**Sierra Robinson post to week 4 Discussion 1**

The world of healthcare is changing as all things are changing. Healthcare has had to revolve around the world around it. Traditionally healthcare services have been services that you had to show up to the office for personal, or the doctors made house calls. The onset of COVID-19 has pushed many healthcare services to visits using technology. Technology has advanced to the point that there can be secure sites that healthcare providers use virtual and easily used.

Telehealth can decrease the client's cost of services and increase the coverage to different individuals and areas such as the low-income community without transportation, veterans, the elderly, and the individuals that are confined to home by the courts. Individuals that suffer from an anxiety disorder, PTSD, panic attacks, and eating disorders have been able to see healthcare providers using technology allowing for clinical effectiveness, cost efficiency, and clients and clinical providers for telepsychology have to be favored (Egede et al., 2009).  Telepsychology has made seeing clinical providers easier for individuals that do not wish to go into society.

With all good things, there come limitations. Telehealth, too, has the limitations such as the state that their license is in and the state that their client is, which is one of the biggest concerns with the current telehealth (Harris & Younggren, 2011). States have their regulations on who can practice within their state. Given that telehealth is done via transmission, it makes it harder to regulate the areas in which clinical providers can practice.

In week one, I focused my website on PTSD/Alzheimer's and their caregivers. I would say that the practice that I created is focused on the adult population. It may be easier to have a session via telehealth to help keep anxiety down, PTSD from symptoms, and Alzheimer's individuals will be in a familiar place. I think that evens for the caregivers can be virtual. If the world was not in a panic and there was a completely safe way, then I would offer the clients a telehealth visit over an office visit. I would not offer a text-based service as text can be saved, and it can then become no longer confidential. According to the American Psychological Association, the standards and guidelines, including the Ethics Code telepsychology, are infused through the application, and rationale subsections of each guideline of the multicultural training, research, practice, and organizational change of psychologist allowing: for professional theories, evidence-based practices, and definitions are all in effort to offer the best guidance while working with telepsychology (Guidelines for the practice of telepsychology, 2013). It will be the best solution to get some of the clients seen while others may opt to come into the clinic.

Sierra Robinson

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Guidelines for the practice of telepsychology. (2013). *American Psychologist*, *68*(9), 791–800. [https://doi-org.proxy-library.ashford.edu/10.1037/a0035001 (Links to an external site.)](https://doi-org.proxy-library.ashford.edu/10.1037/a0035001)

Harris, E., & Younggren, J. N. (2011). [Risk management in the digital world](https://ashford.instructure.com/courses/84559/external_tools/retrieve?display=borderless&url=https%3A%2F%2Flibrary.ashford.edu%2FAccount%2FLtiLogin.aspx%3Fcustom_redirectresource%3Dhttps%3A%2F%2Flibrary.ashford.edu%2Fezproxy.aspx%3Furl%3Dhttp%253A%2F%2Fsearch.ebscohost.com%2Flogin.aspx%3Fdirect%3Dtrue%252526AuthType%3Dip%2Ccpid%252526custid%3Ds8856897%252526db%3Dpdh%252526AN%3D2011-25153-001%252526site%3Dehost-live). *Professional Psychology: Research and Practice, 42*(6), 412-418. doi:10.1037/a0025139

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