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UTILIZATION OF TELEMENTAL HEALTH BY MENTAL HEALTH PROFESSIONALS DURING COVID-19

Zayne BoudreauxRamirez

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PROFESSIONALS DURING COVID-19

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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Approved by:

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ABSTRACT

It has been established that certain barriers and benefits affect a mental health professional's attitude towards using telemental health. The purpose of this study was to examine a possible relationship between mental health professional's discipline, theoretical orientation, and treatment approach with their attitudes towards telemental health utilization. This study collected data from 117 mental health professionals from California. A principal component analysis uncovered four factors with attitudes towards telemental health: confidence with telemental health, concerns about telemental health, peer influence, and professional support & behavioral intent. This study showed significant relationships between discipline, theoretical orientation, and treatment approach with confidence with telemental health and peer influence, but not with attitudes towards telemental health. To better support telemental health, professional and governing institutions can integrate trainings of this modality into social work curriculum to help lower negative peer influence and create more positive attitudes towards telemental health.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

In the year 2019, the United States of America had a prevalence rate of 25% of its adults experiencing a mental illness (NAMI, n.d.a). Around 43.8% of those adults who have a mental illness sought and received mental health treatment in 2019 ("Mental Health By the Numbers", n.d.). This leaves another 57.2% of people who did not receive treatment, but who could have benefited from utilizing it. A few possible reasons some of these people did not receive services is due to a busy schedule, have trouble commuting, cost, anonymity and others that can make it difficult to meet in-person (American Psychological Association, n.d.b).

However, a way to overcome some of those barriers is by employing telehealth, which is when a health professional utilizes a technology-based communication platform, such as Zoom, to provide services to their patients from a physical distance. In the mental health field this is called telemental health, or when a mental health professional utilizes telehealth to provide mental health services to their clients. In this study, the term telemental health will focus on the videoconferencing form. This method of mental health treatment delivery can allow clients an easier way to connect with a mental health professional and can provide a way to increase the number of people who seek help for their mental

illnesses (Madigan et al., 2021).

Those professionals who provide services to people who are suffering from mental illnesses or difficulties come from many professional backgrounds or disciplines. Some disciplines that provide mental health services include: psychiatrists, clinical or counseling psychologists, clinical social workers, marriage and family therapists, professional counselors, and more. These professionals traditionally delivered mental health services in person to clients within certain treatment settings such as: private practice, community mental health centers, substance abuse treatment centers, hospitals, and more (NAMI. n.d.b). However, with the introduction of various communication tools over the years, professionals have been able to provide their services from a distance to their clients, which is how telemental health became a newer form of mental health service delivery.

Within the mental health field, telemental health's form of delivering services has many benefits, but also has barriers that prevent it from being utilized more within the field. One such possible factor in telemental health usage is the attitude, or perception, that mental health practitioners have about telemental health (Békés & Aafjes-van Doorn, 2020; Connolly et al., 2020). These attitudes can be either positive or negative and can be influenced by other factors, such as barriers and/or benefits of telemental health (Békés & Aafjes-van Doorn, 2020; Connolly et al., 2020). As such, knowing what factors that affect the attitudes of mental health professionals towards telemental health is important as

it will allow researchers to know which factors promote and which ones hinder its utilization.

There are many benefits that have been recognized by telemental health providers. Some of these benefits are: better access to mental health for those who are in rural areas (Madigan et al., 2021), help with circumstances that hinder clients from coming into therapy in person (transportation issues) (Saenz et al., 2019), ease the shortage of providers needed for mental health (Madigan et al., 2021), can be as effective as in-person (Batastini et al., 2021), lower costs and save time for practitioners (Connolly et al., 2020). As can be seen, these benefits not only help practitioners, but also their clients as well in getting the treatment they need to overcome their mental health issues. These benefits are what make telemental health a great form of treatment delivery for mental health practitioner to use.

Yet, the perceived barriers to this mode of mental health services affect practitioner's attitudes towards not utilizing telemental health. These barriers include: difficulty building rapport with clients (Madigan et al., 2021), miscommunications (MacMullin et al., 2020), ethical; safety; and privacy concerns (Pierce et al., 2020b), reimbursement (Pierce et al., 2020b), lack of training (Perry et al., 2019), perceiving it is not appropriate for their clients (Connolly et al., 2020) and more. These barriers can prevent health professionals from even trying to use telemental health by making them feel that it is too much work to do so.

As seen above, a practitioner's attitude towards utilizing telemental health has a relationship with benefits and barriers as they influence these professionals' attitudes towards this modality, clinician practice characteristics were among these benefits and barriers. These attributes include: treatment focus (addiction, grief, OCD, Stress, etc.); practice setting and location; past experience with therapy modality, clinical experience, and telemental health; and the use of cognitive behavioral therapy and psychodynamic approach (Békés & Aafjes-van Doorn, 2020; Pierce et al., 2020a). They found some of these characteristics to be barriers, such as treating obesity, grief, and bipolar disorder, while others were benefits, such as life coaching, working for a Veterans Affairs Medical Center, and treating Narcissistic personalities. However, these are not all the characteristics that can encompass a practitioner's practice, such as discipline, leading to more research needing to be done with this topic.

There has been research conducted that demonstrates, or provides, possible solutions to most of these barriers and still quite a few practitioners continue to have negative attitudes towards telemental health (Batastini et al., 2021; Békés et al., 2020; Madigan et al., 2021; Perry et al., 2019; Pierce et al., 2020a; Pierce et al., 2020b; Saenz et al., 2019). This shows that even though ways of dealing with the barriers can be empirically shown, mental health practitioners still have negative attitudes towards this modality. For this reason, it is important to research what affects a practitioner's perceptions towards telemental health and how it will impact the utilization of this modality.

Purpose of the Study

The purpose of this master's level research project is to identify how a professional's discipline, theoretical orientation and treatment approach may be related to their attitude towards using telemental health during Covid-19. Prior to COVID-19 pandemic, practitioner's attitudes were divided on whether they should use telemental health, but with the emergency lockdown these attitudes could have shifted due to safety concerns of in-person session making use of the modality needed. With this shift to telemental health sessions during the pandemic, brings the opportunity for researchers to broaden the research for mental health practitioner's perceptions towards this mode of service delivery.

My research will explore how a professional discipline, theoretical orientation, and treatment approach affects their usage of telemental health during Covid-19. It is important to further explore this problem to understand factors that influence a practitioner's attitude towards the perceptions of telemental health.

Significance of the Project for Social Work Practice

This research study can contribute to finding ways to change mental health specialists' attitudes toward telemental health in their practice. There have been studies that investigated what affects a practitioner's attitude towards using telemental health, such as: clinical experience, previous online psychotherapy experience, transition experience during COVID 19 Pandemic, psychotherapy modality (Békés & Aafjes-van Doorn, 2020), effort expectancy, social influences,

training to use telemental health (Connolly et al., 2020), and more. In knowing these factors, researchers can utilize this information to help affect mental health practitioner's attitude towards using telemental health so that the popularization of this modality can be increased amongst them. However, more research needs to be done on this topic as not all factors have been discovered that can affect a practitioner's attitude towards using telemental health. Plus, some factors have only a few studies conducted to find their relationship to a mental health professionals' attitude towards telemental health, causing a gap in the literature and need for more studies to look further into them.

Therefore, the results of this research can help researchers better understand the reluctance or willingness to utilize telemental health, through researching certain factors that could affect a practitioner's attitude on it during the COVID-19 pandemic. More research done on what factors play a role in doing this, such as a practitioner's discipline, will benefit future researchers on exploring and assessing on ways to increase the positive influences, and reduce negative ones, on attitudes so more utilization of telemental health can be had. Thus, the focus of my research is the question, "What is the relationship between mental health practitioners' professional discipline, theoretical orientation, and treatment approach and their attitudes towards the usage of telemental health during the COVID-19 epidemic?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

Telemental health can help those with mental health in many ways, yet

professionals still have not fully taken it as a modality to be used regularly in their

practices. One of the reasons for this is that there are factors that can affect their

attitude towards utilizing telemental health. Therefore, this chapter will consist of

the research already conducted on the topic of what can affect a practitioner's

attitude towards utilizing telemental health.

Provider's Attitudes towards Telemental Health

To start looking at providers' attitudes towards telemental health, it is

important to first consider those who are trained to use this modality of mental

health services. Saenz et al. (2019) provide perspectives and experiences of

both current and former telemental health trainees. The authors discussed what

they encountered during telemental health training, such as: ensuring client

privacy, better confidence working with populations at risk, how to build rapport,

overcoming barriers from client factors, building multicultural competency, ability

with technology failures, utilizing research and instruments to understand their

clients' needs and strengths, and more (Saenz et al., 2019). Trainees also

reported how many clients stated they would not have been able to get treatment

without telehealth. This shows how training for and using telemental health has

increased the trainee's perceptions on this modality to being more positive. Thus,

more research on how certain trainings a practitioner has conducted, such as from their discipline, can affect their attitude towards telemental health and is needed.

