



Virginia Board of Psychology
Quarterly Full Board Meeting Minutes
Tuesday, March 15, 2022 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

- CALL TO ORDER:** Dr. Werth welcomed the Board members and the public. Dr. Werth called the meeting to order at 10:15 a.m.
- PRESIDING OFFICER:** James Werth, Jr. Ph.D., ABPP, Chair
- BOARD MEMBERS PRESENT:** J.D. Ball, Ph.D., ABPP, Vice-Chair
Aliya Chapman, Ph.D., Board Member
Norma Murdoch-Kitt, Ph.D., Board Member
Christine Payne, BSN, MBA, Citizen Member
Peter Sheras, Ph.D., ABPP, Board Member
Susan Brown Wallace, Ph.D., Board Member
Kathryn Zeanah, Ph.D., Board Member
- BOARD MEMBERS ABSENT:** Stephanie Valentine, Citizen Member
- BOARD STAFF PRESENT:** Deborah Harris, Licensing Manager, Board of Psychology
Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work
Charlotte Lenart, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work
Jared McDonough, Administrative Assistant, Boards of Counseling, Psychology, and Social Work
Leoni Wells, Executive Assistant, Boards of Counseling, Psychology, and Social Work
- DHP STAFF PRESENT:** Erin Barrett, JD, Sr. Policy Analyst
David Brown, DC, Director
Elaine Yeatts, Sr. Policy Analyst
- MISSION STATEMENT/** Ms. Hoyle read the mission of the Board and emergency egress instructions.
- QUORUM:** Ms. Hoyle indicated that with eight members present a quorum was established.
- ADOPTION OF AGENDA:** The agenda was adopted as presented.
- PUBLIC ATTENDEES:** Dr. Jennifer Morgan
Dr. Bethany Teachman
Dr. Alex Werntz
Jeremy Eberle
- PUBLIC COMMENT:** Dr. Morgan, Clinical Psychologist, Virginia Academy of Clinical Psychologists (VACP), reminded the Board about the upcoming VACP Board Conversation Hour at the VACP Spring Conference on April 1 – April 2, 2022 in Staunton, Virginia.

APPROVAL OF MINUTES: Dr. Sheras moved to approve the August 31, 2021 Quarterly Board Meeting minutes with non-substantive, line edits. The motion was seconded and carried unanimously.

AGENCY DIRECTOR REPORT: Dr. Brown advised the Board that Dr. Allison-Bryant retired from the agency.

Dr. Brown also indicated that there is no longer a mask mandate for the building as data shows continued improvements related to COVID-19. Additionally, Dr. Brown stated that staff would return to the office on April 4, 2022. DHP will allow staff to telework up to three days a week based upon their job duties and their supervisor's approval. Dr. Brown commended the Behavioral Science Boards for leading the way in effective teleworking.

Dr. Brown indicated that the conference center and additional security upgrades would occur in the near future.

PRESENTATION:

Psychological Clinical Science Accreditation System (PCSAS) Discussion

Dr. Bethany Teachman, Professor and Director of Clinical Training at the University of Virginia provided a presentation to request the Board to recognize PCSAS as an accreditor of doctoral programs whose graduates are eligible for licensure as Clinical Psychologists in the Commonwealth of Virginia. The agenda packet included Frequently Asked Questions (FAQ) and letters from the Council of University Directors of Clinical Psychology (CUDCP), George Mason University, Virginia Tech, and the University of Virginia. (*See Attachment A for the presentation*)

Dr. Brown commented that because of the limited workforce he would like the Board to consider PCSAS. Additionally, he asked how this would affect licensees applying for PSYPACT.

Dr. Werth responded to Dr. Brown that PSYPACT currently only allows licensees from APA accredited schools.

Board members asked thoughtful questions about PCSAS requirements.

Ms. Barrett stated Regulation 18VAC125-20-54 allows the Board to recognize other accrediting bodies as an accrediting body acceptable by the Board. The Board would not be required to change regulatory language. If the Board chooses to accept PCSAS as an accredited body, the Board could revisit at any time in the future especially when the Board starts to receive applications from applicants who attended PCSAC-only accredited programs.

