Practice Innovations

Telepsychology Practice: Primer and First Steps

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Telepsychology is being increasingly assimilated into professional practice. The knowledge and skills necessary for competent practice are being introduced into training programs; however, psychologists who are practicing independently have no formal means to prepare for this expansion in their scope of practice. This primer for practice leads readers through the clinical, technical, and logistical steps necessary for preparation, initiation, and participation in telepsychology. Topics discussed include overcoming barriers and increasing one's opportunities (e.g., geographical, financial, transportation); competencies, standards of care, and ethical considerations (e.g., adaptation of informed consent and confidentiality agreements, electronic recordkeeping and storage); what one needs to know for implementation (e.g., Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act); interjurisdictional practice (e.g., legal status); action steps; and resources. Psychologists beginning to incorporate technology into their practices as well as those with technical competence will note several features that lend guidance to the basic elements of practice: (a) Risk management tips are offered throughout the article, (b) an informed consent checklist for self-assessment is presented, and (c) a checklist for hardware disposal and software removal is detailed. Practitioners who are curious about telepsychology but do not know how to inquire or where to begin are offered clear direction and important information on how to incorporate telepsychology into existing practices or to begin a purely telepsychological practice.

Clinical Impact Statement
This article is focused on the population of practitioners who have primarily engaged in traditional in-person service and realizes telepsychology can impact their practices but are not equipped to participate without foundational information. That information is presented here in a stepwise, practical manner that explains application and implementation, which contributes to increased competency of the practitioners.

Keywords: telepsychology, telepsychology practice, risk management, telepsychology guidelines, interjurisdictional practice

Provision of psychological services has gone beyond the walls of the independent practice office, hospital, community agency, and clinic, as well as beyond the restrictions of access and

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waiting lists, illness, disability, work, stigma, relocation, and even weather. Telepsychology has connected clients with psychologists in ways that traditional "in-office" therapy could not, enhancing continuity and specialization of care.

One tool of telepsychology has been used by clinicians for many years, yet its users likely did not think they were engaging in the practice of telepsychology. Because telepsychology is defined as "the provision of psychological services using telecommunication technologies" (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013, p. 791), clinicians who have used telephone, mobile devices, and faxes when working with clients have been practicing telepsychology! Advances in telecommunications have expanded the practice of telepsychology to include providing psychological services using devices and activities such as interactive videoconferencing, e-mail, chat, and text, not to mention Internet use with blogs, self-help websites, and social media (Campbell, Millán, & Martin, 2018). Interactive communication with clients that occurs within real time, such as on the telephone or using videoconferencing, is often referred to as synchronous, while communication using e-mails, faxes, or discussion forums is considered asynchronous. A more thorough explanation of the advantages and disadvantages of these two modalities can be found in Cooper, Campbell, and Smucker Barnwell (2019).

Telepsychology can be used to augment in-person psychotherapy sessions or as a primary method of providing services. Common uses of telepsychology to augment in-person sessions include telephone sessions to check on progress or to deal with an urgent matter, e-mailing supplemental information or links to resources, texting appointment information; using mental health apps for monitoring or tracking behaviors, and having clients complete online testing or assessment instruments.

Risk Management Tip: Psychologists must attend to the privacy and security of communication methods—for example, using secure e-mail for sending Protected Health Information (PHI), encryption for cell phones, and informing clients of the risks.

Security measures evolve as threats and breaches of protection occur—a highly recommended product or service may quickly become no longer secure. Become familiar with resources that review the status of products and services. Consult with those informed about changes in technology and protection and reassess often the measures you have taken to ensure they are still supported.

Telepsychology is a viable and valuable resource for psychologists and the public. It is incumbent on those practitioners who are considering adding telepsychology to their practices to understand its potential for providing needed, quality services; what knowledge, tools, competencies, preparation, and ongoing training are essential; the guidelines and regulations that govern the legal and ethical practice of telepsychology; and risks and risk management strategies.

Risk Management Tip: Psychologists must seek out appropriate training experiences to develop and maintain competence in delivering telepsychology services.

Ongoing training experiences in areas of clinical, technical, emotional, and cultural competence can be obtained through webinars, workshops, research reviews, and consultation. Because this is a developing modality of practice, remaining current about developments in technology; ethical, business, and regulatory issues; clinical outcome studies; and factors that impact delivery of services is essential.

Why Is This a Growth Area?

Individuals seeking psychological services have faced barriers that have often prevented access, resulting in failure to receive needed mental health care. Telepsychology can reduce or eliminate significant challenges to mental health care access. Correspondingly, telepsychology also offers opportunities that are not feasible with in-person services. Several of the major barriers and opportunities are described below.

