

**BEHAVIORAL SCIENCES REGULATORY BOARD
LICENSED PSYCHOLOGY ADVISORY COMMITTEE
MEETING AGENDA
October 12, 2021**

Due to COVID-19, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore, the meeting will be conducted virtually on the Zoom platform.

You may view the meeting here:

<https://youtu.be/9t3BYCkbOX4>

To join the meeting by conference call: 877-278-8686

The pin: 327072

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240.

The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change

Tuesday, October 12, 2021

6:00 p.m. Call to order and Roll Call

I. Opening Remarks, Advisory Committee Chair

II. Agenda Approval

III. Minutes Approval for Previous Meeting on August 10, 2021

IV. Welcome New Advisory Committee Members

- a. Jessica Hamilton**
- b. Tiffany Johnson**
- c. Zachary Parrett**

V. Executive Director's Report

VI. Old Business

- a. Update on PSYPACT Commission**
- b. Continuing Education Requirements in Diversity, Equity, and Inclusion**

VII. New Business

- a. Regulatory Language: (1) "Direct Client Contact" and (2) Extenuating Circumstances"**
- b. Guidelines for Telepsychology**

VIII. Adjournment

**Behavioral Sciences Regulatory Board
Licensed Psychology Advisory Committee
Draft Minutes from Meeting on Tuesday, August 10, 2021**

Call to Order: Ric Steele, Chair of the Advisory Committee, called the meeting to order at 6p.m.

Advisory Committee Members in Attendance: Ric Steele, Johnna Norton, Carol Crane, Monica Kurylo, Rodney McNeal, Doug Wright and Abby Callis.

BSRB Staff in Attendance: David Fye and Leslie Allen.

Review and Approval for the Agenda: Doug Wright moved to approve the agenda. Carol Crane seconded the motion. The motion passed.

Review and Approval of Minutes from Meeting on June 08, 2021: David Fye, Executive Director for the BSRB, requested an amendment to the minutes to note that Janine Kesterson was in attendance at the previous meeting. Johnna Norton moved to amend and approve the minutes. Rodney McNeal seconded the motion. The motion passed.

BSRB Executive Director Report. The Executive Director reported on the following items:

- 1. State of Emergency Executive Orders:** The state of emergency in Kansas related to the COVID-19 pandemic officially ended on June 15, 2021. The Governor directed state agencies to have most staff return to offices full-time, beginning on Monday June 14, 2021. Agencies were given an option to create telework policies, if they were approved by the Department of Administration. The BSRB researched this concept and were approved to launch a telework pilot program which will be used through the end of December. The agency is limiting participation to just a handful of employees while collecting information on the success of the pilot. If it is shown to be productive, the agency will consider expanding participation to other employees. Recently, the agency had been informed that staff members who were vaccinated would no longer had to social distance or wear a mask when in the office. However, the agency has been instructed to have staff and visitors return to wearing mask and practicing social distancing while around other employees. The Board planned to hold it's next meeting in person, however due to safety concerns, that meeting will be moving back to Zoom. The agency is hopeful that the Board's annual planning meeting/Board retreat on September 27 will still be able to be in person, but the meeting may need to be moved back to Zoom.
- 2. Budget for FY 2021:** Overall, revenue for the fiscal year came in slightly above what was previously estimated for FY 2021. The balance in the BSRB Fee Fund is close to two million dollars. The BSRB is currently operating at a deficit each year by design, due to the agency lowering licensure fees in 2019, to have the ending balance in the Fee Fund reduced little by little over a period of years. The balance in the Fee Fund is still dropping, but it is dropping at a slower rate than previously had projected. Expenditures are lower than projected, partly due to savings related to the pandemic. The agency is in sound financial position. The annual budget is due to be submitted on September 15. The Executive Director has been working with the Governor's office on revision of budget revisions. The Executive Director has also been working on end-of-the-year fiscal reports.
- 3. HB 2066:** The 2021 Legislature passed HB 2066, which includes language expediting licensure processing times for military members, military spouses, and select other individuals. The bill will primarily affect reciprocity applications. Leslie Allen, Assistant Director for the BSRB and Licensing Manager, has modified language on licensure applications so the agency could collect information to track individuals who apply for licensure meeting these conditions. The BSRB

has spoken with representatives from the Board of Healing Arts (the agency who hosts the online licensure database for the BSRB) to ensure the agency is tracking those totals correctly.

