

CPA Ethics Conference ~ September 20, 2013

Handouts from the Ethics Committee Panel Discussion

1. Link to Colorado Psychology Board Website & DORA screenshot of Laws, Rules & Policies. (1 page).
2. State Board of Psychologist Examiners Policy 30-2: "Guidance to Mental Health Professionals Regarding Dual and/or Multiple Relationships." (3 pages).
3. State Board of Psychologist Examiners Policy 30-1: "Teletherapy Policy – Guidance Regarding Psychotherapy Through Electronic Means Within The State Of Colorado." (2 pages).
4. APA Article: "What Students Need to Know About Telepsychology." (3 pages).
5. Rule 6 – Information Required to Be Reported to the Board (C.R.S. 12-43-224 (9)). (1 page).
6. Dr. Larry James' Article: "Change in Colorado Law Regarding the Reporting of Child Abuse in the Past." (2 pages).
7. APA Practice Central Article: "APA Adopts New Telepsychology Guidelines." (2 pages).
8. APA Guidelines for the Practice of Telepsychology (26 pages).

The link to the Colorado Psychology Board Website is:

<http://cdn.colorado.gov/cs/Satellite?c=Page&childpagename=DORA-Reg%2FDORALayout&cid=1251632299586&pagename=CBONWrapper>

Once there, go down on the left to click on "Laws, Rules and Policies" to see the Board statute, regulations and policies applicable to psychologists.

The screen you will find once clicking on the link looks like this:



Laws, Rules and Policies

Laws

Please note that these statutes are provided in this format for your convenience only. You may always find the most current version of the Colorado Revised Statutes online via the [Colorado Statute Manager](#).

- [Mental Health Practice Act](#)

Rules and Regulations

This online version of these regulations is the most current version available. However, this is not the official version. For official publication of these and all State of Colorado regulations, please consult the Code of Colorado Regulations or contact Weil Publishing at: Weil Publishing Co., Inc., 150 Capitol Street, Augusta, Maine 04330. You may also contact them by phone at 1-800-877-WEIL or visit their website at weilpublishing.com.

- [Psychologist Rules and Regulations](#), Effective February 1, 2012

Get emails when Notices of Rulemaking, Permanent Rules, or Emergency Rules have been published and view full text of Notices, Proposed Rules, Adopted Rules and Attorney General Opinions. [Sign up here](#).

Policies

- [State Board of Psychologist Examiners Policies](#)

2012 Legislation

[Legislation](#) passed during the Legislative Session impacts the Division of Professions and Occupations. Please review the program's Laws, Rules and Policies web page to learn of any changes due to legislation.

30-2 GUIDANCE TO MENTAL HEALTH PROFESSIONALS REGARDING DUAL AND / OR MULTIPLE RELATIONSHIPS.

Dual or multiple relationships occur when a professional assumes two or more roles at the same time or sequentially with a client or with someone who has a significant relationship with the client. C.R.S § 12-43-222(1)(i) prohibits mental health professionals from engaging in a dual relationship with a client when it is likely to impair such person's professional judgment or increase the risk of client exploitation. During the 2011 legislative session, a new statute was passed requiring the Boards to provide guidance to mental health professionals regarding this violation.

The applicable statutes are as follows:

C.R.S § 12-43-203 (12) states : "The Boards shall develop rules or policies to provide guidance to persons licensed, registered or certified pursuant to this article to assist in determining whether a relationship with a client or potential client is likely to impair his or her professional judgment or increase the risk of client exploitation in violation of section 12-43-222(1)(i)."

C.R.S § 12-43-222(1)(i) states: "A person licensed, registered, or certified under this article violated this article if the person: has maintained relationships with clients that are likely to impair such person's professional judgment or increase the risk of client exploitation, such as treating employees, supervisees, close colleagues, or relatives."

Dual relationships may occur when a licensed, registered or certified mental health professional is in a professional role with a client and:

- at the same time is in another role with the client, or
- at the same time is in a relationship with a person closely associated with or related to the client with whom the mental health professional has a professional relationship with, or
- promises to enter into another relationship in the future with the client or person associated with or related to the client.

Licensed, registered, or certified mental health professionals should refrain from entering into a dual / multiple relationship if the dual / multiple relationship could impair the mental health professional's objectivity, competence, or effectiveness in performing his or her functions as a mental health professional, otherwise increase the risk of exploitation, or harm to the client with whom the professional relationship exists.

Some examples of inappropriate dual relationships which may have a greater chance of impairing a mental health professional's judgment or increasing the risk of client exploitation include, but are not limited to:

- Providing treatment or therapy to an employee regardless if you directly or indirectly supervise the employee;
- Providing treatment to any person who provides services to you, your colleagues or close relatives (e.g., housekeeper, babysitter, dentist), or soliciting services from an existing client;
- Providing treatment to someone with whom you are engaged in a close friendship or intimate relationship, or providing treatment to anyone closely associated with or related to that person;
- Providing treatment to any person you supervise or teach, or by whom you are supervised or taught, regardless of whether you (or they) are being compensated for such supervision or teaching;
- Providing treatment to a person for whom you are also providing another service not associated with mental health treatment;
- Selling products (including books or videos) or providing other services related to or unrelated to mental health to a client;
- Providing couple's counseling and individual therapy to the same person(s) at the same time;
- In custody cases, providing treatment or therapy to a party and also providing opinion or expert witness testimony or a custody evaluation in violation of Chief Justice Directive (CJD) Standard 4;
- Providing individual therapy and then providing opinion testimony in court without first obtaining a voluntary release of information from the client you provided mental health services to;
- Providing individual therapy to a child and simultaneously providing individual therapy to the parents and /or providing supervision for parenting time without obtaining full informed consent by all parties and all necessary releases.

Any of the aforesaid examples also apply when a mental health professional engages in these roles with a person closely associated with the client during the same time they are treating the client (e.g., agreeing to supervise the spouse of a client).

These are examples to illustrate potential conflicts and provide guidance to help mental health professionals avoid violation of C.R.S § 12-43-222(1)(i). These examples are not inclusive of every prohibited scenario and may be amended from time to time by the board.

The Board will review each case on a case by case basis and determine whether there is a violation of C.R.S § 12-43-222(1)(i).

The Board strongly encourages all mental health professionals to assess the situation before engaging in dual roles with clients. Mental health professionals should refrain from taking on a professional role when personal, scientific, professional, legal, and financial or other interests or relationships could impair their objectivity, competence, or effectiveness in performing their functions as a mental health professional or expose the client or organization with whom the professional relationship exists to harm or exploitation.

State Board of Psychologist Examiners Policies

All mental health professionals should always have their client's best interests in mind at all times.

Following is a test recommended by the American Psychological Association. Prior to engaging in a potential dual relationship, these questions should be reviewed and considered by any mental health professional who is contemplating a dual relationship with a patient, client, employee, supervisee, research participant or student prior to doing so.¹ Document as appropriate the answers to these questions if you choose to proceed with the dual relationship:

- 1) Is there any possibility of loss of effectiveness of the professional? If yes, then do not proceed.
- 2) Is there any possibility of loss of objectivity of the professional? If yes, then do not proceed.
- 3) Is there any possibility of loss of competence of the professional? If yes, then do not proceed.
- 4) Is there any possibility of risk of exploitation of the client? If yes, then do not proceed.
- 5) Is there any possibility of risk of harm of the client? If yes, then do not proceed.

If the answer is "no" to all of the above questions then the mental health professional may decide to proceed with caution and should consult with an objective peer/colleague to determine the client's best interests and identify any ethical blind spots on the part of the professional.

However, the mental health professional remains responsible for any statutory or regulatory violation involving a dual relationship.

