



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.

1. TELESUPERVISION

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.

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 either through asynchronous methods (e.g., review of documentation with written feedback), or synchronous audio and video format where the supervisor is not in the same physical facility as the trainee” (APA, 2023b). Telesupervision is not the same as providing telepsychology services to clients, which is described in the next section.

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.

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 and laws.**
 1. Note that Virginia's regulations has included supervision in its *telepsychology* regulations and that DC regulations has referenced the APA Guidelines for *Telepsychology*. Students and supervisors must ensure that they are complying with the relevant regulations for telepsychology when considering telesupervision.
3. Read and follow APA's Guidelines for Telepsychology (2024), 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).
6. In order for the hours to count for internship application, APPIC guidelines for “face-to-face” supervision hours must be followed.

Rationale for Telesupervision

We use telesupervision as an alternative form of supervision when in-person supervision is not practical or safe. Telesupervision may be used in three scenarios:

- a) As a primary mode of supervision for training opportunities that would not otherwise be possible,
- b) As a secondary mode of supervision when either the trainee or supervisor is ill to prevent contagion or worsening of the illness,
- c) As an emergent mode of supervision when clinical emergencies arise that require more detailed consultation than is available through telephonic methods when the supervisor is not at the training site.

Telesupervision's Consistency with Program Aims and Training Outcomes

If telesupervision is used following the guidelines and limits described, 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.

In scenario a), telesupervision offers trainees experiences that would otherwise be unavailable to them and that allow trainees to provide services to expanded populations. In scenario b), telesupervision maintains the continuity of supervision during unexpected events that do not compromise a supervisor's or trainee's fitness to practice but that would impede meeting in person and providing continuous care to clients. In scenario c), telesupervision provides supervisors the ability to backstop trainees as they provide emergent care to clients.

How and When Telesupervision is Used in Clinical Training

Telesupervision is not allowed as a primary mode of supervision until students have completed their first year of supervised clinical training.

Students will be allowed to participate in telesupervision as a method of receiving supervision when telesupervision is a) indicated for service provision, b) reasonable as a secondary supervision modality, or c) required to address emergent client needs.

How Trainees are Determined Fit to Participate in Telesupervision

Trainees must demonstrate proficiency with using videoconferencing technology and exhibit participation in supervision with the ability to implement a supervisor's feedback with clients. They must exhibit the organizational skills needed to attend telesupervision, the responsibility to protect client privacy and confidentiality, and the clarity in communication necessary to convey relevant information about clients and their clinical care.

How Trainee-Supervisor Relationship is Established at Outset of Supervision

Before beginning telesupervision, the supervisor and trainee will engage in at least one virtual session to test out technology, verify the suitability of the trainee's environment for telesupervision, and work through screen sharing and other functions that may be required in telesupervision. Also, it is recommended that telesupervision should only begin after the interpersonal supervisory relationship is well established.

Management of Non-Scheduled Consultation and Crisis Coverage

Supervisors are available by phone, text, or email outside of scheduled supervision times should trainees need consultation. Supervisors will maintain standing invitations to trainees' virtual sessions to provide backup for trainees. Telesupervision that must occur outside of scheduled sessions will be scheduled through email, text, or other means of communication without discussing client information.

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.

Maintenance of Client and Trainee Privacy and Confidentiality

During telesupervision, client material will not be discussed without using HIPAA-compliant technology. Both trainee and supervisor will also be in private locations during telesupervision where patient privacy and confidentiality will be assured, which may include using headphones or other in-ear technology and orienting computers or phones toward walls without windows.

Technology and Technology Training Used in Telesupervision

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).



2. 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 (2024):

- “Telepsychology is defined for the purpose of these guidelines as the integration of telecommunication technologies with psychological practices.”
- “Telecommunication technologies include, but are not limited to synchronous (i.e., live and real-time interaction, e.g., videoconferencing, audio-only telephone) and asynchronous (i.e., store-and forward, non-live; e.g., text, email, messaging program, data-tracking smartphone applications) methods of fostering healthcare-related communication and transmission of healthcare-related information. Transmitted information may include text, image, audio, interactive videoconferencing, remote patient monitoring, or other data related to patient care. Technologies may be used independently or in combination. Technologies may be used as a sole service delivery method, or to supplement or augment in-person practices for a hybrid service.”

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 and laws;**
3. Read and follow APA’s Guidelines for Telepsychology (2024);
4. Follow the policies at the clinical placement;
5. Document use of telepsychology (both in total amount of hours and percentage).
6. In order for the hours to count for internship application, APPIC guidelines for “face-to-face” client hours must be followed.
7. Trainees should set up their service provision space appropriately for use.
8. 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.
9. To comply with competency regulations, trainees must provide documentation of training in this area. Your supervisor and/or site may offer didactics or recommend trainings in telepsychology.