Dr. Werth and Ms. Barrett clarified that the current regulations allow a pathway to licensure for individuals who graduate from a PCSAS-only program until June 23, 2028.

Action Item:

After discussion, to facilitate the process in the event that the Board decides to proceed, the Board asked staff to develop a guidance document to inform the public that the Board has added PCSAS as an accredited body. The PCSAS proposal will be discussed at the next Regulatory Committee meeting. Dr. Werth stated that he will look at the PCSAS accreditation material on the website and review PCSAS

internship requirements and asked other Board members to do the same. This may be a proposed action item at the next meeting in June, depending on what happens in the Regulatory Committee meeting. Dr. Werth noted that no official decision has been made yet regarding PCSAS' status, so no one should make assumptions about what the Board will decide.

BOARD CHAIR REPORT:

Dr. Werth provided more information on the Board's plan for the Conversation Hour at the VACP Conference next month. Dr. Werth, Dr. Ball, Dr. Sheras, Ms. Hoyle, and other Board members who attend and want to be on the panel will present general information, statistics, regulatory changes, and disciplinary issues during the presentation.

Dr. Werth also announced the ASPPB Mid-Year Conference is in New Orleans, LA from April 21-24, 2022. He stated Ms. Hoyle and Dr. Wallace would attend the meeting if approved by the Agency. Dr. Werth participated in a Board Chair call with ASPPB. He indicated that the themes on the call mirrored the Board's regulatory issues currently under consideration.

Dr. Stewart, former Board member and Board Chair, is now the President-Elect for the ASPPB.

RECESS: The meeting recessed at 12:00p.m.

RECONVENTION: The meeting reconvened at 12:30p.m.

PRESENTATION:

Assessment of Virginia's Licensed Behavioral Health Workforce
This presentation will be moved to the next Board meeting in June.

**LEGISLATION AND
REGULATORY ACTIONS:**

Chart on Regulatory Actions

Ms. Barrett updated the Board on the current regulatory actions that were included in the agenda packet.

General Assembly Report

Ms. Barrett discussed the Report of the 2022 General Assembly with the Board. A copy of the report was provided in the agenda packet.

NEW BUSINESS:

Consideration of Changes to Bylaws

Ms. Hoyle discussed the Board's need for a professional disciplinary review coordinator to evaluate probable cause cases. The Board currently has over 100 probable cause cases to be reviewed. In order for a discipline coordinator to review the cases, the Board needs to amend the Bylaws to allow such reviewer. The agenda packet includes a version of the Bylaws with the proposed changes.

Motion: Dr. Ball moved to adopt the changes to Article IV of the Bylaws as presented. The motion was seconded and carried unanimously.

Adoption of Policy on Electronic Meetings

Ms. Yeatts provided information on the proposed policy on electronic meetings, which she included in the agenda packet.

Motion: Dr. Sheras moved to adopt the policy on electronic meetings as presented. The motion was seconded and carried unanimously.

COMMITTEE REPORTS:

Regulatory Committee Reports

Guidance Document on Psychologists' Use of Social Media

Dr. Ball discussed the updated guidance documents on the use of social media (*See Attachment B*). The Board briefly discussed the document.

Motion: Dr. Wallace moved to adopt the Guidance Document on Psychologists Use of Social Media as presented. The motion was seconded and carried unanimously.

ASPPB Development of the EPPP-Part 2/Skills Examination

Dr. Ball reviewed the Committee's discussion points related to the EPPP-Part 2. The Committee has no recommendations at this time but took an action step to continue discussing the possibility of requiring EPPP-Part 2.

Master's Level Psychology License

Dr. Ball provided a summary of the Committee's discussion on the possibility of considering a master's level psychology license. The Committee has no recommendations at this time but will be working toward developing a practice act. The Committee and staff will continue to research a tiered model master's level psychology license by gathering more information from at least our neighboring states and staff will contact DMAS to start a conversation on this issue. Ms. Hoyle stated that she would do more research and provide detailed information at the next meeting on how other states license people with master's degrees in psychology.

