

他山之石，可以攻玉：借鏡美國通訊心理服務規範

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摘要

通訊心理服務在台灣並非近幾年才開始有的嶄新服務，然而衛福部（2019）《心理師執行通訊心理諮商業務核准作業參考原則》限縮了我國心理師利用通訊方式執行心理業務的自主權限。因應來自政府的管理措施，社團法人中華民國諮商心理師公會全國聯合會（2022）、台灣輔導與諮商學會（2022），以及臺灣諮商心理學會（2022）彙整國內外專業見解形成通訊心理諮商／心理治療倫理指引。雖然通訊心理服務大大舒緩了民眾 2020 至 2022 年間 Covid-19 疫情期間心理需求，我國政府對於通訊心理服務的規範至 2024 年初仍未依照監察院（2022）報告之建議鬆綁，因此本文旨在介紹美國通訊心理服務的法規環境與其專業倫理指引內涵，希望國內產官學能借鏡其經驗與精神，根據本土民眾需求、最大福祉與權益調整現有法規與教育訓練，使得我們的通訊心理服務環境能將一般民眾對於心理服務的可近性最大化，並同時兼顧專業服務品質和專業長遠發展。文中同時簡介美國諮商心理訓練、證照考試與相關專業組織，借鏡其專業自主發展之精神，建議政府鬆綁現有通訊服務法規並增加資安標準、專業養成系所將通訊心理服務有系統地納入所有訓練課程中，以及專業團體定期辦理本土經驗交流，並以此做為繼續教育訓練和倫理守則修訂之依據。

關鍵詞：美國、倫理指引、通訊心理服務

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壹、緒論

美國衛生與公眾服務部（United States Department of Health and Human Services，簡稱 HHS）的民權辦公室（Office for Civil Rights，簡稱 OCR）於 2023 年 4 月 13 日發佈，自 5 月 11 日起廢止 2020 年 4 月、5 月與 2021 年 2 月鑑於新冠疫情公布的公眾健康危機因應措施，當時的危機因應措施主要內容是針對因應疫情需求而謹慎從事各種通訊診療與治療服務之醫療人員，若其服務方式未使用現有之保密通訊規範（Privacy, Security, Breach Notification, and Enforcement Rules, 簡稱 HIPAA Rules）則不受罰；換言之，此規定正式將美國新冠疫情國家級緊急因應措施終止，回歸常軌。美國政府在通訊心理諮商措施上扮演了什麼角色？美國學界與業界在使用通訊方式因應疫情，以及整體通訊心理諮商發展上又有什麼值得台灣諮商心理界借鏡的精神與做法？本文嘗試從現有資料中嘗試梳理美國的制度，並與台灣制度做比較進行討論。

一、美國心理健康從業人員之教考用制度簡介

要從台灣心理諮商領域的脈絡來梳理美國通訊諮商的法規坦白說不太容易，因為首先要認識其心理專業領域教考訓用的結構，還要放在美國各州有其獨立法規運作的聯邦制下理解，因此或有一些概念可借鏡參考，但無法複製貼上以免淮橘為枳。首先，臺灣的心理師法將心理師的身份定義為醫事人員，故臺灣的通訊心理諮商法規受制於通訊醫療相關法規，只要提供心理服務的人員為諮商心理師或臨床心理師，其所提供的服務皆會被定義為心理師法下定義心理師從事的法定業務。而要討論美國的心理服務，首先要認識美國主要兩大認證系統：由美國諮商學會主導之諮商師系統以及美國心理學會主導之博士級認證心理學家系統。此兩大系統皆為學會主導學校課程系統認證（學會系統），銜接二階段專業考試與畢業前後實習時數認證，最後取得各州州政府認證（政府系統）的執照。簡而言之，在美國心理健康從業人員的教考用是包含學校開課、學會認證學校課程規劃、師資，並加上學會辦理專業考試，以及各州政府辦理最後考試與資格審查後認證等三重步驟。由於各校開課不一，以下將針對學會認證與州政府認證等兩個層次說明，合併其他相關重要專業組織進行介紹：

（一）專業學會認證系統

1. 美國諮商學會及全美諮商及相關教育認證委員會介紹

美國諮商學會（American Counseling Association, n.d.）是全美最大代表專業諮商師的學會，旗下亦有包含兒童與青少年諮商、成人發展、諮商測驗與研究、大專諮商、諮商員教育與督導、多元文化諮商、復健諮商、團體諮商、社會正義諮商、生涯發展、婚

姻與家庭諮商、員工協助諮商等 19 個分會，對於諮商心理學及諮商心理執業標準與發展具有非常大的影響力。美國諮商及相關教育認證委員會（Council for Accreditation of Counseling and Related Educational Programs, 簡稱 CACREP）則是美國諮商員訓練最主要的認證系統，其認證諮商員教育課程（CACREP, 2023）並予以定期評鑑，因此不論是碩博士層級的諮商員訓練，與取得執照者需要在修畢有 CACREP 認證系所之 48-60 小時學分碩博士課程後，再取得為期至少兩年、在督導指導下 3000 小時之諮商工作經驗（包含至少 100 小時接受督導時數），還須取得一份專業人士的推薦信，完成上述條件之後才能進入國家諮商員考試（National Counselor Examination）或臨床心理健康諮商考試（National Clinical Mental Health Counseling Examination），待考試通過後，才能向全美認證諮商師委員會（National Board for Certified Counselors, n.d.）申請認證成為國家認證諮商師（National Certified Counselor），在此基礎之上，還有認證專業諮商師（Licensed Professional Counselor）、認證心理健康諮商師（Licensed Mental Health Counselor）、認證臨床專業諮商師（Licensed Clinical Professional Counselor）或認證心理健康實務工作者（Licensed Mental Health Practitioner）（ACA, n.d.），還有認證學校諮商師（National Certified School Counselor）、成癮防治諮商師（Master Addictions Counselors）、復健諮商師（Certified Rehabilitation Counselor）等專業認證。

2. 美國心理學會及其認證系統介紹

美國心理學會是美國心理學界歷史最悠久、會員人數最多的組織，截至 2023 年，下設已有 54 個分會，每個分會大小不一且會員可重複，例如，第 17 分會為諮商心理學、第 29 分會為心理治療學、第 35 分會為女性心理學、第 42 分會為獨立執業的心理學家、第 43 分會為伴侶和家庭心理、第 44 分會為性傾向與多元性別心理、第 51 分會為男性與男子氣概心理學研究等，有多元興趣的諮商心理工作者可加入多個分會。美國心理學會對內不僅是作為專業人員交流的平台，更有發展專業與維護專業的使命，因此設有專業認證與評鑑機制，針對心理專業系所設置博士層級心理學家認證與評鑑標準，以及制定各種實施心理研究與服務倫理指引，甚至向公部門遊說建言心理健康政策。美國心理學會亦有發展其心理服務專業博士課程認證系統，包含諮商、臨床與學校心理學等主要專業。首先，有志者須先取得有 APA 認證學校之心理學博士學位，並且有符合該州規定量之心理服務實務實習時數，以及在認證心理學家督導下從事規定量之間接服務並通過兩階段考試，第一階段是由美國心理學會（American Psychological Association, 簡稱 APA）專業事務委員會支持成立之州和省心理師考試委員會聯合會（Association of State and Provincial Psychology Boards, 簡稱 ASPPB, 2023）建立之博士層級的標準化心理學家職能測驗（The Examination of Professional Practice in Psychology, 簡稱 EPPP），通過之後再參加各州自己規定的考試，需各種條件都通過後才可申請成為該州的博士級認證心理學家（Licensed Psychologist，以下簡稱認證心理學家）執照於當地執業。

筆者在此做名詞區辨，因為前述美國有不同認證系統以及不同教育訓練層級的認證。雖然在此所述的認證心理學家（Licensed Psychologist）與前段認證諮商師（Licensed or Certified Counselors）都可以接案，但由於兩者認證系統與訓練條件不同，因此可能在台灣統一理解都是可進行實務工作之心理師，在美國則代表不同專業身分認同和行規。故以下對於各種規範的描述，都是針對特定執業認證身份所制定的規範，例如適用於認證心理學家的規範與執業範圍則可能不適用認證諮商師。為求精確，筆者仍然在後文中區分這兩種認證系統所對應之從業人員，而不以台灣概念的「心理師」來統一稱呼。

