The average Purdue Global military student is awarded 54% of the credits needed for an associate's and 45% of the credits needed for a bachelor's. Most Commonly Searched: Most Commonly Searched: Telehealth services were on the rise before the COVID-19 pandemic, but now they are skyrocketing—and the use of telehealth to deliver mental health care to clients is no exception. Take, for example, Ginger, a provider of on-demand mental health support via mobile device. Use rates rose to their highest level ever in the last week of September 2020; text-based mental health coaching was up 159%, and virtual therapy and psychiatry was up 302% compared to pre-pandemic rates, Fierce Healthcare reports. What are the main considerations behavioral health care providers need to know when providing telehealth services? We sat down with Gary T. Alexander, PhD, faculty, College of Social and Behavioral Sciences at Purdue Global, to learn more. “Usually, the top two things that concern a behavioral health professional about telehealth are, ‘What am I going to do if somebody tells me they're suicidal or homicidal? Or, what if they appear to be having a psychotic episode—how am I going to deal with that?’" The remedy for that, Alexander says, is to have a safety plan in place which includes agreed-upon locations where sessions will take place and an outline of the steps the provider will take in an unsafe situation. “The provider’s response to those scenarios should never be a surprise to anyone. The client should know when they start services that if they are in a psychiatric emergency where they may harm themselves or somebody else, this is who I'm going to call and this is the process we’ll go through.” Setting this up collaboratively ahead of time enables the client to have a hand in the planning process and means no one is surprised about the next steps. Essentially, this preparedness is inherent to the informed consent process. Those steps may involve calling emergency services, having a welfare check done at the home or the location of where that client is logged in, or alerting the client’s emergency contact. “No matter what type of therapy one is doing, the strongest indicator of a good prognosis and success is the strength of the relationship between the counselor and the client,” Alexander says. So it follows that care providers would naturally be concerned about their ability to build and maintain a strong relationship with their clients over video or phone. “What we found in research is that unequivocally, the answer is yes, you can form those bonds,” Alexander says. “It takes a bit of an adjustment period for both the professional and the client, but across the literature, we find that relationship is consistently rated as strong as an in-person therapeutic relationship.” Compliance with the guidelines regarding informed consent and the Health Insurance Portability and Accountability Act (HIPAA) is vital to avoiding security and privacy threats.