

Louisiana Telepsychology Guidelines

Purpose of guidelines: To facilitate the process for licensed psychologists to provide telepsychology services to residents of Louisiana.

Telepsychology: The practice of psychology which includes assessment, diagnosis, intervention, consultation or information by psychologist using interactive telecommunication technology that enables a psychologist and a client, at two different locations separated by distance to interact via two-way video and audio transmissions simultaneously. Telepsychology is not a separate specialty. If the use of technology is clearly administrative purposes, it would not constitute telepsychology under these guidelines.

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 professional and technical training, experience, and skills to provide the type of telepsychology that they provide. Psychologists are encouraged to maintain their competence in this area via appropriate continuing education. 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

Legal and Ethical Requirements

Psychologists recognize that the provision of Telepsychology is not legally prohibited by local or state laws and regulations (supplements 2002 APA Ethics Code Sec. 1.02). Psychologists are aware of and in compliance with Louisiana psychology licensure laws and rules.

Responsibilities of the Licensed Psychologist:

Professional and Patient Identity and Location: at the beginning of a Telepsychology service with a client, the following essential information shall be verified by the psychologist:

Psychologist and Client Identify Verification: The name and credentials of the professional and the name of the patient shall be verified.

Provider and Patient Location Documentation: The location where the patient will be receiving services shall be confirmed and documented by the psychologist. Documentation should at least include the date, location, duration and type of service.

Secure Communications/Electronic Transfer of Client: Psychologists, use secure *HIPAA/HITECH* compliant communications.

Non-secured communications: Obtain consent for use of non-secured communications. In cases of emergency, non-secured communications may be used with the consent of the patient and/or at the discretion of the psychologist based on clinical judgment

Informed Consent: A thorough informed consent at the start of all services shall be performed. The consent should be conducted in real-time. Local, regional and national laws regarding verbal or written consent shall be followed. The consent should include all information contained in the consent process for in-person care including confidentiality and the limits to confidentiality in electronic communication; an agreed upon emergency plan, particularly in settings without clinical staff immediately available; the potential for technical failure, process by which patient information will be documented and stored; a protocol for contact between sessions; and conditions under which telepsychology services may be terminated and a referral made to in-person care.

Privacy: Efforts shall be made to ensure privacy so clinical discussion cannot be overheard by others either inside or outside of the room where the service is provided. Further, psychologists review with clients their policy and procedure to insure privacy of communications via physical, technical, and administrative safeguards.

Emergency Management:

Psychologists shall have an Emergency Management plan in case of emergency in a telepsychology session. The psychologist's plan should include such things as: patient safety, information for patient support person, uncooperative patients and identifying local emergency personnel.

In an emergency situation with a patient, psychologists will follow the normal clinical emergency protocols. In the event of an emergency, a patient has to consent to a voluntary support system. In cases where a patient refuses to consent, emergency procedures will be followed using the pre-identified resources available at the remote site and permitted by prior consent / agreement of the client.

Recordkeeping

Psychologists insure that documentation of service delivery via telepsychology is appropriately included in the clinical record (paper or electronic). Further, psychologists insure the secure destruction of any documents maintained in any media of telepsychology sessions and in accordance with APA guidelines, and all federal, state, and local laws and regulations.

Service Delivery

Psychologists are responsible for insuring that any services provided via electronic media are appropriate to be delivered through such media without affecting the relevant professional standards under which those services would be provided if delivered in person. It is recommended that the initial interview/assessment occur in-person. However if conducted via telepsychology then the psychologist is responsible for meeting the same standard of care.

This also includes but is not limited to reliability and validity of psychometric tests and other assessment methods; and consideration of normative data for such psychometric / assessment tools; maintaining conditions of administration. When providing therapeutic interventions, psychologists insure that the modality being used is appropriate for delivery through electronic media and is appropriate for delivery to individuals, groups, and/or families/couples as indicated.

Psychologists reassess appropriateness of the use of telepsychology throughout the course of contact with the patient.

