



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

Andy Beshear
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone (502) 782-8812
Fax (502) 564-4818
<http://psy.ky.gov>

August 3, 2020

MEMORANDUM

To: All Licensees and Applicants for Licensure
From: Kentucky Board of Examiners of Psychology
Date: August 3, 2020
Subject: COVID-19 Response and SB 150

The Kentucky Board of Examiners of Psychology (KBEP) understands the importance of ensuring continuity of quality mental health care and meeting the needs of our Commonwealth's psychology workforce. We recognize the COVID19 state of emergency is our TEMPORARY normal and more communication is necessary for all involved stakeholders. KBEP has received many inquiries about the field of psychology and the accommodations needed by licensees as well as the individuals seeking psychological services. We are in the position of balancing existing laws with executive orders and making interim changes. Further, Senate Bill 150 allows a board to waive or suspend administrative obligations required to engage in the business regulated by the board during the current state of emergency. All of the Executive Orders, including the Healthy at Work Executive Orders and the Cabinet for Health and Family Services Orders, are available at <https://healthyatwork.ky.gov>, and Senate Bill 150 can be found at <https://apps.legislature.ky.gov/recorddocuments/bill/20RS/sb150/bill.pdf>. We are working hard to restructure basic board functions and to stay current with national trends to ensure Kentuckians are supported by qualified mental health professionals. One way of doing so is through KBEP's membership in the Association of State and Provincial Psychology Boards (ASPPB). [ASPPB](#) assists psychology regulatory bodies throughout Canada and the United States.

KBEP meets once a month. Prior to COVID19 mandated precautions, meetings were held in Frankfort, Kentucky. Since COVID19 precautions, virtual meetings are held, but remain open to the public. Between meetings, Board members volunteer their time maintaining and improving board functions while remaining in their existing occupations. To learn more about who sits on and supports the KBEP Board, click [here](#).

In an effort to provide more information to licensees and the public, the following questions and answers are published as a reference to our state of emergency temporary modifications and existing laws.

What are the short term and long term parameters under which nonresident psychologists can practice in the state of Kentucky?

- Nonresident practitioners may practice telehealth in the Commonwealth of Kentucky during the declared state of emergency by completing the Temporary Telehealth Registration found at <http://psy.ky.gov>. For this registration, there is no fee, but it requires upload of the following: 1) a signed and notarized affidavit, found [here](#); and 2) a copy of an existing, active license.
- Following the state of emergency, practitioners may practice 30 individual (not consecutive) days or less by completing and submitting the Nonresident Registration Form found [here](#).
- For practitioners who are practicing only in response to a declared disaster per 201 KAR 26:215 Section 8, the \$100 fee is waived along with the requirement to submit licensure verification.

What number of continuing education hours need to be conducted in-person per licensing period? Are those requirements now suspended or will licensees be expected to complete those within 90 days after the state of emergency?

- The Board voted to remove the maximum limits of CE hours that can be earned via the equivalencies set forth in 201 KAR 26:175 Section 7, which includes graduate-level course work and teaching, home study or internet-based courses, and interactive videoconferencing. **Essentially, this allows licensees to complete all of their CE**

requirements via remote means and removes any in-person requirement. This is only in effect during the licensee's three-year renewal period affected by COVID-19.

- There is a continued requirement for 39 continuing education hours (approved by the board) within each three (3) year renewal period. This includes a minimum of three (3) hours in either ethical practice or risk management with each three (3) year renewal period and six (6) hours of continuing education in suicide assessment, treatment, and management within the first year of licensure and every six (6) years thereafter.
- Any and all deadlines for obtaining continuing education course credits are hereby suspended until ninety (90) days after the state of emergency is lifted.
 - (a) Any continuing education course approved as an in person, face-to-face course shall remain approved if to be presented by electronic media, so long as the content and the qualifications of the presenter remain the same as previously approved.
 - (b) Any deadlines for the review and approval of continuing education courses for providers and sponsors are suspended until the state of emergency is lifted.

Can clinical supervision occur across state lines?

- If the supervision is of a licensee, both the supervisor and supervisee need to be registered or licensed to practice in Kentucky.
- If the supervision is of a student, only the supervisor needs to be registered or licensed to practice in Kentucky.

What accommodations are the Board making to grant licenses to new licensees? When will the Board restart administration of exams?

