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**PSYCHOLOGY EXAMINING BOARD MEETING
Room 121C, 1400 E. Washington Avenue, Madison WI
Contact: Dan Williams (608) 266-2112
OCTOBER 10, 2012**

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.

8:15 A.M.

APPLICATION REVIEW COMMITTEE, RM 199B

CONVENE TO CLOSED SESSION to consider discipline (s. 19.85(1)(b), Stats., and to consider individual histories (s. 19.85(1)(f), Stats.

- Review of Applications for approval recommendation to the Full Board. The Committee consists of two (2) board members and Department staff.

ADJOURNMENT

9:00 A.M.

MEETING OF THE PSYCHOLOGY EXAMINING BOARD, ROOM 121A

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. **Adoption of Agenda (1-4)**
- B. **Approval of Meeting Minutes**
 - 1) June 6, 2012 **(5-12)**
 - 2) August 17, 2012 **(13-14)**
- C. Secretary Matters
- D. **Administrative Matters:**
 - 1) Staff Changes
- E. **Discussion of Provisional Licensure – APPEARANCE 9:10 A.M. – Representatives from the Wisconsin Psychological Association (WPA) Advocacy Cabinet (15-16)**
- F. **DSPS Website Presentation – APPEARANCE 9:30 A.M. – Jeff Weigand, Policy Director, Division of Policy Development (17-18)**
- G. **Discussion of Division of Legal Services and Compliance Policy Regarding Screening – APPEARANCE 9:45 A.M.- Jeanette Lytle, Attorney Supervisor (19-22)**

- H. **Discussion of Current FAQ as it relates to CE (23-24)**
- I. **Speaking Engagement(s), Travel, or Public Relation Request(s) (25-30)**
 - 1) ASPPB's 52nd Annual Meeting of Delegates, October 24-28, 2001 in San Francisco, CA. Discussion as to Delegating a Board Member to Attend
- J. Legislation/Administrative Rule Matters
- K. Items Received After Printing of the Agenda:
 - 1) Introductions, Announcements and Recognition
 - 2) Presentations of Petition(s) for Summary Suspension
 - 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 4) Presentation of Proposed Final Decision and Order(s)
 - 5) Informational Item(s)
 - 6) Division of Legal Services and Compliance Matters
 - 7) Education and Examination Matters
 - 8) Credentialing Matters
 - 9) Practice Questions/Issues
 - 10) Legislation/Administrative Rule Matters
 - 11) Liaison Report(s)
 - 12) Speaking Engagement(s), Travel, or Public Relation Request(s)
- L. **Informational Item(s) (31-52)**
 - 1) Telepsychology
- M. Other Board Business
- N. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; consider closing disciplinary investigation with administrative warning s.19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

- O. **Review of Additional Information Requested of Applicants for Licensure:**
 - 1) Lesley Baird, Psy.D. **(53-64)**
 - 2) Heather Crabtree, Ph.D. **(65-70)**
 - 3) Teresa Davenport, Ph.D. **(71-76)**
 - 4) Aaron Grace, Psy.D. **(77-82)**
 - 5) India Gray-Schmiedlin, Ph.D. **(83-92)**
 - 6) Sadie Larsen, Ph.D. **(93-96)**
 - 7) Rachel Leonard, Ph.D. **(97-102)**
 - 8) Jennifer Mandel, Ph.D. **(103-108)**
 - 9) Emily Schweigert, Ph.D. **(109-114)**
 - 10) Jacquelyn Smith, Ph.D. **(115-118)**
 - 11) Nadia Teale, Ph.D. **(119-124)**
- P. **Oral Interview of Applicants for Licensure – Final Approval for Licensure:**
 - 1) Lesley Baird, Psy.D.
 - 2) Diane Brandmiller, Ph.D.
 - 3) Heather Crabtree, Ph.D.
 - 4) Teresa Davenport, Ph.D.

- 5) Rebecca Foster, Ph.D.
- 6) Amelia Fystrom, Ph.D.
- 7) Aaron Grace, Psy.D.
- 8) India Gray-Schmiedlin, Ph.D.
- 9) Sadie Larsen, Ph.D.
- 10) Rachel Leonard, Ph.D.
- 11) Jennifer Mandel, Ph.D.
- 12) Emily Schweigert, Ph.D.
- 13) Jacquelyn Smith, Ph.D.
- 14) Nadia Teale, Ph.D.

Q. Review of Applications for Licensure:

- 1) Noah Adrians, Ph.D. **(125-158)**
- 2) Rosemary Doyle, Psy.D. **(159-190)**
- 3) Sally Frutiger, Ph.D. **(191-260)**
- 4) Kristin Hoff, Psy.D. **(261-308)**
- 5) Lisa Howell, Ph.D. **(309-340)**
- 6) Reid Kehoe, Psy.D. **(341-374)**
- 7) Jonathan Marin, Ph.D. **(375-408)**
- 8) Kristen Marin, Ph.D. **(409-446)**
- 9) Jaya Mathew, Ph.D. **(447-492)**
- 10) Stephen Melka, Ph.D. **(493-530)**
- 11) Kathleen Murphy-Ende, Ph.D., Psy.D. **(531-570)**
- 12) Renata Okonkwo, Ph.D. **(571-610)**
- 13) Darlene Piekarek, Ph.D. **(611-642)**
- 14) Gary Plato, Psy.D. **(643-672)**
- 15) DuMont Schmidt, Ph.D. **(673-700)**
- 16) Jason Siewert, Ph.D. **(701-740)**
- 17) Jennifer Wilson, Ph.D. **(741-772)**

R. Deliberation of Proposed Stipulation(s), Final Decision(s) and Order(s)

- 1) Constanz W. Hartney, Ph.D. – 12 PSY 016 **(773-778)**

S. Deliberation of Administrative Warning(s):

- 1) 11 PSY 015 **(779-780)**
- 2) 12 PSY 009 **(781-784)**
- 3) 12 PSY 012 **(785-786)**

T. Deliberation of Proposed Final Decision(s) and Order(s)

- 1) Raymond G. Lueck Psy.D. – 11 PSY 032/DHA Case No. SPS 12-0020 **(787-802)**
 - a. Respondent's Objections to Proposed Decision
 - b. Division's Objections to Proposed Decision

U. Deliberation of Order(s) Fixing Costs

- 1) Daniel Goeckner – 08 PSY 019/Order No. 0001896 **(803-848)**

V. Division of Legal Services and Compliance:

- 1) Case Status Report
- 2) Case Closings

- W. Deliberation of Items Received After Printing of the Agenda:
- 1) Application Issues and/or Reviews
 - 2) Professional Assistance Procedure (PAP)
 - 3) Monitoring Matters
 - 4) Proposed Stipulations, Final Decisions and Orders
 - 5) Administrative Warnings
 - 6) Orders Fixing Costs/Matters Related to Costs
 - 7) Proposed Final Decisions and Orders
 - 8) Petitions for Summary Suspension
 - 9) Petitions for Re-hearings
 - 10) Education or Examination Matters
 - 11) Review Additional Information Requested of Applicants for Licensure
 - 12) Oral Interviews of Applicants for Licensure – Final Approval for Licensure
 - 13) Review of Applications for Licensure
 - 14) Supervision Reviews
 - 15) Credential Issues
 - 16) Appearances from Requests Received or Renewed
 - 17) Motions
- X. Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Vote on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

DLSC – Signatures for Orders

Y. Other Board Business

ADJOURNMENT

**PSYCHOLOGY EXAMINING BOARD
MEETING MINUTES
JUNE 6, 2012**

PRESENT: Rebecca Anderson, Ph.D.; Bruce Erdmann, Ph.D.; Daniel Schroeder, Ph.D.;
Melissa Westendorf, J.D., Ph.D.

EXCUSED: Teresa Rose

STAFF: Dan Williams, Executive Director; Colleen Baird, Legal Counsel; Kimberly Wood,
Bureau Assistant; and other Department Staff

GUESTS: Sarah Bowen, Wisconsin Psychological Association (WPA)

CALL TO ORDER

Bruce Erdmann, Ph.D., Chair, called the meeting to order at 9:10 a.m. A quorum of four (4) members was present.

APPROVAL OF AGENDA

Amendments to the Agenda:

- Item “Q-14” (open session) Under the agenda item titled: “Q. Deliberation of Items Received After Printing of the Agenda; 14) Review of Applications for Licensure” **ADD:**
 - Sarah Long, Ph.D. (*Deliberation of this matter to occur at the end of item “N”*)

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Melissa Westendorf, J.D., Ph.D., to approve the agenda as amended. Motion carried unanimously.

APPROVAL OF MEETING MINUTES OF APRIL 25, 2012

Amendments to the Minutes:

- Page 4 of the Minutes: At the top of the page, under the header titled “Public Comments” make the changes outlined below:
 - Correct the first sentence of the second paragraph to read as follows: “During the “Public Comments” portion of this meeting, ~~Dr. Sarah~~ Bowen...”
 - Correct the first sentence of the third paragraph to read as follows: “~~Dr. Sarah~~ Bowen also provided written...”

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to approve the minutes of April 25, 2012 as amended. Motion carried unanimously.

ADMINISTRATIVE REPORT

Dan Williams reported to the Board regarding the following administrative matters:

- An update was provided to the Board regarding meeting scheduling for 2013. The Board indicated that it would like to exchange the March 2013 meeting date for a meeting in September 2013.
- Dan Williams addressed the Board regarding an article appearing in the Wisconsin State Journal regarding recent changes to the Department’s complaint screening policy. He indicated that the Division of Enforcement will be presenting the new complaint screening policy to the Board at a future meeting.

