

# Newsletter

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## 2021-22 Upcoming Meeting Dates

Note: Until COVID-19 restrictions are lifted, all events will be held by videoconference. Agenda and meeting access information will be supplied in advance of each meeting.

September 17, 2021	May 6, 2022
November 5, 2021	July 22, 2022
January 7, 2022	Sept 30, 2022
March 4, 2022	Nov 18, 2022

DOH/EBOP continuing education ethics training is scheduled for October 11<sup>th</sup> and 19<sup>th</sup> from 9 a.m. to 1 p.m.

## Message/Update from the Board

Happily, we are seeing notable slowing in the spread and intensity of the coronavirus in the U.S., job recovery, increasing ability to be with others and travel, new efforts toward social and racial justice and more. Psychological services remain in high demand, as clients still deal with pandemic-induced issues as well as more typical relationship, work, parenting, and personal growth challenges.

The EBOP wants to address questions within the profession:

### *Telehealth now and into the future*

Patient, provider, and governmental quarantining considerations beginning in March 2020 encouraged a move away from direct, in-person care to virtual sessions. And telehealth experience shows that it works.

Current federal and state COVID-19 orders require the use of video-capable technology, not solely audio-only telephone communications without video capacity. However, as part of the COVID-19 emergency declarations, the Washington Insurance Commissioner, as authorized in RCW 48.02.060(4), issued an order authorizing temporary payment for audio-only telehealth during the COVID-19 emergency. But when the Governor’s COVID-19 emergency declaration ends, the Insurance Commissioner’s order will also terminate. We don’t know at this time exactly when the Governor’s emergency declaration and the Insurance Commissioner’s related order will end.

So, what does that mean for psychologists? When Governor Inslee’s COVID-19 emergency proclamation ends, insurance companies may *no longer* pay for telephone-only telehealth until January 1, 2023. Why January 1, 2023? A newly passed law (ESHB 1196) authorizes payment for telephone-only telehealth services starting on that date for those patients who:

- (a) have an established relationship with the health care provider (“Established relationship” is defined as at least one in-person appointment within the past year with the provider, a provider employed at the same clinic, or when the services are being provided based on a referral from a provider who had at

least one in-person appointment with the patient in the past year.) *and*

(b) consent to receiving care via audio-only telemedicine

The passage of ESHB 1196 demonstrates a recognition that providing health care via telehealth of all types is worthy of continuation. (Note: ESHB 1196 does not affect the reimbursement standards for federally regulated health care plans or other health care coverage, such as self-insured ERISA plans or veterans' health care coverage.) While we do not know the exact degree to which telehealth will change the traditional health care delivery model, we expect that it will remain a major part of psychological health services. We will continue providing further information on practicing telehealth as it becomes available.

Regardless of what platform is being used, Washington-licensed psychologists offering telehealth service should continue to comply with rules concerning obtaining written informed consent, practicing within their areas of competence, maintaining standards of care, ensuring privacy and security, properly maintaining records, etc. HIPAA-compliant technology is not currently required under current emergency orders and there are no current sound-proofing standards for verbal communications with patients. Any complaints the Examining Board receives about recordkeeping, lack of soundproofing or other matters during this time will be evaluated considering the specifics of each complaint; if the Board authorizes an investigation, normal investigatory procedures will be used.

### ***Psychology graduate students' concerns***

Last year we addressed concerns of prospective licensees wanting to meet Washington licensing requirements during their professional training, particularly regarding their ability to receive training, client experience or supervision that is 1) "direct" or 2) "face to face." These terms are used in WAC [246-924-053 \(Preinternship\)](#) and [WAC 246-924-056 \(Internship\)](#).

As a reminder:

- 1) Existing licensing requirements specifying needed amounts of "direct client contact experience" and "direct supervision" do *not* necessitate face-to-face, in person

### **Current EBOP Members**

- Florence Katz Burstein, Public Member (Chair)
- Ruth L. Varkovitzky, Ph.D., ABPP (Vice Chair)
- Leslie Cohn, Ph.D.
- Michelle Giresi, Ph.D.
- Patience McGinnis, Psy.D.
- Phillip Hawley, Psy.D.
- Shari Roberts, Public Member
- Cedar O'Donnell, Ph.D.
- Elena Lopez, Psy.D.