Adopted December 2, 2011

30-1 TELETHERAPY POLICY – GUIDANCE REGARDING PSYCHOTHERAPY THROUGH ELECTRONIC MEANS WITHIN THE STATE OF COLORADO

When listed, certified, registered, or licensed and treating clients within the State of Colorado, it is at the discretion of the mental health professional as to the type of modality of treatment format that is appropriate for the client. Regardless of the modality chosen, the mental health professional must comply with all provisions as outlined in the Mental Health Practice Act, Title 12 Article 43.

It is recommended that the initial therapeutic contact be in person and adequate to provide a conclusive diagnosis and therapeutic treatment plan prior to implementing any psychotherapy through electronic means. The mental health professional is expected to establish an ongoing therapeutic relationship including face-to-face visits on a periodic basis thereafter.

Once a mental health professional chooses to provide psychotherapy via electronic means, the mental health professional is expected to carefully identify and address issues that involve:

- 1) The agreed upon therapeutic means of communication between the client and the mental health professional. (i.e. when will face-to-face contact be appropriate, what method(s) of electronic communication will be utilized, what is the structure of the contractual relationship);
- 2) Implementing written consent form(s) and proper disclosure(s) including, but not limited to the client's knowledge regarding security issues, confidentiality, structure, etc.;
- 3) Ensuring that the therapeutic means of communication includes confidentiality and computer/cyber security;
- 4) Determining the basis and ability for the mental health professional to support the rationale for the decision to choose a particular therapeutic method;
- 5) Ensuring that the mental health professional is practicing within his/her scope of practice;
- 6) Ensuring that the therapeutic means of communication that is chosen does not cause any potential harm to the client.

The mental health professional may encounter specific challenges while providing psychotherapy through electronic means. The mental health professional must realize that these challenges may include, but are not limited to:

- 1) Verifying the identity of the client and determining if they are a minor;
- 2) Providing the client with procedures for alternative modes of communication when there is possible technology failure;
- 3) Assessing how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist;
- 4) Assessing how to address crisis intervention when necessary;

- 5) Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications;
- 6) Establishing a means to retain and preserve data;
- 7) Upon request, have the ability to capture and provide client treatment notes, summaries or other information that is received via the electronic technology;
- 8) Disclosing that health insurance coverage may not exist for psychotherapy service that is provided through technological means.

Disclaimer

This policy applies only to Mental Health professionals listed, certified, registered, or licensed, and treating clients within the State of Colorado.

Date Adopted by Program:

12/13/2012-State Board of Addiction Counselor Examiners

04/22/2011 – State Board of Registered Psychotherapists

03/18/2011 – State Board of Licensed Professional Counselor Examiners

02/25/11 -- State Board of Marriage & Family Therapist Examiners

04/08/2011 – State Board of Psychologist Examiners State Board of Psychologist Examiners Policies & Procedures
g the 2011 legislative session, a new statute was passed requiring the Boards to provide guidance



MATTERS TO A DEGREE

What students need to know about telepsychology

More psychologists are providing services via Skype, telephone and other technology.

By Alice G. Walton

Print version: page 32

If your idea of psychology practice is treating clients in an office, day in and day out, it may be time to expand that vision. Psychologists today aren't just seeing clients in face-to-face visits; they are counseling them via phone, text, email and video media, including Skype.

A significant number of psychologists are now providing this type of practice, known collectively as telehealth. According to a 2010 APA study of psychology health service providers (<http://www.apa.org/workforce/publications/08-hsp/telepsychology/report.pdf>) (PDF, 145KB), about 87 percent provided such services.

But as the practice grows locally and globally, so do questions about how it works for psychologists and their clients. "There are so many nuances when you start getting into these practices," says Ron Palomares, PhD, assistant executive director of governance operations in APA's Practice Directorate. Top among those nuances are privacy, confidentiality and the technological glitches that can arise with electronic gadgets.

That's why over the last year APA's Joint Telepsychology Task Force has proposed Guidelines for the Practice of Telepsychology, recommendations to help psychologists navigate some of the stickier issues that can come with a telepsych practice. These include what to do if the phone connection fails or how to respond to a faraway emergency.

"The joint task force's first goal was to lay out some answers to the bigger issues, and then fine-tune them in the years to come," says Palomares, who heads APA's staff support for the task force with representatives from the Association of State and Provincial Psychology Boards (ASPPB) and the American Psychological Association [Insurance \(#\)](#) Trust.

APA's Council of Representatives approved the guidelines in August, and they will be published in *American Psychologist* ([/pubs/journals/amp/index.aspx](#)) within the next year. In the meantime, here's an overview of what they recommend.

Ensure confidentiality, privacy and informed consent

The potential risks of treatment are more complicated with telepsychology than in a traditional practice. With in-person visits, providers can be more confident of a secure environment. "But when you move into [cell phones \(#\)](#), land lines, video conferencing and Internet, these media all allow for eavesdroppers," says Palomares.

One way to mitigate these risks is to have detailed discussions with your clients at the outset of teletherapy so that clients understand the potential risks to privacy. For example, if a client is having the telepsychology session from home, family members may be able to overhear the therapy, posing a confidentiality risk. Similar breaches can occur if a client is in a public place — at work, in a coffee shop or even a park. Make sure the client clearly understands these risks, then have him or her sign an informed consent form, says Palomares.

But informed consent isn't always enough, adds Deborah Baker, JD, director for legal and regulatory policy in APA's Practice Directorate. Skype and some other technologies do not seem to comply with the requirements under the [Health Insurance \(#\)](#) Portability and Accountability Act (HIPAA), which is overseen by the U.S. Department of Health and Human Services' Office for Civil Rights. And yet health-care providers are still responsible for protecting their patients' and clients' personal health information — and liable should a breach of confidentiality occur. "Anything that's electronically created through a telehealth encounter is subject to HIPAA," says Baker.

She recommends that psychologists who want to practice telepsychology think twice about using Skype or other free Web-based platforms. Instead, psychologists ought to consider investing in audio-video conferencing programs designed with [HIPAA compliance \(#\)](#) in mind, she says. Though APA doesn't endorse any one software vendor in particular, the American

Telemedicine Association website (<http://www.americantelemed.org>), which has a section featuring various companies that create the programs, might be a good place to start in researching secure videoconferencing options.

Know the licensing requirements

Practicing telepsychology across state lines comes with great potential — and great confusion. Laws vary from state to state, with some states having specific statutes or administrative rules relating to telepsychology and others having none. Some state psychology licensing boards, says Baker, have issued advisory opinions on providing psychological services remotely or practicing across state lines, evidencing how the boards might apply the licensing laws to telehealth in the event of a licensing complaint. And others haven't addressed the subject at all.

"Always check with your state's psychology licensing board," Baker says.

One of the sticky points is that in addition to being licensed in the state you're in, a number of states take the perspective that the provider ought to be licensed in the state where the client is. One psychologist, for example, licensed in Ohio, planned to spend six months of the year in Florida and wanted to continue treating his clients in Ohio remotely while in Florida. The Florida board opined that his providing psychological services via telehealth to his Ohio clients constituted the practice of psychology in Florida as well as Ohio. It required him to be licensed in Florida, too.

Some states allow for temporary practice for a fixed number of calendar days per year under a temporary or guest practice provision that might facilitate telehealth practice across state lines. Before you engage in telepractice, it is recommended that you contact your state psychology licensing board to understand what your state's policies are. If you anticipate telehealth practice across state lines, it is equally important to understand what the other state's policies are regarding telepractice and the practice of psychology generally.

In addition to the telepsychology guidelines, APA's Joint Telepsychology Task Force is hoping to create some consistency across states by drafting model language for how to best regulate telepsychology. The task force is also supporting the creation of the e.passport, a mechanism developed by ASPPB that would facilitate telepsychology across state lines while maintaining the protection of the public.

"The concept is that if you're licensed in one state and have an e.passport, you could then practice in any state that's also signed on to it," says Palomares.

Of course, states have to be signed on first — a process that may take years, or decades.