Dr. Sheras stated the APA is working on a practice act for master's level licensing and starting to draft accreditation standards.

Dr. Wallace called to the attention of the Board that most states do not have separate clinical and school psychologist licenses. She would like the Board to take this into account when looking at the master's level license issue.

Consideration of Petition for Rulemaking

Petitioner submitted a request for the Board to amend the requirements for residency in school psychology to accept five years of experience working as a school-psychologist limited in lieu of 1,500 hours of a supervised residency.

Motion: After a lengthy discussion, Dr. Zeanah moved to take no action on this petition. The motion was seconded and carried unanimously.

This decision was based on the variety of experience School Psychologists Limited obtain and the inability to provide a general acceptance of all School Psychologists Limited experience as equivalent to residency training. The Board, however, intends to review this issue and related training and residency requirements issues at a later meeting.

The Board had a long discussion on the need to re-evaluate how the Board licenses doctoral level school psychologists.

Email on Model Policies for the Treatment of Transgender Students in Virginia's Public Schools

The Board discussed the email received from a psychologist regarding the Virginia Department of Education policy. The Committee concluded that the Board has no role or response on this subject. The Board expects all their licensees to practice within the scope of their license(s).

Board of Health Professions Report:

Dr. Wallace stated she was unable to attend the last Board of Health Professions meeting. A draft of the minutes from the last Board of Health Professions meeting was provided in the agenda packet.

STAFF REPORTS:

Discipline Report:

Ms. Lang’s report on disciplinary statistics for the Board from August 2021 to February 2022 was included in the agenda packet.

Licensing Report:

Ms. Lenart reported on the licensure statistics for the Board from August 2021 to January 2022 and the satisfaction survey results. A copy of the report given was included in the agenda packet.

Executive Director Report:

Ms. Hoyle introduced Executive Assistant Leoni Wells to the Board.

Ms. Hoyle submitted requests for Dr. Wallace and herself to attend the ASPPB meeting next month in New Orleans.

Ms. Hoyle indicated that she is a committee member of the ASPPB Model Act Committee, the PSYPACT Commission Committee, PSYPACT Finance Committee and PSYPACT Compliance Committee. Ms. Hoyle provided a report on PSYPACT which was also included in the agenda packet.

Dr. Zeanah asked Ms. Hoyle to ask PSYPACT if they are going to build a public facing search data base. The public is unable to search the website without a specific name of a psychologist and cannot look up by locale.

Ms. Hoyle recognized Ms. Yeatts for her time and dedication to the Board and to DHP.

NEXT MEETING DATES:

The next Quarterly Full Board meeting is scheduled for June 28, 2022.

ADJOURNMENT:

Dr. Werth adjourned the March 15, 2022 Board meeting at 2:46 p.m.

DocuSigned by:
James Werth, Jr.
B43514084E1341E
James Werth, Jr. Ph.D., ABPP, Chair

6/28/2022

Date

DocuSigned by:
Jaime Hoyle
E658AEB08A9F4A4
Jaime Hoyle, JD, Executive Director

6/28/2022

Date

Attachment A

Request to recognize PCSAS as an accreditor of doctoral programs whose graduates are eligible for licensure as clinical psychologists in the Commonwealth of Virginia

March 15, 2022

Introductions

University of Virginia

- Bethany Teachman, PhD (Professor & Director of Clinical Training, Give an Hour provider, clinical supervisor, licensed psychologist)
- Alexandra Werntz, PhD (Postdoctoral fellow, UVA alum, private practice, licensed psychologist)
- Jeremy Eberle (Graduate student & PCSAS student rep)
- Lee Llewellyn, PhD (Professor & Director of UVA's Mary D. Ainsworth Psychological Clinic, provider, clinical supervisor, licensed psychologist)

