

RELATE INSIGHTS

The Case for Telepsychology and its Adoption in Malaysia

Chua Sook Ning

Relate Mental Health Malaysia



RELATE
MALAYSIA

ISSUE: 2020 / NO. 02 / ISSN 2773-5818 (ONLINE)

RELATE INSIGHTS

Malaysia | July 2020

Moving Mental Health Forward: The Case for Telepsychology and its Adoption in Malaysia

-

Chua Sook Ning

Relate Mental Health Malaysia

Executive Summary

1. The COVID-19 pandemic has led to an increased use of telepsychology in Malaysia.
2. There is clear evidence indicating that certain forms of telepsychology are as effective as standard face-to-face psychotherapy. Telepsychology is also a cost-effective means of delivering psychological services to meet the growing mental health needs in Malaysia.
3. We recommend a systematic development of evidence-based telepsychology practices in Malaysia through high-quality efficacy research, accessible standardized graduate-level training, and clear guidelines and regulations to ensure ethical and competent delivery of telepsychology services.

Suggested citation: Chua, S.N. (2020, September). *Moving Mental Health Forward: The Case for Telepsychology and its Adoption in Malaysia*. Relate Insights 2020/02. Relate Mental Health Malaysia. <https://relate.com.my/relate-insights-no-2-moving-mental-health-forward-the-case-for-telepsychology-and-its-adoption-in-malaysia/>

The efficacy of telepsychology and recommendations for Malaysia

The COVID-19 pandemic has hastened the adoption of online psychological interventions in Malaysia as a means to provide mental health care remotely. The expansion of its use has raised concerns about the ethical practices and efficacy of online interventions. This paper presents evidence that online therapy—commonly referred to as telepsychology—can indeed be as effective as face-to-face therapy when it is used appropriately.

While telepsychology may be a relatively new practice in Malaysia, it has been practised in the West for more than 20 years. In 1993, the American Telemedicine Association (ATA) was founded to promote access to health services through telecommunications (telehealth). In 2013, the American Psychological Association (APA) formally recognized telepsychology by publishing a set of guidelines for its practice. The APA defined telepsychology as “the provision of psychological services using telecommunication technologies”, which include videoconferencing, email, online instant messaging and telephone. This umbrella term includes synchronous or “real-time” communication (e.g., videoconferencing) and asynchronous communication (e.g., through email or an online bulletin board). As more and more people turned to telepsychology, there has been an increased emphasis on developing and implementing telehealth competency frameworks to ensure that effective and ethical care is provided by mental health professionals.²

Telepsychology is not limited to the practice of psychotherapy, as it may also include activities such as reminders for appointments or medication. However, this paper will focus on recent research done on online psychotherapy and discuss a telepsychology case study in Malaysia.

What is psychotherapy?

Psychotherapy is defined as “a primarily interpersonal treatment that is (a) based on psychological principles, (b) involves a trained therapist and a client who is seeking help for a mental disorder, problem or complaint, (c) is intended by the therapist to be remedial for the client’s disorder, problem or complaint and (d) is adapted or individualized for the particular client and his or her disorder, problem or complaint (p. 37).”³ It is recognized to be an efficacious treatment for mental health conditions,⁴ and is recommended by the U.K.’s national health guidelines as the first-line treatment for subclinical to moderately severe common conditions such as depression, anxiety disorders, obsessive-compulsive disorders, and post-traumatic stress disorder.⁵ Psychotherapy is also recommended to be used in combination with medication for the treatment of serious mental illnesses including bipolar disorder, psychosis, and schizophrenia.⁶

Common forms of telepsychology

1. Videoconferencing psychotherapy (VCP) is perhaps the most popular and easily recognized form of online treatment. It simply replaces an in-person therapy session with a virtual session, using an online videoconference platform such as Zoom or Skype. VCP closely resembles traditional face-to-face psychotherapy in delivery. A key success factor in any psychotherapy is the collaboration between the client and the therapist, known as the working alliance. A strong working alliance consists of a secure and positive therapist-client relationship, along with agreement on the goals of therapy and how to achieve those goals. The research suggests that a strong effective working alliance can be built through VCP,⁷ albeit not as strong as in face-to-face.⁸ More importantly, the relative difference in working alliance does not compromise the high efficacy of VCP.⁹⁻¹² It should

be noted that psychotherapy delivered by text messaging is found to be inferior to both VCP and telephone-delivered psychotherapy.¹³

