

TELEPSYCHOLOGY GUIDELINES

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These guidelines are available online at:

<http://www.ohpsych.org/TelepsychologyGuidelinesApproved041208.pdf>

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Mission Statement

The Ohio Psychological Association (OPA) Communications & Technology Committee's (CTC) goal is to propose a set of flexible and workable guidelines that can be applied by psychologists when providing telepsychology services (See Appendix C for a definition of *telepsychology*). These guidelines are based upon, and developed to be, extensions of the American Psychological Association (APA) 2002 Code of Ethics and the 1997 APA Ethics Committee statement on electronic services. Although focused primarily upon clinical services, they are intended to be applicable to any psychological services provided using communication technology.

Why Telepsychology Guidelines?

Telepsychology is currently practiced by many psychologists around the world, in the United States and in Ohio. As a result, psychologists and their clients are at a substantial risk for potential harm due to the lack of clear and defined guidance. Telepsychology guidelines provide a framework for the type of recommended conduct or practices psychologists need to be aware of when providing services using telepsychology. There are at least three areas or categories that justify the development and adoption of telepsychology guidelines: legal and regulatory issues, public benefit, and professional guidance.¹

Legal and Regulatory

Currently, Ohio psychology law and regulations are not clear about how psychologists are expected to use telepsychology when delivering psychological services. Guidelines adopted by the state psychological association would represent a proactive effort to establish what psychologists recognize as recommended practices. When laws and regulations governing practices are silent or unclear, psychologists may partake in practices that could be harmful for their clients and/or put their licenses to practice at risk.

If a psychologist were reported to the Ohio State Board of Psychology for misconduct related to telepsychology, the Board would pursue an investigation, according to Ronald Ross, Ph.D., State Board Executive Director. Dr. Ross indicated during informal communication in 2005 that in such a situation the State Board would seek whatever guidelines existed for telepsychology in the United States or another country because none existed at the state level. Therefore, in the interest of its members, OPA needs to take a leadership role in providing such guidance to its members and to the Ohio State Board of Psychology.

These guidelines do not carry the force of law and are merely intended as suggestions for best practices in the field of telepsychology. Further, these guidelines are intended for use only by psychologists practicing in Ohio, though they may be useful as a point of reference for psychologists practicing in other states.

Public Benefit

Guidelines can help improve the service delivery in practice areas in which there is no recognized consensus about expectations. Guidelines clearly define what psychologists consider recommended practices for themselves and their clients. To not have clearer guidance in a rapidly developing area of practice puts psychologists and their clients at greater risk for substandard practices and treatment.

Professional Guidance

The increased use of telepsychology necessitates an examination of how these types of communications may require changes in how psychologists meet professional standards of practice such as confidentiality and informed consent. The APA Ethics Code does not provide sufficient guidance in the use of telepsychology when providing psychological services. There is no current effort by the APA to develop telepsychology guidelines.

Introduction

Technology of all types, particularly communication technology, is rapidly becoming more prevalent in the practice of psychology. As this trend continues, a gap widens between the tools that psychologists use and professionally agreed-upon expectations.² The Ohio Psychological Association (OPA) Communications and Technology Committee (CTC), in recognition of what has repeatedly been identified as an important need, proposes a set of general guidelines for using communication technology (rather than technology specific guidelines) in delivering psychological services.

Psychologists have been using technological tools to communicate for many years; however, as new technologies emerge, it is critical that psychologists develop a consensus regarding how those technologies can best be applied.³ For some psychologists, technology is seen as a great benefit, while for others, it may be seen as a threat to their traditional practices. Nonetheless, the increased availability and use of technology will undoubtedly significantly impact the practice of, and training and scientific endeavors in, psychology.⁴

In reviewing these complex issues, the CTC conducted literature searches using such terms as *ethics*, *guidelines*, *standards*, *telehealth*, and *technology* to review relevant publications.⁵ Standards and guidelines developed by other health professions and health care organizations for providing services using communication technology that were published in journals or posted on websites also were reviewed (see Appendix D). The ten interdisciplinary principles described by Reed, McLaughlin, and Millholland (2000) for professional practice in telehealth were reviewed and adopted as guiding principles in the committee's work to develop guidelines for providing psychological services using technology (see Appendix B).