Geographic Barriers

Rural life has been identified as a challenge for mental health services because of its multiple-relationship dilemmas, the plight of health

disparities, physical inaccessibility, and information deficits. Given basic technology access, videoconferencing is now possible with basic technology training for the client regarding security, confidentiality, and protocol for access and data management. The preference for remote access remains a facility-based location rather than the home; however, for geographically limited individuals, access to any community facility is often not reasonable. Telepsychology, therefore, offers the opportunity for mental health services independent of location and physical access, which, in turn, has great potential to significantly increase mental health treatment for this population.

Lower Socioeconomic Status

People living in poverty experience multiple barriers, some of which are within the context of the client's variables and others caused and maintained by the environment and individuals within the systems people in poverty must navigate. In order to attend in-person psychological services, people living in poverty must step outside of their environments in often intimidating and anxiety-producing circumstances. They must make their way to an office in an often new and unknown location; be prepared to engage with staff asking insurance, copay, and other questions that could be embarrassing; be in the presence of others in the waiting room and the staff who may have all the appearances of middle-class characteristics; and, once in the room with the practitioner, be unsure of understanding what will be happening. The intimidation factor can be greater than the anticipation of useful help, and services are not sought.

Social Isolation

Individuals who might otherwise seek mental health services may live in rural, small town, or urban areas, but if they are experiencing depression, anxiety, or other symptoms that isolate them from their community or from others who would otherwise be within their support circle, then physical access to services is irrelevant. The isolated only become more isolated as they withdraw from information access, cultural events, entertainment, sports, church, and community activities. These individuals then become invisible to their own communities and known friends and associates. Telepsychology is an opportunity for individuals to commit to a gradual reentry into their work and social communities by engaging in services that do not require that they initially leave their comfort zones.

Transportation and Financial Barriers

Individuals living in urban areas can experience as much difficulty with transportation as those in rural living. Typically, the transportation barriers are no availability, prohibitive expense, or unreasonable time consumption. Financial barriers extend beyond the fee for service and can double given the cost of transportation, length of time away from work to go to and from the session, and other fees. Navigating insurance plans, understanding contractual parameters, and garnering the persistence to successfully overcome both transportation barriers and financial red tape are often factors in premature termination. Telepsychology removes these obstacles, although the cost of services remains. However, the removal of other costs and logistical barriers is a significant advantage in seeking and continuing with mental health services.

Attitudinal Barriers

Although public information and education campaigns, as well as other service efforts, have made significant inroads on the stigma of mental health needs, the stigma has not been overcome among many who would benefit. Family bias, cultural beliefs, societal stereotyping, and the anticipation of shaming and ridicule prevent many individuals from accessing the services they need. Individuals who are members of marginalized populations may be reluctant to seek services given historical exploitation and maltreatment. Telepsychology affords privacy and protection from external sources of criticism and from engagement with others regarding services. Individuals who are self-critical, however, may still experience some stigma, but the privacy of telepractice and the competence of the clinician can increase self-acceptance for services.

Physical Limitations

Marginalized populations include those with physical as well as cognitive limitations. Clinicians must carefully assess the appropriateness of telepractice, particularly for those with hearing or speech difficulties, language differences, and cognitive limitations that could be aggravating factors related to needed technology competencies, emergency responsiveness, and understanding the limits of confidentiality. With some exceptions as cited, those with physical limitations have an opportunity that would be prohibitive for in-person services.

Access to Specific Expertise

Specialty practices have been developing in recent years that afford individuals treatment in eating disorders, dialectical behavioral therapy, trauma therapy, substance abuse, and other targeted treatment needs. Those who have overcome or not experienced the other barriers mentioned may find that practitioners are not available in their community who can competently treat their specific concerns. Interjurisdictional practice remains a limitation depending on the location of the client and practitioner; however, within a state or jurisdiction, practice across a distance is an opportunity afforded by telepractice that eliminates travel and additional logistical barriers.

Practical/Logistical

Traditional practices for in-person psychological services have been accepted over the years as ethical and professional protocol. Many of these practices are in and of themselves prohibitive for seeking services. For example, the 50-minute hour assumes once a week, typically a regular time for in-office treatment. Individuals who have multiple jobs, irregular job schedules, or no control over their work demands are often not able to meet the 50-minute hour convention. Those who have children, family members who are ill, and responsibilities for others may not be able to predictably schedule in advance. Telepsychology would still require planning and scheduling; however, the challenges presented by additional time requirements and unpredictable variables can be resolved more easily through telecommunications.

