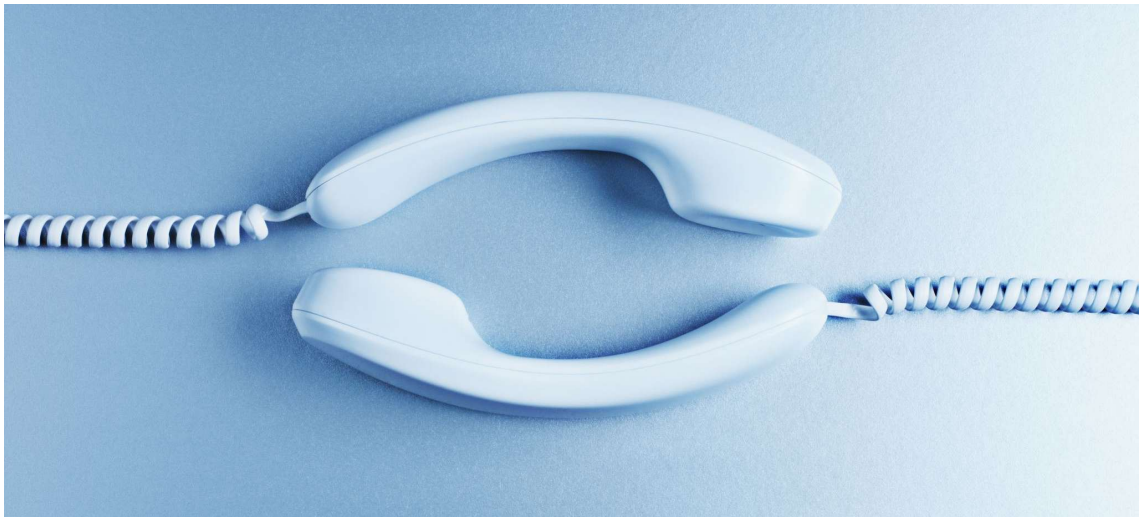

TELEHEALTH

Depth Psychological Perspectives

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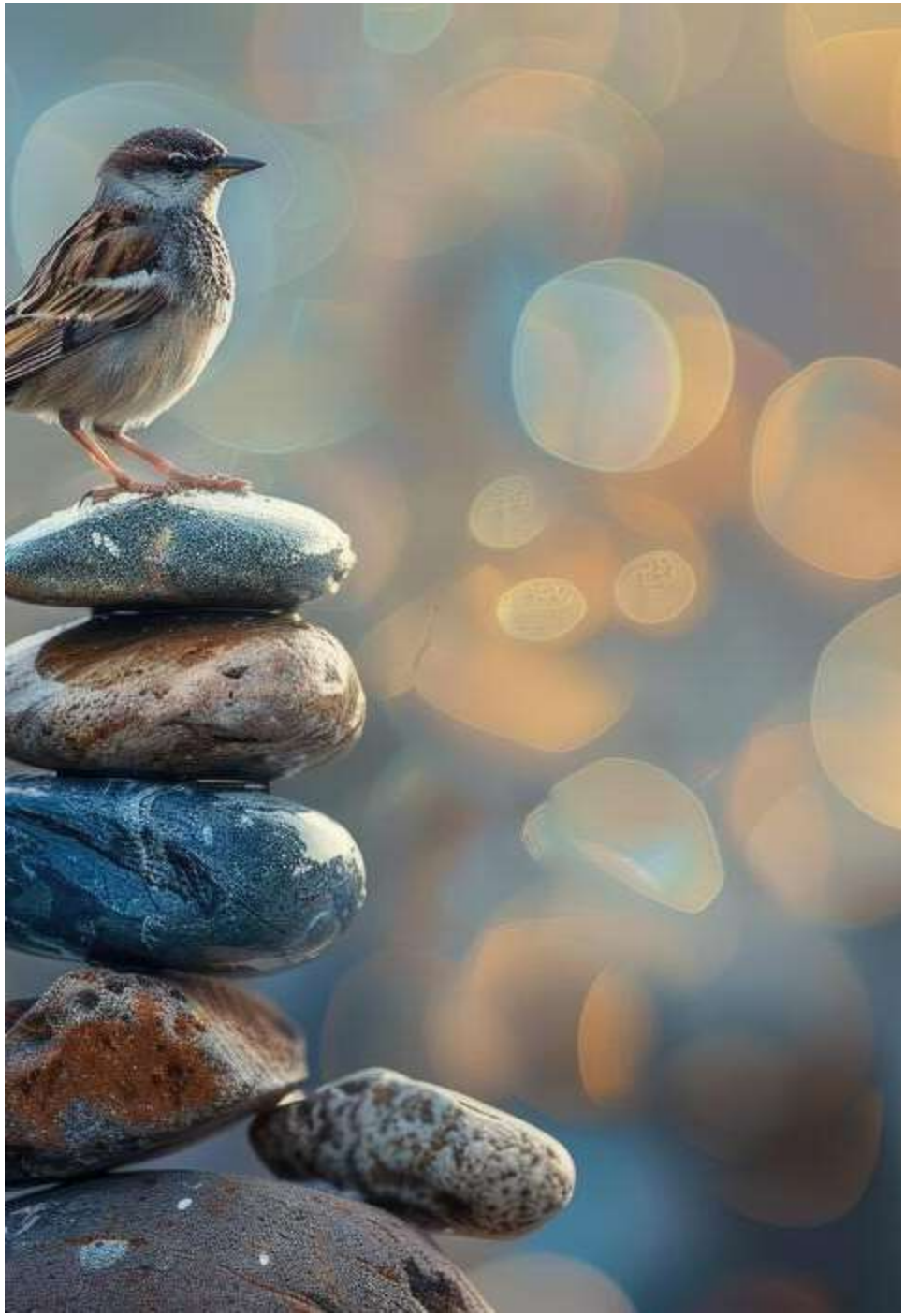
Telehealth as Psychological Space