For all, cautions exist that need to be considered, since there are both obvious and subtle differences in providing psychological services in non-face-to-face situations.⁶ For example, in the absence of face-to-face communication, there may be a tendency to "assume" clients are culturally similar to the psychologist. Given the recent body of research indicating the importance of socio-cultural context, professionals need to attend to issues of diversity in the online environment.

Psychologists engaged in the delivery of psychological services involving non-face-to-face communication (e.g., landline telephones, cell phones, video conferencing, instant messaging, use of Internet services via e-mail, facsimile, chat or web pages) must take responsible steps to ensure compliance with the APA Code of Ethics. As Jerome et al. (2000) stated in their article about increasing uses of telecommunications in psychological practice and research, "the development of clinical and technological standards is becoming increasingly important." Psychologists need to be aware that clients may initiate contact through electronic means and need to establish a protocol for such contact. However, telepsychology practice standards or guidelines do not exist. Nor are there recognized standards or guidelines for preparatory training for psychologists who provide services via electronic communication.⁷ The APA Ethics Committee (1997) developed a statement regarding the use of electronic services based on the APA standards (see Appendix A), but no guidelines were developed. The APA Ethical Standards,

revised in 2002, added the phrase “electronic transmission,” but no specific guidelines have since been developed related to the application of the Code of Ethics when using “electronic transmission.” Another major issue identified repeatedly in discussions about providing health services, including psychological services, via telepsychology, has been about the legality (and ethics) of providing services across legal jurisdictions. The majority of those who have looked at the issues of telepsychology across state lines have cautioned psychologists to practice in the states for which they have a license (Alexander, 1999; Barnett, 2005; Heinlen, Welfel, Richmond & O’Donnell, 2003; Koocher & Morray, 2000; Kraus, 2004; Maheu & Gordon, 2000; Mallen, Vogel & Rochlen, 2004).

There continues to be little state regulation of telepsychology practices in general and interstate practices in particular (Alexander, 1999). Since psychologists are licensed separately by each state, providing services to someone in a state where the psychologist is not licensed may put them at both an ethical and legal risk. Frueh et al. (2000) identify that “issues related to licensure, malpractice insurance coverage, and billing may generate confusion if the clinician-provider’s practice and the patient’s domicile are not in the same state.”

Terminology and Nomenclature

Numerous terms to describe the provision of health care services using technology have been used, with no universally agreed-upon nomenclature (see list and definitions in Appendix C). These telepsychology guidelines are intended to be consistent with the APA criteria for developing and evaluating guidelines, maintaining distinctions between “guidelines,” which are recommended or aspirational, and “standards,” which are mandatory expectations (APA, 2002, 2005). In order to use a common nomenclature for developing guidelines, the Committee adopted the term *telepsychology* (or telepsychology services, with these used interchangeably) to describe the provision of psychological services using telepsychology. The conceptual relationships among telepsychology, behavioral telehealth and telehealth are graphically shown in Figure 1.

Guidelines Versus Standards

“The term *guidelines* refers to statements that suggest or recommend specific professional behavior, 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 assure a high level of professional practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional and clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists” (APA, 2002b, p. 1050)

The Committee clarified the following terminology in relation to guideline usage⁸

- **Codes of ethics** are required standards adopted by a profession.
- **Standards** are mandatory expectations and must be closely adhered to in order to comply with professional practice expectations.
- **Best practices** are a subset of the guidelines that address behavior and treatment to be applied in the best interest of a client.

Based upon these assumptions, the telepsychology guidelines are to be voluntary, evolutionary, and based on best practices.

The Committee acknowledges that state and national laws and regulations preempt other requirements or any voluntary guidelines. The CTC believes that telepsychology guidelines are needed to establish practice guidelines for psychologists using technological tools to better assure the quality of services and to define best practices. It is recognized that these general practice guidelines do not address many practice questions and issues in using specific types of technology (e.g. e-mail, websites, etc.), and it is recommended that such guidelines be developed over time through a similar process.

Guideline Development Assumptions

The CTC adopted a set of basic assumptions pertaining to the use and development of telepsychology guidelines.⁹ Guidelines are to be:

- Voluntary, recommended practices that can be used to assist psychologists in applying the 2002 APA Code of Ethics when using telepsychology.
- Based upon what are considered best practices and reflect current professional experience and knowledge.
- Evolutionary in nature and may need to be changed over time. It is expected that these guidelines will need to be periodically reviewed and updated to assess their validity, utility, applicability, and relevance.