Mobility

As mentioned, interjurisdictional limitations still exist and are discussed elsewhere in this article; however, for intrajurisdictional telepractice, services would no longer need to be discontinued for the length of time the client or clinician is out of town. Telephone communication has, of course, been an integral part of psychological practice for many years, but the advent of inexpensive videoconferencing capability makes real-time, synchronous telepsychology available for most individuals.

Risk Management Tip: Make a determination about using telepsychology primarily based on appropriateness for the individual client.

Once you have decided on using telepsychology with a client, document what variables you considered; your thought process, including how you will continue to assess the appropriateness of this modality; and your client's response.

Clearly, telepsychology can overcome many barriers and increase access to needed services. Knowing how best to provide those services ethically and legally is important to ensure delivery of quality and effective psychological services.

Interjurisdictional Practice

As described earlier, the benefits of telepractice include the ability to reach populations across state lines that might not have had access to services previously and to provide continuity of services to existing clients. For example, it allows us to treat someone in rural areas where traveling to treatment centers may be too cumbersome or to continue treating clients who are transferred for extended periods to another state due to work.

State policies typically address how you can provide telepsychology within the state; however, clinicians must be aware that each state has its own set of laws and regulations about how it permits psychologists from outside its jurisdiction to treat its residents. Some states allow provision of services for limited periods of time without formal notification of the psychology boards, others require permission/

notice prior to starting services, and others will allow out-of-state psychologists to treat its residents only if the psychologists are also licensed in the state where the client is located (i.e., where its residents live and its board has regulatory jurisdiction). Psychologists should be aware of the requirements and expectations of the jurisdiction into which they are practicing. These additional considerations may impact a psychologist's decision whether to provide the services via telecommunication technologies or refer to a local provider.

Risk Management Tip: Psychologists are strongly encouraged to consult with their professional liability carrier, colleagues, and professional association to make a risk management decision about providing telepsychology services across state lines (DeMers, Harris, & Baker, 2018, p. 162).

There have been efforts to address the discrepancies between states to make the provision of vital services less constricting for the provider while also ensuring services from qualified providers for the community. In addition to psychology, several professions (e.g., medicine, nursing, physical therapy) have utilized an interstate compact structure to meet these needs. At the time of this writing, the Association of State and Provincial Psychology Boards (ASPPB) has established the Psychology Interjurisdictional Compact (PSYPACT), an interjurisdictional compact that will facilitate the practice of telepsychology across participating state lines through Authorization to Practice Interjurisdictional Telepsychology and allow for temporary in-person, face-to-face psychological practice for up to 30 workdays per year through Temporary Authorization to Practice. This agreement between participating states will facilitate continuity of care when the client relocates or travels, certify that psychologists meet acceptable standards of practice, promote cooperation in licensure and regulation between PSYPACT states, grant compact states authority to hold licensees accountable, increase consumer protection across state lines, and promote ethical and legal interjurisdictional practice.

PSYPACT became operational in April 2019 when the required seventh state (Georgia) enacted legislation. There are currently 12 states that are part of the compact (Arizona, Colorado, Delaware, Georgia, Illinois, Missouri, Nebraska, Nevada, New Hampshire, Oklahoma, Texas, and Utah). PSYPACT has active legislation in North Carolina, Pennsylvania, and Washington, DC, and prefiled bills for 2020 in Wyoming and Kentucky.

The Commission, the governing body of PSYPACT, responsible for its oversight and creation of its rules and bylaws, was also established in April 2019. Each participating PSYPACT state selects its own commissioner to serve on the Commission and participate in this process. It held its first meeting in July 2019, where it elected officers and drafted its bylaws. At the time of this writing, The PSYPACT Commission has finalized its bylaws and is currently in the process of drafting and finalizing rules that will further define requirements for practice under PSYPACT. For more information, resources, and ongoing developments about PSYPACT, please go to PSYPACT. org.

What Do I Need to Know?

There are many opportunities for psychologists to use telepsychology as a primary method of providing services or as a supplement to benefit clients, and as with in-person provision of services, there are many responsibilities—some similar and some different. Fortunately, there are many resources to support psychologists in this new area. Some of those (e.g., Telemedicine Guidelines) originate in other professions and are useful in providing new points of information and guidance for initiating telepsychology. For psychologists, however, the foundational resources are the profession's Ethics Code, the Telepsychology Guidelines, and one's jurisdictional statutes and regulations. These resources support the maintenance of professional practice behaviors, decision making, and the ability to understand and convert ethical in-person practice to telepsychology.