（二）州政府認證系統與執業法規架構

什麼樣的資格可以跟州政府的系統申請執業認證呢？其中包含符合審查資格的學校專業訓練、畢業後在接受督導狀態下累積規定之執業時數，以及通過認證考試等三個部份。而第一階段關於學校專業訓練的認定，可以是從經由前面所述民間專業學會所辦理之認證系統通過認證審核的學校，或雖然受訓學校並無得到特定系統的認證，但是當事人所修課程能符合州政府所制定之標準且通過個別審查。由於美國是聯邦制，因此各州有自己的規定而無中央頒布全國通用的法規，例如紐約州的心理執照相關規定是放在教育法規中，而加州則是放在消費者事務部（Department of Consumer Affairs），因此，專業從業人員需要根據該州法規來定位自己的專業認證和服務位置。

由上述簡介可知，美國執業法規規範根據執業地點所在地而定，心理服務並沒有被統一規範在所調醫療行為執業規範中，甚至通訊服務的提供也沒有被限定在執業機構內（New York State Department of Health, 2023），給予專業從業人員及專業組織很大的空間發展專業角色和定位。因此，專業組織便肩負著引領專業在通訊心理服務發展的重要任務。

（三）美國其他心理專業組織簡介

除了上述諮商與心理專業學會，以及州政府執業認證相關機構之外，臺灣心理學界還未發展起來的，是心理執業保險。APA 保險信託（APA Insurance Trust, 簡稱 APAIT）是全國性非營利之信託基金，旨於支持心理健康之服務相關風險管理、訓練與教育，其功能包含心理服務實務工作風險管理教育訓練、相關資源建置與保險業務，許多心理人第一次接觸到 APAIT 的契機就是在研究所期間開始實習後便投保的保險，它的網站上也有許多實用的資源（如：英文及西班牙文版本的實體與通訊心理服務知情同意範本，APAIT, 2023），支持與協助心理相關從業人員能在合乎倫理法規之下執行心理相關業務，將職業風險降至最低。

二、美國政府與專業組織於2019年新冠肺炎公共衛生危機事件中扮演的角色

2019 年全球新冠肺炎大流行，在疫情期間，實體心理服務幾近停擺，美國衛生與公眾服務部於 2020 年 1 月 31 日發佈突發公衛事件之因應（The White House, n.d.）。在此之前，美國國會自 1996 年便制定了健康保險便利與責任法案（Health Insurance Portability and Accountability Act, 簡稱 HIPAA）（Office for Civil Rights, 2021），在此法案的規範之下制定了相對應的個人健康資料之保存、傳送與處理之保密原則，因為有明確的資安規範規格，因此民間企業本來就已經根據此規格發展了商用通訊平台可供醫療人員採購使用，而前述由國家發佈的公衛事件緊急因應僅是移除了專業人員對於未嚴格遵守 HIPAA 資安規範的懲罰，並且給予通訊平台推薦名單（例如：商用 Skype、微軟 Teams，醫療用 Zoom、Google Meet、Webex、Amazon、GoToMeeting 等）以及不推薦名單（例如：臉書直播、抖音等），此舉大大加速了遠距醫療與心理服務對於一般民眾於疫情期間的可近性。

同時間，心理服務跨州採認協議（The Psychology Interjurisdictional Compact, 以下簡稱 PSYPACT）成立，使得認證心理學家（Licensed Psychologists）能取得暫時性（非永久性）的跨州通訊心理服務執業資格，協助服務能延續或讓受服務的案主得到較好的轉介安置。截至 2024 年 2 月為止，全美共有 41 州加入通訊心理服務協議（PSYPACT, 2024）。而認證諮商師則有諮商契約（Counseling Compact, 2023）州際協議，截至 2024 年初共有 28 州加入此協議。認證心理學家和認證諮商師除了需持有加入這些跨洲採認協議所在地的執照之外，還需提出個人申請，通過之後便可服務身處於聯盟中的任一州的案主。

雖然新冠疫情加速了遠距心理服務的發展，但其實因應科技發展，通訊心理服務早就興起，美國心理學會早在 2013 年即與 ASPPB 和 APAIT 合作建構初版通訊心理服務指引，在年中通過美國心理學會理監事會後，於年底在學會主要期刊《American Psychologist》出版（APA, 2013），此合作為結合學界訓練單位、考照單位以及執業保險三向度，故極具代表性，為現有關於通訊心理服務最重要且最完整的倫理指引。而美國諮商學會於 2014 年更新諮商倫理守則，亦有載明通訊諮商服務倫理注意事項。

從上述可知，美國的心理相關證照與執業環境維護並不僅僅遵循政府規範，州政府法規提供了職業證照的法源架構與依據，但實際上專業能力訓練與執業方式，更多仰賴專業機構間彼此分工與合作，動態發展打造出適合當地民情與民眾福祉之專業服務。因此，專業的建立和維護更多掌握在專業從業人員手中，在發展業務的同時思考如何維護專業領域的誠信，如此謹慎作為的方式使得專業得以永續發展。因此，以下介紹美國心理學會版本之通訊心理諮商之主要條文及其核心內涵，進而提供國內通訊諮商發展方向一些建議。

貳、美國通訊心理服務指引簡介

美國心理學會主導制定之通訊心理服務指引全長共八條，指引（APA, 2013, 2024）開宗明義便闡明使用前提是同時符合美國心理學家倫理守則（APA, 2017）以及執業紀錄指引（APA, 2007）之下，搭配心理學家之多元文化指引（APA, 2003/2017）。在現有實體心理服務實施原則不變之下，針對通訊服務的特殊性提出指引。值得一提的是，此指引通篇關鍵字不以通訊心理諮商／治療而使用通訊心理服務，是因為心理服務的涵蓋面更廣，舉凡諮詢、衡鑑、教練、督導等各類不同領域心理學家使用通訊方式所提供之心理相關服務皆涵蓋在內。以下簡述各條指引及其重點，為求精準，指引條文採盡量貼近原文精神之直譯，而內容則根據指引內容作重點摘要：

一、美國心理學會通訊心理服務指引簡介

（一）認證心理學家之專業職能

1. 提供通訊心理服務的認證心理學家應採取必要措施確保自己有使用科技的能力，以及了解科技對案主、受督者或其他專業會帶來影響之能力

通訊心理服務指引第一條便開宗明義闡明，提供服務的心理學家負有最主要維護倫理之責，而此責任即為要明確知道自己現有能能力範圍提供服務，而此現有能能力範圍指的是曾受過教育訓練、接受督導或諮詢、有研究專長或專業經驗。因此心理學家不會無限上綱從事自己不熟悉的服務，因此無論是未經實證研究證實有效的方法、未經訓練的服務主題、項目或是使用不甚熟悉的科技平台介面，心理學家的倫理責任是不做自己沒有把握的事情而不應提供服務，亦即是專業人士不是包山包海什麼都會做、什麼都敢做，換句話說，就是因為是專家，所以才更知道自己什麼不會做、不能做。

除了自己判斷專業範疇內所為而有所不為之外，還有專業考量與判斷適合自己所服務案主的形式與狀態，也就是案主所需以及最有利於其所欲服務的平台或管道，以及採用這樣形式進行服務的利弊得失與風險管理，並與案主充分討論。

（二）提供通訊心理服務方式的標準

1. 心理學家應致力確保其服務自始至終均符合倫理及專業標準

呈上所述，心理學家在考量最符合案主需求之心理服務時，需在服務初期從事完整的資料蒐集以做最縝密的評估，所欲蒐集之資料內容除包含案主所需心理服務相關之資料與其相關狀態（例如：其認知功能與心理狀態是否穩定至能定期定時上線接受服務）之外，還有案主使用科技接受通訊服務的能力、案主通訊服務的環境（例如：案主有適切接受通訊服務之空間與設備）等。由此才能精確評估與判斷通訊諮商服務是否是最適

切案主且能有效讓案主取得其所需要的服務的管道，以及案主在接受服務期間，整體服務品質是否符合倫理與專業標準。若因任何條件缺乏，致使通訊服務效果打折扣而不如實體服務（例如：案主的通訊設備不佳或缺乏保密的通訊環境），則心理學家應在充分與案主討論後回到實體服務來。

（三）知情同意

1. 心理學家須致力取得與記錄針對通訊心理服務特殊考量之知情同意，並遵守當地政府法規與組織要求

在考量所有上述相關因素之下，心理學家須充分評估與盤點各種提供服務的選項與管道（包含當地政府法規與組織要求），由於每一種服務皆有其利弊、風險與限制，因此心理學家需與案主進行充分的討論，此即為知情同意的措施，因此，知情同意並不只是單純「我說你必須同意」的行政流程，而是心理學家與案主進行服務方式充分溝通與交流的過程，因此亦為專業服務的一部份。讓案主了解通訊服務過程中可能發生的狀況與限制，讓案主在有充分心理準備的狀況下再開始通訊心理服務，使得案主能更清楚通訊服務所能帶來的優勢與限制，以避免後續服務過程中的措手不及。最後，由於案主年紀、身心狀態、語言、文化或學歷社經地位背景、所在組織規則等各類背景因素帶來的考量，案主可能無法充分理解或僅能擁有有限度的知情同意權，因此心理學家可能需要向其監護人或相關人解釋並取得其知情同意，而此溝通過程亦須考量與維護案主之最大利益。