### **Welcome to Our New Board Members!**

During 2021 the Board said goodbye to: Lezlie Pickett, Ph.D.; Dug Lee, Ph.D., ABPP; and Rachaud Smith, Psy.D. (Board Chair) due to out-of-state relocations or other family reasons. We welcomed the Governor's appointment of the following new members:

[Cedar O'Donnell, Ph.D.](#), forensic psychologist at Eastern State Hospital in Medical Lake

[Phillip B. Hawley, Psy.D.](#), Primary Care Behavioral Health Program Director at Yakima Valley Farm Workers Clinic in Yakima

[Elena Lopez, Psy.D. CSOTP](#), Director of Sex Offense Treatment and Programs, Behavioral Health Administration in Olympia, WA

## Board Vacancies

The Examining Board of Psychology is required to have seven (7) active members of the profession and two (2) public members.

We will have one public member vacancy in January 2022. Accordingly, we will be requesting and reviewing applications from the public to fill the known 2022 vacancy. However, we are happy to accept applications for psychologist board members, as positions sometimes become vacant unexpectedly.

For more information on position requirements, application process and the application form, please go to [Application for a board or commission](#).

## Stay Connected!

Sign up for [GovDelivery](#) listserv to receive email notifications regarding board meetings, rules workshops, and other psychology-related information from the Department of Health.

contact in a common space. Washington's required hours or percentages of "direct client contact experience" or "direct supervision" during training may be met via telehealth modalities that support "discussion," "selection," "evaluation," and "review," if telehealth requirements are met concerning such matters as written informed consent, standards of care, privacy and security, recordkeeping, etc.

2) With regard to Preinternship ([WAC 246-924-053](#)) and Internship ([WAC 246-924-056](#)) rules requiring face-to-face, in-person, individual supervision in a physical space not assisted by technology, the Board issued [Interpretive Statement EBOP 20-01](#) filed with the Code Reviser's Office on December 21, 2020, (WSR 21-01-168). The Interpretive Statement, retroactively effective from February 29, 2020, allows more flexible application of the "face to face" requirement for Preinternship and Internship supervision during the Governor proclaimed COVID-19 emergency and up to six months after the emergency proclamation is lifted.

Additional information on these matters will be issued when available. Also of note,

3) The American Psychological Association (APA) Commission on Accreditation has recently issued new operating procedures for its own use in the APA accreditation of graduate programs. Much of the change involves how programs are evaluated to meet standards – moving away from hours of training provided on certain topics to ensuring competency in those topic areas. Washington's current administrative rules (WACs) need to be updated to reconcile them with the APA's new accreditation standards, a task being pursued by EBOP's Applications Subcommittee. We will issue more detailed information on any new Washington licensing rules pertaining to doctoral degree programs as it becomes available.

4) Current licensure applicants must have passed the EPPP1, a test offered by the Association of State and Provincial Psychology Boards, that assesses functional knowledge of the discipline. The new EPPP2, a supplemental exam intended to measure the clinical skills of license applicants, is slowly being adopted in certain US jurisdictions. Some EBOP members have taken sample EPPP2 tests to determine the value of its questions to assess future Washington licensees. If adopted, the EPPP2 will be used to assess new applicants for licensure and will *not* be required of psychologists currently licensed in Washington. We will provide additional information as we decide on the potential use of the EPPP2 for Washington applicants for a license to practice as a psychologist.

### *Licensure, doctoral training & initial testing requirements, online doctoral programs, and CE*

To save practitioners time and research effort, DOH lists the answers to many typical questions on the [Frequently Asked Questions](#) web page. Practitioners will find it helpful to go online and review the FAQs, which include:

- ✓ Temporary permits, telehealth, licensed in another state/reciprocity (including endorsement, probationary license, other states' license equivalency)
- ✓ Initial licensure (including requirements regarding supervised hours, post-doctoral hours, EPPP, online jurisprudence exam, practicum, transcript, internship, application completion)
- ✓ Online doctoral degree programs (including residency requirement issues),
- ✓ Continuing education (including required hours, extensions and waivers, audits, valid CE hours, documentation requirements, CE hours for teaching, suicide prevention and other required topics)



### *Equity and inclusion considerations*

EBOP professional members are selected to represent diverse types of training, education, and experience; a range of client services; different parts of the state; and an openness to working with diverse populations with a range of needs. When the Board is required to assess specific psychologists concerning their licensing, continuing education satisfaction and (possible) discipline, identifying information in relevant documentation is redacted to ensure fairness and non-bias in our decision-making.

In addition, all health professions will have future continuing education requirements focusing on cultural sensitivity and fairness in their practices. At present, the curriculum is being developed. We will notify you when any new cultural sensitivity CE requirements take effect.