- 4. Association Meetings:** The Executive Director recently attended a conference for professional counseling hosted by the National Board of Certified Counselors (NBCC) in Denver, CO, from August 4-6, 2021. The Executive Director noted success establishing contacts with administrators from other states and noted the benefit of learning information from those states to compare licensing and other practices. The Executive Director noted he will be attending other annual meetings over the next few months, including the end of the year conference for licensed psychologists (ASPPB) on October 15.

Old Business:

PSYPACT: The 2021 Legislature passed SB 170, which added Kansas to a multi-state compact for licensed psychologists as of January 1, 2022. The compact allows licensed psychologists to apply for an e-passport to practice telehealth services in other states who are a part of PSYPACT. At the last Advisory Committee meeting, the Licensed Psychologist Advisory Committee recommended that the Executive Director of the BSRB be selected as the PSYPACT Commissioner for the state of Kansas. At the Board meeting in July, the Board voted to make this official. The Executive Director also noted that the Board voted to charge a \$25 fee for Licensed Psychologists who practice under PSYPACT, mostly to recoup the cost of the yearly assessment by PSYPACT on the BSRB.

New Business:

Advisory Committee Membership: At the end of June, the Executive Director sent a letter to licensees, noting that anyone interested in being added to the Advisory Committee should submit a resume and letter of interest to the BSRB. Seven applicants requested consideration of being added to the Advisory Committee. The Executive Director noted he verified that each of the applicants held an active permanent license issued by the BSRB. The Executive Director provided a handout on advisory committees, explained details about the composition of advisory committees, and walked through the process the Advisory Committee members should use when evaluating candidates for the Advisory Committee. The Chair of the Advisory Committee summarized other qualities the Advisory Committee discussed previously, including vocational areas of interest the Advisory Committee had identified as valuable when selecting new members. After discussion, the Advisory Committee members recommended adding Dr. Zachary Parrett, Dr. Jessica Hamilton and Dr. Tiffany Johnson to the Advisory Committee. The Executive Director noted the Chair of the Board has authority to add members to the Committee, but he would work with the Chair of the Advisory Committee to summarize the recommendations of the Advisory Committee and would provide this information to Leslie Sewester, Chair of the Board of the BSRB, along with the names of other applicants who nominated themselves for consideration of being added to the Advisory Committee. Advisory Committee member Monica Kurylo will be stepping down from the Advisory Committee, as she has reached the maximum length of service on the Advisory Committee. The Chair of the Advisory Committee and the Executive Director of the BSRB thanked Ms. Kurylo for her years of service on the Advisory Committee.

Next Meeting Date: October 12, 2021

Adjournment: Rodney McNeal moved to Adjourn. Abby Callis seconded. The motion carried.

October 2021
Volume 2, Issue 4

**Reducing regulatory barriers.
 Increasing access to mental healthcare.**

A Message from the Chair Don Meck

Another newsletter and more good news to go with it. Our Commission has grown to 27 enacted states and 22 member states. Welcome to all our members, new and old, and thank all of you for your hard work in getting the legislation passed and making PSYPACT a viable option for qualified psychologists to offer necessary psychological services to underserved areas. Our new commissioners this year (Alabama, District of Columbia, Kentucky, Maryland, Minnesota, Ohio and Tennessee) are a welcomed addition, and we look forward to having future members who have enacted, but are not yet effective (Kansas, Maine and New Jersey), join us soon. PSYPACT is growing, working, and open to every state who desires to join. Thanks for your hard work.

Donald S. Meck, Ph.D., J.D., ABPP
 Chair, PSYPACT Commission

Upcoming Meetings

- October 7, 2021 - PSYPACT Executive Board Meeting
- November 18, 2021 - PSYPACT Commission Annual Meeting
- December 9, 2021 - PSYPACT Training and Public Relations Committee Meeting
- January 6, 2022 - PSYPACT Training and Public Relations Committee Meeting