（四）資料處理之安全及保密性

1. 提供通訊心理服務之心理學家應採取必要措施以維護案主資料及訊息之保密性，並且須充分告知案主採取通訊心理服務方式對於保密威脅之風險性

隨著網路平台與網路上資訊公開與交換的日新月異，資訊保管與安全成為通訊心理服務最重要的基礎。雖然實體服務也有線上資訊儲存方式，但由於通訊心理服務過程中可能產生之諸多資料，故所使用平台的優勢與限制、資料產生路徑及其存放位置、保管與銷毀方式等，皆應事前與案主進行充分討論。

2. 提供通訊心理服務之心理學家應採取合理步驟以確保資料存放處有安全保密機制以避免被意外揭露

呈上所述，在心理學家選擇提供通訊心理服務時，需要因其所使用的平台所有之功能、限制與風險，採取相對應的步驟以確保資料存放的安全保密性，同時，也在知情同意過程中，與案主討論其如何確保資料保存的安全保密性。例如：如果心理學家與案主聯繫並非使用專為此服務所設計之保密平台與管道，而採用一般大眾常見使用之通訊軟體（例如：Line、WhatsApp、臉書訊息、微信等），則有可能有非案主當事人或心理學家

本人因取得同樣管道（例如：手機或電腦版）而看到兩人通訊之訊息內容或通聯紀錄，或是因為心理學家使用電子郵件傳送聯繫方式或個案紀錄等資料，雖然紀錄可能已有加密，但信中同時附上密碼而使得實質加密功能喪失，這些都是常見之保密威脅。心理學家為此段服務關係中之專家，因此心理學家負有絕對責任確保資料傳輸與存取過程合乎最高保密作為，並應提醒與告知案主較佳而非方便作為。

3. 提供通訊心理服務之心理學家應採取合理的步驟處理與使用資料與資訊，以保護資料安全且不會被未授權取得

由上述可知，在心理學家使用通訊方式聯繫案主、蒐集與處理資料的過程中，會產生諸多關於資料傳送、處理、保存與銷毀相關之問題，因此心理學家應於事前即建置資料處理、保存與銷毀相關標準處理方法，並使用保密係數較高的方式系統性處理資料使用與保存，甚至如果有多人使用此系統，需要根據不同對象設定存取權，使得資料在處理與保存過程中不會意外被未授權對象取得。

（五）心理測驗與衡鑑

1. 心理學家在提供通訊心理服務過程中，若使用原適用實體施測之測驗與衡鑑工具，應考量在施測過程中可能產生的特殊議題

由於現有常用的心理測驗大多是在實體施測情境下研發，心理學家若遠距使用測驗與衡鑑工具，需考量線上施測方式之測驗環境對測驗過程與結果的影響，例如受測者不會在測驗過程中被電話或其他干擾影響，或是同時使用其他電子產品上網而無法專心或取得額外資源等，由此影響測驗結果之信效度。因此，心理學家若從事遠距心理測驗與衡鑑服務，須審慎評估遠距測驗環境對接受測驗者以及測驗實施過程可能帶來的影響，或許需要稍微改變程序或增加額外措施以確保受測過程能貼近實體測驗的效果，使得測驗結果最能真實反映出測驗設計的原始目的，最後在測驗報告中亦需記錄下測驗實施程序因應遠距服務所調整的措施，或因為遠距形式對測驗結果可能帶來的影響。

（六）合乎當地法規與資源之心理實務工作

1. 當與跨司法管轄區或國界之案主從事通訊心理服務工作時，心理學家應熟悉並遵守所有案主所在地之通訊心理服務相關法規

最後，也是關鍵要素之一，是提供服務的心理學家須熟悉並遵守自己所在地以及案主所在地政府之法規與組織要求。在過去僅有實體心理服務的時代，心理學家、服務案主與服務地點僅限於一地，因此僅需要遵守服務地點當地法規即可，然則通訊方式允許心理學家提供給非其所在地之案主，而法規通常僅保護所在地之案主以及規範該心理學家提供之在地服務，且不同地區或國家的法規對於心理專業有不同程度的認定與規則，故當心理學家提供服務給非來自該地或不同國家的案主時，可能面對案主所在地之心理相關法規與自己所在地不同，故須同時遵守兩地不同的法規，才能完整符合提供心理服

務之必要條件。例如：在甲地執業的心理學家與乙地生活的案主工作，則心理學家需同時遵守甲、乙兩地的倫理與法規。

另外，由於各地的社區與醫療資源不同，心理學家需要熟悉案主所在地之相關資源，才能在發現案主有需求時適時轉介與提供建議資源。當然，雖然依靠網路無遠弗屆，我們可以使用網路跟全世界各地的案主工作，然而心理學家不可能事前熟悉世界所有國家的心理專業倫理與法規，在決定是否接受與來自不同地區／國家案主工作之前，心理學家宜了解案主所在地之倫理與法規，就如同心理學家評估自己針對案主主訴議題是否有具備相關專業知能一般，再決定自己是否能接下這份服務工作，已能符合案主最佳利益以及遵守專業倫理與法規。

美國心理學會在 2020 年疫情期間發佈了通訊心理服務的辦公室科技設備清單 (APA, 2020) 和通訊心理服務知情同意清單 (APA, 2020)，這兩份文件都已由臺灣諮商心理學會國際事務暨多元文化委員會經授權後翻譯放置在學會網站 (臺灣諮商心理學會, 2020)，極具實務參考價值。除了書面文件資料外，學會還開設了許多通訊心理服務的線上繼續教育課程 (APA, 2020)，皆放置於網站上供有需要進修的心理工作者可隨時線上付費觀看。

二、美國婚姻與家庭治療監管委員會學會通訊心理服務指引簡介

除以美國心理學會主導的通訊心理服務指引之外，美國婚姻與家庭治療監管委員會學會 (Association of Marital & Family Therapy Regulatory Boards [AMFTRB]) 之通訊治療與通訊督導指引 (第二版) (AMFTRB, 2021) 亦為美國心理治療學界重要文件之一。美國婚姻與家庭治療學會 (American Association of Marital and Family Therapy [AAMFT]) 負責認證碩博士層級訓練的課程 (AAMFT, n.d.)，至 2022 年統計全美共有 124 個系所經該學會認證可以培訓具婚姻與家族治療職能之婚家治療師。而 AMFTRB 則負責婚家治療師的各州執照考試，AMFTRB 的通訊治療與通訊督導指引相較於前述美國心理學會主導之通訊心理服務指引，有更具體的建議和細節，對於心理師的實務工作頗具參考價值，共有 18 個分項，包含：遵守兩地法律與規範、必備訓練與繼續教育職能、多元文化相關知能、建立通訊治療關係、確認案主身分、通訊治療知情同意、告知通訊治療限制、通訊保密、網路世界的專業界線、線上社群媒體與發表對於通訊治療的影響、紀錄與保存、付費方式、危機管理、即時與非即時之聯繫方式、網路通訊與資料保存的基本要求、資料備份、測驗與評估，以及通訊督導。以下針對 AAMFT 指引但未在 APA 指引中提到的具體項目做摘述：

(一) 通訊治療實施前的案主通訊治療能力評估以及建立知情同意

此份指引特別提出治療師對案主使用通訊方式的能力需作為初次晤談資料蒐集與評估的一部份，甚至在第一次通訊晤談前也要花時間測試網路頻寬跟連線，以確保通訊技術、環境與介面能滿足通訊治療的需求。

而在建立知情同意的過程中，即應與案主討論（並有文字紀錄給案主而非僅有口說）在每次晤談之間可以聯繫的頻率、適切保密的聯繫管道、治療師合理回應的速度、危機或緊急應變以及通報轉介的處理流程，還有可能終止通訊治療改為實體晤談的情況、兩地通訊治療相關倫理法規規範以及申訴管道等。指引中特別提到治療師需與案主討論案主所在地的緊急醫療與急救資源。由於通訊治療的便利性，案主可能每次的所在位置都不同，因此治療師需要在每次晤談開始前均先與案主確認他所在地的位置，才能適時在必要的情況下進行適切緊急處理。也因為通訊治療現場緊急支援力較薄弱，因此指引建議若案主常重複出現危急狀況，則治療師需審視通訊諮商的適切性而建議回到實體面對面治療。

