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Connecting With Clients in Later Life: The Use of Telebehavioral Health to Address Older Adults' Mental Health Needs

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Keywords

gerontological counseling, telebehavioral health, older adulthood, mental health care access

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We have no known conflicts of interest to disclose. Correspondence regarding this article should be addressed to Jordan Westcott, 1750 Kraft Dr., Blacksburg, VA 24061. Email: jwestcott@vt.edu

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CONCEPTUAL ARTICLE

Connecting With Clients in Later Life: The Use of Telebehavioral Health to Address Older Adults' Mental Health Needs

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Abstract

Telebehavioral health offers a unique opportunity to expand access to mental health services for older clients by addressing systemic barriers that often render mental health care inaccessible in later life. Although health interventions facilitated by technology, including telebehavioral health approaches, proliferated at the start of the COVID-19 pandemic, little guidance exists for counselors seeking to provide such services to clients in later life. In this manuscript, we describe barriers to accessing mental health services, how telebehavioral health services can address these barriers, and practical consideration for delivering telebehavioral health approaches for counselors who work with older clients.

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Positionality Statement

The research team consisted of a faculty member with expertise in aging and gerontological counseling, a doctoral student with expertise in multicultural and social justice counseling and aging, and master's-level students and recent graduates with interest in serving older adult clients. The team shares a commitment to advancing access to high-quality counseling services for clients in later life, which informed our approach in reviewing and providing recommendations for telebehavioral health approaches with this population. Our team is comprised of privileged and marginalized identities in regard to gender, sexual orientation, race/ethnicity, and disability, which informed our approach to writing this article. We recognize that no team members are currently in later life, which might limit our understanding of how these interventions affect older adults.

Introduction

Approximately 46 million Americans are over 65 years old, and that number is projected to grow to nearly 100 million by 2060 (Administration for Community Living, 2020). One in five older adults meets the criteria for a mental health or substance use disorder (Institute of Medicine, 2012). However, over 60% of older adults experiencing mental health concerns do not have adequate access to care (Adepoju et al., 2018), due in part to unique barriers, such as lack of Medicare reimbursement for mental health care providers (Fullen et al., 2019); transportation challenges (Garrido et al., 2011); and geographical limitations (Garrido et al., 2011). To create equitable access to services for older adults, counselors might need to use creative solutions to provide services.

One such approach is telebehavioral health, or mental health services provided via the Internet or phone (Department of Health & Human Services, 2020). Although most telebehavioral health research emphasizes positive outcomes among the general population (Bennett et al., 2020), few researchers have explored the effects of telebehavioral health interventions in later life. However, there is some evidence that older adults benefit as much from telebehavioral health interventions as they do from traditional in-person services (Christensen et al., 2020). Mental health providers also have positive attitudes toward telebehavioral health (Connolly et al., 2020). Telebehavioral health approaches proliferated in the wake of the COVID-19 pandemic (Lo et al., 2022). The increased use of these services is especially promising given the elevated risk posed by the pandemic to older adults' physical and emotional wellbeing (Vahia et al., 2020). However, despite the benefits of telebehavioral health in expanding access to care (Lo et al., 2022) and meeting the mental health needs of older adults (Christensen et al., 2020), professional counselors have little guidance to support the use of telebehavioral health with older adult clients.

Accessibility of Mental Health Care in Later Life

Although there is a significant need for mental health care among older adults (Institute of Medicine, 2012), traditional mental health services remain inaccessible for more than half of older adults due to individual and systemic factors (Adepoju et al., 2018). Relative to younger people, fewer older adults seek help for mental health concerns (Garrido et al., 2011), which could be due to unawareness about mental health services or stigma associated with mental health. Older adults might assume depression symptoms are a normal part of aging (National Alliance on Mental Illness, 2009); those who lack knowledge related to mental illness are less likely to seek services (Garrido et al., 2011; Wetherell et al., 2009). Even if older adults can find a mental health care provider, they might encounter culturally incompetent care. Counselor education programs often provide minimal training related to working with older adults and some counselors could be inattentive to their own implicit biases about age (Fullen, 2018). Disparities could be more pronounced for ethnic and racial minority older adults who face additional challenges finding care that aligns with their linguistic, cultural, and personal values (Sorkin et al., 2016).

Older adults uniquely experience several barriers to accessing mental health care. They are more likely to access mental health services delivered by a primary care practitioner than a mental health practitioner (Garrido et al., 2011). Depending on primary care access as a gateway into mental health treatment poses a further challenge, because 6,000 areas in the nation