PSYPACT Commissioners

Lori Rall <i>Alabama</i>	Kris Chiles <i>Nebraska</i>
Heidi Paakkonen <i>Arizona</i>	Gary Lenkeit <i>Nevada</i>
Lorey Bratten <i>Colorado</i>	Deborah Warner <i>New Hampshire</i>
Shauna Slaughter <i>Delaware</i>	To Be Named <i>New Jersey (*Effective 11/23/2021)</i>
Aisha Nixon <i>District of Columbia</i>	Susan Hurt <i>North Carolina</i>
Don Meck <i>Georgia</i>	Ronald Ross <i>Ohio</i>
Cecilia Abundis <i>Illinois</i>	Teanne Rose <i>Oklahoma</i>
David Fye <i>Kansas (*Effective 1/1/2022)</i>	Christina Stuckey <i>Pennsylvania</i>
Jean Deters <i>Kentucky</i>	Dale Alden <i>Tennessee</i>
To Be Named <i>Maine (*Effective 10/18/2021)</i>	Patrick Hyde <i>Texas</i>
Lorraine Smith <i>Maryland</i>	Deborah Blackburn <i>Utah</i>
To Be Named <i>Minnesota</i>	Jaime Hoyle <i>Virginia</i>
Pam Groose <i>Missouri</i>	Mariann Burnett-Atwell <i>ASPPB</i>



IMPORTANT ANNOUNCEMENT



The PSYPACT Commission has put rules out for public comment.

The Commission will accept public comment until November 4th, 2021 at 5:00pm EST. To submit public comment, please visit <https://psypact.site-ym.com/page/PublicComment>. The annual Commission meeting which will contain a public hearing regarding these rules will be held on November 18th, 2021 at 10:00am EST.

PSYPACT Commission Meeting August 5, 2021

A meeting for the PSYPACT Commission was held on August 5, 2021. During the meeting, minutes from the November 19-20, 2020 PSYPACT Commission meeting were approved and are available on the PSYPACT website at www.psypact.org. Additionally, PSYPACT Executive Director Janet Orwig provided updates to the PSYPACT Commission. The PSYPACT Commission approved rules to go out for public comment, reviewed and approved membership to the PSYPACT Commission for Alabama, Kentucky and Minnesota. The PSYPACT Commission also approved reports from the Rules, Finance and Training and PR Committees. The next PSYPACT Commission meeting will be held November 18, 2021 at 10:00 AM EST.

New Commissioner Welcome

The PSYPACT Commission would like to officially welcome Mr. Dale Alden, who is the newly appointed Commissioner for the state of Tennessee and Mr. Scott Fields, as the newly appointed Commissioner for the state of West Virginia.

Verification of PSYPACT Credentials

Available at www.verifypsypact.org, users of the site can search for all licensed psychologists who currently hold an active APIT or TAP.

Committee Members

Rules Committee

Don Meck
Pam Goose
Deborah Warner
Patrick Hyde
Susan Hurt

Finance Committee

Teanne Rose
Jaime Hoyle
Heidi Paakkonen

Training and Public Relations Committee

Heidi Paakkonen
Lori Rall
Mariann Burnett-Atwell

Requirements Review Committee

Gary Lenkeit
Jean Deters
Christina Stuckey

Updates from the Committees

Finance Committee: The Finance Committee met on August 19, 2021 to begin discussing five year forecasting as well as the 2022 Budget. The Finance Committee will meet again in October following the PSYPACT Executive Board meeting.

Training and Public Relations Committee: The Training and Public Relations Committee met September 9, 2021. Within this meeting the Committee worked on finalizing training documents to be presented to the Executive Board. The committee also discussed making updates to the PSYPACT website to include, educational information and instructional videos. The next PSYPACT Training and Public Relations Committee meeting is scheduled for December 9, 2021 at 12PM EST and January 6, 2021 at 12 PM EST.

PSYPACT by the Numbers

TELEPSYCHOLOGY

4507 ASPPB E. Passports Issued 4000 PSYPACT APITs Issued

TEMPORARY PRACTICE

260 ASPPB IPCs Issued 150 PSYPACT TAPs Issued

STATE LEVEL BREAKDOWN

State	APITs	TAPs
AL	12	1
AZ	159	11
CO	299	11
DE	95	1
DC	157	5
GA	241	13
IL	453	18
KY	8	0
MD	322	2
MN	24	0
MO	191	8
NE	41	3
NV	80	9
NH	64	8
NC	199	37
OH	63	2
OK	45	3
PA	496	7
TN	49	2
TX	528	28
UT	131	11
VA	343	14

Numbers current as of 09/30/2021

Executive Director's Report

Janet Orwig

Hello to Autumn! I want to welcome our newest Commissioners: Dale Alden (Tennessee) and Scott Fields (West Virginia). Again, welcome and we all look forward to working with you! What a year we have had so far, and it is not over yet. In the last newsletter, I gave what I thought would be the summary for legislation this year but since then we have had two more bills introduced (Massachusetts and Wisconsin). To make the total number of bills introduced in 2021 (drum roll please) a grand total of 22!

