

# A Practical Guide to Providing Telepsychology with Minimal Risks

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# Disclosure

- The presenters no actual or potential conflict of interest in relation to this program/presentation.



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# Learning Objectives

- Demonstrate the basic skills necessary to provide remote video conferencing services.
- Identify ethical, legal, and disciplinary trends in the field of telepsychology and how to apply them to challenging, real-life cases.
- Explain the basic telepsychology risk management skills, including how to decide when it is prudent to provide remote professional services and how to minimize risk through consultation, documentation and case selection.
- Describe the PSYPACT consortium, including what it is, the requirements for participation, what states currently participate or are likely to in the near future, and how differences in state legal approaches will be resolved.



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# ASPPB

- 64 jurisdictions in the US and Canada
- Resource for licensing boards and colleges
- Helps promote mobility and standards for the regulatory community
  - EPPP
  - Credentials Bank – (there is no fee to bank your credentials)
  - Psychology Licensure Universal System (PLUS)
  - Interjurisdictional Practice Certificate (IPC)
  - Certificate of Professional Qualification (CPQ)
  - Code of Conduct
  - PSYPACT



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# Telepsychology

- What is it?
- Is it a new concept or just another mechanism to provide psychological services?
- Do you need specialized training to provide electronic services?
- Do you need to develop a separate ethics code for the telepsychology practice?
- Do you need to develop special competencies?
- How do you deal with different laws in different jurisdictions?



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# How is Telehealth Defined?

National Telehealth Resource  
Centers (NTRCs)

Collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.

The American Telemedicine  
Association (ATA)

Uses the term telehealth interchangeably with telemedicine which it defines as the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.

The Center for Medicare &  
Medicaid Services (CMS)

Certain services like office visits and consultations that are provided using an interactive 2-way telecommunications system (with real-time audio and video) by a doctor or certain other health care provider who isn't at your location.

HHS – Health Resources and  
Services Administration (HRSA)

Use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.



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# Telepsychology

- Telepsychology is defined ... as the provision of psychological services using telecommunication technologies. Include but not limited to:
  - Telephones, mobile devices, interactive videoconferencing, email, chat, texting, and Internet( e.g. self-help, websites, blogs and social media)
- In writing or images, sounds or other data
- Synchronous with multiple parties in real times (videoconferencing, telephone) or
- Asynchronous (email, online bulletin boards, storing or forwarding information) (APA Guidelines)



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# Eight Guidelines of the APA Guidelines on Telepsych

- Competence
- Standard of Care in Delivery of Telepsychological 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
- Interjurisdictional Practice



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# 1. Competence of the Psychologist

- Psychologists who provide telepsychological services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees or other professionals.
  - Which technology works for each patient
  - Handling emergency situations/resources available in the distant community
  - Using telepsychology for supervision encouraged to consult with others who are knowledgeable about the unique issues with telepsychology and local regulations



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## 2. Standard of Care in the Delivery of Telepsychology Services

- Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and through the duration of the telepsychology services they provide.
  - Apply same ethical standards that are required when providing in-person services
  - Field rapidly evolving, psychologists assess appropriateness of using telepsych during initial assessment (risk/benefits) and medium
    - Geography, cultural, patient competence, mental status
  - Monitor progress to determine if still appropriate



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# 3. Informed Consent

- Psychologists strive to obtain and document informed consent that specifically address the unique concerns related to the telepsychology services they provide.
- When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements that govern informed consent in this area.
  - How will patients react
  - Confidentiality, information security and storage
  - Which laws govern



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# 4. Confidentiality of Data and Information

- Psychologists who provide telepsychology services make reasonable effort to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks to loss of confidentiality inherent in the use of the telecommunication technologies, if any.
  - Don't need to be IT expert but should consult
  - Social media
  - HIPAA Compliant
  - Protecting from Breaches



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# 5. Security and Transmission of Data and Information

- Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure.
  - Security of patient records
    - Viruses, flawed software, hackers (informed consent), hard drives problems
    - Develop policies and procedures unique to telepsych for the impact of intended and unintended consequences



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## 6. Disposal of Data and Technologies

- Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.
  - Develop P&P to maximally preserve patient confidentiality and privacy
    - Securely dispose of software and hardware



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# 7. Testing and Assessment

- Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.
  - Integrity of assessment validity and reliability
  - Adhere to *The Standards for Educational and Psychological Testing* (APA/National Council on Measurement in Education/American Educational Research Association)



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## 8. Interjurisdictional Practice

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



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# Interjurisdictional Telepsychological Practice

- Which laws to apply?
  - Where the psychologist is located?
  - Where the patient is located?
  - Which state has jurisdiction?
  - What to do with conflicting laws?
    - Duty to Warn
    - Duty to Report
    - Record Keeping
    - Red Flag Laws



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# TELEPSYCHOLOGY THROUGH VIDEO CONFERENCING



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# Disclaimer

## Conflict of Interest

ALVORD- NO CONFLICTS OF INTEREST  
NO ROYALTIES OR STOCK IN ANY  
TELEHEALTH PRODUCT

.

In-Person –  
physically in same  
space

\*Face-to–

Face\*

Real-time

video/audio

## TERMINOLOGY

Telemedicine

Telepsychology

Telemental Health

Telehealth Video – synchronous  
Telepractice

Provider Site~Remote ~ Hub

Patient Site~Originating site~  
Spoke

Telehealth also means telephone, text, email, social media. This talk relates only to telehealth via video which at this point is the only one that may be reimbursed by insurance.



How does technology  
enhance your practice?

