



Ohio Board of Psychology

COVID-19 Alert 2 March 20, 2020 Additional Telepsychology Clarifications

A previous COVID-19 Alert was issued March 11, 2020.

As the Coronavirus crisis evolves, the Ohio Board of Psychology remains fully operational through remote telework arrangements. Our primary concern is the health and safety of board members, employees, applicants, license holders, and clients/patients. The Board members and I, like you, have been thrust into rapidly changing social, educational, regulatory, and healthcare landscapes. We are impressed with the way psychologists are sharing expertise, support, and resources in the name of fostering the welfare of clients and patients. I'm in regular contact with state leadership with an eye on how directives and policies affect the Board's operation and our license holders.

Understandably, most inquiries received this week continue to be about the use of telecommunications with established and prospective/new clients. This serves to provide additional information and guidance specific to undertaking a telepsychology practice. In such an unprecedented crisis, the Board hopes that these periodic Alerts will assist with getting your feet set so good judgment and decision-making guide the way.

First, I encourage everyone considering a move to service provision via telecommunications to read the telepsychology rule in OAC 4732-17-01. For convenience, the rule is pasted in here:

(H) Telepsychology.

(1) "Telepsychology" means the practice of psychology or school psychology as those terms are defined in divisions (B) and (E) of section 4732.01 of the Revised Code, including psychological and school psychological supervision, by distance communication technology such as but not necessarily limited to telephone, email, Internet-based communications, and videoconferencing.

(2) In order to practice telepsychology in the state of Ohio one must hold a current, valid license issued by the Ohio board of psychology or shall be a registered supervisee of a licensee being delegated telepsychology practices in compliance with paragraphs (B) and (C) of rule 4732-13-04 of the Administrative Code.

(3) License holders understand that this rule does not provide licensees with authority to practice telepsychology in service to individuals located in any jurisdiction other than Ohio, and licensees bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology.

(4) License holders practicing telepsychology shall comply with all of these rules of professional conduct and with requirements incurred in state and federal statutes relevant to the practice of psychology and school psychology.

(5) License holders shall establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in

conformance with prevailing standards of scientific and professional knowledge. License holders shall establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

(6) License holders recognize that telepsychology is not appropriate for all psychological problems and clients, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. License holders practicing telepsychology are aware of additional risks incurred when practicing psychology or school psychology through the use of distance communication technologies and take special care to conduct their professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount. License holders practicing telepsychology shall:

(a) Conduct a risk-benefit analysis and document findings specific to:

(i) Whether the client's presenting problems and apparent condition are consistent with the use of telepsychology to the client's benefit; and

(ii) Whether the client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

(b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraphs (1)(6)(a)(i) and (1)(a)(ii) of this rule is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

(c) Upon initial and subsequent contacts with the client, make reasonable efforts to verify the identity of the client;

(d) Obtain alternative means of contacting the client;

(e) Provide to the client alternative means of contacting the licensee;

(f) Establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis;

(g) Licensees, whenever feasible, use secure communications with clients, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

(h) Prior to providing telepsychology services, obtain the written informed consent of the client, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

(i) The limitations and innovative nature of using distance technology in the provision of psychological or school psychological services;

(ii) Potential risks to confidentiality of information due to the use of distance technology;

(iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of reestablishing electronic or other connection will be used under such circumstances;

(iv) When and how the licensee will respond to routine electronic messages;

(v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

- (vi) Who else may have access to communications between the client and the licensee;
 - (vii) Specific methods for ensuring that a client's electronic communications are directed only to the licensee or supervisee;
 - (viii) How the licensee stores electronic communications exchanged with the client;
- (7) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons when the licensee disposes of electronic equipment and data;
- (8) If in the context of a face-to-face professional relationship the following are exempt from this rule:
- (a) Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,
 - (b) Telephone or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