have been classified as primary care Health Professional Shortage Areas (HPSAs; Streeter et al., 2020). There is also a shortage of mental health services; in 2020, there were 5,733 designated mental health HPSAs across the country (Kaiser Family Foundation, 2020). Both types of HPSAs—primary care and mental health—are often characterized by higher levels of poverty and social determinants of health vulnerabilities, including lower levels of educational attainment and transportation barriers that affect health access and treatment participation (Kaiser Family Foundation, 2020). Moreover, Medicare does not reimburse many mental healthcare providers for the more than 60 million Americans relying on it as their primary health insurance, including many older adults who are on a fixed income (Fullen, 2018). Lack of insurance coverage and provider shortages can be particularly challenging among rural dwelling older adults, where public transportation is limited, and travel distances can be extensive. Contextual barriers, including living arrangements, transportation, geographic location, lack of providers, and the cost of services, can also inhibit service use. Older adults might serve as caregivers for family members such as spouses or parents, and therefore find it challenging to leave their home for appointments for their own health care (Centers for Disease Control and Prevention, 2018). Furthermore, many long-term care settings report a shortage of mental and behavioral health services, aside from psychopharmacological treatment, due to a lack of funding and insufficient knowledge surrounding evidence-based treatments (Molinari et al., 2009). A shortage of onsite mental health services and programming, combined with the inability to leave the long-term care setting for outside services, creates a significant barrier to care. Altogether, there are pervasive barriers that prevent older adults from accessing mental health care.

Expanding Access to Care Through Telebehavioral Health

Many of the barriers that older adults face in trying to access mental health services are systemic in nature and require structural solutions. Wider use of telebehavioral health services could alleviate some of these common barriers, and there is evidence for the efficacy of these approaches. Before the COVID-19 pandemic, a systemic review of telebehavioral health literature found that these interventions were as effective as face-to-face services in the short term (Barnett et al., 2021). Additionally, telebehavioral health services appeared to more cost-effective than many traditional mental health services, with evidence that both users and clinicians were accepting of telebehavioral health interventions (Barnett et al., 2021).

Telebehavioral health approaches appear to have unique benefits for older adults. Lichstein et al. (2013) found that older adults who received telebehavioral health interventions in rural communities experienced a reduction in mental health symptomology. Indeed, a systematic review of the literature supported the use of telebehavioral health to reduce depressive symptoms in older adults (Harerimana et al., 2019). Telebehavioral health can also address barriers to treatment related to mobility and chronic illness. Choi, Wilson, et al. (2014) found that telebehavioral health interventions were comparable to in-person services in addressing symptoms of depression among low-income, homebound older adults. In fact, the positive effects of the telebehavioral health intervention outlasted the effects of the traditional intervention, suggesting that this approach might actually be more effective in supporting this population. By removing the need for travel, telebehavioral health services might be an effective form of mental health treatment for older adults residing in rural and remote communities (Dham et al., 2018). Telebehavioral health services represent a unique opportunity to reach this population without adding additional stressors of arranging transportation, navigating inaccessible office spaces, or finding a provider when there is limited availability.

Telebehavioral health approaches represent a similar opportunity to reach older adults residing in long-term care communities. Because many of these facilities lack the funding and training to staff qualified mental health providers onsite (Seifert et al., 2020), outpatient counselors who provide telebehavioral health services might be able to increase access for residents. These services can be provided without the counselor having to arrange for a physical space within the community. Therefore, with staff support, the use of telebehavioral health services could increase access to services within these types of settings.

Challenges Associated With Telebehavioral Health

Telebehavioral health is a natural solution to many of the barriers older adults face when they try to access mental health services. However, this approach is not without its challenges. There are several factors that might affect the utility of telebehavioral health for older adults. Older adults cite economic concerns, physical conditions, and issues related to technology as significant barriers to accessing services online (Lam et al., 2020). The technology needed to access telebehavioral health services can be expensive, creating economic barriers for clients with limited financial means (Lam et al., 2020). Internet access

can be expensive (Philippon, 2021) and, for some populations, nearly impossible to obtain. For example, approximately 17% of rural Americans and 21% of Americans living in Tribal lands lack access to high-speed broadband Internet (U.S. Federal Communications Commission, 2021). Older adults who have poor Internet access might be unable to establish a strong enough connection for quality video and audio interaction (Hilty et al., 2020; Joshi, 2020). This is especially concerning given the need for mental health services among rural older adults (Joshi, 2020).

Physical health can also create a barrier to accessing telebehavioral health services. For example, physical disability and chronic pain might limit some individuals' ability to navigate computers (e.g., difficulty moving the mouse), and hearing impairment can create challenges to effective communication (Demiris et al., 2013). In fact, the challenges associated with hearing and vision loss, as well as other physical conditions, might discourage some older clients from seeking telebehavioral health services at all (Lam et al., 2020; Xie et al., 2020).

Disparities in the availability of telebehavioral health services also pose a challenge. Inconsistent state regulations regarding the use of telebehavioral health can further complicate the delivery of services. Insurance is another barrier to accessing care. Although some restrictions in the delivery of telebehavioral health have been reduced or removed due to the COVID-19 pandemic (Lo et al., 2022), it is unclear whether these restrictions will be reinstated after the crisis has resolved. Because insurance might already be a barrier to accessing mental health care in later life (Fullen, 2018), additional complications associated with inconsistent coverage for telebehavioral health services and changing policies as the pandemic unfolds could further complicate mental health care access for this population. Further, fewer counselors might seek to work with older adult clients due to ageist assumptions about their ability to benefit from telebehavioral health, which might be partially rooted in outdated beliefs about Internet literacy and usage. According to the Pew Research Center (2019), the gap in Internet use among all age groups has closed since the early 2000s. As of 2019, 73% of people aged 65 and older reported regularly using the Internet. Incorrect assumptions about older adults' technology use are also perpetuated by the belief that older adults are a homogeneous group, but a closer look at the data disproves this myth. The Pew Research Center (2017) found marked variation in technology use among older adults: 82% of respondents aged 65-69 regularly used the Internet, whereas only 44% aged 80 and over did so.