Practice Management

Expanding Treatment Options

Supervision

Research

Training

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# RESEARCH

Few studies prior to 1996

Since 1996, at least one peer-reviewed article/yr. until a few years ago. Since 2012 RCT research studies have increased exponentially!

Empirical studies:

Modalities: primarily individual, some family, group, no couples, mostly CBT

Problem areas: ADHD, PTSD, anxiety, depression, eating disorders smoking sensation, OCD, substance abuse, tics (C-BIT), social phobia, addictions, chronic pain, IBS, obesity, TF-CBT, pediatric applications, parenting, etc.

Improvements in symptoms and no differences between VC and in-person

Higher attrition rates for in-person

Alliance measures mixed even while outcome measures improved

Satisfaction ratings similar, but when dissatisfied it was primarily due to technology glitches.

Dealing with language and hearing/expression barriers

# WHY consider telementalhealth via video?



*THE MINDSET OF PROVIDING SERVICES OTHER THAN IN-PERSON REQUIRES MORE PREP THAN IN-PERSON.*

*YES, THERE IS CPT CODE FOR HIPAA-SECURE SYNCHRONOUS VIDEO & AUDIO SESSIONS (ADD MODIFIER CODE (95). EX. 90834 (95)*





# OVERCOMING BARRIERS

Areas, esp. rural, may have limited access to multi-lingual or multi-culturally specific providers.

Time constraints

In vivo exposures

Temporary or long-term physical disabilities that may limit mobility

May also have limited access to SPECIALIZED evidenced-based assessment and therapeutic intervention, i.e. Trauma Focused CBT Community Outreach Program-Esperanza (COPE) program that provides bi-lingual and bi-cultural clinicians (Jones et al, 2014).

**Cultural competence** – expression of distress in somatic symptoms, for ex. Cultural factors critical esp. when bringing in remote “specialists” **ETHICAL RESPONSIBILITY**

Language (sign and foreign) translators/interpreters

For teens, for ex. No need for parents to transport them

For college students (in-state) or out of state where provider has permission to practice – transition time or continuity of care as adjunct, etc.

# UNDER WHAT CONDITIONS? START WITH IN-PERSON INTAKE

CLINICALLY: WHO IS APPROPRIATE?

CLINICALLY: WHO IS NOT APPROPRIATE?

ASSUMING: PRACTICING WITHIN AREAS OF COMPETENCE

**CLINICIAN COMPETENCE:**  
**CLINICAL**  
**TECHNOLOGICAL**  
**EVIDENCE-BASE OF TELEHEALTH**

OTHER FACTORS TO CONSIDER:

NEED TO BE MORE PREPARED THAN IN-PERSON!

DIAGNOSES, ESP. HIGH RISK – SELF-HARM, SI, SUBSTANCE ABUSE, PSYCHOSIS, WHO MIGHT “LEAVE” THE SESSION

CONSIDER THE NON-VERBALS THAT YOU MISS: SMELL, WATCHING THEIR GAIT, POSTURE, HAND MOTIONS.

# SPECIAL CONSIDERATIONS WORKING WITH A CHILD OR TEEN

Evidence-base exists, but we need more varied environments; Storch et al (2011) found that treating OCD via TMH was superior!

Legal issue: Permission from parent(s) or guardian- divorce/consent issues if you will do primarily virtual visits – which house?

Involving systems (teachers, parents, siblings, other providers)

Depending on age and activity level age, larger room with several cameras might be necessary – or make telehealth inappropriate.

Cameras with pan/tilt/zoom to better capture facial expressions

Emergency or urgent back up plan for teens, esp. impt.

Use of mobile devices for exposures – smartphones, laptops, incorporating use of apps (Virtual Hope Box, for ex.)

School-based TMH increasing

Providers seek update on TMH competency

All ethical considerations as with adults, but more in addition.

# PRINCIPLE C: INTEGRITY INFORMED CONSENT

Synchronous process with limitations: missed non-verbals, internet speed or cut-offs and plans to address

Benefits of telehealth video sessions

Privacy – who has access and how is it protected – who else might “hear” what is going on?

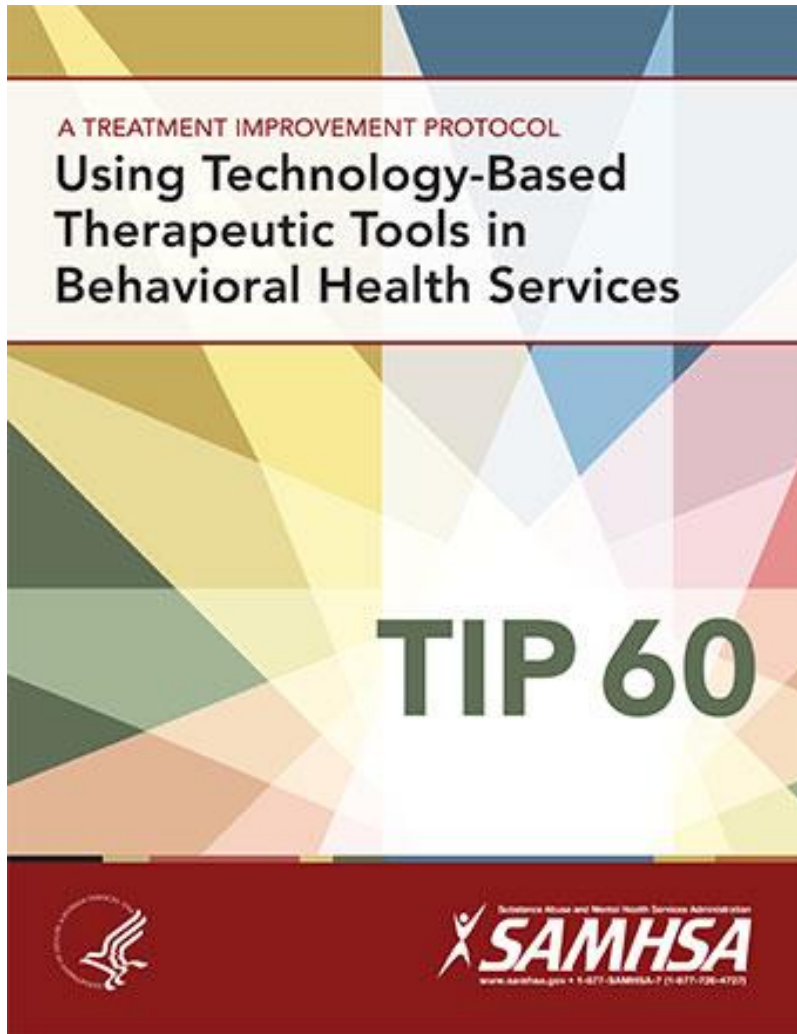
Confidentiality – how it applies to telehealth; exceptions as in-person