治療師也應告知案主通訊治療的限制與風險，包含對於語言與非口語的線索在通訊治療的情境相較於實體治療可能會有不同的解讀，又當通訊治療使用在家族治療中可能會遇到家族成員對於科技熟悉度不同而造成系統動力落差，這些細節都可以在建立知情同意過程中提出來討論。

（二）線上專業界線相關議題

指引中特別指出不建議治療師與案主在線上社交媒體有連結或互動，並建議治療師可區隔私人社交用以及專業工作使用帳號，而且治療師需特別留意自己個人在網路世界所揭露之資訊、文章發表等對於現在與未來治療關係的影響。當然，線上具有性意味的互動是絕對禁止的。指引並建議治療師應尊重案主隱私，未經案主允許不會主動探詢案主在網路社交媒體上揭露的個人資訊；於此同時，治療師也不會在社交媒體上公開提及任何與治療關係相關的資訊。

上述針對 APA 通訊心理服務指引以及 AAMFT 通訊治療指引做較為詳細的介紹，也讓讀者可以見到在美國通訊心理服務與治療領域，除了各州的法規之外，學界結合實務工作經驗仍然是引領行業發展的主要動力，專業發展以及邊界的維護是為了案主的最高福祉為主，因此心理服務有所為也有所不為。通訊諮商的蓬勃發展既是因應 2019 年的新冠肺炎全球疫情而起，但通訊心理服務的起始以及倫理守則的制定卻早在 2013 年便已完成，可見危機不但可以是專業的轉機，專業更是應該要提早準備以備不時之需。換句話說，無論是學界或是實務工作者，把我們的專業用最嚴謹的態度、最高標準準備起來，我們何嘗需要政府法規的他律作為行業規範的底線呢？在心理師法實施超過 20 年以上的今日，學術與實務專業領域的從業同仁們是否可以一起思考台灣的心理師這個

專業的範疇與定位？以下段落，作者針對心理專業服務範疇、通訊心理服務相關倫理法規發展，以及心理師通訊服務能力之培養與繼續教育三大點做討論與建議。

參、台灣通訊心理諮商專業發展建議

一、心理師整體專業範疇與服務之界定

首先，筆者在閱讀美國通訊諮商相關資料時，發現無論是執業法規或相關倫理指引，皆把心理從業人員之執業範疇界定在「心理服務」相關字眼而非僅止於「心理治療」或「諮商」，因此無論是博士或是碩士層級的專業從業人員，都非常清楚地定義心理師的專業就在於提供心理相關專業服務，免除了跟心理業務距離較遠但或許有重疊的其他類治療，換言之，或許其他療法也包含了運用對談技巧之個人或團體形式工作，但心理師的專業範疇只要專注在提供心理服務，因此無論是心理諮詢、心理諮商或治療、心理業務督導、大量運用心理學知識與原理的心理服務等，都理所當然的是心理專業，因此可直接被含納在心理師執業範疇內受到專業保護，而其他多元治療（例如：園藝治療、音樂治療、舞蹈治療等）有其專屬認證機構，因為其治療內涵是以該專業主要方式提供療癒服務，有其專業認同、專屬認證方式與執業標準，心理師可以先取得心理師證照（*Licensure*）之後，再取得其他多元專業取向之訓練或認證（*Certification*）。筆者認為，用「心理服務」來做為專業範疇與專業服務之主要界定相較於「諮商與心理治療」來的更加有效，或可解決國內現有心理從業人員以及非心理從業人員為刻意規避心理師法規規範而使用「心理諮詢」、「心理課程」等心理關鍵字。

因為「治療」、「諮商」或「心理服務」在美國並不同於醫療概念，無論碩博等級之心理從業人員皆不一定為醫事人員，而因著各自的執照授權有相對應之規範，又在整體結構範圍下政府所制定的規範相對的少而更多仰賴專業自律，因此，除了在醫療場域所從事之精神疾患診療之外，社區的心理服務擁有更多的專業自主彈性，使得社區心理諮商與治療蓬勃發展，專業人員也更願意投入具有自主權與實質專業影響力的專業學公會。反之，國內的諮商心理師受限於醫事人員身份，但執業內容又跟傳統以身體症狀治療為主的醫療非常不同，或許這也是為什麼心理師既有醫事人員身份，但其培訓名額又不像其他醫事人員一般有總額控管。既然訓練名額不受管控，那可否有朝一日考慮心理師比照社工師一般非屬醫事人員身份的可能性？

二、通訊心理服務專業倫理與法規調整的建議：政府與專業學公會合作與分工

我國現有法規相較於美國對於心理師執業方式的規範相對為多，通訊心理服務相較於面對面服務而言，最大差異關鍵即來自於服務平台，是故美國對於心理服務的管控把關於服務平台的安全性，而其他在服務過程中為確保案主福祉所需注意的事項則交給專業自主而不會用法規來綁定，因此專業學公會才會發展出細緻的通訊心理服務倫理守則、配套措施以及教育訓練資源，唯有法規給予相對應的空間與彈性才能讓專業發揮其自主自控能力。反觀國內心理師的執業空間是以政府制定之各種細則規範函示來指導專業應如何作為、無經實證成效研究證實就以年紀來限定 18 歲以下不得實施，甚至採用書面審查的方式來決定機構是否可以執行通訊業務，但對於最重要的安全保密平台以及人員教育訓練卻無建議可執行的標準，因此若非在大型醫療機構執業之心理師有來自機構的系統資源，在中小型學校或社區機構執業的心理師可能都要面對電子資料處理與保存不當的風險。因此，建議政府可以比照美國模式，頒布可全國通用依循之資安標準相關法規與配套機制（張淑貞等，2018），鼓勵企業研發符合資安規定且價格合理的系統，供心理從業人員與機構採購使用，而將其餘的執業資格與繼續教育訓練、實施對象評估標準等留給學公會來自訂。如此，通訊心理服務依心理師法（2001/2020）不作為一項特殊、新興的醫療服務，且政府不應用函示與《心理師執行通訊心理諮商業務核准作業參考原則》這樣法律位階低於心理師法的原則來限制心理師執行業務與拘束人民獲得心理服務的機會和管道（王智民、吳建霖，2023；監察院，2022），通訊諮商服務仍然被放在原來的心理服務範疇來規範，使得專業的運作得以交由專業自律。

三、心理師通訊服務能力培養與繼續教育建議

關於通訊心理諮商服務的能力，在 2020 年至 2022 年新冠疫情期間打了幾場硬仗的心理師們大多已被迫急訓上架（社團法人中華民國諮商心理師公會全國聯合會，2020；曾嫦嫦等，2023；葉寶玲等，2021）。然而，我們也在這個過程中看到了通訊服務能力雖有其獨特性，但仍可被放在各種提供不同心理服務形式的範疇來論，而這個能力已不是可以被忽略的選項，就像過去使用紙筆撰寫、現在使用電子產品繕打個案紀錄一般，能有效提供通訊心理服務應被視為這個時代的心理師必備能力。因此，筆者認為通訊心理諮商服務的職能應被納在諮商心理學校教育的每一門科目中，無論是個別諮商或團體諮商技術、諮商倫理與法規、婚姻與伴侶諮商、兒童遊戲治療等，都不能迴避討論除實體之外的線上工作形式。而學校教育在訓練通訊諮商的技巧與倫理思考時，除了學習現有通訊諮商經驗所提供通則性的認識之外，更關鍵的是從治療動力與療效的觀點來討論心理服務在通訊諮商的形式中的變化。因為通訊諮商作為專業心理服務形式選項之一，心理師根據其對案主身心功能狀態與主訴議題的評估，理所當然應該做為是否適合使用這個服務形式的專業判斷。

筆者在撰寫本文的期間，刻意閱讀了許多美國關於通訊心理服務的文獻，發現在這個領域除有評鑑通訊諮商有效程度（Abrams, 2020）之外，還有許多的論文與專書皆來自於工作者實務經驗分享（Weinberg & Rolnick, 2020; Weinberg et al., 2023）。台灣心理師在過去幾年間也累積了許多通訊諮商個別、團體與督導服務的經驗（林世欣等，2022；邱言凱等，2023；施香如，2022；許淨惠等，2022；葉寶玲等，2021），專業從業人員可透過研討會、期刊論文發表或撰寫通訊諮商專書，將其寶貴的實務經驗記錄下來，促進台灣本土通訊心理服務專業與研究發展。