In 2011, a joint task force was created by Dr. Melba Vasquez, then president-elect of the American Psychological Association (APA), to develop guidelines for psychologists for the practice of telepsychology. The task force included and was cochaired by representatives of APA, ASPPB, and the American Insurance Trust (The Trust). The task force focused on identifying aspects of the use of telecommunication technologies that differ from the in-

person provision of services. Eight guidelines were established: Competence, Standards of Care, Informed Consent, Confidentiality, Security/Transmission of Data, Disposal of Data, Testing and Assessment, and Interjurisdictional Practice. The guidelines, which were approved in July 2013, are intended both to educate and to inform psychologists in their practice in applying current standards of professional practice when using telecommunication technologies in providing psychological services.

Telepsychology is not a specialty but rather is a modality that extends in-person standards of practice to telecommunication. Telepsychology does not draw upon or derive from new ethical standards but introduces the need for awareness of additional factors, decisions, and actions that arise in the context of electronic transmissions (Cooper, Campbell, & Smucker Barnwell, 2019). Seven of the eight APA Telepsychology Guidelines (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013) are, in fact, standards of the Ethical Principles of Psychologists and Code of Conduct (APA, 2017). Competence, Standards of Care (which is nested in Competence), Informed Consent, Confidentiality, Recordkeeping (i.e., Security and Transmission of Data and Disposal of Data), and Testing/Assessment are major sections of the APA Ethics Code and are foundational concepts that frame psychologists' decision making. Interjurisdictional practice is the only Telepsychology Guideline not inherently represented in the APA Ethics Code. Given the diverse and broad spectrum of professional psychology, some may ask if the APA Ethics Code and the Telepsychology Guidelines apply to all areas of psychology. The APA Ethics Code and the Telepsychology Guidelines are written for clarity and utility and for that reason cannot offer greater specificity for all areas of practice but are meant to be applicable to all. Telepsychology Guidelines, albeit not enforceable, are intended to lend direction for adherence to the standards of care.

Psychologists are knowledgeable of the APA Ethics Code principles and standards. Such understanding provides a strong foundation for psychologists as they begin their orientation to telepractice. The standards of care for in-person practice are not diminished or altered for telepsychology, and therefore, an understanding of the factors introduced by electronic communication is essential. The remainder of this section will highlight the telepsychology aspects of the APA Ethics Code toward the maintenance of standards of care as detailed in the APA Telepsychology Guidelines (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013).

Risk Management Tip: Psychologists consider clinical, ethical, legal, and risk dimensions when considering the practice of telepsychology.

Know where to find important guidelines and keep them easily accessible. Remember, too, that guidelines and standards are important, but so is ensuring your understanding of those resources, how they are interpreted by other professionals, and how they can be applied.

Competence

In addition to clinical competence, which is expected for in-person practice, psychologists additionally engage in education and training to ensure technical competence. Further, psychologists will want to assess their clients' technical competence to participate in telepsychology and do have the responsibility, not necessarily to provide but to ensure client competence. An important aspect of self and client competency assessment is the awareness and understanding of the impact language, culture, disability, and other diversity factors may have on psychological services provided through this modality.

Risk Management Tip: Take reasonable steps to ensure your intellectual competence, technical competence, emotional competence, and cultural competence, as well as to protect clients and others from harm.

Self-assessment is important, but seeking out objective feedback with a colleague, a peer consultation group, or mentor about your competence level is also important. Psychologists will want to assess the appropriateness of teleservices for each client, determine pros and cons, and document their decisions. Should treatment effectiveness not be evidenced in telepsychology, psychologists will want to transition to in-person practice or refer the client.

Standards of Care

Psychologists are aware of the growing means of electronic communication in addi-

tion to the gold standard (i.e., synchronous, face-to-face videoconferencing) such as e-mail, texting, and telephone. Psychological services are likely to increasingly include social media platforms. An early step in preparation for telepractice is a risk-benefit assessment for each client regarding the client's clinical needs, logistical factors, cultural variables, and any relevant factors to treatment effectiveness. Particularly important is an assessment of the "medical conditions, mental status, and stability, psychiatric diagnosis, current or historic use of substances, treatment history, and therapeutic needs that may be relevant" (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013, p. 795).

Risk Management Tip: Conduct a conservative assessment of a client's diagnosis, history, and risk level and determine that these factors do not contraindicate providing services via telepsychology.

Seek risk management resources, including consultation, which identify high-risk populations and other factors that may interfere with effective use of telepsychology.