**BOARD REVIEW OF THE WISCONSIN PSYCHOLOGICAL ASSOCIATION (WPA)
ADVOCACY CABINET RESPONSE REGARDING THE ASPPB CONTINUING
PROFESSIONAL DEVELOPMENT (CPD) PROPOSAL**

The Board reviewed a WPA Advocacy Cabinet opinion, regarding the Association of State and Provincial Psychology Board's Continuing Professional Development proposal, and invited Sarah Bowen to join in the discussion of this topic. Board discussed the information provided by the WPA Advocacy Cabinet, but no action was necessary.

**DISCUSSION AND POSSIBLE ACTION REGARDING STREAMLINING OF THE
LICENSURE PROCESS**

The Board continued its ongoing discussion of proposed changes to the oral interview process. Aaron Knautz, Examination Specialist, was invited to join the Board for discussion of this item. The Board expressed a desire to access, and to generate statistical data on the performance of the test questions contained in its jurisprudence exam. Sharon Henes, Paralegal, was present at the meeting and addressed the Board regarding the anticipated timing of rule promulgation.

LEGISLATION/ADMINISTRATIVE RULE MATTERS

The Board inquired about the status of legislation that was discussed at its December 2011 meeting. It was noted that 2011 Senate Bill 280 did not pass. A discussion ensued of legislation that will impact the Board, 2011 Wisconsin Act 120 (formerly 2011 Senate Bill 357), which relates to applying a service member's military education, training, or other experience for purposes of satisfying certain requirements for a professional credential. It was agreed that the Board's credentialing liaison will handle these applications going forward.

ITEMS RECEIVED AFTER PRINTING OF THE AGENDA

- 1) Introductions, Announcements and Recognition – *None*
- 2) Presentations of Petition(s) for Summary Suspension – *None*
- 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s) – *None*
- 4) Presentation of Proposed Final Decision and Order(s) – *None*
- 5) Informational Item(s) – *None*
- 6) DOE Matters – *None*
- 7) Education and Examination Matters – *None*
- 8) Credentialing Matters – *None*
- 9) Practice Questions/Issues – *None*
- 10) Legislation/Administrative Rule Matters – *None*
- 11) Liaison Report(s) – *None*
- 12) Speaking Engagement(s), Travel, or Public Relation Request(s) – *None*

PUBLIC COMMENTS

Sarah Bowen, WPA, noted that the WPA will be requesting time on the Board's next agenda to discuss the provisional licensure of post-graduate psychology students.

CLOSED SESSION

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Melissa Westendorf, J.D., Ph.D., to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g), for the purpose of conducting oral interviews, reviewing monitoring requests, requests to extend practice, application reviews, consulting with Legal Counsel and Division of Enforcement case status reports. Roll Call Vote: Rebecca Anderson, Ph.D.-yes; Bruce Erdmann, Ph.D.-yes; Daniel Schroeder, Ph.D.-yes; and Melissa Westendorf, J.D., Ph.D. Motion carried unanimously.

The Board convened into Closed Session at 9:52 a.m.

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 1:13 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to reaffirm all motions made in closed session. Motion carried unanimously.

REVIEW OF ADDITIONAL INFORMATION REQUESTED OF APPLICANTS FOR LICENSURE

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to accept the additional information submitted by Kelli Douville, Ph.D.; Michael Fendt, Ph.D.; Yehuda Gertel, Psy.D.; Jessica Mijal, Psy.D.; and KristiLynn Volkenant, Ph.D. Motion carried unanimously.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to accept the additional information submitted by Jennifer Anderson, Psy.D. and Jessica Harris, Psy.D. Motion carried. Recused: Bruce Erdmann, Ph.D.

ORAL INTERVIEW OF APPLICANTS FOR LICENSURE FINAL APPROVAL FOR LICENSURE

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to grant licensure to practice psychology to Mary Comperini-Stoffel, Psy.D.; Kelli Douville, Ph.D.; Michael Fendt, Ph.D.; Yehuda Gertel, Psy.D.; Christopher Martell, Ph.D.; Lari Meyer, Ph.D.; Jessica Mijal, Psy.D.; Romina Stanislavsky, Ph.D.; KristiLynn Volkenant, Ph.D. and Erika Wight, Psy.D. Motion carried unanimously.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to grant licensure to practice psychology to Jennifer Anderson, Psy.D. and Jessica Harris, Psy.D.. Motion carried. Recused: Bruce Erdmann, Ph.D.

(Katherine Thomas, Psy.D. did not appear for today's oral interview and examination.)

REVIEW OF APPLICATIONS FOR LICENSURE

CAMERON BREWER, PH.D.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Cameron Brewer, Ph.D., and to request further clarification in the following areas: Therapy, Evaluation, Individual Therapy, ADHD, and recomplete form # 2553 - Nature of Intended Practice (NIP), with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

LISA COLLINGWOOD, PH.D.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Lisa Collingwood, Ph.D. Motion carried unanimously.

THERESA DEWALT, PH.D.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Theresa DeWalt, Ph.D., and to request further clarification in the following areas: Consultation, Pre-school, Children, Adolescents, and Group Therapy, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

TINA DHALIWAL, PSY.D.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Tina Dhaliwal, Psy.D., and to request further clarification in the following areas: Psychological Assessment, Consultation, Children, Geriatric, Inpatient Setting, Biofeedback, and Custody Evaluations, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

KATHRYN HELING

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Kathryn Heling. Motion carried unanimously.

BRIDGET KANZ, PSY.D.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Bridget Kanz, Psy.D., and to request further clarification in the following areas: Adolescents and Geriatric, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

ERIN MILLARD, PSY.D.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Erin Millard, Psy.D. Motion carried unanimously.

OZIOMA OKONKWO, PH.D.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Ozioma Okonkwo, Ph.D., and to request further clarification in the following areas: Consultation, Behavioral Medicine, and Marital/Conjoint, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

CRAIG RYPMA, PH.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Craig Rypma, Ph.D., and to request further clarification in the following areas: Submit documentation verifying completion of 40 hours of continuing education. 7/19/2012. The Board requires that the requested information be submitted prior to July 19, 2012 in order for you to obtain admissions to the Ethics, Jurisprudence Exam and Oral Interview, and issued a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

MELISSA SMOTHERS, PH.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Melissa Smothers, Ph.D. Motion carried unanimously.

MARIA TRAINOR, M.S., ED.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Maria Trainor, M.S., Ed. Motion carried unanimously.

ERIN WILLIAMS, PH.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Erin Williams, Ph.D. Motion carried unanimously.

ROGER WILLIAMS, PH.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Roger Williams, Ph.D. Motion carried unanimously.

SARAH LONG, PH.D.*

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to admit to Ethics, Jurisprudence Exam and Oral Interview Sarah Long, Ph.D., and to request further clarification in the following areas: Send a letter to Dr. Long with a definition of evaluation and assessment, ask to recalculate hours for evaluation and assessment documenting competence and document competence in adult population and group therapy, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

(*Denotes items received after printing of the agenda.)

DELIBERATION OF ADMINISTRATIVE WARNING(S)

- 1) 12 PSY 009*
- 2) 12 PSY 014
- 3) 12 PSY 015
- 4) 12 PSY 017
- 5) 12 PSY 018

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to issue Administrative Warnings for the case numbers 12 PSY 014, 12 PSY 015, 12 PSY 017 and 12 PSY 018. Motion carried unanimously.

(*The Board was unable to address 12 PSY 009 due to quorum issues resulting from board member recusal.)

DELIBERATION OF ITEMS RECEIVED AFTER PRINTING OF THE AGENDA

- 1) Application Issues and/or Reviews – *None*
- 2) Professional Assistance Procedure (PAP) – *None*
- 3) Monitoring Matters – *None*
- 4) Proposed Stipulations, Final Decisions and Orders – *None*
- 5) Administrative Warnings – *None*
- 6) Orders Fixing Costs/Matters Related to Costs – *None*
- 7) Proposed Final Decisions and Orders – *None*
- 8) Petitions for Summary Suspension – *None*
- 9) Petitions for Re-hearings – *None*
- 10) Case Closings – *None*

- 11) Education or Examination Matters – *None*
- 12) Review Additional Information Requested of Applicants for Licensure – *None*
- 13) Oral Interviews of Applicants for Licensure – Final Approval for Licensure – *None*
- 14) **Review of Applications for Licensure:**
 - a. *Sarah Long, Ph.D. – This item was deliberated under agenda item “N. Review of Applications for Licensure”*
- 15) Supervision Reviews – *None*
- 16) Credential Issues – *None*
- 17) Appearances from Requests Received or Renewed – *None*
- 18) Motions – *None*

CONSULTING WITH LEGAL COUNSEL

Legal Counsel, Colleen Baird, was available for consultation throughout the duration of closed session.

DIVISION OF ENFORCEMENT

1) **Case Status Report**

The Board reviewed a report detailing its pending enforcement cases.

2) **Case Closings**

12 PSY 010

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Melissa Westendorf, J.D., Ph.D., to close case number 12 PSY 010 for no violation. Motion carried unanimously.

12 PSY 019

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Melissa Westendorf, J.D., Ph.D., to close case number 12 PSY 019 for no violation. Motion carried unanimously.

ADJOURNMENT

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Melissa Westendorf, J.D., Ph.D., to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:14 p.m.

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**PSYCHOLOGY EXAMINING BOARD
MEETING MINUTES
AUGUST 17, 2012**

Present: Bruce Erdmann, Ph.D

Present by Teleconference: Rebecca Anderson, Ph.D.; Daniel Schroeder, Ph.D.; and Melissa Westendorf, J.D., Ph.D.

Not Present: Teresa Rose

Staff: Dan Williams, Executive Director; Colleen Baird, Legal Counsel; Michelle Solem, Bureau Assistant; and other Department staff

Bruce Erdmann, Board Chair, called the meeting to order at 8:04 a.m. A quorum of 4 members was confirmed.