Records – no recording on either end unless specified. How are records kept?

Emergency procedures – clinical emergency plans and technology failures

See page 26 of SAMHSA Tip 60

Special considerations for minors



<http://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924>

See page 26 of SAMHSA Tip 60 for INFORMED CONSENT guidelines

The Trust also has a sample informed consent for telepsychology, but make sure you include information that your specific state requires:

<https://parma.trustinsurance.com/Resource-Center/Document-Library>



# SAFETY PLANNING – IN HOME (LUXTON ET

AL, 2012)

**Legal issues:** Licensure requirements

Laws: Detention and involuntary commitment/ duty to warn/ protective services reporting

**Ethical issues:** Area of competence. Appropriateness of treatment. Is this patient isolated and better served outside the home? Issues of confidentiality (i.e. recording). **INFORMED CONSENT** – review patient agreement which includes discussion of safety concerns and plans as well as technological back-up plans.

**Technology:** Competence of use of VC. Internet speed, quality of audio and video, back-up plans for technology glitch.

**Environment:** Lighting, privacy, others in the home/neighbors nearby, patient mobility (wheelchair bound, walker, etc.). Guns or other weapons in the home.

**Resources in Community:** Local 911, hospitals or partial programs. Other emergency systems.

**ALWAYS have phone number and address of where they are during the session. Have contact info for identified back-up individual. Monitor risk each session – include outcome measures.**

Collaborate with other providers! Have a team available for consult and emergency implementation.



- Be prepared for technology not to all work
- and to troubleshoot lighting in front of you
- Professional attire – top to bottom
- What is your background?
- Who can hear you?



- Back-up audio



- Broadband width – upload and download must be sufficient

# HOW? WHAT DO YOU NEED?

- \*HIPAA secure system and BAA
- \*Proper lighting
- \* Privacy

# PLATFORMS THAT SEEM TO MEET CRITERIA AS HIPAA-SECURE (ASK ABOUT BAA – BUSINESS ASSOCIATE AGREEMENT)

Chorus Line

Avaya

WeCounsel

SecureVideo

Doxy.me

Zoom.us

VSee

see ATA's list of videoconferencing platforms:

[http://atatelemedicinedirectory.com/Listing/Index/  
Technology\\_Equipment\\_Providers/Videoconferenci  
ng/2843/44Avaya](http://atatelemedicinedirectory.com/Listing/Index/Technology_Equipment_Providers/Videoconferencing/2843/44Avaya)



# CREATE YOUR OWN CHECKLIST

Sample checklist provided.





Real-time video with client on the screen, you can interact real time through chat, with someone who has a disability or illness and cannot speak clearly

Mary Alvord

Mute

Start Video

Invite

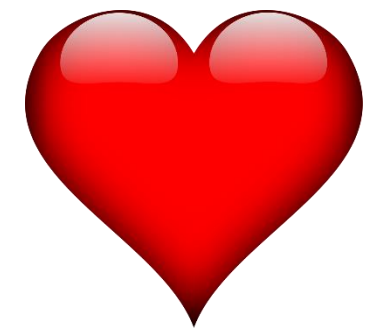
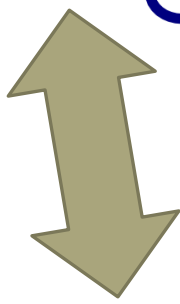
Manage Participants

