INTEGRATING TELEMENTAL HEALTH PRACTICE INTO COUNSELOR EDUCATION TRAINING

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Preface

My motivation to explore teaching telemental health came from an interaction with a student in 2015 while teaching a clinical mental health counseling internship class. The student was discussing her client's case and, at one point, remarked, "It's just hard because I see her on the VeeSee." My response to the student was, "What's the VeeSee?" panicking internally when the student explained that she was seeing her client via video conferencing software. I asked the student where she learned to counsel clients via videoconferencing and who was supervising her on that technology—because I knew it was not us.

Our program did not train students in what would come to be known as telemental health (TMH) in 2015, but this brief interaction alerted me that we should be. I took it upon myself to get trained. Having completed my master's degree in 1996 and my doctorate in 2010, I never received TMH training. Even though I remained in clinical practice, the agencies I worked with did not use TMH before COVID-19. I completed the distance credentialed counselor (DCC) training through Renewed Vision Counseling and became my institution's de facto TMH researcher and instructor. I later transitioned this credential to the Board Certified Telemental Health Provider (BC-TMH). I obtained grants in 2016 and 2018 focused on teaching TMH and my first book contract on the practice of TMH in 2019. Then, unexpectedly, in March of 2020, my prior training and research became of great importance as our students swiftly transitioned to digital delivery.

Digital delivery of counseling services, known as *telemental health*, is not new. Practices date back to the 1950s when psychiatrists conducted clinical interviews via closed-circuit television. Around 2000, technologies expanded through broadband internet and smartphones, opening digital counseling to a broader audience. Over the past 20+

years, a growing research base has verified its efficacy with multiple populations and clinical foci. In 2020, COVID-19 propelled the profession into widespread use of TMH, yet the training that prepared counselors for that transition is questionable. Some counselors may have transitioned to TMH with no training at all. Training in TMH, even before COVID-19, was problematic. No unified training standards exist for digital counseling delivery. Although there are national certification programs, these programs vary in terms of training content, cost, and length of time.

The training dilemma extends into counselor education programs. During COVID-19, the Council on the Accreditation of Counseling and Related Education Programs (CACREP) and state organizations approved the digital delivery of counseling services for fieldwork experiences. The newest 2024 CACREP standards do not specifically require counselor education programs to train students on TMH but do require training programs to address the "application of technology related to counseling" (CACREP, 2023, Standard 3.E.5) and for "establishing and maintaining counseling relationships across service delivery modalities" (Standard 3.E.7). Despite these directives, faculty may have limited knowledge or experience in the nuances of TMH delivery. There is a significant knowledge gap between those who were trained prior and those who will be trained in the future. Counselor educators training the next generation of counselors in digital delivery may lack knowledge and experience in TMH.

Even counselor educators trained in TMH practice can lack the tools to translate that knowledge into their training. Counseling curricula are already full of required information, and counselor educators and instructors may be unsure how to weave TMH content into their existing programs. Despite the growth, emergence, and increase of digital services, there are no resources on how an educator can provide training on TMH counseling. Various books have been written for practitioners on delivering TMH. Yet, to date, none exists for the educator or instructor charged with teaching TMH practice to counselors-in-training (CITs). This book addresses that shortcoming by providing a resource that counselor educators and instructors can use to train current and future counselors in TMH.

It should be noted that this book assumes that instructors hold a foundational knowledge of TMH practices. The book aims to support instructors in integrating TMH knowledge into their counselor education training programs. Instructors who lack foundational knowledge in TMH are encouraged to receive TMH training, review resources on

TMH, or engage in supervised TMH counseling prior to training counselors in TMH practice. Some suggested resources are provided in Chapter 1. The book is divided into four sections to support the integration of TMH concepts into counselor education.

Section 1 includes two chapters that set the stage for using the book within your curriculum. Chapter 1 provides general concepts on TMH and common definitions while also directing readers to additional resources for gaining TMH content knowledge. Instructors lacking knowledge or experience in TMH can start with the resources at the end of the chapter to develop that foundation. Chapter 2 discusses teaching TMH through a CACREP lens and multiple modalities such as on-campus, online synchronous, and online asynchronous. This chapter concludes with an introduction to *andragogy*, the practice of adult education, which informs the instructional delivery methods suggested.

