THE CATHOLIC UNIVERSITY OF AMERICA | Department of Psychology

Clinical Psychology Doctoral Program
Policy and Guidelines on Telesupervision & Telepsychology

Below are two sections related to telesupervision and telepsychology, including their definitions, program policies, local regulations, etc.

TELESUPERVISION

The use of telesupervision will be exercised in compliance with Implementing Regulation (IR) C-13 D, Telesupervision, and any emergency guidance provided by APA as well as the relevant licensing boards.

Accordingly, telesupervision is defined as the "supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee." Telesupervision is not the same as providing telepsychology services to clients, which is described in the next section.

Students and their supervisors **must**:

1. Read this document in full;
2. Read and follow local regulations overseeing telesupervision, attending to potential cross-jurisdiction concerns;
3. Read and follow APA's Guidelines for Telepsychology, which describes supervision;
4. Follow the policies at the clinical placement; and
5. Document use of telesupervision (both in total amount of hours and percentage).

Telesupervision is to be conducted in accordance with the same Guidelines and Principles, and Code of Ethics, set forth by the American Psychological Association for in-person supervision and training. It is the program's view that an in-person, face-to-face, relationship is the best form of supervision. Benefits to in-person supervision include, but are not limited to, opportunities for professional socialization and assessment of trainee competence, which are essential aspects of professional development, ensuring quality services, and protecting the public. If telesupervision is used following the guidelines and limits described below, then this form of supervision is regarded as consistent with our program's overall model of training in that it best approximates the in-person format of supervision and can ensure continuity in the supervisory experience.

Telesupervision can be utilized when in-person supervision is not possible. Telesupervision is to be used only for the competency-based development of clinical skills consistent with our program's training model. That is, telesupervision may occur when a typically-present supervisor is out of town, ill, or otherwise prevented from meeting in person; or likewise, when a supervisee is unable to be physically present. Certainly, brief telesupervision for acute situations is acceptable, as it allows for more timely feedback. However, on the whole, telesupervision does not facilitate recognition of nonverbal or affective cues, smooth exchange of feedback, and other important aspects of supervision.

When the University is operating typically, telesupervision may account for no more than 50% of the total supervision time for a given semester of practicum, *following APA standards as of the time of this writing*. If a state law at the time has a lower standard, the law must be followed.

When the University is not under normal operations due to an emergency, the clinical program will provide specific guidance on the percentage of telesupervision that can be used in accordance with APA and state regulations.

It is recommended that telesupervision should only begin after the interpersonal supervisory relationship is well established. Moreover, when the University is operating typically, telesupervision is best implemented after the first year of individual psychotherapy practicum.

If utilizing telesupervision, the student trainee and supervisor must take steps to protect client and supervisee confidentiality and security. Arrangements to assure both privacy and confidentiality must include, but are not limited to, using HIPAA-compliant and FERPA-compliant secure telecommunication platforms (i.e., both the device and any software used must assure confidentiality of both client and student), and private viewing/conversation areas. The supervisor and student should seek relevant literature and training and/or consultation, or otherwise demonstrate expertise, in the use of technology-assisted devices and platforms, especially in the matter of client and supervisee confidentiality and security. Knowledge of the relevant policies and guidelines on the practice of telepsychology is essential for ensuring security measures are in place to protect information related to clients and trainees from unintended access or disclosure. Finally, telesupervision can only be viewed as a legitimate form of supervision if it is determined by both the supervisor and the student trainee that both the audio and video quality of the connection is adequate for the proper conduction of supervision, and a protocol has been established for how to proceed in the event of equipment failure (e.g., the trainee immediately phones the supervisor).

Supervisors must make advance arrangements to ensure that any contingencies that arise while they are off-site will be handled in accord with all relevant legal regulations and ethical standards, including how to cover non-scheduled consultations and emergencies. Although the off-site supervisor generally maintains full professional responsibility for clinical cases, if a student is seeing clients while a supervisor is physically unavailable, it is incumbent upon that supervisor to designate a physically-available back-up in case of emergency. Students are provided with emergency contact information for these designated individuals and/or another identified back-up. Furthermore, supervisors must ensure that the local governing laws and regulations are being followed.

In order for the hours to count for internship application, APPIC guidelines for "face-to-face" hours must be followed.

Finally, regulations and laws relevant to telesupervision *within and across* jurisdiction lines must be followed. Note that Virginia's regulations have included supervision in its *telepsychology* regulations and DC regulations have referenced the APA Guidelines for *Telepsychology*. **Thus, students and supervisors considering telesupervision must ensure that they are complying with the relevant regulations for telepsychology.**

Note: When the University is not under normal operations, the clinical program will provide additional guidance on telesupervision. At all times, all trainees and supervisors must abide by the applicable laws and regulations.

TELEHEALTH/ TELEPSYCHOLOGY

The use of telepsychology will be exercised in compliance with APA regulations as well as the relevant licensing boards.

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

Students and their supervisors **must**:

1. Read this document in full;
2. Read ALL of the local laws overseeing telepsychology and follow the relevant laws, attending to any cross-jurisdiction concerns (please click here for Telehealth Guidance by State during COVID-19);
3. Read and follow APA's Guidelines for Telepsychology;
4. Watch APA's Telepsychology Best Practices 101 series (and or equivalent training);
5. Follow the policies at the clinical placement;
6. Document use of telepsychology (both in total amount of hours and percentage).

When the university is operating normally, telepsychology services should compromise no more than 25% of an extern's total direct service hours for a given semester, *following DC Area Council Guidelines (https://psychpracticum.gmu.edu/council-guidelines/) at the time of this writing*. Prior approval from the DCT is required before accepting an externship that exceeds this guideline. Exceptions can be made on a case-by-case basis depending on a student's experience and training needs. A description of the telepsychology services and why this modality is being used rather than face-to-face, along with a written policy documenting the externship site's approach to protect confidentiality must be documented on the Clinical Training Plan.

When the University is not under normal operations, the clinical program will provide additional guidance on telepsychology. At all times, all trainees and supervisors must abide by the applicable laws and regulations.

Resources

- Trainees should set up their service provision space appropriately for use. For an example, see this webpage.
- Before providing telepsychology services, trainees must conduct a "check-out" with their supervisor via a video conference in which the supervisor can see the service provision space from the vantage point of clients. During that check-out, trainees must practice "eye contact" with their supervisor until the point of competency is attained. For an example, see this webpage.
- To comply with competency regulations, trainees must provide documentation of additional training in this area. Your supervisor and/or site may offer didactics or recommend trainings in telepsychology. One example that the program was aware of is a certificate of completion from the Zur Institute's Certificate Program in TeleMental Health & Digital Ethics: Ethical, Legal, Clinical, Technological, and Practice Considerations, though there is a cost to this training.