Outcomes for and Challenges with Telehealth-Delivered Psychotherapy

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KEYWORDS

• Telehealth • Teletherapy • Virtual psychotherapy • Telepsychology
• Telehealth-delivered psychotherapy

KEY POINTS

- Options for telehealth-delivered psychotherapy have rapidly increased over the past decade and offer increased accessibility, flexibility, and scalability of evidence-based treatments.
- Targeted research on telehealth outcomes and comparisons to in-person modalities are varied and generally lacking, with some studies demonstrating equivalent efficacy and others highlighting disorder, protocol, and/or patient-specific drawbacks.
- Additional comparative and longitudinal research is needed to fully evaluate the effectiveness of telehealth-delivered psychotherapy and elucidate best practice recommendations.

INTRODUCTION

Recent survey data indicate that 90% of households in the United States had a broadband Internet subscription in 2021, with 81% having at least one desktop or laptop computer, 90% having at least one smartphone, and 64% having a tablet.[1] Data have also demonstrated positive trends in number of broadband Internet subscriptions and household computer ownership, with respective increases of 8% and 6% between 2015 and 2021.[1] Together, these statistics highlight the widespread prevalence of Internet access and devices through which Internet-based services can be accessed. Although demographic factors, such as location, income, age, and race/ethnicity, differentially affect Internet accessibility and device ownership (eg, only 75% of household with a yearly income less than $25,000 reported having an Internet subscription[1]), overall trends do suggest that Internet and technology use is common, and on the increase. Similar data have been observed worldwide, with Internet access

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Abbreviations	
ERP	exposure and response prevention
IOP	intensive outpatient
OCD	obsessive-compulsive disorder
PHP	partial hospital program
PTSD	posttraumatic stress disorder
RCT	randomized controlled trial
tele-IOP	telehealth-based intensive outpatient

and devices outnumbering available mental health providers in many, if not most areas.[2]

Such trends have important implications for access to evidence-based psychotherapies, which have traditionally relied on both providers and patients being in the same location for synchronous services to occur. Telehealth-delivered psychotherapy, in contrast, uses information communication technology (eg, videoconferencing platforms) to facilitate live, synchronous delivery of evidence-based protocols.[3–5] Telehealth-delivered psychotherapy is considered a subset of telehealth, a broader term encompassing any remote provision of health care services through direct (eg, phone or video) or indirect (eg, chat messaging) means, as well as independent interventions that function without a specific provider (eg, smartphone applications, biometric devices, self-guided digital programs).[2,5,6] In line with existing work and terminology, the present review uses "teletherapy," "telepsychology," and "telehealth-delivered psychotherapy" interchangeably.

Telehealth was first used as early as the mid to late 1950s for medical and educational purposes (eg, neurologic examinations, group consultations, medical student training).[7,8] The involvement of federal agencies, such as the NASA (National Aeronautics and Space Administration) and the DHHS (Department of Health and Human Services), allowed for rapid telehealth expansion and application throughout the 1960s and 1970s, with target populations including patients in remote or rural areas, astronauts, and military personnel. In the 1980s, international collaboration in telehealth between the United States and other nations (eg, Armenia) allowed for asynchronous provision of medical services through space medicine initiatives, such as the Joint Working Group on Space Biology and the Space Bridge Program.[7] Rapid technological advancement and invention of the World Wide Web in the 1990s prompted an expansion of telehealth options and organizations, with telehealth-delivered services becoming available in academic medical centers and independent health organizations.[8] The first two decades of the new millennium saw continued telehealth development, with increasingly sophisticated technology (eg, databases for storage, encryption options for security) and legislative action (eg, the Health Information Technology for Economic and Clinical Health Act in 2009) fueling novel and widespread opportunities for telemedicine.[7,8] Finally, onset of the global COVID-19 pandemic in 2020 initiated major shifts toward telehealth in both clinical practice and research, with significant increases in telehealth funding, usage, and related publications.[9,10] Telehealth-delivered psychotherapy has been a notable part of this shift, particularly as the need for mental health services increased as a function of pandemic-related stressors and exacerbated risk factors.[9–11]