Share Screen

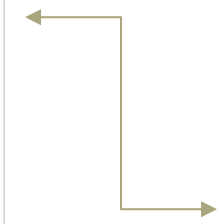
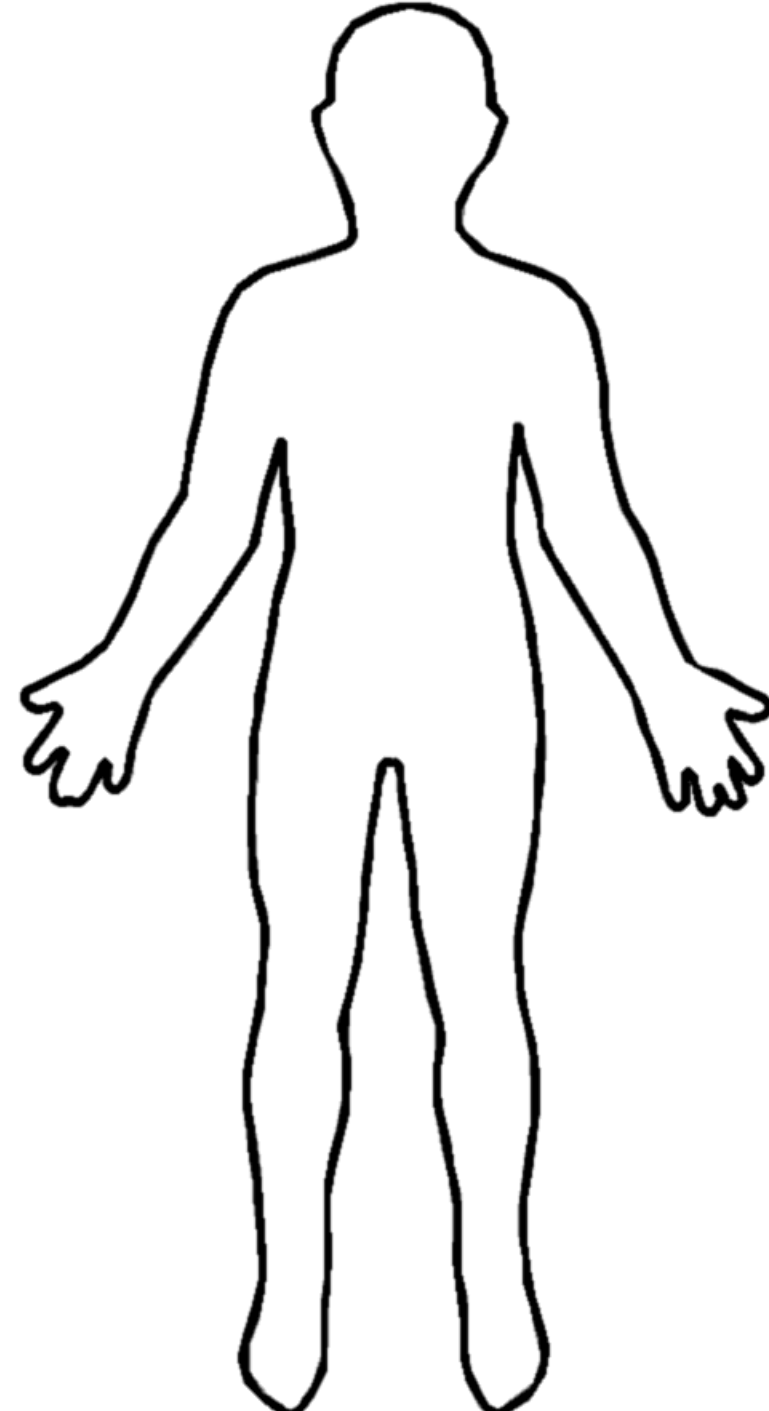
Chat

Record

End Meeting



For ex., share slides,  
documents, assignments,  
graphs for exposures



Behavior

## White board feature is interactive



Captain Catastrophe



**A PRACTICAL GUIDE TO PROVIDING  
TELEPSYCHOLOGY WITH MINIMAL RISK:  
INTERJURISDICTIONAL PRACTICE**

Eric Harris, Ed.D., JD

# What is Telepsychology?

## Definition of Telepsychology

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

"...the provision of psychological services using telecommunication technologies.

Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electrooptical, or electronic means."

-APA (2013), p. 792

# What is Telepsychology?

- Includes a broad range of methods and technologies
- May be synchronous or asynchronous
- May be within or between states or countries
  - (with primary legal concerns regarding interjurisdictional practice, but some concerns emerging as states begin to regulate remote services)

*(Our gratitude to the ASPPB and Alex Siegel, J.D., Ph.D. for permitting us to use and adapt this slide)*



# How Did We Get Here?

- Widespread internet access. Rate of technological improvement is mind bogging.
- Telepsychology is the wave of the future. Psychologists in professional practice will need this to succeed.
- Many psychologists have begun to engage in telepsychology—even if not in a high-tech way (e.g., clients traveling and engaging in phone sessions).
- Current confusion and licensing board regulations make it difficult and risky to provide psychological services inter jurisdictionally. Many other disciplines are well ahead of psychology in developing legal avenues to practice cross jurisdiction.



# Basic Questions

- Are there standards that can provide guidance?
- Is it permissible?
- Is it effective?
- Is it reimbursable?
- What risks does it present to the client?
- What risks does it present to the provider?
- How does one develop competence?

# Who Regulates Practice?

- Regulation of professions has been traditionally assigned to states.
- They have developed statutes and regulations and procedures to regulate psychology but for the most part, those were developed before the advent of the digital revolution and are ill equipped to deal with interjurisdictional practice.
- The key regulatory question to determine who gets to regulate interjurisdictional practice is the location where it occurs.
  - Where client resides?
  - Where clinician resides?
  - In cyberspace?

# Who Regulates Practice?

- Many states have taken the position that the transaction takes place where the client is located.
- But several courts have limited a client states ability to take jurisdiction over an out of state psychologist.
- Further, even if this is not the case, a Board would have a very difficult time enforcing a complaint against an out of state psychologist.
- ASPPB, The Trust and APA have been cooperating to try to resolve the issue.

# Legal/Jurisdictional Questions

## Psychology Interjurisdictional Compact (PSYPACT)

- Interstate compact → enforceable contracts between states
- Goal is to develop agreements between states that allow the remote practice of psychology
  - Also permits temporary face-to-face practice in states that join the compact
- Current status
- Barriers to overcome

# Legal/Jurisdictional Questions

Tentative conclusions:

- Trust conclusion is that psychologists who have a good justification for offering inter-jurisdictional telepsychological services that are aimed at a specific client with a need for those services that is equal to or superior to an in-person in-jurisdiction referral and who don't promote those services through interstate advertising and follow the risk management practices that we are about to discuss are relatively safe.
- Senior AASPPB reps have attended workshops where we have presented this theory and they have not disagreed.
- Psychologists who provide services across state lines may be subject to review by their own state licensing boards.

