A Telepsychology Primer

By Sara Smucker Barnwell, PhD

Print

Shante, a 28-year-old, contacted you for psychotherapy to address dysthymic depression. You have seen her for six sessions and have observed significant progress. She recently informed you that she received an offer for a promising career opportunity, but it involves temporary relocation to a distant city for three months. She would like to continue psychotherapy and proposes videoconferencing. She plans to resume in-person sessions with you once the project concludes and she returns home. You value maintaining case consistency, but is this the right thing to do? What are the technological requirements? Are there specific legal and ethical considerations? How will you handle documentation and billing? What if she experiences an emergency? The prospect of negotiating all the details feels overwhelming.

What Does Telepsychology Involve?

The American Psychological Association (APA) defines telepsychology as "provision of psychological services using telecommunication technologies" (American Psychological Association, 2013). This inclusive definition appropriately encompasses a vast diversity of technology platforms, including telephone, text messaging, videoconferencing, and virtual reality applications. Individual states may endorse more restrictive definitions, excluding modalities such as telephone, messaging, or others.

Telepsychology refers to patient communications that augment in-person care, occasional client sessions facilitated through technology, and client relationships conducted entirely through technology. It includes care delivered into clinically supervised environments such as clinics, hospitals, and prisons, as well as unsupervised environments such as client homes. Telepsychology includes real-time (or synchronous) communications such as videoconferencing and telephone. It also includes asynchronous communication such as email, text, and direct messaging in which data is transmitted intermittently rather than continuously. This requires attention to practical, ethical, and regulatory considerations.

Why Engage in Telepsychology?

Telepsychology emerged in response to client-centered themes such as access to care, client utility, and social justice. Myriad sources identify inadequate mental healthcare access for Americans. The U.S. Department of Health and Human Services estimates suggest that 114 million Americans reside in mental health shortage areas (United States Department of Health and Human Services, 2018). Disparities in mental healthcare access emerge among communities of color, lower socioeconomic status, rural location, other traditionally underserved demographics (National Institutes of Mental Health, 2018). Internet availability surpasses availability of in-person mental health care providers as most American adults possesses home internet access (90%) and use a mobile device (95%; Pew Research Center, 2018). Telepsychology provides one trajectory to offer more accessible care through improved access, confidentiality, and cost reduction (Hilty et al., 2013).

Perhaps the most compelling reason for psychologists to increase comfort and competency with telepsychology is the inevitability of its use. A survey of over 2,000 Americans indicated that more than two-thirds are interested in telehealth services (American Well, 2015). Psychologists may debate whether they wish to provide telepsychology services, particularly as clients increasingly desire or even expect technology-enabled health care. The notion that telepsychology represents a uniquely distinct area of practice grows more anachronistic as technology expands in professional and personal life and most psychologists become accidental telepsychologists (VandenBos & Williams, 2000).

Data suggest that client outcomes, patient satisfaction, and patient rapport are comparable between videoconferencing (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Richardson et al., 2009) and telephone (Mohr et al., 2012) modalities as with traditional in-person care. Consumers of psychological services want access to telepsychology care and report high levels of satisfaction and rapport when they receive it (Stiles-Shields, Kwasny, Cai, & Mohr, 2014). Yet, many psychologists may be deterred by the many technical, legal, and practical aspects of offering telepsychology services (Brooks, Turvey, & Augusterfer, 2013).

Legal Considerations

Many practitioners are understandably cautious regarding the legal aspects of providing telepsychology services. Practice in emerging areas may outpace regulatory guidance, although in telepsychology federal laws like HIPAA and HITECH govern technological requirements in practice. Most psychologists have heard of HIPAA, and they are generally familiar that the law includes requirements for the privacy and security of patient information. These issues are not unique to telepsychology, but telepsychology requires an awareness of how to best manage electronic protected health information (ePHI). HIPAA's Security Rule requires psychologists to consider the physical, technical, and administrative security of ePHI. Just as psychologists would not leave paper files with patient information unsecured or treatment offices unlocked, psychologists must secure ePHI. The HITECH Act widens the scope of privacy and security protections provided through HIPAA (e.g., patient rights to access ePHI), increases legal liability for noncompliance (e.g., requirements for notification of data breaches), and permits greater enforcement.

ePHI includes any client protected health information. Protections apply whether the information is exchanged for administrative purposes (e.g., scheduling) or more straightforward clinical applications (e.g., a telephone session). Common best practices to protect ePHI include securing hardware that stores patient files when not in use, segregating personal and professional hardware use through distinct user profiles, encrypting computer files, and ensuring that computers limit unauthorized access by automatically logging off when idle (see Smucker Barnwell, & Adams Larsen, 2018, for review).

Technologies that comply with these laws include features such as user authorization, access control, authorization monitoring, data backup, remediation planning for problems, and data encryption. For this reason, psychologists are advised to select technology products (e.g., videoconferencing products, secure email platforms, encrypted texting programs) specifically designed for health care, and to obtain a Business Associates Agreement (BAA) that outlines the technology vendor's obligation to adhere to HIPAA. In doing so, the psychologist chooses to partner with technology experts who are aware of the concerns specific to the regulations that govern psychology. Well-designed telehealth technologies balance usability with safeguards for patient privacy and confidentiality, and they do not require the psychologist to become a technology expert. However, there exists no industry standard for secure videoconferencing, email, or text products.