Considering an overview of mental health professionals' attitudes towards telemental health there were both positive and negative factors that affected their attitude. Connolly et al. (2020) conducted a systematic review on mental health providers attitudes towards telemental health utilizing the unified theory of acceptance and use of technology's (UTAUT). The study found both negative and positive factors towards professional's attitudes towards telemental health usage. The ones that increased a negative attitude included: technical difficulties, increased workload, impede detection of nonverbal cues, interfere with therapeutic relationship, client's feelings towards or their appropriateness for its use, poor support, and concerns with safety; liability; and confidentiality. The factors that increased positive attitudes were: increasing care for patients with difficulties, saving time and money, advantages over in-person in certain situations, increased flexibility, expanding geographical reach, easy to use, technology and leadership support, perception of its usefulness and more. Connolly et al. (2020) also found that overall attitudes towards video telemental health was largely positive and seen as an acceptable way to deliver treatment, especially among experienced users. These results show that there are lots of negative and positive factors that can affect a professional's attitude towards telemental health, but overall attitudes towards telemental health were positive.

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The next study was conducted by MacMullin et al. (2020) and looked at what the attitudes were of 5 psychotherapists about using telehealth in their practice, while using actor-network methodology (ANT) to guide their research. The results showed that participants who used telemental health were comfortable and did not differ much from the in-person work, while non-users stated it was due to clients not being interested or did not fit their practice approaches. There were concerns addressed by the participants with using telemental health, technology failure; data and privacy; and miscommunication/misunderstandings, while the only benefit stated was being available when a client had a crisis (MacMullin et al., 2020). Plus, there were core themes in the study that affected participant's usage of telemental health: telemental health experience and skills, increased responsibility, trusting technology and their intentions on what/ how they used technology. Overall, the concerns, benefits, and what affected usage of telemental health among practitioners in this study show what factors affected their attitudes towards its usage before the Covid-19 pandemic.

With the emergence of COVID-19 and the sudden transition from in-person to telemental health, Békés & Aafjes-van Doorn (2020) did a study on psychotherapist's attitudes towards using this modality. The authors conducted a cross-sectional research design using an online survey and 13 items from the UTAUT to assess the attitudes of the participants. The results of the study showed that past experiences, including clinical experience; telemental health

experience; and therapy modality; were associated with more positive attitudes towards telemental health. However, the experiences during the pandemic of feeling tired, less connected and authentic, less confidences and competences, were related to a more negative attitude, while a clinician's perceptions on clients experience with telemental health, was related to a more positive attitude (Békés & Aafjes-van Doorn, 2020). Overall, the study found that attitudes with telemental health were more positive even though there were factors that made both positive and negative effects on them, during the abrupt change from in-person to telemental health during the COVID-19 pandemic.

Professional Discipline. When it comes to mental health providers and their attitudes towards telemental health related to their discipline, not much research has been conducted. Perry et al.'s (2019) did a study to better understand the barriers that provider's use in the telemental health of utilizers vs non-utilizers. In their study, Perry et al.'s (2019) looked at many demographics of their participants and one of them was disciplines, of which they discovered that it was related to professionals' attitude towards utilization of telemental health. This means that such a variable could affect a practitioner's attitudes towards utilization of telemental health, yet the study did not investigate this.

Theoretical Orientation. Concerning a mental health practitioner's theoretical orientation and the effects it has on their attitudes towards telemental health, there is some research on this topic. A study done by Mora et al. (2008) investigated four different types of internet treatment modalities and the

practitioner's endorsements of them. One of the variables they looked at was related to theoretical orientation, and the researchers discovered that CBT was more likely to be used with telemental health when compared to psychoanalytical.

Perle et al. (2012) investigated the endorsement of any kind of computer-based intervention for mental health, how current and future therapists would do so, and what theoretical orientations would be more willing to support its usage. The study demonstrated that CBT, cognitive, behavioral and systems theoretical orientations were more likely to accept telehealth modalities, than compared to psycho dynamic/analytic or existential therapists. These results demonstrate that CBT is not the only theoretical modality to increase a mental health professional's attitude towards telemental health usage.

Békés & Aafjes-van Doorn (2020), wanted to look at mental health professionals' characteristics and professional experiences during the sudden shift from in-person to telemental health due to the COVID-19 pandemic. One of the characteristics the study investigated was whether CBT or psychodynamic theoretical modality practitioners would have more positive attitudes towards telemental health. The study would discover that CBT professionals would have a more positive attitude towards telemental health than its counterpart.

Treatment Approach. A study by Pierce et al., (2020b) investigated the concerns that professionals had regarding telemental health and their effects on their attitudes towards this modality. They discovered that non-utilizers of

telemental health had concerns about reduced effectiveness of their treatment approaches and affected their attitudes towards not utilizing such a medium to deliver services.

Lin et al. (2021) investigated mental health provider's attitudes between in-person and telemental health about common therapeutic attributes and discerned therapist characteristics during the beginning stages of COVID-19 pandemic. Lin et al. (2021) discovered that experience-based and relational therapies were related to more negative attitudes towards telemental health than were CBT. This means that a therapist's treatment approach is associated with either more negative or positive attitudes towards telemental health.

Another study by MacMullin (2020) interviewed psychotherapists about their usage of technology within their practices and their thoughts and attitudes towards this modality. The study discovered that some participants' treatment approach affected their attitudes towards telemental health, such as eye movement desensitization and reprocessing, due to feeling it was not as effective across this modality and would not use telemental health. However, others expressed that they use their approaches over video conferencing and did not report any feelings of decreased effectiveness, such as somatic experiencing and body-based trauma therapy. This demonstrates a need to discover more about what treatment approaches professionals affect their attitudes towards telemental health.

In terms of mental health professionals and their treatment approaches used in their sessions with clients, this too could influence their attitudes towards telemental health. This can be since treatments a clinician uses in person can have difficulties employing it and/or with its effectiveness providing services over telemental health, while other treatments may have little to no trouble. Having such difficulties, or not, can in turn affect a professional's attitude towards telemental health usage. This means that a therapist's treatment approach can be associated with either more negative or positive attitudes towards telemental health.

One-way disciplines can affect a practitioner's way to approach their clients is by how important human connection is to their mental health treatment method. For instance, psychologists study the human mind and how it functions and influences the mental state of an individual and are trained to use assessment tools to help in this endeavor, which may lead to them not caring as much about the human connection created with their client (American Psychological Association, n.d.a). However, a social worker is trained also in psychotherapy, with an emphasis to connect clients with their community and support services that are available there, which human connection is an important factor in this approach (American Psychological Association, n.d.a). So, when discipline utilizes telemental health, it may have a more positive attitude towards using this modality, such as psychiatrists, than the others, like social workers, as this modality can make it harder to create this human

connection than in-person. Thus, discipline is a factor worth looking into on its relationship with a mental health professionals' attitude towards telemental and usage this mental health delivery modality.

A mental health professional's theoretical orientation can influence their attitudes towards using telemental health. These influences can be either positive or negative depending on the way that these approaches guide how professionals work with their patients. For instance, psychodynamic/analytic theory focus on therapist-client relational processes and non-verbal communications, which can be hard to observe and/or bring out over telemental health. However, cognitive behavioral therapy focuses on a person's maladaptive behaviors and thoughts and tries to change them using certain techniques, which may not be as affected by delivering services over this medium. With these difficulties and/or challenges that telemental health brings upon a practitioner's theoretical orientation, a practitioner attitude towards telemental health may be negatively or positively influenced.

By bringing these three factors together, discipline; theory; and treatment, and how they influence attitude towards telemental health, a more developed picture is created on how a practitioner conducts their therapy with their client over telemental health, which have a relationship with their attitude towards this modality. With all three, there is a clear picture on how a practitioner will approach their client and how telemental health interacts with their choices on providing treatment to them. This is due to how all three factors are correlated to

one another. For instance, by having a discipline in psychology a therapist is more likely to choose mental health theoretical orientations and treatment approaches that allow them to assess the client mental state and its functioning, such as cognitive-behavioral theory and cognitive behavioral therapy. Therefore, this study chose to utilize these three characteristics of a mental health practitioner to help better understand the relationship it has with a professional's attitude towards telemental health and aid in the endorsement of more usage of this mental health service modality.

Limitations and Gaps in the Literature

All the studies stated above have contributed a lot to the study of a practitioner's attitudes towards telemental health, and what factors are related to it, including the barriers and benefits of this modality. Yet, there were some limitations and gaps in the literature that can still be addressed or expanded upon. One of these gaps is the limited research on professional's attitudes on telemental health during the COVID-19 pandemic. Only a handful had looked at this, while most were before COVID-19 pandemic.

Another gap is the fact that not all aspects of a professional's practice have been looked at, including professional's discipline. Connolly et al (2018) did a systematic review of the studies on providers' attitudes towards telemental health stated that looking at a professional's discipline is something future studies should investigate. There is also limited research on treatment approaches and theoretical modalities, which creates a need for more studies to

help build upon the evidence for these factors and its effects on practitioner's attitudes towards telemental health. Other gaps and limitations included, age, gender, race, ethnicity, socioeconomic status, how much telemental health was used, and more. This study will aid in addressing the gaps and limitations of the current research in the areas of: professional's discipline, theoretical orientation, treatment approaches, and being during the COVID-19 pandemic.

Theories Guiding Conceptualization

There are two theories that will be utilized by this research which are Ecosystems Theory and Actor-Network Theory. The ecological systems theory is used to examine and explain how people and other systems in their social environment interact with and influence one another by using concepts from both systems theory and ecological perspective (Bronfenbrenner as cited in Zastrow et al., 2019).

The theory states that a system is where individual elements are organized and set together to make a functional whole, and can be broken into micro mezzo, and macro, and have both social and natural environments (Bronfenbrenner as cited in Zastrow et al., 2019). These systems have defined boundaries so as to separate themselves from one another, to help establish roles for a person, in a relationship (Bronfenbrenner as cited in Zastrow et al., 2019). A system can use inputs received from another system, or the environment, as feedback on its performance, to which affects its output (Bronfenbrenner as cited in Zastrow et al., 2019).