除此之外，對於現正執業的心理師和提供通訊心理服務的機構，學公會應有系統地制定相對應其專業發展需求之繼續教育訓練、資源和倫理作為原則建議，並且隨著科技與網路通訊發展趨勢定期更新，如人工智能（Artificial Intelligence, 即 AI）與元宇宙的發展對諮商專業服務的影響、網路行銷與廣告代言等，這些新興議題將很有可能會衝擊甚至改變我們的專業訓練與服務。並且，網路無國界，但是心理服務專業的確是在不同國家有不同法規的保護與規範，因此學公會也可以引進相關國際法規介紹或國際交流資源，增進從業同仁對國際心理治療趨勢的認識，也避免誤觸他國法律。

或許在專業發展的初期，可以藉由政府規範以及引進國外既有資源先站穩腳步，但接下來專業成熟的階段，期待政府鬆綁法規，並將專業交還給專業發展，而學公會組織則作為發展的平台，定期舉辦諮商心理實務工作者與學者的本土實務經驗分享與交流，讓我們本土的服務經驗可以做為檢視與更新現有通訊諮商倫理守則與法規的依據，並且期待專業服務與軟硬體設備能跟上科技發展與民眾需求之腳步，以保障服務民眾最大之福祉。

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**Using the Stone from the Other Mountain to Polish Jade:
Learning from Guidelines of American Telepsychology Services**

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Abstract

Telepsychology services are not new to Taiwan; however, the Reference Principles for Approval Operations for Performing Teletherapy Services promulgated by the Ministry of Health and Welfare on November 29, 2019, largely restricted the professional autonomy of licensed psychologists when delivering telepsychology services. The major professional associations, Taiwan Counseling Psychologist Union, Taiwan Guidance and Counseling Association, and Taiwan Counseling Psychology Association published their ethical guidelines for psychological professionals to provide teletherapy services in 2022. Although telepsychology services helped meet the psychological needs of the public in Covid-19 pandemic during 2020-2022, the restrictions of telepsychology services have not been revised in accordance with the recommendations of the Control Yuan's investigation report. Therefore, this article aims to introduce American telepsychology service ethical guidelines and regulations as reference for Taiwanese government officials, scholars, trainers, and practitioners. By learning from American experiences and the essence of professionalism, we may modify our regulations and training modules based on our understanding of local people's psychological needs, welfare and rights. We also need to maximize the accessibility of telepsychology services for the public, while considering service quality and long-term development of the profession. The article briefly introduces American counseling psychology training, licensure system, and professional organizations due to their connections to ethical guidelines and regulations of clinical practice. Drawing on its spirit of professional autonomy, it is recommended that (a) the government removes the existing telepsychology service restrictions and establish standards of online security; (b) counseling programs start to introduce telepsychology into all training courses and practicum; (c) professional organizations organize local telepsychology experience exchanges regularly and use those as bases for continuing education training and revision of the Code of Ethics.

Keywords: The United States of America, ethical guidelines, telepsychology services

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Introduction

The Office for Civil Rights (OCR) of the United States Department of Health and Human Services (HHS) announced on April 13, 2023: Effective May 11, officially repeal the public health crisis response to the new coronavirus epidemic which had been announced in 2020 (April & May) and 2021(February). The main contents of the crisis response measures at that time were for medical personnel who were cautiously engaged in various telemedicine diagnosis and treatment services in response to the needs of the epidemic if their service methods did not use the existing confidential communication standards (Privacy, Security, Breach Notification, and Enforcement Rules, referred to as HIPAA Rules) are not subject to penalty. In other words, this provision officially terminates the national emergency response measures for the COVID-19 pandemic in the United States. What role does the U.S. government play in telecounseling measures? What can the Taiwanese counseling psychology community learn from regarding the use of telecounseling in response to the epidemic and the overall development of telepsychology services in the U.S.? This article attempts to sort out the American system from existing data and compare it with the Taiwanese system for discussion.

Introduction to the Training and Examination System for Mental Health Professionals in the United States

It is not easy to sort out the regulations for telecounseling in the United States from the context of the Taiwanese counseling profession . First, we must have some knowledge of its profession: the training, the licensure qualification system, the continued education, and the practice. We must also understand that it is operated under the federal system in which each state in the United States has its independent regulations. There may be some concepts that can be used as a reference, but they cannot be used without modifications. First of all, the Psychologist Act in Taiwan defines the status of psychologists as medical personnel. Therefore, the telecounseling regulations in Taiwan are subject to telemedicine regulations. As long as the person providing psychological services is a counseling psychologist or clinical psychologist, the services provided will be defined as the regulated business under the Psychologist Act. To discuss psychological services in the United States, we must first understand the two leading accreditation systems in the United States: the counselor education system led by the American Counseling Association (ACA) and the doctoral-level licensed psychologist system led by the American Psychological Association (APA). These two major systems are designed

to regulate the academic training programs, which connect the professional examination, the internship trainings before and after graduation, and finally, the license by the state governments (the government system). In short, the structure of training, professional examination, and professional regulation systems in the United States involve: professional training in higher education, accreditation systems and qualification examinations by professional organizations to regulate and ensure the quality of training, and the state-specific examinations and qualification criteria . Since school training may differ from each other, the following will introduce the accreditation systems by professional organizations and state government licensure, combined with other key professional organizations.

Professional Association Accreditation System

Introduction to the American Counseling Association and the Council for Accreditation of Counseling and Related Educational Programs: The American Counseling Association(n.d.) is the largest association representing professional counselors in the United States. It has 19 branches, including child and adolescent counseling, adult development, counseling testing and research, college counseling, counselor education, supervision, multicultural counseling, rehabilitation counseling, group counseling, social justice counseling, career development, marriage and family counseling, and employee assistance counseling, etc.. It has a significant influence on development of counseling psychology and counseling psychology practice standards. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) is the most crucial certification system for counselor education in the United States. It certifies counselor education courses (CACREP, 2023) and provides regular evaluations. Therefore, whether it is counselor training at the master's or doctoral level, those who obtain licenses must complete 48-60-hour credit master's or doctoral courses from a CACREP-accredited department, obtain three thousand hours of counseling work experience under supervision (including at least 100 hours of supervision), and a letter of recommendation from a professional. Only after completing the above requirements can one enter the National Counselor Examination or National Clinical Mental Health Counseling Examination. After exam, qualified counselors can apply to the National Board for Certified Counselors (n.d.) for certification to become a national certified counselor. There are also licensed professional counselors, licensed mental health counselors, licensed clinical professional counselors, licensed mental health practitioners, mental health practitioner (ACA, n.d.), as well as professional certifications such as national certified school counselor, master addictions counselor, and certified rehabilitation counselor.

Introduction to the American Psychological Association and Its Accreditation System:

The American Psychological Association (APA) has the longest history and the largest membership in American psychology. As of 2023, it has 54 divisions. Each division has differs in sizes and members can join multiple divisions. For example, Division 17 is Society of Counseling Psychology; Division 29 is Society for the Advancement of Psychotherapy; Division 35 is Society for the Psychology of Women; Division 42 is Psychologists in Independent Practice; Division 43 is Society for Couple and Family Psychology; Division 44 is Society for the Psychology of Sexual Orientation and Gender Diversity, and Division 51 is the Society for the Psychological Study of Men and Masculinity. Counseling psychologists with diverse interests can join multiple divisions. The APA serves the mission of developing and maintaining the profession, as well as a platform for professionals to exchange and collaborate. Therefore, it established a professional accreditation system that sets evaluation standards for psychology programs for doctoral-level psychologists' training, constructed various ethical guidelines for implementing psychological research and services, and advocated for mental health public policies to the public sector. The APA accreditation system for doctoral programs in psychological services includes counseling, clinical, and school psychology. People who are aspired to become licensed psychologists must first obtain a doctorate in psychology from an APA-accredited program, then to acquire the state-required internship hours under supervision of a licensed psychologist. After collecting the prerequisites, there are two stages of examinations. The first phase of the examination is the standardized psychologist functional test (The Examination of Professional Practice in Psychology, referred to as EPPP) operated by the Association of State and Provincial Psychology Boards (ASPPB, 2023), established with the support of the Professional Affairs Committee of the APA. After passing the exam, candidates can then take the state examination. Completion of all the previous conditions is required to become a doctoral-level licensed psychologist (Hereinafter referred to as a licensed psychologist) and to do clinical practice under such title.