- Telehealth is not simply a technological medium, it is a threshold space. A liminal field where two subjectivities meet across distance, light, and screen.
- As the consulting room dissolves into pixels, the relational field remains. Presence becomes mediated. Containment shifts. The analytic frame must be reimagined.
- In this digital space, transference still emerges, silence still speaks, and the unconscious finds new forms through which to move.
- From a depth-oriented perspective, we are invited to ask: What happens to psyche when the room becomes virtual? And how do we hold depth within this altered field?

The Value of Depth Reflection in Telehealth

- Telehealth is not neutral.
- It is structured by law.
- It is shaped by technology.
- It influences relational dynamics.
- It alters embodiment and spatial experience.
- To practice responsibly in California, we must hold both the regulatory frame and the psychological field
- The value that depth work offers is that it invites deep reflection and curiosity, not just adaptation.



Intentions for today

- To dive into a deeper exploration of telehealth from a depth-psychological perspective
- To understand the legal and ethical requirements
- To examine how the therapeutic frame, presence, and unconscious process shift in virtual space
- To cultivate thoughtful, ethically grounded telehealth practice

Telehealth in Contemporary Clinical Practice

- Telehealth is now a standard modality of care.
- California law regulates its delivery.
- Competence in telehealth is required for licensure.
- Ethical responsibility extends fully into digital space.
- Telehealth is not an exception to practice, for many clinicians, it *is* practice.

Holding Two Frames

From a psychodynamic perspective and as clinicians practicing in California, we must hold two frames simultaneously:

The Legal Frame

- Licensure
- Appropriateness
- Informed consent
- Documentation
- Emergency planning

The Psychological Frame

- Transference & countertransference
- Containment
- Presence
- Symbolic process
- The work lives in the tension between structure and soul.

Live Reflection:

We Are Already in the Field

Before we talk more about telehealth, let's notice that we are already practicing within it.

An invitation to pause and look at the screen…

- What is your felt sense of being here right now, in this digital room?
- Where do you experience connection? Where do you experience distance?
- What parts of you feel present? What parts feel muted or absent?
- How does the grid of faces affect your sense of relational space?
- What is psychologically different from sitting in a physical classroom?
- Is this screen a window? A mirror? A veil? A portal?
- What does it feel like psychologically to meet through it?

Holding the Tension: Two Realities

- What we just experienced is not abstract, it is clinical reality.
- The digital medium shapes presence, projection, containment, and relational space.
- Because it shapes the psychological field, it shapes the work.
- And because it shapes the work, it is ethically and legally regulated.
- As we move into California guidelines, I invite you to hold The psychological field we feel and The regulatory structure that contains it.