In recent years, the use of telehealth for remote delivery of evidence-based psychotherapy has been tested in a wide variety of mental health disorders and behavioral health fields, including depression, anxiety, posttraumatic stress disorder (PTSD), substance use disorders, obsessive-compulsive disorder (OCD), serious mental illness, chronic pain, and palliative medicine, among others.[3,11–15] Meta-analytic

data have indicated that telehealth-delivered psychotherapy (and psychiatric services) and in-person psychotherapy are efficaciously equivalent,[16,17] and findings regarding equivalency in therapeutic factors (eg, rapport) or longer-term outcomes are few and mixed.[18,19] Furthermore, many randomized controlled trials (RCTs) examining outcomes in telehealth versus in-person psychotherapy are discipline- and disorder-specific, limiting generalizability of these findings and obscuring clinical decision-making questions that could serve the field as a whole.[9,12] For these reasons, examining outcomes for telehealth-delivered psychotherapy more generally is warranted, as well as investigating the ways in which other factors (eg, digital literacy) affect therapy engagement and outcomes. To this end, the present review discusses the utility of teletherapy across levels of care, as well as examines its overarching benefits and challenges.

DISCUSSION

Several comprehensive reviews have examined empirical studies on the effectiveness of telehealth-delivered interventions, including RCTs for several evidence-based protocols.[9,12,13,18] Overall, these studies are characterized by significant heterogeneity in disorder, treatment protocol, and participants. Importantly, only one study since 2022[20] directly compared teletherapy with in-person treatment, highlighting a need for more RCTs to examine the efficacy of remote delivery for existing protocols. To further consolidate and characterize existing information on telepsychology, a review of telehealth-delivered psychotherapy across different treatment settings (ie, outpatient, intensive outpatient [IOP], partial hospitalization, and inpatient) is outlined in the subsequent sections.

Mental health care is provided along a continuum of intensity, with the level of care determined by the patient's severity of symptoms, willingness and ability to engage with treatment, and accessibility of treatment setting.[21,22] **Fig. 1** illustrates the continuum of mental health care. Outpatient therapy involves regularly scheduled sessions with clinicians, typically recommended for individuals with mild to moderate symptom severity.[21] IOP settings provide a more structured and intensive therapy schedule than standard outpatient therapy for individuals who do not require 24-hour supervision and are usually for individuals experiencing moderate to severe symptoms.[22] Partial hospital programs (PHPs) represent an acute care setting, constituting either a step-up from outpatient care or a step-down from inpatient care.[23] This allows patients with higher acuity needs that do not require hospitalization, yet are too severe to for community-based outpatient care, to receive intensive treatment during the day while living at home.[24] PHPs are time-limited programs that offer therapeutically

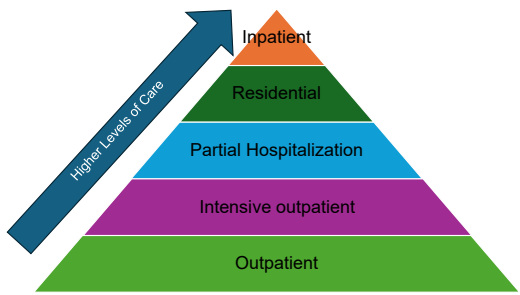

Fig. 1. Continuum of mental health services from least intensive (*bottom*) to most intensive (*top*).

intensive, coordinated, and structured services.[25] The next level of care, residential treatment, typically involves patients with moderate to severe mental and behavioral health needs relocating to a treatment setting for longer-term but still time-limited psychiatric care.[25] At the highest level of care, inpatient mental health care involves around-the-clock monitoring for acute psychiatric conditions, acute suicidality, or high-risk behaviors, with a focus on stabilization.[26] There is growing research exploring teletherapy implementation at these different levels of care, generally demonstrating comparable outcomes to in-person services within the outpatient and IOP settings (eg, Refs.[27,28]). Although research is scarce, there is increasing research on the outcomes of teletherapy within virtual PHPs.[23,29] However, there remains limited evidence for telehealth-delivered psychotherapy in inpatient and residential settings as a substitute for in-person therapy, given that continuous on-site care is critical for managing severe mental health and safety concerns.[30,31] Rather, telepsychiatric patient care services, including diagnostic assessment, medication management, and treatment planning, led by psychiatrists, have been considered a complement to in-person psychiatric care.[31]