# Risk Management

Are remote services equivalent?

- Intuitively, to most practitioners, in-person therapy is superior because of the importance of non-verbal cues and other non-quantifiable relationship superiorities.
- There is considerable research that establishes equivalency in terms of outcomes and consumer satisfaction—and some emerging studies showing similar results in remote family and group therapy, as well as psychological evaluation.

# Risk Management

Is remote service equivalent?

- The consensus at this point is that there is sufficient data of efficacy of telepsychology and a lack of data that it is inferior that there is no basis for overriding the choice of an informed client and competent therapist that this is an acceptable alternative under the right circumstances.
- Other than the existing state regulations, this is true for interjurisdictional services as well.

# Risk Management

## Ethical & Risk Management Questions

- Competency
- Efficacy
- Cost/benefit remote vs in-person
- Informed consent
- Safety concerns
  - Emergencies
  - Resources
- Confidentiality
- Service reimbursement



# Risk Management

Are you technologically and clinically competent to do the proposed intervention?

- Education and training
- Experience and familiarity with technology
  - Tech experienced v. inexperienced
  - Privacy
  - How to use
  - What can go wrong and how to fix it
- Aware that area is evolving
- Familiar with existing guidelines
- A method of ascertaining laws in consumer jurisdiction
- Availability of consultants who can help with potential deficiencies

# Risk Management

Can you provide the client with appropriate informed consent?

- Telepsychology is an innovative treatment.
- What are the limitations of using technology?
- What are the known differences and pitfalls between electronic communication and in-person communication?
- How much experience do you have?
- What other means of communication are available as backup?
- What happens if there is an emergency?
- Include all the other elements of informed consent.

# Risk Management

## Risk-Benefit Analysis:

- What are the proposed risks and benefits of the remote intervention?
- Why is the proposed intervention an equal or preferable option?
- What are the risks to the psychologist?
  - Will forum state temporary practice laws permit the intervention?
  - What are the risks and benefits of this option?

# Risk Management

- Risk Management Documentation
  - Good records show that you are a competent professional.
  - Of particular importance, reasoning of why this is a good intervention in terms of your analysis of the potential risks and benefits to the client and why you believe this is superior to an in-person referral.
  - Documentation that you have discussed pros and cons with patient.
  - Documentation of consultation.

# Quality of the relationship between client and provider

- Importance of evaluative information
- Some in-person meetings
- Information about the individual from other sources
- Assessment instruments
- Local contacts with other professionals
- Closeness of the technology to in-person (perhaps)
- Lack of in-person alt's
- Pre-existing relationship
- Special expertise
  - Training
  - Experience
- Lack of providers
- Client preferences

# Risk Situations

- Difficult existing relationship with client
- Therapist inexperienced with technology where there has been no chance to practice with patient
- High risk client
- Case with custody issues particularly with high conflict
- Axis 2 Features
- Patient with no social support where they are going

# Inter-Jurisdictional Opportunities

- Long term client who is moving to a different location and who feels that it would be difficult to start with someone new.
  - Are you sure that this is best for client? Check your countertransference
  - Should you set an expectation that this is temporary until patient gets settled?
  - Patients ability and willingness to pay out of pocket
  - Opportunity to do and discuss some practice sessions before you make the decision

# Inter-Jurisdictional Opportunities

- Client is going to be in a different place for an extended period of time but returns periodically.
- College students
  - Home location or college location
  - International programs
  - Hard to predict adjustment
  - Where will they be able to find a safe, confidential spot to take the call?
  - Access to parents where appropriate
  - Access to University health center for potential emergencies



# Inter-Jurisdictional Opportunities

- Client who travels for work
- Patient where there are no good local options
- Patient in foreign country with no access to culturally aware, English speaking therapist
- Therapist has specialty or experience which is not available where patient is going

# Inter-Jurisdictional Opportunities

- Nontherapeutic interventions
- Coaching
  - Is it coaching or psychotherapy?
  - Regulatory problems for board
    - The Duck Test
    - Harris-Younggren Risk Continuum
      - Client's reasonable perception
      - Subject matter
      - Techniques
      - Client vulnerability
      - Marketing
- Sports psychology
- Forensic
- Testing
- Experiential Workshops

# PSYPACT

- Psychology Interjurisdictional Compact



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# What is a Compact?

- Contract between states
- Effective means of addressing common problems
- Creates economies of scale
- Responds to national priorities
- Retains collective state sovereignty over issues belonging to the states



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# History of Compacts

- Date back to revolutionary times
- Colonies were independent and disputes went to the King to be resolved
- Compacts predate U.S. Constitution
- Compact Clause in the U.S. Constitution
  - Article I, Section 10, Clause 3 - *“No state shall, without the Consent of Congress...enter into any Agreement or Compact with another State...”*



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# Why Compacts?