HIPAA's Security Rule also addresses administrative issues, including staff training, managing access to ePHI, and security practice such as password management. Simple practices—such as using robust passwords, ensuring that only appropriately trained individuals have access to ePHI (e.g., an administrative assistant versus a spouse sharing a computer), and that office staff receive appropriate HIPAA training—aid compliance with this aspect of the law.

State licensing and location of care emerge as key concerns for psychologists interested in telepsychology services. Psychologists must be licensed in the state where the patient receives psychological care. Licensed psychologists are typically permitted to deliver telepsychology services anywhere within their state of licensure. However, a psychologist who wishes to continue care with a patient located out of the state in which physically located must consider the circumstances of each incident of service. Regulations (e.g., mandated reporting, privacy of minor client information from parents) may vary between jurisdictions. These conflicts are best identified and resolved in advance of providing care to clients interjurisdictionally.

Many states permit a brief period of interjurisdictional practice but require the psychologist to notify them formally prior to commencing care (Smucker Barnwell & Campbell, 2017). The assertion that all states allow 30 days of interjurisdictional practice is a commonly promoted myth. At present, no states offer reciprocity agreements to facilitate ongoing interjurisdictional practice. Standards of practice typically require a psychologist to maintain licensure in both locations, which can be costly. Many psychologists resolve these concerns by limiting telepsychology services to clients located within their state licensure jurisdiction. It is notable that these concerns grow more pronounced when a client resides internationally—outside of the country of the psychologist's licensure.

Established in 2015 by the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors, the Psychology Interjurisdictional Compact (PSYPACT) seeks to address the issue of interjurisdictional practice through the establishment of an interstate compact (ASPPB, 2019). This compact represents an agreement between member states to support telehealth legislation and facilitate a limited scope of both interstate telehealth and in-person practice. Nine states have enacted the compact and another eight states possess pending PSYPACT legislation. Psychologists should soon be able to apply for an E.Passport to facilitate interjurisdictional telepsychology. Through the PSYPACT E.Passport provision, compact participants will be able to engage in telehealth between PSYPACT member states and will receive guidance regarding how to adhere to regulations of both jurisdictions. Through the Interjurisdictional Practice Certificate (IPC), psychologists will be able to conduct temporary in-person, face-to-face practice in PSYPACT states other than the one in which they are licensed.

Ethical Considerations

How should one best pursue competencies in delivering telepsychology services? Which clients are appropriate to receive telepsychology services? Is it necessary to establish in-person care prior to transitioning to remote care?

The establishment of professional (APA, 2013) and practical (Grady et al., 2011) implementation guidelines offers ethical guidance. HIPAA does not prohibit specific types of telephone service and allows providers to communicate PHI orally over the telephone (United States Department of Health and Human Services, 2018). Much relies on the practitioner's personal practical decisions and professional judgement. For example, there are scant empirical data to suggest prohibiting the provision of telepsychology services to any specific patient population. A provider may deliver CBT via telephone, DBT via videoconferencing, etc. Each psychologist must determine the array of telepsychology services provided and their exclusion/inclusion criteria for the types of patients to treat via telepsychology care. Some jurisdictions' psychology boards recommend an initial in-person meeting prior to engaging in telepsychology care (e.g., Massachusetts), while most do not opine.

Implementation Logistics: How to Do This

The published professional literature offers implementation guidance through practical guidelines (see APA, 2013, for details), reviews of evidence-based practices (see Grady et al., 2011), clinical vignettes (see Smucker Barnwell, McCann, & McCutcheon, 2018), and administrative guidance (see Smucker Barnwell & Bui, 2015). In *A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence-Based Telepractice*, Luxton, Nelson, and Maheu (2016) offer a practical and comprehensive guide to establishing a telemental health practice. Practitioners are often best served through a balance of theoretical and practical training. There exists no substitute for direct experience.

Establishing good consultation resources always offers a sound platform from which to launch a new service offering. Malpractice insurance carriers, such as The Trust, often offer free legal consultation services related to themes of risk management. Psychologists may wish to schedule a consultation to discuss plans for telepsychology offerings. Finding other psychologists also engaged in telepsychology service provision will help establish a community and process when questions emerge.

Who To Treat: Inclusion/Exclusion Criteria

To whom telepsychology care is offered is a decision each psychologist must make based on training and experience. There are few data-driven exclusion criteria for telepsychology care. Practical considerations such as patient access to care due to mobility challenges, geographic location, and regional availability of psychological care often inform patient desire for telepsychology care. Clinicians may consider the age range, patient preferences, clinical stability, and technological capabilities of prospective clients.

Psychologists may wish to consider which clients and interventions could benefit from the flexibility remote care offers (e.g., home assessment for compulsive hoarding). Psychologists should consider whether remote services reinforce treatment-interfering behaviors (e.g., struggles to leave the home for agoraphobia). Determining inclusion and exclusion criteria will help inform which services will be offered (e.g., secure email with existing clients vs. videoconferencing-based DBT for clients experiencing mood cycling).

