reduces my probability for burnout."

"Please allow video conferencing in private practice settings. This will ensure the availability of BIPOC therapists in hard to reach areas, and decrease barriers for associates who are already managing several responsibilities and expectations."

Q19 Provide your name and contact information in case the Board has any follow-up questions or to be informed of future discussions on the topic. (OPTIONAL)

Answered: 630   Skipped: 1,893

ANSWER CHOICES	RESPONSES	
Name	99.05%	624
Address	80.48%	507
Address 2	13.02%	82
City/Town	84.44%	532
State	85.24%	537
Zip/Postal Code	83.65%	527
Email Address	93.65%	590
Phone Number	86.19%	543

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Memo

To:	Telehealth Committee Members	**Date:**	September 7, 2021
From:	Christy Berger Regulatory Analyst	**Telephone:**	(916) 574-7817
Subject:	Results of Telehealth and Supervision via Videoconferencing Surveys for Schools		

Background

At its June 2021 meeting, the Telehealth Committee reviewed and approved draft questions for surveys pertaining to telehealth (primarily as performed by applicants gaining hours toward licensure) and supervision via videoconferencing. Four different surveys were developed and administered:

- Supervisor Survey *(results provided under separate cover)*
- Student Survey *(results provided under separate cover)*
- Associate Survey *(results provided under separate cover)*
- School Survey **(see Attachment)**

The purpose of the surveys was to obtain feedback about student and associate experiences with providing services to clients via telehealth, supervision of applicants who are providing telehealth services, providing supervision via videoconferencing, and gathering topics related to telehealth where training may be needed.

Each survey was prefaced by a statement that asked respondents to keep in mind that "…these questions are seeking to gain insight about how the practice of the professions the board regulates will move forward AFTER the COVID-19 pandemic has ended."

The surveys were posted to the Board's website and social media, to our email subscriber's list, and disseminated by professional associations. Survey results are provided in the attachments, and include a sampling of written comments to open-ended questions. The sampling of written comments generally:

- Attempt to provide a representative sample

- Include comments that summed up many individual comments

- Comments related to marginalized communities were included more often to lift up those voices

- Exclude comments that responded "none" or N/A or similar

Survey Results – Schools

This survey was sent via email to the program's director at each school with a California LCSW, LMFT and/or LPCC program. The survey was also sent via the methods listed above. 188 completed surveys were received.

Notable findings - School Survey results:

Students Providing Services via Telehealth:

Prior to the pandemic, 32% of schools allowed 25% or more hours to be **provided by students via telehealth**.

55% of schools plan on continuing to permit students to provide services via **telehelalth after the COVID-19 state of emergency is over**. 40% of schools have not decided yet whether to permit student services via telehealth to continue.

Commonly listed **benefits** to allowing students to provide clinical services via telehealth were similar to those reported in surveys of supervisors, associates and students (greater access to care for clients, greater safety/comfort level for client and therapist, and flexibility/convenience for client and therapist). Schools also reported benefits in students learning the telehealth modality and related skills.

Commonly listed **disadvantages** to allowing students to provide clinical services via telehealth were also similar to those reported in surveys of supervisors, associates and students (technology/connectivity issues, doesn't work well for all clients, difficulty seeing client's nonverbal cues, and privacy issues. Schools also reported concerns that some students will be lacking experience providing therapy in-person.

51% of schools have seen a **positive effect on clinical skills** for students who began practicum during the pandemic, and who have only seen clients and had clinical supervision virtually. 36% reported a **mix of positive and negative** effects.

59% of respondents felt that **students should be limited** on the percentage of hours they are allowed to gain providing clinical services via telehealth. Of those, 40% felt that there should be no limit to telehealth hours.

54% of schools **require coursework and/or training** regarding delivery of clinical services via telehealth, with 11% providing optional training. Common **topics** covered in the training are legal and ethical issues related to telehealth, assessing and addressing client risk factors, and working with and engaging clients.

Providing Supervision via Videoconferencing:

74% of schools **permit clincial supervision of students via videoconferencing**, and 21% of schools permit it only in some cases.

85% of schools who responded believe that supervision via videoconferencing should be **allowed in all settings** (not just exempt settings).

90% of schools that allow supervision via videoconferencing have seen **advantages**. 39% have experienced **disadvantages**.

Commonly listed **advantages** to allowing students to be provided with supervision via videoconferencing were similar to those reported in surveys of supervisors, associates and students (flexibility/convenience, greater accessibility, and safety during the pandemic).

Commonly listed **disadvantages** to allowing students to be provided with supervision via videoconferencing, other than technology challenges, were somewhat different than those reported in surveys of supervisors, associates and students. The common responses from schools include being harder to assess the supervisee, and harder to engage some supervisees.
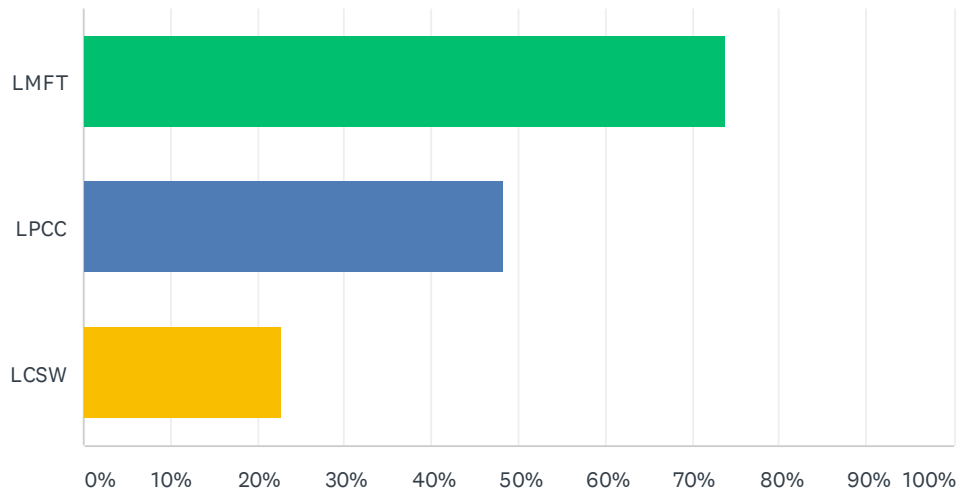
Attachment