Since there are different accreditation systems at various levels of education and training in the United States of America, it is important to use accurate words and be precise. Since both the licensed psychologists and the licensed or certified counselors mentioned here can do clinical practice, they may be perceived to be the same in Taiwan. However, due to the different systems and training conditions, they represent different professional identities and follow different practice guidelines in the United States. Therefore, the following descriptions of various specifications are for specific professionals. For example, the specifications and scope

of practice applicable to licensed psychologists may not apply to certified counselors. For accuracy purpose, the author will still distinguish the practitioners corresponding to these two systems in the following text instead of using the Taiwanese concept of "psychologists" to refer to them uniformly.

State Government Licensing Board and Practice Regulatory Framework

What qualifications can one use to apply for a professional license through the state government's licensing board? It typically includes three parts: professional training from schools that meet the licensing board's educational requirements, accumulating required post-graduate clinical hours under supervision, and passing the licensing examination. The first stage of meeting the educational requirements can be fulfilled by graduating from professional-association-accredited program. Alternatively, even if the training program has not been accredited by a specific system, the licensing board may still approve an applicant's application if their completed coursework meets the standards set by the state government and passes the board's individual review. Since the United States is a federal system, each state has regulations without the central government promulgating national regulations. For example, New York State's rules related to psychology licenses are placed in the education regulations, while California's clinical practice is regulated by the Department of Consumer Affairs. Therefore, professional practitioners must position their professional licensure and services according to that state's laws.

From the above descriptions, we can find that the U.S. psychological practice regulations and standards are based on geographical location of the practice. Psychological services are not uniformly regulated in the so-called medical practice standards. There are even no restrictions or specific rules of the telepsychology service locations (New York State Department of Health, 2023). Practitioners and organizations have considerable room and autonomy to develop profession. Therefore, professional organizations hold critical responsibilities to lead the development of professional telepsychology services.

Introduction to Other Psychological Professional Organizations in the United States

In addition to the above-mentioned professional associations for counseling and psychology, as well as state government practice certification-related agencies, one thing that has not yet been developed in Taiwan's psychology community is psychological practice insurance. APA Insurance Trust (APAIT) is a national non-profit trust fund that supports mental health service-related risk management, training, and education. Its functions include risk management

education, training in psychological service practice, and related resource construction. The first time many psychologists came into contact with APAIT was through the insurance they took out after starting internships during graduate school. There are also many practical resources on its website (such as the English and Spanish versions of face-to-face and Telepsychology Service Informed Consent Template, APAIT, 2023), which supports and assists psychology-related practitioners in performing psychology-related business in compliance with ethical regulations and minimize occupational risks.

The Role of the U.S. Government and Professional Organizations in the 2019 COVID-19 Public Health Crisis

During the global COVID-19 pandemic 2019, face-to-face psychological services were almost shut down. The U.S. Department of Health and Human Services issued a public health emergency response on January 31, 2020 (The White House, n.d.). Before this, the U.S. Congress had enacted the Health Insurance Portability and Accountability Act (HIPAA) (Office for Civil Rights, 2021) in 1996. It formulated corresponding regulations under the regulations of this act. Since there are clear information security standards regarding the confidentiality of personal health information's storage, transmission, and processing, private companies have already developed commercial communication platforms based on these standards for medical personnel to purchase and use. The aforementioned public communication platform issued by the state Health emergency response only removes the penalties for professionals who do not strictly comply with HIPAA security regulations and gives a recommended list of communication platforms (for example, Skype for business, Microsoft Teams, Zoom for medical use, Google Meet, Webex, Amazon, GoToMeeting, etc.) and non-recommended lists (such as Facebook Live, Douyin, etc.). This move has dramatically accelerated the accessibility of telemedicine and telepsychological services to the general public during the pandemic.

At the same time, the Psychology Interjurisdictional Compact (from now on referred to as PSYPACT) was established, allowing licensed psychologists to obtain temporary (non-permanent) interstate telepsychology service certificates to extend the service for appropriate referrals. As of February 2024, 41 states in the United States have joined the telepsychology service agreement (PSYPACT, 2024). Certified counselors are eligible for the Counseling Compact (2023) interstate agreement. As of early 2024, 28 states have joined this agreement. In addition to holding licenses in the jurisdictions that join these intercontinental accreditation

agreements, licensed psychologists and certified counselors also need to submit individual applications. After approval, they can serve clients in any state in the alliance.

Although the COVID-19 epidemic has accelerated the development of Telepsychology services, in response to technological development, Telepsychology services have already emerged. As early as 2013, the APA cooperated with the ASPPB and APAIT to create the first version of Guidelines for the Practice of Telepsychology, which were approved by the APA Board of Supervisors in the middle of the year. Later, it was published in the leading journal of the association, "American Psychologist," at the end of the year (APA, 2013). This cooperation is a three-dimensional combination of academic training units, examination units, and professional insurance, so it is very representative and has the best existing important and most complete ethical guidance for Telepsychology services. The ACA updated its Code of Ethics for Counseling in 2014, including ethical precautions for telepsychology services.

The above shows that the maintenance of psychology-related licenses and practice environment in the United States does not only follow government regulations. State government regulations provide the legal base and basics for professional licenses. However, professional training and practice rely more on cooperation between professional institutions. Through long-term collaboration, they develop and create professional services suitable for local conditions to meet people's needs. Therefore, the establishment and maintenance of the profession is more in the hands of professionals. While developing clinical practice, they are careful of how to maintain the integrity of the profession. Such a cautious approach enables the sustainable development of the profession. Therefore, the following section introduces the main provisions and core connotations of the APA's version of telepsychology guidelines, and then provides some suggestions for developing our own telepsychology practice in Taiwan.

Introduction to the American Guidelines for the Practice of Telepsychology

The Guidelines for the Practice of Telepsychology, led by the APA, have eight articles in total. The guidelines (APA, 2013) clearly state at the outset that their use must comply with both the Ethical Principles of Psychologists and Code of Conduct (APA, 2017) and Record Keeping Guidelines (APA, 2007), in conjunction with the Guidelines on Multicultural Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003/2017). While the existing implementation principles of face-to-face psychological services remain unchanged, guidelines are proposed based on the particularities of telepsychology. It is worth mentioning that the keywords throughout this guide are not telecounseling/teletherapy but telepsychology

services. Telepsychology has a broader coverage and includes psychologists in various fields such as consultation, assessment, coaching, and supervision who use telecommunication services. All psychological-related services provided by the method are covered. The following is a brief description of each guideline and its key points. For the sake of accuracy, the guideline articles are translated as closely as possible to the spirit of the original text, and the content is summarized based on the critical points of the guideline.

Introduction to the American Psychological Association’s Guidelines for the Practice of Telepsychology

Professional Competency of Licensed Psychologists

Psychologists Who Provide Telepsychology Services Should Take Necessary Steps to Ensure Their Competence in Using the Technologies and Understanding the Potential Impact of these Technologies on Clients, Supervisees, or Other Professionals. The first guideline of the telepsychology services clearly states that psychologists who provide services have the primary responsibility to maintain ethics. This responsibility entails having a clear understanding of their current scope of competence in providing services, which includes areas where they have received education, training, supervision, consultation, or have research expertise or professional experience. Therefore, psychologists will not engage in services with which they are unfamiliar with. Thus, whether it is methods or service topics that have not been empirically proven effective, not been adequately trained, or the use of unfamiliar technology platform interfaces, the ethical responsibility of psychologists is not to do things that one is not sure about. If so, they should not provide services. That is to say, professionals are not experts who can do everything and dare to do anything. In other words, just because you are an expert, you know better what you cannot do.

In addition to judging what to do and what not to do within the professional boundary, there is also professional consideration and judgment about the means that are suitable for the clients they serve. That is, what the clients need and the platform or platform that is most conducive to the services they want to serve. They also need to thoroughly discuss the pros and cons and risk management of using such services with the clients.

Standards for Providing Telepsychology Services

Psychologists Strive to Ensure that Ethical and Professional Standards of Care and Practice are Upheld at the Outset and Throughout the Telepsychology Services They Provide. As stated above, psychologists need to provide the following: In the early stage,

complete data collection will be done to make the most rigorous assessment. The data to be collected include, in addition, the data related to the psychological services required by the client and their related status (for example, whether their cognitive function and mental state are stable enough to be online regularly to receive services). There is also the client's ability to use technology to receive telepsychology services, the client's environment for telepsychology services (for example, the client has the space and equipment to receive telepsychology services properly), etc. Only in this way can we accurately evaluate and judge whether the Telepsychology service is the most suitable channel for clients and can effectively allow clients to obtain the services they need and whether the overall service quality during the period when clients receive services meets ethical and professional standards. Suppose any lack of conditions makes telepsychology services less effective than face-to-face services (for example, the client's communication equipment is poor or lacks a confidential communication environment). In that case, the psychologist should suggest the client to come back to in-person therapy.