With all the interest in PSYPACT this year, PSYPACT staff has been asked to conduct many educational meetings/webinars:

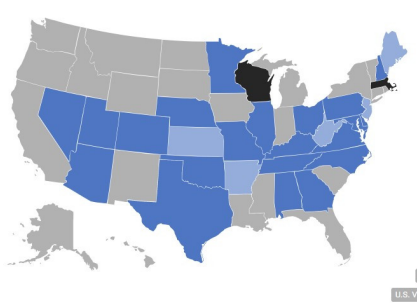
- Washington State Board Presentation
- Vermont Board of Psychology
- Georgia Psychological Association Town Hall meeting
- Kansas Board of Psychology
- Health Resources and Services Administration (HRSA)
- American Telemedicine Association
- Directors of Professional Affairs for the State Psychological Associations
- Maryland Psychological Association
- Wisconsin Board of Psychology
- Council of State Governments Compact Informational Series
- Department of Defense State Liaisons
- Massachusetts Psychological Association Town Hall meeting
- Missouri Psychological Association

As always, I cannot thank you enough for all you do for PSYPACT.

Janet P. Orwig, MBA, CAE
PSYPACT Executive Director

Legislative Activity

2021 Legislative Session Update



Currently, 22 states participate in PSYPACT including Alabama, Arizona, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kentucky, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia. We also have 3 states that have enacted the PSYPACT legislation that are not yet effective. As the 2021 legislative session is now winding down, we are happy to report we saw legislation introduced in 22 states this session. We currently have legislation introduced in Massachusetts as MA S 5242 and Wisconsin as WI S 534 and WI A 537.

Did you know?

PSYPACT is available to host webinars and provide presentations for psychologists in your state to learn more about PSYPACT and how it works. If you are interested, contact us at info@psypact.org. Additional training materials can also be found on the PSYPACT website at www.psypact.org.

Communications Update

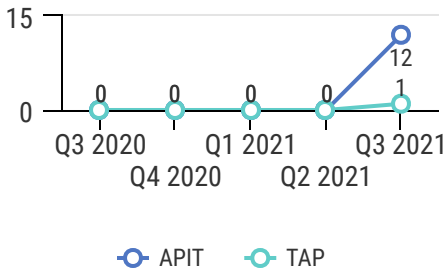
Interest in PSYPACT continues to grow! We hear daily from psychologists interested in learning more about the compact and how they can participate and use an email listserv to provide periodic updates about important application updates and information as new states introduce and enact PSYPACT legislation. To date, we have over 4,800 participants in the PSYPACT listserv. To sign up, email us at info@psypact.org or visit <https://psypact.org/page/Listserv>.

Staff Contact Information

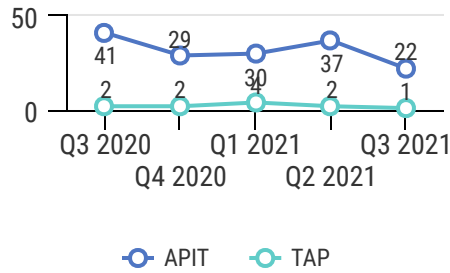
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|--|---|--|
| <p>Janet Orwig
PSYPACT Executive Director
jorwig@asppb.org</p> | <p>Jessica Cheaves
PSYPACT Coordinator
jcheaves@asppb.org</p> | <p>Felicia Evans
PSYPACT Specialist
fevans@asppb.org</p> |
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Looking at PSYPACT State Trends