## Information from DOH

### *Continuing education issues*

- 1) **Time extensions** -- Washington is not granting automatic extensions of the period within which psychologists with active licenses must fulfill their continuing education requirements. Should you be unable to obtain all needed continuing education in a timely manner, please forward a written request for an extension to the Psychology Program Director, Stacey Saunders ([stacey.saunders@doh.wa.gov](mailto:stacey.saunders@doh.wa.gov)). Please provide a written explanation about the need for the extension, as the request requires review by the Examining Board.
- 2) **Mandatory telehealth training** -- Please remember that for you to continue providing telehealth after June 30, 2021 you must complete mandatory telehealth training. You may take either the online training

via the [Washington State Telehealth Collaborative](#) or the online training offered via [Washington State Healthcare Professional Telemedicine Training](#).

- 3) **Suicide prevention training** --There will be a change to mandatory suicide prevention training effective July 1, 2021. The scope of the six-hour training will include advanced training or training in treatment modalities. However, the trainings are still in development and will not be available until January 2022. As long as qualified trainings are *not* available, licensees will not be audited for them by DOH until 2022. In the meantime, as part of new course development, DOH will be providing stakeholder workshops over the summer, and anyone interested in participating can sign up for [GovDelivery](#) listserv notices. More details will be forthcoming over the next few months.

### *Other updates*

**Licensing system** - DOH has been continuing its efforts to replace its outdated licensing system, known as the Integrated Licensing and Regulatory System (ILRS). The new system, known as the Healthcare Enforcement and Licensing Modernization Solution (HELMS) is scheduled to go live in February 2023.

**COVID-19** -- Please review the top of the [psychology home page on the DOH website](#) for COVID-19 updates.

## **Avoiding Disciplinary/Enforcement Action**

EBOP and staff from DOH and the Office of the Attorney General review, and sometimes investigate and pursue over 100 complaints annually about psychologists regarding such matters as:

- ✓ Parenting evaluations (opinions)
- ✓ Failure to release records as requested
- ✓ Boundary violations with clients and key parties
- ✓ Sexual misconduct
- ✓ Standard of care concerns
- ✓ Fee or billing disputes

### *Recent Legislation*

The legislative session ended on April 25, 2021. This year's session was unusually tightly focused due to the pandemic. Among the successful bills explicitly affecting the psychology profession are:

[E2SHB 1086](#) creates the office of behavioral health consumer advocacy within the department of commerce.

[ESHB 1196](#) provides for insurance payment parity for services rendered via audio-only telemedicine, when the patient has consented to audio only and has a pre-existing clinical relationship with the provider. The requirement is effective January 1, 2023.

[ESSB 5229](#) requires development of rules requiring continuing education on the topic of health equity.

### *Possible legislative action in the coming session:*

Participation in [PSYPACT](#), an interstate compact that would allow qualifying psychologists to practice outside the jurisdictions in which they are licensed.

Authorization of prescriptive authority (RxP), which would provide qualifying psychologists the authority to prescribe medications.

Perhaps ten percent of the complaints filed ultimately result in formal disciplinary actions, including written decisions/settlements involving fines, new training requirements, mandatory supervision, future audits, and/or license suspension/surrender. Basic ways to avoid these problems are to:

- ✓ Consult with other practitioners
- ✓ Maintain complete and accurate records
- ✓ Review and update your disclosure and informed consent forms
- ✓ Review EBOP's rules of ethical conduct (RCW 246-924-351)
- ✓ Set and maintain appropriate boundaries
- ✓ Obtain supervision when needed
- ✓ Take acceptable continuing education (CE) courses
- ✓ Stay up to date on the latest information and research in your practice area(s)
- ✓ Communicate well and use basic social skills
- ✓ If called upon to conduct a parenting evaluation, refer to parenting evaluation rules which detail the psychologist's responsibilities and limitations . . . "to assist in determining an appropriate residential arrangement, parental duties, or parental relationship with respect to a minor child." Also, unless there are qualifying mitigating circumstances recognized by the court, do not conduct a parenting evaluation if you have "provided therapeutic services to any party involved in the evaluation." ([WAC 246-924-445](#) and [WAC 246-924-467](#)) For more information on disciplinary activity, please refer to the [2017-19 Uniform Disciplinary Act Biennial Report](#) issued in December 2020.



Mt. St. Helens. Photo courtesy of James Chaney