2. Another increasingly popular form of telepsychology is internet-delivered psychological treatment. Unlike VCP, internet treatment is a structured self-help therapy program, delivered through a prescribed set of text or video modules.¹⁴ Therapist-guided internet programs are superior to unguided programs, with better outcomes and lower dropout rates.¹⁵ Internet treatments differ from psychotherapy through text messaging, which tends to consist of spontaneous conversation between client and therapist through a chat program, rather than a structured evidence-based program. Most research on the efficacy of internet-delivered psychotherapy has focused on the delivery of cognitive behavioural therapy (CBT). Internet-delivered CBT (iCBT) follows the same treatment program as traditional face-to-face CBT in terms of content and therapy homework but with limited therapist contact. iCBT has been found to be as equally effective as face-to-face psychotherapy for the treatment of depression, panic disorder, and social phobia.¹⁶⁻²⁰ It should not be used for treatment of serious mental health conditions.²¹

3. Research studies on mobile apps are generally of lower quality and recent reviews suggest that there is just not enough data to support the efficacy of smartphone apps for mental health.²²⁻²⁴ They may be considered as tools to support standard psychotherapy or psychiatric treatment between sessions, for example by reminding clients of action plans and prompting them to take their medication.

Table A-1 in the Appendix reports a selection of recent reviews on the efficacy of common platforms of telepsychology. For further details, Division 12 of the American Psychological Association has published a list of peer-reviewed papers on the efficacy of telepsychology for specific mental health conditions.²⁵

In sum, the evidence indicates that not all forms of telepsychology are equal in efficacy. There is evidence that VCP is equally as effective as face-to-face therapy. If psychotherapy is to be internet-delivered, the program should be structured to deliver treatment content through text or video via a secure web platform, with reliable and valid assessment procedures.²⁶ Mobile apps should not be offered as standalone interventions. Efficacy of telepsychology should not be assumed without a careful evaluation of the current research, technology platform, needs of the client, and competency of the therapist.

Competencies and best practices

The growing number of practitioners and the lack of established evidence-based practices led to the formation in 2011 of the U.S.-based Coalition for Technology in Behavioral Science (CTiBS), which published a set of interprofessional telebehavioral health competencies in 2017.²⁷ The seven competency domains and corresponding competency levels are listed in Appendix Table A-2.²⁸ As there are no telepsychology competency assessments yet in Malaysia, the CTiBS competency framework is a useful reference for mental health practitioners and the relevant licensing and regulatory boards (e.g., Lembaga Kaunseling Malaysia) as telepsychology develops in Malaysia.

Best practices of psychotherapy and telepsychology, as gathered from a variety of sources, can be summarized as follows.

1. It is recommended that psychotherapy be offered at least once a week as there is a dose-response relationship, with recovery being exponentially faster with increased frequency.^{29,30} About 13 to 18 sessions of psychotherapy are needed for 50% of clients to improve.³¹

2. There is also clear evidence that psychometrically sound assessment, which systematically evaluates patient outcomes and progress throughout treatment, improves recovery rates and reduces deterioration rates.^{32,33} Importantly, this is especially beneficial for clients who are predicted to have poor outcomes. Furthermore, since therapists tend to overestimate their clinical skill and performance,³⁴ treatment monitoring is especially necessary in the practice of telepsychology, given the technological and clinical challenges.
3. The efficacy of psychological treatment depends, in large part, on how the therapist delivers the treatment. Therapists who have high facilitative interpersonal skills (which include warmth, empathy, and emotional expression) are better able to build a strong working alliance and have better therapy outcomes than those who have low facilitative skill.³⁵
4. As therapeutic skills in standard face-to-face sessions do not automatically translate to online therapy,³⁶ therapists must receive specialized training to ensure technical, clinical and relational competency. Topics covered should include managing technical issues during sessions, and building a strong therapeutic alliance online.
5. Mental health service providers must address privacy, confidentiality, and internet security issues of online psychotherapy. For instance, recent incidents of “Zoom bombing” have highlighted the importance of taking active steps to protect the clients’ data and privacy.
6. Telepsychology may not be suitable for every client. Mental health service professionals must assess its appropriateness for the client in order to justify its use, considering (for example) the client's clinical needs, preferences, physical setting, access to required technologies and ability to use them. The CTiBS does not recommend telepsychology for clients who are severely depressed, anxious, agitated or psychotic.