School Survey Results

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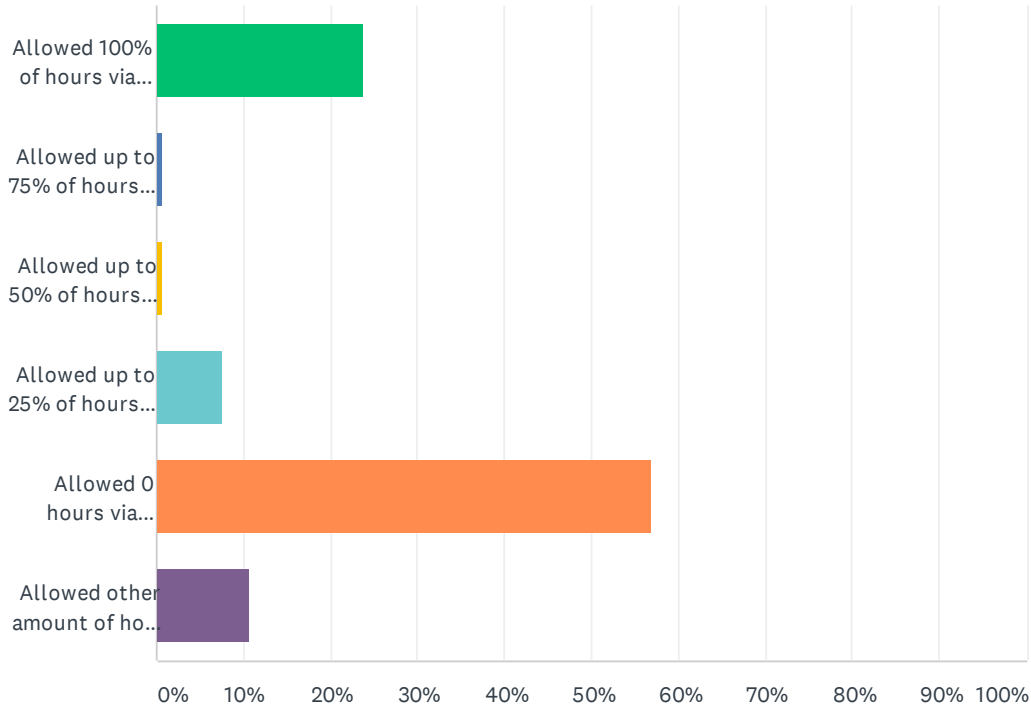# Q1 Please indicate the type of license(s) your program's degree is preparing its graduates for (check all that apply):

Answered: 188   Skipped: 0

ANSWER CHOICES	RESPONSES	
LMFT	73.94%	139
LPCC	48.40%	91
LCSW	22.87%	43
Total Respondents: 188		

Q2 Did your school permit its students (defined as MFT trainees, PCC trainees, or social work interns) to provide mental health services via telehealth PRIOR TO the COVID-19 state of emergency?

Answered: 188   Skipped: 0

ANSWER CHOICES	RESPONSES	
Allowed 100% of hours via telehealth	23.94%	45
Allowed up to 75% of hours via telehealth	0.53%	1
Allowed up to 50% of hours via telehealth	0.53%	1
Allowed up to 25% of hours via telehealth	7.45%	14
Allowed 0 hours via telehealth	56.91%	107
Allowed other amount of hours via telehealth (specify percentage)	10.64%	20
TOTAL		188

Q3 After the COVID-19 state of emergency is over, does your school plan on continuing to permit its students to provide mental health services to clients via telehealth?

Answered: 188   Skipped: 0

ANSWER CHOICES	RESPONSES	
Have not decided yet	39.89%	75
No	5.85%	11
Yes - all hours	22.87%	43
Yes - up to 75% of hours	3.72%	7
Yes - Up to 50% of hours	6.38%	12
Yes - up to 25% of hours	2.66%	5
Yes - other amount of hours (specify percentage)	18.62%	35
TOTAL		188

Q4 What have been the benefits to permitting students to provide mental health services to clients via telehealth?

Answered: 134   Skipped: 54

SAMPLING OF COMMENTS:

Continuous and consistent care without disruption; a unique opportunity to see into the client's world; students able to practice their skills and gain hours without impacting their program completion.

Allowing them to learn this skill seems essential for the field as most modes of treatment are moving in this direction. Thus, it has given our students valuable experience. It has also allowed our students flexibility that they did not previously have in their training schedule.

Both our students and counselees have benefited from being able to participate in teleheath services. For many counselees, it has been the only modality available to them. For our trainees, they are now learning a new modality to counsel clients in.