There is growing evidence that older adults are capable and comfortable using technology (Pew Research Center, 2017, 2019), especially when there is a perception of utility and ease of use (Kavandi & Jaana, 2020). However, certain older adults might still feel unfamiliar with the technology needed to access telebehavioral health services (Lam et al., 2020). Therefore, it is important for counselors to assess each individual client's access, comfort, and skill using technology. Furthermore, counselors might also be unfamiliar with the technology needed to facilitate telebehavioral health effectively (Glueckauf et al., 2018). Before implementing virtual counseling, counselors should ensure that they are familiar with the associated technology and prepare to troubleshoot issues as they arise.

Considerations for the Use of Telebehavioral Health With Older Adults

Although many counseling professionals indicate positive attitudes toward telebehavioral health approaches, questions remain regarding ethical implications, its effect on the counseling relationship, and managing technological difficulties (Connolly et al., 2020). Due to the lack of clear guidance on the most effective use of telebehavioral health for older adults, there remains a need for practical guidelines to support counselors' use of telebehavioral health approaches with older adults. In the sections that follow, we describe considerations and practical guidelines for delivering telebehavioral health to older adults.

Ethical Considerations

General guidelines for counselors using telebehavioral health to deliver counseling exist (American Counseling Association (ACA), 2014; Kraus et al., 2010; Maheu et al., 2018), but, to date, applications of such guidelines to older adults have been limited. The ACA (2014) Code of Ethics provides guidance for ethical telebehavioral health practice in Section H (Distance Counseling, Technology, and Social Media). Primary recommendations include understanding additional limitations to confidentiality, recognizing and communicating the limitations of technology, selecting appropriate software, and developing additional opportunities to monitor clients' safety.

Confidentiality is an especially important ethical consideration in telebehavioral health. Technology-based counseling is still subject to the Health Insurance Portability and Accountability Act (HIPAA; ACA, 2014, Center for Connected Health Policy, 2018). The Center for Connected Health Policy (2018) suggests that any online service using patient health information must meet the same HIPAA requirements as services delivered in person. This can be achieved using encryption features or additional security measures like passwords. However, these features might create additional barriers to practice depending upon the client's familiarity with the software and comfort in using technology.

The informed consent might also require additional information in telebehavioral health services. Informed consent is used to ensure that clients understand the conditions of the services they agree to receive (ACA, 2014). Informed consent in a telebehavioral health context should include general information about these services and practical considerations for their use in the context of the counseling relationship. General information should include potential benefits and risks associated with telebehavioral health counseling, including any potential risks to confidentiality and any evidence for the use of technology-based services. Practical considerations included in the informed consent might include guidance on selecting a private space to join sessions, how to connect to the sessions, and crisis management procedures.

In addition to general ethical considerations associated with telebehavioral health, counselors should attend to the unique needs of older clients in this context. One consideration is the variability in older adults' comfort and technological literacy (Pew Research Center, 2017, 2019; Tsai et al., 2017). Counselors should avoid making ageist assumptions about older adults' knowledge of various technologies while maintaining an awareness of the specific needs of their clients. In developing protocols for telebehavioral care, technology-based challenges should be addressed with clients (e.g., Internet disconnections, lost power, etc.), and counselors should develop and discuss alternative methods of interaction with clients to maintain care continuity. In addressing confidentiality, older adults who have a caregiver in the home or reside in long-term care communities might not have access to a private space. Counselors working with such older adults need to describe the limitations of confidentiality and work on solutions with clients to overcome limitations of privacy. For example, they might consider scheduling appointments for a time that caregivers will be outside the home to ensure privacy; alternatively, they might discuss boundary-setting with clients to determine how to navigate potential privacy concerns within the home when there is not a private space available.

Practical Considerations

In addition to following relevant ethical codes, counselors should be aware of practical considerations associated with telebehavioral health and how they can be applied to counseling older adults. Older adults are a heterogeneous group in terms of cultural factors and comfort using technology. Counselors should conduct a thorough assessment of each individual client to understand their specific cultural considerations, access to and competence using technology to communicate and receive care, and awareness of the counseling process. When possible, initial assessments should be conducted in-person in order to establish connection and obtain relevant information effectively. If it is not possible to travel to the client's home or community, or for the client to travel to the office, counselors should be intentional to select assessment instruments that are appropriate for the client's age and that can be conducted via telebehavioral health modalities. For older adults less experienced with technology, counselors might need to provide more structured support regarding the use of Internet- or phone-based care delivery and be prepared to talk clients through specific technical difficulties (Tsai et al., 2017).

Counselors should also consider the range of physical abilities in later life. Using personal headphones (Demiris et al., 2013) or tablets (Tsai et al., 2017) might be beneficial insofar as these approaches accommodate individuals with auditory or visual impairments. Research evaluating home-based telebehavioral health services among veterans points to the need for logistical guidance for both practitioners and clients with setup, training, and ongoing operation of the technology (Interian et al., 2017). In addition, steps should be taken to set clear expectations of the counseling process to maintain therapeutic integrity. With a disembodied clinical environment and potential distractions that might arise in their location or on their devices, clear communication to ensure the formality of the relationship can be helpful.