The most desirable condition for telepsychology is for the client to be physically located at a facility in which the requirements for privacy, confidential exchanges, and absence from distractions are ensured. Psychologists will make decisions about the remote environment and whether it meets the same standards of practice as in-person services. If clients are located in personal space, such as one's home, or in public space, the conditions for services can be compromised. If others are in the room, distractions and loss of confidentiality can occur, and depending on the level and quality of the platform used (e.g., videoconferencing vs. e-mailing), someone other than the client could be responding. Unless psychologists have agreements with clients to meet these standards, others could be sitting across the room influencing the client, children/adults could be passing in and out of the room, and someone else could be texting or e-mailing the clinician rather than the client. Monitoring of these conditions is an ongoing process, not an initial assessment only.

Informed Consent

The APA Ethics Code identifies the key elements of informed consent that are necessary elements of professional practice in psychology.

Risk Management Tip: Clinicians should thoroughly inform clients of what they may expect in terms of services offered, unavailable services, access to the practitioner, emergency coverage, and similar issues.

Psychologists are encouraged to review available resources, including sample informed consent documents, and make a checklist of important areas to cover. Additionally, they should document the process as well as any notable exchanges with the client.

Telepsychology requires new and essential components to informed consent of which psychologists must be aware in order to maintain standards of care. For example, in-person services do not present the risk of a client appearing for an appointment at midnight, or technology interruption preventing the last half of the session, and billing would not vary with each session. Some of the important, newly introduced factors that should be addressed in the informed consent include the following: (a) Boundaries of communication should be agreed on before beginning services. Psychologists might want to establish a separate e-mail and phone number and other means by which clients initiate contact. Psychologists who often return a text message on Saturdays and then fail to do so on one occasion could have established the expectation of Saturday services by clients, which would be a risk factor in an emergency situation. Acceptance of nonemergency e-mails and other asynchronous communication establishes flexible boundaries and reasonable client expectation of the psychologist's availability. Asynchronous communication for substantive content should be avoided; exceptions could be changing appointments and logistical information. (b) Technology interruptions are unexpected and can interfere with or terminate communication. Psychologists should develop a procedure to be enacted in these situations. Clients should agree to the procedure and understand what to do. Technical competency of clients comes into consideration in clients' knowing how to avoid accidental transmission of messages to others and in exercising vigi-

lance in the method of responding. Use of social media is particularly vulnerable to accidental misdirection or nonconfidential communication. (c) Billing for telepsychology services is unique in that sessions may vary in length; psychologists may bill differently for texting, phoning, e-mail, and videoconferencing. These variations should be determined in advance of services, agreed upon by clients, and prominent in the informed consent.

Risk Management Tip: If third parties are billed for services offered via electronic means, practitioners must clearly indicate that fact on billing forms.

Billing codes are standardized, so psychologists are encouraged to consult with colleagues and their professional association to ensure knowledge of and access to current codes, keeping in mind they may change over time.

(d) Engagement in initiating, maintaining, and responding to telecommunications by clients is much more extensive than in in-person service. Psychologists may include in informed consent the responsibilities of clients to participate in maintenance of standards of practice.

Informed Consent Self-Assessment Checklist

- Did I inform patients/clients/consultees how I will communicate with them using technology, what type of information is appropriate to share over this modality, and the time frame they may expect a response?
- Did I have a plan for how I will react if I receive sensitive information (e.g., grounds for mandated reporting) from a patient/ client/consultee through technological communications?
- Did I screen patients/clients/consultees for appropriateness with technology-based services (e.g., clinical, technological, language)?
- Did I obtain documented informed consent with all patients/service recipients or their guardians at the outset of services?
- Have I identified any particular risks related to interventions that have or have not been tested in a technology-based service delivery? Have I made these risks clear to the patients/clients/consultees so that they are able to make an informed decision

about initiating or continuing with services?
- Does my informed consent include information about my privacy, security, and data storage, transmission, and disposal policies?
- Did I establish a fee schedule related to telecommunications-based services that specifies issues related to technology disruptions?
- Was I knowledgeable about emergency, professional, and consultative local resources for the person I plan to serve remotely?
- At the outset of a remote service, did I obtain a contact number for my client in case of technological failure or clinical emergency (Adams Larsen & Juntunen, 2018, p. 51)?

Confidentiality

Discovery of in-person service clinical notes or session content is only at risk for a court subpoena. Online content is publicly discoverable. Clients must be informed that total confidentiality cannot be assured; however, security measures, privacy settings, and other safeguards can be employed.

Risk Management Tip: A careful statement about the limitations of confidentiality should be developed and provided to clients at the start of treatment. The statement should inform clients of the standard limitations (e.g., child abuse reporting mandates), any state-specific requirements, and cautions about privacy problems with broadcast conversations.

