

H.84 Testimony for House Health Care Testimony: January 14, 2026

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Good morning. My name is Karen Kurrle. I am the Chief Clinical and Program Officer at Washington County Mental Health, and I am also a licensed psychologist. I am here today in support of H.84. I will speak from a clinical perspective about why this bill is important and why the ability to record therapy sessions needs to extend to telehealth in the same way it already exists for in-person care.

There are three primary reasons why audio and video recording of therapy sessions is an essential clinical practice.

The first reason is related to graduate school requirements. Most, if not all, graduate programs for mental health clinicians require students to complete an internship. To become a mental health therapist or clinician, individuals must attend graduate school and complete a supervised internship. Agencies like ours serve as internship sites, and I serve as a site supervisor.

For in-person therapy sessions, it is standard practice to record sessions for training and supervision. It is imperative that supervisors have access to recordings to provide effective clinical supervision. When a trainee - or any clinician, myself included - describes a session to a supervisor, that description reflects the clinician's perspective of what they believe is important. That information is filtered through their own lens and is not always fully accurate. Having access to the actual session allows the supervisor to observe the work directly and provide the best possible feedback. This is essential to developing competent clinicians.

The second reason relates to evidence-based practices and clinical modalities, such as Parent-Child Interaction Therapy and Dialectical Behavior Therapy. These models require adherence to very specific frameworks. For fidelity purposes, in-person sessions are recorded so that a supervisor with expertise in the model can review the session and provide feedback to ensure the clinician is following the model correctly. Fidelity to these models is critical to achieving the best outcomes for clients.

The third reason is workforce development, which is closely connected to the first two. In Vermont, many individuals are experiencing mental health distress and rely on access to care. For mental health agencies, it is especially important that we continue to build and strengthen our clinical bench.

Building that clinical bench means supporting clinicians through graduate training, internships, and high-quality supervision so they can grow into skilled, effective providers. Audio and video recording therapy sessions is an important tool that allows agencies to support that development, help clinicians continue to build their skills, and ensure a strong, well-prepared workforce.

Recording sessions is also an important professional development tool for clinicians at all stages of their careers. While it can be intimidating and anxiety-producing, it is an incredibly valuable way for clinicians to continue to grow and improve their practice.

Telehealth has become a significant mode of service delivery since the pandemic. Clinicians across Vermont now rely on telehealth as one option for delivering care. Mental health services are client-centered, and care is provided in the setting that best meets a client's needs. Clients now have more options in how they receive services, including in-person and telehealth, and that flexibility has significant benefits for a variety of reasons. As telehealth has become an established option for delivering care, it is important that the same clinical training and supervision practices used for in-person sessions can also be applied when services are delivered through telehealth.

From a client perspective, informed consent is central to how recordings are used. Clinicians explain why recordings are used, how they will be used, and what happens to them. Agencies have policies and procedures requiring both verbal and written consent. Participation is entirely voluntary, and clients may opt out.

Clients are also informed about what happens after the recording is used. Recordings are destroyed after they have served their training or supervision purpose to protect protected health information. There is a clear beginning, middle, and end to the life of each recording. If a recording is ever used for purposes beyond supervision, such as training in an evidence-based practice, clients are informed in advance and provide both verbal and written consent.

Recording sessions ultimately benefit clients because it improves the quality of care they receive. Better-trained clinicians provide better care. Recording therapy sessions has long been an important tool for training, supervision, and fidelity when services are provided in person. H.84 would allow those same established practices to be used when therapy is delivered via telehealth and audio only.