The primary benefit has been to the clients and students who were able to continue receiving and providing FREE psychotherapy services during COVID – the university does not charge clients for therapy as this is an outreach program to the community...We were able to provide counseling services to clients who would not have received these services otherwise; for example, people living in remote areas of CA; people impacted with health problems and/or mental health issues which needed ongoing treatment or were a direct result of the pandemic (e.g., panic, anxiety, depression). Since we recognize the student is also a "consumer" in this state, the student's educational program was not interrupted during the pandemic. For students who live outside the geographic footprint of the university, they were able to provide services to CA residents since our service area is now the entire state and we can do supervision virtually. The other big advantage is that we have several bilingual students who are able to provide services to clients that might not have received services otherwise, for example recent immigrants who learn about our free therapy program by word of mouth. The other benefit is being able to provide services to individuals who do not have transportation.

Our programs are in southern CA. Our trainees report easier access to helping their clients via telehealth, less cancellations, sessions start on time, clients do not have to drive on crowded freeways, less expensive transportation for clients in lower socio-economic areas, more flexible times to meet clients session needs thus, consumers are able to receive the help that they need.

See a range of clients, client and clinician safety, accessing families, accessing harder to reach youth.

Telehealth services have allowed students, families, the general community, and our interns/ trainees' feel at ease in this public pandemic; there was no sense of having to sacrifice one's own well-being in order to meet the needs of the students. Telehealth services have also allowed students, families, and the general public, increased access to specialty mental health services, something of which had many barriers prior to COVID-19.

Q4 What have been the benefits to permitting students to provide mental health services to clients via telehealth?

Answered: 134   Skipped: 54

SAMPLING OF COMMENTS:

Learn specialized skills, easier access for some populations

It helped them develop skills and experience with telehealth. They also were able to provide services to more underserved clients in our rural area, with benefited both student training and the clients.

The underserved tend to have better access (work, childcare, transportation). Also students are more easily able to make recordings to be used in class. Connect seems as strong, if not better.

More clients who were not able to get to see a clinician in person could now have access to services; students who had medical or safety concerns could deliver these services remotely

Practicum experience in rural areas, able to see clients who have difficulty with accessibility, transportation, childcare, etc. Client reported liking it better. Supervisor could watch student easily online as they provided services and could private chat suggestions during therapy, many different students from different areas could join together in supervision giving diversity of perspective. No more safety concerns, whether covid or dangerous clients. More options for practicum sites all over California.

Easier to find sites, able to gain more hours, students in areas with poor mental health resources were able to do practicum work via telehealth, where they might have had to move or drop out otherwise, students reporting that they are seeing clients that probably wouldn't be served any other way.

Convenience, continuity of care, clinical practice utilizing a different skill

Disabled MFT Trainees have been better able to perform therapy, students who live in remote areas can get more client hours, more clients "show up" for therapy, students don't have to wait until clients come to the site for therapy.

We have been able to see clients from all around the local region. We have had very few cancellations from clients. Our therapists and clinical supervisors have reported a greater sense of security from clients by them being in their own space. Therapists have also reprorted that they have been able to see the home environment and even meet parts of the family system that they would not have otherwise been able to meet.

Cut down on drive time which decreasedcost and frustration. Added context with use of chat option. More face to face on screen. More time with clients due to remote accessibility.

Q5 What have been the disadvantages to permitting students to provide mental health services to clients via telehealth?

Answered: 134   Skipped: 54

SAMPLING OF COMMENTS:

Little to no clinical experience seeing clients in person; limited ability to do certain types of therapy e.g. play therapy, art therapy, sand tray.

Impaired micro skills

As students, they are missing out on the classroom experience. Some clinical concepts are hard to apply or put into practice online.

Lack of experience doing in-person therapy; working with children; dealing with crisis situations

Difficulty finding confidential spaces for clients and therapists

As instructors, we have not been able to observe as many live training skills as in the past. However, we have adapted to this situation by joining sessions via zoom, as well as having students tape sessions and instructors watch the tapes and provide feedback.

Limited range in young childhood interventions such as play and art therapy.

Student are more insecure as they have do not have someone immediately available to consult with. They feel more isolated. Although a connection is made with the client it seems more tenuous and takes longer to truly connect.