Section 2 addresses the foundational CACREP curriculum, including Professional Orientation, Social and Cultural Diversity, Lifespan Development, Career Development, Counseling Practice and Relationships, Group Counseling and Group Work, Assessment and Diagnostic Processes, and Research and Program Evaluation. Section 3 addresses CACREP specialization areas, including Addictions, Career, Clinical Mental Health, Clinical Rehabilitation, College and Student Affairs, Marriage/Couple/Family, and School Counseling. In Sections 2 and 3, the format of the chapters includes Key Concepts, Teaching Techniques, and Sample Lessons.

Key concepts address CACREP standards, and two to three additional focus areas are worthy of attention. All CACREP standards within the curricular area are reviewed, and specific suggestions for integrating TMH concepts are included in alignment with each standard. The additional focus areas provide instructors with information or reminders on TMH topics that warrant special attention or emphasis within the counseling curriculum. Teaching Techniques within each chapter outline 10 suggested activities that instructors can utilize to actively integrate TMH into their counseling curriculum. Each chapter in Sections 2 and 3 contains two Sample Lessons on teaching TMH within the foundational or specialization areas. Several professionals across multiple organizations and institutions have contributed, coauthored, edited, and supplemented these lessons to provide the reader with diverse ideas, styles, and mechanisms to teach TMH. The lessons include interactive classroom activities, case studies, and lecture topics that instructors can modify to suit their instruction and student needs.

Section 4 includes additional considerations for integrating TMH content into the counseling curriculum. Chapter 18 addresses Professional Practice and Fieldwork, and Chapter 19 addresses Counselor Education and Supervision. These chapters also address CACREP curricular standards and teaching techniques but do not include sample lessons. Finally, Chapter 20 addresses future trends in TMH counseling and training.

Counselors are no longer just sitting across from their clients and students in physical spaces but meeting their clients and students where they are through digital delivery. Teaching TMH practice to the next generation of counselors can be daunting, particularly for those not trained and experienced in its use or those unsure how to integrate their TMH knowledge into the classroom. Technology is constantly changing, improving, and innovating. As educators and instructors, we commit ourselves to remaining current in the emerging practices of the field. This book intends to support instructors by linking key elements of TMH and CACREP standards directly to the curricular areas in which they teach. I hope to make the prospect of teaching TMH less intimidating and, by doing so, help you avoid the internal panic I experienced back in 2015.

Be well, practice wisely, and thank you for being open to teaching TMH counseling ethically and effectively. Future counselors are counting on our ability to do so.

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CACREP standards. https://www.cacrep.org/for-programs/

Acknowledgements

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How to Use
This Book

Understanding Telemental Health Practice

To provide effective instruction on telemental health (TMH), counselor educators and instructors must understand the practice of TMH. This chapter broadly introduces TMH and directs the instructor to additional resources to expand their knowledge.

The practice of telemental health, while not new, has been growing rapidly since the onset of the COVID-19 pandemic in 2020. A report by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that mental health telemedicine services more than tripled between 2015 and 2020 (22.2% to 68.7%), with the most significant increase occurring between 2019 and 2020 (38% to 68.7%). Similarly, telemedicine services for substance use, which had seen little increase between 2015 and 2019, more than doubled between 2019 and 2020 (25.7% to 58.6%; Alvarado, 2021). Consumer awareness of TMH is also growing. In a 2021 survey by the American Psychiatric Association (APA), 60% of respondents indicated that they would use telemedicine for mental health care. Respondents who would use TMH increased from 49% in 2020 to 59% in 2021, with 66% of respondents ages 18–29 responding that they would utilize TMH services (APA, 2021). While the onset of COVID-19 and government-issued "stay-at-home orders" may

have driven these increases, the practice of TMH has remained steady since those restrictions have been lifted.

Describing TMH

The delivery of counseling services via the internet or other digital systems has had several titles over the years. While I primarily use "telemental health counseling (TMH)," other terms include *cyber counseling*, *e-therapy*, *internet-based counseling*, *distance counseling*, and *digital delivery of counseling services*. In a pre-COVID-19 study of 65 state licensure board websites, 42 different terms were utilized to explain the concept of TMH and counseling services, with 19 being more frequently cited. The terms *electronic counseling* or *electronic therapy* were the terms most often used among counseling and social work state licensing boards, whereas, among psychology state licensure boards, *telehealth* was the most prevalent term used (Ostrowski & Collins, 2016).