It is notable that some psychologists have published appropriateness assessment for telehealth services (see Shore et al., 2014, for review). Documenting one's own inclusion/exclusion criteria and indicating the thoughtful assessment of telehealth service appropriateness in patient records demonstrates a thoughtful approach to client assessment for telepsychology.

Assessment for telepsychology service appropriateness is an ongoing process. Sometimes, the client or psychologist will initiate remote services only to discover that the modality is not a sound fit. Communicating this expectation in advance to clients may reduce potential frustration and confusion. Candidly discussing concerns regarding service appropriateness as they occur will help clients understand service limits.

Rapport and Psychologist Comfort

Although most telepsychology clients report high rates of satisfaction and feelings of rapport with their therapists, many psychologists express discomfort regarding their ability to establish meaningful clinical relationships over videoconferencing. Psychologists often worry they will miss olfactory cues (e.g., alcohol on breath), more subtle physical cues (e.g., a tapping foot), and myriad other nuances that in-person care will capture. Experienced telepsychologists make best efforts to remediate these losses through thoughtful use of camera angles, body position in front of the camera, and other similar accommodations. Still, information will be lost. Psychologists are advised to talk to clients about these aspects of care. For example, some clients may find the slight disconnect of gaze inherent to video calls (e.g., not feeling directly "looked at") disconcerting. Or, the psychologist may simply ask more questions (e.g., "how do you feel in your body now?"). As with in-person care, clients vary greatly in their ability to communicate information in forthright manners. Psychologists do their best with what is given, and pursue insight through observation, questions, and discourse.

Tools

Telepsychology does not inherently require specialist equipment. Commonly used tools include a landline or mobile device for telephone calls; a computer with internet access, a webcam, and software or web-based programs for videoconferencing sessions; and encrypted email, text, or file transfer programs for remote information exchange with clients. Obtaining a signed Business Associates Agreement (BAA), a contract outlining the vendor's roles and responsibilities in HIPAA compliance, will provide documentation of the vendor's stated commitment to client privacy and confidentiality. When selecting a tool, consider exploring several product options, attending a product demonstration when available, and ensuring that the company offers sound customer service.

Tools for Telephone Sessions: Landline, Mobile Device, VoIP

Telephone is the most common telepsychology modality, with many psychologists speaking with clients regarding both administrative and clinical issues. As in all telepsychology applications, specific practical, legal, and ethical concerns apply regardless of whether the client communicates administrative or clinical information. Psychologists must determine whether they wish to use the telephone with clients and, if so, if they will direct clients to communicate administrative or clinical information this way.

Landlines, mobile devices, and internet-enabled telephone services each offer viable options with specific considerations associated. Traditional landlines are increasingly uncommon and do not possess particularly secure technology. Analog cordless telephones were once more notorious for transmitting landline calls onto radio receivers tuned to similar FM frequencies. Modern landlines often employ the internet and are better understood as a form of home wireless service. The landline in a psychologist's office or home may actually rely on digital transmission of data.

In comparison, mobile device calls are less likely to be intercepted. Traditional mobile carriers and newer Voice over Internet Protocol (VoIP) service providers offer varying levels of encryption and other user features (e.g., call transcription). It is notable that most people do not regard VoIP telephones (e.g., Google Voice) to be compatible with HIPAA, and these carriers rarely offer BAAs. Psychologists are typically advised to use a landline or traditional mobile device for their business, and to restrict inexpensive VoIP telephones to personal calls.

Psychologists are advised to consider potential challenges of unique features of mobile telephones. Disable optional features that offer to transcribe calls or voicemails. Transmitting these data over the internet may create an additional point of information insecurity. Just as a psychologist would not record a patient session without patient consent in person, they should not record telephone sessions without consent. More often, threats to information security reside in how mobile devices are used. The advent of Bluetooth and absence of visual data can result in questionable use by either psychologist or client (e.g., conducting sessions while driving, checking email, running errands). Do not store ePHI (e.g., patient name) on a mobile device, especially if it is a shared device.

Videoconferencing Tools: Hardware, Software, and Internet

Psychologists must secure specific hardware and adequate internet connectivity to deliver videoconferencing care. The requirements are not excessive. Most computers built within the past 5–10 years will possess a built-in webcam and adequate processing speed to support videoconferencing calls. While some videoconferencing programs require the user to download its software application, many operate from a strictly web-based application and have few hardware or memory requirements. Videoconferencing requires a minimum download speed of 512Kbps and a minimum upload speed of 128Kbps. In the United States, the average internet speed over fixed broadband substantially exceeds these needs (95.25 Mbps download; 32.88 Mbps upload; Statista, 2019).

Many psychologists report preferring videoconferencing products with simple user interfaces that promote ease of use for them and their patients. Additional features such as a virtual waiting room, screensharing, the ability to "lock" a call to ensure no one else joins, a "self-view" that allows the psychologist to see themself as the client does, and multi-call features that facilitate group meetings are often helpful. Current popular products include standalone videoconferencing, as well as videoconferencing features integrated into electronic health record providers. It is recommended that psychologists consider securing more than one option, should technology disruption necessitate redundancy.