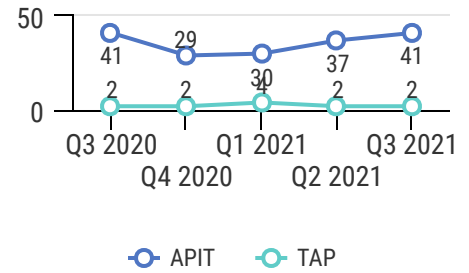
Alabama



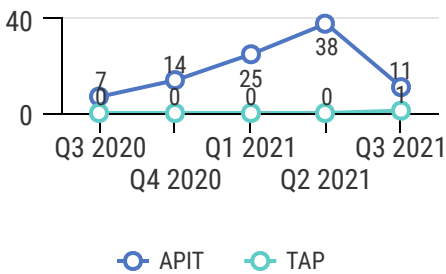
Arizona



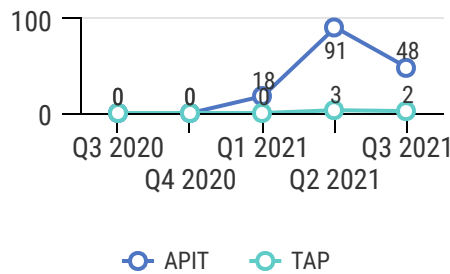
Colorado



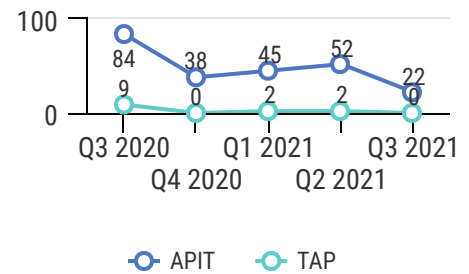
Delaware



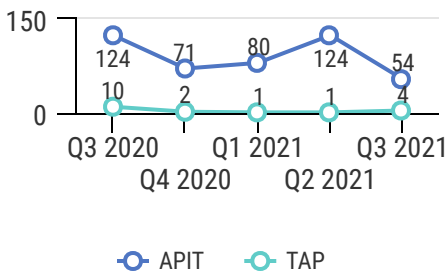
District of Columbia



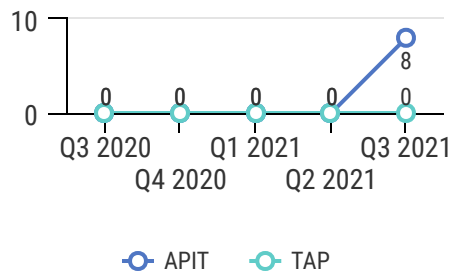
Georgia



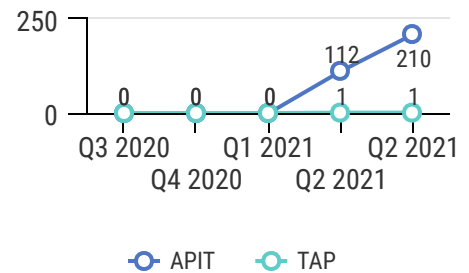
Illinois



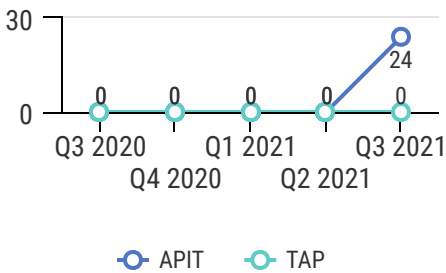
Kentucky



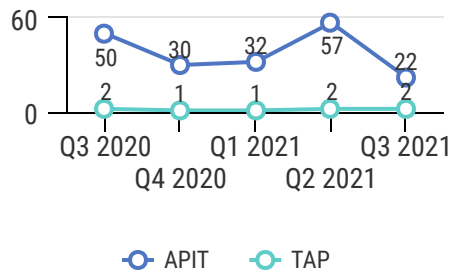
Maryland



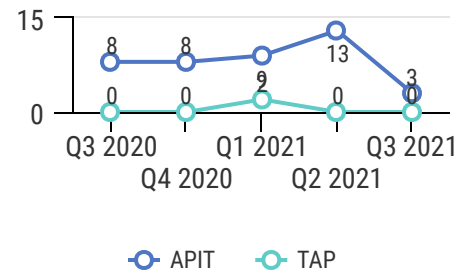
Minnesota



Missouri

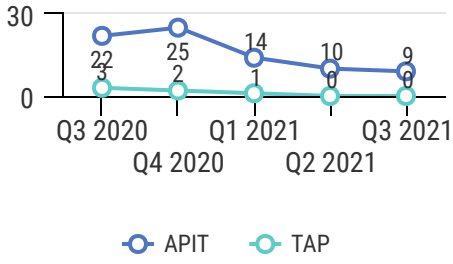


Nebraska

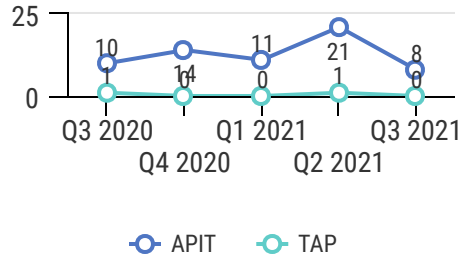


Looking at PSYPACT State Trends

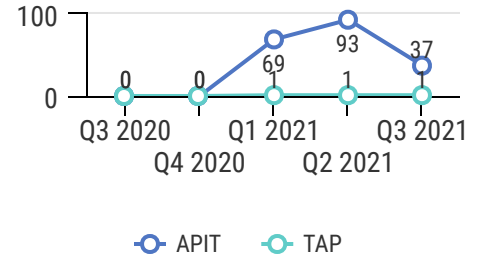
Nevada



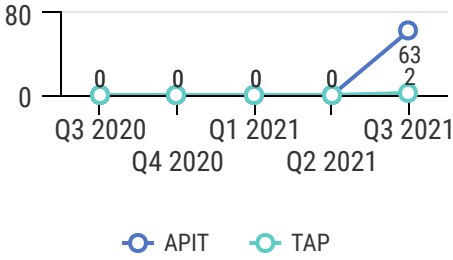