A case study

Relate Malaysia, a not-for-profit mental health organization, has offered VCP services to Malaysians country-wide since 2018. Most clients have received psychotherapy services from graduate students completing their Masters in Clinical Psychology or Counselling Psychology. Individual supervision is provided weekly or biweekly and group supervision is provided once a month. Supervision is provided by a clinical psychologist trained in cognitive behavioural therapy and emotion-focused therapy. Every client is assessed using the Structured Clinical Interview for DSM-5 (SCID-5) over two sessions, after which, appropriate treatment recommendations are provided based on the diagnostic assessment. Therapy progress is measured using the OQ-45, a validated outcome questionnaire that evaluates recovery throughout treatment. The items on the OQ-45 assess the client's interpersonal functioning, symptom distress, and social role functioning.³⁷

Of the 118 clients who received a SCID-5 assessment with Relate Malaysia, 70 (59.3%) continued in therapy for at least two sessions or more. The average number of sessions received was 11 (median = 9.50). Base outcome rates found in conventional face-to-face clinical care and Relate Malaysia's outcome rates are reported and compared in Table 1.³⁸ Among clients who received two sessions or more of Relate Malaysia's online psychotherapy, 57.1% showed significant improvement: either "reliable change" or "recovery." The figures compare favorably to those from conventional care. Interestingly, clients who completed only the SCID-5 assessment did experience some benefit from talking to a psychologist, although as expected, the rates of improvement are significantly lower than those for clients who received online psychotherapy.

Table 1. Conventional in-person psychotherapy compared to online care through Relate Malaysia.

Client outcome	Base rates for face-to-face psychotherapy	Relate Malaysia (SCID-5 only; n = 48)	Relate Malaysia with therapy (n = 70)
Deterioration	8%	12.5%	1.4%
No reliable change	56.8%	48.3%	41.4%
Reliable change	20.9%	14.6%	27.1%
Recovery	14.1%	14.6%	30%

Note. Reliable change is defined as a positive clinically significant change in OQ-45 scores. Recovery is defined as a reliable change in scores with a final score below clinical cut-off. Deterioration is defined as a negative clinically significant change in scores.

Summary

Despite the hesitation of many mental health professionals to embrace telepsychology, there is sufficient evidence that supports the efficacy of some forms of telepsychology for common mental health conditions, namely VCP and structured therapist-guided self-help programs. As mental health resources are low in Malaysia, telepsychology promises to be a cost-effective way to serve the mental health needs of the community. Importantly, telepsychology offers accessible services to individuals who have limited mobility or time, or are geographically restricted. It also allows clients to receive help with a greater assurance of privacy and confidentiality, as sessions can be held within the privacy of the home. Given the rapid development of technology, and the exponential increase in demand for mental health services in Malaysia, it is only a matter of when Malaysia adopts telepsychology. Thus, Malaysia needs to invest in building a

proper infrastructure of telepsychology now by producing high-quality efficacy research, offering telepsychology training, and developing clear guidelines and regulations to ensure ethical and competent delivery of telepsychology services.

Recommendations

1. A national task force should be formed to develop telepsychology guidelines for mental health professionals. The guidelines should address important aspects and considerations for providing psychological services through all commonly available telecommunication technologies.
2. Clear guidelines on how telepsychology should be practiced according to current regulations should be provided to mental health professionals. For instance, how should health information be protected by mental health professionals and telepsychology technologies according to the Personal Data Protection Act 2010? What are the parameters of interjurisdictional telepsychology practice?
3. Standardized graduate-level courses in telepsychology should be developed and integrated into graduate and continuing professional education programs, with an aim of producing competent, evidence-based practitioners.³⁹