Limitations

Any service that would require the psychologist to personally interact with, touch, and/or examine the client may not be suitable for telepsychology. Examples may include but not be limited to the sensory-perceptual examinations of some neuropsychological assessments; and examination of the client for signs of movement disorders like the AIMS and Simpson-Angus exams. Psychologists must insure that the integrity of the examination procedure is not compromised through the use of telepsychology.

Cultural Competence

Psychologists are encouraged to reflect on multicultural issues when delivering telepsychology services to diverse clients.

Supervision via Telepsychology (“Telesupervision”)

Telepsychology supervision, which will henceforth be referred to as telesupervision, is a method of providing supervision 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).

Telesupervision shall not be the sole means of communication with a supervisee.

Telesupervision shall only be utilized when in-person supervision in the service delivery setting is not feasible or under other extenuating circumstances, e.g. the supervisor has taken planned medical leave and will be off-site for a month.

Consistent with the guidelines set forth by the American Psychological Association Commission on Accreditation, telesupervision shall not account for more than 50% of the required supervisory contact for that supervisees’ level of training, and telesupervision is not permitted for a graduate student completing their first

practicum experience. More specifically, individuals who are considered unlicensed assistants to psychologists or individuals completing a post-doctoral fellowship require a minimum of one hour a week of individual supervision. For an assistant with lesser experience, they may require more than the minimum of one hour a week of supervision. For individuals currently in training completing a pre-doctoral psychology internship, a minimum of two hours of individual supervision is required. Therefore if a supervisee engages in telesupervision, telesupervision shall not account for more than 26 hours of the minimum requirement for individual supervision for unlicensed assistants or post-doctoral fellows and 52 hours of the minimum requirement for individual supervision for pre-doctoral interns over the course of a year.

In-person, face-to-face supervision remains the most appropriate and beneficial format for supervisees to learn effectively from their supervisors as well as the most appropriate format to ensure full professional responsibility for the welfare of the client. Therefore prior to conducting telesupervision, the supervising psychologist shall request pre-approval from the Board by completing the *Telesupervision Application Form* which is available on the LSBEP website and will be reviewed at the following Board meeting. The form requests for supervising psychologists to provide an explicit rationale as to why this is an appropriate and effective form of supervision for this supervisee in this particular work setting. Therefore, the Board has the right to deny a request for telesupervision.

The supervising psychologist shall ensure the following criteria are adhered to in providing telesupervision:

1. Supervisor has a license to practice psychology in the state of Louisiana;
2. Supervisor maintains full legal functioning authority and professional responsibility for the welfare of the client and have functional authority over the psychological services provided by the supervisee;
3. Supervisor shall establish a clear protocol for managing emergency consultation and be available to the supervisee as needed in the event of an emergency with a client;
4. Telesupervision shall be conducted via a two-way video and audio transmissions simultaneously;
5. The use of telesupervision shall take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm;
6. Inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security and privacy;
7. Identify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;

8. Inform supervisees of procedures to manage technological difficulties or interruptions in service;
9. The supervising psychologist shall be competent in the chosen telecommunication technology;
10. Telepsychology supervision shall be provided in compliance with the supervision requirements of Chapter 7. Supervised Practice Leading Towards Licensure of Louisiana Administrative Code, Title 46, Part LXIII as well as those outlined in Chapter 11. Supervision of Assistants to Psychologists.

Complaints

If any complaint arises and the psychologist was using telepsychology, then whether they used it properly would be part of the investigation of the overall complaint.

References:

APA Ethical Principles and Code of Conduct (2010).

APA (2013). Guidelines for the practice of telepsychology, *American Psychologist*, 68, 791–800. doi: 10.1037/a0035001.

American Telemedicine Association (2013). Practice guidelines for video-based online mental health services. (Available at www.americantelemed.org).

HISTORICAL NOTE: Louisiana Telepsychology Guidelines

ADOPTED: January 1, 2015; REVISED: November 22, 2019 (telesupervision)