New Hampshire



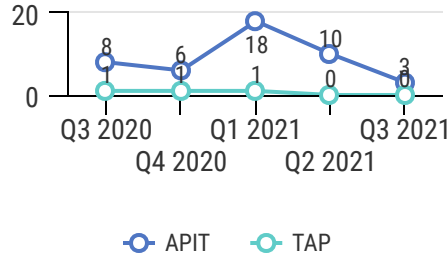
North Carolina



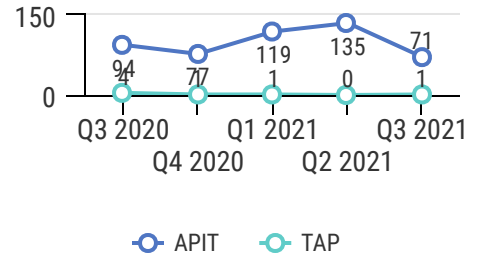
Ohio



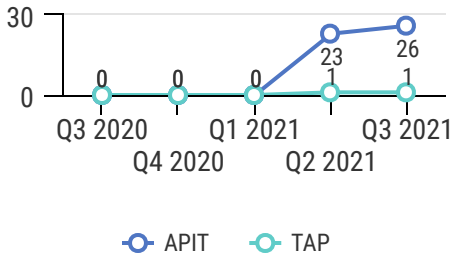
Oklahoma



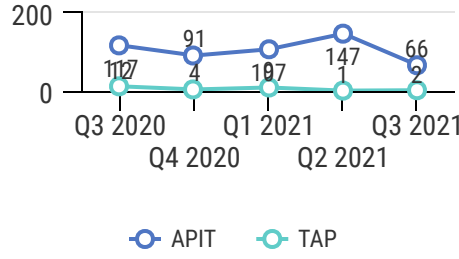
Pennsylvania



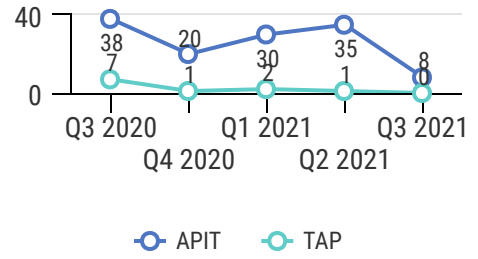
Tennessee



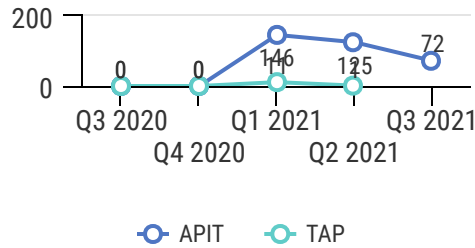
Texas



Utah



Virginia



Definitions for Regulations

“Direct client contact” means providing counseling to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audio-visual communications, including the application of video conferencing, in which confidentiality is protected. Indirect hours and interaction that consists of email, instant messaging, texting, or facsimile are not considered direct client contact.