Guideline Development Process

The CTC adopted the following “Guideline Development Process” for eventual submission to the OPA Board of Directors for final approval and adoption of the telepsychology guidelines:

1. The CTC will review previously developed relevant guidelines and standards created by other health care professions and organizations.
2. The CTC will review the 2002 APA Ethical Standards and identify areas where guidelines are needed and which areas the Committee will address. Areas needing further work or consultation with others will be identified.
3. The CTC will develop an initial set of draft guidelines that will be disseminated to members of the OPA Board and committees for review and comment.
4. After incorporating suggested revisions, a revised draft will be circulated to OPA members for comment via OPA publications and the OPALINK listserv. Input will be solicited from other interested parties and organizations (e.g., other state and regional psychological associations, American Psychological Association).
5. The CTC will review comments and suggestions received from Step 3 and 4 and incorporate any changes into another draft that will be redistributed to the same constituents in Step 3 and 4 for further input. If needed this step may be repeated.
6. A final version will be submitted to the OPA Board for its review and approval.
7. After OPA Board approval, the final guidelines will be distributed to OPA members, other psychological associations in Ohio and other states, the APA, and the Ohio Board of Psychology.

Telepsychology Guidelines

The APA and other professional organizations have previously identified many of the issues addressed in these guidelines. These issues are identified in endnotes and documents listed in the References section. It is suggested that these telepsychology guidelines be read in conjunction with the APA Code of Ethics. There is some intentional redundancy between the guidelines and the APA Code of Ethics standards to emphasize the application of those standards when practicing telepsychology.

1. The Appropriate Use of Telepsychology

Psychologists recognize that telepsychology is not appropriate for all problems and that the specific process of providing professional services varies across situation, setting, and time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis. Psychologists have the necessary training, experience, and skills to provide the type of telepsychology that they provide.¹⁰ They also can adequately assess whether involved participants have the necessary knowledge and skills to benefit from those services. If the psychologist determines that telepsychology is not appropriate, they inform those involved of appropriate alternatives.¹¹

2. Legal and Ethical Requirements

Psychologists assure that the provision of telepsychology is not legally prohibited by local or state laws and regulations (supplements APA Ethics Code Sec. 1.02). Psychologists are aware of and in compliance with the Ohio psychology licensure law (Ohio Revised Code Chapter 4732) and the Ohio State Board of Psychology “Rules Governing Psychologists and School Psychologists” promulgated in the Ohio Administrative Code.

Psychologists are aware of and in compliance with the laws and standards of the particular state or country in which the client resides, including requirements for reporting individuals at risk to themselves or others (supplements APA Ethics Code Sec. 2.01). This step includes compliance with Section 508 of the Rehabilitation Act to make technology accessible to people with disabilities,¹² as well as assuring that any advertising related to telepsychology services is non-deceptive (supplements APA Ethics Code Sec. 5.01).

3. Informed Consent and Disclosure

Psychologists using telepsychology provide information about their use of electronic communication technology and obtain the informed consent of the involved individual using language that is likely to be understood and consistent with accepted professional and legal requirements. In the event that a psychologist is providing services for someone who is unable to provide consent for him or herself (including minors), additional measures are taken to ensure that appropriate consent (and assent where applicable) are obtained as needed. Levels of experience and training in telepsychology, if any, are explained (though few opportunities for such training exist at this time) and the client’s informed consent is secured (supplements APA Ethics Code Sec.3.10).¹³

As part of an informed consent process, clients are provided sufficient information about the limitations of using technology, including potential risks to confidentiality of information due to technology, as well as any legally-required reporting, such as reporting clinical clients who may be suicidal or homicidal.¹⁴

This disclosure includes information identifying telepsychology as innovative treatment (supplements APA Ethical Principles 10.01b). Clients are expected to provide written acknowledgement of their awareness of these limitations. Psychologists do not provide telepsychology services without written client consent. Psychologists make reasonable attempts to verify the identity of clients¹⁵ and to help assure that the clients are capable of providing informed consent (supplements APA Ethics Code Sec. 3.10).¹⁶

When providing clinical services, psychologists make reasonable attempts to obtain information about alternative means of contacting clients and provide clients with an alternative means of contacting them in emergency situations or when telepsychology is not available.¹⁷

Psychologists inform clients about potential risks of disruption in the use telepsychology, clearly state their policies as to when they will respond to routine electronic messages, and in what circumstances they will use alternative communications for emergency situations.¹⁸ Given the twenty-four-hour, seven-day-a-week availability of an online environment, as well as the inclination of increased disclosure online, clinical clients may be more likely to disclose suicidal intentions and assume that the psychologist will respond quickly (supplements APA Ethics Code Sec. 4.05).