Outpatient Outcomes

Outpatient therapy involves regularly scheduled sessions with clinicians in mental health clinics or community settings.[21] Patients typically meet with a mental health professional on a routine basis, such as weekly or biweekly.[32] Individuals with mild to moderate symptom severity often benefit best from outpatient psychotherapy.[21]

Compared with in-person psychotherapy, telehealth-delivered psychotherapy has demonstrated comparable clinical outcomes in reducing depressive, anxiety, and PTSD symptoms across diverse populations.[33,34] In addition, De Leon and colleagues[35] observed slightly better outcomes in telehealth-delivered speech therapy compared with in-person sessions for children and adolescents, owing to increased parental involvement during home-based teletherapy sessions. Feusner and colleagues[36] found comparable reductions in OCD symptoms for pediatric populations treated via teletherapy compared with in-person therapy, suggesting that parent coaching within structured telehealth platforms can replicate essential treatment components within exposure and response prevention (ERP). Regarding patient experience, clients often perceive their therapist's positive regard to be maintained or increased in teletherapy.[37] In addition, patients report high satisfaction with teletherapy, citing convenience and increased accessibility as major benefits, particularly for populations that experience higher than normal travel burdens and logistical challenges.[38]

Despite these positive outcomes, there are notable differences between the two modalities in outpatient settings. First, therapeutic alliance may progress more slowly in teletherapy compared with in-person therapy, although alliance levels have been found to eventually align with in-person treatment.[39,40] This may be due to technology-related factors, type of treatment, and fewer in-person cues, such as being able to read subtler body language.[40,41] In addition, from a therapist's standpoint, reduced nonverbal cues may make it more difficult for the therapist to accurately assess emotional states and facial expressions.[42,43] There may also be ethical and legal concerns, because methods for managing significant risk over telehealth have yet to be established.[33]

Additional important considerations during teletherapy include financial stress, race, and family involvement, which have been found to moderate teletherapy outcomes by shaping patients' access to technology, perceptions of teletherapy, comfort with digital platforms, and overall engagement.[34] Socioeconomic constraints can limit

access to reliable Internet or private spaces for sessions, thereby reducing teletherapy efficacy.[44] Recent research has also highlighted how racial and cultural factors may influence therapeutic alliance and adherence, which calls for more research into using teletherapy with minoritized communities.[45] To ensure equitable teletherapy care, culturally informed approaches that address systemic disparities, such as providing interpreters, bilingual clinicians, or technology resource referrals and supports, can enhance patient engagement and bridge gaps in telehealth delivery.[34] Finally, family support and involvement can either facilitate or hamper teletherapy outcomes depending on whether caregivers can consistently assist with technology, reinforce treatment strategies, and maintain predictable home environments.[36,41] Indeed, although there are many benefits to outpatient teletherapy, providers should weigh the strengths of this modality against its limitations and make informed decisions on when to offer teletherapy over in-person services.

Intensive Outpatient Outcomes

IOP settings provide a more structured and intensive therapy schedule than standard outpatient therapy (3–5 days per week, several hours per day) for individuals who do not require 24-hour supervision.[22] Patients who benefit from IOP usually experience moderate to severe levels of psychiatric symptoms.[22]

Existing literature suggests telehealth-based IOPs (tele-IOPs) can be effective across a wide range of psychopathologies.[28,46] Oesterle and colleagues[47] found that patients participating in tele-IOPs experienced similar short-term reductions in substance use frequency and relapse rates compared with traditional IOPs, although incorporating a combined in-person and virtual treatment option enhanced rates of completed treatment. Similarly, investigators have found that individuals with mood and anxiety disorders benefited from participating in group and individual IOP teletherapy.[48] Although research on group tele-IOP is in its emerging stages, investigators have suggested that online IOP groups are able to cultivate peer support, accountability, and social connections when group facilitators were able to manage group processes effectively.[48]