Ecosystem theory can help me understand the interactions between an individual and their environment and how certain factors can influence these systems (micro, messo, and macro). This theory can help explain how mental health therapists interact with their clients. For example, in my research I will be focusing on mental health therapist's interactions with their clients through telemental health during the COVID-19 pandemic. This will be looked at through how their practice factors have affected these interactions and ultimately influenced their attitudes about continued use of this modality.

Ecosystem theory can also help me investigate and comprehend more about human behaviors and how certain factors can influence people's interactions with their systems, which provides feedback that can affect their attitudes. In my experiment, how a practitioner's degree; theoretical framework; and main treatment intervention used (factors) interactions with their clients through telemental health (micro system) can change how they behave with the technology and influence their attitudes towards it. An example of this would be how if a client is having a hard time with the treatment intervention of Motivational interviewing over telemental health with the mental health professional. The professional can decide instead to ask if the client would like to reschedule for an in-person session and see how that changes thing. When the client comes in person, the intervention of motivational interviewing seems to work better with them than over telehealth. This interaction with the client (micro system) and the factor of the professional's treatment intervention has thus influenced the mental

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health professional's behavior to use more in person sessions. The feedback from such an experience would then influence the professional's attitude negatively and cause them to lower or never use telemental health in their practice.

The other theory I shall utilize in my study shall be the actor-network theory (ANT). This theory is about reality is composed of networks, or systems of things that act on and are acted on by one another (MacMullin et al., 2020; Sayes, 2013). An actor in this actor-network, is an element that acts on other elements within the network and can be human or non-human (MacMullin et al., 2020; Sayes, 2013). This means that these actor-networks are diverse and are observed through the actions of the actors inside them and how they affect others within the network. An example of this could be a mental health therapist using zoom to talk to a client. Depending on the effectiveness of a practitioner's treatment approach, a therapist's perceptions or experiences with zoom can make them like, the treatment was successful, or dislike, the treatment was not effective, this modality. This theory can help my research study by observing the actor-networks of therapists, clients, and the technology they use (telemental health) and how other factors can influence the interactions between one another. This will help me understand the impacts that the practice factors of mental health therapists have on their attitudes of using telemental health by looking at the actions they have on one another during the COVID-19 pandemic.

CHAPTER THREE

METHODS

Introduction

This study seeks to discover if a practitioner's degree, theoretical

orientation, and treatment approach affect their attitudes towards utilizing

telemental health in a positive or negative manner. The study will use an online

survey design to collect the data to answer the research questions. This chapter

contains the details of how this study will be carried out

Study Design

The purpose of this study is to examine how certain characteristics of a

mental health practitioner's practice affect their attitude towards using telemental

health. A quantitative survey design was conducted online to gather data from a

sample of participants on their discipline, theoretical orientation, treatment

approach, and measure their attitudes towards telemental health. Previous

studies on this topic informed this study to focus on the abovementioned factors

and further test their relationship with mental health practitioners' attitudes toward

telemental health. This study was reviewed and approved by the California State

University, San Bernardino Institutional Review Board.

Survey research designs have strengths and limitations to its modality.

The strengths of using an emailed/web-based survey study design are its cost is

very minimal to none at all, very quick and easy responses, allows for a large

pool of participants across a wide geographical range, and that the problem of

interviewers bias is removed. However, there are also limitations to an email/web-based survey design study: participants may not feel like they have complete anonymity, a lack of response effort from respondent, a possibility of an age gap, there is no opportunity to probe for more information, and cannot evaluate the non-verbal behaviors of the participants. The response rate for such a research design can be low with an average around 30%, and with the professional counseling population being around 20% (Poynton et al., 2019).

Sampling

The sampling approach utilized in this study was convenience sampling to contact a large sample of mental health specialists within the state of California. Participant's criterions to participate were are as follows: be from a mental health professional background, have provided services to clients during the COVID-19 pandemic, and with a degree that allows them to conduct these services. There are no gender requirements, but professionals must be of at least 18 years of age. All participants' information was voluntary and anonymous.

Data Collection and Instruments

The main focus of this study is to investigate a mental health therapist's discipline, theoretical framework, and their treatment approaches, my independent variables, to gain a better understand of how these factors affected the attitudes of a professional's usage of telemental health, dependent variable, during the COVID-19 pandemic. The survey conducted to find the data on such variables consisted of close ended questions related to demographics and 21

questions from The Unified Theory of Acceptance and Use of Technology-Therapist version (UTAUTT) (Békés & Aafjes-van Doorn, 2020; Venkatesh et al., 2003).

The demographic questions consisted of age, gender, sex at birth, race, ethnicity, years of clinical experience, online psychotherapy experience, employment setting, number of in person and telemental health patients and the length of time therapists had utilized telemental health. Questions on discipline, theoretical orientation, and treatment approaches were measured as nominal variables. All of this information is outlined in Appendix A.

The UTAUTT, as outlined in Appendix A, measures the therapist's attitudes towards telemental health usage. The UTAUTT questions were adapted for this study from Bekes et al., (2021). These questions address the four main factors from The Unified Theory of Acceptance and Use of Technology: performance expectancy; effort expectancy; social influence; and facilitating conditions (Békés & Aafjes-van Doorn, 2020; Bekes et al., 2021; Venkatesh et al., 2003). The UTAUTT questions were scored on a Likert scale of 1(strongly disagree) to 5 (strongly agree) (Békés et al., 2021).

The original UTAUT instrument has a moderate validity with an alpha of 0.774 (Venkatesh et al., 2003). A limitation of the original instruments is that the tool has 41 items and was created to be used in a business environment. Later, the instrument was modified by Bekes et al.(2021) which has 21 items (Békés & Aafjes-van Doorn, 2020). The modified version was tested among 1,265

participants from various mental health professional backgrounds: psychologists, social workers, marriage and family therapists, counselors, etc. The study demonstrated a high reliability with an alpha of 0.86 (Bekes et al., 2021). The UTAUTT has six subscales which include: therapy quality expectation, ease of use, pressure from others, professional support, convenience, and behavior intention. This study will use this knowledge to test for subscales within the UTAUTT with the sample of participants it collected.

<u>Procedures</u>

To gather the data for this study, emails were sent to mental health practitioners in individual and organizational practices to participate in this study's online survey via email lists (psychology today), social media (Facebook mental health counseling groups) and personal contact with a cover letter with information on the study and link to the questionnaire to mental health practitioners in California. I contacted administrators at the mental health agency Inland Psychiatric Medical Group, Inland Caregiver Resource Center, and OMSD Health and Wellness Services to gain permission to send out the emails to their employees. Included in the email was a link to the survey and a cover letter that included information on the study. The information within the cover letter included: purpose of the research, address/phone number of the researcher, an appeal for the recipient's cooperation, time to complete the survey, and how and when the raffle for the participation in the study will be conducted. The raffle will be for one of three $20 Starbucks gift cards and a winner will be randomly

selected using the participant's numbers and a computer program that randomly picks the winner from the list. After giving consent, by putting an "X" as a signature and the date, participants were directed to the online battery of questions. It is estimated it took no more than 20 minutes to complete the 34-question survey. All data was collected using Qualtrics provided by California State Universities.

Protection of Human Subjects

Permission to conduct this study was gained from the Institutional Review Board at California State University San Bernardino. Informed consent was given and collected for each individual, located in Appendix B, prior to participating, along with their name and phone number, and kept in a secure location for up to three years. Anonymity and confidentiality were upheld as all participants were assigned a number to identify their entries. A debriefing statement (Appendix C) was given after the participants completed the survey.

Since the study was conducted over the internet, it was disclosed to the participants that re-identification is a possibility and there is no guarantee of absolute confidentiality as part of the informed consent. Also provided to the participants was how their data will be securely collected by the online survey program Qualtrics, downloaded to and stored on the cloud server Google drive. The passwords for these programs will be changed every six months to ensure security. For files uploaded to Google Drive, they are stored in a data center which is encrypted in-transit and at-rest. Google Account is designed to detect

and block any threats such as: spam, phishing, malware, and others (Google, n.d.). Data collected using Qualtrics was protected by using high-end firewall systems that scan at regular intervals to find any susceptibilities in a quick manner so they can patch them. Trusted independent third parties perform annual penetration tests, and all services have a backup system that is performed daily. Qualtrics has strict access to their systems to specific individuals who are bound by confidentiality and need-to-know information and is monitored and audited. They use Transport Layer Security encryption for transmitted data, password protection, and trusted data centers that use standard SSAE-18 methods (Qualtrics, 2021). All collected data, including identifying information, that was gathered to be used in this research project was deleted after it was completed.

<u>Data Analysis</u>

The collected data was analyzed using the statistical analysis program IBM SPSS Statistics 28. Of the 121 participants, 4 individuals who did not complete the whole survey were excluded from the analyses, resulting in a sample size of N=117. I conducted a descriptive analysis to see the distribution of variables; along with, mean and standard deviation were calculated for age, years working as a mental health practitioner, and utilization of telemental health in months.

Response scores from the participants for the UTAUT-T Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), were computed to obtain

the overall score for the participants, with higher scores meaning more positive views (i.e., high level of acceptance) towards telemental health. A principal component analysis was then conducted on the UTAUT-T responses to find subscales for this instrument. One-way ANOVA analyses were also conducted to test group differences between the major variables of a practitioner's discipline, theoretical framework, treatment focus with their attitudes towards using telemental health. Lastly, a multiple regression analysis was conducted using discipline, theoretical framework, treatment focus, and participants demographics as control variables with practitioners' attitudes towards using telemental health and the subscales, to predict level of attitude towards telemental health.