Research related to delivering specific evidence-based modalities to ensure therapeutic gains via telebehavioral health is still in its infancy. However, there is evidence that there are several effective modalities, such as Internet-delivered Cognitive Behavior Therapy (Carlbring et al., 2018) or relationally focused telemental health (Springer et al., 2020) that can be used to address a range of mental health concerns. Although not adapted to telebehavioral health, narrative reminiscence is an effective

modality with older adult clients as well (Klever, 2013). Alternatively, counselors should consider what adaptations might be needed for their theoretical approach for effective delivery via phone or Internet. For example, certain expressive arts activities might be more challenging to complete over the phone. Counselors using these approaches should adapt existing interventions for delivery via telebehavioral health modalities, such as by using auditory activities rather than an intervention requiring materials (e.g., painting).

Considerations for Group Counseling

Group counseling is another important approach in counseling older adults. When using virtual modalities, group leaders might need to adapt their approach to support the development of therapeutic factors. Such considerations include selecting a HIPAA-compliant videoconference software to host the group sessions, assessing client suitability and capability to participate, and supporting access to the online group. It might be helpful to offer front-end support, with multimodal (e.g., verbal and written) instructions for accessing group meetings and the necessary components to participate (e.g., headphones, video camera, computer). Group leaders should consider reviewing the process with each client prior to bringing them into the group to help prevent distracting glitches during meetings, develop rapport with the client, and build client self-efficacy.

As with individual and couples/family counseling, confidentiality is a concern for group telebehavioral health approaches. Counselors should assess whether each participant has privacy in their physical space (American Psychological Association, 2020). When discussing confidentiality, the counselor should also make it clear that group members should make every effort to maintain the privacy of other members by ensuring that other people around them cannot overhear the group sessions. Group leaders should consider encouraging group members to use headphones to help protect the privacy of the group.

Group guidelines should include expectations that mirror in-person norms. It is even more important in telebehavioral health groups to communicate these norms throughout the process to remind group members of behavioral norms and privacy considerations. Additionally, the group might need additional guidance related to the telebehavioral health modality, such as expectations about muting one member's audio connection when there are sounds in their environment, how to set up one's camera to be visible, and limiting distractions. Guidelines related to digital etiquette (Chen, 2020, March 25) might be beneficial in developing group expectations in a virtual environment.

Although it might require additional time and effort to develop and implement telebehavioral health groups, such as screening potential group members for appropriateness for telebehavioral health, educating group members on technology use, and setting group norms, there are numerous benefits to these approaches. Virtual groups make services accessible to a larger pool of clients, particularly for older adults with mobility limitations, physical health concerns, or social anxiety. Additionally, when clients participate from their homes, there are newfound opportunities to incorporate more interactive and tactile sharing of personal stories or items. Because there are fewer logistical considerations to consider regarding attendance and participation in virtual groups, telebehavioral health groups allow for greater continuity between sessions and could improve turnout among group members (Weinberg & Rolnick, 2020).

The interpersonal nature of group work is beneficial for older adults who are at a higher risk for social isolation (Smith et al., 2020), which can elevate the risk of physical and mental health conditions and cognitive decline (Cacioppo & Cacioppo, 2014). Specialty groups, such as support groups, psychoeducational groups, and groups dedicated to specific topics such as grief, can be adapted to an online format to reach a larger pool of older clients in need of services. For example, a 6-week psychoeducational program centered on self-care, stress management, and assertiveness training reduced caregiver burden and improved self-efficacy for family caregivers (Boise et al., 2005). This program was successfully transitioned to an online format with similar outcomes (Serwe et al., 2019). Surprisingly, the online option had additional benefits: participants felt grateful for the opportunity to build knowledge and skills while connecting with other caregivers from the comfort of their own homes (Serwe et al., 2019).

Conducting group counseling with older adults in an online format also comes with challenges. Clients might unintentionally speak over one another, and group cohesion might be more difficult to achieve due to a lack of physical proximity. Although counselors might have a clearer view of clients' facial expressions, it is not possible to observe full body posture and gesture

observation or make direct eye contact during telebehavioral health sessions (Weinberg & Rolnick, 2020). These limitations could also increase the likelihood of encountering conflict between group members, since the lack of physical proximity and nonverbal cues might cause group members to misunderstand one another or slow the development of relationships and lead to greater friction between group members. In this case, a co-facilitator can be particularly useful in addressing disruptive behavior and managing the group. For example, if one facilitator can speak with a group member who is disrupting the group in a breakout room, the other can remain with the rest of the group. If the group is separated to address conflict, the group leaders should return to the conflict as a whole group to process the experience and enhance opportunities for relational repair. An additional potential challenge might arise if a group member abruptly leaves the group meeting. The use of co-facilitators can allow one group leader to sign off to try to contact that group member, while the other can address the situation with the remaining group members.