Different counseling specializations utilize different terms for TMH. The American Mental Health Counselor Association (AMHCA) uses *Technology Supported Counseling and Communications* (TSCC) in its 2023 Standards of Practice for Clinical Mental Health Counseling and its 2020 Code of Ethics. The American School Counselors Association (ASCA) refers to *virtual/distance school counseling* in its 2022 Code of Ethics. The National Career Development Association's (NCDA) 2015 Code of Ethics discusses *providing career services online* while also referring to the *use of technology and social media*. The National Board for Certified Counselors (NBCC) initially offered a policy regarding the *provision of distance professional services* (NBCC, 2016) and uses the terms *telemental health, social media, and technology* in its Code of Ethics (NBCC, 2023, p. 12).

Readers may note that the definitions used by some professional organizations do not contain the term *telemental health* (or TMH) when discussing distance services. One possible reason for not utilizing TMH within certain counseling specializations is that not all counseling professions involve mental health counseling. In fact, mental health counseling might not be included in the scope of practice for some specializations. Examples include career counseling, school counseling, and student affairs counseling. While these individuals may address the clients' and students' social and emotional needs, their scope of practice may or may not include mental health. Thus, while I use TMH throughout this book for consistency, I will be certain to note when the term may not be appropriate for some specializations.

National and international public health organizations often utilize terminology such as telehealth or telemedicine. Some organizations consider TMH included within telehealth/telemedicine, while others consider it a separate practice. SAMHSA (n.d.) utilizes "telemental health" in some contexts while using "telemedicine" or "telehealth" in other settings. The National Institute of Mental Health (NIMH, n.d.) refers to these services as "telemental health services" and recognizes that different terms, such as "telepsychology" and "telepsychiatry," may also be utilized. The Centers for Disease Control and Prevention (CDC, 2020) references "telemedicine" and "telehealth" but uses "telemental health" when specifically addressing mental health content. The World Health Organization (WHO, 2022) references "services via telehealth and telemedicine" and utilizes the term "digital health." Along with the International Telecommunication Union (ITU), WHO publishes standards for accessibility of telehealth services (WHO-ITU, 2022). Counselor educators and instructors recognize that different terminology for TMH may be used in other contexts.

Defining TMH

Definitions of TMH also vary. One of the earliest groups to define the concept of *web counseling* was the National Board for Certified Counselors (NBCC), which called it "the practice of professional counseling and information delivery that occurs when client(s) and counselor are in separate or remote locations and utilize electronic means to communicate over the Internet" (NBCC, 1997, p. 3). Professional organizations have created definitions that meet the needs of their profession. For example, when defining *Technology Supported Counseling and Communications* (TSCC), AMHCA's broach definition reads:

> B.6.a. CMHCs understand that the uses of TSCC in counseling may be considered to fall under the following categories: i.) The use of TSCC as the medium for counseling, also called "telehealth" or "distance counseling," includes but is not limited to the delivery of counseling by video call (e.g., internet, video chat), by voice (e.g., telephone), by synchronous text (e.g., chat or SMS), or by asynchronous text (e.g., email). ii.) The use of TSCC as an adjunct to counseling (i.e., for arranging, coordinating, or paying for counseling services), including the use of payment processing services that are integrated with TSCC (e.g., PayPal, Stripe, Zelle) for receipt of payment for counseling services. iii.). The use of online "cloud-based" services for the storage of counseling records. iv.) Marketing, educational

> forums, and other TSCC to include blogs, webpages, chatroom, etc. (AMHCA, 2020, p. 6)

In this AMHCA definition, TSCC includes providing counseling services via technology as well as technological communication, record keeping, and billing accompanying those services.

Federal agencies use other definitions of telehealth and telemedicine. The Health Resources and Services Administration (HRSA) states that "telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health" (HRSA, 2022, para. 1). Since the provision of telehealth services is often a component of insurance billing and medical payment, many organizations utilize the Medicaid definition of telehealth:

> Telehealth (or Telemonitoring) is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. … Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation. (Center for Medicaid & Medicare Services, n.d., para. 13-14).