- During the state of emergency, the Board has restructured the administration of the jurisprudence and competency exams to use an online format.
- The Board is working with other governmental entities to roll out the tests August, 2020.
- Both the jurisprudence and competency exams will require an endorsement by applicants which governs the integrity of the testing process.

Under what circumstances can psychology students practice telehealth while in the state of emergency?

- Students are able to practice telehealth under a supervisor registered or licensed to practice in Kentucky.

What is the Board’s position on teleassessment?

As society moves back and forth between abstinence (stay at home) and harm-reduction (safe at work) models, psychologists are learning to adjust their COVID-19 practices. In the area of assessments, there are times when the benefits of teleassessment outweigh the risk of in-person administration, delaying assessment or abandoning assessment altogether.

KBEP cannot provide a list of psychological tests that are or are not “allowed” through teleassessment. The mere selection of one test may be appropriate for one consumer and/or particular referral question. Instead, during this pandemic, when the health of one another requires precautions, clinicians may approach psychological assessment through:

- A. In-Person Typical Administration when it is healthy to do so;
- B. In-Person Modified Administration through use of PPE, greater reliance on in-person technology, hybrid models, restricted use of manipulatives, atypical social distancing or other accommodations; and/or
- C. Remote Teleassessment Administration.

All three modalities will require a risk analysis that will be highly case-specific, region-specific, practice-specific, clinician-specific. There is no one model that should govern all approaches to assessment. Instead, KBEP suggests clinicians consider the following:

1. KBEP expects teleassessment to support consumer wellbeing. Teleassessment can be useful when administered properly as the test publisher promotes and when the clinician’s professional judgement determines such is indicated and follows ethical guidelines. For many mental health consumers, previous testing may be available for comparison or reuse;

however, for other consumers, teleassessment may augment or make available services that assist in their overall well-being. For them, access to teleassessment may be beneficial when properly conducted and should not automatically be ruled out. KBEP strongly encourages clinicians who utilize teleassessment to address contraindications, as noted above, particularly in the areas of incompetent use of technology, poor reading comprehension, and/or inability to use manipulatives when necessary.

2. KBEP expects teleassessment to conform to KRS Chapter 319 directives.

3. KBEP expects teleassessment to conform to the test publisher's guidelines. KBEP defers to publishers to determine the proper use and misuse of their materials. Clinicians are trained to understand psychometrics including validity and reliability in both in-person and remote assessment.

4. KBEP expects teleassessment to conform to the standards of psychological practice. KBEP acknowledges standards of practice may be advocated by other organizations. For example, the guidance from the American Psychological Association on testing during the COVID-19 pandemic includes:

A. Maintaining test security. Do not send test materials or stimuli in advance or without the test publisher's guidance in order to protect materials from being photocopied or shared.

B. Keeping test administration as close as possible to in-person administration. Develop rapport, be mindful of the appropriateness of format and session duration with the client. Use audio-visual means to assure that the client is the person completing the test or form and is not photocopying it or otherwise diverting it and is not receiving input from other sources.

C. Be mindful of how an alternate administration may affect the quality of the data. To date, research and evidence for equivalence of testing in a remote, online format compared to a traditional, face-to-face format is limited. It is important to decide whether it is better to proceed with modified assessment procedures in the specific

situation, to use alternative measures that are available to use in a remote format, or to wait until in-person services are again feasible.

- D. Consider test and subtest substitutions. Most tasks with manipulatives will not be able to be administered with telehealth. What other tasks that are available tap the same constructs in similar ways and might be substituted?
 - E. Widen “confidence intervals” regarding conclusions and clinical decisions. All psychological testing involves the integration of data with clinical judgment and knowledge of the individual. Integrating test data derived from non-standardized administration procedures broadens the margin of error and should be taken into account in reaching conclusions and making recommendations.
 - F. Maintain the same ethical standards of care. Provide informed consent, seek consultation from colleagues, be aware of the implications of computer use on those with less skill and exposure to computers, assure that the test report includes a description of the telehealth usage and administration.
5. KBEP expects teleassessment to be given the proper weight and importance in the overall services provided to consumers. KBEP understands psychological testing to be only one component of psychological evaluation and/or treatment planning. KBEP does NOT endorse the use of testing alone to diagnose or otherwise classify a consumer in areas of benefits and services. KBEP promotes a comprehensive review of consumer history and relevant data that gives context to the results of psychological testing, regardless of the mode of administration, via teleassessment or traditional.

Jean A. Deters, Psy.D.

JEAN DETERS, PSY.D.
BOARD CHAIR