The Legal Frame as Container

- If telehealth is a psychological field, California law becomes part of the frame that holds it.
- The Board of Behavioral Sciences (BBS) the California Association of Marriage and Family Therapists (CAMFT) do not regulate technology alone, they regulate how we hold people when the room becomes virtual.
- From a psychodynamic lens, Law functions as structure. Structure, in depth work, is containment.
- From a psychodynamic perspective, this type of structure (law) is not the opposite of depth it is what makes depth work possible.
- Why? And How so? (unconscious)

Presence and Place

- Place matters.
- The therapy room has never been neutral. It holds, contains, and marks the boundaries of the analytic field.
- In telehealth, the "room" dissolves, but place does not disappear.
- The client is somewhere. We are somewhere. And California law recognizes this reality.
- In telehealth, practice is considered to occur where the client is physically located.
- In this way, presence is mediated. But place remains legally and psychologically real.
- Even in digital space, we are always practicing somewhere.

Licensure and Jurisdiction

If telehealth is a meeting across distance, the law asks a simple question:

Where is the client?

In California, telehealth is legally considered to occur where the client is physically located at the time of service.

<u>This means</u>:

- Even as trainees or associates, you are participating in regulated clinical practice.
- In telehealth, practice is legally considered to occur where the client is physically located.
- Your supervisor must hold an active California license if the client is in California.
- You may only provide services within the legal scope of your registration and supervision agreement.
- If a client is physically in another state, services may not be permitted, even under supervision.
- Jurisdiction follows the client's body, not the therapist's screen.
- Though you practice under another's license, you are still responsible for knowing the frame that holds your work.
- Supervision does not remove responsibility, it deepens it.

Law change:
display of license/ registration requirement and required notice

Effective January 1, 2025

- Licensees and registrants only required to display license or registration when rendering professional clinical services in person.
- License or registration does not need to physically be on display when services are provided via telehealth; however, must be included in “Notice to Clients”

•*Display of License/Registration Requirement (BBS, 2024)*

Assessing Clinical Appropriateness in Telehealth

- Telehealth is not automatically appropriate simply because it is available.
- Under BBS regulations and CAMFT ethical guidance, clinicians are responsible for determining whether telehealth is clinically suitable for each client, and for reassessing that suitability as treatment unfolds.

This requires thoughtful consideration of:

- Level of acuity and risk (How urgent or high-risk is this situation right now?)
- Presence of suicidal or homicidal ideation
- Domestic violence or unsafe living environments
- The client's ability to secure privacy
- Cognitive, developmental, or technological limitations
- The impact of the medium on clinical depth
- For trainees, this decision is not made alone. It belongs in supervision.
- Depth work asks: Does this medium support the work for this person, at this time?
- Clinical judgment is part of ethical practice. And ethical practice is part of legal compliance.

Documenting Clinical Appropriateness

- Once we determine that telehealth is appropriate, that discernment must be reflected in the record.

As per BBS guidelines, documentation should include:

- Confirmation of the client's location at the time of session
- Assessment of continued appropriateness of telehealth
- Any identified risks and how they are being managed
- Crisis planning when relevant
- Consultation with supervisor when indicated

Documentation:

- Documentation is not defensive writing. It is clinical transparency.
- It tells the story of your thinking and that you chose telehealth intentionally.
- While we are training, documentation protects: The client, You, Your supervisor
- Clarity in the record reflects clarity in the frame.

