

# GUIDELINES FOR THE PRACTICE OF TELEPSYCHOLOGY

## Introduction

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

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

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

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

40  
41 The practice of telepsychology involves consideration of legal requirements, ethical standards,  
42 telecommunication technologies, intra- and interagency policies, and other external constraints,  
43 as well as the demands of the particular professional context. In some situations, one set of  
44 considerations may suggest a different course of action than another, and it is the responsibility  
45 of the psychologist to balance them appropriately. These guidelines aim to assist psychologists in  
46 making such decisions. In addition, it will be important for psychologists to be cognizant and  
47 compliant with laws and regulations that govern independent practice within jurisdictions and  
48 across jurisdictional and international borders. This is particularly true when providing  
49 telepsychology services. Where a psychologist is providing services from one jurisdiction to a  
50 client/patient located in another jurisdiction, the law and regulations may differ between the two  
51 jurisdictions. Also, it is the responsibility of the psychologists who practice telepsychology to  
52 maintain and enhance their level of understanding of the concepts related to the delivery of  
53 services via telecommunication technologies. Nothing in these guidelines is intended to  
54 contravene any limitations set on psychologists’ activities based on ethical standards, federal or  
55 jurisdictional statutes or regulations, or for those psychologists who work in agencies and public  
56 settings. As in all other circumstances, psychologists must be aware of the standards of practice  
57 for the jurisdiction or setting in which they function and are expected to comply with those  
58 standards. Recommendations related to the guidelines are consistent with broad ethical  
59 principles (APA Ethics Code, 2002a, 2010) and it continues to be the responsibility of the  
60 psychologist to apply all current legal and ethical standards of practice when providing  
61 telepsychology services.

62

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

72

### 73 **Definition of Telepsychology:**

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

92

### 93 **Operational Definitions:**

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

103  
104 The term “**client/patient**” refers to the recipient of psychological services, whether  
105 psychological services are delivered in the context of healthcare, corporate, supervision, and/or  
106 consulting services. The term “**in-person,**” which is used in combination with the provision of  
107 services, refers to interactions in which the psychologist and the client/patient are in the same  
108 physical space and does not include interactions that may occur through the use of technologies.  
109 The term “**remote**” which is also used in combination with the provision of services utilizing  
110 telecommunication technologies, refers to the provision of a service that is received at a different  
111 site from where the psychologist is physically located. The term “remote” includes no  
112 consideration related to distance, and may refer to a site in a location that is in the office next  
113 door to the psychologist or thousands of miles from the psychologist. The terms “**jurisdictions**”  
114 or “**jurisdictional**” are used when referring to the governing bodies at states, territories, and  
115 provincial governments.

116  
117 Finally, there are terms within the document related to confidentiality and security.  
118 “**Confidentiality**” means the principle that data or information is not made available or disclosed  
119 to unauthorized persons or processes. The terms “**security**” or “**security measures**” are terms  
120 that encompass all of the administrative, physical, and technical safeguards in an information  
121 system. The term “**information system**” is an interconnected set of information resources within  
122 a system and includes hardware, software, information, data, applications, communications, and  
123 people.

124

125 **Need for the Guidelines:**

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

144

145 **Development of the Guidelines:**

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

154 technology, ethical considerations, licensure and mobility, and scope of practice, to name only a  
155 few<sup>1</sup>.

156  
157 The Telepsychology Task Force recognized that telecommunications technologies provide both  
158 opportunities and challenges for psychologists. Telepsychology not only enhances a  
159 psychologist’s ability to provide services to clients/patients, but also greatly expands access to  
160 psychological services that, without telecommunication technologies, would not be available.  
161 Throughout the development of these guidelines, the Telepsychology Task Force devoted  
162 numerous hours reflecting on and discussing the need for guidance to psychologists in this area  
163 of practice, the myriad, complex issues related to the practice of telepsychology and the  
164 experiences that they and other practitioners address each day in the use of technology. There  
165 was a concerted focus to identify the unique aspects that telecommunication technologies bring  
166 to the provision of psychological services, distinct from those present during in-person provision  
167 of services. Two important components were identified:

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

172  
173 Therefore, two of the most salient issues that the Telepsychology Task Force members focus on  
174 throughout the document are the psychologist’s own knowledge of and competence in the  
175 provision of telepsychology and the need to ensure that the client/patient has a full understanding  
176 of the potentially increased risks to loss of security and confidentiality when using technologies.