References

1. Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68, 791-800.
2. Maheu, M. M., Drude, K. P., Hertlein, K. M., & Hilty, D. M. (2018). A framework of interprofessional telebehavioral health competencies: Implementation and challenges moving forward. *Academic Psychiatry*, 42, 825-833.
3. Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work (2nd ed.)*. Routledge/Taylor & Francis Group.
4. Wampold, B. E. (2019). *The basics of psychotherapy: An introduction to theory and practice*. American Psychological Association.
5. NICE (National Institute for Health and Care Excellence). *Common mental health problems: Identification and pathways to care*. <https://www.nice.org.uk/guidance/cg123>
6. NICE. *Severe mental illness*. <https://www.nice.org.uk/guidance/cg192/ifp/chapter/Severe-mental-illness>
7. Simpson, S. G., & Reid, C. L. (2014). Therapeutic alliance in videoconferencing psychotherapy: A review. *Australian Journal of Rural Health*, 22, 280-299.
8. Norwood, C., Moghaddam, N. G., Malins, S., & Sabin-Farrell, R. (2018). Working alliance and outcome effectiveness in videoconferencing psychotherapy: A systematic review and noninferiority meta-analysis. *Clinical Psychology & Psychotherapy*, 25, 797-808.
9. Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., Rice-Thorp, N. M., Lohr, J., & Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services*, 9, 111-131.
10. Berryhill, M. B., Culmer, N., Williams, N., Halli-Tierney, A., Betancourt, A., Roberts, H., & King, M. (2019). Videoconferencing psychotherapy and depression: A systematic review. *Telemedicine and e-Health*, 25, 435-446.
11. Berryhill, M. B., Halli-Tierney, A., Culmer, N., Williams, N., Betancourt, A., King, M., & Ruggles, H. (2019). Videoconferencing psychological therapy and anxiety: A systematic review. *Family Practice*, 36, 53-63.
12. Olthuis, J. V., Wozney, L., Asmundson, G. J., Cramm, H., Lingley-Pottie, P., & McGrath, P. J. (2016). Distance-delivered interventions for PTSD: A systematic review and meta-analysis. *Journal of Anxiety Disorders*, 44, 9-26.

13. Varker, T., Brand, R., Ward, J., Terhaag, S. & Phelps, A. (2019). Efficacy of Synchronous Telepsychology Interventions for People With Anxiety, Depression, Posttraumatic Stress Disorder, and Adjustment Disorder: A Rapid Evidence Assessment. *Psychological Services, 16*, 621-635.
14. Barak, A., Klein, B., & Proudfoot, J. G. (2009). Defining internet-supported therapeutic interventions. *Annals of Behavioral Medicine, 38*, 4-17.
15. Webb, C. A., Rosso, I. M., & Rauch, S. L. (2017). Internet-based cognitive behavioral therapy for depression: Current progress & future directions. *Harvard Review of Psychiatry, 25*(3), 114-122.
16. Andrews, G., Basu, A., Cuijpers, P., Craske, M. G., McEvoy, P., English, C. L., & Newby, J. M. (2018). Computer therapy for the anxiety and depression disorders is effective, acceptable and practical health care: an updated meta-analysis. *Journal of Anxiety Disorders, 55*, 70-78.
17. Arnberg, F. K., Linton, S. J., Hultcrantz, M., Heintz, E., & Jonsson, U. (2014). Internet-delivered psychological treatments for mood and anxiety disorders: A systematic review of their efficacy, safety, and cost-effectiveness. *PLoS ONE, 9*(5), Article e98118.
18. Olthuis, J. V., Watt, M. C., Bailey, K., Hayden, J. A., & Stewart, S. H. (2016). Therapist-supported internet cognitive behavioural therapy for anxiety disorders in adults. *Cochrane Database of Systematic Reviews, 3*.
19. Sijbrandij, M., Kunovski, I., & Cuijpers, P. (2016). Effectiveness of internet-delivered cognitive behaviour therapy for posttraumatic stress disorder: A systematic review and meta-analysis. *Depression and Anxiety, 33*, 783-791.
20. Vigerland, S., Lenhard, F., Bonnert, M., Lalouni, M., Hedman, E., Ahlen, J., Olen, O., Serlachius, E. & Ljótsson, B. (2016). Internet-delivered cognitive behaviour therapy for children and adolescents: A systematic review and meta-analysis. *Clinical Psychology Review, 50*, 1-10.
21. Naslund, J. A., Marsch, L. A., McHugo, G. J., & Bartels, S. J. (2015). Emerging mHealth and eHealth interventions for serious mental illness: A review of the literature. *Journal of Mental Health, 24*, 321-332.
22. Linardon, J., Cuijpers, P., Carlbring, P., Messer, M., & Fuller-Tyszkiewicz, M. (2019). The efficacy of app-supported smartphone interventions for mental health problems: A meta-analysis of randomized controlled trials. *World Psychiatry, 18*, 325-336.
23. Lui, J. & David, M. & Barry, C. (2017). Evidence-based apps? A review of mental health mobile applications in a psychotherapy context. *Professional Psychology: Research and Practice, 48*, 199-210.