Virginia Tech

- Lee Cooper, PhD (Professor & former Director of Clinical Training, Director of VA Tech Psychological Services Center, licensed psychologist)
- Angela Scarpa-Friedman, PhD (Professor & Director of Clinical Training, licensed psychologist)

Background Materials

1) Letters of support:

- a. UVA Provost
- b. VA Tech Office of the Dean & Chair
- c. UVA & VA Tech students
- d. GMU faculty, DCT & Chair
- e. Virginia Association for Psychological Science
- f. UVA faculty & DCT
- g. VCU DCT & Chair
- h. Council of University Directors of Clinical Psychology

2) Frequently Asked Questions about PCSAS

Goal

- Prioritize science as the foundation for research training, clinical training, and their integration
- Increase options for accreditation & path to licensure for well-qualified students, alumni, faculty, and clinical training programs
- NOT proposing any change to the state regulations that dictate the educational requirements for clinical psychologists
- NOT proposing any change to recognition of American Psychological Association as an accrediting body

PCSAS Milestones

- PCSAS incorporated in 2007 (following 1992 Summit Meeting on *The Future of Accreditation*)
- Started accrediting programs in 2009 (currently accredits 46 clinical psychology Ph.D. programs)
- Council on Higher Education Accreditation (CHEA) recognized PCSAS as an accrediting system in 2012
- VA allows PCSAS-only graduates to complete internship and be hired as psychologists in 2016
- Association of Psychology Postdoctoral and Internship Centers (APPIC) allows PCSAS-only graduates to compete in the internship match in 2018
- U.S. Public Health Service in the Office of the Surgeon General allows PCSAS graduates to be hired in 2021
- 8 states now grant licensure to PCSAS graduates, including Arizona, Michigan, New Mexico, California, Missouri, Delaware, New York, and Illinois (sorry about mistake in UVA Provost's letter!) + 2 more state boards (Pennsylvania, Minnesota) have given preliminary approval

Can we trust the quality of PCSAS Programs?

- All 20 of the *U.S. News & World Report's* 20 top ranked clinical psychology programs are PCSAS accredited
- PCSAS graduates score higher on average on licensing exams (98% of PCSAS graduates who take their licensing exams pass it)
- PCSAS graduates have a higher match rate for internship (>90%)
- Licensed PCSAS graduates are less likely to have any ethical complaints filed against them

Flexibility? Yes

Lacking standards? Absolutely not

- Every PCSAS accredited program mandates knowledge in psychopathology, assessment, diagnosis, intervention and treatment, supervision, and statistics. Every program concentrates on ethics, research methods, data analysis, and on issues of individual differences and diversity.
- Supervised clinical experiences via both internal and external practica are required

Do PCSAS programs & students care about clinical training?

- Clinical practicum and internship are required of all students
- 73% of PCSAS graduates engage in clinical service delivery post-graduation
- *ALL* students must show mastery of evidence-based assessments and treatments
- Site review includes interviews with every clinical faculty and multiple external practica supervisors
- CHEA site visitors called PCSAS the “poster child” for outcome-based accreditation

A. Pre-submission

B. Eligibility standards:

C. General Accreditation Standards

D. Exemplars of Evaluation Criteria

Because the Review Committee evaluates applications only from programs that explicitly assert they fit within the defined scope of PCSAS accreditation and that they satisfy PCSAS's standards, the Review Committee's task essentially is one of evaluating each program's integrity and quality. To accomplish this the Review Committee rigorously and objectively examines the evidence from each program's application materials and its site visit report to assess how well the program matches PCSAS standards. Also included is whether the program's public declarations, such as its program handbook, website statements, etc., are in keeping with a PCSAS clinical science model. The Review Committee makes qualitative evaluations of each program in seven general areas:

1) Conceptual foundations: To be eligible for review, each applicant program will have endorsed the epistemology, mission, goals, and domain that define PCSAS accreditation. Because a hallmark of PCSAS accreditation is flexibility, programs are given leeway to develop their own distinctive and innovative approaches to translating these core concepts into practical, effective, real-world doctoral programs because PCSAS believes that the field and the public benefit from diversity in how clinical science training is accomplished. This diversity may reflect taking advantage of particular local resources and opportunities, as well as pursuing efforts to move the field forward with well-conceived training innovations.