The lack of in-person contact and 1:1 connection that is gained when sharing the same physical space.
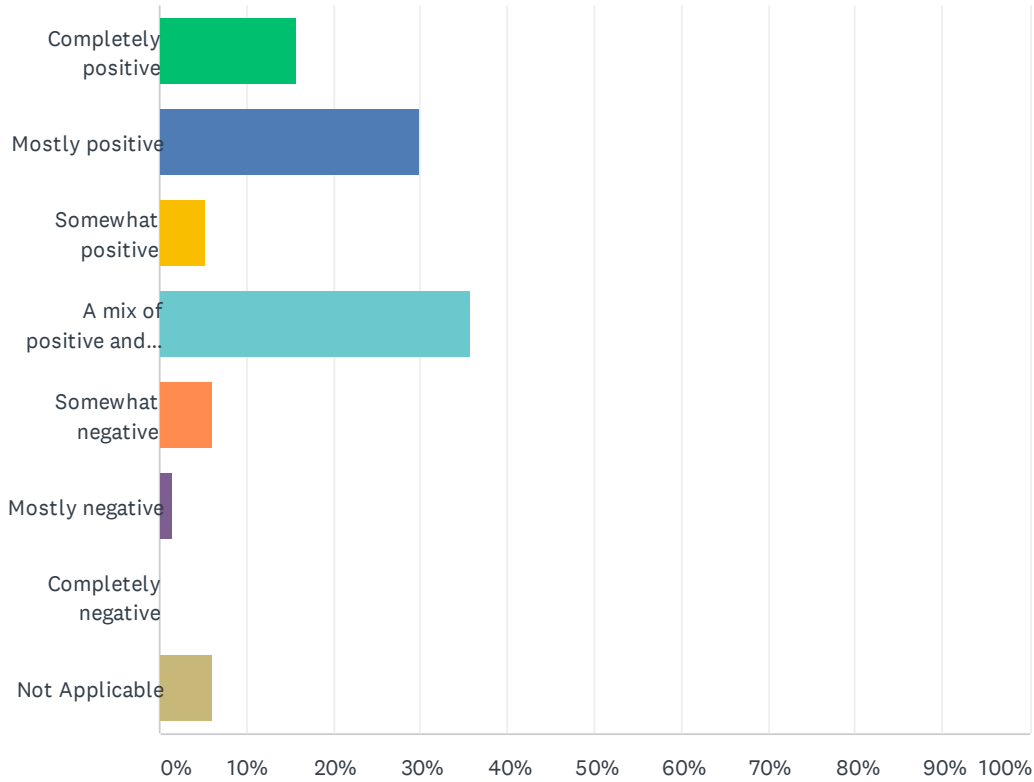
Challenges with technology (internet access/issues), working with children on-line, developing in-person therapy skills, crisis assessment/intervention

While our students did their best and did form meaningful clinical relationships, this is a relational field where in-person connections/cues are essential to clinical development. Students who have returned to seeing clients in person report much stronger clinical connections and feeling more competent/capable as beginning clinicians. Also, the in office collegial support was very much missed by providing services remotely.

Less structure/security to the therapeutic setting, more potential for boundary violations, more work on the supervisor to review, more risk to clients who need more immediate attention, less consultation by trainees.

Q6 For your students who began practicum during the COVID-19 pandemic, and have only seen clients and had clinical supervision virtually, how has this affected their clinical skills?

Answered: 134   Skipped: 54

ANSWER CHOICES	RESPONSES	
Completely positive	15.67%	21
Mostly positive	29.85%	40
Somewhat positive	5.22%	7
A mix of positive and negative	35.82%	48
Somewhat negative	5.97%	8
Mostly negative	1.49%	2
Completely negative	0.00%	0
Not Applicable	5.97%	8
TOTAL		134

Q6 For your students who began practicum during the COVID-19 pandemic, and have only seen clients and had clinical supervision virtually, how has this affected their clinical skills?

Answered: 134   Skipped: 54

SAMPLING OF COMMENTS - POSITIVE EFFECTS:

No difference with in-person experiences

the supervisees gained many skills and were highly effective at developing relationships with clients and parents. Many supervisees gained more clinical hours and more diverse clinical experience via telehealth than they would have otherwise.

They learned a lot clinically and about themselves as therapists, much more so than I would have predicted.

Although there have been challenges, students have learned from the process of managing them. They have also learned additional skills that could only be learned through doing teletherapy.

Students have grown in the same ways and at the same rates as before going virtual. Class participation for practicum online has been as rich and deep as pre-pandemic.

We haven't seen anything different in the way of Supervisor Evaluations of our student's clinical skills since telehealth was allowed in March of 2020.

Mostly all positive in building all foundational skills, relationships, and clinical assessment and insight. I think it is just different than being in person with someone.

Most students adapted well and were able to provide competent services. Most complaints were simply about wanting to see clients in person.

Having both supervision and clients virtually allowed for a bigger caseload.

Students have reported that tele-health has allowed for lower cancel/failure rates leading to faster accumulation of clinical hours. Students also report that it is more convenient and increases time management. This is a significant issue especially for working students and students who live in rural communities who travel to school. Issues with technology and a sense of isolation has been reported be be negatives associated with the COVID lock-downs

I have heard mostly positive rating from the students. The only thing students have mentioned is that they did not have the opportunity to see colleagues and consult on cases in person.

Q6 For your students who began practicum during the COVID-19 pandemic, and have only seen clients and had clinical supervision virtually, how has this affected their clinical skills?

Answered: 134   Skipped: 54

SAMPLING OF COMMENTS - NEGATIVE EFFECTS:

When successfully working with children parental or caretaker involvement is required in order to keep the therapy appointments. Sometimes rd trainees would be concerned about confidentiality because therapy happened in a more public manner. Keeping the attention of children is challenging using this media. More preplanning required.

Some practicum students regretted not connecting with fellow staff during their time.

We are unsure of their skillset in seeing clients live.

Telehealth is not a good match for all trainees and students. Also both students and trainees have said it effects the depth of the relationship

Interacting over the phone or video, particularly for students with no prior clinical experience, did not help them develop as fully. For students who had some in-person experience before the pandemic, the switch to telehealth did not seem to impair their continued development.

While Trainees reported forming some positive clinical relationships, the overall feedback was feeling alone, isolated, and lacking practicum placement agency support/training in the same way that would have occurred by providing in person services. Trainees reported being very eager to see clients, supervisors, and colleagues in person and feeling like they were "behind" and "missing out" in regards to the skills they would have developed if in person services were provided.