Like outpatient settings, many IOP patients appreciated the flexibility of tele-IOPs, which led to improved attendance and treatment engagement.[49,50] This was particularly salient for patients who experienced increased barriers to mental health care, such as caregiving duties, inflexible work schedules, transportation barriers, and perceived reduced stigma of participating from home.[49,50] Despite similar outcomes and patient satisfaction compared with traditional IOP settings, there are considerations and limitations unique to tele-IOPs. Some patients reported that the immediacy of in-person group feedback was more beneficial to them, and some experienced technological challenges, including limited access to reliable Internet, digital literacy, and privacy and security concerns.[51,52]

Partial Hospitalization Program Outcomes

PHPs are time-limited programs that offer therapeutically intensive, coordinated, and structured services, typically serving patients who have acute mental health needs that do not yet rise to the level requiring inpatient hospitalization.[53] Although teletherapy is in its early stages, researchers have suggested that teletherapy is beneficial and acceptable to patients in PHPs.

Zimmerman and colleagues[29] compared patient satisfaction in a telehealth-based PHP program with that of an in-person program during the COVID-19 pandemic. They found that telehealth patients reported satisfaction levels that were largely equivalent to those reported by individuals in in-person treatment. Patients highlighted

convenience, reduced travel time, and perceived safety during the pandemic as reasons for high satisfaction. Subsequently, Zimmerman and colleagues[53] examined patients with borderline personality disorder in a PHP setting who participated in telehealth services. Similarly, patients reported high satisfaction with the telehealth format, citing improved access and convenience. Importantly, clinical effectiveness was found to be similar between telehealth and in-person modalities. Recently, May and colleagues[23] demonstrated the feasibility and acceptability of a virtual PHP for adolescents, noting that the younger population benefited from increased access and flexibility of the telehealth format.

Although teletherapy is promising, investigators have also highlighted several important considerations of using teletherapy for high-acuity patients in PHPs. Across all three studies, researchers emphasized the need for technological accessibility and reliability. Reliable Internet connectivity and appropriate telehealth devices,[23] stable and user-friendly platforms,[29] and secure telehealth systems[53] are crucial for successfully implementing intensive teletherapy in PHPs. In addition, appropriate material and format adaptations need to be considered. May and colleagues[23] noted that teletherapy formats need to include engaging activities and strategies to help adolescents maintain focus and to include caregivers to support continuity of care. Finally, clear safety protocols for teletherapy are essential for higher-risk populations, including clear guidelines for managing crises remotely, emergency contact procedures, and remote risk assessments.[23,53]

Inpatient Outcomes

Inpatient mental health care involves around-the-clock monitoring for acute psychiatric conditions, acute suicidality, and/or high-risk behaviors.[26] With a focus on stabilization rather than treatment, existing teletherapy treatment literature for inpatient presentations is limited; however, notable literature does support the integration of telehealth for those receiving inpatient services.[54–56]

First, the telehealth modality can facilitate family involvement within inpatient settings, thereby improving family-centered care and leading to better communication and shared decision making between caregivers and medical professionals.[56] Remote family therapeutic sessions can help address relational factors impacting the patient's mental health, potentially improving postdischarge treatment adherence.[54] Given the vast literature showing how persistent family adversities, parenting styles, and family cohesion significantly impact adolescent and child mental health, telehealth family-based intervention can be especially beneficial for youth who experience mental health issues severe enough to be hospitalized.[57–59]

Second, telehealth complements inpatient therapy services by supporting discharge planning before patients leave the hospital. Telehealth allows inpatient teams to coordinate with outpatient or IOP providers, supporting a smoother transition into lower-intensity care.[55] Indeed, researchers have found that this approach has mitigated relapse and rehospitalization rates, as well as enhanced family engagement because patients are able to maintain contact with their clinical team during the high-risk period following immediate hospitalization.[60]