2) Design, operation, and resources: The Review Committee examines: (a) the quality, logic, soundness, and coherence of each program's overall operation; (b) its stability; educational plan and pedagogical approach; (c) its content and curriculum; administration; and (d) the availability and use of resources. The Review Committee also evaluates how effectively the program's design and resources are channeled toward achieving the program's goals.

3) Quality of the science training: The Review Committee evaluates the overall quality of the scientific content, methods, and products of the program's doctoral training and education; i.e., how well the program embodies the very best, cutting-edge science of the discipline).

4) Quality of the application training: The Review Committee evaluates the extent to which clinical training is based on science/application integration that prepares program graduates to function as independent providers of clinical services and assume responsibility for patient care by making clinical decisions based on the best available scientific evidence.

5) Curriculum and related program responsibilities: PCSAS accreditation requires that training programs demonstrate that their students have the necessary breadth and depth of knowledge and training experiences to engage in high-quality clinical science scholarship, research, and clinical applications. Programs must clearly articulate their training goals; present a coherent training plan by which students will obtain the necessary breadth and depth of knowledge and experience (e.g., courses, workshops, practica, laboratory rotations); and describe the ways that they will ensure that students have achieved these goals. In

<https://www.pcsas.org/accreditation/review-criteria/>

A. Pre-submission

B. Eligibility standards:

C. General Accreditation Standards

D. Exemplars of Evaluation Criteria

The following are the types of information considered by the Review Committee in its evaluation of a program's performance in the seven areas outlined in **C. General Accreditation Standards**. These examples are only for purposes of illustration, and should not be construed as a checklist of the criteria by which a program would be assured of accreditation. Quality of execution is crucial in satisfying these criteria. Moreover, because PCSAS does not take a "one-size-fits-all" approach to accreditation, it is conceivable that an innovative program might not match all of these criteria in conventional ways, yet still be evaluated favorably by the Review Committee. The key point is that the burden of proof regarding the merits of a program rests on the applicant. Each program must demonstrate convincingly that it has a successful record of offering high-quality doctoral education and clinical training in psychological clinical science.

1) Conceptual foundations:

- a) Does the program offer a clear, rational explication of its mission, goals, philosophy, and epistemology?
- b) Are the program's conceptual foundations logically coherent, internally consistent, and compatible with PCSAS standards?
- c) Do the program's conceptual foundations have clear implications for the program's design, operation, climate, and outcomes?
- d) Does the program's mission statement permit a reasonable assessment of the program's success at achieving its mission?
- e) Do the program's goal statements include proximal and distal objectives that can be translated into observable, measurable outcomes?
- f) Are the program's philosophy and epistemology clearly related to the program's design and operation? Are they consistent with PCSAS's mission and standards?
- g) Are the activities of the faculty, students, and graduates consistent with the program's conceptual foundations?

2) Design, operation, and resources: The program's design, operation, and use of resources should contribute to the program's realization of its mission and goals. The following topics illustrate the information of particular interest to the Review Committee:

- a) Student recruitment, selection, and mentoring:

d) Clinical application training: Because psychological clinical science is an applied science, it requires that doctoral students acquire a deep and thorough understanding of the clinical phenomena that will be the central focus of their scientific careers. Graduates must be able to function as independent clinical scientists, able to assume clinical responsibility for patients with problems in their areas of expertise. Thus, they must be trained to a high level of professional competence in the most cost-effective, efficient, empirically supported procedures for the clinical assessment and treatment of specific populations and problems, and also must be capable of training and supervising others in these clinical procedures, where appropriate. Students must acquire clinical competence through direct application training, including well organized and monitored, science-based practicum and internship experiences. Innovative approaches to the design and implementation of the applied training are encouraged, with the aim of improving the effectiveness and efficiency of the clinical training; however, programs are expected to provide evidence that such innovations achieve or exceed the intended results. Clinical science training in applications should be

Why now?