Get in touch with your inner techie

Technological glitches are common, and someone practicing telepsychology has to have a backup plan for all contingencies. For example, if you're in the middle of a video session, what do you do if your Internet service fails? How do you bill if your patient's cell phone dies? If you're using email for communication of personal information, is it encrypted?

Also, as noted above, confidentiality is critical. "One thing is that you really have to understand whether the technology you're using is secure," says Baker. "Our guidelines don't actually say, 'This technology is good, and this one's not good.'" The Department of Health and Human Services doesn't do this either, she says, so the burden is on the practitioner.

Palomares says telepsychology practitioners should know how to clear their computers' cookies, which save their browsing history and log-in information and could potentially compromise confidentiality. He also endorses carefully reading over the user agreement with any program or app that will be used in audio-video conference or to chat online. With Skype, for example, clicking "I accept," gives the company that owns Skype the right to all conversations. "The likelihood that Skype will broadcast your client's session is tiny, of course, but it's still a risk to confidentiality," he says. This is where technology and legal issues intersect — and because you the provider are ultimately responsible for all things related to confidentiality (regardless of what your client is comfortable with), as well as the security of your patient's health information, it's important to fully understand the technology you're using.

Create safety nets

Safety is also a concern when you're providing services remotely. For example, what if a client in another region says she's suicidal? What if another one faints or appears to have a heart attack while speaking with you via video? Who's responsible for helping them if they're on the other side of the state?

"If the client is in crisis, we have to ask ourselves, what's the ethical and legal way to respond?" says Cindy Juntunen, PhD, who's developing a telepsychology seminar at the University of North Dakota. "We need to make sure there's a safety mechanism in place. Even if you're 300 miles away, your obligation doesn't end."

Establishing relationships with first responders in the client's location is an important initial step when beginning a relationship with a potential client remotely. Having the contact information of your client's family and friends at your fingertips is also important, Juntunen says.

Another option is arranging for your clients to receive telepsychology services out of a health-care facility in their area, such as a local clinic, instead of from their homes. "That gives you the extra safety cushion of having medical professionals right there if anything happens," Juntunen says. "There's also the added bonus of better ensured privacy for the client."

It's also important to determine whether telepractice is suitable for certain clients, says Juntunen. Like the Joint Telepsychology Task Force guidelines, she recommends that psychologists meet clients face to face before beginning remote counseling to get an overall picture of their mental state. Then you can decide whether a client would be better served with in-person sessions or telepsychology.

Some psychological problems and mental health disorders may be treated exceptionally well with telepsychology. Agoraphobia and generalized anxiety ([/topics/anxiety/index.aspx](#)) disorder are good examples, says Palomares, since telepsychology puts a little extra distance between the provider and the patient.

He adds that even after you determine that telepsychology is appropriate and sessions are underway, you'll need to constantly evaluate and re-evaluate whether the client is still benefiting from that type of service. After a while, it may be time to switch to in-person meetings. But in either case, the important point is to be continuously reappraising the best choice for your client.

Alice G. Walton, PhD, is a writer in New York City.

Find this article at:

<http://www.apa.org/gradpsych/2013/09/telepsychology.aspx>

RULE 6 - INFORMATION REQUIRED TO BE REPORTED TO THE BOARD (C.R.S. § 12-43-224(9))

(a) General. Psychologists are required to report violations of C.R.S. § 12-43-222 and/or C.R.S. § 12-43-226 to the appropriate Board once they have direct knowledge that a Licensee as defined by C.R.S. § 12-43-201(6), certified addiction counselor, or registered psychotherapist has violated a provision of C.R.S. § 12-43-222 or C.R.S. § 12-43-226. Psychologists are not required to report when reporting would violate client/therapist confidentiality (refer to C.R.S. § 12-43-218).

(b) Terms.

(1) "Direct knowledge" includes, but is not limited to the following::

(A) Having seen, heard, or participated in the alleged violation;

(E) Having been informed by the client/victim and obtained informed consent to release information as to the event or the client's name;

(C) Having been informed of a violation by the violator;

(D) Having been informed by a guardian of a minor or adult and obtained informed consent from the guardian to release information; or

(E) Having been informed by a professional organization, agency, or any other entity, that an alleged violation occurred.

(2) "Has violated" means a reasonable belief that a Licensee, certified addiction counselor, or registered psychotherapist has engaged in a prohibited activity under section C.R.S. § 12-43-222 or the unauthorized practice as prohibited under C.R.S. § 12-43-226.

(c) Procedures.

(1) Once direct knowledge is established, the Psychologist must report the alleged violation as soon as possible or, absent unusual circumstances, no later than sixty (60) days.

(2) When direct knowledge of a violation of C.R.S. § 12-43-222 or C.R.S. § 12-43-226 is obtained from her/his client, the Psychologist shall:

(A) Inform the client a violation may have occurred;

(B) Encourage the client to report the violation; and

(C) Obtain the client's informed consent before reporting the alleged violation.

(3) The report shall be in writing and shall include the specifics of the violation, to the degree known, and any and all relevant information and supporting documentation.

(d) Nothing in this Rule relieves any mental health professional from adhering to any other mandatory reporting requirements mandated by statute.

**CHANGE IN COLORADO LAW REGARDING THE REPORTING
OF CHILD ABUSE IN THE PAST**

Laurence James, J.D., Psy.D.
303-757-0302
5/21/2011

In 2010, the Colorado Legislature passed Senate Bill 10-066, which amended the child abuse reporting statute. C.R.S. 19-3-304(1)(a). The amendment addresses the issue of the duty to report child abuse that is discovered after the victim is no longer a child. The original child abuse reporting statute was worded in such a way that there appeared to be no exception or limit for such a situation. Thus, if a fifty year old client told a mental health professional that he/she had been abused at age eleven, the statute appeared to require that a report be made. The mental health profession has long struggled with the implementation of this broad reporting requirement. The new amendment attempts to limit and clarify the duty to report in such situations by adding a section (1)(b), which states:

(b) The reporting requirement described in paragraph (a) of this subsection (1) shall not apply if the person who is otherwise required to report does not:

(i) learn of the suspected abuse or neglect until after the alleged victim of the suspected abuse or neglect is eighteen years of age or older; and

(ii) have reasonable cause to know or suspect that the perpetrator of the suspected abuse or neglect:

(a) has subjected any other child currently under eighteen years of age to abuse or neglect or to circumstances or conditions that would likely result in abuse or neglect; or

(b) is currently in a position of trust, as defined in section 18-3-401(3.5), C.R.S., with regard to any child currently under eighteen years of age.

Thus, under the new law a mental health professional, or any other person required to report by the statute, does not have a duty to report child abuse if the victim is eighteen or older at the time the professional learns of the abuse, unless one of two exceptions applies.

Under the first exception, there is a duty to report if the professional also has reasonable cause to know or suspect that the perpetrator has subjected any other child, who is currently under eighteen, to abuse or neglect or conditions that would likely result in abuse or neglect.

The second exception is more complicated. That is, if the alleged perpetrator is currently in a "position of trust" as to any child under eighteen, there is a duty to report the past child abuse. The statutory definition of "position of trust" referred to in the second exception is section 18-3-401(3.5) of the Colorado Criminal Code, which states:

(3.5) One in a "position of trust" includes, but is not limited to, any person who is

a parent or acting in the place of a parent and charged with any of a parent's rights, duties, or responsibilities concerning a child, including a guardian or someone otherwise responsible for the general supervision of a child's welfare, or a person who is charged with any duty or responsibility for the health, education, welfare, or supervision of a child, including foster care, child care, family care, or institutional care, either independently or through another, no matter how brief. . . .

The Colorado Supreme Court has discussed this statutory definition of a "position of trust":

These statutory categories are obviously broad enough to include doctors and other health care professionals, teachers and counselors, child care and foster care attendants, and those who assume responsibility for the temporary care of a child in the parent's absence, such as a babysitter.