Sharing Protected Information Remotely: Email, Text, Fax, and Secure File Transfer

Psychologists may wish to determine how they will remotely exchange documentation with clients. Email provides a convenient method for sharing information but carries significant risks to information privacy and confidentiality. Email services such as Microsoft 365, Google's G Suite, and products from smaller vendors offer varying degrees of encryption and information security improvements (e.g., front-end encryption, identity verification). Many electronic medical records (e.g., SimplePractice, TherapyAppointment, TherapyNotes) offer integrated messaging as a secure alternative to email. These records can then be stored with client records. These products will typically offer a Business Associates Agreement, ensuring HIPAA compliant service and information storage.

While traditional fax machines used a dial-up modem connected to telephone lines, many modern fax services transmit information through the internet. Many online fax services market to healthcare providers and offer HIPAA-compliant service.

Text offers a convenient method for communication with clients but carries privacy risks. Text programs, such as TigerConnect and HeyDoctor, offer text services designed for safely and securely handling ePHI.

Many telepsychologists elect to collect client documentation online using technology companies that offer secure digital signatures (e.g., DocuSign), HIPAA-compliant file sharing (e.g., DropBox for Business), or online form completion integrated into health records (e.g., SimplePractice, TherapyAppointment, TherapyNotes). Of course, psychologists may elect to distribute and receive client documentation via postal service, but then must allow adequate time for these documents to arrive prior to initiating care.

Environment, Location, and Settings

Determining the physical location where remote services will be delivered is essential for telepsychology services. Psychologists sometime assume that telepsychology care does not require a standard office. Psychologists speculate that offering telepsychology services will save them significant overhead costs in terms of office rental. While this may be true in some instances, the psychologist must maintain a treatment space that is private and confidential. The office location must possess proper resources (e.g., adequate internet bandwidth and speed, hardware, mobile carrier reception) to provide remote services.

Psychologists are encouraged to maintain the option of a physical office. This promotes helpful boundaries between personal and professional lives and offers options should they wish to transition a telepsychology client to in-person care. Psychologists offering telepsychology services sometimes reflect on the temptation to "fit in" sessions while driving, running errands, or other similar circumstances. Indeed, this is how many of us balance the demands of personal lives, but *must* be avoided. Telepsychology care involves the same usual standards of care: We would not have a client ride along on our trip to purchase groceries and thus must conduct telepsychology services in an appropriately secure and confidential physical location.

Clients play an important role in their own privacy, confidentiality, and information security. This issue is perhaps most pronounced in telephone-based care, when psychologists cannot see how technology is being used (e.g., where the patient is located, if the patient is alone, whether the patient is multitasking during the telephone sessions). Candid discussion of these concerns at the outset of therapy and beyond offers the opportunity to recruit clients to be advocates for their own care.

Documentation in Telepsychology

Psychologists should include technology use policies as part of informed consent procedures (e.g., email policy, social media policy, text policy). When delivering remote care, additional documentation such as informed consent for remote services, emergency planning documents, and any additional policies surrounding remote care delivery (e.g., appropriateness assessment) should be collected. Client records and insurance billing should reflect when telepsychology is provided.

A brief addition to one's standard informed consent document to include technology use may suffice. Examples are readily available online; templates are offered through malpractice insurance carriers such as The American Insurance Trust. Informed consent regarding telepsychology should outline what technologies will be used (e.g., secure email, videoconference, telephone, text), the risks/benefits of use (e.g., access vs. privacy/confidentiality risks), appropriate use (e.g., administrative, clinical content), and how technology disruptions will be managed (e.g., who is financially responsible for a session ended due to technology disruption). The informed consent document offers an opportunity to help recruit clients as advocates for their own privacy and confidentiality, and to guide them toward appropriate technology use. For example, helping clients understand the importance of maintaining a private space (e.g., not allowing others in the room during care) allows them to critically analyze their chosen surroundings and tools to minimize risk. Murphy and Pomerantz (2016) offer a customizable, modular template for telepsychology that may be customized to the specific needs of the clinician and client.

A documented emergency plan for each remote care patient must be developed. At minimum, the plan reviews where client care will occur, and sets expectations for what will occur in the event of an emergency. Typically, a practitioner who determines that a remote client is experiencing a psychiatric or other medical emergency will contact emergency services (e.g., 911, mental health professionals) and direct help to the client's location. Some practitioners routinely request that clients identify a support person local to their care and document a release of information to speak with this individual in case of emergency. The support person may provide additional "hands on" help when it is safe and appropriate to do so (e.g., a family member in the home at time of care, a neighbor with a key who is able to unlock the door for paramedics). This practice is rarely required in order to receive/provide telepsychology care, but it may be a useful preplanning resource for clients (and a risk protection for the therapist). See Table 1 for common elements in safety planning.