Beginning Each Session: *Grounding in Place*

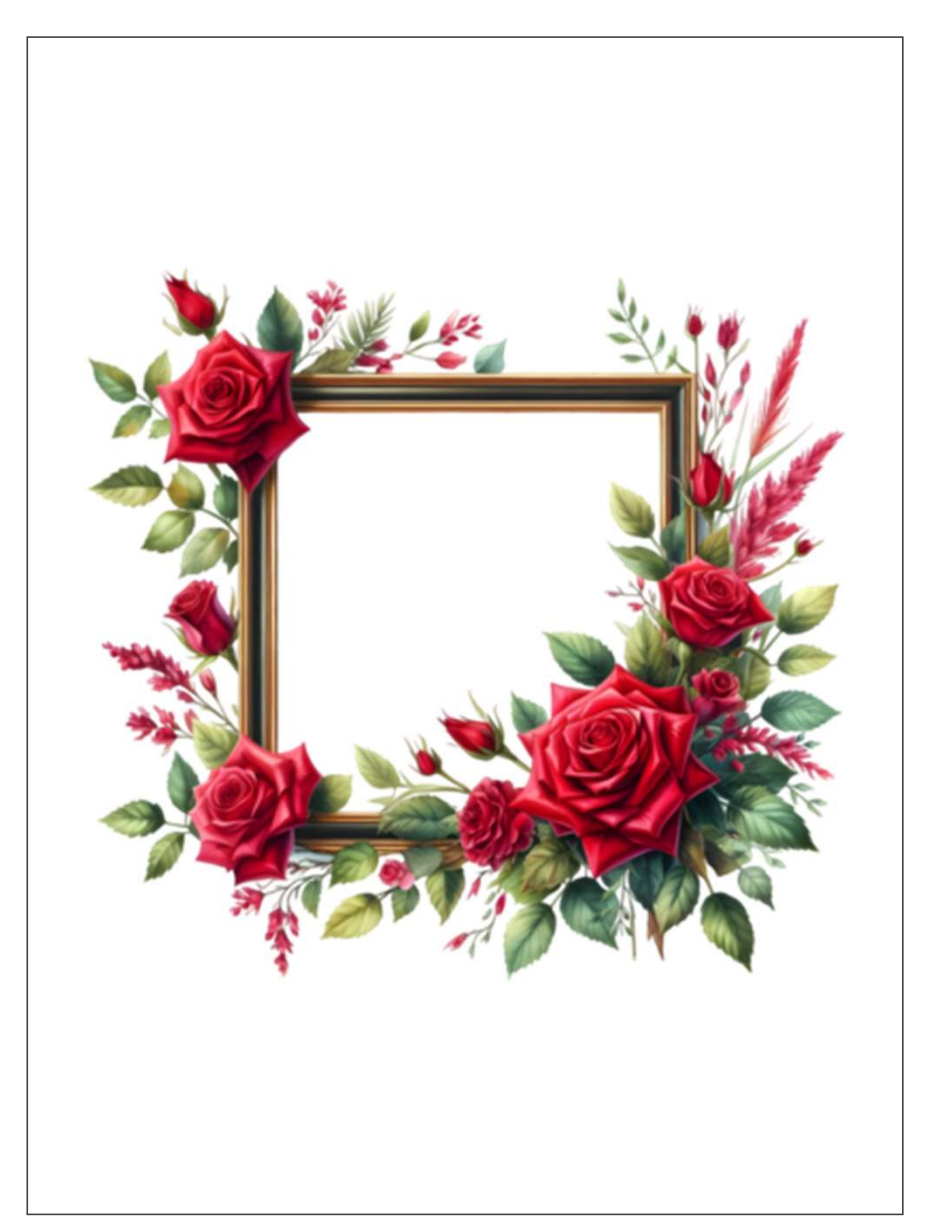
- In telehealth, we can not assume location. We have to ask.
- At the beginning of each session, you are required to:
  - Confirm the client's full name
  - Confirm the client's current physical location
  - Assess whether telehealth remains clinically appropriate
  - Document this in the notes
- This is not mere procedure. It is an acknowledgment that therapy happens in a real place, with real safety implications.
- If a crisis emerges, you must know where the body is.
- The digital field may feel fluid. But safety is concrete.

***Notice how this intersects psychologically, we are orienting to the body in space, even when the room is virtual.*

Containment and Crisis in Telehealth

- With in-person work, containment is partly architectural. The walls hold. The space protects.
- In telehealth, containment must be intentional.
- Again, it is important to obtain and document emergency contact information
- Identify local emergency resources in the client's area
- Develop a crisis or safety plan when clinically indicated
- Consult with your supervisor when risk emerges
- Document your actions carefully
- If a rupture occurs in digital space, we cannot rely on proximity. Preparation and intentionality is key.
- Containment in telehealth is not assumed, it is constructed.