Summary

This study examined barriers and facilitators of the mental health practitioner's attitudes towards using telemental health. The survey design allowed for large number of respondents too participate in the study and to best capture how certain aspects of a practitioner's practice will affect their usage of this modality. Using quantitative methods in this study will best enable this process.

CHAPTER FOUR

RESULTS

Introduction

First, A discussion on the demographics, discipline, theoretical orientation and treatment approach of the surveyed participants. This demographic information includes participant's age, gender, sex at birth, race, ethnicity, years of clinical experience, online psychotherapy experience, how long they have used telemental health, employment setting, and number of in person and telemental health patients. Then, information on the factor analysis conducted on and reliability of the Unified Theory of Acceptance and Use of Technology-Therapist version used to collect the data on the participant's attitude towards telemental health is provided. Subsequent data cover's the relationship between discipline, theoretical orientation, treatment approach and demographics of the participants with attitudes towards telemental health.

<u>Sample Characteristics</u>

The current study had 117 respondents. Participants mean age was of 43.56 years (SD = 11.876). Most of the respondents were female (84.5%) and White/Caucasian (73.5%). When it came to ethnicity, the majority were none Hispanic/Latino (78.6%). The participant's mean years of clinical experience was 12.79 years (SD = 9.242). Majority of participants had online psychotherapy experience (97.4%) with a mean usage of telemental health 6.04 months (SD = 7.859). Employment settings that practitioners worked at include individual/group

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practice (84.6%), school/university counseling (5.1%) and other settings (10.3%).

The number of patients in person patients seen by practitioners (per week)

ranged from 1-5 and 30 or more, with a mean of 3.14, or 10-20, patients and

standard deviation of 1.699. The number of patients seen through telemental

health by participants (per week) include 1-5 (18.9%), 5-10 (15.3%), 10-20

(30.6%), 20-30 (24.3%), and 30 or more (10.8%). For a more detailed description

of the participants demographic data, please see Table 1.

Table 1. Descriptive Statistics of the 117 Mental Health Therapists

Variables	M	SD	n	%
Age	44	12		
Gender				
Female			98	83.8%
Male			18	15.4%
Transgender			1	0.9%
Ethnicity				
White/Caucasian			86	73.5%
Asian/Asian American			8	6.8%
Black/African American			5	4.3%
Other			18	15.4%
Latino/Hispanic				
no			92	78.6%
yes			25	21.4%
Working as mental health practitioner in years	13	9		
Employment Setting				
Individual/Group practice			99	84.6%
School/University Counseling Center			6	5.1%
Other			12	10.3%
Number of Patients Seen in Person Per Week				

Table 1. (Continued)

Variables	M	SD	n	%
1-5			21	18.9%
5-10			17	15.3%
10-20			34	30.6%
20-30			27	24.3%
30 or more			12	10.8%
Telemental Health Usage				
yes			114	97.4%
no			3	2.6%
Utilization of telemental health in Months	*30.15*	*25.30*		
# of Patients seen through telemental				
health per week				
1-5			13	11.4%
5-10			30	26.3%
10-20			40	35.1%
20-30			21	18.4%
30 or More			10	8.8%
Discipline				
Marriage and Family Therapist			56	47.9%
Psychologist			25	21.4%
Social Worker			24	20.5%
Professional Counselor			7	6.0%
Other			5	4.3%
Main Theoretical Orientation				
Cognitive-Behavioral Theory			43	36.8%
Psychodynamic/analytic Theory			17	14.5%
Humanistic Theory			16	13.7%
Integrative Theory			15	12.8%
Systemic Theory			11	9.4%
Other			15	12.8%
Main Treatment Intervention				
Cognitive behavioral Therapy			29	24.8%
Strength Based Therapy			22	18.8%
Trauma informed therapy			19	16.2%

Table 1. (Continued)

Variables	M	SD	n	%
Psychodynamic therapy			16	13.7%
Interpersonal Therapy			8	6.8%
Mindfulness Based Therapy			7	6.0%
Other			16	13.7%

Factor Analysis

The 21 items of the Unified Theory of Acceptance and Use of Technology-Therapist version (UTAUT-T) were subjected to a principal component analysis (PCAA) using SPSS version 28 to identify subscales. The PCA revealed that there were four components with eigenvalues that exceeded 1. The first factor (Confidence with Telemental Health) contained eight items about the views on how confident the person feels in using online therapy including: this modality works well for patients; the quality is the same as in-person therapy; is convenient, easy to learn/use, enjoyable and a good idea; and saves time and money.

The second factor (Concerns with Telemental Health) had five items that were about the concerns the individual felt with telemental health: that it will be hard to connect and convey emotions with patients online, worry of and pressure with using it, and that online therapy is not compatible with how the professional provides therapy. The third factor (Peer Influence) had two items that were about influential and important people that think the professional should use telemental health. The fourth factor (Professional Support & Behavioral Intention) has six

items: support from both professional and peers at their organization and their

colleagues with, having professional and technical knowledge to do, and their

future intention of utilizing online therapy. Factor labels and loadings for the four-

factor solution are shown in Table 2.

Table 2. Factor Analysis of the Unified Theory of Acceptance and Use of Technology-
Therapist version (UTAUT-T) Questionnaire

UTAUT-T Item	Factor Loading			
	1	2	3	4
Factor 1: Confidence with Telemental Health				
3. Using online therapy saves me time and/or money.	**.869**	.153	.178	-.067
1. I find online therapy works well for patients.	**.777**	-.183	.009	-.036
14. It is easy to learn how to provide online therapy.	**.716**	-.008	.025	.023
6. I find providing online therapy easy.	**.645**	-.119	-.169	.194
13. Working online is more convenient.	**.630**	-.042	.026	.277
17. Using online therapy is a good idea.	**.613**	-.079	.106	.279
2. The quality of online psychotherapy is the same as in-person therapy.	**.480**	-.456	.104	-.036
15. I enjoy doing online therapy.	**.448**	-.349	.726	.193
Factor 2: Concerns with Telemental Health				
9. I am concerned whether we can communicate emotions online. (R)	-.156	**-.897**	.037	.056
5. I am concerned that it is hard to feel connected with my online patients. (R)	-.004	**-.851**	-.010	-.011
11. I feel apprehensive about using online therapy. (R)	.001	**-.748**	-.137	.246
21. Online therapy is not compatible with the way I generally provide therapy. (R)	.184	**-.695**	.130	-.246
20. Online therapy is somewhat intimidating for me. (R)	.135	**-.397**	-.393	.308
Factor 3: Peer Influence				
4. People who influence me think that I should use online therapy.	.182	-.045	**.817**	.102

Table 2. (Continued)

UTAUT-T Item	Factor Loading			
	1	2	3	4
16. People who are important to me think that I should do online therapy.	.095	-.080	**.726**	.290
Factor 4: Professional Support & Behavioral Intention				
8. My professional organization supports online therapy	-.023	.000	.220	**.692**
18. I have the professional and technical knowledge necessary to do online therapy.	.384	.037	-.158	**.629**
19. Colleagues and leaders in the field are supporting online therapy.	-.072	-.038	.267	**.617**
10. I plan to use online therapy after the end of the pandemic.	.312	-.061	-.148	**.615**
7. I intend to use online therapy after the end of the pandemic.	.352	-.074	-.130	**.599**
12. Using the technology needed for online therapy is clear and understandable.	.237	-.162	.066	**.480**

Note. Factor loadings are in bold to indicate the items that load on each of the four factors. The extraction method was a principal component analysis with an oblique (oblimin with Kaiser normalization) rotation.

Reliability

The UTAUT-T total scale (21 items) was found to have high internal consistency (Cronbach's alpha = 0.93), which is like the Bekes et al. (2021) UTAUT-T reported internal consistency (Cronbach's alpha=0.95). Overall, in my sample, mental health professionals reported a moderate positive attitude in relation to telemental health (M = 85.33, SD = 13.68).

Attitudes Toward Online Psychotherapy

One-way between-groups ANOVAs were conducted to explore the impact of discipline, theoretical orientation, and treatment intervention on mental health practitioner's attitude towards telemental health (ATTHM). There was no significant difference in ATTHM for the UTAUT scores between groups: for discipline, F (45, df 65) =1.041, p = 0.43; theoretical orientation, F (45, df 65) =3.898, p = 0.159; and treatment intervention, F (45, df 65) =1.038, p = 0.439. Taken together, these results suggest that the different groups of discipline, theoretical orientation, and treatment approach were not statistically different in attitudes towards telemental health. For more information, please see Table 3.

Table 3. One-Way Analyses of Variance for Attitude Towards Telemental Health

Variable		Sum of Squares	df	Mean Square	F	p
Discipline	Between Groups	178.348	45	3.963	1.041	.435
	Within Groups	247.400	65	3.806		
	Total	425.748	110			
Main Theoretical Orientation	Between Groups	175.410	45	3.898	1.309	.159
	Within Groups	193.617	65	2.979		
	Total	369.027	110			
Main Treatment Intervention	Between Groups	466.560	45	10.368	1.038	.439
	Within Groups	649.133	65	9.987		
	Total	1115.694	110			

A multiple regression was conducted to test the relationship between three independent variables (discipline, theoretical orientation, and treatment intervention) and levels of attitude towards telemental health (ATTMH) while controlling the demographic variables. Preliminary analyses were conducted to ensure that there was no violation of the assumptions to normality, linearity, multicollinearity, and homoscedasticity. The variance explained by this model for ATTMH was 38.4%, $F_{(25,78)} = 1.941$, $p < 0.05$. None of the independent variables were statistically significant, whereas telemental health usage ($B = -27.016$, $SE = 9.479$, $p < .01$) and years working as a mental health practitioner ($B = -.338$, $SE = .159$, $p < .05$) were statistically significant, showing an association with a negative ATTMH.