- Legislators understand compacts
- Flexible, enforceable means of cooperation
- States given up rights to act unilaterally but retain shared control
- Not creating a “legal fiction” but creates a law which is binding on the states and participating psychologists



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# About Compacts

- More than 200 compacts exist today
- Typically, each state has between 20 to 40 compacts
  - TN has 33 (CSG): Nursing, Physical Therapy, EMT, Interstate Compact on Juveniles, Interstate Compact on Educational Opportunity for Military Children, Multistate Lottery Compact, Mental Health, Compact for Placement of Children, Southern Regional Education
- Examples include:
  - New York-New Jersey Port Authority Compact of 1921
  - Interstate Compact on Adult Offender Supervision
  - Interstate Compact on Mental Health
  - Driver's License Compact
    - 1 driver, 1 license, 1 record



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# Other Compacts Currently in Development

- Nurse Licensure Compact (NCSBN)
- Interstate Medical Licensure Compact (FSMB)
- Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (NASEMSO)
- Physical Therapy Licensure Compact (FSBPT)



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# Why a Compact



ADDRESS VARIATIONS IN LAWS  
AMONG JURISDICTIONS



ADDRESS DISCIPLINARY  
PROCESSES ACROSS  
JURISDICTION LINES



ADDRESS INCONSISTENCIES IN  
LICENSURE REQUIREMENTS  
FOR TELEPSYCHOLOGY



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# Need for PSYPACT

- In February 2015, the Board of Directors of ASPPB introduced the Psychology Interjurisdictional Compact (PSYPACT) to address concerns by member jurisdictions about the increasing availability of unregulated services provided via telecommunication technologies
- Goal is to protect public through the regulation of interjurisdictional practice through verification of education, training and experience to ensure accountability for professional practice



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# Psychology Interjurisdictional Compact (PSYPACT)

Interstate compact designed to:

- **Facilitate the practice of telepsychology across participating state lines** through Authorization to Practice Interjurisdictional Telepsychology

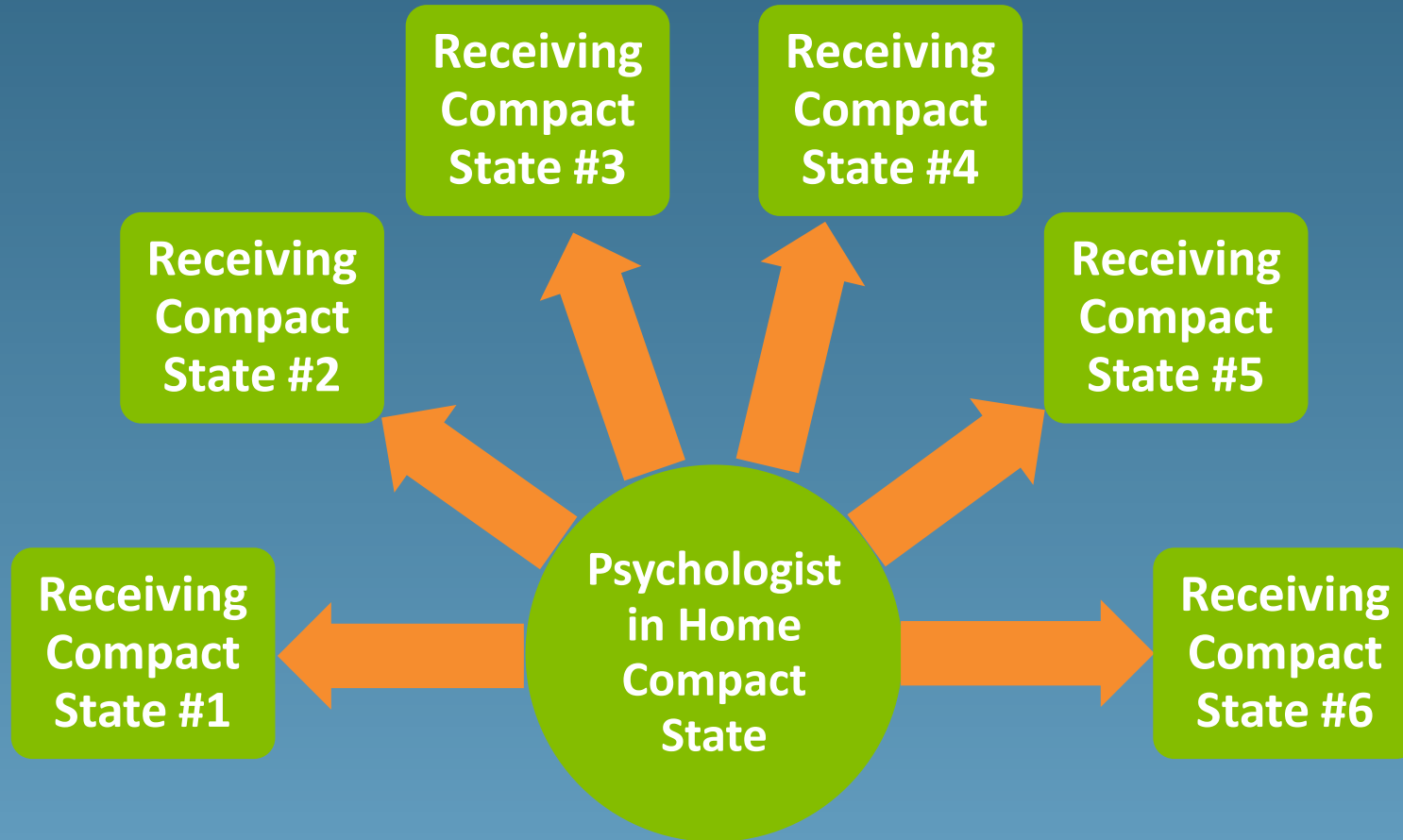
AND

- **Allow for temporary in-person, face-to-face psychological practice for up to 30 work days per year** through Temporary Authorization to Practice