ADOPTION OF AGENDA

MOTION: Rebecca Anderson, Ph.D moved, seconded by Daniel Schroeder, Ph.D, to adopt the agenda as published. Motion carried unanimously.

CLOSED SESSION

MOTION: Rebecca Anderson, Ph.D moved, seconded by Daniel Schroeder, Ph.D, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Roll Call Vote: Bruce Erdmann, Ph.D. - yes; Rebecca Anderson, Ph.D. - yes; Daniel Schroeder, Ph.D. - yes; and Melissa Westendorf, J.D., Ph.D.- yes;. Motion carried unanimously. Open session recessed at 8:07 a.m.

RECONVENE TO OPEN SESSION

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to reconvene in open session at 8:15 a.m. Motion carried unanimously.

**VOTING ON ITEMS CONSIDERED/DELIBERATED IN CLOSED SESSION
APPLICATION MATTERS**

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson Ph.D., to act upon the review of applications conducted on August 8, 2012, as noted in the application files.

- 1) Diane Brandmiller, Ph. D
- 2) Amelia Fystrom, Ph. D
- 3) Heather Crabtree. Ph. D
- 4) Teresa Davenport, Ph. D
- 5) Aaron Grace, Psy. D
- 6) Sadie Larsen, Ph. D
- 7) Rachel Leonard, Ph. D
- 8) Jennifer Mandel, Ph. D
- 9) Emily Schweigert, Ph. D
- 10) Jacquelyn Smith, Ph. D
- 11) Nadia Teale, Ph. D
- 12) India Gray-Schmiedlin, Ph. D

Bruce Erdmann abstained from voting on the application for India Gray-Schmiedlin.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to grant licensure to practice psychology to the following applicants:

- 1) Cameron Brewer, Ph. D
- 2) Lisa Collingwood, Ph. D
- 3) Theresa DeWalt, Ph. D
- 4) Tina Dhaliwal, Psy. D
- 5) Kathryn Heling
- 6) Bridget Kanz, Psy. D
- 7) Sarah Long, Ph. D
- 8) Erin Millard, Psy. D
- 9) Ozioma Okonkwo, Ph. D
- 10) Dyani Saxby, Ph. D
- 11) Melissa Smothers, Ph. D
- 12) Caitlin Stone, Ph. D
- 13) Maria Trainor
- 14) Erin Williams, Ph. D
- 15) Roger Williams, Ph. D

MOTION: Melissa Westendorf, J.D., Ph. D. moved, seconded by Rebecca Schroeder, Ph.D., to accept all motions approved and voted on in closed session. Motion carried unanimously.

ADJOURNMENT

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to adjourn the meeting at 8:15 a.m. Motion carried unanimously.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 9/26/12 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Psychology Examining Board			
4) Meeting Date: 10/10/12	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? WISCONSIN PSYCHOLOGICAL ASSOCIATION appearance	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <div style="background-color: yellow; padding: 5px;"> <p>Representatives from the WPA Advocacy Cabinet would like to discuss the question of provisional licensure. They will report their findings from other states and raise a couple of questions that seem to be stumbling blocks in their proposal.</p> </div>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

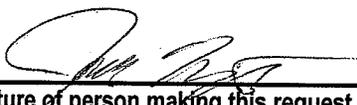
AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 9/26/12 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Psychology Examining Board			
4) Meeting Date: 10/10/12	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? DSPS staff website presentation	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: See title			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Regulation and Licensing**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jeanette Lytle		Date When Request Submitted: June 1, 2012
		Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards
Name of Board, Committee, Council: Psychology Examining Board		
Board Meeting Date: August 8, 2012	Attachments: Yes <input checked="" type="checkbox"/> No	How should the item be titled on the agenda page? Discussion of DOE policy regarding screening.
Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input checked="" type="checkbox"/> Yes by Jeanette Lytle <input type="checkbox"/> No	Name of Case Advisor(s), if required:
Describe the issue and action the Board should address: DOE will discuss screening policy and answer any questions the board may have regarding screening protocols.		
If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:		
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Documents submitted to the agenda must be single-sided. 3. Only copies of the original document will be accepted. 4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.		
Authorization:		
 Signature of person making this request		6/14/12 Date
Supervisor signature (if required)		Date
Bureau Director signature (indicates approval to add late items to agenda)		Date

STATE OF WISCONSIN
DEPARTMENT OF SAFETY and PROFESSIONAL SERVICES
DIVISION OF ENFORCEMENT

POLICY/PROCEDURE

Subject: **Administrative Complaint Closures by Division of Enforcement Prior to
Submission to Screening Panel**
Section: **15.0 (Version 3)** Effective Date: **May 4, 2012**

Authorized by the Division Administrator:
Chad Koplien

Intent of Policy: The intent of this policy/procedure is to identify complaints that can be closed by Division of Enforcement staff and attorney supervisors to eliminate the opening of unnecessary complaints, complaints without legal basis or where the complaint can be, or has been addressed by another court, agency, or organization with more direct financial resources, common authority, or jurisdiction.

Procedure: Intake staff shall seek the input of the applicable business/health team attorney supervisor regarding any case of the types listed below. The attorney supervisor will make the decision on whether any of these types of complaints shall be administratively closed on the basis of legal discretion at the intake stage prior to referral to the screening panel. In the event intake staff allows a case which falls into one of the categories below to be referred to screening without consideration for closure, prior to the screening panel date, the prosecuting attorney shall discuss the case with his or her attorney supervisor, and the supervisor shall determine whether the case should be administratively closed and withdrawn from panel consideration.

The following types of complaints shall be vigorously identified by Division staff for potential closure after legal review:

1. Anonymous complaints that are not serious as determined by an objective legal analysis; or lack sufficient evidence to support the allegations (e.g., no information on who, what, where, or when); or present no actual violation; or do not present a clear danger to the public;
2. Complaints of Healthcare fraud, including but not limited to Medicaid and Medicare fraud. These complaints shall be referred to agencies dedicated to investigating these issues (e.g., Department of Justice, Department of Health Services, or Private Insurer Internal Fraud Department), with a request that the agency or private insurer notify DOE of any adjudication of fraud. The Division shall prosecute a fraud complaint, only upon obtaining a certified copy of a judgment of conviction of fraud; an administrative adjudication finding fraud, or civil judgment adjudicating a finding of fraud;
3. Complaints where the incident alleged is older than two years unless the complaint alleges serious physical or financial harm or there is a substantial legal or public interest justification for opening an investigation as determined by an objective legal analysis;

4. Barber or Cosmetology complaints where the incident is older than one year and there is no evidence of bodily harm or serious financial harm as determined by an objective legal analysis;
5. Complaints or notifications of any criminal or municipal arrests, charges or convictions, including operation of a motor vehicle while intoxicated unless the complaint contains evidence of a clear and substantial relationship between the allegations and the practice of the profession;
6. Commission, salary and earnest money disputes or contract disputes between employee and employer;
7. Rudeness on the part of the licensee, with the exception of complaints against funeral directors;
8. Billing disputes or money issues unless there is an adjudication of fraud. The Division shall prosecute a fraud complaint, only upon obtaining a certified copy of a judgment of conviction; an administrative adjudication finding fraud, or civil judgment adjudicating a finding of fraud;
9. Advertising complaints in particular complaints by competitors, where there is no serious harm unless there is an advertized misrepresentation of a credential or specialty or there is other substantial legal or public interest justification for opening an investigation as determined by an objective legal analysis.;
10. Disputes between professionals unless there is evidence of harm to a third party consumer and there is no substantial legal or public interest justification for opening an investigation as determined by an objective legal analysis.;
11. Any complaint where there is adequate alternative redress through other regulatory agencies, authorities, or the courts, unless a certified copy of a judgment of conviction, administrative adjudication or civil judgment all which fully evidence the facts necessary to establish a professional regulatory violation; and
12. Any complaint where there is no allegation of actual physical or financial harm or other substantial legal or public interest justification for opening an investigation as determined by an objective legal analysis.

Any complaint closed administratively, prior to submission to the screening panel, shall contain a statement drafted by the attorney supervisor, stating the basis for the closure. Also, the attorney supervisor should note if the complaint is appropriate for a "letter of education". In such case, the attorney supervisor shall assist intake staff in preparing an appropriate letter of instruction notifying the credential holder of the rule and/or violation at issue, and suggesting professional education to redress the allegation or deficiency. The intake supervisor working with the attorney supervisors shall monitor the number of cases closed under this policy and report these closures quarterly at Division of Enforcement management meetings.

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 9/26/12 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Psychology Examining Board			
4) Meeting Date: 10/10/12	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion of current FAQ as it relates to CE	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: See title			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Applicant must have graduated from a regionally accredited institution with a doctoral degree in psychology.

Continuing Education Requirements:

Unless granted a postponement or waiver, all licensed psychologists, except those who obtained their initial licensure and commencement of a full two year licensure period, shall complete at least 40 hours of board-approved continuing education through APA, Category 1 AMA or AOA, graduate courses from an accredited university, or CE courses approved by the psychology board in another state where the participant is licensed. The [Wisconsin Administrative Code Chapter PSY 4](#) outlines the CE requirements.

Topic Areas

In prior renewal periods the Board has specified that at least 6 hours of CE shall cover the topics of ethics, legal issues, jurisprudence and/or risk management in psychology. In an effort to clarify the CE requirements for psychologists, the Psychology Examining Board has initiated rulemaking to address the CE topic areas. Until the new rule is promulgated, psychologists and private practice school psychologists may choose to complete CE courses in these topic areas as it is likely that the Board will maintain that specific requirement in the revised rules.