Another challenge is the use of group process for client change. Attention to subtle or overt behaviors, which could bring opportunities for awareness and group connection, might be more challenging compared to in-person programming (Weinberg & Rolnick, 2020). Given these challenges, telebehavioral health groups might benefit from two counselors acting as co-facilitators to increase the likelihood of observing client behaviors and enforcing group norms. For counselors who are unfamiliar working with technology-facilitated groups, consultation and supervision might help enhance their skills. Despite these challenges, telebehavioral health groups remain a viable way to address mental health concerns among older adults, particularly in the context of COVID-19 where their health might be at elevated risk (Vahia et al., 2020).

Discussion

Telebehavioral health approaches are a promising avenue to address mental health needs in later life, with evidence of efficacy in this population (Christensen et al., 2020). However, at present, limited information is available for clinicians seeking specific interventions and approaches. One potential solution is to adapt existing approaches with evidence of efficacy among older adults, such as narrative reminiscence (Klever, 2013), to telebehavioral health modalities. For example, in narrative reminiscence, using objects in a client's room or home might elicit positive memories (Klever, 2013). In telebehavioral health approaches, clients can participate in counseling from their homes, allowing access to a greater number of objects that might elicit reminiscence. Counselors can employ additional strategies to enhance the telebehavioral health experience for older adult clients. An important intervention is broaching cultural differences or exploring cultural similarities and differences in the counseling relationship (Day-Vines et al., 2007). In addition to broaching age differences, counselors can explore the effects of technology in the relationship throughout the counseling process. By creating transparency around the use of technology in counseling, counselors can identify any challenges the clients are experiencing with greater ease. In the broaching process, it might be effective for the counselor to share their own reactions to the technology, which can normalize feelings of frustration. The use of humor around technology, particularly after encountering challenges (e.g., the video freezing), might also normalize the process for clients.

Building the therapeutic alliance also has unique considerations in the context of telebehavioral health (Springer et al., 2020), particularly with older adults. Whereas interpersonal warmth might be evident in face-to-face settings, many nonverbal cues are absent in telebehavioral health contexts, creating barriers to developing rapport. Therefore, building relationships with older clients in telebehavioral health contexts might require additional time and intentionality. It might be beneficial for the counselor to share more about themselves earlier in the relationship to establish trust (Springer et al., 2020). Additionally, counselors might need to verbalize important considerations, such as privacy measures, any movement happening off camera (e.g., note-taking), and their own reactions to ensure that clients feel included in the therapeutic process. It might also be necessary to confirm with clients that they are in a space that will provide them with privacy.

Although these strategies might enhance the telebehavioral health experience, counselors using these services could still encounter unique barriers. Limitations in clients' knowledge of (Lam et al., 2020) or access to (U.S. Federal Communications Commission, 2021) technology might be a particular challenge. For clients who lack access to needed technology, counselors might consider referrals to public assistance programs focused on expanding broadband access. For example, the Affordable Connectivity Program offers a monthly discount on Internet services for eligible households (Health Resources and Services Administration, 2022). For clients whose access is impeded by technological illiteracy or physical health impediments, referrals to

assistive technology support organizations or connection to technology trainings at a local library might be useful. Alternatively, counselors can also offer a variety of telebehavioral health modalities, including video calls and telephone calls.

Implications

There are many implications for the expansion of telebehavioral health approaches used to address older adults' mental health care needs. Counselors can address intra- and interpersonal factors that inhibit the use of services, such as setting individual treatment goals focused on decreasing internalized stigma (Conner et al., 2010) or enhancing self-efficacy with technology (Kavandi & Jaana, 2020). Helping clients to feel more digitally proficient also requires counselors themselves to be skilled in using telebehavioral health modalities to ensure successful sessions. COVID-19 has helped to propel practitioner- and organization-level telebehavioral health norms, but policy development and best-practice information sharing is key to ensure sustained uptake of telebehavioral health (Connolly et al., 2020). Organizational policies and training guides for meeting the unique telebehavioral health needs of older adult clients can help with continuity of care and practitioner confidence. Increased messaging focused on the benefits of seeking help and the different ways to receive it from trusted and consistent contact sources can also assist older adults who encounter individual obstacles to participating in telebehavioral health.

At the systemic level, the complex interrelationships around older adults' treatment seeking attitudes should be addressed through empowering public education on mental health in aging, with hopeful messaging around treatment. There is a collective responsibility to increase awareness of and access to mental health services for older adults. Counselors can collaborate with existing programs and services focused on increasing access to mental health care among older adults, such as the AARP (AARP, 2021, February). Age Friendly Communities Initiative. Especially in underserved areas where financial and technology-related barriers exist, counselors who employ telebehavioral health services must account for potential barriers to avoid further exacerbating disparities (Kalicki et al., 2021).

Areas for Future Research

Although telebehavioral health interventions show promise for counseling older adults (Choi, Marti, et al., 2014; Choi, Wilson, et al., 2014; Harerimana et al., 2019), additional research is needed to determine the effectiveness of such interventions on a broader range of mental health concerns, as well as the longevity of its benefits. Future inquiry should also explore telebehavioral health outcomes among multiply marginalized older adults, including older adults with disabilities; older adults of color; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) older adults; older adults who belong to marginalized faith communities; and other cultural factors that might influence their experiences with telebehavioral health. Given the gaps in research related to counseling and aging, future inquiry should examine counselor attitudes toward and experiences with providing telebehavioral health interventions to older clients. Research on how telebehavioral health expands access to services could illuminate additional strategies to increase access to mental health care for this population. Additionally, qualitative studies would be beneficial in reaching the voices and attitudes of homebound and isolated individuals.