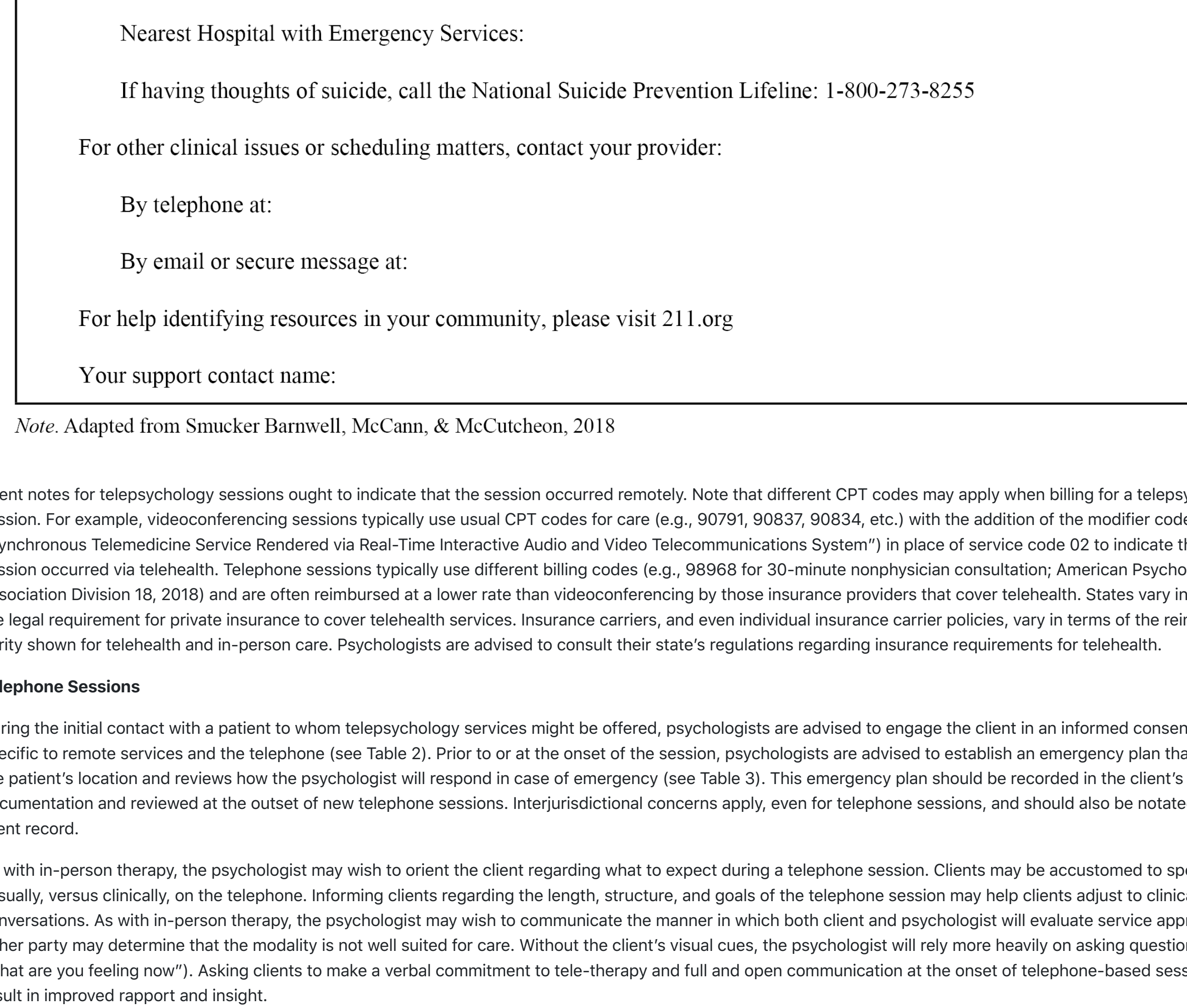


Table 1. *Elements of a Safety Plan*

Client name:
Client address:
Primary telephone:
Alternate telephone:
Email address:
In a medical or mental health emergency, call 911 or go to the nearest emergency department:
Nearest Hospital with Emergency Services:
If having thoughts of suicide, call the National Suicide Prevention Lifeline: 1-800-273-8255
For other clinical issues or scheduling matters, contact your provider:
By telephone at:
By email or secure message at:
For help identifying resources in your community, please visit 211.org
Your support contact name:

Note. Adapted from Smucker Barnwell, McCann, & McCutcheon, 2018

Client notes for telepsychology sessions ought to indicate that the session occurred remotely. Note that different CPT codes may apply when billing for a telepsychology session. For example, videoconferencing sessions typically use usual CPT codes for care (e.g., 90791, 90837, 90834, etc.) with the addition of the modifier code 95 (for "Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System") in place of service code 02 to indicate that the session occurred via telehealth. Telephone sessions typically use different billing codes (e.g., 98968 for 30-minute nonphysician consultation; American Psychological Association Division 18, 2018) and are often reimbursed at a lower rate than videoconferencing by those insurance providers that cover telehealth. States vary in terms of the legal requirement for private insurance to cover telehealth services. Insurance carriers, and even individual insurance carrier policies, vary in terms of the reimbursement parity shown for telehealth and in-person care. Psychologists are advised to consult their state's regulations regarding insurance requirements for telehealth.

Telephone Sessions

During the initial contact with a patient to whom telepsychology sessions might be offered, psychologists are advised to engage the client in an informed consent process specific to remote services and the telephone (see Table 2). Prior to or at the onset of the session, psychologists are advised to establish an emergency plan that includes the patient's location and reviews how the psychologist will respond in case of emergency (see Table 3). This emergency plan should be recorded in the client's clinical documentation and reviewed at the outset of new telephone sessions. Interjurisdictional concerns apply, even for telephone sessions, and should also be noted in the client record.