People v. Madril, 746 P.2d 1329 (Colo. 1987). Thus, if an adult client states that he was abused as a child by his father, and his 12 year old brother still lives with the father, there is a duty to report. If an adult client states that she was abused by her grandfather when she was a child, and her fifteen year old cousin often stays overnight with the grandfather, it appears there is a duty to report. If the alleged perpetrator is a school teacher still teaching, or a health care professional still practicing, there is a duty to report. An important issue to keep in mind is that the statute does not require the professional to perform an investigation. So if an adult client states that the abuse occurred fifteen years ago and he/she has not had any contact with the perpetrator since that time and has no information as to his current status, the professional probably does not have reasonable cause to know or suspect that the perpetrator is currently in a position of trust.

If there is no such current information regarding the perpetrator, but because of the time frame and the seriousness of the abuse, the professional can always attempt to get the client to sign a release or to make the report. For example, if a nineteen year old client tells her therapist she was sexually assaulted by a neighbor three years ago, but has no idea as to his current position of trust related status, the therapist should probably attempt to obtain a release or encourage the client to make a report. However, if the client refuses, the therapist can no longer make the report unless one of the two exceptions applies.

It should be noted that there is a final phrase in the above Criminal Code statutory definition of "position of trust" which states, ". . . at the time of an unlawful act." As such, it could be argued that the "position of trust" exception only applies if the perpetrator is currently in a supervisory position with a child at the time of an unlawful act. However, given the context and intent of the Criminal Code definition and the context and intent of the reporting amendment, that does not appear to be a reasonable interpretation. I have spoken with several persons involved in the process of implementing Senate Bill 10-066, and they were clear that such an interpretation was not consistent with the wording or intent of the second exception.

APA adopts new telepsychology guidelines

The full guidelines are available in the APA Guidelines for Practitioners section of the Practice Central website.

By Legal & Regulatory Affairs staff

At its July 31, 2013, meeting during the American Psychological Association's (APA) Annual Convention, the APA Council of Representatives approved the Guidelines for the Practice of Telepsychology. The guidelines were developed by the Joint Task Force on the Development of Telepsychology Guidelines for Psychologists comprised of representatives from APA, the Association of State and Provincial Psychology Boards (ASPPB) and the APA Insurance Trust (APAIT).

Underscoring the importance of the topic and this work, this is the first time APA has jointly developed professional practice guidelines with other organizations.

The guidelines are intended to both educate and inform psychologists in their practice in applying current standards of professional practice when using telecommunication technologies in providing psychological services. The new guidelines are not intended to change or define the scope of practice of psychologists. Rather, they are intended to provide guidance on issues to consider prior to engaging in telepsychology.

The task force focused on identifying aspects of the use of telecommunication technologies that differ from the in-person provision of services. Two components taken into consideration throughout the guidelines are:

1. *the psychologist's knowledge of and competence in the use of the telecommunication technologies being utilized, and*
2. *the need to ensure the client/patient has a full understanding of the increased risks to loss of security and confidentiality when using telecommunication technologies.*

The guidelines address eight key issues related to the provision of telepsychology services: competence of the psychologist; standards of care in the delivery of telepsychology services; informed consent; confidentiality of data and information; security and transmission of data and information; disposal of data and information and technologies; testing and assessment; and interjurisdictional practice.

History of the Joint Task Force Process

The joint task force comprises 10 members representing the APA (four members), the ASPPB (four members) and the APAIT (two members).

The joint task force established four guideline writing teams to draft guidelines which were reviewed by the entire task force during the spring of 2012. Finalized draft guidelines were disseminated widely during a public comment period in the summer of 2012. The guidelines were submitted to APA's Board of Professional Affairs in early 2013 and were then forwarded to the Board of Directors for approval in June.

APA guidelines typically take three to five years to establish, but the Telepsychology Task Force completed the Guidelines for the Practice of Telepsychology in two years, with adoption by the APA Council of Representatives coming on July 31, 2013, during the 2013 APA Annual Convention in Honolulu.

For more information about the Guidelines for the Practice of Telepsychology, contact the APA Office of Legal & Regulatory Affairs by email or by phone at (202) 336-5886.

These guidelines are pending publication in the *American Psychologist*, but are available on the APA Practice Organization's Practice Central (PDF, 113KB) website.

Related Reading

- [Research roundup: Telepsychology](#)
- [Call for comments on Guidelines for the Practice of Telepsychology](#)
- [New telepsychology resources available for psychologists and consumers with disabilities](#)



GUIDELINES FOR THE PRACTICE OF TELEPSYCHOLOGY

Introduction

These guidelines are designed to address the developing area of psychological service provision commonly known as telepsychology. Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies as expounded in the “Definition of Telepsychology.” The expanding role of technology in the provision of psychological services and the continuous development of new technologies that may be useful in the practice of psychology present unique opportunities, considerations and challenges to practice. With the advancement of technology and the increased number of psychologists using technology in their practices, these guidelines have been prepared to educate and guide them.

These guidelines are informed by relevant American Psychological Association (APA) standards and guidelines, including the following: *Ethical Principles of Psychologists and Code of Conduct* (“APA Ethics Code”) (APA, 2002a, 2010), and the Record Keeping Guidelines (APA, 2007). In addition, the assumptions and principles that guide the APA’s “Guidelines on Multicultural Training, Research, Practice, and Organizational Change for Psychologists” (APA, 2003) are infused throughout the rationale and application describing each of the guidelines. Therefore, these guidelines are informed by professional theories, evidence-based practices and definitions in an effort to offer the best guidance in the practice of telepsychology.

The use of the term *guidelines* within this document refers to statements that suggest or recommend specific professional behaviors, endeavors or conduct for psychologists. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help ensure a high level of professional practice by psychologists. “Guidelines are created to educate and to inform the practice of psychologists. They are also intended to stimulate debate and research. Guidelines are not to be promulgated as a means of establishing the identity of a particular group or specialty



area of psychology; likewise, they are not to be created with the purpose of excluding any psychologist from practicing in a particular area” (APA, 2002b, p. 1048). “Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional or clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists” (APA, 2002b, p. 1050). These guidelines are meant to assist psychologists as they apply current standards of professional practice when utilizing telecommunication technologies as a means of delivering their professional services. They are not intended to change any scope of practice or define the practice of any group of psychologists.

The practice of telepsychology involves consideration of legal requirements, ethical standards, telecommunication technologies, intra- and interagency policies, and other external constraints, as well as the demands of the particular professional context. In some situations, one set of considerations may suggest a different course of action than another, and it is the responsibility of the psychologist to balance them appropriately. These guidelines aim to assist psychologists in making such decisions. In addition, it will be important for psychologists to be cognizant and compliant with laws and regulations that govern independent practice within jurisdictions and across jurisdictional and international borders. This is particularly true when providing telepsychology services. Where a psychologist is providing services from one jurisdiction to a client/patient located in another jurisdiction, the law and regulations may differ between the two jurisdictions. Also, it is the responsibility of the psychologists who practice telepsychology to maintain and enhance their level of understanding of the concepts related to the delivery of services via telecommunication technologies. Nothing in these guidelines is intended to contravene any limitations set on psychologists’ activities based on ethical standards, federal or jurisdictional statutes or regulations, or for those psychologists who work in agencies and public settings. As in all other circumstances, psychologists must be aware of the standards of practice for the jurisdiction or setting in which they function and are expected to comply with those standards. Recommendations related to the guidelines are consistent with broad ethical principles (APA Ethics Code, 2002a, 2010) and it continues to be the responsibility of the psychologist to apply all current legal and ethical standards of practice when providing telepsychology services.



It should be noted that APA policy generally requires substantial review of the relevant empirical literature as a basis for establishing the need for guidelines and for providing justification for the guidelines' statements themselves (APA, 2005). The literature supporting the work of the Task Force on Telepsychology and guidelines statements themselves reflect seminal, relevant and recent publications. The supporting references in the literature review emphasize studies from approximately the past 15 years plus classic studies that provide empirical support and relevant examples for the guidelines. The literature review, however, is not intended to be exhaustive or serve as a comprehensive systematic review of the literature that is customary when developing professional practice guidelines for psychologists.