4. Secure Communications/Electronic Transfer of Client Information

Psychologists, whenever feasible, use secure communications with clinical clients, such as encrypted text messages via e-mail or secure websites and obtain consent for use of non-secured communications.¹⁹ Non-secure communications avoid using personal identifying information.²⁰ Considering the available technology, psychologists make reasonable efforts to ensure the confidentiality of information electronically transmitted to other parties.

5. Access to and Storage of Communications

Psychologists inform clients about who else may have access to communications with the psychologist, how communications can be directed to a specific psychologist, and if and how psychologists store information.²¹ Psychologists take steps to ensure that confidential information obtained and or stored electronically cannot be recovered and accessed by unauthorized persons when they dispose of computers and other information storage devices.²² Clinical clients are informed of the types of information that will be maintained as part of the client's record.²³

6. Fees and Financial Arrangements

As with other professional services, psychologists and clients reach an agreement specifying compensation, billing, and payment arrangements prior to providing telepsychology services (supplements APA Ethics Code Sec. 6.01).

7. Expiration and Review Date

These guidelines will expire in five years after their formal adoption unless reauthorized or replaced prior to that date.

Expiration Date:

(April, 2013)

Appendix A

APA Ethics Committee 1997 Statement on Services by Telephone, Teleconferencing, and Internet

The American Psychological Association's Ethics Committee issued the following statement on November 5, 1997, based on its 1995 statement on the same topic.

The Ethics Committee can only address the relevance of and enforce the Ethical Principles of Psychologists and Code of Conduct and cannot say whether there may be other APA Guidelines that might provide guidance. The Ethics Code is not specific with regard to telephone therapy or teleconferencing or any electronically provided services as such and has no rules prohibiting such services. Complaints regarding such matters would be addressed on a case-by-case basis.

Delivery of services by such media as telephone, teleconferencing and internet is a rapidly evolving area. This will be the subject of APA task forces and will be considered in future revision of the Ethics Code. Until such time as a more definitive judgment is available, the Ethics Committee recommends that psychologists follow Standard 1.04c, Boundaries of Competence, which indicates that “In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.” Other relevant standards include Assessment (Standards 2.01 -2.10), Therapy (4.01 - 4.09, especially 4.01 Structuring the Relationship and 4.02 Informed Consent to Therapy), and Confidentiality (5.01 - 5.11). Within the General Standards section, standards with particular relevance are 1.03, Professional and Scientific Relationship; 1.04 (a, b, and c), Boundaries of Competence; 1.06, Basis for Scientific and Professional Judgments; 1.07a, Describing the Nature and Results of Psychological Services; 1.14, Avoiding Harm; and 1.25, Fees and Financial Arrangements. Standards under Advertising, particularly 3.01 - 3.03 are also relevant.

Psychologists considering such services must review the characteristics of the services, the service delivery method, and the provisions for confidentiality. Psychologists must then consider the relevant ethical standards and other requirements, such as licensure board rules.

Appendix B

Ten Interdisciplinary Principles for Professional Practice in Telehealth

Reed, G., McLaughlin, C., & Milholland, K. (2000)

- Principle 1 The basic standards of professional conduct governing each health care profession are not altered by the use of telehealth technologies to deliver health care, conduct research, or provide education. Developed by each profession, these standards focus in part on the practitioner's responsibility to provide ethical and high-quality care.
- Principle 2 Confidentiality of client visits, client health records, and the integrity of information in the health care information system is essential.
- Principle 3 All clients directly involved in a telehealth encounter must be informed about the process, its attendant risks and benefits, and their own rights and responsibilities, and must provide adequate informed consent.
- Principle 4 Services provided via telehealth must adhere to the basic assurance of quality and professional health care in accordance with each health care discipline's clinical standards.
- Principle 5 Each health care discipline must examine how its patterns of care delivery are affected by telehealth and is responsible for developing its own processes for assuring competence in the delivery of health care via telehealth technologies.
- Principle 6 Documentation requirements for telehealth services must be developed that assure documentation of each client encounter with recommendations and treatment, communication with other health care providers as appropriate, and adequate protections for client confidentiality.
- Principle 7 Clinical guidelines in the area of telehealth should be based on empirical evidence, when available, and professional consensus among involved health care disciplines.
- Principle 8 The integrity and therapeutic value of the relationship between client and health care practitioner should be maintained and not diminished by the use of telehealth technology.
- Principle 9 Health care professionals do not need additional licensing to provide services via telehealth technologies. At the same time, telehealth technologies cannot be used as a vehicle for providing services that otherwise are not legally or professionally authorized.
- Principle 10 The safety of clients and practitioners must be ensured. Safe hardware and software, combined with demonstrated user competence, are essential components of safe telehealth practice.