Multiple regressions were also conducted on each of the factors of attitude towards telemental health. A total variance of 31.5%, $F_{(25,78)} = 1.919$, $p < .001$, in factor 1, confidence with telemental health in attitude towards telemental health was explained by the model. Within this model, five variables were statistically significant, with telemental health usage ($B = -2.455$, $SE = .620$, $p < .001$), years working as mental health practitioner ($B = -.023$, $SE = .010$, $p < .05$); and professional counselor ($B = -.798$, $SE = .391$ $p = 0.45$) being associated with lower levels of confidence with telemental health. Additionally, we found that integrative theory ($B = .767$, $SE = .366$, $p < .05$), and females ($B = .603$, $SE = .248$, $p < .05$) were associated with higher levels of confidence with telemental health.

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A total variance of 27.0%, $F_{(25,78)} = 1.155$, $p = .308$, factor 2, concerns with telemental health in attitude towards telemental health was explained by the model, but the model was not statistically significant. A total variance of 38.3%, $F_{(25,78)} = 1.94$, $p < .05$, factor 3, peer influence in attitude toward telemental health was explained. This model had five variables that were statistically significant, with psychodynamic treatment ($B = 1.636$, $SE = .446$, $p < .001$) being associated with positive peer influence towards telemental health. Plus, we found that psychodynamic/analytic theory ($B = -.935$, $SE = .446$, $p < .05$), integrative theory ($B = -1.207$, $SE = .412$, $p < .01$), the discipline of social work ($B = -.569$, $SE = .264$ $p = .034$), and years working as mental health practitioner ($B = -.031$, $SE = .001$, $p < .05$) being associated with a lower levels of peer influence towards telemental health.

A total variance of 37.2% $F_{(25,78)} = 1.85$, $p < .05$, factor 4, professional support & behavioral intention had a explained by this model for attitude towards telemental health was. Within this model, telemental health usage ($B = -2.767$, $SE = .679$, $p < .001$) was statistically significant, and was associated with lower levels of professional support and behavioral intention towards telemental health. For more information on the Multiple Regressions, please see Table 4.

Table 4. Results of Multiple Regression Analyses Examining Discipline, Theory, and Treatment to Attitude Towards Telemental Health

Variable	ATTMH		Confidence with Telemental Health		Concerns about Telemental Health		Peer Influence		Professional Support & Behavioral Intent	
	β	SE	β	SE	β	SE	β	SE	β	SE
Demographics										
Gender (Male)	6.81	3.80	.60*	.03	-.18	.30	.12	.28	.39	.28
Race (Caucasian)										
Asian	-.49	5.51	.21	.36	.10	.43	-.14	.41	-.21	.41
African American	-.04	8.16	-.43	.53	-.39	.64	-.26	.60	.29	.60
Other	-3.38	5.00	-.15	.33	.18	.39	-.14	.37	-.26	.37
Latino (No)	-5.96	4.45	-.39	.29	.39	.35	.08	.33	-.24	.33
Employment Setting (Individual/Group)										
School	-.45	7.00	.56	.46	.50	.55	.34	.52	-.36	.52
Other	-.90	5.05	.01	.33	.45	.40	.24	.37	.29	.37
Years working as a mental health practitioner	-.34*	.16	-.02*	.01	.01	.01	-.03*	.01	-.01	.01

Table 4. (continued)

Variable	ATTMH		Confidence with Telemental Health		Concerns about Telemental Health		Peer Influence		Professional Support & Behavioral Intent	
	β	SE	β	SE	β	SE	β	SE	β	SE
Number of Patients Seen in Person Per Week	.85	.88	.06	.06	-.07	.07	-.09	.06	.02	.06
Telemental Health Usage (No)	-27.02**	9.48	-2.46***	.62	-.55	.74	-1.08	.70	-2.77***	.70
Independent Variables Discipline (Marriage and Family Therapist)										
Psychologist	-.16	3.58	-.12	.23	-.06	.28	-.25	.26	.14	.26
Social Worker	-1.50	3.59	-.07	.24	-.12	.28	-.57*	.26	-.15	.26
Professional Counselor	-10.48	5.98	-.80*	.39	.76	.47	.04	.44	-.19	.44
Other	11.21	9.03	1.03	.59	.07	.71	.99	.67	.81	.66

Table 4. (continued)

Variable	ATTMH		Confidence with Telemental Health		Concerns about Telemental Health		Peer Influence		Professional Support & Behavioral Intent	
	β	SE	β	SE	β	SE	β	SE	β	SE
Theoretical Orientation (Cognitive Behavioral Therapy)										
Psychodynamic Theory	-4.16	6.05	.01	.40	-.19	.47	-.94*	.45	-.85	.45
Humanistic Theory	5.83	5.39	.56	.35	-.39	.42	-.46	.40	.15	.40
Integrative Theory	6.59	5.60	.77*	.37	-.74	.44	-1.21**	.41	-.23	.41
Systemic Theory	-3.38	5.75	-.69	.38	-.49	.45	.11	.42	-.40	.42
Other	2.91	5.48	.22	.36	-.44	.43	-.54	.40	.03	.40
Treatment Approach (Cognitive Behavioral Therapy)										

Table 4. (continued)

Variable	ATTMH β	ATTMH SE	Confidence with Telemental Health β	Confidence with Telemental Health SE	Concerns about Telemental Health β	Concerns about Telemental Health SE	Peer Influence β	Peer Influence SE	Professional Support & Behavioral Intent β	Professional Support & Behavioral Intent SE
Strength Based Therapy	-3.24	4.86	-.33	.32	.46	.38	.61	.36	.13	.36
Trauma Informed Therapy	4.28	5.24	.08	.34	.01	.41	.54	.39	.58	.39
Psychodynamic Therapy	3.66	6.10	.08	.40	.43	.48	1.64***	.45	.72	.45
Interpersonal Therapy	-495	6.45	-.68	.42	.36	.51	.56	.48	.18	.47
Mindfulness Based Therapy	4.03	7.06	.20	.46	-.33	.55	-.21	.52	.26	.52
Other	-4.89	5.32	-.43	.35	.80	.42	.75	.39	.29	.39

*$p<.05$. **$p<.01$. ***$p<.001$. Beta ($β$) coefficients were standardized, while standard error (SE) coefficients were unstandardized.

CHAPTER FIVE

DISCUSSION

Introduction

Within this chapter will be a discussion of the findings that this research project presented in the results section. The strengths and limitations of the research will be discussed as they relate to a mental health professional's discipline; theoretical orientation; and treatment approaches correlation with these practitioner's attitude towards telemental health, along with implications of how this can be applied to endorse more usage of this modality. Also, this chapter will offer future recommendations concerning a mental health professional's discipline; theoretical orientation; and treatment approaches association with these practitioner's attitude towards telemental health.

Discussion

The intent of this study was to determine if discipline, theoretical orientation, and treatment approach are associated with the attitudes of mental health professionals towards the usage of telemental health. The results indicate that a mental health practitioners' discipline, theoretical orientation, and treatment approach are not related to these professional's attitudes towards telemental health. These findings were unanticipated as they differ from previous studies, which had found that discipline (Perry et al.'s, 2019), theoretical orientation (Békés & Aafjes-van Doorn, 2020; Mora et al., 2008; Perle et al., 2012) and

treatment approach (Lin et al., 2021; MacMullin, 2020; Pierce et al., 2020b) were correlated to the attitudes of mental health professionals towards telemental health. These findings could be the result of other factors not investigated in this study affecting the results.

Telemental health usage has been reported to influence mental health professional's attitudes towards telemental health (Pierce et al., 2020a) and this might have affected attitudes towards telemental health that were more similar with the participants of this study. With the COVID-19 pandemic forcing most, if not all, mental health professionals to conduct their practice over telemental health, which would have led these practitioners to have more experience with it. This was evident in our study as 97.4% of participants had utilized telemental health and with an average of using it for roughly 30 months, or over two and a half years. Using telemental health for such a long time would have allowed these professionals to have more experience and skill using this modality, which could have affected the mental health practitioner's attitudes towards telemental health within this study (MacMullin et al., 2020).

On an individual level, there could be reasons as well as to why this study did not find a relationship between discipline, theoretical orientation, and treatment approach and a mental health professional's attitude towards telemental health. For treatment approach, concerns of efficacy with treatment over telemental health have been shown to affect a professional's attitude toward this modality (Pierce et al., 2020b). However, with the fact that a majority of

participants had utilized telemental health since at least the beginning of the COVID-19 pandemic, these individuals could have overcome these concerns. Due to this, the professionals could have had a more uniformed attitude of positivity towards this modality, leading to small variability in the professional's attitude towards telemental health. As such, other researchers can expand such a study to a wider range of participants.