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

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

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### 191 **Competence of the Psychologist**

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

196

#### 197 **Rationale:**

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

206

#### 207 **Application:**

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

217

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

228

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

236

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

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

252

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

258

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

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

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

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### **Standards of Care in the Delivery of Telepsychology Services**

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

279

#### **Rationale:**

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

288

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

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

304

305 **Application:**

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

321

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

329

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

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

341  
342 Psychologists are urged to monitor and assess regularly the progress of their client/patient when  
343 offering telepsychology services in order to determine if the provision of telepsychology services  
344 is still appropriate and beneficial to the client/patient. If there is a significant change in the  
345 client/patient or in the therapeutic interaction to cause concern, psychologists make reasonable  
346 effort to take appropriate steps to adjust and reassess the appropriateness of the services  
347 delivered via telepsychology. Where it is believed that continuing to provide remote services is  
348 no longer beneficial or presents a risk to a client's/patient's emotional or physical well-being,  
349 psychologists are encouraged to thoroughly discuss these concerns with the client/patient,  
350 appropriately terminate their remote services with adequate notice and refer or offer any needed  
351 alternative services to the client/patient.

352

353

### 354 **Informed Consent**

355

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

360

361 **Rationale:**

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

379  
380 Telepsychology services may require different considerations for and safeguards against  
381 potential risks to, confidentiality, information security, and comparability of traditional in-person  
382 services. Psychologists are thus encouraged to consider appropriate policies and procedures to  
383 address the potential threats to the security of client/patient data and information when using  
384 specific telecommunication technologies and appropriately inform their clients/patients about  
385 them. For example, psychologists who provide telepsychology services consider addressing with  
386 their clients/patients what client/patient data and information will be stored, how the data and  
387 information will be stored, how it will be accessed, how secure is the information communicated  
388 using a given technology, and any technology-related vulnerability to confidentiality and security  
389 by creating and storing electronic client/patient data and information.

390  
391 **Application:**

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

406  
407 Besides those unique concerns described above, psychologists are encouraged to discuss with  
408 their clients/patients those issues surrounding confidentiality and the security conditions when  
409 particular modes of telecommunication technologies are utilized. Along this line, psychologists  
410 are cognizant of some of the inherent risks a given telecommunication technology may pose in  
411 both the equipment (hardware, software, other equipment components) and the processes used  
412 for providing telepsychology services, and strive to provide their clients/patients with adequate  
413 information to give informed consent for proceeding with receiving the professional services  
414 offered via telepsychology. Some of these risks may include those associated with technological  
415 problems, and those service limitations that may arise because the continuity, availability and  
416 appropriateness of specific telepsychology services (e.g. testing, assessment and therapy) may be  
417 hindered as a result of those services being offered remotely. In addition, psychologists may  
418 consider developing agreements with their clients/patients to assume some role in protecting the  
419 data and information they receive from them (e.g. by not forwarding emails from the  
420 psychologist to others).

421

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

432  
433

#### 434 **Confidentiality of Data and Information**

435

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

#### 440 **Rationale:**

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

448

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

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

457

458 **Application:**

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

470

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

478

479

480 **Security and Transmission of Data and Information**

481

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

485

486 **Rationale:**

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

505

506 **Application:**

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

512

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

523

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

532

533

#### 534 **Disposal of Data and Information and Technologies**

535

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

539

#### 540 **Rationale:**

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

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

550

551 **Application:**

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

560

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

566

567

568 **Testing and Assessment**

569

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

573

574 **Rationale:**

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

590

591 **Application:**

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

605

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

613  
614 When administering psychological tests and other assessment procedures when providing  
615 telepsychology services, psychologists are encouraged to consider the quality of those  
616 technologies that are being used and the hardware requirements that are needed in order to  
617 conduct the specific psychological test or assessment approach. They also strive to account for  
618 and be prepared to explain the potential difference between the results obtained when a particular  
619 psychological test is conducted via telepsychology and when it is administered in-person. In  
620 addition, when documenting findings from evaluation and assessment procedures, psychologists  
621 are encouraged to specify that a particular test or assessment procedure has been administered  
622 via telepsychology, and describe any accommodations or modifications that have been made.

623  
624 Psychologists strive to use test norms derived from telecommunication technologies  
625 administration if such are available. Psychologists are encouraged to recognize the potential  
626 limitations of all assessment processes conducted via telepsychology, and be ready to address the  
627 limitations and potential impact of those procedures.