Definition of Telepsychology:

Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing, or include images, sounds or other data. These communications may be synchronous with multiple parties communicating in real time (e.g. interactive videoconferencing, telephone) or asynchronous (e.g. email, online bulletin boards, storing and forwarding information). Technologies may augment traditional in-person services (e.g., psychoeducational materials online after an in-person therapy session), or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service while email and text is used for non-direct services (e.g. scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

Operational Definitions:



The Task Force on Telepsychology has agreed upon the following operational definitions for terms used in this document. In addition, these and other terms used throughout the document have a basis in definitions developed by the following U.S. agencies: Committee on National Security Systems, Department of Health and Human Services, National Institute of Standards and Technology. Lastly, the terminology and definitions that describe technologies and their uses are constantly evolving, and therefore, psychologists are encouraged to consult glossaries and publications prepared by agencies, such as, the Committee on National Security Systems and the National Institute of Standards and Technology which represent definitive sources responsible for developing terminology and definitions related to technology and its uses.

The term “**client/patient**” refers to the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services. The term “**in-person**,” which is used in combination with the provision of services, refers to interactions in which the psychologist and the client/patient are in the same physical space and does not include interactions that may occur through the use of technologies. The term “**remote**” which is also used in combination with the provision of services utilizing telecommunication technologies, refers to the provision of a service that is received at a different site from where the psychologist is physically located. The term “remote” includes no consideration related to distance, and may refer to a site in a location that is in the office next door to the psychologist or thousands of miles from the psychologist. The terms “**jurisdictions**” or “**jurisdictional**” are used when referring to the governing bodies at states, territories, and provincial governments.

Finally, there are terms within the document related to confidentiality and security.

“**Confidentiality**” means the principle that data or information is not made available or disclosed to unauthorized persons or processes. The terms “**security**” or “**security measures**” are terms that encompass all of the administrative, physical, and technical safeguards in an information system. The term “**information system**” is an interconnected set of information resources within a system and includes hardware, software, information, data, applications, communications, and people.



Need for the Guidelines:

The expanding role of telecommunication technologies in the provision of services and the continuous development of new technologies that may be useful in the practice of psychology support the need for the development of guidelines for practice in this area. Technology offers the opportunity to increase client/patient access to psychological services. Service recipients limited by geographic location, medical condition, psychiatric diagnosis, financial constraint or other barriers may gain access to high quality psychological services through the use of technology. Technology also facilitates the delivery of psychological services by new methods (e.g., online psychoeducation, therapy delivered over interactive videoconferencing), and augments traditional in-person psychological services. The increased use of technology for the delivery of some types of services by psychologists who are health service providers is suggested by recent survey data collected by the APA Center for Workforce Studies (APA Center for Workforce Studies, 2008), and in the increasing discussion of telepsychology in the professional literature (Baker & Bufka, 2011). Together with the increasing use and payment for the provision of telehealth services by Medicare and private industry, the development of national guidelines for the practice of telepsychology is timely and needed. Furthermore, state and international psychological associations have developed or are beginning to develop guidelines for the provision of psychological services (Ohio Psychological Association, 2010; Canadian Psychological Association, 2006; New Zealand Psychological Association, 2011).

Development of the Guidelines:

The guidelines were developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (Telepsychology Task Force) established by the following three entities: The American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB) and the APA Insurance Trust (APAIT). These entities provided input, expertise and guidance to the Task Force on many aspects of the profession, including those related to its ethical, regulatory and legal principles and practices. The Telepsychology Task Force members represented a diverse range of interests and expertise that are characteristic of the profession of psychology, including knowledge of the issues relevant to the use of



technology, ethical considerations, licensure and mobility, and scope of practice, to name only a few¹.

The Telepsychology Task Force recognized that telecommunications technologies provide both opportunities and challenges for psychologists. Telepsychology not only enhances a psychologist's ability to provide services to clients/patients, but also greatly expands access to psychological services that, without telecommunication technologies, would not be available. Throughout the development of these guidelines, the Telepsychology Task Force devoted numerous hours reflecting on and discussing the need for guidance to psychologists in this area of practice, the myriad, complex issues related to the practice of telepsychology and the experiences that they and other practitioners address each day in the use of technology. There was a concerted focus to identify the unique aspects that telecommunication technologies bring to the provision of psychological services, distinct from those present during in-person provision of services. Two important components were identified:

- 1) the psychologist's knowledge of and competence in the use of the telecommunication technologies being utilized; and,
- 2) the need to ensure the client/patient has a full understanding of the increased risks to loss of security and confidentiality when using telecommunication technologies.

Therefore, two of the most salient issues that the Telepsychology Task Force members focus on throughout the document are the psychologist's own knowledge of and competence in the provision of telepsychology and the need to ensure that the client/patient has a full understanding of the potentially increased risks to loss of security and confidentiality when using technologies.

¹ The Telepsychology Task Force was comprised of psychologists with four members each representing the American Psychological Association (APA) and the Association of State and Provincial Psychology Boards (ASPPB), and two members representing the American Psychological Association Insurance Trust (APAIT). The Co-Chairs of the Telepsychology Task Force were Linda Campbell, PhD and Fred Millán, PhD. Additional members of the Task Force included the following psychologists: Margo Adams Larsen, PhD; Sara Smucker Barnwell, PhD; Colonel Bruce E. Crow, PsyD; Terry S. Gock, PhD; Eric A. Harris, EdD, JD; Jana N. Martin, PhD; Thomas W. Miller, PhD; Joseph S. Rallo, PhD. APA staff (Ronald S. Palomares, PhD; Joan Freund and Jessica Davis) and ASPPB staff (Stephen DeMers, EdD; Alex M. Siegel, PhD, JD; and Janet Pippin Orwig) provided direct support to the Telepsychology Task Force. Funding was provided by each of the respective entities to support in-person meetings and conference calls of Task Force members in 2011 and 2012. This draft is scheduled to expire as APA policy, no later than 10 years after the initial date of recognition by the APA. After the date of expiration, users are encouraged to contact the APA Practice Directorate to confirm that this document remains in effect.



An additional key issue discussed by the task force members was interjurisdictional practice. The guidelines encourage psychologists to be familiar with and comply with all relevant laws and regulations when providing psychological services across jurisdictional and international borders. The guidelines do not promote a specific mechanism to guide the development and regulation of interjurisdictional practice. However, the Telepsychology Task Force notes that while the profession of psychology does not currently have a mechanism to regulate the delivery of psychological services across jurisdictional and international borders, it is anticipated that the profession will develop a mechanism to allow interjurisdictional practice given the rapidity by which technology is evolving and the increasing use of telepsychology by psychologists working in U.S. federal environments, such as, the U.S. Department of Defense and Department of Veterans Affairs.

Competence of the Psychologist

Guideline 1: Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees or other professionals.

Rationale:

Psychologists have a primary ethical obligation to provide professional services only within the boundaries of their competence based on their education, training, supervised experience, consultation, study or professional experience. As with all new and emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists utilizing telepsychology aspire to apply the same standards in developing their competence in this area. Psychologists who use telepsychology in their practices assume the responsibility for assessing and continuously evaluating their competencies, training, consultation, experience and risk management practices required for competent practice.

Application:



Psychologists assume responsibility to continually assess both their professional and technical competence when providing telepsychology services. Psychologists who utilize or intend to utilize telecommunication technologies when delivering services to clients/patients strive to obtain relevant professional training to develop their requisite knowledge and skills. Acquiring competence may require pursuing additional educational experiences and training, including but not limited to, a review of the relevant literature, attendance at existing training programs (e.g., professional and technical) and continuing education specific to the delivery of services utilizing telecommunication technologies. Psychologists are encouraged to seek appropriate skilled consultation from colleagues and other resources.