Informed Consent

Psychologists Must Strive to Obtain and Document Informed Consent Specifically Addressing the Unique Considerations of Telepsychology Services, While Adhering to Local Government Regulations and Organizational Requirements. Considering all the above relevant factors, psychologists must thoroughly evaluate and inventory various service delivery options and channels (including local government regulations and organizational requirements). Because each service has pros and cons, risks, and limitations, psychologists must have a complete discussion with the client. This is the core of informed consent. Therefore, informed consent is not just an administrative process of "I say you must agree"; it is a process in which psychologists and clients fully discuss service delivery methods. Therefore, it is also part of professional services. Let the client understand the situations and limitations that may occur in the process of telepsychology services so that the client can start telepsychology services with complete psychological preparation. The client can be more aware of the advantages and limitations that telepsychology services can bring to avoid being caught off guard during the follow-up service process. Finally, due to considerations brought about by various background factors such as the client's age, physical and mental state, language, culture or academic background, social and economic status, and organizational rules, the client may not be able to understand fully or may only have limited informed consent rights. Therefore,

psychologists may need to explain this to their guardians or related persons and obtain informed consent. This communication process must also consider and protect the client's best interests.

Security and Confidentiality of Data Processing

Psychologists Providing Telepsychology Services Should Take Necessary Measures to Maintain Client Data and Information Confidentiality, Fully Inform Clients/patients about the Risks to Confidentiality Inherent in Telepsychology Services. With the rapid development of online platforms and the disclosure and exchange of information on the internet, information storage and security have become the most critical foundation for telepsychology services. Although face-to-face services also have online information storage methods, due to the large amount of data that may be generated during the telepsychology services process, psychologists should thoroughly discuss the advantages and limitations of the platform used, the data generation path, its online location, and storage and destruction methods with the client beforehand.

Psychologists Providing Telepsychology Services Should Take Reasonable Steps to Ensure Secure and Confidential Data Storage Mechanisms to Prevent Accidental Disclosure. As stated above, when psychologists choose to provide telepsychology services. It is necessary to take corresponding steps to ensure the security and confidentiality of data storage due to all the functions, limitations, and risks of the platform used. At the same time, during the informed consent process, discuss with the client how to ensure the security and confidentiality of data storage. For example, suppose the psychologist communicates with the client not by using a confidential platform and channel specially designed for this service but by using communication software commonly used by the general public (for example, Line, WhatsApp, Facebook messages, WeChat, etc.), it is possible that someone other than the client or the psychologist accidentally see the message or communication records through access to the same channel (for example, smart phone or computer version). The psychologist might use email to send contact information or case notes. Records and other information: although the records may have been encrypted, attaching a password to the letter will cause the actual encryption function to be lost. These are common confidentiality threats. The psychologist is the expert in this service relationship. Therefore, the psychologist has the absolute responsibility to ensure that the data transmission and access processes comply with the highest confidentiality practices and should remind and inform the client that it is better rather than convenient.

Psychologists Providing Telepsychology Services Must Make Reasonable Efforts to Dispose of Data, Information and the Technologies to Prevent Unauthorized Access and

Ensure Safe and Appropriate Disposal. From the above, it can be seen that in the case of psychologists using communication methods to contact, collect, and process data, many issues related to data transmission, processing, storage, and destruction will arise. Therefore, psychologists should establish standard processing methods for data processing, storage, and destruction in advance and use confidentiality. A method with a higher coefficient systematically handles the use and storage of data. Even if multiple people use the system, access rights must be set according to different objects so that unauthorized parties will not accidentally obtain the data during processing and storage.

Psychological Tests and Assessments

Psychologists are Encouraged to Consider the Unique Issues That May Arise with Test Instruments and Assessment Approaches Designed for In-person Implementation When Providing Telepsychology Services. Most of the currently commonly used psychological tests are developed in in-person testing environments. If psychologists use testing and assessment tools remotely, they need to consider the impact of the online testing environment on the testing process and results. The test taker may be affected by phone calls or other distractions during the test, or use other electronic products to surf the Internet at the same time and be unable to concentrate or obtain additional resources, thus affecting the reliability and validity of the test results. Therefore, if psychologists engage in remote psychological testing and assessment services, they must carefully evaluate the possible impact of the remote testing environment on the test takers and the test implementation process. It may be necessary to slightly change the procedures or add additional measures to ensure that the test subjects. The process should be close to the effect of the physical test so that the test results can truly reflect the original purpose of the test design. Finally, the test report must record the adjusted test implementation procedure in response to remote services, or the test has been modified due to the remote format—possibly impacting the results.

Psychological Practice Work That Complies with Local Regulations and Resources

Psychologists are Encouraged to be Familiar with and Comply with All Relevant Laws and Regulations When Providing Telepsychology Services to Clients/patients Across Jurisdictional and International Borders. Finally, one of the critical elements psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders: The regulations and organizational requirements of the government where you are

located and where the client is located. In the past, when there were only face-to-face psychological services, psychologists, service clients, and service locations were limited to one place. Therefore, they only needed to comply with the local regulations of the service location. However, the telecommunication method allows psychologists to provide services to clients in their chosen location. Regulations usually only protect clients in their location and regulate the psychologist's local services. The regulations in different regions or countries have different regulations and rules for the psychological profession. When psychologists serve clients who are not in the same location or even in a different country, the laws and regulations in the client's location may be different from those in psychologists' location. Therefore, psychologists must comply with the different laws and regulations in both places simultaneously to fully meet the necessary conditions for providing psychological services. For example, if a psychologist practices in place A and works with clients in place B via telecounseling, the psychologist must abide by the ethics and regulations of both places.

In addition, since community and medical resources vary from place to place, psychologists need to be familiar with the relevant resources in the client's location to make timely referrals and provide suggested resources when the client is in need. Of course, although psychologists can use the Internet to work with clients worldwide, it is very difficult to be familiar with the psychological professional ethics and regulations of all countries in the world. Before working with clients in a region/country, psychologists should understand the ethics and laws of the client's location, just as psychologists assess whether they have relevant professional knowledge for the client's complaint issues before deciding whether they can take the job. The service needs to align with client's best interests and complied with professional ethics and regulations.

The APA released the Office Technology Equipment List for Telepsychology Services (APA, 2020) and the Informed Consent List for Telepsychology Services (APA, 2020) during the 2020 pandemic. The International Affairs and Multicultural Committee of the Taiwan Counseling Psychology Association (TCPA) translated both documents into Chinese with permission and uploaded it on its website (Taiwan Counseling Psychology Association, 2020). In addition to written documents, APA also offers many online continue education courses on telepsychology services (APA, 2020), for psychologists who need further training at any time.

Introduction to Association of Marital & Family Therapy Regulatory Boards Teletherapy & Telesupervision Guidelines

In addition to the telepsychology service guidelines led by the APA, Teletherapy & Telesupervision Guidelines II by the Association of Marital & Family Therapy Regulatory Boards (AMFTRB) (AMFTRB, 2021) is also one of the essential documents in the American psychotherapy community. The American Association of Marital and Family Therapy (AAMFT) accredits master's and doctoral-level training courses (AAMFT, n.d.). By 2022, 124 departments across the United States have been certified by AAMFT to train marriage and family therapists with family healing functions. The AMFTRB is responsible for the state licensing examinations for marriage and family therapists. AMFTRB's Teletherapy & Telesupervision Guidelines, compared with the aforementioned telepsychology services guidelines led by the APA, the Guidelines have more specific suggestions and details, which are of great reference value for the clinical work. There are 18 articles in total, including adhering to laws and rules in each jurisdiction; training and continuing competency requirements; diversity, bias, and cultural competency; establishing consent for teletherapy treatment; identity verification of client; informed consent; acknowledgment of limitations of teletherapy; confidentiality of communication; professional boundaries regarding virtual presence; impact of social media and virtual presence on teletherapy; documentation/record keeping; payment and billing procedures; emergency management; synchronous vs. asynchronous contact with client(s); HIPAA security, web maintenance, and encryption requirements; archiving/backup systems; standardized & non-standardized testing for assessment; telesupervision. The following is a summary of specific items in the AMFTRB Guidelines but not mentioned in the APA Guidelines:

Assessment of the Client's Teletherapy Ability and Establishment of Informed Consent Before Implementation of Teletherapy

This guideline states that therapists should assess the client's ability to use virtual communication methods during the intake data collection and assessment. Even before the first virtual session, therapists should spend time testing the network bandwidth and connection to ensure the technology, environment, and interfaces meet the needs of teletherapy.