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# How Telepsychology Practice Works under PSYPACT



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# Authorization to Practice Interjurisdictional Telepsychology

- HI psychologists can see patients in HI face to face.
- HI psychologists can see patients in HI via electronic mean.
- As of now, if patient goes to Washington, can you see the patient via video conferencing?
- As of now, if patient is in Washington and you vacation in Washington, can you see the patient while in Washington?
  - HI psychologist to HI patient but both in Washington
- If patient goes to Washington and the psychologist is in HI (and both HI and WA are PSYPACT states), the psychologist can see the patient electronically.
- If HI participates in PSYPACT, HI psychologists can provide telepsychological services from HI to patients in Washington if Washington is a PSYPACT state.
- If HI participates in PSYPACT, HI psychologists cannot provide telepsychological services from Washington (if Washington is a PSYPACT state) into other PSYPACT states unless the psychologist is also licensed in Washington.



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# How PSYPACT Works

- PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions.
- The PSYPACT Commission will be the governing body responsible for its oversight and the creation of its Rules and Bylaws.



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# E.Passport

- Creates a “legal” relationship between:
  - Psychologist
  - Home licensing board where psychologist is located and practicing from
  - Receiving licensing board where patient is located and where services are being provided into
- ASPPB to review, vet credentials and issue E.Passport Certificate based on established criteria



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# E.Passport Requirements

- Meet educational standards-doctoral degree
  - Graduate degree (education, experience, residency)
- Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State
- No history of adverse action
- No criminal record history
- Possess a current, active E.Passport credential
- Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification
- Meet other criteria as defined by the Rules of the Commission
- Be held to APA Guidelines on Telepsych and ASPPB Telepsychological Standards



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# Interjurisdictional Practice Certificate (IPC)

- A certificate that grants temporary authority for in-person, face-to-face practice
- Based on:
  - Notification to the licensing board of intention to practice temporarily,
  - and verification of one's qualifications for such practice.
- ASPPB to review, vet credentials and issue IPC based on established criteria



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# IPC Requirements

- Meet educational standards-doctoral degree
  - Graduate degree (education experience, residency)
- Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State
- No history of adverse action
- No criminal record history
- Possess a current, active IPC
- Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification
- Meet other criteria as defined by the Rules of the Commission
- Be held to APA Guidelines on Telepsych and ASPPB Telepsychological Standards



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# Benefits of PSYPACT

- Increases client/patient access to care
- Facilitates continuity of care when client relocates or travels
- Certifies that psychologists meet acceptable standards of practice
- Promotes cooperation in licensure and regulation between PSYPACT states
- Grants compact states authority to hold licensees accountable
- Increases consumer protection across state lines
- Promotes ethical and legal interjurisdictional practice



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# Benefits of PSYPACT for Psychologists

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Ability to continue therapeutic relationships

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Ease of practice

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Ability to readily know legal requirements

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Possibility of more frequent contacts or a mixture of face-to-face and remote contacts

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Offer services to a specific population

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# Challenges of PSYPACT

- Needs to be general enough but specific enough since can't change it once adopted
- Not too high of a bar to exclude everyone or too low of a bar to allow everyone
- Degree requirements Masters v. Doctorate
- Does not apply when psychologists are licensed in both Home and Receiving/Distant States
- Does not apply to permanent face to face practice



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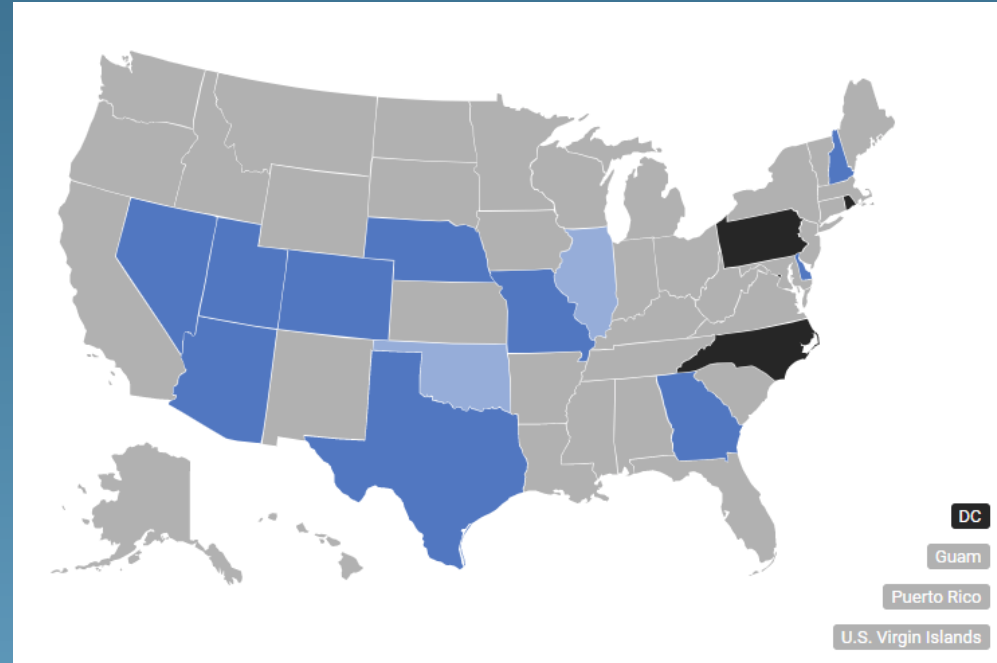
# Endorsements

- APA
- APAPO-Practice Organization
- APAGS
- APA Division 42
- APA Division 31
- APA Division 19
- THE TRUST
- CAC- Citizen Advocacy Center
- APPIC
- ATA- American Telemedicine Association
- ABPP-American Board of Professional Psychology



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# Current Status of PSYPACT



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# Where are we now?