24. Weisel, K.K., Fuhrmann, L.M., Berking, M. et al. (2019). Standalone smartphone apps for mental health—a systematic review and meta-analysis. *Npj Digital Medicine*, 2, 118.
25. Division 12 APA. *Telepsychology resources*. <https://www.div12.org/telepsychology-resources>.
26. Andersson, G. (2016). Internet-delivered psychological treatments. *Annual Review of Clinical Psychology*, 12, 157-179.
27. Maheu, M.M., Drude, K.P., Hertlein, K.M. & Hilty, D.A. (2018). A framework of interprofessional telebehavioral health competencies: Implementation and challenges moving forward. *Academic Psychiatry*, 42, 825–833.
28. Maheu, M.M., Drudge, K.P. Merrill, C.A., Callan, J.E. & Hilty, D.A. *Telebehavioral health: Foundations in theory and practice for graduate learners*. Cognella Academic Publishing: San Diego.
29. Brujniks, S., Lemmens, L., Hollon, S. D., Peeters, F., Cuijpers, P., Arntz, A., Dingemans, P., Willems, L., van Oppen, P., Twisk, J., van den Boogaard, M., Spijker, J., Bosmans, J., & Huibers, M. (2020). The effects of once- versus twice-weekly sessions on psychotherapy outcomes in depressed patients. *The British Journal of Psychiatry*, 216, 222–230.
30. Erekson, D. M., Lambert, M. J., & Eggett, D. L. (2015). The relationship between session frequency and psychotherapy outcome in a naturalistic setting. *Journal of Consulting and Clinical Psychology*, 83, 1097-1107.
31. Hansen, N. B., Lambert, M. J., & Forman, E. M. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice*, 9, 329-343.
32. Tasca, G. A., Angus, L., Bonli, R., Drapeau, M., Fitzpatrick, M., Hunsley, J., & Knoll, M. (2019). Outcome and progress monitoring in psychotherapy: Report of a Canadian Psychological Association Task Force. *Canadian Psychology/Psychologie Canadienne*, 60, 165-177.
33. Lambert, M. J., Whipple, J. L., & Kleinstäuber, M. (2018). Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring. *Psychotherapy*, 55, 520-537.
34. Walfish, S., McAlister, B., O'Donnell, P., & Lambert, M. J. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports*, 110, 639-644.
35. Wampold, B. E. (2019). *The basics of psychotherapy: An introduction to theory and practice*. American Psychological Association.

36. Mallen, M.J., Vogel, D.L. & Rochlen, A.B. (2005). The practical aspects of online counseling: Ethics, training, technology, and competency. *The Counselling Psychologist*, 33, 776–818.
37. Lambert, M. J., Gregersen, A. T., & Burlingame, G. M. (2004). *The Outcome Questionnaire-45*. In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment: Instruments for adults* (p. 191–234). Lawrence Erlbaum Associates Publishers.
38. Hansen, N. B., Lambert, M. J., & Forman, E. M. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice*, 9, 329-343.
39. Johnson, G. R. (2014). Toward uniform competency standards in telepsychology: A proposed framework for Canadian psychologists. *Canadian Psychology/Psychologie canadienne*, 55, 291-302.

Appendix

Table A-1. Research Studies on the Efficacy of Various Forms of Telepsychology

Studies/Forms of Telepsychology	Mental health conditions	Findings
Research on VCP (videoconference psychotherapy)		
Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., ... & Thorp, S. R. (2012)	Common mental health conditions	Moderate to strong efficacy
Berryhill, M. B., Culmer, N., Williams, N., Halli-Tierney, A., Betancourt, A., Roberts, H., & King, M. (2019).	Mood disorders	Moderate to strong efficacy
Berryhill, M. B., Halli-Tierney, A., Culmer, N., Williams, N., Betancourt, A., King, M., & Ruggles, H. (2019).	Anxiety disorders	Moderate efficacy
Olthuis, J. V., Wozney, L., Asmundson, G. J., Cramm, H., Lingley-Pottie, P., & McGrath, P. J. (2016).	PTSD	High efficacy
Varker, T., Brand, R. M., Ward, J., Terhaag, S., & Phelps, A. (2019).	Common mental health conditions	Moderate efficacy for videoconferencing and telephone delivered interventions. Insufficient evidence for text messaging based interventions.
Efficacy of Internet delivered CBT (iCBT)		
Arnberg, F. K., Linton, S. J., Hultcrantz, M., Heintz, E., & Jonsson, U. (2014).	Mood and anxiety disorders	Moderately effective
Andrews, G., Basu, A., Cuijpers, P., Craske, M. G., McEvoy, P., English, C. L., & Newby, J. M. (2018).	Mood and anxiety disorders	High efficacy
Olthuis, J. V., Watt, M. C., Bailey, K., Hayden, J. A., & Stewart, S. H. (2016).	Anxiety disorders	High efficacy
Sijbrandij, M., Kunovski, I., & Cuijpers, P. (2016).	PTSD	Moderate efficacy
Vigerland, S., Lenhard, F., Bonnert, M., Lalouni, M., Hedman, E., Ahlen, J., ... & Ljótsson, B. (2016).	Common mental health conditions among children and adolescents	Moderate efficacy
Naslund, J. A., Marsch, L. A., McHugo, G. J., & Bartels, S. J. (2015).	Serious mental health conditions	Insufficient evidence of efficacy