***In depth work, we speak of holding the psyche. In telehealth, we must also be prepared to hold the body in crisis, across distance.*



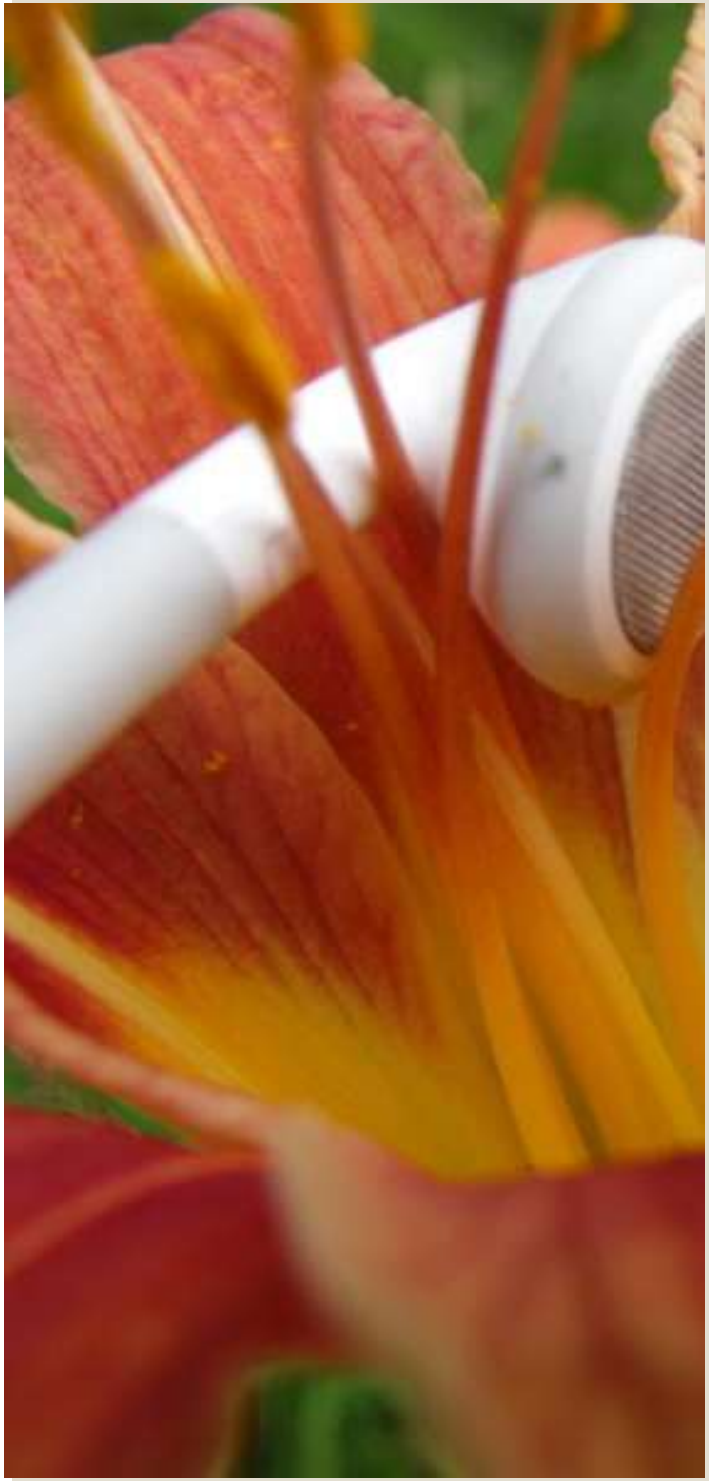
The Analytic Frame in Digital Space

- The analytic frame refers to structure, boundary, rhythm, expectation. Time. Payment. Confidentiality. Role clarity. Consistency.
- In telehealth, the visible room disappears. But the frame does not.
- It becomes more subtle and in some ways, more fragile. The client is in their space.
  We are in ours.
- The field stretches across distance.
- This requires greater intentionality: Clear boundaries around time and privacy, Thoughtful management of disruptions, Explicit agreements about space and confidentiality, Consultation when the frame feels strained
- The screen mediates. But the frame still holds if we hold it.

The work is allowed to deepen because the frame is stable.