- Science needs to be prioritized
...COVID, suicide rates, opioid crisis, burden of mental illness
- Quality training should be valued
- We live in a dual accreditation world
- Flexibility is needed to address needs (e.g., rural mental health)
- We need to keep our graduates in Virginia & attract new providers!

Virginia data: Access to mental health care

Access Ranking (2020)

- access to insurance
- access to treatment
- quality and cost of insurance
- access to special education
- workforce availability

Virginia ranked 39th
among states

Mental Health America Screening from January to
September 2020: <https://mhanational.org/issues/state-mental-health-america>

- Student Perspective: Jeremy Eberle
- Alum in private practice: Alexandra Werntz, PhD

Guidance Document: 125-11

Adopted: March 15, 2022

Effective: May 12, 2022

VIRGINIA BOARD OF PSYCHOLOGY

GUIDANCE DOCUMENT ON PSYCHOLOGISTS' USE OF SOCIAL MEDIA

This document was developed to guide Virginia's licensed psychologists and members of the Virginia Board of Psychology regarding psychologists' social media use in the context of interpreting and implementing the Board's standards of practice. Please also see the Board's *Guidance Document on Electronic Communication and Telepsychology* wherein specific further information may be found regarding telephone text messaging, email, and other direct electronic communications between providers and patients, including direct service delivery via internet communications. As is explained further in this document, social media use is most apt to intersect with standards of practice that are described in the Board's regulations in 18VAC 125-20-150 and 18VAC 125-20-160.

Introductory Considerations

For the purposes of this document, "social media" refers to digitally mediated technologies that facilitate creating and exchanging information between people via virtual communities or networks, typically on interactive web-based platforms. The nature of content shared through social media may include one's own or others' text, photos, audio and/or video material, and such various other informational formats as graphic and tabular data displays. Social media content is user-posted, but it is not necessarily user-generated. Social media users post and access content through digital connections to the web, typically through popular apps that connect individuals or groups.

A psychologist's social media use is an extension of their professional work and therefore requires the psychologist to adhere to the Board's standards of practice while using social media. Because social media content may be modified or selectively edited or reposted by others, end users may be uncertain of its accuracy and authorship, and original authors may be uncertain of all end users. These characteristics of social media present a challenge to psychologists seeking to represent themselves and their work accurately, protect client confidentiality, operate within the bounds of their competence (including technological competence), and minimize harm. Thus, the purpose of this Guidance Document is to address the psychologist's use of social media platforms, outline potential benefits to a social media policy, and offer specific suggestions for managing the complex interface between social media use and the Board's standards of practice.

Professional and Personal Use of Social Media

Social media apps make no requirements for users to separate professional and personal activities on social media. However, there are clear advantages to psychologists doing so by using distinctly separate professional and personal user profiles and email addresses. This separation helps minimize potential for problems by (a) avoiding self-disclosures that can complicate service relationships and (b) limiting the potential for inadvertent disclosures of confidential information on a psychologist's social media pages.

Professional social media activities involve direct attempts to exchange unidirectional information (i.e., posts from the psychologist to others) with current or prospective clients, students, research participants, referral sources, colleagues, and other professional contacts, perhaps including the public. Examples are posts of various educational activities, marketing efforts, and on-line file exchanges. Psychologists should consider taking precautions against the risks of bidirectional communications (i.e., posts from others to the psychologist) such as when friends, family, or clients make personal posts on the psychologist's social media page, which can blur an attempted distinction or risk a confidentiality breach.

Personal social media activities involve shared exchanges of information with family, friends, social contacts, and personal interest groups. Although users can establish different privacy preferences for their professional and personal social media profiles, personal profiles may be recognizable to current, past, or prospective clients who may find their way to them despite a psychologist's efforts to separate professional and personal social media accounts. In this regard, psychologists may wish to caution friends or family about the possibility of social media requests from unknown people.