Efficacy of smartphone apps for mental health		
Linardon, J., Cuijpers, P., Carlbring, P., Messer, M., & Fuller-Tyszkiewicz, M. (2019).	Common mental health conditions	Moderate efficacy when apps are used as an adjunct intervention to psychotherapy
Lui, J., David, M., & Barry, C. (2017).	Common mental health conditions	Insufficient empirical support. Further research required.
Weisel, K.K., Fuhrmann, L.M., Berking, M. et al.	Common mental health conditions	There is a lack of evidence to support the efficacy of standalone smartphone apps for mental health, and this approach cannot be recommended based on current evidence.

Table A-2. CTiBS Competency Domains for Telepsychology

Domains	Description
1. Clinical Evaluation and Care	Telebehavioural professionals can demonstrate how to make evidence-based decisions in the best interest of clients.. They can demonstrate working knowledge, skills and attitudes relevant to telebehavioural clinical issues as they pertain to evaluation and care as it relates to in-person or technology-based intake, triage, assessment, diagnosis, and therapeutic services across the client/patient lifespan; cultural, linguistic, socioeconomic and other characteristics related to diversity and appropriate documentation.
2. Virtual Environment and telepresence	Telebehavioural professionals can demonstrate how to apply appropriate techniques to maximize therapeutic atmosphere in both physical and virtual environments as well as minimize distraction and interruptions. Professionals can show how to approximate an in-person relationship and foster spontaneity through telebehavioural practice.
3. Technology	Telebehavioural professionals can demonstrate how to make informed decisions that reflect understanding their own and their clients preferences for and experience with using technology. Professionals are responsible for understanding how to responsibly use the technology they choose and can demonstrate a functional knowledge of its strengths, applications and limitations e.g., privacy, confidentiality, data integrity and security.
4. Legal and regulatory issues	Telebehavioural professionals are aware of and can demonstrate adherence to relevant federal, state/provincial, and local laws, regulations and policies/procedures regarding Telebehavioural practice components e.g., issues such as privacy, confidentiality, data protection/integrity and security. They can also demonstrate adherence to relevant mandated reporting, informed consent and documentation requirements. They are able to demonstrate compliance with legal technology-related mandates, including

	the appropriate use of business associate agreements.
5. Evidence-based and ethical practice	Telebehavioural professionals are aware of and can demonstrate adherence to Telebehavioural interprofessional and discipline-based professional standards, guidelines, consensus and evidence-based documents based on domestic and/or international practice. Telebehavioural professionals can also demonstrate adherence to professional boundaries and other best practice guidelines relevant to a virtual setting when engaging in social media and digital information collection sources. Professionals develop written social media and digital information policies and discuss them with clients as appropriate.
6. Mobile health technologies including applications (apps)	Telebehavioural professionals choosing to work with mobile health technologies including apps can demonstrate how they are used in accordance with therapeutic goals, how they can have distinct positive and/or negative effects on the therapeutic relationship based on evidence, can demonstrate how they adhere to and apply to relevant professional standards and state/provincial and/or federal law; help clients select options based on evidence; demonstrate an understanding of the privacy limitations of mobile technologies utilized/recommended and discuss these with clients.
7. Telepractice development	Telebehavioural professionals can demonstrate how to use telepsychology and other forms of telecommunication technology to create and maintain one's professional identity and to engage the community at large e.g., soliciting testimonials from current or former patients/clients, in accordance with local, state/provincial and federal regulations and professional association standards. Professionals can show how to ensure the accuracy and validity of information disseminated.