Psychologists are encouraged to examine the available evidence to determine whether specific telecommunication technologies are suitable for a client/patient, based on the current literature available, current outcomes research, best practice guidance and client/patient preference. Research may not be available in the use of some specific technologies and clients/patients should be made aware of those telecommunication technologies that have no evidence of effectiveness. However this, in and of itself, may not be grounds to deny providing the service to the client/patient. Lack of current available evidence in a new area of practice does not necessarily indicate that a service is ineffective. Additionally, psychologists are encouraged to document their consideration and choices regarding the use of telecommunication technologies used in service delivery.

Psychologists understand the need to consider their competence in utilizing telepsychology as well as their client's/patient's ability to engage in and fully understand the risks and benefits of the proposed intervention utilizing specific technologies. Psychologists make reasonable effort to understand the manner in which cultural, linguistic, socioeconomic and other individual characteristics (e.g., medical status, psychiatric stability, physical/cognitive disability, personal preferences), in addition to, organizational cultures may impact effective use of telecommunication technologies in service delivery.

Psychologists who are trained to handle emergency situations in providing traditional in-person clinical services, and are generally familiar with the resources available in their local community

to assist clients/patients with crisis intervention. At the onset of the delivery of telepsychology services, psychologists make reasonable effort to identify and learn how to access relevant and appropriate emergency resources in the client's/patient's local area, such as emergency response contacts (e.g., emergency telephone numbers, hospital admissions, local referral resources, clinical champion at a partner clinic where services are delivered, a support person in the client's/patient's life when available). Psychologists prepare a plan to address any lack of appropriate resources, particularly those necessary in an emergency, and other relevant factors which may impact the efficacy and safety of said service. Psychologists make reasonable effort to discuss with and provide all clients/patients with clear written instructions as to what to do in an emergency (e.g., where there is a suicide risk). As part of emergency planning, psychologists are encouraged to acquire knowledge of the laws and rules of the jurisdiction in which the client/patient resides and the differences from those in the psychologist's jurisdiction, as well as document all their emergency planning efforts.

In addition, as applicable psychologists are mindful of the array of potential discharge plans for clients/patients when telepsychology services are no longer necessary and/or desirable. If a client/patient recurrently experiences crises/emergencies suggestive that in-person services may be appropriate, psychologists take reasonable steps to refer a client/patient to a local mental health resource or begin providing in-person services.

Psychologists using telepsychology to provide supervision or consultation remotely to individuals or organizations are encouraged to consult others who are knowledgeable about the unique issues telecommunication technologies pose for supervision or consultation.

Psychologists providing telepsychology services strive to be familiar with professional literature regarding the delivery of services via telecommunication technologies, as well as competent with the use of the technological modality itself. In providing supervision and/or consultation via telepsychology, psychologists make reasonable efforts to be proficient in the professional services being offered, the telecommunication modality via which the services are being offered by the supervisee/consultee, and the technology medium being used to provide the supervision or consultation. In addition, since the development of basic professional competencies for supervisees is often conducted in-person, psychologists who use telepsychology for supervision

are encouraged to consider and ensure that a sufficient amount of in-person supervision time is included so that the supervisees can attain the required competencies or supervised experiences.

Standards of Care in the Delivery of Telepsychology Services

Guideline 2: Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and throughout the duration of the telepsychology services they provide.

Rationale:

Psychologists delivering telepsychology services apply the same ethical and professional standards of care and professional practice that are required when providing in-person psychological services. The use of telecommunication technologies in the delivery of psychological services is a relatively new and rapidly evolving area, and therefore psychologists are encouraged to take particular care to evaluate and assess the appropriateness of utilizing these technologies prior to engaging in, and throughout the duration of, telepsychology practice to determine if the modality of service is appropriate, efficacious and safe.

Telepsychology encompasses a breadth of different psychological services using a variety of technologies (e.g., interactive videoconferencing, telephone, text, email, web services, and mobile applications). The burgeoning research in telepsychology suggests the effectiveness of certain types of interactive telepsychological interventions to their in-person counterparts (specific therapies delivered over videoteleconferencing and telephone). Therefore, before psychologists engage in providing telepsychology services, they are urged to conduct an initial assessment to determine the appropriateness of the telepsychology service to be provided for the client/patient. Such an assessment may include the examination of the potential risks and benefits to provide telepsychology services for the client's/patient's particular needs, the multicultural and ethical issues that may arise, and a review of the most appropriate medium (e.g., video teleconference, text, email, etc.) or best options available for the service delivery. It may also include considering whether comparable in-person services are available, and why services



delivered via telepsychology are equivalent or preferable to such services. In addition, it is incumbent on the psychologist to engage in a continual assessment of the appropriateness of providing telepsychology services throughout the duration of the service delivery.

Application:

When providing telepsychology services, considering client/patient preferences for such services is important. However, it may not be solely determinative in the assessment of their appropriateness. Psychologists are encouraged to carefully examine the unique benefits of delivering telepsychology services (e.g., access to care, access to consulting services, client convenience, accommodating client special needs, etc.) relative to the unique risks (e.g., information security, emergency management, etc.) when determining whether or not to offer telepsychology services. Moreover, psychologists are aware of such other factors as geographic location, organizational culture, technological competence (both psychologist and client/patient), and, as appropriate, medical conditions, mental status and stability, psychiatric diagnosis, current or historic use of substances, treatment history, and therapeutic needs that may be relevant to assessing the appropriateness of the telepsychology services being offered. Furthermore, psychologists are encouraged to communicate any risks and benefits of the telepsychology services to be offered to the client/patient and document such communication. In addition, psychologists may consider some initial in-person contact with the client/patient to facilitate an active discussion on these issues and/or conduct the initial assessment.

As in the provision of traditional services, psychologists endeavor to follow the best practice of service delivery described in the empirical literature and professional standards (including multicultural considerations) that are relevant to the telepsychological service modality being offered. In addition, they consider the client's/patient's familiarity with and competency for using the specific technologies involved in providing the particular telepsychology service. Moreover, psychologists are encouraged to reflect on multicultural considerations and how best to manage any emergency that may arise during the provision of telepsychology services.

Psychologists are encouraged to assess carefully the remote environment in which services will be provided, to determine what impact, if any, there might be to the efficacy, privacy and/or



safety of the proposed intervention offered via telepsychology. Such an assessment of the remote environment may include a discussion of the client's/patient's situation within the home or within an organizational context, the availability of emergency or technical personnel or supports, risk of distractions, potential for privacy breaches or any other impediments that may impact the effective delivery of telepsychology services. Along this line, psychologists are encouraged to discuss fully with the clients/patients their role in ensuring that sessions are not interrupted and that the setting is comfortable and conducive to making progress to maximize the impact of the service provided since the psychologist will not be able to control those factors remotely.

Psychologists are urged to monitor and assess regularly the progress of their client/patient when offering telepsychology services in order to determine if the provision of telepsychology services is still appropriate and beneficial to the client/patient. If there is a significant change in the client/patient or in the therapeutic interaction to cause concern, psychologists make reasonable effort to take appropriate steps to adjust and reassess the appropriateness of the services delivered via telepsychology. Where it is believed that continuing to provide remote services is no longer beneficial or presents a risk to a client's/patient's emotional or physical well-being, psychologists are encouraged to thoroughly discuss these concerns with the client/patient, appropriately terminate their remote services with adequate notice and refer or offer any needed alternative services to the client/patient.

Informed Consent

Guideline 3: Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements that govern informed consent in this area.

