



Counseling Without Borders: The Future of Telehealth

ALCA Conference 2025: Illumination

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I. Beverly Ward — Opening & The Arc of Telehealth

Telehealth has expanded from early crisis hotlines to an integrated, nationwide system supported by the Counseling Compact. Remote care has been part of mental health practice for over 70 years.

Historical Arc:

- 1953: First crisis hotline launched (London).
- 1958: First U.S. suicide hotline.
- 1980s–1990s: Toll-free hotlines, early online support.
- 2000s: VA pioneers secure video therapy.
- 2020: Virtual therapy becomes mainstream.

Today, teletherapy is an evidence-based, essential component of counseling. The Counseling Compact now permits cross-state practice in 39 states and D.C., improving continuity and access.

II. Dr. Sandra Bruno — Clinical Practice in Telehealth

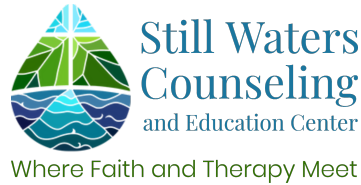
Decades of research confirm that teletherapy produces outcomes comparable to in-person care and supports a strong digital therapeutic alliance.

Research Highlights:

- Equal symptom reduction and client satisfaction.
- Strong therapeutic alliance online.
- Effective across diagnoses and settings.

Adapting Modalities:

- CBT: Screen sharing and structured pacing.
- Play Therapy: Use home-based materials.
- Groups: Establish digital norms.
- Trauma: Emphasize grounding and safety.



Online Presence Tips:

- Minimize distractions.
- Look at the camera for eye contact.
- Maintain steady pacing and grounding.

III. Donda Goodson — Ethics & Supervision in Telehealth

Telehealth requires applying long-standing ethical principles—confidentiality, competence, and informed consent—within a digital environment.

Ethical Focus Areas:

- ACA: Competence and training.
- APA: Consent and security.
- NBCC: Telehealth CE.

Telesupervision Challenges:

- Confidentiality in uncontrolled settings.
- Licensure & Compact boundaries.
- Digital fatigue and boundary setting.

Best Practices:

- Clear written agreements.
- Structured agendas.
- Regular evaluations.
- Routine boundary check-ins.

Presence—not perfection—is the goal.

IV. Becky Moerbe — EMDR & Somatic Therapies via Telehealth

EMDR has been shown to work effectively online when structure, pacing, and safety are prioritized. Tele-EMDR allows clients to process trauma in their natural environments, improving regulation and comfort.

Brief History:

- 1987: Dr. Francine Shapiro identifies eye movement's effect on distress.
- 1989: EMDR procedure formally published.
- 2000s–2010s: Gains international endorsements (WHO, U.S., U.K., Europe).



Conditions EMDR Treats:

- Trauma, anxiety, depression, addiction, chronic pain, psychosis-related distress.
- Under study: perinatal conditions, heart/lung disease.

Tele-EMDR Research:

- 2021 EMDRIA/EMDR UK Study (N=562): Initial hesitancy dropped from 54% to 11% after one year.
- Therapists reported comparable outcomes and increasing comfort with online delivery.

Core Protocol (8 Phases):

- Case formulation → resourcing → target planning.
- Desensitization → installation → body scan → closure → re-evaluation.

Safety & Appropriateness:

- Ensure privacy and emergency contacts.
- Assess attention, regulation capacity, migraines/seizure history.
- Use clear STOP signals and grounding plans.

Benefits of Tele-EMDR:

- Easier regulation in familiar environments.
- Quicker engagement during imagery.
- Access to comfort items and support animals.
- No need to drive after intense processing.
- Improved attendance for clients with medical/mobility challenges.

V. Beverly Ward — Looking Ahead: Counseling Without Borders

Telehealth expands access, equity, and continuity of care. Licensing compacts allow counselors to serve clients across regions, while ethical practice ensures safety and trust.

Looking Ahead:

- Telehealth will continue shaping accessible care.
- Compacts strengthen continuity and reach.
- Ethics and empathy remain the center of counseling.

Telehealth extends connection—but does not diminish its depth.