“Extenuating circumstances” means a situation or circumstances caused by events beyond a person's control that is sufficiently extreme in nature to result in either of the following:

- (1) The person's inability to comply with the requirements of this regulation; or
- (2) the inadvisability of requiring the person to comply with the requirements of this regulation.

2020 Legislative Special Committee on Mental Health Modernization and Reform

Select Recommendations from Report of the Special Committee to the 2021 Legislature

Workforce Recommendation 1.1 – Clinical Supervision Hours

Where applicable, reduce the number of clinical supervision hours required of master’s-level behavioral health clinicians to obtain clinical licensure from 4,000 to 3,000, similar to the reduction in clinical hours of social workers.

Workforce Recommendation 1.4 – Workforce Investment Plan

The State of Kansas should make a long-term investment plan for the behavioral health system workforce by increasing funding for training, recruitment, retention, and support to effectively attract and retain high-quality staff.

Specific steps include:

- Develop a career ladder for clinicians, such as through the development of an associate’s-level practitioner role; and
- Take action to increase workforce diversity, including diversity related to race/ethnicity, LGBTQ and the ability to work with those with limited English proficiency.

Telehealth Recommendation 10.1 – Quality Assurance

Develop standards to ensure high-quality telehealth services are provided. This includes:

- Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies.
- Requiring standard provider education and training.
- Ensuring patient privacy.
- Educating patients on privacy-related issues.
- Allowing telehealth supervision hours to be consistently counted toward licensure requirements.
- Allowing services to be provided flexibly when broadband access is limited.

The full report may be accessed by clicking the link to the PDF copy of the report “Special Committee on Mental Health on Mental Health Modernization and Reform (PDF)” at

<http://www.kslegresearch.org/KLRD-web/Interim-Committee-Reports-2021.html>

Guidelines for the Practice of Telepsychology

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists

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 section of these guidelines. 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 “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 APA’s “Guidelines on Multicultural Training, Research, Practice, and Organizational Change for Psychologists” (APA, 2003) are infused throughout the *Rationale* and *Application* subsections 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 of 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 stan-

The “Guidelines for the Practice of Telepsychology” were developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists 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). The “Guidelines for the Practice of Telepsychology” were approved as APA policy by the APA Council of Representatives on July 31, 2013. The co-chairs of the joint task force were Linda Campbell and Fred Millán. Additional members of the task force included the following psychologists: Margo Adams Larsen, Sara Smucker Barnwell, Bruce E. Crow, Terry S. Gock, Eric A. Harris, Jana N. Martin, Thomas W. Miller, and Joseph S. Rallo. APA staff (Ronald S. Palomares, Deborah Baker, Joan Freund, and Jessica Davis) and ASPPB staff (Stephen DeMers, Alex M. Siegel, and Janet Pippin Orwig) provided direct support to the joint task force.

These guidelines are scheduled to expire as APA policy 10 years from July 31, 2013 (the date of their adoption by the APA Council of Representatives). After this date, users are encouraged to contact the APA Practice Directorate to determine whether this document remains in effect.

Correspondence concerning these guidelines should be addressed to the Practice Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

dards 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, APA, 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, 2002b, p. 1050). The literature supporting the work of the Joint Task Force on the Development of Telepsychology Guidelines for Psychologists (i.e., the Telepsychology Task Force) and the 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 to 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, e-mail, 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., e-mail, online bulletin boards, storing and forwarding of information). Technologies may augment traditional in-person services (e.g., psychoeducational materials posted 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 e-mail and text are used for nondirect 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 Telepsychology Task Force 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: the Committee on National Security Systems (2010), the U.S. Department of Health and Human Services, Health Resources and Services Administration (2010), and the U. S. Department of Commerce, National Institute of Standards and Technology (2008, 2011). Last, 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 health care, 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* and *jurisdictional* are used when referring to the governing bodies at states, territories, and provincial governments.

Finally, there are terms within these guidelines 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* and *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 (2008) and by 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 (Canadian Psychological Association, 2006; New Zealand Psychologists Board, 2011; Ohio Psychological Association, 2010).