Rationale:

The process of explaining and obtaining informed consent, by whatever means obtained, sets the stage for the relationship between the psychologist and the client/patient. Psychologists make reasonable effort to offer a complete and clear description of the telepsychology services they provide, and seek to obtain and document informed consent when providing professional services (APA Ethics Code, Standard 3.10). In addition, they attempt to develop and share the policies and procedures that will explain to their clients/patients how they will interact with them using the specific telecommunication technologies involved. It may be more difficult to obtain and document informed consent in situations where psychologists provide telepsychology services to their clients/patients who are not in the same physical location, or with whom they do not have in-person interactions. . Moreover, there may be differences with respect to informed consent between the laws and regulations in the jurisdictions where a psychologist who is providing telepsychology services is located and the jurisdiction in which this psychologist's client/patient resides. Furthermore, psychologists may need to be aware of the manner in which cultural, linguistic, socioeconomic characteristics, and organizational considerations may impact a client's/patient's understanding of, and the special considerations required for, obtaining informed consent (such as when securing informed consent remotely from a parent/guardian when providing telepsychology services to a minor).

Telepsychology services may require different considerations for and safeguards against potential risks to, confidentiality, information security, and comparability of traditional in-person services. Psychologists are thus encouraged to consider appropriate policies and procedures to address the potential threats to the security of client/patient data and information when using specific telecommunication technologies and appropriately inform their clients/patients about them. For example, psychologists who provide telepsychology services consider addressing with their clients/patients what client/patient data and information will be stored, how the data and information will be stored, how it will be accessed, how secure is the information communicated using a given technology, and any technology-related vulnerability to confidentiality and security by creating and storing electronic client/patient data and information.

Application:

Prior to providing telepsychology services, psychologists are aware of the importance of obtaining and documenting written informed consent from their clients/patients that specifically addresses the unique concerns relevant to those services that will be offered. When developing such informed consent, psychologists make reasonable effort to use language that is reasonably understandable to their clients/patients, in addition to, evaluating the need to address cultural, linguistic, organizational considerations, and other issues that may impact on a client's/patient's understanding of the informed consent agreement. When considering for inclusion in informed consent those unique concerns that may be involved in providing telepsychology services, psychologists may include the manner in which they and their clients/patients will use the particular telecommunication technologies, the boundaries they will establish and observe, and the procedures for responding to electronic communications from clients/patients. Moreover, psychologists are cognizant of pertinent laws and regulations with respect to informed consent in both the jurisdiction where they offer their services and where their clients/patients reside (see Guideline on Interjurisdictional Practice for more detail).

Besides those unique concerns described above, psychologists are encouraged to discuss with their clients/patients those issues surrounding confidentiality and the security conditions when particular modes of telecommunication technologies are utilized. Along this line, psychologists are cognizant of some of the inherent risks a given telecommunication technology may pose in both the equipment (hardware, software, other equipment components) and the processes used for providing telepsychology services, and strive to provide their clients/patients with adequate information to give informed consent for proceeding with receiving the professional services offered via telepsychology. Some of these risks may include those associated with technological problems, and those service limitations that may arise because the continuity, availability and appropriateness of specific telepsychology services (e.g. testing, assessment and therapy) may be hindered as a result of those services being offered remotely. In addition, psychologists may consider developing agreements with their clients/patients to assume some role in protecting the data and information they receive from them (e.g. by not forwarding emails from the psychologist to others).

Another unique aspect of providing telepsychology services is that of billing documentation. As part of informed consent, psychologists are mindful of the need to discuss with their clients/patients what the billing documentation will include prior to the onset of service provision. Billing documentation may reflect the type of telecommunication technology used, the type of telepsychology services provided, and the fee structure for each relevant telepsychology service (e.g., video chat, texting fees, telephone services, chat room group fees, emergency scheduling, etc.). It may also include discussion about the charges incurred for any service interruptions or failures encountered, responsibility for overage charges on data plans, fee reductions for technology failures, and any other costs associated with the telepsychology services that will be provided.

Confidentiality of Data and Information

Guideline 4: Psychologists who provide telepsychology services make reasonable effort to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks to loss of confidentiality inherent in the use of the telecommunication technologies, if any.

Rationale:

The use of telecommunications technologies and the rapid advances in technology present unique challenges for psychologists in protecting the confidentiality of clients/patients. Psychologists who provide telepsychology learn about the potential risks to confidentiality before utilizing such technologies. When necessary, psychologists obtain the appropriate consultation with technology experts to augment their knowledge of telecommunication technologies in order to apply security measures in their practices that will protect and maintain the confidentiality of data and information related to their clients/patients.

Some of the potential risks to confidentiality include considerations related to uses of search engines and participation in social networking sites. Other challenges in this area may include protecting confidential data and information from inappropriate and/or inadvertent breaches to established security methods the psychologist has in place, as well as boundary issues that may

arise as a result of a psychologist's use of search engines and participation on social networking sites. In addition, any Internet participation by psychologists has the potential of being discovered by their clients/patients and others and thereby potentially compromising a professional relationship.

Application:

Psychologists both understand and inform their clients/patients of the limits to confidentiality and risks to the possible access or disclosure of confidential data and information that may occur during service delivery, including the risks of access to electronic communications (e.g. telephone, email) between the psychologist and client/patient. Also, psychologists are cognizant of the ethical and practical implications of proactively researching online personal information about their clients/patients. They carefully consider the advisability of discussing such research activities with their clients/patients and how information gained from such searches would be utilized and recorded as documenting this information may introduce risks to the boundaries of appropriate conduct for a psychologist. In addition, psychologists are encouraged to weigh the risks and benefits of dual relationships that may develop with their clients/patients, due to the use of telecommunication technologies, before engaging in such relationships (APAPO, 2012).

Psychologists who use social networking sites for both professional and personal purposes are encouraged to review and educate themselves about the potential risks to privacy and confidentiality and consider utilizing all available privacy settings to reduce these risks. They are also mindful of the possibility that any electronic communication can have a high risk of public discovery. They therefore mitigate such risks by following the appropriate laws, regulations and the APA Ethics Code (APA, 2010) to avoid disclosing confidential data or information related to clients/patients.

Security and Transmission of Data and Information



Guideline 5: Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure.

Rationale:

The use of telecommunication technologies in the provision of psychological services presents unique potential threats to the security and transmission of client/patient data and information. These potential threats to the integrity of data and information may include computer viruses, hackers, theft of technology devices, damage to hard drives or portable drives, failure of security systems, flawed software, and ease of accessibility to unsecured electronic files, and malfunctioning or outdated technology. Other threats may include policies and practices of technology companies and vendors such as tailored marketing derived from email communications. Psychologists are encouraged to be mindful of these potential threats, and take reasonable steps to ensure that security measures are in place for protecting and controlling access to client/patient data within an information system. In addition, they are cognizant of relevant jurisdictional and federal laws and regulations that govern electronic storage and transmission of client/patient data and information, and develop appropriate policies and procedures to comply with such directives. When developing policies and procedures to ensure the security of client/patient data and information, psychologists may include considering the unique concerns and impacts posed by both intended and unintended use of public and private technology devices, active and inactive therapeutic relationships, and the different safeguards required for different physical environments, different staff (e.g. professional versus administrative staff), and different telecommunication technologies.

Application:

Psychologists are encouraged to conduct an analysis of the risks to their practice setting, telecommunication technologies, and administrative staff, to ensure that client/patient data and information is accessible only to appropriate and authorized individuals. Psychologists strive to obtain appropriate training or consultation from relevant experts when additional knowledge is needed to conduct an analysis of the risks.

Psychologists strive to ensure that policies and procedures are in place to secure and control access to client/patient information and data within information systems. Along this line, they may encrypt confidential client/patient data for storage or transmission, and utilize such other secure methods as safe hardware and software and robust passwords to protect electronically stored or transmitted data and information. If there is a breach of unencrypted electronically communicated or maintained data, psychologists are urged to notify their clients/patients and other appropriate individuals/organizations as soon as possible. In addition, they are encouraged to make their best efforts to ensure that electronic data and information remain accessible despite problems with hardware, software and/or storage devices by keeping a secure back-up version of such data.