- Arizona became the first state to introduce and enact PSYPACT legislation in 2016
- Utah and Nevada passed PSYPACT in 2017
- Colorado, Nebraska, Missouri and Illinois passed PSYPACT in 2018
- Georgia, New Hampshire, Oklahoma, Texas, Delaware enacted PSYPACT legislation in 2019
- Other states with active legislation in 2019
  - North Carolina
  - Pennsylvania
  - Kentucky
  - District of Columbia



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# Starting Point

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PSYPACT becomes operational when seven states enact PSYPACT into law.

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The Commission, the governing body of PSYPACT, is formed.

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As new states enact they join the Commission.

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Each state will have one representative.

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Bylaws and Rules need to be created by Commission.

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PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions.

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# 1<sup>st</sup> Commission Meeting

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Took place on July 22-23, 2019

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12 states have enacted PSYPACT Legislation  
– 1 has an effective date later this year

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11 Commissioners were present

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# Outcomes of 1<sup>st</sup> Commission Meeting



Established Bylaws



Elections



Adopted Proposed Transitional Timeline



Drafted Proposed Implementation Rules:

Rule on Rules

State Assessment

IPC

E.Passport

Coordinated Database



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# Looking Down the Road



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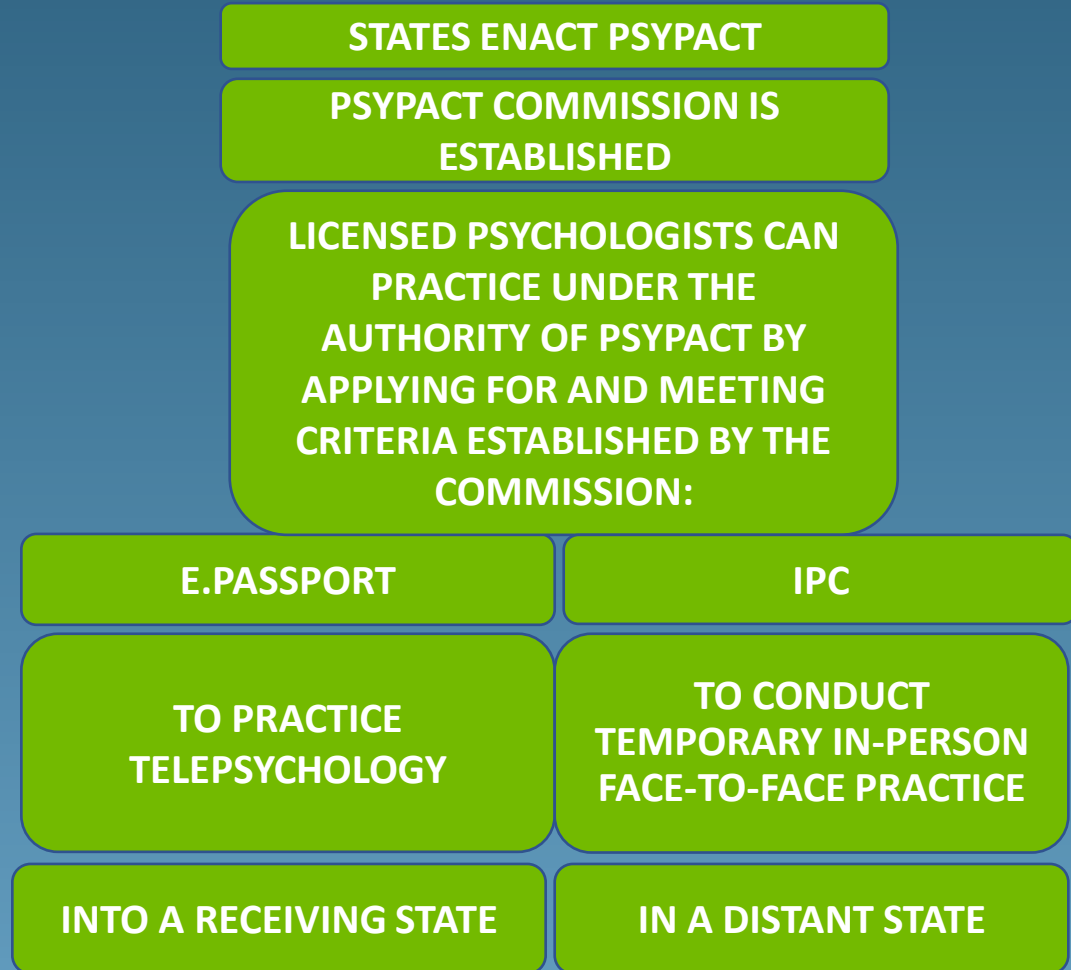
# Where does Practice take Place

- For the purpose of regulating telepsychology, the practice of psychology takes place where the practitioner is located.



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# Away We Go: How PSYPACT Works



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# Questions and Comments



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# Additional Information

[www.psypact.org](http://www.psypact.org)

Resources include: Compact legislation, legislative resource kit, FAQs, Up-to-date information about the status of PSYPACT in each state



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Good Practice magazine – Fall 2017 issue!



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# Join our Grassroots Advocacy Platform to Support PSYPACT

Text “Psychology” to 52886  
or visit [www.psypact.org](http://www.psypact.org)  
“Take Action”

- Sign up for PSYPACT updates
- Contact your legislator through social media
- Find your officials & register to vote



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