SAMPLING OF COMMENTS - MIXED EFFECTS:

The only negative is the lack of in-person experience for those students. For some of them, they are anxious about meeting with clients in-person for the first time. However, I am confident that their skills will transfer quickly once they start meeting in-person. I supervised group practicum, and found that telehealth worked very well for both students and clients. Going forward, I now believe that students would benefit from a combination of in-person and telehealth training. This is the complete opposite of my beliefs prior to the pandemic. My experience during the past year has been eye-opening.
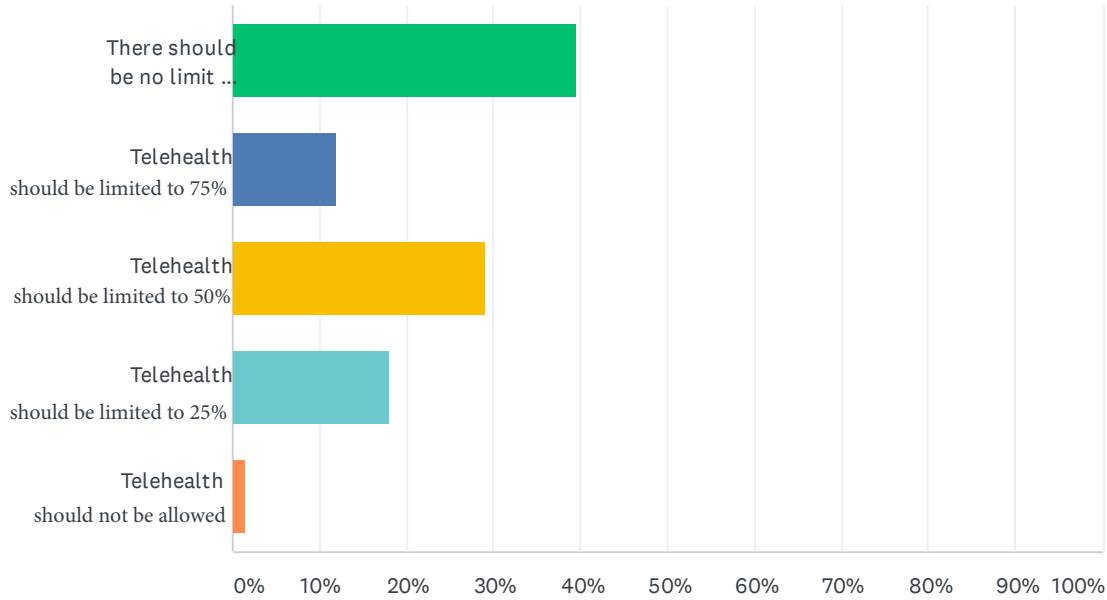
Depending on the agency, some interns stayed on par with the expected growth in clinical skills while others did not do so well and needed more hands-on instruction in-person. With the right supervision and training, I do think telehealth services can be delivered effectively remotely with interns.

I have taught counseling skills for the past 10 years and the students who took the course fully online did not show a significant difference in basic skills in the final video. The disadvantage is around softer skills, like being able to see full body language and instructing students on welcoming a client into the therapy room, etc.

Depends on the individual student.

Q7 Do you believe students should have a limit on the percentage of hours they are allowed to gain providing mental health services to clients via telehealth?

Answered: 134   Skipped: 54

ANSWER CHOICES	RESPONSES	
There should be no limit to telehealth hours	39.55%	53
Telehealth should be limited to 75% of hours	11.94%	16
Telehealth should be limited to 50% of hours	29.10%	39
Telehealth should be limited to 25% of hours	17.91%	24
Telehealth hours should not be allowed at all	1.49%	2
TOTAL		134

Q7 Do you believe students should have a limit on the percentage of hours they are allowed to gain providing mental health services to clients via telehealth?

Answered: 134   Skipped: 54

SAMPLING OF COMMENTS:

It needs to be on a case by case basis. To me it is an issue of disability rights. Some students cannot do face-to-face work, but could be very effective virtual employees. To keep them from social work programs due to a medical condition a violation of ADA. This is tempered by the reality that many agencies won't be prepared for totally virtual employees, so good education for these potential students is essential.

I believe that having some in-person experience might be required for licensure but I do not see that it should be required in the degree program.

People who contrived to be unethical from the start will always find ways to be. It is not a question of telehealth or no telehealth - it is on the competency of a supervisor.

This is a format that has been proven to be useful and effective. Before COVID, there was an untested thought that telehealth is not as good as in-person sessions. However, I believe the move to online sessions in our profession have proven that telehealth can be just as effective, it just needs to be conducted slightly differently than in-person sessions. It is more than adequate for training students.