When documenting the security measures to protect client/patient data and information from unintended access or disclosure, psychologists are encouraged to clearly address what types of telecommunication technologies are used (e.g., email, telephone, video conferencing, text), how they are used, whether telepsychology services used are the primary method of contact or augments in-person contact. When keeping records of email, online messaging and other work using telecommunication technologies, psychologists are cognizant that preserving the actual communication may be preferable to summarization in some cases depending on the type of technology used.

Disposal of Data and Information and Technologies

Guideline 6: Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.

Rationale:

Consistent with APA Record Keeping Guidelines (2007), psychologists are encouraged to create policies and procedures for the secure destruction of data and information and the technologies used to create, store and transmit the data and information. The use of telecommunication



technologies in the provision of psychological services poses new challenges for psychologists when they consider the disposal methods to utilize in order to maximally preserve client confidentiality and privacy. Psychologists are therefore urged to consider conducting an analysis of the risks to the information systems within their practices in an effort to ensure full and complete disposal of electronic data and information, plus the technologies that created, stored, and transmitted the data and information.

Application:

Psychologists are encouraged to develop policies and procedures for the destruction of data and information related to clients/patients. They also strive to securely dispose of software and hardware used in the provision of telepsychology services in a manner that insures that the confidentiality and security of any patient/client information is not compromised. When doing so, psychologists carefully clean all the data and images in the storage media before re-use or disposal consistent with federal, state, provincial, territorial, and other organizational regulations and guidelines. Psychologists are aware of and understand the unique storage implications related to telecommunication technologies inherent in available systems.

Psychologists are encouraged to document the methods and procedures used when disposing of the data and information and the technologies used to create, store, or transmit the data and information, as well as any other technology utilized in the disposal of data and hardware. They also strive to be aware of malware, cookies, etc. and dispose routinely of them on an ongoing basis when telecommunication technologies are used.

Testing and Assessment

Guideline 7: Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.

Rationale:



Psychological testing and other assessment procedures are an area of professional practice in which psychologists have been trained and are uniquely qualified to conduct. While some symptom screening instruments are already being administered online frequently, most psychological test instruments and other assessment procedures currently in use have been designed and developed originally for in-person administration. Psychologists are thus encouraged to be knowledgeable about, and account for, the unique impacts, suitability for diverse populations, and limitations on test administration and on test and other data interpretations when these psychological tests and other assessment procedures are considered for and conducted via telepsychology. Psychologists also strive to maintain the integrity of the application of the testing and assessment process and procedures when using telecommunication technologies. In addition, they are cognizant of the accommodations for diverse populations that may be required for test administration via telepsychology. These guidelines are consistent with the standards articulated in the most recent edition of *Standards for educational and psychological testing* (American Educational Research Association, American Psychological Association, and the Council on Measurement in Education).

Application:

When a psychological test or other assessment procedure is conducted via telepsychology, psychologists are encouraged to ensure that the integrity of the psychometric properties of the test or assessment procedure (e.g., reliability and validity) and the conditions of administration indicated in the test manual are preserved when adapted for use with such technologies. They are encouraged to consider if modifications to the testing environment or conditions are necessary to accomplish this preservation. For example, access to a cell phone, the Internet or other persons during an assessment could interfere with the reliability or validity of the instrument or administration. Further, if the individual being assessed receives coaching or such information as potential responses or the scoring and interpretation of specific assessment instruments because they are available on the Internet, the test results may be compromised. Psychologists are also encouraged to consider other possible forms of distraction which could affect performance during an assessment and which may not be obvious or visible (e.g., sight, sound, and smell) when utilizing telecommunication technologies.



Psychologists are encouraged to be cognizant of the specific issues that may arise with diverse populations when providing telepsychology and make appropriate arrangements to address those concerns (e.g., language or cultural issues; cognitive, physical or sensory skills or impairments; or age may impact assessment). In addition, psychologists may consider the use of a trained assistant (e.g., proctor) to be on premise at the remote location in an effort to help verify the identity of the client/patient, provide needed on-site support to administer certain tests or subtests, and protect the security of the psychological testing and/or assessment process.

When administering psychological tests and other assessment procedures when providing telepsychology services, psychologists are encouraged to consider the quality of those technologies that are being used and the hardware requirements that are needed in order to conduct the specific psychological test or assessment approach. They also strive to account for and be prepared to explain the potential difference between the results obtained when a particular psychological test is conducted via telepsychology and when it is administered in-person. In addition, when documenting findings from evaluation and assessment procedures, psychologists are encouraged to specify that a particular test or assessment procedure has been administered via telepsychology, and describe any accommodations or modifications that have been made.

Psychologists strive to use test norms derived from telecommunication technologies administration if such are available. Psychologists are encouraged to recognize the potential limitations of all assessment processes conducted via telepsychology, and be ready to address the limitations and potential impact of those procedures.

Interjurisdictional Practice

Guideline 8: Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders.

Rationale:



With the rapid advances in telecommunication technologies, the intentional or unintentional provision of psychological services across jurisdictional and international borders is becoming more of a reality for psychologists. Such service provision may range from the psychologists or clients/patients being temporarily out-of-state (including split residence across states) to psychologists offering their services across jurisdictional borders as a practice modality to take advantage of new telecommunication technologies. Psychological service delivery systems within such institutions as the U.S. Department of Defense and the Department of Veterans Affairs have already established internal policies and procedures for providing services within their systems that cross jurisdictional and international borders. However, the laws and regulations that govern service delivery by psychologists outside of those systems vary by state, province, territory, and country (APAPO, 2010). Psychologists should make reasonable effort to be familiar with and, as appropriate, to address the laws and regulations that govern telepsychology service delivery within the jurisdictions in which they are situated and the jurisdictions where their clients/patients are located.

Application:

It is important for psychologists to be aware of the relevant laws and regulations that specifically address the delivery of professional services by psychologists via telecommunication technologies within and between jurisdictions. Psychologists are encouraged to understand what the laws and regulations consider as telehealth or telepsychology. In addition, psychologists are encouraged to review the professional licensure requirements, the services and telecommunication modalities covered, and the information required to be included in providing informed consent. It is important to note that each jurisdiction may or may not have specific laws which impose special requirements when providing services via telecommunication technologies. The APAPO (2010) has found that there are variations in whether psychologists are specified as a single type of provider or covered as part of a more diverse group of providers. In addition, there is wide diversity in the types of services and the telecommunication technologies that are covered by these laws.

At the present time, there are a number of jurisdictions without specific laws that govern the provision of psychological services utilizing telecommunication technologies. When providing

telepsychology services in these jurisdictions, psychologists are encouraged to be aware of any opinion or declaratory statement issued by the relevant regulatory bodies and/or other practitioner licensing boards that may help inform them of the legal and regulatory requirements involved when delivering telepsychology services within those jurisdictions.

Moreover, because of the rapid growth in the utilization of telecommunication technologies, psychologists strive to keep abreast of developments and changes in the licensure and other interjurisdictional practice requirements that may be pertinent to their delivery of telepsychology services across jurisdictional boundaries. Given the direction of various health professions, and current federal priorities to resolve problems created by requirements of multi-jurisdictional licensure, (citations e.g., FCC National Broadband Plan, 2010, Canadian Agreement on Internal Trade 1995), the development of a telepsychology credential required by psychology boards for interjurisdictional practice is a probable outcome. For example, nursing has developed a credential that is accepted by many US jurisdictions that allows nurses licensed in any participating jurisdiction to practice in person or remotely in all participating jurisdictions. In addition, an ASPPB Task Force has drafted a set of recommendations for such a credential.

Conclusion

It is important to note, that it is not the intent of these guidelines to prescribe specific actions, but rather, to offer the best guidance available at present when incorporating telecommunication technologies in the provision of psychological services. Because technology and its applicability to the profession of psychology is a dynamic area with many changes likely ahead, these guidelines also are not inclusive of all other considerations and are not intended to take precedence over the judgment of psychologists or applicable laws and regulations that guide the profession and practice of psychology. It is hoped that the framework presented will guide psychologists as the field evolves.

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Adopted July 31, 2013

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