Finally, given that the complexity of cases presenting for inpatient treatment often necessitates psychopharmacology, telepsychiatry has been studied for effective patient care within inpatient settings.[30,61] Telepsychiatry is used more as a complement to services than as a substitute owing to the need for continuous onsite staffing and immediate crisis management.[30] Rural or underresourced inpatient units often connect with off-site psychiatrists via telehealth to manage complex medication regimens or to seek consultation on cases.[30,62] A mixed-methods study evaluating

telepsychiatry services across six medical and psychiatric inpatient units found that, in general, telepsychiatry has been successfully used for medication management, patient stabilization, and provider support.[30] Furthermore, Khurana and colleagues[61] reported that including telepsychiatry in an acute inpatient eating disorder unit resulted in high patient satisfaction and effective treatment outcomes, with no significant difference in the quality of care compared with in-person psychiatric services. Therefore, emerging evidence supports telepsychiatry as a viable complement to in-person specialist services within inpatient units.

Taken together, teletherapy has consistently demonstrated comparable outcomes to in-person therapy for a range of psychiatric conditions within the outpatient and IOP settings. Certain treatments, such as speech therapy and ERP, even show enhanced treatment outcomes using teletherapy. Within the inpatient setting, telehealth supports rather than substitutes in-person therapy, where it aids specialized consults and discharge planning.

Benefits of Telehealth-Delivered Psychotherapy

Given the large disparity between qualified mental health providers and the need for services,[2] it is unsurprising that access to care has been cited as one of the most notable advantages of teletherapy. Individuals who otherwise may have difficulty accessing services (eg, those living in rural areas or generally underserved communities) can initiate and engage in treatment far more easily via telehealth than through in-person modalities.[12] This benefit compounds for specialty care (eg, ERP for treatment of OCD), where available providers are typically even more limited.[14]

Importantly, teletherapy also lends itself well to continuation of services in circumstances where psychotherapy provision would have otherwise been disrupted, such as during the COVID-19 pandemic.[9] Furthermore, individuals who are home-bound or otherwise unable to travel to sessions owing to financial or health limitations can engage in treatment, a significant advantage that is in alignment with the mental health field's goal of equitable access to care.[2,4,15] Scalability is also a notable advantage of teletherapy, with even single-session consultation services demonstrating some efficacy with symptom improvement and impact on factors such as readiness for change.[63] Finally, patient acceptability and satisfaction related to telehealth have been generally favorable,[10,12,15] and several studies have also found telehealth to be more cost-effective for providers and patients alike.[10,11]

Challenges with Telehealth-Delivered Psychotherapy

Although there are numerous advantages with telehealth-delivered psychotherapy, several challenges and special considerations warrant examination. A meta-analysis of existing guidelines distilled the practice of telepsychology into nine separate domains: administrative skills, assessment, ethics and law, multicultural competence, psychotherapy, research and evaluation, risk assessment, supervision, and technical skills.[64] Using the framework of these domains, considerations for telehealth-delivered psychotherapy can be operationalized and evaluated more effectively. For instance, the domain of administrative skills involves logistical tasks and organizational components necessary for practice, such as verification of patient identity, billing and record keeping, and insurance verification. Compared with in-person services that often entail several identity-verification steps (eg, checking in at a front desk), telehealth often necessitates that provider themselves confirm a patient's identity before proceeding with services.[4] For individuals unable to verbally verify their identity (eg, elderly patients with dementia), access to services and/or a provider's ability to ethically provide services may be compromised.

Similarly, the domains of ethics and law and psychotherapy raise important considerations for telepsychology, including jurisdiction and licensure, privacy and confidentiality, and patient appropriateness for remote care. State licensure limitations may complicate patient's access to services, particularly in states with low provider-to-patient ratios and in many rural areas.[11,64] In addition, patients who lack a private space may prefer or require in-person settings to better ensure confidentiality.