I believe in most cases a combination would be better, but I also see the need for an 100% option when students do not have viable method for in-person, as an example, the student being in a rural area with no qualified site or supervisor. There may also be times a students wants an experience to become skilled in a particular modality or client population that is not available in their physical location. So much of our society now builds relationships online, it seems a nature place for therapists. The experience of COVID demonstrated the value and viability of online therapy and supervision. If we did not integrate this modality well, it seems it would be a step backwards for no clear reason.
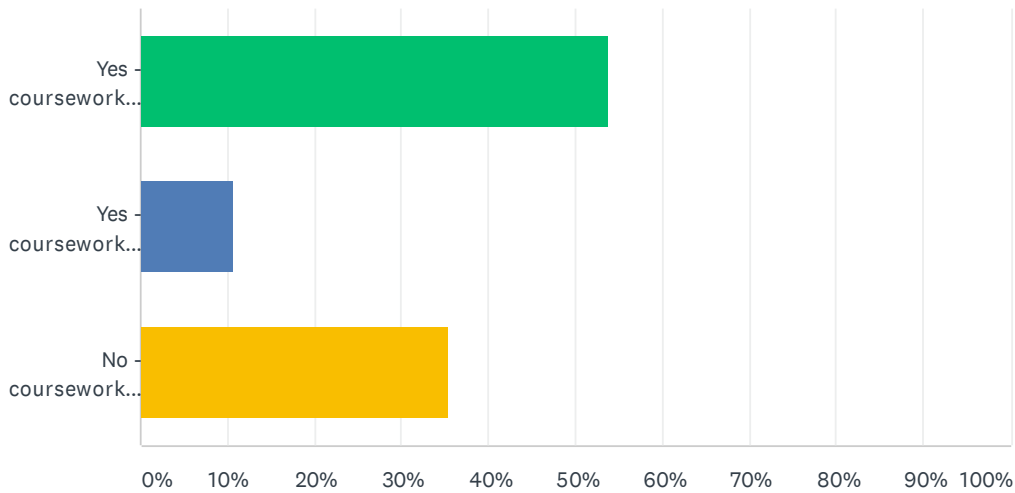
I believe this should be a discussion between students and supervisors/programs/institutions rather than a stamped amount for all. Each student's experiences are unique and can be honored within reason.

Again, I think each situation is unique. Some populations are better served using telehealth while others are not. I think it will extremely complicate matters for trainees at schools if they have to limit to their telehealth hours while in school. If there is a limit, I think it should be during the associate period of pursuing licensure to ensure their is some type of in-person work.

Telehealth may be the future with some clinicians only seeing clients online. That said, I believe they should also be qualified to see clients in person - and that takes practice.

Q8 Does your school offer coursework and/or training for your students regarding delivery of mental health services to clients via telehealth?
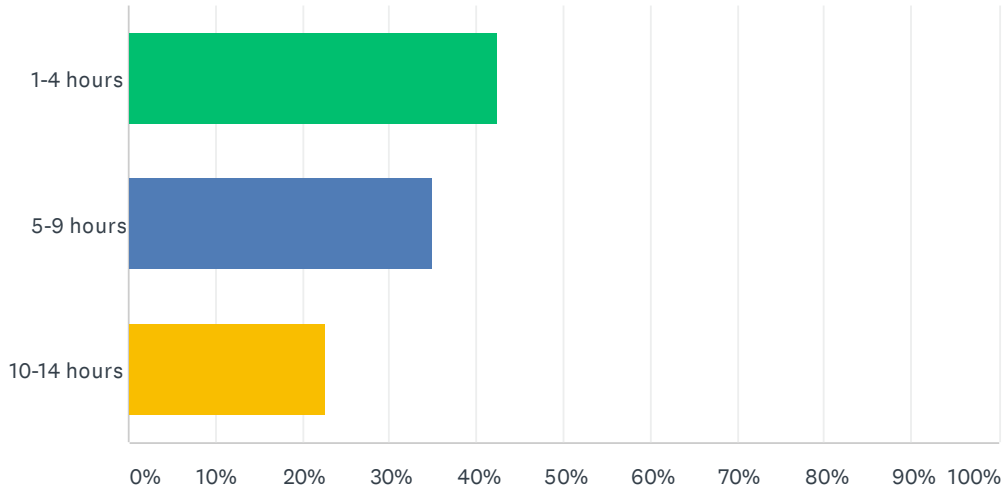
Answered: 130 Skipped: 58

ANSWER CHOICES	RESPONSES	
Yes - coursework and/or training is required	53.85%	70
Yes - coursework and/or training is optional	10.77%	14
No - coursework and/or training is not provided	35.38%	46
TOTAL		130

Q9 Please indicate the estimated amount of hours of coursework and/or training offered to your students regarding delivery of mental health services to clients via telehealth.

Answered: 80   Skipped: 108

ANSWER CHOICES	RESPONSES	
1-4 hours	42.50%	34
5-9 hours	35.00%	28
10-14 hours	22.50%	18
TOTAL		80

Q10 What topics are covered in the coursework and/or training regarding telehealth?

Answered: 68   Skipped: 120

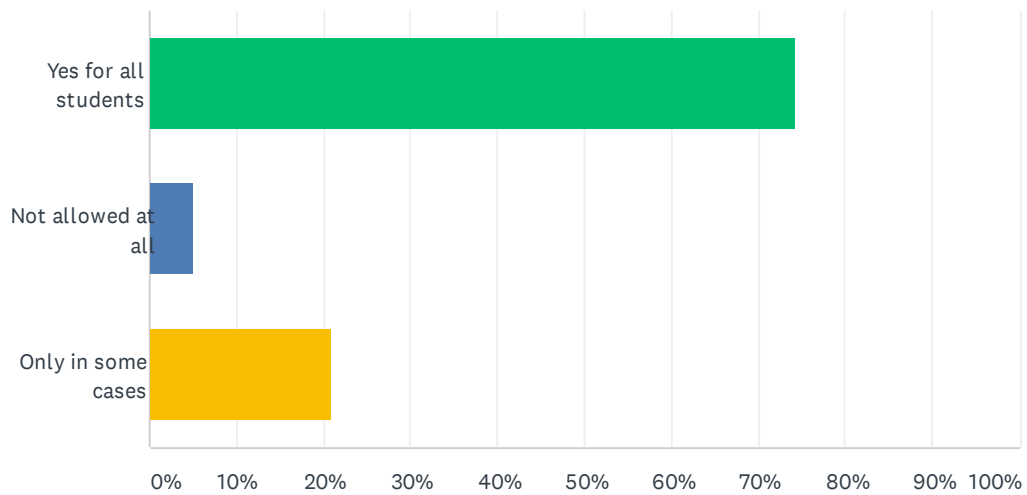| ANSWER CHOICES	RESPONSES	
Topic 1	100.00%	68
Topic 2	83.82%	57
Topic 3	73.53%	50
Topic 4	52.94%	36
Topic 5	38.24%	26
Topic 6	14.71%	10
Topic 7	5.88%	4