As with in-person therapy, the psychologist may wish to orient the client regarding what to expect during a telephone session. Clients may be accustomed to speaking casually, versus clinically, on the telephone. Informing clients regarding the length, structure, and goals of the telephone session may help clients adjust to clinical telephone conversations. As with in-person therapy, the psychologist may wish to communicate the manner in which both client and psychologist will evaluate service appropriateness. Either party may determine that the modality is not well suited for care. Without the client's visual cues, the psychologist will rely more heavily on asking questions (e.g., "what are you feeling now"). Asking clients to make a verbal commitment to tele-therapy and full and open communication at the onset of telephone-based sessions may result in improved rapport and insight.

Finally, while many psychologists regard telepsychology as referring only to telephone sessions and not administrative information exchanged via telephone, the above mentioned inclusive definition of telepsychology can render boundaries less clear. Consider a client who calls her psychologist to indicate she will be late for a session. Does it matter if she unintentionally indicates that she is late due to traffic, or if she tearfully communicates that she is late due to a troubling interpersonal conflict? If the psychologist spends a few moments communicating sympathy for these circumstances and reassuring the client, does that constitute telepsychology? If the psychologist uses an internet-enabled voicemail service that routinely transcribes and emails voicemails, does it matter whether the voicemail pertains to administrative or clinical concerns? Psychologists possess the opportunity to review telephone practices, even when they use it primarily for administrative functions.

Videoconferencing Sessions

Videoconferencing represents the modality that is perhaps most synonymous with telepsychology. Conducting a clinical session via videoconferencing is most often what is intended by the term. With products such as FaceTime and Skype increasingly integrated into mobile devices, videoconferencing calls may be used instead of telephone calls. Often these products do not comply with HIPAA and/or will not provide psychologists with Business Associate's Agreement to ensure appropriate treatment of protected health information. Younger individuals may videoconference with friends and family in equal measure to telephone calls. While videoconferencing was once regarded as a tool primarily used for direct clinical care, emerging use patterns demonstrate that it may be used to communicate administrative information, consult with colleagues, and for other purposes.

Clinical videoconferencing care merits additional considerations and documentation. Psychologists should determine which clients they wish to offer videoconferencing care (e.g., new vs. existing clients) and what care they wish to deliver. According to the American Psychological Association Guidelines for Telepsychology (2013), initial in-person contact with the videoconferencing client may be desirable but is not strictly necessary. Client session records should indicate that the session occurred via videoconferencing and should include informed consent (see Table 2) and remote emergency (see Table 3) documentation.

Primary CPT billing codes for videoconferencing sessions are typically the same as in-person therapy sessions (e.g., 90791, 90837, 90834). However, billing for videoconferencing sessions may include a modifier code of 95 on the CMS 1500 form. For clinically supervised telehealth in which the client and provider are located at a medical facility, an additional facility fee code (Q3014) may be assessed to cover the costs associated with operating the client location facility. In 2017, the American Medical Association released a new Current Procedural Terminology (CPT) service code (02) specific to telehealth delivered to patients from a distant site (United States Department of Health and Human Services Centers for Medicare and Medicaid Services, 2019).