According to the Center for Connected Health Policy (CCHP), a program of the Public Health Institute, there is no single definition of telehealth, and definitions vary by state jurisdictions and settings. Again, counselor educators and instructors recognize that definitions of TMH may vary based on context and setting.

Prior TMH Knowledge

This book is not intended to provide instructors with initial training in TMH practice but to support the implementation of TMH concepts into counselor education and training. As addressed in the preface, this book assumes a baseline knowledge of TMH practice. This book will regularly utilize terms that are well-known in TMH practice settings but may not be familiar to all readers. The glossary at the end of this book is designed to define these terms, which will be denoted in bold as they appear and support the reader as they progress. Supplemental information may be needed to instruct with confidence and competence on issues of TMH. Before turning to this book, instructors who do not

already have a baseline knowledge of TMH are encouraged to obtain this knowledge via training, reading, and practice.

Training

Professional development training programs in TMH have existed for many years. The American Counseling Association (ACA), in conjunction with Counseling Outfitters and Ready Minds, published the book *Distance Counseling: Expanding the Counselor's Reach and Impact* in 2007, indicating the early acceptance of TMH training within the profession (Malone et al., 2007). The Center for Credentialing and Education offers the Board Certified Telemental Health Provider (BC-TMH) credential (CCE, 2024). Originating as the Distance Counseling Credential (DCC), CCE transitioned to the BC-TMH in 2018. Other training and certificate programs in TMH are offered by well-regarded institutions such as the Zur Institute, PESI, and the American Telemedicine Association (ATA). These training programs vary in length, time, content, and cost (Robertson, 2021). There are free training programs available as well. The U.S. Department of Health and Human Services offers free telehealth training resources for providers (2024). However, there is no standard of TMH training, and no universal criteria have been established for TMH competence. Earlier research has unfortunately demonstrated a sense of confidence among practitioners utilizing TMH despite having limited, unsatisfactory, or no prior training (Baird et al., 2018; Cipoletta & Mocellin, 2018; Perle et al., 2012; Robertson & Lowell, 2021; Simms et al., 2011).

Training is not only recommended but an ethical imperative that is included within the ethical codes of organizations such as the ACA (2014), ASCA (2022), AMHCA (2020), and NCDA (2024), as well as others. For example, the ACA Code of Ethics addresses training in its discussion of counselor competence (Section C.2.a) and new specialty areas of practice (Section C.2.b; ACA, 2014). These codes indicate that counselors only engage in new areas of practice for which they received "education, training, and supervised experience" (ACA, 2014, p. 8). Section H.1.a specifies that "counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work)" (ACA, 2014, p. 16). Similar standards are reflected within other professional organizations' ethical codes, and counselor educators should review those codes to identify the related provisions within their counseling specialization.

Reading

Counselor educators and instructors (henceforth "instructors") can pursue training programs, such as the BC-TMH mentioned above, or they may expand their knowledge through professional literature. A common misconception is that TMH is a "new" professional trend. TMH saw tremendous increases during and following the COVID-19 pandemic, yet the use of technology to provide counseling services has been in place for decades (Hornblow, 1986). As such, professional literature on TMH also spans decades.

Professional academic journals in counseling, psychology, social work, and other helping professions are good starting points for examining professional literature. When examining the literature, keep in mind that search terms may vary based on the multitude of titles used to describe and define TMH. More recently, targeted professional journals, such as the *Journal of Technology in Counselor Education and Supervision (JTCES),* published by the Western Association of Counselor Educators and Supervisors (WACES), focus exclusively on the use of technology in counselor education. Other specialized journals, such as the *Journal of Telemedicine and Telecare* and *Telehealth and Medicine Today,* focus on technology in delivering medical and mental health services. Following the onset of COVID-19, several professional journals dedicated special issues to COVID-19 interventions, including TMH.

Professional books on the practice of TMH continue to emerge. While individual research on TMH is useful, some instructors may seek a more comprehensive view of TMH through a book, as opposed to journal articles. While I completed the Distance Certified Counselor training in 2016 and additional training when transitioning to the BC-TMH in 2018, the books listed at the end of this chapter were particularly helpful in expanding my knowledge of TMH. I have also included some newer resources, as well as the book I authored in 2020 on TMH and distance counseling. Instructors are encouraged to seek updated resources and materials to remain current on TMH practice issues.