Development of the Guidelines

These 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 Telepsychology 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 few.

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 to reflecting on and discussing the need for guidance for 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 on identifying the unique aspects that telecommunication technologies bring to the provision of psychological services, as 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 that the client/patient has a full understanding of the increased risks for loss of security and confidentiality when using telecommunication technologies.

Therefore, two of the most salient issues that the Telepsychology Task Force members focused on when creating this document were 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 for loss of security and confidentiality when using technologies.

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 noted 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 with 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 the 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 efforts 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 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 efforts 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 that may impact the efficacy and safety of said service. Psychologists make reasonable efforts 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 of the differences of those laws from those in the psychologist's jurisdiction, as well as to document all their emergency planning efforts.

In addition, as applicable, psychologists are mindful of the array of potential discharge plans for clients/patients for whom telepsychology services are no longer necessary and/or desirable. If a client/patient recurrently experiences crises/emergencies, which suggests 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 to be 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, e-mail, Web services, and mobile applications). The burgeoning research in telepsychology suggests that certain types of interactive telepsychological interventions are equal in effectiveness 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 of providing 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 (video teleconference, text, e-mail, 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 that of the psychologist and that of the 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 to 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 to 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 on 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, the risk of distractions, the 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 in order 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 that causes concern, psychologists make reasonable efforts 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, sets the stage for the relationship between the psychologist and the client/patient. Psychologists make reasonable efforts to offer a complete and clear description of the telepsychology services they provide, and they 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 those in the jurisdiction in which this psychologist's client/patient resides. Furthermore, psychologists may need to be aware of the manner in which cultural, linguistic, and 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 to appropriately inform their clients/patients about them. For example, psychologists who provide telepsychology services should 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 the information communicated using a given technology is, and any technology-related vulnerability to their confidentiality and security that is incurred 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 efforts to use language that is reasonably understandable by their clients/patients, in addition to evaluating the need to address cultural, linguistic, and organizational considerations and other issues that may have an 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 the jurisdiction where their clients/patients reside (see Guideline 8 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 they 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 e-mails 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 prior to the onset of service provision what the billing documentation will include. 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 efforts to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks of 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 es-

tablished 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 the risks of possible access to or disclosure of confidential data and information that may occur during service delivery, including the risks of others gaining access to electronic communications (e.g., telephone, e-mail) 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 (APA Practice Organization, 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 to 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, 2002a, 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, 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 mar-

keting derived from e-mail communications. Psychologists are encouraged to be mindful of these potential threats and to 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 they 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 staffs (e.g., professional vs. administrative staff), and different telecommunication technologies.

Application. Psychologists are encouraged to conduct an analysis of the risks to their practice settings, telecommunication technologies, and administrative staff in order to ensure that client/patient data and information are 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., e-mail, telephone, video teleconferencing, text), how they are used, and whether the telepsychology services used are the primary method of contact or augment in-person contact. When keeping records of e-mail, 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 the APA “Record Keeping Guidelines” (APA, 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 ensures 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 reuse 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, and so forth and to dispose of them routinely 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 they are

uniquely qualified to conduct such tests. While some symptom screening instruments are already frequently being administered online, most psychological test instruments and other assessment procedures currently in use were designed and developed originally for in-person administration. Psychologists are thus encouraged to be knowledgeable about, and account for, the unique impacts of such tests, their suitability for diverse populations, and the 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, 1999).

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 whether modifications to the testing environment or conditions are necessary to accomplish this preservation. For example, a test taker’s access to a cell phone, the Internet, or other persons during an assessment could interfere with the reliability or validity of the instrument or its administration. Further, if the individual being assessed receives coaching or has access to such information as potential test 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 to 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., a proctor) to be on the premises 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. 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 to 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 to 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 (APA Practice Organization, 2010). Psychologists should make reasonable efforts 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 services the laws and regulations of a jurisdiction consider as telehealth or telepsychology. In addition, psychologists are encouraged to review the relevant jurisdictions' professional licensure requirements, the ser-

vices 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 that impose special requirements for providing psychological services via telecommunication technologies. The APA Practice Organization (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 opinions or declaratory statements 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 multijurisdictional licensure (e.g., the Federal Communications Commission's 2010 National Broadband Plan, the Canadian government's 1995 Agreement on Internal Trade), 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 U.S. 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 constitute 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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