



The Trust's Statement on In-person Psychological Services During the COVID-19 Crisis

The COVID-19 crisis has deeply affected all of us – psychologists, patients/clients, family members and indeed, the whole world. The essential concern we all have is for the safety of those we serve, those we love, and those in our communities. Practicing psychologists' core motivation is to serve, and some believe that the best way to do so is to continue to provide in-person care. We at The Trust understand that motivation. We also believe that protecting those we serve is our primary obligation.

It is our view that providing in-person services during this crisis will add significant risk to patients/clients, providers, and the broader community. Our advice is that if telepsychology is available as an alternative, it is very risky not to use it in the absence of very significant clinical or logistical contraindications. These risks are, of course, to life and to health; but they also include malpractice claims, licensing board complaints, and other government investigatory and enforcement processes.

As such, we urge psychologists to exercise substantial caution in their decision-making processes when considering whether to proceed with in-person care. In some cases these risks might be lessened to an extent, but if adverse outcomes ensue, it will be more difficult to defend the use of in-person services when there are less risk-laden, though perhaps less preferable, alternatives available through telepsychology. If harm occurs, a well thought out justification for the decision will be essential. Simply stating that in-person psychotherapy or assessment is superior to remote services will not be sufficient, even if there is patient/client consent. In contrast, the justification of working in a low income, low technology area where telepsychology services are not practical, for example, may be acceptable if the need for services is significant and immediate. Psychological services are important but have to be balanced against the risk of contracting a potentially fatal disease.

In addition, our strong recommendation is that professionals who are considering continuing in-person services during this time engage in (a) consultation, (b) a thoughtful ethical and risk analysis process, (c) careful articulation of their reasoning and conclusions for their chosen course of action, and (d) a thorough informed consent process with patients/clients, with a special focus on the risks and benefits of in-person vs. remote care. ***All these steps should be very carefully documented.*** We believe there are a number of factors that should be considered before this decision is made. These considerations include, but are not limited to:

1. Each patient's/client's and immediate family members' health risk categories (this does not require a medical assessment, but rather reasonable knowledge of CDC and WHO identified risk factors).
2. The health risk categories of the psychologist's staff and immediate families.
3. The health risk categories of the psychologist and their own families.
4. The COVID-19 infection and fatality rates in the psychologist's community.
5. The practical capacity of the psychologist to protect patients/clients and staff, as well as themselves, according to CDC and WHO guidelines.
6. Whether local and/or state emergency and shelter-in-place orders are currently in effect.
7. Whether psychologists are deemed essential or critical workers in their jurisdictions (although the mere fact of being exempted from shelter-in-place orders will not substantially mitigate risk if there are viable alternatives to in-person contacts, and adverse outcomes occur).
8. Whether, in the psychologist's jurisdiction, legal immunities have been put in place, or there has been an official relaxation of professional liability standards (in some jurisdictions, psychologists are considered front-line health providers and may have these kinds of protections).
9. A determination by the psychologist that the patient's/client's need for services cannot be adequately met through another method besides in-person care.

Please note that the fluid, rapidly evolving nature of the impact and understanding of COVID-19 makes conclusions about how to proceed, at best, tentative. Psychologists are not required to be virologists or epidemiologists; however, as public understandings grow regarding such things as the heightened contagiousness of pre-symptomatic people, psychologists will likely be held to the standard of what a reasonable practitioner in a similar situation knew or should have known, and what that professional would have done.

Please visit The Trust's *COVID-19 Resources for Practitioners* page for informative guides, downloadable documents, on-demand telepsychology and risk management webinars, and more: <https://parma.trustinsurance.com/Resource-Center/COVID-19-Resources>

Also, check out our *Virtual Webinar Series* where our experts tackle the most pressing risk management and telehealth issues facing psychologists during interactive roundtables and chats: <https://parma.trustinsurance.com/Workshops-Webinars/Virtual-Webinar-Series>