Methods for Obtaining CE

In addition to the routine class setting, CE credits can be obtained by:

1. Authoring professional papers or books. Authors of a scientific or professional book or article in a peer-reviewed scientific or professional journal can earn up to 20 hours.
2. Teaching courses or workshops. Teaching graduate level courses may earn up to 20 hours for the first time the course is taught. Presenters of professional papers, seminars and workshops can count hours of presentation for the first time the presentation is made.
3. Taking graduate courses. Successful completion of graduate level courses may earn up to 20 hours.

Documentation should be maintained regarding how the criteria were met. Such documentation would include the course syllabus regarding a new course taught, the program description and verification that the program was actually held for a professional presentation, and the syllabus and transcript for a course taken. Licensees must submit all of this documentation when audits are conducted to ensure compliance with CE requirements.

See the [Wisconsin Administrative Code Chapter PSY 4](#) and the [Continuing Education FAQs](#) for more details on the CE requirements.

The Department does not pre-approve continuing education programs. If the courses satisfy the requirements of [Wisconsin Administrative Code Chapter PSY 4](#), they will be accepted toward a psychologist's CE renewal requirements.

[Application to Receive Continuing Education Credit for Voluntary, Uncompensated Evaluation Assistance Programs with The Department of Health Services \(Form #2945\)](#)

Biennium from 10/1/odd – 9/30/odd

NOTE: Continuing education requirements do not apply to the biennium in which the license was first issued.

**State of Wisconsin
Department of Safety & Professional Services**

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1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 9/26/12 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Psychology Examining Board			
4) Meeting Date: 10/10/12	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? ASPPB's 52nd Annual Meeting of Delegates October 24-28, 2012	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board would need to delegate a member to attend.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

NEW RULES and TOOLS: Practical Approaches to Advance Psychology Regulation

October 24 – 28, 2012
San Francisco, California



AGENDA

Wednesday, October 24, 2012

5:30 – 7:00 pm (750 Restaurant -Hotel Lobby)	Registration & Welcome Reception
	Dinner on Your Own

Thursday, October 25, 2012

		Page
7:15 am (Grand Ballroom Foyer)	Registration	
7:30 – 8:45 am (750 Restaurant – Hotel Lobby)	General Breakfast	
7:30 – 8:45 am (750 Restaurant – Private Dining Room – First Floor)	First Time Attendee Breakfast	Stephen DeMers Amy Hilson Joseph Rallo Alex Siegel
9:00 am	General Session – Business	
	<ul style="list-style-type: none"> • Call to Order Carol Webb • Welcome Remarks Carol Webb 1 • Introduction of Annual Meeting Committee Joseph Rallo 3 • Introduction of Board of Directors and Staff Stephen DeMers 4 • Certification of Delegate Attendance Martha Storie • Approval of Minutes of 51st Annual Meeting Martha Storie 17 • Continuing Education Instructions Amy Hilson 29 • Financial Report Martha Storie 31 • Executive Officer Report Stephen DeMers 33 • Nominations Committee Report with Nominations from the Floor Joseph Rallo 47 	
10:30 am	Break	
10:45 am	Presentations by Nominees	Joseph Rallo – Facilitator 51
11:00 am	PLUS: Licensure Portability Grant	Joseph Rallo
11:25 am	Mobility Committee Report	Joseph Rallo 59
	<ul style="list-style-type: none"> • National Standards Don Crowder 	
11:45 am (750 Restaurant – Hotel Lobby)	Lunch	
1:15 pm	Exam Program Report	
	<ul style="list-style-type: none"> • Committee on Exam Coordination Jacqueline Horn 61 • PES Report Sarah Carroll 65 • Examination Committee Joan Grusec 79 • Item Development Committee John Hunsley 81 	
1:45 pm	Bylaws – Proposed changes	Martha Storie

DEVELOPMENTS IN PROFESSIONAL PSYCHOLOGY – SESSION 1

2:00 pm	Project Developments for the Profession <ul style="list-style-type: none"> • Competency Assessment Task Force • Task Force on Supervision Guidelines • Telepsychology Task Force • MOCAL • Minimum Dataset <p style="text-align: center;">Q & A</p>	Emil Rodolfa Jack Schaffer Margo Adams-Larsen Carol Webb Stephen DeMers	83 85 87 89
3:15 pm	Break		
3:30 pm	Jurisdictional Focus Groups (Attendees are Randomly Assigned at Registration) <ul style="list-style-type: none"> • Group 1 – Room: Mason 1 • Group 2 – Room: Mason 2 • Group 3 – Room: Montgomery • Group 4 – Room: Washington • Group 5 – Room: Sansome • Group 6 – Room: Jackson • Group 7 – Room: Grand Ballroom 	Joseph Rallo Martha Storie Carol Webb Jacqueline Horn Fred Millán Don Crowder Steve Lewis	
4:30 pm	Recess		
	Dinner on Your Own		

Friday, October 26, 2013

7:00 am (Grand Ballroom Foyer)	Registration		
7:15 am (750 Restaurant – Hotel Lobby)	Breakfast		
8:15 am	General Session <ul style="list-style-type: none"> • Call to Order & Announcements 	Carol Webb	

PUBLIC RELATIONS FOR PSYCHOLOGY BOARDS – SESSION 2

8:25 am	New Rules & Tools – Meeting Overview	Joseph Rallo	
8:35 am	Keynote Address: “Regulation in the News” <ul style="list-style-type: none"> • Q & A 	Dale Atkinson	95
9:35 am	“Raising the Profile of Regulatory Boards” <ul style="list-style-type: none"> • Q & A 	Don Crowder, Moderator Susan Hayes Robert Kahane Dale Atkinson - Discussant Tasha Coleman –Presenter	103
10:35 am	Balloting and Break		

ETHICAL & LEGAL OBLIGATIONS FOR PSYCHOLOGISTS – SESSION 3

10:50 am	<p>“Mandatory Reporting of Other Psychologists for Unethical Behavior”</p> <p>“Disposition of Records”</p> <ul style="list-style-type: none"> • Q & A 	<p>Joe Rallo - Moderator Steve Behnke Mark Brengelman David Carver Karen Cohen Rick Morris Ron Ross</p> <p>Alex Siegel Mark Brengelman Steve Behnke Leora Kuttner</p>	109
12:25 pm	Election Results Announced		
12:30 pm - 750 Restaurant	Awards Luncheon		

PSYCHOLOGY REGULATORY BOARDS AND OUTSIDE ORGANIZATIONS – SESSION 4

1:30 pm	<p>“Working with State/Provincial Psychological Associations to Advance Regulatory Agendas”</p> <ul style="list-style-type: none"> • Q & A 	<p>Jacqueline Horn- Moderator John Courtney Ken Drude Gary Lenkeit</p>
2:30 pm	<p>“Role of Regulators in Shaping & Promoting CPA & APA Accreditation Standards”</p> <ul style="list-style-type: none"> • Q & A 	<p>Carol Webb – Moderator Steve Behnke Karen Cohen Elizabeth Klonoff Susan Zlotlow</p>
3:30 pm	Recess	
6:30 pm – 9:30 pm Grand Ballroom Foyer	<p>President’s Dinner</p> <p>“Streets of San Francisco” Featuring the Sounds of the San Francisco Band</p> <p>“Nice Try Icarus”</p>	

Saturday, October 27, 2012

7:00 am	“THE RUN” – 1st Annual ASPPB 5K Fun Run!	
7:15 am	Registration	
7:15 – 8:45 am	Breakfast	
9:15 am	<p>General Session</p> <ul style="list-style-type: none"> • Call to Order and Announcements 	Carol Webb

LEGAL ISSUES FOR PSYCHOLOGY BOARDS – SESSION 5

9:30 am	“Getting the Most from Your Board/College Legal Counsel” <ul style="list-style-type: none"> • Other Ways to Use Legal Services Beyond Disciplinary Cases • How to Conduct Your Hearings • How to Get Legal/Legislative Advice • How do Boards Use this Information • Structure and Functions of the Boards • Q & A 	Dale Atkinson Panel: Angelina Barnes Mark Brengelman	
10:30 am	Break		
10:45 am	Legal & Legislative Issues <ul style="list-style-type: none"> • Q & A 	Dale Atkinson	113
11:45 am	Recognitions <ul style="list-style-type: none"> • Recognition of Outgoing Past-President • Remarks from Outgoing Past-President • Recognition of Outgoing Sec.-Treasurer • Remarks from Outgoing Sec.-Treasurer • Recognition of Outgoing President • Remarks from Outgoing President 	Carol Webb Joseph Rallo Carol Webb Martha Storie Jacqueline Horn Carol Webb	
12:15 pm	Box Lunch		
12:30 pm	Small Group Networking		

OPTIONAL WORKSHOPS – SESSION 6

12:30 pm	Optional Workshops <ul style="list-style-type: none"> • New Board Member Training – (Room: Washington) • Legal/Legislative Issues – Follow-up (Room: Sansome) • ACPRO Meeting (Invitation Only) - (Room: Jackson) 	Stephen DeMers Alex Siegel Dale Atkinson Rick Morris
2:30 pm	Recess	

Sunday, October 28, 2012

7:30 am	Registration
7:15 - 8:45 am	Breakfast
9:00 am	General Session <ul style="list-style-type: none"> • Call to Order Carol Webb

BEHAVIOR ANALYSTS – SESSION 7

9:15 am	“Behavior Analysts – What Boards/Colleges Have Done to Deal with the Issue” <ul style="list-style-type: none"> • Q & A 	Don Crowder – Moderator Cindy Olvey Alan Slusky Martha Storie Gary Lenkeit
10:15 am	Open Forum & Updates from Member Jurisdictions	Carol Webb
10:30 am	Installation of New Officers <ul style="list-style-type: none"> • New President’s Remarks 	Joseph Rallo Jacqueline Horn
11:00 am	Adjourn	Jacqueline Horn

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**State of Wisconsin
Department of Safety & Professional Services**

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3) Name of Board, Committee, Council, Sections: WI Psychology Examining Board			
4) Meeting Date: 10/10/12	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational items: Telepsychology	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: See attached documents.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
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State Psychology Board Telepsychology Regulations/Policies

Kenneth P. Drude, Ph.D.