The threats to confidentiality include therapist/client misdirection of content (e.g., e-mails, texts), technology failures, use of social media, and in-person viewing of electronic messages by others in the therapist or client space.

Risk Management Tip: Follow basic security protocols to ensure that sensitive patient data are never placed at unnecessary risk: Password protect the device, secure the devices when not in use, and limit use of devices to professional activities (Smucker Barnwell & Adams Larsen, 2018, p. 118).

No e-mail message is truly and irrevocably deleted. Psychologists should be aware that any content written can be retrievable without the psychologist's permission. Psychologists who use social media for personal and not for professional purposes are still at risk given that those who have access to their platforms may pass photos and content along to someone else who in the thread of viewers may include a client. Inversely, psychologists are cautioned against using search engines to acquire information about clients without a prior explanation to the client of why the electronic access to client activity is necessary. What does a psychologist do with adverse information about a client that the client does not know the psychologist has? Psychologists who work with adolescents and young adults may be encouraged by clients to communicate through continually evolving social media platforms. A thorough risk/benefit assessment should be conducted and contractual agreements with clients should be recorded in the informed consent should these evolving technologies be utilized.

Security, Transmission, and Disposal of Data and Information (Recordkeeping)

For in-person services, psychologists are in possession of all client-related data kept in file cabinets until recently. Psychologists would need to get permission for records to be viewed or copied except for a court records' subpoena. Online communication, videoconferencing, and electronic transmissions are all recorded by the clients as well as by the psychologists. Every word a psychologist says can be reproduced by the client and potentially by others. This would be the equivalent to clients videotaping clinical sessions and storing them at home. Psychologists may include in their informed consent, an agreement on how data are handled between the psychologist and client, and how the client treats and manages online information.

Unique threats to confidentiality in telecommunication 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" (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013, p. 797). Psychol-

ogists acquire additional training and consultation in utilization encryption, robust passwords, and backup systems as essential means of securing confidential data.

Risk Management Tip: Seek frequent consultation from knowledgeable legal, computer and server IT, and malpractice experts (Smucker Barnwell & Adams Larsen, 2018, p. 118).

Electronic data are applicable to the APA Recordkeeping Guidelines (APA, 2007) in that types of data, length of retention, and treatment of data standards for in-person records should be met. Psychologists develop policies and procedures for disposal of records that ensure confidentiality. Cleaning data from hardware before reuse and monitoring the existence of malware, cookies, and other software should also be erased (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013).

Testing and Assessment

The major distinctions in assessment between in-person and online administration rest with two areas of practice: (a) appropriate procedural use of instruments consistent with the test manual instructions for administration and (b) lack of control of the remote environment. Test developers and publishers are vigorously engaged in modifying tests that were meant to be administered in person and in the development for online use. Psychologists are aware of the intended administrative procedures of all tests utilized and remain consistent with such. The soundness of the validity, reliability, and other psychometric properties is critical to the usefulness of test results and recommendations. Regardless of mode of administration, psychologists maintain the integrity of their testing procedures and resulting data by following the instructions of the manual. If a departure is required, psychologists will want to explain the why and how a departure was adopted. Fidelity to the test instructions and adherence to norms are critically important. In-person testing certainly requires attention to appropriateness of norms and other test characteristics in light of diversity factors such as language, culture, socioeconomic status (SES), age, and ethnicity as well as disabilities and impairments. Equally

important are these factors in online testing. Psychologists will want to comment in their reports on the appropriateness of online testing if the norms of the online tests do not include the population being tested.

Risk Management Tip: Be deliberate in choosing and using technologies and hardware needed to conduct assessments. Be cognizant of factors that can arise regarding diverse populations (e.g., language, culture, impairments) and correct or accommodate and note those factors and their potential impact (Crow & Landry Poole, 2018, p. 138).

Consultation with those who have experience in telepsychology and assessment and in risk management is essential, as is continued education about how assessments and telepsychology impact each other, modifications that are recommended, and any new normative data.

A significant factor in online testing is lack of control of the remote site. Even with video capability, clients may have access to cell phones, the Internet, or other devices and thereby void the results of the assessment. Coaching, consultation, and other external sources of information could compromise the accuracy of scores. Relatedly, distractions that do not enhance performance, such as children being present or phones ringing, compromise the testing site. The most desirable solution to the remote site challenge is an onsite proctor. In actuality, testing and assessment are characterized by significant limitations at best and should be considered with great care. The APA Guidelines on Assessment and Evaluation, which include a section on technology, will be presented for a vote by APA Council in 2020 and will become another resource for maintaining standards of practice.

