Benjamin E. Caldwell, PsyD

Board of Behavioral Sciences
Via e-mail

Re: Trainee telehealth requirements
Item XVI in August 12 meeting agenda

August 3, 2022

Dear Board Members,

I appreciate your attention to the issue of telehealth rules for trainees in practicum. Unfortunately, I believe the recommendation from the Policy and Advocacy Committee for policy language on this issue lacks foundation. **I write to urge you to not advance the proposed language, and instead to continue gathering data on the training and client care outcomes that result from trainees providing telehealth services.**

There are a number of scientific and policy considerations here, *all* of which point in the direction of not restricting trainee services at this time:

- To my knowledge, there is simply no data suggesting that telehealth-based care is inferior to in-person care (indeed, there is a wealth of scholarship to the contrary), or that the training clinicians receive doing telehealth is inferior to the training clinicians receive when caring for clients in person. Specifically examining care from trainees, emerging data suggests that trainees' services, when delivered via telehealth, are just as effective as in-person services.[1] [2] Forcing trainees to provide in-person services thus does not appear to serve a meaningful public protection purpose.

- To my knowledge there is no data, and there are no published studies, suggesting that the move to telehealth for trainees during the pandemic produced bad outcomes, either for students or for clients. (There's little data here either way, which suggests a need to continue gathering information so as to engage in data-driven policymaking.) On the contrary, the explosion of telehealth improved access for clients and equity for clinicians.

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

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

One published study on the issue concluded that training psychologist trainees can occur effectively in a telehealth environment.[3]

- As board staff pointed out at the July 29 committee meeting, this proposal would represent a tangible step *backwards* in the board's acceptance of telehealth. It clearly moves in a different direction from where the field is going. The materials for the committee discussion also noted that no current accreditation standards in mental health care require any part of practicum care to be delivered in-person. The board enters into potentially problematic territory when it accepts degrees from accredited programs, but also applies a higher practicum standard than that required by any accrediting body.

- As written, the proposal would create a significant impediment for those seeking licensure with out-of-state degrees, if the student completed their practicum fully through telehealth. Practicum requirements cannot be made up after the fact, so one result of this proposal would be that such students would effectively be locked out of California licensure until they have been licensed for two years in another state and could apply for licensure by endorsement. (Alternately, if the board went forward with this proposal but chose *not* to apply an in-person requirement for practicum to out-of-state degrees, it would be creating inconsistent standards, raising its own policy concerns.)

The COVID-19 pandemic forced a number of rapid changes upon the world of mental health care, and as a field, we are only beginning to understand the implications of these changes. At this time, it is simply not appropriate to force a step backward in the adoption of technology for mental health care, for clinicians at any career stage. Far better to carefully assess and learn from the full range of impacts of the transitions brought on by the pandemic. Future telehealth policy should be driven by this emerging data and knowledge.

I believe that the best path forward here would be not to act at this time, but rather to spend a year allowing the Telehealth Committee to continue to gather and discuss data and scholarship surrounding the use of telehealth in clinician training. It is my hope that in a year, the Committee could come back with more fully-informed recommendations that will result in better policy.

Thank you for your consideration. I look forward to the board's discussion on August 12.

Warm regards,
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Licensed Marriage and Family Therapist

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[3] Cosh, S., Rice, K., Bartik, W., Jefferys, A., Hone, A., Murray, C., & Lykins, A. D. (2022). Acceptability and feasibility of telehealth as a training modality for trainee psychologist placements: a COVID-19 response study, *Australian Psychologist, 57*(1), 28-36. https://doi.org/10.1080/00050067.2021.1968275 **"Telehealth appears to offer an acceptable, feasible and valuable training experience for developing competence for provisional psychologists. Undertaking a telehealth placement may help prepare clinicians for future use of telehealth, especially in relation to ethics and risk management."**