Transference and Countertransference in Telehealth

- The screen does not eliminate transference; it reshapes it.
- Projection still moves, but now through light, delay, framing, and image.
- Clients may experience the therapist as closer or more distant, less powerful or more intrusive, easier to idealize or easier to dismiss. The medium becomes part of the relational field itself.
- As clinicians, we may notice heightened self-consciousness, fatigue, or a different quality of attunement.
- Our awareness of ourselves as images can subtly shift authority, presence, and embodiment. Countertransference may feel more cognitive, less somatic, or at times more ambiguous.
- Telehealth does not diminish depth work. Rather, it asks us to recognize that we are working within a technologically mediated field that shapes how unconscious material emerges and is experienced.
- The question is not whether depth happens online, but how it moves differently within this space.



Listening with a Different Ear; Seeing with a Different Eye

- Telehealth offers us the ability to refine our clinical instruments. We cannot rely on the full body in the room, and we do not receive the same somatic field. Peripheral awareness narrows. Silence feels different. The rhythm of interaction shifts.
- Listening with a different ear means attending more closely to tone, pacing, micro-pauses, and subtle changes in breath that travel through the microphone. We notice when the voice tightens, flattens, becomes distant, or carries unspoken affect.
- Seeing with a different eye means noticing micro-expressions that may become more visible, while gestures outside the camera frame are lost. The client's background environment becomes part of the symbolic field. What is shown, and what is withheld, carries meaning.
- Telehealth asks for greater precision. We are not listening less; we are listening differently. We are not seeing less; we are seeing through a mediated lens and learning how to interpret what that lens both reveals and conceals.

Technical and Clinical Issues in Telehealth

As a technological system, there are variables that may shape the work.

Technical considerations include:

- Internet stability and platform reliability
- Audio delays, frozen screens, and dropped connections
- Camera placement, lighting, and sound quality
- Backup communication plans if technology fails
- Protection of electronic records and session data

Clinical issues:

- Disruptions occurring during moments of vulnerability
- Heightened self-consciousness due to on-screen visibility
- Difficulty assessing nonverbal cues and full-body signals
- Managing silence when visual feedback is limited
- Navigating sessions when privacy is compromised

Noticing…

- Notice your own image on the screen.
- Notice where your eyes rest.
- Notice what you feel when someone looks directly into their camera.
- Notice your body, posture, breath, subtle tension.
- Notice who feels “closer” and who feels “farther,” and why.
- No talking yet. Just observing.

Reflect together…

- What did you notice about your awareness of yourself as an image?
- Did you feel more exposed or more protected than in a physical room?
- Did anyone feel idealized, invisible, flattened, or intensified?
- How might these dynamics show up in therapy?

Identify:

One transferential phenomenon unique to telehealth

One countertransference shift they experienced

Holding the Clinical Center in Telehealth

- In person therapy and the physical space carries a symbolic grounded presence. The therapist occupies professional space.
- In telehealth, both therapist and client appear in personal environments. Hierarchy may flatten. Authority may soften or, at times, intensify through the close-up gaze of the camera.
- Clients see into our homes. We see into theirs. Boundaries shift visually.
- The screen alters visible hierarchy, but it does not remove responsibility. Authority in telehealth must be embodied internally rather than symbolized externally by the office.

Some considerations for practice:

- Be intentional about visual presence. Camera angle, lighting, posture, and eye contact subtly communicate stability and confidence.
- Maintain professional boundaries even within personal space. What is visible behind you participates in the frame.
- Be clear and steady with structure: time boundaries, session openings and closings, and payment policies.
- Bring feelings into supervision.

Privacy and the Unseen Other

- In the traditional consulting room, privacy is structural. The door closes. The walls hold.
- In telehealth, privacy becomes negotiated rather than guaranteed. Who else is in the home? Who might overhear? Who might walk through the frame unseen?
- The therapist cannot control the environment in the same way.
- The client remains embedded in their relational world and the "unseen other" becomes part of the field.
- Depth work invites us to consider: What shifts when the unconscious knows someone might be listening? How does confidentiality shape regression, disclosure, and vulnerability?
- In telehealth, privacy is both psychological and practical.

Guidelines as Protection of the Frame

In telehealth, certain guidelines as per the BBS and CAMFT become part of that protective structure.

Before beginning telehealth, we are required to discuss:

- The limits of confidentiality in digital communication
- Potential risks of technology failure or privacy breaches
- The differences between in-person and virtual sessions
- Emergency procedures and local resources
- Our license type and supervisory structure
- Document reasonable efforts to ascertain emergency contact information, emergency services in client's location.