In summary, the ethical engagement in telepsychology is greatly enhanced by utilization of the resources described here. The extension of practice introduced by telepsychology presents a challenge to psychologists but also a significant expansion of access to client populations and fulfillment of needed services to those populations.

What Should I Do?

Psychologists should be thoughtful and strategic in deciding whether to use telecommunications technologies. The following are considerations when deciding to implement telepsychology with specific clients and their particular presenting problems:

1. Use of telepsychology services should be deemed at least as effective as face-to-face services and should be determined by evidence-based findings regarding client variables and application of the techniques or theoretical approaches employed.

2. Review available literature to support the use of telepsychology with each client's specific diagnosis.

3. The psychologist should review current laws, state and national, as well as regulatory rules in order to ensure that the psychologist is engaged in appropriate and legal practice.

4. Make a determination of technology use primarily based upon appropriateness for the individual client.

5. Develop a plan for using telepsychology and technology with clients that outlines the rationale and process. Discuss the reason for introducing the telepsychology component with the client and obtain informed consent.

6. Discuss and address new issues of confidentiality and security that arise with the introduction of the telepsychology component in therapy, including securing the area where the patient will be during the telepsychology sessions.

7. Practice using the equipment and software to ensure the patient is comfortable and capable of engaging in telepsychology.

8. Conduct ongoing monitoring to ensure that telepsychology continues to meet the intended therapeutic purpose.

9. Technology competence should be assured both for the psychologist and the client. When evaluating the progress of a client, the psychologist should also evaluate the use of technology.

10. Join or create an ongoing, standing group of other psychologists who use technology in their work to provide continual consultation and support.

11. Conduct periodic assessment of the clinical utility of the technology being

used to determine whether to continue its use.

Psychologists who decide to incorporate telepsychology into their practices will be able to answer these questions confidently and completely:

1. How much do I know about the clinical research/professional literature, including guidelines, on using telepsychology? Are there better, more secure, or more effective alternatives?
2. How much do I know about the legal or regulatory policies in my state governing telehealth?
3. How much do I know about the technology that I want to use in my practice? Specifically, what are the benefits and what are the risks?
4. How will I monitor and ensure appropriateness of treatment, technological competence, confidentiality and security, knowledge of emergency resources, and continued learning?
5. How will I identify and manage risk?

Health Insurance Portability and Accountability Act/Health Information Technology for Economic and Clinical Health Act

In addition to state and jurisdictional requirements, psychologists must ensure compliance with federal requirements. The Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Privacy & Security Rule requirements extend to *all* the clients' data. These rules govern what disclosures of patient health information are permitted and provide policies governing electronic patient health information—secure transmission, transmission quality, audit trails, and breach notification policies. Psychologists need a business associate agreement with any third party that may have access to patients' data (e.g., accountant, billing service, practice management software, answering service, cloud storage).

Risk Management Tip: Thoroughly review and consult to learn what you do not know, what you need to know, and what you need to access, and then develop a plan of action before disposing of data and devices.

They also need policies and procedures in place to securely store, transfer, and dispose of patient data and should use HIPAA-compliant vendors and encryption, when possible (Campbell, Baker, Martin, & Millán, 2018).

Hardware Disposal Plan

- Delete all files from the laptop computer.
- Reformat computer hard drive and USB drives.
- Complete "factory reset" or "hard reset" for mobile device and tablet.
- Ensure that no patient information remains on encrypted external storage devices (e.g., USB flash drives) by deleting files and reformatting the drive.
- Recycle hardware with a local technology recycling company or with a vendor offering a rebate.

Software Removal/Disposal Plan

- Delete all contacts and call history from text, e-mail, and videoconferencing programs.
- Uninstall software/mobile applications from all hardware.
- Log in to any web-based interfaces (e.g., e-mail program, web management for secure text account) to delete any stored information (e.g., stored patient information, call logs of prior clinical contacts).
- Contact the vendors for web-based services to inquire how to ensure that all deleted information was permanently deleted from any future access (Smucker Barnwell & Adams Larsen, 2018, p. 105).

Staying Informed/Staying Current

Psychologists are very familiar with their responsibility to be competent as professionals, and when practicing telepsychology, technical competence is added to intellectual and emotional competence. Keeping one's knowledge base up-to-date is a critical component of being competent and is good risk management.

Risk Management Tip: Seek appropriate consultation.

State, regional, and national professional associations are good places to look for paid and peer consultation. Psychologists are encouraged

to identify those who have experience with telepsychology in diverse settings and with diverse populations. They should remember to include professional groups that focus on telemetry and consult with their professional liability provider for risk management guidance, workshops, and other resources.