Practice

Instructors who are practicing counseling can expand their TMH skills by practicing via TMH modalities. As indicated above, counseling professional codes indicate that we gain competence through training and supervised practice. The 2024 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards include "ongoing counseling practice" (Standard 1.Z.3.c) as a faculty

indicator of professional activities, scholarly activities, and service to the profession (CACREP, 2023). Thus, CACREP supports instructor engagement in ongoing counseling practice. Instructors who engage in counseling can seek supervision in TMH practice to expand their skills and comfort in providing TMH training to counselors-in-training (CITs).

Conclusion

Telemental health has become firmly embedded in the practice of professional counseling. Counselor educators and instructors are charged with educating the next generation of professional counselors to utilize TMH ethically and effectively with their clients and students. Instructors must understand the various descriptions and definitions of TMH and recognize that it is not a novel practice. Those without prior training can increase their knowledge in TMH via professional training, reading, and counseling practice.

Suggested Reading

Gilbertson, J. (2020). *Telemental health: The essential guide to providing successful online therapy.* PESI Publishing & Media.

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Teaching Telemental Health Practice

Before the pandemic, there was an ongoing debate about how mental health professionals should be trained in telemental health (TMH). Some felt that TMH training should be embedded into foundational graduate curricula. The fields of psychology and psychiatry strongly advocated for TMH training within the curriculum (Alicata et al., 2016; Glover et al., 2013; Hilty et al., 2015; Hoffman & Kane, 2013; Pullen et al., 2013; Sunderji et al., 2014). Others felt TMH training should be a post-training specialization (Anthony, 2015), following **face-to-face** (F2F) training in counseling. Psychology and psychiatry led early efforts to embed TMH into practice (Colbow, 2013), recognizing that TMH could increase access to much-needed psychological and psychiatric services. Some counselor educators have embraced TMH within master's level training, including TMH in content areas such as counseling skills (Trepal et al., 2007), group dynamics (Kozlowski & Holmes, 2017), and fieldwork (Haberstroh et al., 2008).

The U.S. Department of Health and Human Services (HHS) announced in March 2020 that it would waive **Health Insurance Portability and Accountability Act (HIPAA)** violations for practitioners during the pandemic (U.S. Department of Health and Human Services, 2020). This concession was designed to support the TMH continuum of care for

those needing mental health and medical services; however, it may have inadvertently diverted practitioners from engaging in formal training. Professional development programs and TMH access continued to grow during the pandemic. PESI offered a free two-day, pre-recorded webinar to educate practitioners on the ethical practice of TMH. The online videoconference company Zoom offered free, unrestricted time when using their platform to support people in staying connected. Clinicians did whatever they could to continue practicing during this time, but TMH training may have been secondary to effectively engaging clients and students in counseling.

In a pre-COVID-19 study, 74 counselor educators were surveyed on how they taught TMH content within their counseling curriculum. Options included: not intentionally infused into their curriculum (26%), based on instructor preference (26%), intentionally infused into their curriculum (15%), offered as stand-alone elective on TMH (5%), and required as stand-alone class on TMH (1%; Robertson & Lowell, 2021). If that same study were administered today, many counselor educators would likely respond that they are trying to intentionally infuse TMH content into their curriculum. This book aims to support instructors in their efforts to infuse TMH content into an already crowded CACREP curriculum.

CACREP Lens

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) exemplifies the profession's highest standard of counselor education. While other accreditation organizations exist, CACREP's 40-year history, national and international scope, and recognition from state and federal organizations as the standard for counselor training positions CACREP as a national model for counselor education programs. As such, this book uses a CACREP lens as the framework for providing TMH instructional information in relation to the core curriculum and specialization areas. The hope is that instructors may discover ways to weave TMH content into some of these areas without having to add an additional class in TMH to an already robust curriculum. While the CACREP standards have been included as I discuss each strategy, it may be helpful for the reader to have them available as a reference throughout their reading.