628  
629

### 630 **Interjurisdictional Practice**

631

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

635

636 **Rationale:**

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

651  
652 **Application:**  
653 It is important for psychologists to be aware of the relevant laws and regulations that specifically  
654 address the delivery of professional services by psychologists via telecommunication  
655 technologies within and between jurisdictions. Psychologists are encouraged to understand what  
656 the laws and regulations consider as telehealth or telepsychology. In addition, psychologists are  
657 encouraged to review the professional licensure requirements, the services and  
658 telecommunication modalities covered, and the information required to be included in providing  
659 informed consent. It is important to note that each jurisdiction may or may not have specific laws  
660 which impose special requirements when providing services via telecommunication  
661 technologies. The APAPO (2010) has found that there are variations in whether psychologists  
662 are specified as a single type of provider or covered as part of a more diverse group of providers.  
663 In addition, there is wide diversity in the types of services and the telecommunication  
664 technologies that are covered by these laws.

665  
666 At the present time, there are a number of jurisdictions without specific laws that govern the  
667 provision of psychological services utilizing telecommunication technologies. When providing

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

672

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

684

685

686

### **Conclusion**

687

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

## References

- 696  
697  
698 American Educational Research Association, American Psychological Association, & National  
699 Council on Measurement in Education. (current edition). *Standards for educational and*  
700 *psychological testing*. Washington, DC: American Psychological Association.  
701  
702 American Psychological Association (2002a). Ethical principles of psychologists and code of  
703 conduct. *American Psychologist*, *57*, 1060-1073.  
704  
705 American Psychological Association (2002b). Criteria for practice guideline development and  
706 evaluation. *American Psychologist*, *57*, 1048-1051.  
707  
708 American Psychological Association. 2008. Center for Workforce Studies. Retrieved from  
709 <http://www.apa.org/workforce/publications/08-hsp/telepsychology/index.aspx>.  
710  
711 American Psychological Association (2010). 2010 Amendments to the 2001 “Ethical principles  
712 of psychologists and code of conduct.” *American Psychologist*, *65*, 493.  
713  
714 American Psychological Association (2003). Guidelines on multicultural education, training,  
715 research, practice, and organizational change for psychologists. *American Psychologist*, *58*, 377-  
716 402.  
717  
718 American Psychological Association (2007). Record keeping guidelines. *American Psychologist*,  
719 *62*, 993-1004.  
720  
721 American Psychological Association Practice Organization. (2010). Telehealth: Legal basics for  
722 psychologists. *Good Practice*, *41*, 2-7.  
723  
724 American Psychological Association Practice Organization. (2012). Social Media: What’s your  
725 policy. *Good Practice*, *Spring/Summer*, 10-18.  
726

727 Baker, D. C., & Bufka, L. F. (2011). Preparing for the telehealth world: Navigating legal,  
728 regulatory, reimbursement, and ethical issues in an electronic age. *Professional Psychology:  
729 Research and Practice*, 42 (6), 405-411.  
730

731 Canadian Psychological Association: Ethical guidelines for psychologists providing services via  
732 electronic media. (2006). Retrieved from  
733 <http://www.cpa.ca/aboutcpa/committees/ethics/psychserviceselectronically/>.  
734

735 Committee on National Security Systems. (2010). *National Information Assurance Glossary*.  
736 Washington, DC: Author.  
737

738 Ohio Psychological Association: Telepsychology guidelines. (2010). Retrieved from  
739 <http://www.ohpsych.org/psychologists/files/2011/06/OPATelepsychologyGuidelines41710.pdf>.  
740

741 New Zealand Psychological Association: Draft Guidelines: Psychology services delivered via the  
742 Internet and other electronic media. (2011). Retrieved from  
743 [http://psychologistsboard.org.nz/cms\\_show\\_download.php?id=141](http://psychologistsboard.org.nz/cms_show_download.php?id=141).  
744

745 Reed, G. M., McLaughlin, C.J., & Millholland, K. (2000). Ten interdisciplinary principles for  
746 professional practice in telehealth: Implications for psychology. *Professional Psychology:  
747 Research and Practice*, 31 (2), 170-178.  
748

749 U.S. Department of Health and Human Services, Health Resources and Services Administration.  
750 (2010). *Special Report to the Senate Appropriations Committee: Telehealth Licensure Report*.  
751 Washington, DC: Author.  
752

753 U.S. Department of Commerce, National Institute of Standards and Technology. (2011). *A  
754 Glossary of Key Information Security Terms*. Washington, DC: Author.  
755

756 U.S. Department of Commerce, National Institute of Standards and Technology. (2008). *An*  
757 *Introductory Resource Guide for Implementing the Health Insurance Portability and*  
758 *Accountability Act (HIPAA) Security Rule*. Washington, DC: Author.  
759