When it comes to theoretical orientation, the reason for not finding any relationship between it and attitude towards telemental health could be due to a professional's ability to read non-verbal cues across and their expectations with this modality. It has been shown that difficulties with being able to see and interpret non-verbal cues can affect the attitudes of the professional towards telemental health (Connolly et al., 2020). Since certain theoretical orientations emphasize these non-verbal cues within their working with clients it could play a factor in how each professional perceive the effectiveness of telemental health given certain theories guiding their particular emphasis in the treatment process. However, The COVID-19 pandemic forced professionals to utilize telemental health to conduct their sessions with clients, causing a possible need to compromise their theoretical guided process and be content with how they were conducting their sessions over telemental health. From this, a professional's expectations with this modality could decrease and affect their attitudes towards telemental health (Connolly et al., 2020), and cause this study to find no

differences between the groups of theoretical orientation due to a more consistent attitude across the participants towards this medium.

Also, the fact that discipline did not find any relationship to attitude towards telemental health can be due to certain disciplines administer evaluations or tests. Evaluations and test have been shown to affect a practitioner's attitude towards telemental health (Pierce et al. 2020a), which is because certain tests may need to be adapted for this modality before they can be conducted. Yet, with the transition from in-person to telemental health due to the COVID-19 pandemic could have made it so many of these assessments have become adapted for this modality, which could have eliminated this problem with certain disciplines. Such a transition could have made it so the differences seen before between the disciplines is not there anymore. Thus, more research needs to be conducted on this.

Lastly, there are other factors as well that could be mediating the interaction between discipline, theoretical orientation, and treatment approach with attitude towards telemental health. Some of these have been shown to be the mental disorders that the practitioners treat (bipolar, grief, antisocial personality, anxiety, and more) (Pierce et al. 2020a), challenges building rapport (Békés et al., 2020; Pierce et al., 2020b), and patients' endorsement of use (Madigan et al.'s, 2021). These factors could be influencing the results of this study as they could have more of a stronger association with attitude towards telemental health than the factors of discipline, theoretical orientation, and

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treatment approach. This influence would have led this study to not find any relationship between the three factors and the professional's attitude towards telemental health. Researchers could investigate this and see if there is such an affect between these factors and attitude towards telemental health.

A direct relationship between discipline, theoretical orientation, and treatment approach with telemental health was not found; however, relationships were found between certain items of each of these three variables and participant demographics with attitude towards telemental health and the four main factors of attitude towards telemental health. We discovered that years working as a mental health practitioner was associated with a negative attitude towards and confidence with telemental health, and with a negative peer influence towards this modality. That is, the more that someone works as a mental health practitioner the more negative their attitude, confidence, and peer influence towards telemental health is.

The current study's findings on years working as a mental health practitioner was contradictory to past literature as professional experience has been shown to have a positive correlation with attitude towards telemental health (Békés & Aafjes-van Doorn, 2020). One possibility could be that age and years working as a mental health practitioner have been demonstrated to be highly correlated (Pierce et al., 2020b), which older individuals have been shown to be more guarded (Gibson et al., 2010) and are more likely to perceive online relationships as not being as intimate (Jung et al., 2017). Such thoughts could

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lead the individuals to believe that the therapeutic relationship being created over telemental health is not as strong or where it needs to be as in-person, which can affect their attitudes and confidence towards this medium (Madigan et al., 2021). Also, if the professional's colleagues are mostly around the same age group, then their peer influence would also give them a negative attitude towards this modality.

Another finding was that telemental health usage was negatively correlated with a practitioner's attitude and confidence towards telemental health and their professional support & behavioral intention. This was unexpected as telemental health usage usually as a more positive correlation to attitude towards telemental health (Pierce et al., 2020a; MacMullin et al., 2020). The reason for finding such contradicting results to the literature could be the fact that the professionals in my study were not intending to use telemental health as their main way to treat patients, as they may not, or felt they did not, have the professional support needed to do so, which is associated with negative attitudes towards telemental health (Connolly et al., 2020; Pierce et al., 2020a). Without this intent and support, professionals may not have the confidence in providing their services to clients over telemental health even with more usage of this modality. However, the COVID-19 pandemic caused professionals to need to use this modality to provide services to their clients, and with their intention, confidence, and support being negative towards it, their attitude towards also became negative as well.

In addition, being female was associated with a more positive confidence with telemental health amongst professionals. This means that females were more confident in providing mental health therapy over telemental health than males. Such a relationship could be because females have been shown to be better at perceiving non-verbal cues compared to men (Hall & Gunnery, 2013), which could account for the differences in the genders as there is a reduction, or even lack of, non-verbal cues over telemental health. Plus, females also have shown that their reduction of therapeutic skills over telemental health is not as reduced as males (Lin et al, 2021). This capability of interacting and performing therapeutic skills more effectively makes it so that females will feel more confident in providing their mental health services over telemental health as compared to males.

Markedly, when comparing cognitive-behavioral therapy (CBT) theory to psychodynamic theory, CBT was shown to be more positive with peer influence towards telemental health than the others. Such findings could be due to the more impersonal nature of telemental health (no physical presence and interpersonal contact), which can cause certain important aspects of specific theories to be seen as having difficulties translating over teletherapy, such as: non-verbal cues (as stated above), warmth and empathy (Lin et. al, 2021), and intentional silence, which are important to psychodynamic theory (Hill et al., 2019). Concerns about losing such qualities over telemental health can lead a professional to feel less capable of using their therapeutic abilities over this

medium (Lin et al., 2021), and if their colleagues feel the same, they will provide a more negative attitude towards telemental mental health. This can differ from CBT, as this theory focuses more on cognitive and behavioral techniques to treat their patients, which have a higher likely to be maintained over this medium leading to feeling more capable with their therapeutic abilities and peer influence with telemental health and has been shown to have more positive attitudes towards this modality (Békés & Aafjes-van Doorn 2020; Lin et. al, 2021; Mora et al., 2008; Perle at al., 2012).

An unexpected finding was that comparing CBT treatment to Psychodynamic therapy with peer influence with telemental health, CBT was less positive in this factor. These findings differ from the ones shown in past research as those mental health professionals who utilize CBT have been shown to have a more positive attitude towards telemental health when compared to those that utilize other therapies and theories (Békés & Aafjes-van Doorn 2020; Lin et. al, 2021; Mora et al., 2008; Perle at al., 2012). This also contradicts what was stated in the previous section above, as CBT theory was found to be more positive with peer influence than was Psychodynamic theory. This can indicate that even though the theory implicates important aspects that are needed and creates concerns that they will not be adaptable over telemental health, the actual usage of it in the therapy over this medium quells these concerns and creates a more positive attitude toward it (Perry et al.'s, 2019). This can lead to these professionals providing a more positive peer influence towards telemental health

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usage to their colleagues/peers with the treatment approach, such as psychodynamic therapy. Since COVID_19 pandemic forcing these professionals to provide their sessions and treatment over this medium and seeing that the treatments aspects are adaptable and not lost over it could have changed their perceptions towards this modality. Thus, when comparing to previous studies where professionals may have had the option not to provide their sessions over telemental health could have led them to have little to no experiences with it, which can be why in this study psychodynamic therapy had a higher positive peer influence than CBT.

Moreover, we found was with integrative theory as it was negative in peer influence with telemental health when compared to CBT. This could be because, as stated before, certain theories have important aspects that are seen as having difficulties translating over teletherapy (Hill et al., 2019; Lin et. al, 2021). This can lead to therapists utilizing the theories described above to promote negative attitudes towards telemental health with peers of the same or even different theories, which can influence their attitudes and trust in using this modality as well (MacMullin et al., 2020). Such negative peer influence could affect a mental health professional who utilizes integrative theory to have a lower peer influence than CBT.

However, another interesting finding was the positive relationship between integrative theory with confidence with telemental health than CBT, which differs from the past literature. Integrative theory utilizes different tools and approaches

to treat an individual in therapy sessions (Sussex Publishers, n.d.) and as such is capable of being more adaptable than traditional therapies. This could allow them to be more prepared to use telemental health, which has shown to affect a professional's attitude towards telemental health (Békés & Aafjes-van Doorn, 2020), and overcome the difficulties that other theories have over telemental health. Having such flexibility and being more prepared to face difficulties can allow a professional that utilizes integrative therapy to feel more confident in using telemental health than others who do not. This can be why this study found that mental health practitioners that use integrative theory have a higher confidence with telemental health usage than someone who use CBT.

Additionally, marriage and family therapists (MFT) has been shown to have more confidence than professional counselors and more positive peer influence than social workers with telemental health. The reasoning behind this could be due to the fact that professional counselors (Counseling Degrees Online, 2022) and social workers (Pacific Oaks College, 2021) usually work with clients in one-on-one sessions with their patients, while MFT's usually work with them in a group setting (whole family or couple) (Counseling Degrees Online, 2022; Pacific Oaks College, 2021). With professional counselors and social workers working with clients individually, there can be a concern for higher risk of safety as there may not be anyone living with the client and/or home if a crisis arises. Such concerns with safety can cause a professional to feel less confident when working with a client and lead to negative perceptions of telemental health

(Connolly et al., 2020) and can lead colleagues to tell others about their negative perceptions, leading to a negative peer influence. However, MFT's working with groups of people over this modality may not have such safety concerns as they are working with multiple individuals at once who can help with a crisis, which can lead to more confidence and positive peer influence towards using telemental health. Such a relationship between professional counselors, social workers, MFT's with safety concerns and working with individual vs group settings is not something that this study was able to investigate, but something for future researchers to investigate.