Importantly, patient appropriateness for telehealth-delivered psychotherapy extends beyond the aforementioned logistics and may involve the efficacy of virtual treatment itself. Research has suggested that certain factors (eg, younger age, higher symptom severity) may limit the effectiveness of telepsychology compared with in-person treatment.[39,42,65] There are also psychiatric disorders that may require structured, hands-on, in-person treatment modalities, such as severe psychotic disorders and cognitive or neurodevelopmental disabilities.[18] Further research on such factors and their differential impact on outcomes is warranted, and careful consideration of a patient's demographics, symptom profile, and treatment modality is needed when considering telehealth. The domain of multicultural competence extends and supplements these considerations, such that there may be cultural or contextual factors that have implications for virtual treatment.[64] In some cultures, relationship-building and trust may be more effectively established in person. Patients or family members who associate telehealth with impersonal or less effective care may also prefer in-person therapy.[66] For example, in-person sessions may facilitate stronger alliance when multiple family members are involved in treatment.[67,68] In addition, family-based therapies of telehealth may present unique communication challenges (e.g., Ref.[69]) To this end, providers should consider hybrid models (ie, a mix of in-person and virtual sessions) for individuals who may need to maximize accessibility while maintaining the advantages of in-person therapy.[70]

Another important domain to consider within telepsychology is risk assessment, including emergency planning and provider knowledge of local resources.[64] For example, clinicians must ensure robust emergency protocols for high-risk patients,[71] which requires additional planning and communication when providers and clients are not in the same physical location.[4] This may include confirming the patient's physical address or location at the time of service delivery, so that emergency services can be directed where to respond, should the patient present as a risk to themselves or others.[3] Similarly, protocols for adverse events that occur during teletherapy (eg, patient agitation or harm, providers witnessing events that require mandated reporting) warrant additional investigation and planning.[12] Finally, the domain of technical skills encapsulates the patient and provider's digital literacy, equipment capability, and troubleshooting skills. Unsurprisingly, difficulty with technical skills could pose significant barriers to effective telepsychology services.[64] Providers may need to have technical support available to reduce logistical challenges or to aid patients who have reduced digital literacy (eg, issues with audio/video equipment, time lags, or difficulty logging onto virtual platforms).[11]

SUMMARY

Telehealth-delivered psychotherapy has evolved and rapidly increased in availability over the past decade.[2,16,17] Although RCTs have indicated efficacy and positive outcomes across levels of care and disorder type, further testing is needed to fully operationalize factors unique to telehealth and objectively compare this modality to in-person treatment. Although certain protocols (eg, evidence-based treatment of PTSD) have been examined in multiple trials and demonstrated comparable outcomes

between telehealth and in-person provision, others (eg, treatment of psychotic disorders) have been less extensively studied.[12] Future studies should aim to demonstrate telehealth's efficacy for various evidence-based protocols, as well as identify protocols that may be less suited to a remote form of delivery. In addition, special ethical considerations, such as ensuring privacy and confidentiality, and logistical concerns, such as technology access and literacy, require further investigation. Finally, longitudinal studies comparing long-term outcomes of teletherapy versus in-person psychotherapy are warranted.

CLINICS CARE POINTS

- Telehealth-delivered psychotherapy offers numerous benefits, including accessibility, flexibility, and scalability of evidence-based treatments.
- Despite these benefits, few RCTs have directly examined efficacy and long-term outcomes of telehealth versus in person treatment. Some initial work has suggested that protocol and patient-specific factors (eg, symptom severity, disorder type) may differentially affect treatment engagement and effectiveness for remote delivery.
- Providers should not view telehealth and in-person services as interchangeable, but rather as a clinical decision requiring the weighing of multiple factors and careful conceptualization of a patient's presenting concerns and treatment plan.
- Future research should examine longitudinal outcomes of telehealth versus in-person treatment, as well as identify protocols and clinical presentations that may be less suited to a remote form of delivery.

DISCLOSURES

The listed authors do not declare any disclosures of interest.

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