July 12, 2012

Statute and Rules Adopted

California California Telehealth Advancement Act of 2011, http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0401-0450/ab_415_bill_20111007_chaptered.pdf

Kentucky Statute KRS 319.140 (2000) at <http://www.lrc.ky.gov/krs/319-00/140.PDF> Telehealth and Telepsychology Rule 201 KAR 26: 310 (2010) at <http://www.lrc.ky.gov/kar/201/026/310.htm>

Georgia Practicing via Electronic Transmission rule Georgia administrative rule 510-5-.07 (2) at <http://rules.sos.state.ga.us/docs/510/5/07.pdf>

New Mexico New Mexico Administrative Code <http://www.nmcpr.state.nm.us/nmac/title16/T16C022.htm> NM Statutes Chp 61, Article 9, <http://www.conwaygreene.com/nmsu/lpext.dll?f=templates&fn=main-h.htm&2.0>

North Dakota Location of practice of an occupation or profession. North Dakota Century Code (administrative rule) 43-51-02 at <http://www.legis.nd.gov/cencode/t43c51.pdf>

Ohio Telepsychology Rules 2011 Ohio Administrative Code 4732-17-01 (I) <http://www.psychology.ohio.gov/pdfs/ALL%20NEW%20TELEPSYCH%20RULES%20FOR%20WEB.pdf>

Vermont Statute Telepractice Statute 26 V.S.A. § 3018 (1999) at <http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=26&Chapter=055&Section=03018> Rule 3.10 Telepractice at <http://vtprofessionals.org/opr1/psychologists/rules/Current%20Rules.pdf>

Position Papers

New York Engaging in Telepractice position paper at <http://www.op.nysed.gov/prof/psych/psychtelepracticeguide.htm>

Massachusetts – see Board website for 2006 opinion (same as NC opinion) <http://www.mass.gov/ocabr/licensee/dpl-boards/py/regulations/board-policies/provision-of-services-via-electronic-means.html>

North Carolina Provision of Services Via Electronic Means, 2005 position paper at <http://www.ncpsychologyboard.org/office/ElectronicServices.htm>

Virginia Baker (2010) states policy statement issued by Virginia Board of Counseling used by the Virginia Board of Psychology regarding telehealth issues: <http://www.dhp.state.va.us/counseling/guidelines/115-1.4%20Technology-Assisted.doc>

Other (e.g. Case rulings, opinions, etc)

Florida – case in January 2012 board approved Florida licensed psychologist to provide telepsychology from Michigan to Florida at: [http://www.doh.state.fl.us/mqa/psychology/min_11-18-11leg.pdf#search="katharine sandell westie"](http://www.doh.state.fl.us/mqa/psychology/min_11-18-11leg.pdf#search=), board opinion June, 5, 2006 regarding requirement for Florida license by Ohio psychologist in Florida and telepsychology to Ohio citizen in Ohio http://www.doh.state.fl.us/mqa/psychology/Petitions/DOH_06-0976.pdf

Louisiana – board opinion that psychologist must be licensed in La to provide telepsychology, that the psychologist is expected to have had a face to face relationship established previously (November 2010 Board minutes – not online)

Texas - Telepractice Policy Statement, Newsletter of Texas State Board of Examiners of Psychologists, Fall 1999, Vol. 12, No. 2, at <http://www.tsbep.state.tx.us/files/newsletters/1999Fall.pdf>

Wisconsin – board opinion in board web site FAQ section that “...psychologists who are using teletherapy with Wisconsin residents must have a license from the Wisconsin Psychology Examining Board.” At http://drl.wi.gov/prof_practice_faq_all.asp?profid=44&locid=0

Committees Looking at Telepsychology Regulation/Rules

Arizona – licensing board has a Telepractice Committee meeting at least since 2011 referenced in committee minutes online at <http://www.psychboard.az.gov/>

Idaho – joint state psychology association and licensing board task force developed in 2011

Tennessee – The Board wants to develop a set of guidelines on telehealth as referenced in December 2011 board minutes at <http://health.state.tn.us/Downloads/PSY120111.pdf>

Indiana – joint with state psychology association and licensing board 2012 referenced in board March 2012 newsletter at http://www.in.gov/pla/files/Psychology_Newsletter_-_March_2012.pdf

Reference

Baker, Deborah. (2010) Telehealth 50-State Review, chart American Psychological Association, Practice Directorate, Legal & Regulatory Affairs at <http://www.apapracticecentral.org/advocacy/state/telehealth-slides.pdf>

GUIDELINES FOR THE PRACTICE OF TELEPSYCHOLOGY

(Draft – Released for public comment on July 27, 2012)

Introduction

Definition of Telepsychology

Operational Definitions

Need for the Guidelines

Development of the Guidelines

Guideline 1: Competence of the Psychologist

Guideline 2: Standards of Care in the Delivery of Telepsychology Services

Guideline 3: Informed Consent

Guideline 4: Confidentiality of Data and Information

Guideline 5: Security and Transmission of Data and Information

Guideline 6: Disposal of Data and Information and Technologies

Guideline 7: Testing and Assessment

Guideline 8: Interjurisdictional Practice

Conclusion

References

Introduction

These guidelines are designed to address the developing area of psychological service provision commonly known as telepsychology. Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies as expounded in the “Definition of Telepsychology.” The expanding role of technology in the provision of psychological services and the continuous development of new technologies that may be useful in the practice of psychology present unique opportunities, considerations and challenges to practice. With the advancement of technology and the increased number of psychologists using technology in their practices, these guidelines have been prepared to educate and guide those who engage in the practice of telepsychology.

These guidelines are informed by relevant American Psychological Association (APA) standards and guidelines, including the following: *Ethical Principles of Psychologists and Code of Conduct* (“APA Ethics Code”) (APA, 2002a, 2010), and the Record Keeping Guidelines (APA, 2007). In addition, the assumptions and principles that guide the APA’s “Guidelines on

Multicultural Training, Research, Practice, and Organizational Change for Psychologists” (APA, 2003) are infused throughout the rationale and application describing each of the guidelines. Therefore, these guidelines are informed by professional theories, evidence-based practices and definitions in an effort to offer the best guidance in the practice of telepsychology.

The use of the term *guidelines* within this document refers to statements that suggest or recommend specific professional behaviors, 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 ensure 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 or clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists (APA, 2002b). However, the guidelines may serve to stimulate thought and research about their use and development.

The practice of telepsychology involves consideration of legal requirements, ethical standards, telecommunication technologies, intra- and interagency policies, and other external constraints, as well as the demands of the particular professional context. In some situations, one set of considerations may suggest a different course of action than another, and it is the responsibility of the psychologist to balance them appropriately. These guidelines aim to assist psychologists in making such decisions. In addition, it will be important for psychologists to be cognizant and compliant with laws and regulations that govern independent practice within jurisdictions and across jurisdictional and international borders. This is particularly true when providing telepsychology services. Where a psychologist is providing services from one jurisdiction to a client/patient located in another jurisdiction, the law and regulations may differ between the two jurisdictions. Also, it is the responsibility of the psychologists who practice telepsychology to maintain and enhance their level of understanding of the concepts related to the delivery of services via telecommunication technologies. Nothing in these guidelines is intended to contravene any limitations set on psychologists’ activities based on ethical standards, federal or jurisdictional statutes or regulations, or for those psychologists who work in agencies and public settings. As in all other circumstances, psychologists must be aware of the standards of practice for the jurisdiction or setting in which they function and are expected to comply with those standards. Recommendations related to the guidelines are consistent with broad ethical principles (APA Ethics Code, 2002a, 2010) and it continues to be the responsibility of the psychologist to apply all current legal and ethical standards of practice when providing telepsychology services.

It should be noted that APA policy generally requires substantial review of the relevant empirical literature as a basis for establishing the need for guidelines and for providing justification for the guidelines’ statements themselves (APA, 2005). The literature supporting the work of the Task Force on Telepsychology and guidelines statements themselves reflect seminal, relevant and recent publications. The supporting references in the literature review emphasize studies from approximately the past 15 years plus classic studies that provide empirical and clinical support and examples for the guidelines. The literature review, however, is not intended to be exhaustive.

Definition of 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, telephone) or asynchronous (e.g. email, online bulletin boards, storing and forwarding information). Technologies may augment traditional in-person care (e.g., psychoeducational materials online after an in-person therapy session), or be used as stand-alone services (e.g., therapy 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.

Operational Definitions:

The Task Force on Telepsychology has agreed upon the following operational definitions for terms used in this document. In addition, these and other terms used throughout the document have a basis in definitions developed by the following U.S. agencies: Committee on National Security Systems, Department of Health and Human Services, National Institute of Standards and Technology. Lastly, the terminology and definitions that describe technologies and their uses are constantly evolving, and therefore, psychologists are encouraged to consult glossaries and publications prepared by agencies, such as, the Committee on National Security Systems and the National Institute of Standards and Technology which represent definitive sources responsible for developing terminology and definitions related to technology and its uses.