Prior versions of CACREP standards, specifically the 2009 and 2016 standards, do not mention the prospect of providing counseling via technology (CACREP, 2009; 2015), despite the National Board for Certified

Counselors (NBCC) publishing *Ethical Standards for Web-based Counseling* in 1997 (NBCC, 1997). The Center for Credentialing and Education (CCE) began providing Distance Counselor Certification (DCC) in conjunction with Ready Minds in 2004 (Shafer & Clawson, 2007). Despite these long-running developments within the profession, CACREP does not yet require counselor education programs to provide instruction in TMH.

There was no mention of technology, distance counseling, or digital delivery in the 2009 CACREP standards. The word "technology" only began to emerge in the 2016 CACREP standards, specifically, Standards 2.F.1 (Professional Orientation), 2.F.4 (Career Development), and the specialization curriculum standard 5.B.3 (Career Counseling) all mention technology (CACREP, 2015). Concerning career development, "technology" primarily referred to obtaining career information online, as opposed to providing counseling via technology. Beyond these three mentions of technology, no other references to "technology" or "digital delivery" are mentioned in the 2009 and 2016 standards.

The use of "technology" and "digital delivery" is addressed more frequently in the 2024 standards, but CACREP fails to require direct instruction in TMH. Standard 3.D.5 (Professional Orientation) requires that programs provide instruction on the "application of technology related to counseling" and uses the phrase "across service delivery modalities" at least twice (CACREP, 2023, p. 14). CACREP's directive to provide instruction on counseling across delivery modalities and on the application of technology to counseling signifies that counselor education programs should provide instruction to counselors-in-training (CITs) in both F2F and TMH modalities. While these cues are not explicit, they acknowledge the infusion of technology into the profession and the emergence of multiple counseling **modalities**. Throughout the book, I specifically cite CACREP standards and strategies to support the instruction of TMH in the core curriculum or specialized content areas.

Teaching Framework

CACREP's use of the phrase "across service delivery modalities" references the provision of counseling services. Instructors also provide training across delivery modalities. The pandemic changed many higher education institutions. Universities that operated primarily in an on-campus modality implemented significant changes to instructional methods. Many counselor education programs traditionally taught on campus had to quickly pivot to online modalities (Coker et al., 2021). Some state education departments provided concessions for online education

and online supervision (e.g., New York Department of Education, 2020). Programs used different strategies to train counselors, such as technological software, to enhance counseling instruction (Chen et al., 2021). Much of the research from this period focuses on how education programs transitioned to online teaching and the mechanisms used to make that transition. Less research has been focused on how these education programs train students to use technology in TMH practice.

Today, instruction for CITs occurs via multiple modalities, including on-campus classrooms (sometimes called "bricks and mortar" or "on-ground" settings), virtual **synchronous** classrooms, virtual **asynchronous** classes, as well as hybrid and residential models that combine these modalities. TMH training for CITs must reflect the technological diversity with which it is delivered in the classroom.

On-Campus Classroom Instruction

Instructors who teach on campus have ample opportunity to teach and assess F2F counseling skills but will need access to additional technologies to adequately train and assess TMH skills. Lectures and didactic instruction can be delivered through traditional classroom methods, yet the practice and modeling of TMH will require supplemental technology. Universities may have access to technologies such as a **learning management system** (LMS) (e.g., Canvas, Blackboard, Google Classroom) or **videoconferencing** tools (e.g., WebEx, Teams, Zoom) that may not be available in agencies or smaller professional development training settings. Conversely, training offered through agencies or private practices may utilize **turnkey** or proprietary software (e.g., Simple Practice, TheraNest) unavailable to academic institutions. CITs will need access to **platforms** that allow them to learn, view, and demonstrate skills in video conferencing, phone, message, and email counseling. Using secure and **encrypted** technology, these platforms should allow them to practice their skills with mock clients or peers. The capacity to record, store, save, and transmit secure videos of students' mock counseling sessions is helpful. Yet, institutions need secure, **multifactor authentication** devices to store, submit, or send these recordings. Alternatively, instructors can utilize real-time observations via technology or view recorded videos with CITs in a shared location.

Online Synchronous Classroom Instruction

Instructors who teach in online synchronous settings can train and assess students in TMH, specifically in synchronous TMH counseling.