With concerns about telemental health, it was discovered that there were no items that was correlated with this factor of attitude towards telemental health. It could be that the concerns professionals originally had before using this modality were addressed. This has been shown with the fact that professionals who had concerns before using telemental health would have reduced or resolved these concerns by using it and/or through trainings to use it (Perry et al.'s, 2019). Most of the participants in this study had shown that they have utilized telemental health and would have addressed any concern they had, which could lead to non-significant findings with this sample population.

Limitations of Study Design

Several limitations of the study should be acknowledged. First, some categories of discipline, theoretical orientation, and treatment approach could be underrepresented within this study. Participants were allowed to write in the other

category and there were multiple types of each factor that were added but were too low in number to be included into the main list. For discipline it had psychiatrists, AP nurse, and drug and alcohol counselor; theoretical orientation had family systems, attachment theory, eclectic theory, control mastery theory, and client centered theory; and treatment approach had motivational interviewing, acceptance and commitment therapy, medication evaluation & management, emotionally focused therapy, and dialectical behavior therapy. If these categories were a part of the original list, maybe more participants would have endorsed it more due to being seen and easy to select. A final list would likely to contain most of these items that therapists would use and might guide future exploration.

Another limitation of this study was the population. This study took participants from across California which could have created a bias towards telemental health. On reason for this is that the state has the most regulations out of all states across the U.S. (Ampaabeng et al., 2020), which legal concerns have been shown to affect the attitudes towards telemental health in mental health practitioners (Madigan et al., 2021; Pierce et al., 2020b). Having such strict regulations could cause mental health practitioners in California to have a certain bias towards telemental health and could cause results within this study to be skewed. This can be why when looking to other studies for their findings, most have conducted studies that look at a mental health professional's attitudes towards telemental health across the states in the US (Perry et al.'s, 2019; Pierce

et al., 2020 a & b) or even across nations (Békés & Aafjes-van Doorn, 2020; Connolly et al., 2020; Lin et al., 2021) they find evidence of such relationships.

Lastly, this studies sample was small, conveniently collected, and skewed on certain demographic factors with the participants. Participants were mostly Caucasian (73.5%), female (83.8%), and were working in an individual/group practice (84.6%), which when compared to the mental health professionals in California have ab average of 58% Caucasians, 71% female, and 30% individual/group practice (Coffman et al., 2018), shows that the results may not be generalized to the population of mental health practitioners. This skew could lead to nuanced interactions between race/ethnicity, gender, and practice setting with the attitudes towards telemental health which could be complex and impacted by individual, community, and/or system level factors. These could be worth exploring by future researchers.

<u>Recommendations for Social Work Practice, Policy, and Research</u>

<u>Research.</u> The purpose of this study was to evaluate whether discipline, theoretical orientation, and treatment approach were associated with mental health professional's attitudes towards telemental health. With low participation, when compared to other studies in this topic, this study may not have found significant results it needed to find a relationship between these factors and mental health professional's attitudes towards telemental health. This could mean that the relationship between discipline, theoretical orientation, and treatment approach with attitudes towards telemental health is there but may

need a bigger sample size to find. These insignificant findings could also be related to the fact that the study only looked at California and there is no association between these factors and attitudes towards telemental health with this populations, as other studies have found statistical significance across the US, and other countries. Thus, future researchers can expand the sample to include other states and see if there is a relationship between states and their mental health professionals' attitudes towards telemental health with discipline, theoretical orientation, and treatment approach.

Since this study was conducted during the COVID-19 pandemic, most, if not all, of the participants were forced to delivering mental health services over telemental health instead of in-person. Therefore, any perceptions that participants had about in-person vs telemental health therapy were comparing the past to the present. In line with other researchers, we also believe that professionals may have skewed perceptions of their past skills and performances of in-person therapy due to a quick and possibly unpleasant transition to telemental when it started, which could lead them to a biased attitude towards the modality (Lin et al., 2021). Plus, this study did not investigate how much telemental health was utilized before the pandemic, as this may help offset the perceptions created due to sudden transition during the pandemic. Also, the COVID-19 pandemic has created stress and eventual burnout to professionals within the healthcare field (Prasad et al., 2021), which has also been ongoing for almost two years and could have affected their attitudes towards telemental

health. Future researchers may want to reconduct this study in the future when both in-person and telemental health are available and the stresses of the COVID-19 pandemic are removed.

Practice. Concerning social work practice, the fact that peer influence was found to be negative in this study points to a need for the discipline of social work to help quell the concerns that these professionals have when working in the field of mental health with telemental health. The need to reduce these concerns is due to how telemental health has been a necessity in the mental health field as seen during the COVID-19 pandemic to help individuals receive the mental health services they need (Madigan et al., 2021). Also, it has allowed those who could not come in person even before the pandemic be seen by professionals as well: people who live in rural settings, not being able to travel or take time off work, certain disorders that make it hard to come in person (certain anxiety disorders) and more (Madigan et al., 2021). Such concerns that mental health professionals have, such as social workers, can be linked to studies that looked into the barriers of mental health professionals and include: building rapport; ethics, privacy, and safety; using assessments, difficulty with non-verbal cues (Madigan et al., 2021) building a therapeutic alliance, effectively communicating emotions, and client's suitability for online therapy (Békés et al., 2020).

With technology, such as telemental health, becoming more prevalent and wildly used, social work students will need to become well prepared to take on these concerns and challenges using those technologies ethically and effectively.

This has been emphasized by the Council on Social Work Education (2015) in competency 1 of the 2015 Educational Policy and Accreditation Standards. Teaching social work students how to utilize telemental health within the social work curriculum will help them be more prepared to overcome these concerns and challenges. Thus, these teachings will produce a more positive attitudes towards telemental health within these future social workers (Pierce et al.'s, 2020a).

Policy. When it comes to clinical mental health policy related to attitudes towards telemental health, the Department of Health Care Services (DHCS) can help promote a positive attitude towards its usage. This is due to the many laws and regulations that the state of California has put into place for telemental health which can affect the mental health practitioners' attitude towards this modality (Madigan et al., 2021; Pierce et al., 2020b). By either reducing the number of laws or regulations, changing them to be less harsh, and/or creating new laws that promotes telemental health usage can help change the attitude of mental health professionals towards this service delivery modality to be more positive within California. Doing so can help endorse more of its usage of telemental health with mental health professionals, which in turn will help them in their practice with their clients by the benefits it provides.

Conclusion

With mental health professionals using telemental health more in the mental health field, it is important to find the factors that help promote a more

positive attitude towards this service delivery medium. By testing the relationship between a mental health professionals' discipline, theoretical orientation, and treatment approach with attitudes towards telemental health, this study established that there was no differences between these mental health professional aspects and their perceptions towards utilizing this service modality. However, there were differences with certain disciplines, theoretical orientation, and treatment approaches with certain aspects of the professional's attitudes: confidence with telemental health and peer influence. This suggests that, even though there may not be a direct link between these characteristics of a mental health professional and their attitude towards telemental health, that there are other parts of their attitude that they can influence it.

There were also findings that certain demographic characteristics of the participants were also associated with a mental health professionals' attitude towards telemental health and its four factors but did not completely align with past studies findings. These findings indicate that even though past studies have found that these attributes of a mental health professional affect their attitudes towards telemental health usage in a certain way, that these expected outcomes of this relationship are not always going to happen and there are possible other factors that can be influencing this interaction. Future research on the topic of discipline, theoretical orientation, and treatment approaches and their association with attitude towards telemental health should focus on how the different types of these characteristics influence their perceptions to this modality. Also, as this

study measured attitude towards telemental health with discipline, theoretical orientation, and treatment approaches through quantitative means, qualitative studies are needed to help gain better insight as to the reasoning mental health professionals have these certain perceptions with this medium and how these three aspects are associated with it.

APPENDIX A

SURVEY QUESTIONNAIRE

Thank you for participating in this research study. This survey should take approximately 20 minutes to complete. You may skip or not answer any questions and can freely withdraw from participation at any time. At the end of the survey will be a section where you can provide contact information and be entered into a raffle for a chance to win a $20.00 Starbucks gift card.

---

1 What is your age?

_____

---

2 On your original birth certificate, was your sex assigned as male or female?

○ Male (1)

○ Female (2)

---

3 Are you Latino or Hispanic?

○ Yes (1)

○ No (2)

---

4 Please tell me which one of the following you would use to describe yourself.

○ White (1)

○ Black or African American (2)

○ American Indian or Alaska Native (3)

○ Asian (4)

○ Native Hawaiian or Pacific Islander (5)

○ Other (6)

5 How long have you worked as a mental health practitioner in years?

_____

6 What type of employment setting do you work in?

○ Individual/Group practice (1)

○ School/University Counseling Center (2)

○ VA medical center (3)

○ Correctional facility (4)

○ Residential treatment (5)

○ Geriatric facility (6)

○ Hospital (7)

○ Other (8)

7 What is the number of patients you see in person per week?

○ 1-5 (1)

○ 5-10 (2)

○ 10-20 (3)

○ 20-30 (4)

○ 30-40 (5)

○ 40-50 (6)

○ 50 or more (7)

---

8 Have you used telemental health in your practice with your patients?

○ Yes (1)

○ No (2)

---

9 How long have you utilized telemental health?

○ Months (1) _____

○ Years (2) _____

---

10 What is the Number of Patients you have seen through telemental health per week?

○ 1-5 (1)

○ 5-10 (2)

○ 10-20 (3)

○ 20-30 (4)

○ 30-40 (5)

○ 40-50 (6)

○ 50 or more (7)