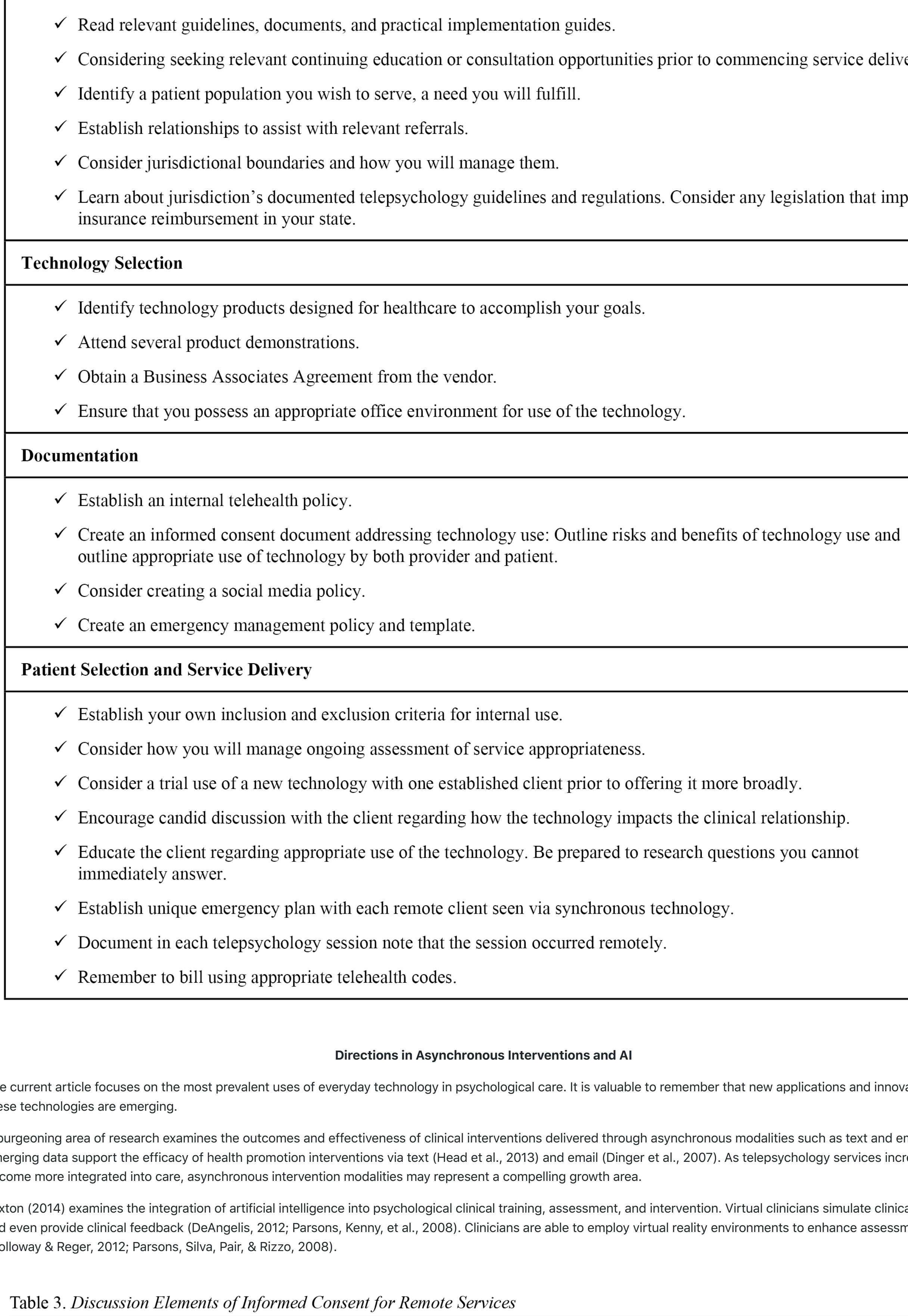


Table 2. *A Checklist for Telepsychology*

Policy, Training, Outreach

✓ Determine which services you wish to offer over which technologies.
✓ Consult with your malpractice carrier and colleagues who have done similar work.
✓ Read relevant guidelines, documents, and practical implementation guides.
✓ Considering seeking relevant continuing education or consultation opportunities prior to commencing service delivery.
✓ Identify a patient population you wish to serve, a need you will fulfill.
✓ Establish relationships to assist with relevant referrals.
✓ Consider jurisdictional boundaries and how you will manage them.
✓ Learn about jurisdiction's documented telepsychology guidelines and regulations. Consider any legislation that impacts insurance reimbursement in your state.

Technology Selection

✓ Identify technology products designed for healthcare to accomplish your goals.
✓ Attend several product demonstrations.
✓ Obtain a Business Associates Agreement from the vendor.
✓ Ensure that you possess an appropriate office environment for use of the technology.

Documentation

✓ Establish an internal telehealth policy.
✓ Create an informed consent document addressing technology use: Outline risks and benefits of technology use and outline appropriate use of technology by both provider and patient.
✓ Consider creating a social media policy.
✓ Create an emergency management policy and template.

Patient Selection and Service Delivery

✓ Establish your own inclusion and exclusion criteria for internal use.
✓ Consider how you will manage ongoing assessment of service appropriateness.
✓ Consider a trial use of a new technology with one established client prior to offering it more broadly.
✓ Encourage candid discussion with the client regarding how the technology impacts the clinical relationship.
✓ Educate the client regarding appropriate use of the technology. Be prepared to research questions you cannot immediately answer.
✓ Establish unique emergency plan with each remote client seen via synchronous technology.
✓ Document in each telepsychology session note that the session occurred remotely.
✓ Remember to bill using appropriate telehealth codes.

Directions in Asynchronous Interventions and AI

The current article focuses on the most prevalent uses of everyday technology in psychological care. It is valuable to remember that new applications and innovations for these technologies are emerging.

A burgeoning area of research examines the outcomes and effectiveness of clinical interventions delivered through asynchronous modalities such as text and email. Emerging data support the efficacy of health promotion interventions via text (Head et al., 2013) and email (Dinger et al., 2007). As telepsychology services increasingly become more integrated into care, asynchronous intervention modalities may represent a compelling growth area.

Luxton (2014) examines the integration of artificial intelligence into psychological clinical training, assessment, and intervention. Virtual clinicians simulate clinical interviews, and even provide clinical feedback (DeAngelis, 2012; Parsons, Kenny, et al., 2008). Clinicians are able to employ virtual reality environments to enhance assessment (Holloway & Reger, 2012; Parsons, Silva, Pair, & Rizzo, 2008).