Appendix C

Examples of Relevant Terminology

Behavioral telehealth “refers to the use of psychotechnologies to provide behavioral health care services” (Maheu et al. 2005, p. 7).

E-therapy is 'a professional counselor or psychotherapist communicating with a client over the Internet for the purpose of mental health assistance or emotional help' (Pomerantz, 2002 as cited by Mallen & Vogel, 2005, p. 764) and is

e-therapy is 'the process of interacting with a therapist online in ongoing conversations over time when the client and counselor are in separate or remote locations and utilize electronic means to communicate with each other' (Manhal-Baugus, 2001, p. 551 as cited by Mallen & Vogel, 2005, p. 764).

Online clinical practice refers to the “...use of psychotechnologies to deliver therapeutic dialogue at a distance” (Maheu et al. 2005, p. 8).

Online counseling is “...any delivery of mental and behavioral health services, including but not limited to therapy, consultation and psychoeducation, by a licensed practitioner to a client in a non-FtF [face to face] setting through distance communication technology such as the telephone, asynchronous e-mail, synchronous chat and videoconferencing” (Mallen & Vogel, 2005, p. 764).

Online therapy is “...any type of professional therapeutic interaction that makes use of the Internet to connect qualified mental health professionals and their clients” (Rochlen, Zack & Speyer, 2004, p. 270).

Telehealth is “...the transmission of images, voice and data between two or more health units via telecommunication channels, to provide clinical advice, consultation, education and training services” (Maheu et al, 2005, p. 7).

Telehealth is “...the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, education, and information across distance” (Nickelson, 1998, p. 527).

Telemedicine is “...the use of electronic signals to transfer medical data from one location to another” (Maheu et al. 2005 p.6).

Telepsychology is the provision of non-face-to-face psychological services by distance communication technology such as telephone, e-mail, chat and videoconferencing. (CTC definition)

Other terms used to describe similar services include: **telepsychiatry, behavioral e-care, behavioral e-health, cybertherapy, e-mail counseling, cyber-psychology, web counseling, e-health and, Internet psychotherapy.**

Appendix D

Standards and Guidelines Relevant to Telepsychology

- American Medical Association. (2000). Guidelines for Patient-Physician Electronic Mail. Retrieved January 24, 2005 from <http://www.ama-assn.org/meetings/public/annual00/reports/bot/bot2a00.rtf>
- American Counseling Association. (1999). ACA Code of Ethics. Approved by the ACA governing council October 1999. Retrieved November 1, 2004 from <http://www.counseling.org/Publications/>
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- Health on the Net Foundation. (1996). Principles. Retrieved May 20, 2005 from <http://www.hon.ch/HONcode/Conduct.html> (not an active link as of October 23, 2006). Available as of October 23, 2006 at http://www.memorialhermann.org/Policies/Hi-Ethics_Principles.htm

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- Online Clinical Case Study Group of the International Society for Mental Health Online. (undated). Assessing a person's suitability for online therapy. Retrieved June 6, 2004 from <http://www.ismho.org/casestudy/ccsgas.htm>
- Rippen, H., & Risk, A. (2000). e-Health code of ethics. *Journal of Medical Internet Research*, 2(2):e9. Retrieved January 15, 2005 from <http://www.jmir.org/2000/2/e9/>
- Winkler, M., Flanagan, A., Chi-Lum, B., White, J., Andrews, K., Kennett, R., DeAngelis, C. & Musacchio, R. (2000). Guidelines for medical and health information sites on the Internet. *Journal of the American Medical Association*, March 22/29, 283(12), pp. 1600-1606. Retrieved on September 24, 2005 from http://jama.ama-assn.org/cgi/reprint/283/12/1600?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Principles+governing&searchid=1127610674685_2488&stored_search=&FIRSTINDEX=0