Q11 If the Board were to require training for delivery of mental health services to clients via telehealth, what topics should be covered so that registrants and licensees are adequately prepared to practice safely and effectively? List in order from most to least important.

Answered: 120   Skipped: 68

ANSWER CHOICES	RESPONSES	
Topic 1	100.00%	120
Topic 2	77.50%	93
Topic 3	63.33%	76
Topic 4	43.33%	52
Topic 5	21.67%	26
Topic 6	13.33%	16
Topic 7	7.50%	9

Q12 Does your school permit clinical supervision of students via videoconferencing?
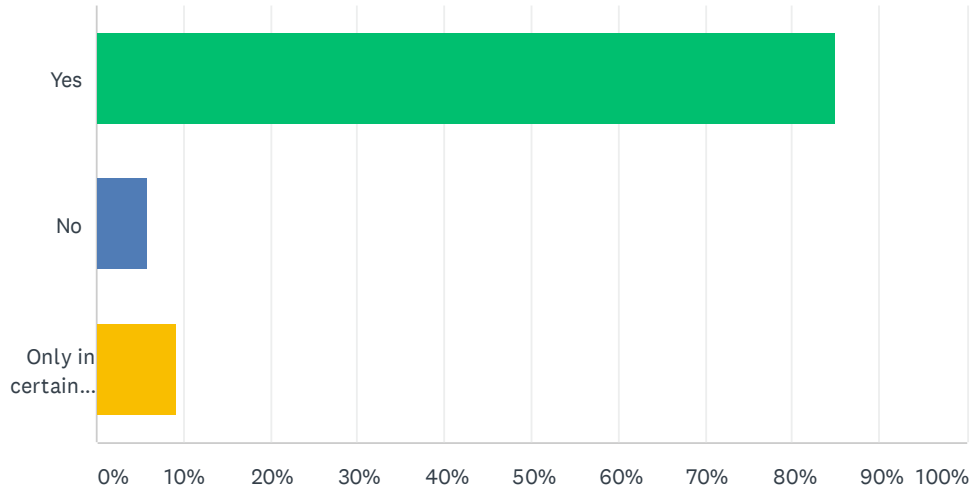
Answered: 120   Skipped: 68

ANSWER CHOICES	RESPONSES	
Yes for all students	74.17%	89
Not allowed at all	5.00%	6
Only in some cases	20.83%	25
TOTAL		120

Q13 Do you believe clinical supervision of students via videoconferencing should be allowed more widely (i.e. allowed in all settings, not just in exempt settings as is allowed currently?)
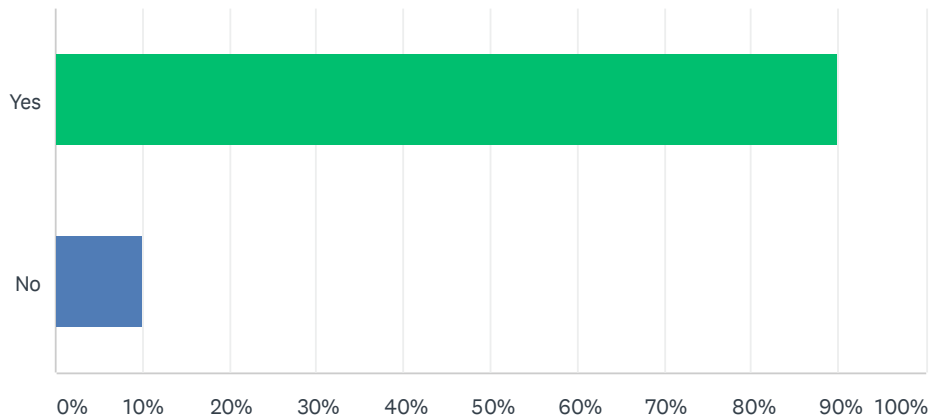
Answered: 120   Skipped: 68

ANSWER CHOICES	RESPONSES	
Yes	85.00%	102
No	5.83%	7
Only in certain circumstances	9.17%	11
TOTAL		120

Q14 Has your school encountered any advantages to permitting students to be supervised via videoconferencing?

Answered: 119   Skipped: 69

ANSWER CHOICES	RESPONSES	
Yes	89.92%	107
No	10.08%	12
TOTAL		119

SAMPLING OF COMMENTS:

We have rural students in locations with few local supervision options.

We have a much larger pool of supervisors available. Our students have a much easier time scheduling supervision when they don't have to travel.

They are able to get more clinical hours in because of no need to commute (and better quality of life). Sharing of documents, inventories, and other resources are immediate, and a better ability to hear live talk and recorded talk (adjusting your personal sound)

Greatly increased access. We consider this to be a long-term equity issue for neurodivergent clinicians.