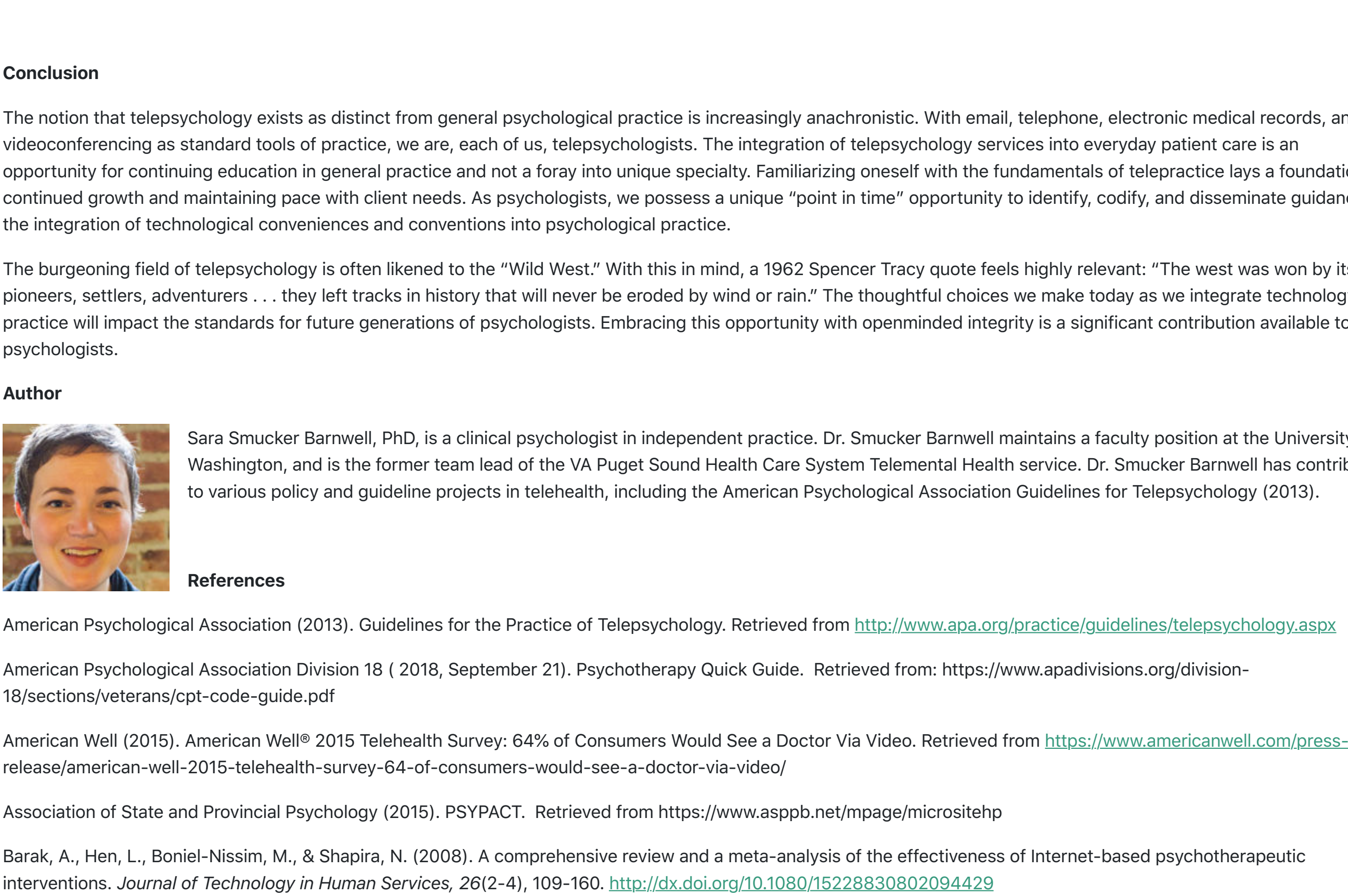


Table 3. *Discussion Elements of Informed Consent for Remote Services*

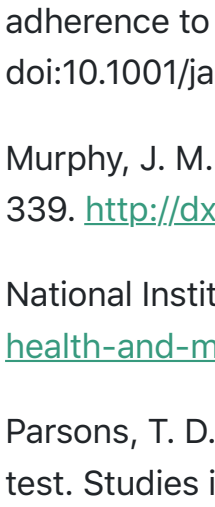
- Technologies used
- Risks of technology, such as threats to confidentiality, privacy, and information security
- Benefits of technology, such as access, convenience, cost savings, reduced stigma
- How/on what time frame provider responds via technology
- Review inclusion/exclusion criteria for appropriate technology use
- Outline assessment period (e.g., initial and ongoing assessment)
- What care will be offered if client or provider deem remote services inappropriate
- Additional costs introduced
- What to do in case of technology interruption
- Who is financially responsible in case of technology interruption
- Review license jurisdiction
- What behaviors help clients minimize risks (e.g., being alone when receiving care, not recording care, not forwarding provider communication)
- Review emergency procedures in remote care
- Social media policy

Conclusion

The notion that telepsychology exists as distinct from general psychological practice is increasingly anachronistic. With email, telephone, electronic medical records, and videoconferencing as standard tools of practice, we are each of us, telepsychologists. The integration of telepsychology services into everyday patient care is an opportunity for continuing education in general practice and not a foray into unique specialty. Familiarizing oneself with the fundamentals of telepractice lays a foundation for continued growth and maintaining pace with client needs. As psychologists, we possess a unique "point in time" opportunity to identify, codify, and disseminate guidance for the integration of technological conveniences and conventions into psychological practice.

The burgeoning field of telepsychology is often likened to the "Wild West." With this in mind, a 1962 Spencer Tracy quote feels highly relevant: "The west was won by its pioneers, settlers, adventurers . . . they left tracks in history that will never be eroded by wind or rain." The thoughtful choices we make today as we integrate technology into practice will impact the standards for future generations of psychologists. Embracing this opportunity with openminded integrity is a significant contribution available to all psychologists.

Author



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Continuing Education Information

Ethics: Module 29 (2019)

Instructional Level: Intermediate

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