The term “**client/patient**” refers to the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services. The term “**in-person**,” which is used in combination with the provision of services, refers to interactions in which the psychologist and the client/patient are in the same physical space and does not include interactions that may occur through the use of technologies. The term “**remote**” which is also used in combination with the provision of services utilizing telecommunication technologies, refers to the delivery of a service that is provided at a different access point from where the psychologist is physically located. The term “remote” includes no consideration related to distance, and may refer to an access point in a location that is in the office next door to the psychologist or thousands of miles away from the psychologist. The terms “**jurisdictions**” or “**jurisdictional**” are used when referring to the governing bodies at states, territories, and provincial governments.

Finally, there are terms within the document related to confidentiality and security.

“**Confidentiality**” means the principle that data or information is not made available or disclosed

to unauthorized persons or processes. The terms “**security**” or “**security measures**” are terms that encompass all of the administrative, physical, and technical safeguards in an information system. The term “**information system**” is an interconnected set of information resources within a system and includes hardware, software, information, data, applications, communications, and people.

Need for the Guidelines:

The expanding role of telecommunication technologies in the provision of services and the continuous development of new technologies that may be useful in the practice of psychology support the need for the development of guidelines for practice in this area. Technology offers the opportunity to increase client/patient access to psychological services. Service recipients limited by geographic location, medical condition, psychiatric diagnosis, financial constraint or other barriers may gain access to high quality psychological care through the use of technology. Technology also facilitates the delivery of psychological care by new methods (e.g., online psychoeducation, therapy delivered over interactive videoconferencing), and augments traditional in-person psychological services. The increased use of technology for the delivery of some types of services by psychologists who are health service providers is suggested by recent survey data collected by the APA Center for Workforce Studies (APA Center for Workforce Studies, 2008), and in the increasing discussion of telepsychology in the professional literature (Baker & Bufka, 2011). Together with the increasing use and payment for the provision of telehealth services by Medicare and private industry, the development of national guidelines for the practice of telepsychology is timely and needed. Furthermore, state and international psychological associations have developed or are beginning to develop guidelines for the provision of psychological services (Ohio Psychological Association, 2009; Canadian Psychological Association, 2006; New Zealand Psychological Association, 2011).

Development of the Guidelines:

The guidelines were developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (Telepsychology Task Force) established by the following three entities: The American Psychological Association (APA), the Association of State and Provincial Psychological Boards (ASPPB) and the APA Insurance Trust (APAIT). These entities provided input, expertise and guidance to the Task Force on many aspects of the profession, including those related to its ethical, regulatory and legal principles and practices. The Telepsychology Task Force members represented a diverse range of interests and expertise that are characteristic of the profession of psychology, including knowledge of the issues relevant to the use of technology, ethical considerations, licensure and mobility, and scope of practice, to name only a few¹.

¹ The Telepsychology Task Force was comprised of psychologists with four members each representing the American Psychological Association (APA) and the Association of State and Provincial Psychology Boards (ASPPB), and two members representing the American Psychological Association Insurance Trust (APAIT). The Co-Chairs of the Telepsychology Task Force were Linda Campbell, PhD and Fred Millán, PhD. Additional members of the Task Force included the following psychologists: Margo Adams Larsen, PhD; Sara Smucker Barnwell, PhD; Colonel Bruce E. Crow, PsyD; Terry S. Gock, PhD; Eric A. Harris, EdD, JD; Jana N. Martin, PhD; Thomas W. Miller, PhD; Joseph S. Rallo, PhD. APA staff (Ronald S. Palomares, PhD; Joan Freund and Jessica Davis) and ASPPB staff (Stephen DeMers, EdD; Alex M. Siegel, PhD, JD; and Janet Pippin Orwig) provided direct support to the Telepsychology Task Force. Funding was provided by each of the respective entities to support in-person meetings and conference calls of Task Force members in 2011 and 2012. This draft is scheduled to expire as APA policy, no later than 10 years after the initial date of recognition by the APA. After the date of expiration, users are encouraged to contact the APA Practice Directorate to confirm that this document remains in effect.

The Telepsychology Task Force recognized that telecommunications technologies provide both opportunities and challenges for psychologists. Telepsychology not only enhances a psychologist's ability to provide services to clients/patients, but also greatly expands access to psychological services that, without telecommunication technologies, would not be available. Throughout the development of these guidelines, the Telepsychology Task Force devoted numerous hours reflecting on and discussing the need for guidance to psychologists in this area of practice, the myriad, complex issues related to the practice of telepsychology and the experiences that they and other practitioners address each day in the use of technology. There was a concerted focus to identify the unique aspects that telecommunication technologies bring to the provision of psychological services, distinct from those present during in-person provision of services. Two important components were identified:

- 1) the psychologist's knowledge of and competence in the use of the telecommunication technologies being utilized; and,
- 2) the need to ensure the client/patient has a full understanding of the increased risks to loss of security and confidentiality when using telecommunication technologies.

Therefore, two of the most salient issues that the Telepsychology Task Force members focus on throughout the document are the psychologist's own knowledge of and competence in the provision of telepsychology and the need to ensure that the client/patient has a full understanding of the potentially increased risks to loss of security and confidentiality when using technologies. An additional key issue discussed by the task force members was interjurisdictional practice. The guidelines encourage psychologists to be familiar with and comply with all relevant laws and regulations when providing psychological services across jurisdictional and international borders. The guidelines do not promote a specific mechanism to guide the development and regulation of interjurisdictional practice. However, the Telepsychology Task Force notes that while the profession of psychology does not currently have a mechanism to regulate the delivery of psychological services across jurisdictional and international borders, it is conceivable that the profession will have a mechanism in the future to allow interjurisdictional practice given the rapidity by which technology is evolving and the increasing use of telepsychology by psychologists working in U.S. federal environments, such as, the U.S. Department of Defense and Department of Veterans Affairs.

Competence of the Psychologist

Guideline 1: Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees or other professionals.

Rationale:

Psychologists have a primary ethical obligation to provide professional services only within the boundaries of their competence based on their education, training, supervised experience, consultation, study or professional experience. As with all new and emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists utilizing telepsychology aspire to apply the same standards in developing their competence in this area.

Psychologists who use telepsychology in their practices assume the responsibility for assessing and continuously evaluating their competencies, training, consultation, experience and risk management practices required for competent practice.

Application:

Psychologists assume responsibility to continually assess both their clinical and technical competence when providing telepsychology services. Psychologists who utilize or intend to utilize telecommunication technologies when delivering services to clients/patients strive to obtain relevant professional training to develop their requisite knowledge and skills. Acquiring competence may require pursuing additional educational experiences and training, including but not limited to, a review of the relevant literature, attendance at existing training programs (e.g., clinical and technical) and continuing education specific to the delivery of services utilizing telecommunication technologies. Psychologists are encouraged to assess the availability of appropriate skilled consultation from colleagues and other resources, as well as consult with colleagues who have relevant experiences.

Psychologists are encouraged to examine the available evidence to determine whether specific telecommunication technologies are suitable for a client/patient, based on the current literature available, current outcomes research, best practice guidance and client/patient preference. Research may not be available in the use of some specific technologies and clients/patients should be made aware of those telecommunication technologies that have no evidence of effectiveness. However this, in and of itself, may not be grounds to deny providing the service to the client/patient. Additionally, psychologists are encouraged to document their consideration and choices regarding the use of telecommunication technologies used in service delivery.

Psychologists understand the need to consider their competence in utilizing telepsychology as well as their client's/patient's ability to engage in and fully understand the risks and benefits of the proposed intervention utilizing specific technologies. Psychologists make every effort to understand the manner in which cultural, linguistic, socioeconomic and other individual characteristics (e.g., medical status, psychiatric stability, physical/cognitive disability, personal preferences) may impact effective use of telecommunication technologies in service delivery.

Psychologists are trained to handle emergency situations in traditional in-person services, and are generally familiar with the resources available in their local community to assist clients/patients with crisis intervention. At the onset of the delivery of telepsychology services, psychologists make every effort to identify and learn how to access emergency resources in the client's/patient's local area, including emergency response contacts (e.g., emergency telephone numbers, hospital admissions, local clinical resources, clinical champion at a partner clinic where services are delivered, a support person in the client's/patient's life when available). Psychologists prepare a plan to address any lack of appropriate resources, particularly those necessary in an emergency, and other relevant factors which may impact the efficacy and safety of said service. Psychologists make every effort to discuss with and provide all clients/patients with clear written instructions as to what to do in an emergency (e.g., where there is a suicide risk). As part of emergency planning, psychologists are encouraged to acquire knowledge of the laws and rules of the jurisdiction in which the client/patient resides and the differences from those in the psychologist's jurisdiction, as well as document all their emergency planning efforts.

In addition, psychologists are mindful of the array of potential discharge plans for clients/patients when telepsychology services are no longer necessary and/or desirable. If a client/patient recurrently experiences crises/emergencies suggestive that in-person services may be appropriate, psychologists take reasonable steps to refer a client/patient to a local mental health resource or begin providing in-person services.

Psychologists using telepsychology to provide supervision/consultation remotely are encouraged to consult others who are knowledgeable about the unique issues telecommunication technologies pose for supervision/consultation. In providing supervision and/or consultation via telepsychology, psychologists make every effort to be proficient in the professional services being offered, the telecommunication modality via which the services are being offered by the supervisee/consultee, and the technology medium being used to provide the supervision or consultation. In addition, since the development of basic clinical competencies for supervisees is often conducted in-person, psychologists who use telepsychology for supervision are encouraged to consider and ensure that a sufficient amount of in-person supervision time is included so that the supervisees can attain the required competencies or supervised experiences.

Standards of Care in the Delivery of Telepsychology Services

Guideline 2: Psychologists make every effort to ensure that ethical and professional standards of care are met at the outset and throughout the duration of the telepsychology services they provide.