The ever-changing world of technology and of the standard of care for using telepsychology in therapy and assessment requires vigilance on the part of the practitioner. While certain elements may remain underlying principles for the practice of telepsychology, many elements will also change because of the rapid advances in technology and evolving legal and regulatory requirements (Campbell, Millán, et al., 2018). Because of these changes, the best guidance for psychologists to stay current and engage in the competent practice of telepsychology is to identify seminal documents and informational sources, as well as to encourage continuing education and consultation with risk management experts and those engaged in the ethical practice of telepsychology and its further development.

Risk Management Tip: Have a good working knowledge of the Ethics Code, the Guidelines for the Practice of Telepsychology, and legal standards governing practice.

At the heart of critical sources of information are the following:
- Guidelines for the Practice of Telepsychology (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013), https://www.apa.org/practice/guidelines/telepsychology: These aspirational guidelines are designed to facilitate the practice of telepsychology and to improve the efficiency, effectiveness, and competence of those who practice. The Guidelines include 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.
- Ethical Principles of Psychologists and Code of Conduct (APA, 2017), https://www.apa.org/ethics/code/ethics-code-2017.pdf: The Ethics Code identifies standards and rules of conduct that apply to psychologists in their professional roles. As stated in the introduction to the code, "Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists."
- State regulations and guidelines: The practice of psychology is regulated by each state, which sets forth requirements for licensure. Requirements vary from state to state, so it is critically important to be familiar with individual state regulations, especially temporary or guest practice provisions. Many states have also developed specific telepsychology statutes/regulations. Consult the Business and Professions Code of your state laws and the states in which you wish to practice to ensure you are aware of laws governing practice. While there are many sites that present compilations of state licensing laws, it is the responsibility of each psychologist to verify information by consulting state laws directly. Remember, too, that laws change, so frequent review of state regulations is strongly suggested.
- ASPPB, https://www.asppb.net: With its mission "To support member jurisdictions in fulfilling their responsibility of public protection" and a vision of "Consistent standards that ensure the competent practice of psychology," ASPPB created PSYPACT, an interstate compact, "to facilitate telehealth and temporary in-person, face-to-face practice of psychology across jurisdictional boundaries." ASPPB provides important and updated information on PSYPACT legislation, rules, and implementation in addition to a database of current licensing requirements through its PSY/Book, formerly known as the *ASPPB Handbook on Licensing and Certification Requirements* (https://www.asppb.net/page/psybook).
- The Trust (https://www.trustinsurance.com): The Trust remains a leading provider of insurance and risk management programs for psychologists, psychology students, and related individuals in the United States. The Trust participated in the task force that developed the Guidelines for the Practice of Telepsychology (Joint Task Force for the Devel-

opment of Telepsychology Guidelines for Psychologists, 2013). In addition, the workshops and consultation that The Trust offers through its risk management program provide psychologists with important guidance to help them reduce their risk in the area of telepsychology.

- Another valuable resource is the American Telemedicine Association (https://www.americantelemed.org), which provides training materials and opportunities, discussion forums, updates in the field of telehealth, and information on current telehealth initiatives.

There are many additional resources to consult. Check with your state as well as national psychological associations for webinars, legislative updates, and colleagues who may be knowledgeable about telepsychology. Also helpful is an independent telemental health technology comparison site (https://telementalhealthcomparisons.com/), which includes a comparison of software for practitioners and other resources. Finally, consulting with an attorney who works with mental health professionals engaged in telemedicine practice and who is familiar with telepsychology practice and regulations can be immensely helpful.

Conclusion

Technology transforms daily living in ways not imaginable even a few years ago. The practice of psychology is equally impacted, resulting in early career and senior psychologists alike needing guidance. Students and early career psychologists are learning to apply standards of practice to their familiarity with technology, and psychologists who are not technology savvy are learning to apply technology to their expertise in traditional practice. That is, there is room for all to learn and adapt. This article has walked the reader through the primary phases of telepsychology practice. A new modality of practice can be daunting, particularly one such as telepsychology, which requires a reorienting of the way psychologists think about standards of care and how they conduct their practices. Psychologists who are considering telepsychology typically want to know the following: What are the benefits and barriers? What do I need to know? How can I ensure that I am practicing within my scope and within the boundaries of ethical and legal practice? What should I do to proceed? These and other questions are answered here as well as risk management tips offered,

which give guidance to psychologists in their decision-making process. Psychologist practitioners are on the leading edge in advancing services to clients/patients in the burgeoning settings in which they practice and in expanding scope of practice. Psychologists have choices of the degree, depth, type, and form in which they participate in telepsychology. This article is intended to assist in making these choices.

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