Students from different parts of the state have participated in supervision together (all doing telehealth through the same agency) resulting in greater diversity of clinicians working together and variety of cases being discussed.
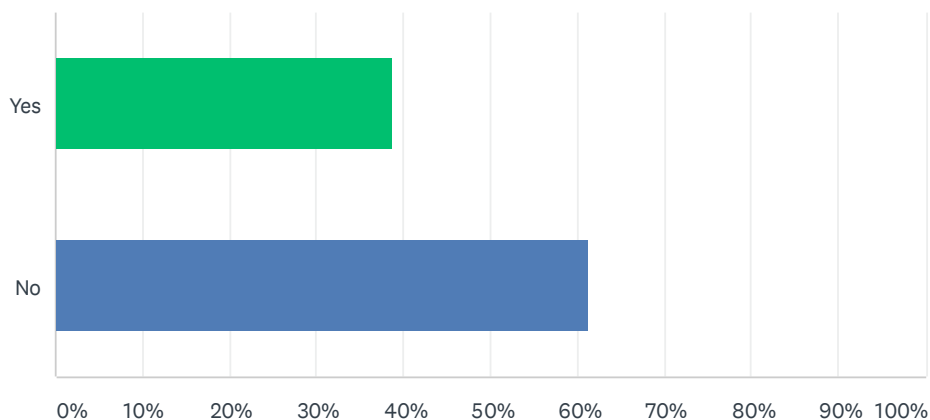
Cost effective, environmentally friendly, diversified skill set, modern use of technology that is HIPAA compliant, lets the student and agency respect preferences.

Triadic supervision (student, supervisor, and university supervisor) has been facilitated, allowing more frequent discussions.\

Better quality supervision since sites can draw from a wider pool of supervisors, not just those in the immediate geographic area of the site.

Q15 Has your school encountered any disadvantages to permitting students to be supervised via videoconferencing?

Answered: 119   Skipped: 69

ANSWER CHOICES	RESPONSES	
Yes	38.66%	46
No	61.34%	73
TOTAL		119

SAMPLING OF COMMENTS:

It is harder to hold some students accountable online vs face to face.

Less engaging. More work on part of the Supervisor to engage the supervisee in certain situations.

Not being able to read visual & verbal cues by supervisor as easily than in person

Technology challenges (internet issues), not able to get full-body, in-person read on supervisees, zoom fatigue

Some students need to be supervised in person because of how they learn; plus in-person contact promotes cohesion, bonding with supervisor

Some students prefer face-to-face interaction

Harder to assess the clinical skills of some students when have more limited contact and information

Lack of integration at agency setting, distance from agency context.

They feel like they aren't getting the same quality of supervision. I'm not sure if that's true. I do think that establishing a relationship with the supervisor in person first works better than having never met in person. I think we did have more interpersonal challenges between supervisors and supervisees this past year, and I feel confident it's because they struggled to establish a strong, safe supervisory relationship that happens more easily in person. I think the first semester (or maybe first 20-30 hours) should be required to be in person.

Q16 Do you have any additional comments?

Answered: 40   Skipped: 148

SAMPLING OF COMMENTS:

Thanks. Telehealth has transformed the field and needs to be included in future training to be prepared for evolved field. Telehealth definitely increased family participation & accessibility to clients which has prompted 90% of agencies in LA region to plan for a continuation of telehealth after pandemic

I very much appreciate the Board's taking up these topics. I hope the regulations will be clarified sooner rather than later, and also, with optimal flexibility for schools to take responsibility for good training.

I believe we should be leaders in paving the way to effective use of telehealth. The rest of the world uses this domain to build relationships and provide services. We are the experts at relationships and should be leading this rather than trying to hold on to the past. Of course, I believe the regulations and trainings are an important part of using telehealth successfully.

the use of telehealth has been transformative for me. I was a real skeptic until I was forced into using this medium for treatment and supervision. it has surprised me how effective it can be.

Ideally, we need to conduct some research on the efficacy of using telehealth and tele-supervision, not just opinions. Perhaps there is already some research out there. For now, I think we should allow for a combination of both in person and tele- experiences, with at least 50% in person, and especially with the beginning being in person.

The apparent emergence of quality of life and how we bring ourselves into spaces has received increasing attention. The need for flexibility and open discussion and space to consider alternatives to practice should continue to be explored to commit to working to dismantle structures that continue to hold a disproportionate amount of power and privilege.

Just a year and a half ago, I would have answered this survey very differently. I have learned through our recent experience that students can learn and perform well using telehealth and that supervision can be adequate and even superior when delivered online.

I would like to see the board embrace all aspects of telehealth going forward, including allowing video and phone sessions to count towards hours and allow video supervision

We don't know how long the pandemic will go on for. Now that we have changed our traditional modality from in person to virtual, it is going to be difficult to go back. This is a skill we have honed and developed, and we can serve more clients than ever before.

Please do not add any more requirements; courses etc. for Telehealth. CA is already so over loaded with requirements for students and trainees and licensure.

Q17 Provide your name and contact information in case the Board has any follow-up questions or to be informed of future discussions on the topic. (OPTIONAL)

Answered: 59   Skipped: 129

ANSWER CHOICES	RESPONSES	
Name	98.31%	58
Company	89.83%	53
Address	86.44%	51
Address 2	20.34%	12
City/Town	91.53%	54
State	93.22%	55
Zip/Postal Code	89.83%	53
Email Address	93.22%	55
Phone Number	88.14%	52