Rationale:

Psychologists delivering telepsychology services apply the same ethical and professional standards of care that are required when providing in-person psychological services. The use of telecommunication technologies in the delivery of psychological services is a relatively new and rapidly evolving area, and therefore psychologists are encouraged to take particular care to evaluate and assess the appropriateness of utilizing these technologies prior to engaging in, and throughout the duration of, telepsychology practice to determine if the modality of service is appropriate, efficacious and safe.

Telepsychology encompasses a breadth of different clinical services using a variety of technologies (e.g., interactive videoconferencing, telephone, text, email, web services, and mobile applications). The burgeoning research in telepsychology suggests some equivalence of certain types of interactive telepsychological interventions to their in-person counterparts (specific therapies delivered over clinical videoteleconferencing and telephone). Therefore, before psychologists engage in providing telepsychology services, they are urged to conduct an initial assessment to determine the appropriateness of the telepsychology intervention for the client/patient. Such an assessment may include the examination of the potential risks and clinical benefits to provide telepsychology services for the client's/patient's particular needs, the multicultural and ethical issues that may arise, and a review of the most appropriate medium (e.g., video teleconference, text, email, etc.) or best option available for the service delivery. It may also include considering whether comparable in-person services are available, and why

services delivered via telepsychology are equivalent or preferable to such services. In addition, it is incumbent on the psychologist to engage in a continual assessment of the appropriateness of providing telepsychology services throughout the duration of the service delivery.

Application:

When providing telepsychology services, considering client/patient preferences for such services is important. However, it may not be solely determinative in the assessment of their appropriateness. Psychologists are encouraged to carefully examine the unique benefits of delivering telepsychology services (e.g., access to care, client convenience, accommodating client special needs, etc.) relative to the unique risks (e.g., information security, emergency management, etc.) when determining whether or not to offer telepsychology services. Moreover, psychologists are aware of such other factors as geographic location, technological competence (both psychologist and client/patient), medical conditions, mental status and stability, psychiatric diagnosis, current or historic use of substances, treatment history, and therapeutic needs that may be relevant to assessing the appropriateness of the telepsychology services being offered. Furthermore, psychologists are encouraged to communicate any risks and benefits of the telepsychology services to be offered to the client/patient and document such communication. In addition, psychologists may consider some initial in-person contact with the client/patient to facilitate an active discussion on these issues and/or conduct the initial clinical assessment.

As in the provision of traditional services, psychologists endeavor to follow the best practice of care described in the empirical literature and professional standards (including multicultural considerations) that are relevant to the telepsychological service modality being offered. In addition, they consider the client's/patient's familiarity with and competency for using the specific technologies involved in providing the particular telepsychology service. Moreover, psychologists are encouraged to reflect on multicultural considerations and how best to manage any emergency that may arise during the provision of telepsychology services.

Psychologists are encouraged to assess carefully the remote environment in which services will be provided, particularly if the client/patient is not in a professional healthcare setting, to determine what impact, if any, there might be to the efficacy, privacy and/or safety of the proposed intervention offered via telepsychology. Such an assessment of the remote environment may include a discussion of the client's/patient's home situation, the availability of emergency personnel or supports, risk of distractions, technical issues, potential for privacy breaches or any other impediments that may impact the effective delivery of telepsychology services. Along this line, psychologists are encouraged to discuss fully with the clients/patients their role in ensuring that sessions are not interrupted and that the setting is comfortable and conducive to making progress to maximize therapeutic impact since the psychologist will not be able to control those factors remotely.

Psychologists are urged to monitor and assess regularly the progress of their client/patient when offering telepsychology services in order to determine if the provision of telepsychology services is still appropriate and beneficial to the client/patient. If there is a significant negative change in the client/patient or in the therapeutic interaction, psychologists make every effort to take appropriate steps to adjust the treatment plan and reassess the appropriateness of the services delivered via telepsychology. Where it is believed that continuing to provide remote services is

no longer beneficial or presents a risk to a client's/patient's emotional or physical well-being, psychologists are encouraged to thoroughly discuss these concerns with the client/patient, appropriately terminate their remote services with adequate notice and care for the client's/patient's safety and well-being, and refer or offer any needed alternative services to the client/patient.

Informed Consent

Guideline 3: Psychologists make every effort to obtain and document written informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements that govern informed consent in this area.

Rationale:

The process of explaining and obtaining informed consent sets the stage for the relationship between the psychologist and the client/patient. Psychologists make every effort to offer a complete and clear description of the telepsychology services they provide, and seek to obtain and document informed consent when providing professional services (APA Ethics Code, Standard 3.10). In addition, they attempt to develop and share the policies and procedures that will explain to their clients/patients how they will interact with them using the specific telecommunication technologies involved. In situations where psychologists provide telepsychology services to their clients/patients who are not in the same physical location, special challenges to obtaining and documenting informed consent may arise. Moreover, there may be differences with respect to informed consent between the laws and regulations in the jurisdictions where a psychologist who is providing telepsychology services is located and the jurisdiction in which this psychologist's client/patient resides. Furthermore, psychologists may need to be aware of the manner in which cultural, linguistic, and socioeconomic characteristics may impact on a client's/patient's understanding of, and the special considerations required for, obtaining informed consent (such as when securing informed consent remotely from a parent/guardian when providing telepsychology services to a minor).

Telepsychology services may require different considerations for and safeguards against potential risks to, confidentiality, information security, and comparability of traditional in-person services. Psychologists are thus encouraged to consider appropriate policies and procedures to address the potential threats to the security of client/patient data and information when using specific telecommunication technologies and appropriately inform their clients/patients about them. For example, psychologists who provide telepsychology services may consider addressing with their clients/patients what client/patient data and information will be stored, how the data and information will be stored, how it will be accessed, how secure is the information communicated using a given technology, and any technology-related vulnerability to confidentiality and security by creating and storing electronic client/patient data and information.

Application:

Prior to providing telepsychology services, psychologists are aware of the importance of obtaining and documenting written informed consent from their clients/patients that specifically

addresses the unique concerns relevant to those services that will be offered. When developing such informed consent, psychologists make every effort to use language that is reasonably understandable to their clients/patients, in addition to, evaluating the need to address cultural, linguistic and other issues that may impact on a client's/patient's understanding of the informed consent agreement. When considering for inclusion in informed consent those unique concerns that may be involved in providing telepsychology services, psychologists may include the manner in which they and their clients/patients will use the particular telecommunication technologies, the boundaries they will establish and observe, and the procedures for responding to electronic communications from clients/patients. Moreover, psychologists are cognizant of pertinent laws and regulations with respect to informed consent in both the jurisdiction where they offer their services and where their clients/patients reside (see Guideline on Interjurisdictional Practice for more detail).

Besides those unique concerns described above, psychologists are encouraged to discuss with their clients/patients those issues surrounding confidentiality and the security conditions when particular modes of telecommunication technologies are utilized. Along this line, psychologists are cognizant of some of the inherent risks a given telecommunication technology may pose in both the equipment and the processes used for providing telepsychology services, and strive to provide their clients/patients with adequate information to give informed consent for proceeding with receiving the professional services offered via telepsychology. Some of these risks may include those associated with technological problems, and those service limitations that may arise because the continuity, availability and appropriateness of specific telepsychology services (e.g. testing, assessment and therapy) may be hindered as a result of those services being offered remotely. In addition, psychologists may consider developing agreements with their clients/patients to assume some role in protecting the data and information they receive from them (e.g. by not forwarding emails from the psychologist to others).

Another unique aspect of providing telepsychology services is that of billing documentation. As part of informed consent, psychologists are mindful of the need to discuss with their clients/patients what the billing documentation will include prior to the onset of service provision. Billing documentation may reflect the type of telecommunication technology used, the type of telepsychology services provided, and the fee structure for each relevant telepsychology service (e.g., video chat, texting fees, telephone services, chat room group fees, emergency scheduling, etc.). It may also include discussion about the charges incurred for any service interruptions or failures encountered, responsibility for overage charges on data plans, fee reductions for technology failures, and any other costs associated with the telepsychology services that will be provided.

Confidentiality of Data and Information

Guideline 4: Psychologists who provide telepsychology services make every effort to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks to loss of confidentiality inherent in the use of the telecommunication technologies, if any.

Rationale:

The use of telecommunications technologies and the rapid advances in technology present unique challenges for psychologists in protecting the confidentiality of clients/patients. Psychologists who provide telepsychology learn about the potential risks to confidentiality before utilizing such technologies. When necessary, psychologists obtain the appropriate consultation with technology experts to augment their knowledge of telecommunication technologies in order to apply security measures in their practices that will protect and maintain the confidentiality of data and information related to their clients/patients.

Some of the potential risks to confidentiality include considerations related to uses of search engines and participation in social networking sites. Other challenges in this area may include protecting confidential data and information from inappropriate and/or inadvertent breaches to established security methods the psychologist has in place, as well as boundary issues that may arise as a result of a psychologist's use of search engines and participation on social networking sites. In addition, any Internet participation by psychologists has the potential of being discovered by their clients/patients and others and thereby potentially compromising a professional relationship.

Application:

Psychologists both understand and inform their clients/patients of the limits to confidentiality and risks to the possible access or disclosure of confidential data and information that may occur during service delivery, including the risks of access to electronic communications (e.g. telephone, email) between the psychologist and client/patient. Also, psychologists are cognizant of the ethical and practical implications of proactively researching online personal information about their clients/patients. They carefully consider the advisability of discussing such research activities with their clients/patients and how information gained from such searches would be utilized and recorded as documenting this information may introduce risks to the boundaries of appropriate conduct for a psychologist. In addition, psychologists are encouraged to weigh the risks and benefits of dual relationships that may develop with their clients/patients, due to the use of telecommunication technologies, before engaging in such relationships (APAPO, 2012).