Note that there is no requirement for an initial face-to-face meeting. There has been some misinformation circulating about that. Note, too, the emphasis on informed consent, privacy, and confidentiality, hallmarks of psychological practice that deserve extra scrutiny in the context of telecommunications. License holders undertaking the practice of telepsychology for the first time should pay special attention to the Board rules and should obtain education and consultation as needed to reach an entry level (at minimum) of competence prior to proceeding. In fact, the Competence rule includes specific requirements when adding new services or techniques, including telepsychology:

OAC 4732-17-01 (G) Competence:

- (1) Limits on practice. A license holder shall limit his/her professional practice to those specialty areas in which competence has been gained through education, training, and experience. If important aspects of the client's problem fall outside the boundaries of competence, then the license holder assists his/her client in obtaining additional professional help.
- (2) Specialty standard of care. A license holder shall exercise sound judgment and care in determining what constitutes his/her area(s) of competence. A guiding principle is that one who undertakes practice in a given specialty area will be held to the standard of care within that specialty while he/she is practicing in that area.
- (3) Maintaining competency. A license holder shall maintain current competency in the areas in which he/she practices, through continuing education, consultation, and/or other training, in conformance with current standards of scientific and professional knowledge.
- (4) Adding new services and techniques. A license holder, when developing competency in a new area or in a new service or technique, shall engage in ongoing consultation with other psychologists, school psychologists, or appropriate professionals and shall seek continuing education in the new area, service or technique. A license holder shall inform any client whose treatment will involve a newly developing service or technique of its innovative nature and the known risks concerning those services and shall document informed consent provided by the client or legal guardian.

Note that OAC 4732-17-01 (G)(4) specifies that license holders “shall engage in ongoing consultation” and “shall seek continuing education” in the new area. These are broad and flexible rules to be applied in context. The Board does not prescribe a specific number of hours of CE or consultation because this is a general rule covering all areas of practice (not just telepsychology), and the amount of CE and consultation required will vary from psychologist to psychologist and specialty to specialty. There are many free and low-cost CE programs available online, and there are seasoned providers of telehealth and telepsychology available for consultation and support. Please use the ample resources available from organizations including APA, OPA, the Telebehavioral Health Institute, and malpractice carriers. Of course, CE programs by APA or OPA-approved providers can be credited toward your biennial renewal hours with OPA-MCE or OSPA-MCE. Rules provide enough flexibility to begin a telepsychology practice with a novice level of competence, with expectations for establishing and maintaining increasingly advanced competencies.

As our landscape changes seeming hourly, there is a risk of jumping in before the impact of directives is clear, and it’s critical to let new information sink in before making substantial changes. Undertaking a new area of practice provides new opportunities to help people and new challenges and risks. Please be guided by the saying, “Look before you leap.”

A Note to Ohio’s Psychology Training Community

Speaking of being cautious, I have received questions from training faculty about Ohio-based practicum trainees returning to their home states temporarily, and whether these trainees may practice telepsychology for continuity of care with their clients or training subjects who remain in Ohio. This is complicated because of jurisdiction and the critical need to have supervisees properly trained in the telepsychology model being used to ensure basic technological and clinical competence. Reasonable caution is necessary because the states where students are temporarily living still have regulatory authority to decide who is authorized to practice psychology when located in their states. Also, licensed supervisors always remain responsible for the services being delivered on their licenses, just as they do in traditional face-to-face settings. Faculty supervisors are encouraged to make reasonable efforts to receive permission, from the relevant psychology board, to delegate psychological services to an unlicensed student rendering services back into the state where their clients live. This area is likely to evolve, and the Ohio Board is considering whether we can address this for practicum students relocated back to Ohio temporarily while their supervisor and clients remain in another state where the graduate program is housed. Ohio psychologists are reminded that they may need to step in to provide services to a supervisee’s clients because the supervisor has legal and ethical responsibility for those individuals. University counsel and malpractice carriers may be consulted too.

Additional Alerts will be provided as warranted as we all cope with the impact of this crisis on our profession. As always, questions about laws and rules may be directed to the Board office.

Thank you, and best wishes for continued good health.

Sincerely,



Ronald Ross, Ph.D., CPM
Executive Director