Conclusion

Older adults are less likely to access mental health services when needed than their younger counterparts for a host of individual and systemic reasons. One potential solution to systemic exclusion of older adults from mental health services are telebehavioral health approaches, which address many of the structural barriers inhibiting access to care for this population. Counselors can meet the needs of this diverse client group, overlooked at present in the profession, through telebehavioral health and systemic interventions. We have outlined the potential benefits of telebehavioral health services, challenges to their implementation, and considerations for practice with older clients.

References

- AARP. (2021, February). Aarp network of age-friendly states and communities. <https://www.aarp.org/livable-communities/network-age-friendly-communities/>
- Adepoju, O., Lin, S.-H., Mileski, M., Kruse, C. S., & Mask, A. (2018). Mental health status and healthcare utilization among community dwelling older adults. *Journal of Mental Health, 27*(6), 511–519. <https://doi.org/10.1080/09638237.2018.1466030>
- Administration for Community Living. (2020). 2019 profile of older americans. <https://acl.gov/sites/default/files/Aging%5C%20and%5C%20Disability%5C%20in%5C%20America/2019ProfileOlderAmericans508.pdf>
- American Counseling Association (ACA). (2014). American counseling association code of ethics. <https://www.counseling.org/knowledge-center/ethics#2014code>
- American Psychological Association. (2020). Office and technology checklist for telepsychological services. <https://www.apa.org/practice/programs/dmhi/researchinformation/telepsychological-services-checklist>
- Barnett, P., Goulding, L., Casetta, C., Jordan, H., Sheridan-Rains, L., Steare, T., Williams, J., Wood, L., Gaughran, F., & Johnson, S. (2021). Implementation of telemental health services before covid-19: Rapid umbrella review of systematic reviews. *Journal of Medical Internet Research, 23*(7), e26492. <https://doi.org/10.2196/26492>
- Bennett, C. B., Ruggero, C. J., Sever, A. C., & Yanouri, L. (2020). Ehealth to redress psychotherapy access barriers both new and old: A review of reviews and meta-analyses. *Journal of Psychotherapy Integration, 30*(2), 188–207. <https://doi.org/10.1037/int0000217>
- Boise, L., Congleton, L., & Shannon, K. (2005). Empowering family caregivers: The powerful tools for caregiving program. *Educational Gerontology, 31*(7), 573–586. <https://doi.org/10.1080/03601270590962523>
- Cacioppo, J., & Cacioppo, S. (2014). Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later. *Evidence-Based Nursing, 17*(2), 59–60. <https://doi.org/10.1136/eb-2013-101379>
- Carlbring, P., Andersson, G., Cuijpers, P., Riper, H., & Hedman-Lagerlöf, E. (2018). Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: An updated systematic review and meta-analysis. *Cognitive Behaviour Therapy, 47*, 1–18. <https://doi.org/10.1080/16506073.2017.1401115>
- Center for Connected Health Policy. (2018). HIPAA and Telehealth. <https://www.cchpca.org/sites/default/files/2018-09/HIPAA%5C%20and%5C%20Telehealth.pdf>
- Centers for Disease Control and Prevention. (2018). Caregiving for family and friends—a public health issue. <https://www.cdc.gov/aging/agingdata/docs/caregiver-brief-508.pdf>
- Chen, B. (2020, March 25). The dos and don'ts of online meetings. *New York Times*. <https://www.nytimes.com/2020/03/25/technology/personaltech/online-video-meetingsetiquette-virus.html>
- Choi, N. G., Marti, C. N., Bruce, M. L., Hegel, M. T., Wilson, N. L., & Kunik, M. E. (2014). Six-month postintervention depression and disability outcomes of in-home telehealth problem-solving therapy for depressed, low-income homebound older adults. *Depression and Anxiety, 31*(8), 653–661. <https://doi.org/10.1002/da.22242>
- Choi, N. G., Wilson, N. L., Sirrianni, L., Marinucci, M. L., & Hegel, M. T. (2014). Acceptance of home-based telehealth problem-solving therapy for depressed, low-income homebound older adults: Qualitative interviews with the participants and aging-service case managers. *The Gerontologist, 54*(4), 704–713. <https://doi.org/10.1093/geront/gnt083>
- Christensen, L. F., Moller, A. M., Hansen, J. P., Nielsen, C. T., & Gildberg, F. A. (2020). Patients' and providers' experiences with video consultations used in the treatment of older patients with unipolar depression: A systematic review. *Journal of Psychiatric and Mental Health Nursing, 27*(3), 258–271. <https://doi.org/10.1111/jpm.12574>
- Conner, K. O., Copeland, V. C., Grote, N. K., Koeske, G., Rosen, D., Reynolds, C. F., & Brown, C. (2010). Mental health treatment seeking among older adults with depression: The impact of stigma and race. *The American Journal of Geriatric Psychiatry, 18*(6), 531–543. <https://doi.org/10.1097/JGP.0b013e3181cc0366>
- Connolly, S. L., Miller, C. J., Lindsay, J. A., & Bauer, M. S. (2020). A systematic review of providers' attitudes toward telemental health via videoconferencing. *Clinical Psychology: Science and Practice, 27*(2), Article e12311. <https://doi.org/10.1111/cpsp.12311>
- Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling & Development, 85*(4), 401–409. <https://doi.org/10.1002/j.1556-6678.2007.tb00608.x>