Psychologists who use social networking sites for both professional and personal purposes are encouraged to review and educate themselves about the potential risks to privacy and confidentiality and consider utilizing all available privacy settings to reduce these risks. They are also mindful of the possibility that any electronic communication can have a high risk of public discovery. They therefore mitigate such risks by following the appropriate laws, regulations and the APA Ethics Code (APA, 2010) to avoid disclosing confidential data or information related to clients/patients.

Security and Transmission of Data and Information

Guideline 5: Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure.

Rationale:

The use of telecommunication technologies in the provision of psychological services presents unique potential threats to the security and transmission of client/patient data and information. These potential threats to the integrity of data and information may include computer viruses, hackers, theft of technology devices, damage to hard drives or portable drives, failure of security systems, flawed software, and ease of accessibility to unsecured electronic files, and malfunctioning or outdated technology. Psychologists are encouraged to be mindful of these potential threats, and take reasonable steps to ensure that security measures are in place for protecting and controlling access to client/patient data within an information system. In addition, they are cognizant of relevant jurisdictional and federal laws and regulations that govern electronic storage and transmission of client/patient data and information, and develop appropriate policies and procedures to comply with such directives. When developing policies and procedures to ensure the security of client/patient data and information, psychologists may include considering the unique concerns and impacts posed by both intended and unintended use of public and private technology devices, active and inactive therapeutic relationships, and the different safeguards required for different physical environments, different staff (e.g. clinical versus administrative staff), and different telecommunication technologies.

Application:

Psychologists are encouraged to conduct a risk analysis of their practice setting, telecommunication technologies, and administrative staff, to ensure that client/patient data and information is accessible only to appropriate and authorized individuals. They may consider seeking consultation from relevant experts when they lack the appropriate training and/or knowledge to conduct such a risk analysis.

Psychologists strive to ensure that policies and procedures are in place to secure and control access to client/patient information and data within information systems. Along this line, they may encrypt confidential client/patient data for storage or transmission, and utilize such other secure methods as safe hardware and software and robust passwords to protect electronically stored or transmitted data and information. If there is a breach of unencrypted electronically communicated or maintained data, psychologists are urged to notify their clients/patients and other appropriate individuals/organizations as soon as possible. In addition, they are encouraged to make their best efforts to ensure that electronic data and information remain accessible despite problems with hardware, software and/or storage devices by keeping a secure back-up version of such data.

When documenting the security measures to protect client/patient data and information from unintended access or disclosure, psychologists are encouraged to clearly address what types of telecommunication technologies are used (e.g., email, telephone, clinical video teleconferencing, text), how they are used, whether telepsychology services used are the primary method of contact or augments in-person contact. When keeping records of email, online messaging and other work using telecommunication technologies, psychologists are cognizant that preserving the actual communication may be preferable to summarization in some cases depending on the type of technology used.

Disposal of Data and Information and Technologies

Guideline 6: Psychologists who provide telepsychology services strive to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.

Rationale:

Consistent with APA Record Keeping Guidelines (2007), psychologists are encouraged to create policies and procedures for the secure destruction of data and information and the technologies used to create, store and transmit the data and information. The use of telecommunication technologies in the provision of psychological services poses new challenges for psychologists when they consider the disposal methods to utilize in order to maximally preserve client confidentiality and privacy. Psychologists are therefore urged to consider conducting a risk analysis of the information systems within their practices in an effort to ensure full and complete disposal of electronic data and information, plus the technologies that created, stored, and transmitted the data and information.

Application:

Psychologists are encouraged to develop policies and procedures for the destruction of data and information related to clients/patients. They also strive to securely dispose of software and hardware used in the provision of telepsychology services in a manner that insures that the confidentiality and security of any patient/client information is not compromised. When doing so, psychologists carefully clean all the data and images in the storage media before re-use or disposal consistent with federal, state, provincial, territorial, and other organizational regulations and guidelines. Psychologists are aware of and understand the unique storage implications related to telecommunication technologies inherent in publicly available systems.

Psychologists are encouraged to document the methods and procedures used when disposing of the data and information and the technologies used to create, store, or transmit the data and information, as well as any other technology utilized in the disposal of data and hardware. They also strive to be aware of footprint software, malware, cookies, etc. and dispose routinely of them on an ongoing basis when telecommunication technologies are used.

Testing and Assessment

Guideline 7: Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.

Rationale:

Psychological testing and assessment is an area of professional practice in which psychologists have been trained and are uniquely qualified to conduct. While some symptom screening instruments are already being administered online frequently, the vast majority of psychological test instruments and other assessment procedures currently in use have been designed and developed originally for in-person administration. Psychologists are thus encouraged to be

knowledgeable about, and account for, the unique impacts, suitability for diverse populations, and limitations on test administration and on test and other data interpretations when these psychological tests and assessment procedures are considered for and conducted via telepsychology. Psychologists also strive to maintain the integrity of the application of the testing and assessment process and procedures when using telecommunication technologies. In addition, they are cognizant of the accommodations for diverse populations that may be required for test administration via telepsychology.

Application:

When a psychological test or assessment procedure is conducted via telepsychology, psychologists are encouraged to ensure that the integrity of the psychometric properties of the test or assessment procedure (e.g., reliability and validity) and the conditions of administration indicated in the test manual are preserved when adapted for use with such technologies. They are encouraged to consider if modifications to the testing environment or conditions are necessary to accomplish this preservation. For example, access to a cell phone, the Internet or other persons during an assessment could interfere with the reliability or validity of the instrument or administration. Further, if the individual being assessed receives coaching or such information as potential responses or the scoring and interpretation of specific assessment instruments because they are available on the Internet, the test results may be compromised. Psychologists are also encouraged to consider other possible forms of distraction which could affect performance during an assessment and which may not be obvious or visible (e.g., sight, sound, and smell) when utilizing telecommunication technologies.

Psychologists are encouraged to be cognizant of the specific issues that may arise with diverse populations when providing telepsychology and make appropriate arrangements to address those concerns (e.g., language or cultural issues; cognitive, physical or sensory skills or impairments; or age may impact assessment). In addition, psychologists may consider the use of a trained assistant (e.g., proctor) to be on premise at the remote location in an effort to help verify the identity of the client/patient, provide needed on-site support to administer certain tests or subtests, and protect the security of the psychological testing and/or assessment process.

When administering psychological tests and other assessment procedures when providing telepsychology services, psychologists are encouraged to consider the quality of those technologies that are being used and the hardware requirements that are needed in order to conduct the specific psychological test or assessment approach. They also strive to account for and be prepared to explain the potential difference between the results obtained when a particular psychological test is conducted via telepsychology and when it was originally developed for in-person administration. In addition, when documenting findings from evaluation and assessment procedures, psychologists are encouraged to specify that a particular test or assessment procedure has been administered via telepsychology, and describe any accommodations or modifications that have been made.

Psychologists strive to use test norms derived from telecommunication technologies administration if such are available. Similarly, psychologists who conduct other non-psychometric assessments (e.g., assessment for personnel selection and for Industrial/Organizational consultation) are encouraged to recognize the potential limitations of the

assessment processes conducted via telepsychology, and be ready to address the limitations and potential impact of those procedures.

Interjurisdictional Practice

Guideline 8: Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders.

Rationale:

With the rapid advances in telecommunication technologies, the intentional or unintentional provision of psychological services across jurisdictional and international borders has become a more frequent option for psychologists. Such service provision may range from the psychologists or clients/patients being temporarily out-of-state (including split residence across states) to psychologists offering their services across jurisdictional borders as a practice modality to take advantage of new telecommunication technologies. Psychological service delivery systems within such institutions as the U.S. Department of Defense and the Department of Veterans Affairs have already established internal policies and procedures for providing services within their systems that cross jurisdictional and international borders. However, the laws and regulations that govern service delivery by psychologists outside of those systems vary by state, province, territory, and country (APAPO, 2010). Psychologists should make every effort to be familiar with and comply with the laws and regulations that govern telepsychology service delivery within the jurisdictions in which they are situated and the jurisdictions where their clients/patients are located.

Application:

It is important for psychologists to be aware of the laws and regulations that specifically address the delivery of professional services by psychologists via telecommunication technologies within and between jurisdictions. Psychologists are encouraged to understand what the laws and regulations consider as telehealth or telepsychology. In addition, psychologists are encouraged to review the professional licensure requirements, the services and telecommunication modalities covered, and the information required to be included in providing informed consent. It is important to note that each jurisdiction may or may not have specific laws which impose special requirements when providing services via telecommunication technologies. The APAPO (2010) has found that there are variations in whether psychologists are specified as a single type of provider or covered as part of a more diverse group of providers. In addition, there is wide diversity in the types of services and the telecommunication technologies that are covered by these laws.

At the present time, there are a number of jurisdictions without specific laws that govern the provision of psychological services utilizing telecommunication technologies. When providing telepsychology services in these jurisdictions, psychologists are encouraged to be aware of any opinion or declaratory statement issued by the relevant regulatory bodies and/or other practitioner licensing boards that may help inform them of the legal and regulatory requirements involved when delivering telepsychology services within those jurisdictions. Moreover, because

of the rapid growth in the utilization of telecommunication technologies, psychologists strive to keep abreast of developments and changes in the licensure and other interjurisdictional practice requirements that may be pertinent to their delivery of telepsychology services across jurisdictional boundaries.

Conclusion

It is important to note, that it is not the intent of these guidelines to prescribe specific actions, but rather, to offer the best guidance available at present when incorporating telecommunication technologies in the provision of psychological services. Because technology and its applicability to the profession of psychology is a dynamic area with many changes likely ahead, these guidelines also are not inclusive of all other considerations and are not intended to take precedence over the judgment of psychologists or applicable laws and regulations that guide the profession and practice of psychology. It is hoped that the framework presented will guide psychologists as the field evolves.

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