Benefits of a Social Media Policy

The use of social media among prospective clients/recipients of psychological services relates directly to the Board's concern about informed consent for recipients of psychological services and minimizing risks for harm. Psychologists should consider preparing and disseminating to prospective and current clients a written social media policy that evolves with the rapid changes in societal uses of social media technology. Important elements of this policy might include a description of how the psychologist will interact with clients and the public professionally on the internet and encouragement to clients to ask questions about matters that may remain unclear. Such a policy may include describing how the psychologist intends to use email and texting (see also the Board's *Guidance Document on Electronic Communications and Telepsychology*). Examples of specific topics that may be covered in a social media policy include the following:

- The purpose, type of content, and intended practices on any professional social media page that is maintained by the psychologist;
- A disinclination to accept clients as fans because this might be interpreted as a client list and threaten confidentiality or professional relationship boundaries;
- A disinclination to conduct an internet search on the client, given risks of misinformation and potential harm to the client and/or the therapeutic relationship;
- That stringent efforts to protect client confidentiality prevent the psychologist from responding even with "likes" to postings from others;
- Instructions to current or prospective clients to avoid the use of insecure social media texting or messaging to contact the psychologist;
- Whether, and if so, when, the psychologist will respond to social media posts from clients and the implications for client safety; and
- Preferred means of contacting the psychologist in an emergency.

The Complex Interface Between Social Media Use and Standards of Practice

As detailed in the Board's *Guidance Document on Electronic Communications and Telepsychology*, the Board of Psychology's Standards of Practice apply directly to the psychologist's social media behaviors. Specific examples follow:

- Preserving confidentiality makes it advisable to
 - Become familiar with and use all available privacy settings on social media platforms;
 - Use trusted and secure networks to access social media accounts;
 - Use encryption if sending protected and private information over social media;
 - Train all staff with any responsibility for assistance in managing a social media account;
 - Consider the potential for an enormously wide audience in all aspects of internet usage; and
 - Not share personal devices, or if devices are shared, ensure that no family member can access any Protected/Personal Health Information (PHI) stored on your device.
- Providing informed consent makes it advisable to
 - Explain benefits (immediate, ever-present, large audience) and risks (disguised identities, miscommunication, misinformation) associated with social media use; and
 - Inform clients about location-tracking apps that could notify others that the client is at the psychologist's office.
- Avoiding multiple relationships makes it advisable to
 - Avoid conflicts of interest in social media use;
 - Manage responsibility for who may access accounts; and
 - Keep personal and professional accounts separate.
- Assuring professional competence makes it advisable to
 - Maintain current knowledge of privacy settings for any social media page on which you post; and
 - Keep abreast of ever-changing technological and practice risks associated with social media use.
- Honest and accurate professional representation to the public makes it advisable to
 - Clarify on social media sites the jurisdiction(s) in which you are licensed or intending to practice through PSYPACT.
 - Represent yourself accurately on the internet and through social media in Virginia and in any other jurisdiction into which you may practice; and
 - Assure that all information regarding credentials, published research findings, curriculum vitae, and other professional representations are neither fraudulent nor misleading.

Further Considerations in the Use of Social Media

Guidance Document: 125-11

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Extensive literature exists on the proper use of social media, and psychologists are best advised to consult the references at the end of this document and a great deal of other relevant professional information for more detail than it is practical to provide here. Key considerations from that literature include the following:

- Use only trusted and secure WiFi networks to access practice-related websites;
- Conduct a regularly scheduled risk analysis and ongoing evaluation of data and platform security, maintain website information accuracy, use strong password and data encryption updates, vet of third-party services, and assure client de-identification;
- Maintain adequate technology training for self and all employees;
- Take precautions to prevent damage, theft, or loss of equipment that contains sensitive information;
- Encrypt and frequently back up all stored sensitive information; and
- Use virus protection.

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- ASPPB Social Media Task Force (SMTF) (October 9, 2020). Guidelines for the Use of Social Media by Psychologists in Practice and by Psychology Regulatory Bodies. Association of State and Provincial Psychology Boards. <https://www.asppb.net/page/SMGuidelines>

Guidance Document: 125-11

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