- Demiris, G., Oliver, D. P., Kruse, R. L., & Wittenberg-Lyles, E. (2013). Telehealth group interactions in the hospice setting: Assessing technical quality across platforms. *Telemedicine and e-Health, 19*(4), 235–140. <https://doi.org/10.1089/tmj.2012.0185>
- Department of Health & Human Services. (2020). What is telehealth? <https://www.hhs.gov/hipaa/forprofessionals/faq/3015/what-is-telehealth/index.html>
- Dham, P., Gupta, N., Alexander, J., Black, W., Rajji, T., & Skinner, E. (2018). Community based telepsychiatry service for older adults residing in a rural and remote region: Utilization pattern and satisfaction among stakeholders. *BMC Psychiatry, 18*(316), 1–13. <https://doi.org/10.1186/s12888-018-1896-3>
- Fullen, M. C. (2018). Ageism and the counseling profession: Causes, consequences, and methods for counteraction. *The Professional Counselor, 8*(2), 104–114. <https://doi.org/https://doi.org/10.15241/mcf.8.2.104>
- Fullen, M. C., Wiley, J. D., & Morgan, A. A. (2019). The medicare mental health coverage gap: How licensed professional counselors navigate medicare-ineligible provider status. *The Professional Counselor, 9*(4), 310–323. <https://doi.org/10.15241/mcf.9.4.310>
- Garrido, M. M., Kane, R. L., Kaas, M., & Kane, R. A. (2011). Use of mental health care by community-dwelling older adults. *Journal of the American Geriatrics Society, 59*(1), 50–56. <https://doi.org/10.1111/j.1532-5415.2010.03220.x>
- Glueckauf, R. L., Maheu, M. M., Drude, K. P., Wells, B. A., Wang, Y., Gustafson, D. J., & Nelson, E.-L. (2018). Survey of psychologists' telebehavioral health practices: Technology use, ethical issues, and training needs. *Professional Psychology: Research & Practice, 49*(3), 205–219. <https://doi.org/10.1037/pro0000188>
- Harerimana, B., Forchuk, C., & O'Regan, T. (2019). The use of technology for mental healthcare delivery among older adults with depressive symptoms: A systematic literature review. *International Journal of Mental Health Nursing, 28*(3), 657–670. <https://doi.org/10.1111/inm.12571>
- Health Resources and Services Administration. (2022). Getting help with access. <https://telehealth.hhs.gov/patients/getting-help/>
- Hilty, D. M., Gentry, M. T., McKean, A. J., Cowan, K. E., Lim, R. F., & Lu, F. G. (2020). Telehealth for rural diverse populations: Telebehavioral and cultural competencies, clinical outcomes and administrative approaches. *mHealth, 6*, 1–20. <https://doi.org/10.21037/mhealth.2019.10.04>
- Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* The National Academies Press.
- Interian, A., King, A. R., St. Hill, L. M., Robinson, C. H., & Damschroder, L. J. (2017). Evaluating the implementation of home-based videoconferencing for providing mental health services. *Psychiatric Services, 69*, 69–75. <https://doi.org/10.1176/appi.ps.201700004>
- Joshi, M. (2020). Telehealth has huge potential, but challenges remain. *Forbes*. <https://www.forbes.com/sites/forbesbusinessdevelopmentcouncil/2020/02/12/telehealth-has-huge-potential-but-challenges-remain/?sh=35a0189e191a>
- Kaiser Family Foundation. (2020). Mental health care health professional shortage areas (hpsas). <https://www.kff.org/other/state-indicator/mental-health-care-healthprofessional-shortage-areas-hpsas>
- Kalicki, A. V., Moody, K. A., Franzosa, E., Gliatto, P. M., & Ornstein, K. A. (2021). Barriers to telehealth access among homebound older adults. *Journal of the American Geriatrics Society, 69*(9), 2404–2411. <https://doi.org/10.1111/jgs.17163>
- Kavandi, H., & Jaana, M. (2020). Factors that affect health information technology adoption by seniors: A systematic review. *Health & Social Care in the Community, 28*(6), 1827–1842. <https://doi.org/10.1111/hsc.13011>
- Klever, S. (2013). Reminiscence therapy: Finding meaning in memories. *Nursing, 43*, 36–37. <https://doi.org/10.1097/01.NURSE.0000427988.23941.51>
- Kraus, R., Stricker, G., & Speyer, C. (2010). *Online counseling: A handbook for mental health professionals* (2nd). Elsevier Inc.
- Lam, K., Lu, A. D., & Shi, Y. (2020). Assessing telemedicine unreadiness among older adults in the united states during the covid-19 pandemic. *JAMA, 180*(10), 1389–1391. <https://doi.org/10.1001/jamainternmed.2020.2671>
- Lichstein, K. L., Scogin, F., Thomas, S. J., DiNapoli, E. A., Dillon, H. R., & McFadden, A. (2013). Telehealth cognitive behavior therapy for co-occurring insomnia and depression symptoms in older adults. *Journal of Clinical Psychology, 69*(10), 1056–1065. <https://doi.org/10.1002/jclp.22030>
- Lo, J., Rae, M., Amin, K., Cox, C., Panchal, N., & Miller, B. F. (2022). Telehealth has played an outsized role in meeting mental health needs during the COVID-19 pandemic. <https://www.kff.org/coronavirus-covid-19/issuebrief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/>