11 What type of degree have you obtained to conduct mental health services with your patients?

○ Marriage and Family Therapist (1)

○ Licensed Professional counselor (2)

○ Licensed school psychologist (3)

○ Advanced psychiatric nurse (4)

○ Licensed clinical social worker (5)

○ Masters in clinical/counseling psychologist (6)

○ Psychologist Ph.D (7)

○ Psychologist Psy.D (8)

○ Psychiatrist M.D. (9)

○ Creative Arts Therapists (10)

○ Other (11)

12 What would you say is your main theoretical orientation for your practice?

○ Cognitive-Behavioral Theory (1)

○ Psychodynamic/analytic Theory (2)

○ Humanistic Theory (3)

○ Systemic Theory (4)

○ Integrative Theory (5)

○ Other (6) _____

---

13 What would you say is your main treatment intervention you use for your practice?

○ Cognitive behavioral Therapy (1)

○ Motivational interviewing (2)

○ Strength Based Approach (3)

○ Psychodynamic therapy (4)

○ Trauma informed therapy (5)

○ Medication Evaluation and Management (6)

○ Dialectical Behavior Therapy (7)

○ Interpersonal Therapy (8)

○ Mindfulness Based Therapies (9)

○ Solution Focused Therapy (10)

○ Other (11) _____

---

14 How much do you agree with these statements about online therapy? Please mark after each statement.

	Strongly Disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)

I find online therapy works well for patients. (1)	○	○	○	○	○
The quality of online psychotherapy is the same as in-person therapy. (2)	○	○	○	○	○
Using online therapy saves me time and/or money. (3)	○	○	○	○	○
People who influence me think that I should use online therapy. (4)	○	○	○	○	○
I am concerned that it is hard to feel connected with my online patients (R). (5)	○	○	○	○	○
I find providing online therapy easy. (6)	○	○	○	○	○
I intend to use online therapy after the end of the pandemic. (7)	○	○	○	○	○
My professional organization supports online therapy (8)	○	○	○	○	○

I am concerned whether we can communicate emotions online (R). (9)	○	○	○	○	○
I plan to use online therapy after the end of the pandemic. (10)	○	○	○	○	○
I feel apprehensive about using online therapy (R). (11)	○	○	○	○	○
Using the technology needed for online therapy is clear and understandable. (12)	○	○	○	○	○
Working online is more convenient. (13)	○	○	○	○	○
It is easy to learn how to provide online therapy. (14)	○	○	○	○	○
I enjoy doing online therapy. (15)	○	○	○	○	○
People who are important to me think that I should do online therapy.	○	○	○	○	○

(16)					
Using online therapy is a good idea. (17)	○	○	○	○	○
I have the professional and technical knowledge necessary to do online therapy. (18)	○	○	○	○	○
Colleagues and leaders in the field are supporting online therapy. (19)	○	○	○	○	○
Online therapy is somewhat intimidating for me. (R) (20)	○	○	○	○	○
Online therapy is not compatible with the way I generally provide therapy. (R) (21)	○	○	○	○	○

Subscales:

Therapy Quality Expectation: 1, 2, 5R, 6, 9R, 11R 15, 17, 21R; Ease of use: 12, 14, 18, 20R; Pressure from others: 4, 16; Professional Support: 8, 19; Convenience: 3, 13; Behavior intention:7, 10

15 If you wish to enter into a raffle for a chance to win a $20.00 Starbucks giftcard, please provide your name and phone number below. If you wish not to provide your information and/or not enter into the raffle, you may leave these areas blank.

◯ Name (First and Last) (1)

_____

◯ Phone Number (2) _____

Questions 1-13 and 15 developed by Zayne BoudreauxRamirez

Békés, V., Aafjes-van Doorn, K., McCollum, J. J., Prout, T. R., & Hoffman, L.

    (2021). The development of a self-report scale to assess therapists'

    acceptance of online psychotherapy via video conferencing.

    https://doi.org/10.31234/osf.io/24w8h

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

We are asking you to take part in a research project that is led by a MSW student at California State University San Bernardino, Zayne BoudreauxuRamirez, and under the supervision by Dr. Yawen Li Professor of Social Work, California State University, San Bernardino. The study in which you are being asked to participate is designed to investigate mental health professional's telemental health usage. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to discover what affects a mental health professional's utilization of telemental health. The study will use a questionnaire survey to gather the data needed to test the variables under observation. We hope the results of this study can be utilized in future research on how to improve telemental health's usage.

DESCRIPTION: During the study, you will be asked multiple questions related to your demographics, knowledge about your mental health practice, and questions about you attitudes, perceptions, and thoughts about telemental health. The survey will consist of closed ended questions and will proceed from general to more specific questions. After all questions have been answered, a section to provide your name and contact information for a chance in the raffle shall be provided.

PARTICIPATION: To be in the study, you must be 18 years or older, have a degree that allows you to practice in the mental health field, and have used telemental health during the pandemic. All participants must reside within the state of California. Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions, do not have to provide any personal information if you do not want to and can freely withdraw from participation at any time.

CONFIDENTIALITY: Your individual privacy will be protected in all papers, books, talks, posts, or stories resulting from this study. We may share the data we collect with other researchers, but we will not reveal your identity with it by assigning each participant a number that will be used to identify them. In order to protect the confidentiality of your responses they will be collected by a trusted third party online questionnaire company Qualtrics. This data will then be

transferred and stored in a secure password protected Google drive. Your information will be kept confidential to the extent allowable by law. While members of the research team will know your personal information, we will not disclose it or make it possible for anyone outside of the research team to learn it. All data will be reported as group averages and group statistics—not as information for specific persons. Your personal information may be used by us to contact you later if you have won the raffle for participating in this study. All information will be destroyed after 3 years.

DURATION: The expected duration of your participation to complete the survey is 20 minutes or less. There is no time limit to finish the survey once started. Please take your time and answer the questions honestly and to the best of your ability.

RISKS: The risks that you run by taking part in this study are minimal, but possibly including the following:

1. Feeling uncomfortable with answering some questions. You are not required to answer and can skip the question or end your participation.

2. Every reasonable step will be taken to protect your personal information (i.e. name, phone number, email, etc.); however there is small chance that a data breech could occur and that your personal information will be exposed

BENEFITS: We expect the study to benefit you personally in that it can help with your knowledge about you attitudes and perceptions related to your practice and telemental health. This study will also benefit researchers by showing what affects a mental health practitioner's utilization of telemental health.

COMPENSATION: The compensation for partition shall be entering in a raffle to win one of three Star Bucks gift cards worth $20.00. The winners will be selected using a program to randomly select them from the pool of participants. They will be contacted by the name and contact information provided at the end of each survey. Only those who complete the survey will be entered into the raffle.

CONTACT: If you have any questions or would like additional information about this study,

please contact:

Dr. Yawen Li, Professor of Social Work, California State University, San Bernardino

Phone: (909) 537-5584

Email: yawen.li@csusb.edu

RESULTS: Results of this study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2022.

CONFIRMATION STATEMENT:

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

SIGNATURE:

Signature: _____   Date: _____

.

APPENDIX C

DEBRIEFING STATEMENT

Study of Utilization of Telemental Health by Mental Health Professionals during COVID-19

Debriefing Statement

This study you have just completed was designed to investigate what affects mental health professional's attitudes towards using telemental health. In this study three practice characteristics were studied: professional degree, theoretical framework, and treatment modality. These three characteristics can unconsciously influence the decisions of mental health professionals to utilize telemental health. The Unified Theory of Acceptance and Use of Technology questions were used to assess a therapist's attitudes towards using and the concerns about telemental health and to predict their intention of using it in the future. We are particularly interested in how professionals practice aspects can influence their attitudes towards the usage of telemental health.

Thank you for your participation. If you have any questions about the study, please feel free to contact Zayne BoudreauxRamirez or Professor Yawen Li at (909) 537-5584. If you would like to obtain a copy of the results of this study, please contact Professor Yawen Li at (909) 537-5584 at the end of Spring Quarter of 2022.

APPENDIX D

IRB APPROVAL EMAIL

Zayne Boudreaux Ramirez <005727874@coyote.csusb.edu>

IRB-FY2022-96 - Modification: IRB Approval Protocol Change/Modification Letter
1 message

do-not-reply@cayuse.com <do-not-reply@cayuse.com>   Mon, Feb 7, 2022 at 1:12 PM
To: yawen.li@csusb.edu, zayner@coyote.csusb.edu

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

February 7, 2022

CSUSB INSTITUTIONAL REVIEW BOARD
Protocol Change/Modification
IRB-FY2022-96
Status: Exempt

Yawen LiZayne Ramirez
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Yawen Li Zayne Ramirez:

The protocol change/modification to your application to use human subjects, titled "UTILIZATION OF TELEMENTAL HEALTH BY MENTAL HEALTH PROFESSIONALS DURING COVID-19" has been reviewed and approved by the Chair of the Institutional Review Board (IRB). A change in your informed consent requires resubmission of your protocol as amended. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study. A lapse in your approval may result in your not being able to use the data collected during the lapse in your approval.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following by submitting the appropriate form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing them in your study to ensure the degree of risk has not changed.
2. If any unanticipated adverse events are experienced by subjects during your research study or project.
3. If your study has not been completed submit a renewal to the IRB.
4. If you are no longer conducting the study or project submit a study closure.

You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, Research Compliance Officer. Mr. Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-96 in all correspondence.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D, IRB Chair
CSUSB Institutional Review Board

ND/MG

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