Figure 1

Telehealth and Telepsychology

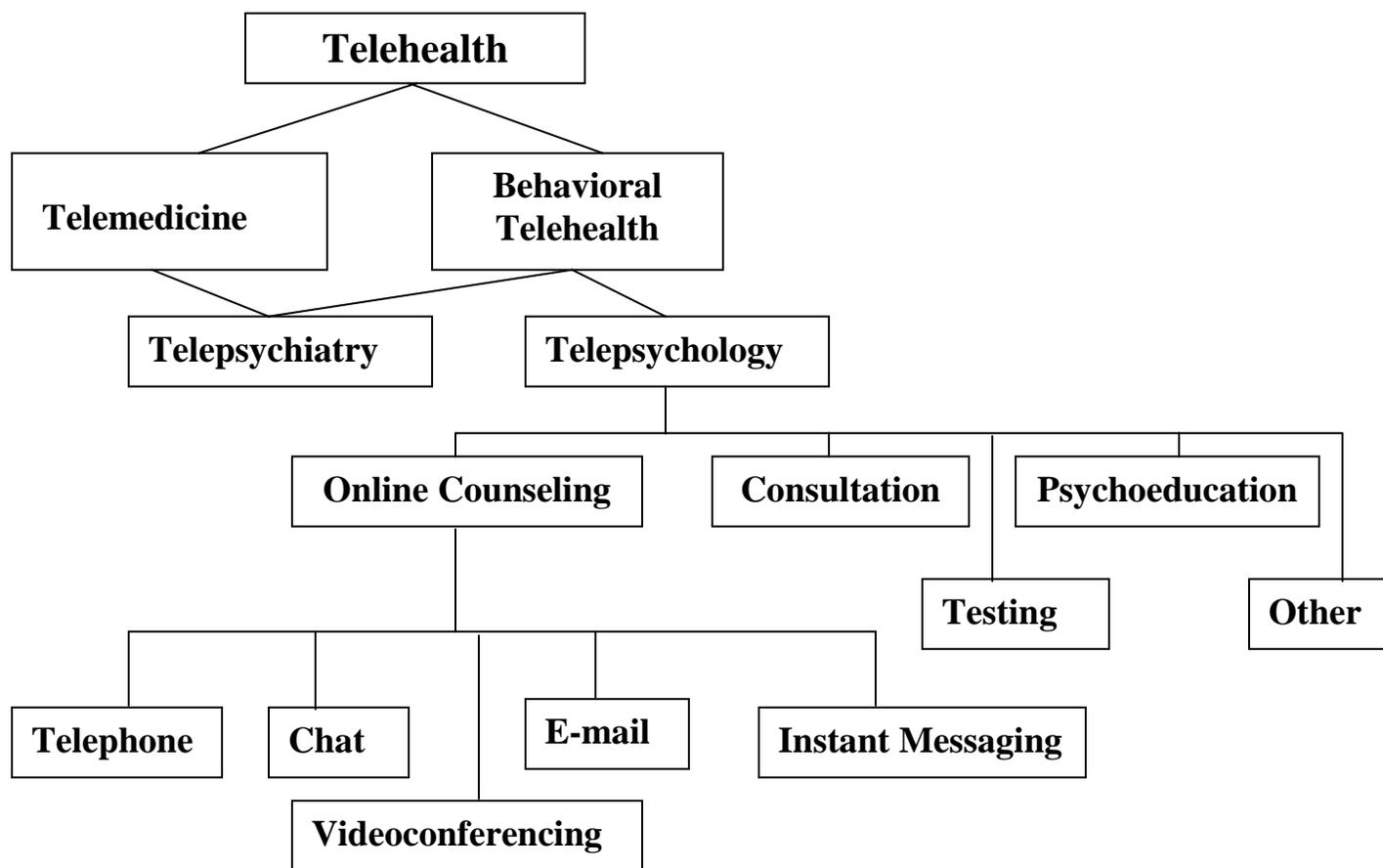


Table 1 - Telehealth Guideline Comparison

| | ACA | NBCC | ISMHO | AMHCA | e-Risk | OPA |
|--|-----|------|-------|-------|--------|-----|
| 1. Clients are informed about technology limitations and implications for confidentiality | x | | | x | | x |
| 2. Services are provided on a secure web site or using encrypted e-mail | x | | | | x | x |
| 3. Encrypted communications are used whenever possible & client informed of hazards of unsecured communications | | x | | | | x |
| 4. Authentication of communications are from identified client such as using code words or numbers | | x | | | x | |
| 5. Only "general" information is transmitted in non-secure communications | x | | | | | x |
| 6. Web sites should include links to licensing or certifying boards | x | x | | | | |
| 7. Web site links should be continually updated in content, accuracy and appropriateness | x | | | | | |
| 8. Web site is barrier free to clients with disabilities | | x | | | | |
| 9. Information about the potential benefits of the services are identified | | | x | x | | |
| 10. Information about the potential risks of the services are identified | | | x | x | | |
| 11. Professionals are aware of client differences in culture, language, and time | | x | | | | |
| 12. Notice given that information transmitted via the Internet may not be secure | x | | | | | x |
| 13. Web site identifies whether the website is secure | x | | | | | |
| 14. Web site identifies if communications during counseling will be encrypted | x | | | | | |
| 15. Web site identifies if client will need encryption software and if it will be provided | x | | | | | |
| 16. Identification of what other professionals and their credentials will have access to client communications | x | | | x | | x |
| 17. Notice given if counselor is supervised and if and how supervisor preserves session transcripts | x | | | | | |
| 18. The identity of the client is obtained and verified | x | | | x | | x |
| 19. The professional verifies the age of the client and is able to give consent for treatment | x | | | | | x |
| 20. If a client is unable to give consent, consent is obtained from a legal consenting party | x | x | x | | | x |
| 21. A determination of the appropriateness of telehealth services is made | x | | x | x | x | x |
| 22. Alternative methods of contacting the client in emergency situations are identified | x | | | | | x |
| 23. Clients are provided alternative ways to contact the professional at other times, including emergencies | x | x | x | x | x | |
| 24. The professional is aware of what local resources exist for the client in emergencies (e.g. suicidal, homicidal) | | x | x | x | | |
| 25. The professional is aware of how to report suicidal or homicidal clients where the client is located | | | | x | | |
| 26. Client is made aware of confidentiality limitations of Internet communications | x | | | x | | x |