Standard of Care

Standard of Care asks: Are we practicing with the same level of skill, discernment, and responsibility that we would offer within the consulting room?

Telehealth is held to the same standard of care as in-person treatment.

Under BBS regulations and CAMFT ethical guidelines, clinicians are expected to:

- Practice within their scope of competence
- Deliver services that meet the accepted standard for their profession
- Maintain confidentiality and reasonable safeguards
- Assess clinical appropriateness on an ongoing basis
- Provide appropriate referrals when telehealth is not sufficient
- Document clinical decision-making clearly
- The medium may differ. The ethical obligation does not.

Cultural Competence

- Telehealth can amplify culture.
- Clients enter sessions from within their lived environments: homes shaped by family, class, religion, language, geography, and access. The background becomes visible. Privacy varies. Technology access is unequal.

Cultural competence in telehealth requires us to consider:

- Access to reliable internet and private space
- Economic disparities that shape technological resources
- Immigration status and concerns about surveillance
- Multigenerational households and shared living environments
- Disability accommodations and accessibility needs
- Language differences and interpretation over digital platforms
- The digital divide is not abstract. It is structural.
- Under BBS standards of care, competence includes recognizing how cultural, socioeconomic, and systemic factors affect access, privacy, and safety in telehealth.
- Depth work asks us to remain curious about how identity and context shape the experience of meeting through a screen.
- The question becomes: Whose space are we entering? And how does that space shape what can and cannot be spoken?

The Frozen Screen

A trainee is working with a client who has a history of abandonment trauma. The work has been unfolding steadily over several months on telehealth. One session, the client begins speaking about a recent rupture with a partner. Her voice trembles. She says, “I always feel like people disappear when I need them most.”

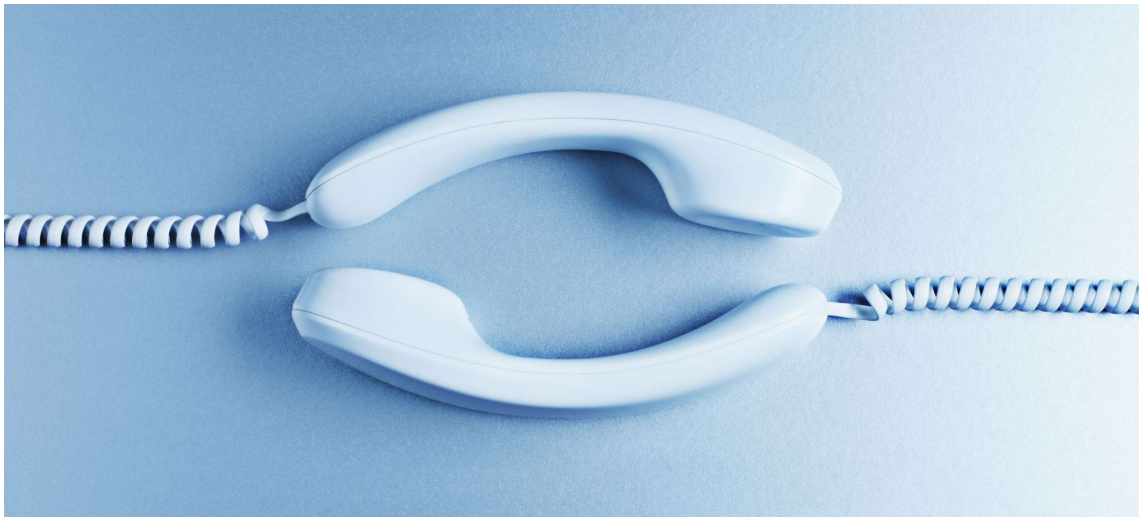
At that exact moment, the screen freezes. The trainee’s internet connection drops.

For nearly two minutes, the client sits alone in front of a frozen image of her therapist.

When the connection returns, the client is quiet. She says, flatly, “It figures.”

- What is happening here clinically?
- What is technological and what is transferential?
- What might be unfolding in the client's internal world at that moment?
- What might be unfolding in the trainee's countertransference?
- How does the medium amplify or crystallize the client's narrative?
- What is the ethical responsibility of the clinician in this rupture?
- What would repair require, psychologically and structurally?
- And perhaps most importantly: What holds the frame when the screen does not?

Pause



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The room may be virtual.
The work remains real.

Thank you!