- Maheu, M. M., Drude, K. P., Hertlein, K. M., & Hilty, D. M. (2018). A framework of interprofessional telebehavioral health competencies: Implementation and challenges moving forward. *Academic Psychiatry, 42*(6), 825–833. <https://doi.org/10.1007/s40596-018-0988-1>
- Molinari, V., Hedgecock, D., Branch, L., Brown, L. M., & Hyer, K. (2009). Mental health services in nursing homes: A survey of nursing home administrative personnel. *Aging & Mental Health, 13*(3), 477–486. <https://doi.org/10.1007/s40596-018-0988-1>
- National Alliance on Mental Illness. (2009). Depression in older persons fact sheet. https://www.ncoa.org/wpcontent/uploads/Depression_Older_Persons_FactSheet_2009.pdf
- Pew Research Center. (2017). Tech adoption climbs among older adults. <https://www.pewresearch.org/internet/2017/05/17/technology-use-among-seniors/>
- Pew Research Center. (2019). Internet/broadband fact sheet. <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>
- Philippon, T. (2021). How expensive are u.s. broadband and wireless services? [eArticle]. SSRN. <https://doi.org/10.2139/ssrn.3836281>
- Seifert, A., Cotton, S. R., & Xie, B. (2020). A double burden of exclusion? digital and social exclusion of older adults in times of covid-19. *The Journals of Gerontology: Series B, 76*(3), e99–e103. <https://doi.org/10.1093/geronb/gbaa098>
- Serwe, K., Schloer, L., & Vigna, S. (2019). Increasing caregiver access to programming. *Home Healthcare Now, 37*(5), 273–280. <https://doi.org/10.1097/NHH.0000000000000783>
- Smith, R., Wuthrich, V., Johnco, C., & Belcher, J. (2020). Effect of group cognitive behavioural therapy on loneliness in a community sample of older adults: A secondary analysis of a randomized controlled trial. *Clinical Gerontologist, 44*(4), 439–449. <https://doi.org/10.1080/07317115.2020.1836105>
- Sorkin, D. H., Murphy, M., Nguyen, H., & Biegler, K. A. (2016). Barriers to mental health care for an ethnically and racially diverse sample of older adults. *Journal of the American Geriatrics Society, 64*(10), 2138–2143. <https://doi.org/10.1111/jgs.14420>
- Springer, P., Bischoff, R. J., Kohel, K., Taylor, N. C., & Farero, A. (2020). Collaborative care at a distance: Student therapists' experiences of learning and delivering relationally focused telemental health. *Journal of Marital and Family Therapy, 46*, 201–217. <https://doi.org/10.1111/jmft.12431>
- Streeter, R. A., Snyder, J. E., Kepley, H., Stahl, A. L., Li, T., & Washko, M. M. (2020). The geographic alignment of primary care health professional shortage areas with markers for social determinants of health. *PloS One, 15*(4), e0231443. <https://doi.org/10.1371/journal.pone.0231443>
- Tsai, H. S., Shillair, R., & Cotten, S. R. (2017). Social support and "playing around": An examination of how older adults acquire digital literacy with tablet computers. *Journal of Applied Gerontology, 36*, 29–55. <https://doi.org/10.1177/0733464815609440>
- U.S. Federal Communications Commission. (2021). *Fourteenth broadband deployment report*. <https://www.fcc.gov/document/fcc-annual-broadband-report-shows-digital-dividerapidly-closing>
- Vahia, I. V., Jeste, D. V., & Reynolds, C. F. (2020). Older adults and the mental health effects of COVID-19. *JAMA, 324*(22), 2253–2254. <https://doi.org/10.1001/jama.2020.21753>
- Weinberg, H., & Rolnick, A. (2020). *Theory and practice of online therapy: Internet-delivered interventions for individuals, groups, families, and organizations*. Routledge.
- Wetherell, J. L., Petkus, A. J., McChesney, K., Stein, M. B., Hudd, P. H., Rockwell, E., Sewell, D. D., & Patterson, T. L. (2009). Older adults are less accurate than younger adults at identifying symptoms of anxiety and depression. *The Journal of Nervous and Mental Disease, 197*(8), 623–626. <https://doi.org/10.1097/NMD.0b013e3181b0c081>
- Xie, B., Charness, N., Fingerman, K., Kaye, J., Kim, M. T., & Khurshid, A. (2020). When going digital becomes a necessity: Ensuring older adults' needs for information, services, and social inclusion during covid-19. *Journal of Aging & Social Policy, 32*(4-5), 460–470. <https://doi.org/10.1080/08959420.2020.1771237>