Table 1 - Telehealth Guideline Comparison – continued

| | ACA | NBCC | ISMHO | AMHCA | e-Risk | OPA |
|--|-----|------|-------|-------|--------|-----|
| 27. Client is made aware of confidentiality limitations of Internet communications | x | | | x | | x |
| 28. Client is informed about the possible misunderstandings when visual cues are absent in communications | | x | x | x | | |
| 29. Clients are made aware of free Internet access when available | | x | | | | |
| 30. Clients referred to other services if clients do not agree to client waiver about Internet confidentiality limitations | x | | | | | |
| 31. Clients are informed about possible technological problems and communication delays | x | | | | | x |
| 32. The confidentiality of electronic communications and client information are maintained | x | x | x | | x | x |
| 33. Clients are informed about the way communications are recorded and for how long they are kept | x | | x | | | x |
| 34. Whenever possible records of electronic communications are kept and integrated into the client's chart | | | | | x | x |
| 35. Information transmitted to third parties is done securely | x | | | x | | x |
| 36. If telehealth services are not appropriate the client is informed of alternative services | x | | | x | | x |
| 37. Service plans are consistent with client circumstances and limitations of electronic communications | x | | | x | | |
| 38. The professional and client agree on frequency, mode of communication, fee, and methods of payment | | | x | | | |
| 39. Professional informs client of times available for service and anticipated response times to communications | x | x | x | | | x |
| 40. There is a back-up professional for clients if the professional will be unavailable for an extended period of time | x | | | | | |
| 41. The professional practices only in areas he or she is competent | x | | x | x | | x |
| 42. The professional should follow the laws and other established guidelines that apply to him or her | | | x | | | x |
| 43. Services are not provided to clients located in states in which the professional is not licensed. | x | | | | | x |
| 44. Professional may need to meet legal requirements to practice in the state where the client is located | | | x | | | x |
| 45. The professional confirms that his or her liability insurance covers their telehealth services | x | | | | | |
| 46. Legal jurisdiction - state(s) where the professional and client is located licensing, regulations are reviewed and complied with | x | x | x | x | x | x |
| 47. Professional obtains legal and ethical assistance in developing and implementing telehealth services | x | | | | | |
| 48. The name and qualifications (and how to verify them) of the professional are available to the client | | | x | x | | |
| 49. If the client is receiving mental health services from multiple providers the potential effects of this are considered | | | x | | | |

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Endnotes

- ¹ These reasons for practice guidelines are adapted from American Psychological Association (2005), Determination and Documentation of the Need for Practice Guidelines, *American Psychologist*, 60, 976-978.
- ² Koocher & Morray. (2000) Nickelson (1998) warns psychology that if it does not develop standards for telehealth, "...it risks having the government or even another provider group intervene."
- ³ Vandebos & Williams (2000), Maheu et. al. (2005), Barnett (2005), Barak (1999). Additional information can be found at the website: <http://construct.haifa.ac.il/~azy/refindx.htm>
- ⁴ DeLeon, Crimmins, & Wolf (2003), Nickelson (1998), Heinlen, Welfel, Richmond & O'Donnell (2003).
- ⁵ See Mallen et al. (2005) p. 811 regarding the importance of psychologists becoming "involved in shaping and developing guidelines for the training, supervision and practice of on line counseling."
- ⁶ Maheu & Gordon (2001) in regards to using e-mail with clients point out that practitioners may overlook "nuances" of electronic communications that are different from face-to-face services. Finichel et al. (2002) discuss some of these differences in their article on "myths and realities" of online clinical work. Competency for telepsychology requires mastering new skills and understandings, need for consultation and or supervision prior to providing those services (Kraus et al. 2004).
- ⁷ A comprehensive review of past efforts to develop relevant online standards or guidelines and subsequent recommendations for future efforts are described by Ragusea & VandeCreek (2003) and Raguesa (2005).
- ⁸ See APA (2002b, 2005).
- ⁹ The APA documents about developing practice guidelines (APA, 2002b, 2005) are helpful in explaining these issues and concepts.
- ¹⁰ For discussions of computer-mediated competency see Mallen, Vogel, & Rochlen (2005) issue of cultural competency in Mallen et al, (2005) p. 792
- ¹¹ References for assessing when telepsychology is not appropriate. Kraus et al. (2004); Maheu et al. (2005).
- ¹² See Section 508 law at <http://www.section508.gov/index.cfm?FuseAction=Content&ID=3>
- ¹³ See Maheu et al. (2005) and Kraus et al. (2004). Few formal training opportunities or supervised experiences for using technology in telepsychology are currently available. The following are examples of training opportunities provided: <http://www.onlinecounselors.co.uk/>; The American Counseling Association also offers an online course on the topic of cybercounseling.
- ¹⁴ Maheu et al. (2005); Koocher & Morray (2000); Mallen, Vogel & Rochlen (2005).
- ¹⁵ For discussions about identification of clients, see Kraus et al. (2004) and Maheu et al. (2005).
- ¹⁶ Guidelines for assessing the appropriateness of clients for online therapy are posted on the website for the International Society for Mental Health Online at <http://www.ismho.org/casestudy/ccsgas.htm>. Fenichel et al. (2002) describe ways to verify client identification. Kraus et al. (2004) identify reasons that this is so important.
- ¹⁷ Koocher & Morray (2000); Kraus et al. (2004); Maheu et.al (2005)

- ¹⁸ This expectation is a common component of telehealth guidelines and standards listed in Appendix D. Koocher, G. & E. Morray (2000) identify it as being important.
- ¹⁹ Psychologists providing services regulated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 are expected to be in compliance with that law and its regulations. Maheu & Gordon (2000) advise psychologists using e-mail with clients to “ensure patients’ confidentiality by maintaining high levels of security,” including encryption. The American Counseling Association (1999) standards explicitly require online counseling or e-mail communications to be encrypted and to limit non-secure communications to “only general information” or non-client-specific information.
- ²⁰ Types of information considered non-client-specific might include information about office hours, directions to office locations, address and telephone numbers, referral sources, community resources, etc.
- ²¹ An example of this is included in AMA (2002) standards.
- ²² Because electronic information stored on storage media (e.g. hard drives, flash drives, etc.) is not permanently erased when files are deleted using ordinary methods, it is highly important that steps are taken to assure the destruction of confidential and identifying information when electronic hardware is discarded or disposed. This might include the physical destruction of storage media or using special software to delete files so that they cannot be recovered.
- ²³ For examples of this, see ISMHO (2000) principles regarding records under “standard operating procedure” and ACA (1999) standards regarding “records of electronic communications.”