In the process of establishing informed consent, therapists should discuss the following topics with the clients (and document in writing rather than just oral): the frequency of contact between each session, appropriate and confidential communication channels, reasonable time for therapists to respond, crisis or emergency response, mandatory report and referral procedures, as well as the situation where teletherapy may be terminated and changed to face-to-face session, the relevant ethics regulations of teletherapy, and the appeal channels, etc. The

Guidelines mention that therapists need to discuss medical emergency and first aid resources in the client's location with the client.. Due to the convenience of teletherapy, the client may be in a different location each time. Thus, the therapist needs to confirm the client's location before the therapy session so that appropriate emergency treatment can be carried out promptly if necessary. Because the limited on-site emergency support offered in teletherapy, the guidelines suggest that the therapist needs to review the appropriateness of teletherapy and recommend returning to face-to-face therapy if the client frequently encounters crisis situations repeatedly.

Therapists should also acknowledge the limitations and risks of teletherapy, including that verbal and nonverbal cues may be interpreted differently in teletherapy compared with face-to-face therapy. In family therapy, members may have different familiarity with technology use that creates differences in system dynamics. Details can be discussed during the informed consent building.

Issues Related to Online Professional Boundaries

The Guidelines especially point out that it is not recommended that therapists have connections or interactions with clients on online social media. It is suggested that therapists can separate accounts for private social use and professional work use. Therapists need to pay special attention to what they disclose online, the impact of information and publications on current and future therapeutic relationships. Of course, online interactions of a sexual nature are strictly prohibited. It guides and recommends that therapists should respect clients' privacy and will not proactively inquire about personal information disclosed by clients on social media without the client's permission; at the same time, therapists will not publicly mention any information related to the therapeutic relationship on social media.

The article provides some detailed introduction to APA Telepsychology Services Guidelines and AMFTRB Teletherapy & Telesupervision Guidelines. It allows readers to see that in the field of telepsychology and teletherapy in the United States, in addition to state regulations, academia combined with clinical work experience is the main driver of profession to develop. The key for professional development and boundary maintenance is for the clients' best interests. Therefore, we psychologists do certain acts and chose not to do the others based on our professional judgements. The booming growth of telepsychology was in response to the global COVID-19 epidemic in 2019. Still, telepsychology services inception and the ethics code's formulation were completed as early as 2013. It can be seen that the crisis can not only be a turnaround for the profession, but the profession should also prepare ahead of time for emergencies. In other words, whether we are counseling psychology researchers or practitioners,

we need to work together to prepare our profession with the most rigorous attitude and the highest standards, not relying on government regulations as the bottom line of the profession. Now that the Psychologist Law has been implemented in Taiwan for over 20 years, can colleagues in the academia and clinical practice think about the scope and positioning of the psychologist profession in Taiwan? In the following paragraphs, the author discusses and suggests three directions: the scope of psychological professional services, the development of ethics and regulations related to telepsychology services, and the cultivation and continue education of psychologists' telepsychology service capabilities.

Professional Development Suggestions for Taiwan Telepsychology

Definition of the Overall Professional Boundary and Services of Psychologists

When examining the relevant information on telepsychology in the United States, both professional regulations and relevant ethical guidelines define the scope of clinical practice in terms related to "psychological services" rather than just "psychotherapy" or "counseling." Therefore, regardless of whether professional practitioners are at the doctoral or master level, they clearly define the profession as providing psychological-related professional services, thus eliminating the potential overlap with other types of treatments. In other words, perhaps other treatments may use interviewing skills in individual or group work, but not counted for the psychological services. The professional boundary of psychologists focuses on providing psychological services, including psychological consultation, psychological consultation or treatment, psychological business supervision, and extensive use of psychological knowledge and principles. In contrast, other types of therapy (such as horticultural therapy, music therapy, dance therapy, etc.) have their own certification agencies, professional identities, accreditation and practice standards. Psychologists can obtain a psychologist's license and then get other certifications of their professional interests. The author believes that using "psychological services" as the main definition of professional boundary and professional services is more effective than "counseling and psychotherapy" and may solve the problem of deliberate confusion among psychological and non-psychological practitioners. They are avoiding legal consequences by using keywords such as "psychological consultation" and "psychological courses" instead of "psychotherapy" and "counseling".

Because "treatment," "counseling," or "psychological services" are not equivalent to medical concepts in the United States, psychological practitioners, regardless of master's or

doctoral level, are not necessarily medical personnel. Their license authorizations have corresponding regulations. Their government has relatively fewer regulations and relies more on professional self-discipline. Therefore, in addition to the diagnosis and treatment of mental illnesses in the medical field, professionals have more autonomy and flexibility. Community practices have flourished, and professionals are more willing to involve professional organizations with substantial professional influence. On the contrary, Taiwanese counseling psychologists are limited by their status as medical personnel. Still, their practice content is very different from traditional medical treatment that only focuses on physical symptoms treatment. Perhaps this is why psychologists have the status of medical personnel, without limiting the total number of trainees as other medical professions in Taiwan.. Since the training quota is not controlled, is it possible to consider changing the professional status from medical personnel to non-medical personnel, like social workers?

Suggestions on the Adjustment of Professional Ethics and Regulations in Telepsychology Services: Cooperation and Division of Labor Between the Government and Professional Associations

Compared with the United States, Taiwan's existing regulations are relatively more rules on the practice of psychologists. Compared with face-to-face services, the most significant difference comes from the service platform. Therefore, the main legal regulations of telepsychology services in the US are in the security of the service platform. The other matters to ensure clients' well-being during the service are left to professional autonomy and will not be bound by legal regulations. Therefore, professional organizations are responsible for establishing telepsychology services ethical codes, supporting measures, and training resources. Only if legal regulations provide corresponding space and flexibility can the profession exert its independent and self-discipline capabilities. On the other hand, the clinical practice in Taiwan is regulated by various legal rules and interpretations formulated by the government, which allows the government to define how the profession should behave. Without empirical research to prove its validity, the current telepsychology services are restricted by age and cannot be practiced with people under 18. and even decisions are made through written review. Institutions/clinics need to submit their applications and apply to local health bureau for permission for practicing telepsychology services, but there are no national standards for internet security and confidentiality, as well as proper telepsychology training. Therefore, if psychologists work in small and medium-sized schools or community clinics without adequate

resources, they may face risks from improper handling and storage of electronic data. Therefore, it is recommended that the government follow the American model and promulgate national regulations and supporting mechanisms related to information security standards (Chang et al., 2018). The government can also encourage companies to develop systems that comply with information security regulations and are reasonably priced for purchase by psychological practitioners and institutions. Then the professional organizations can be in charge of professional qualifications, continue education and training, and evaluation standards. In this way, telepsychology services are not regarded as unique and emerging medical services by the Psychologist Act (2001/2020). The government should not use the principles of regulation interpretation and "Rules of implementing Telecounseling services by psychologists," which have a lower legal status than the Psychologist Act, to restrict psychologists' right to provide services and limit people's opportunities to obtain psychological services (Control Yuan, 2022; Wang & Wu, 2023), Telepsychology services should still be regulated in the original psychological service category, allowing professionals to function based on professional self-discipline.

Suggestions on Cultivating Psychologists' Telepsychology Service Capabilities and Continuing Education

Regarding the capabilities of telepsychology services, most psychologists who fought several tough battles during the COVID-19 pandemic from 2020 to 2022 have been forced to work with it right away (Taiwan Counseling Psychologist Union TCPU, 2020; Tseng et al., 2023; Yeh et al., 2021). However, through this process, we have observed that although telepsychology has its own uniqueness, they can be incorporated into various forms of psychological services. This capability is no longer an option that can be ignored. In the past, it was common to use paper and pen to write, but now case records are generally done electronically. We wouldn't treat typing case notes and saving it in electronic form as a special skill anymore. Thus, providing telepsychology services effectively should be regarded as a basic ability for psychologists in this era. Therefore, the author believes that the functions of telepsychology services should be included in every subject of counseling training, whether it is individual or group counseling techniques, ethics and regulations, marriage and partner counseling, and children's play therapy. We cannot avoid discussing online forms of work. When instructors teach telepsychology skills and ethics, in addition to the basic understanding of telepsychology, it is more important to discuss the unique relationship dynamics in the

context of teletherapy. Because telepsychology is one of the options for professional psychological services, the psychologist should assess the client's physical and mental functional status with the consideration of presenting issues to decide if telepsychology service meets the client's best interest.

While writing this article, the author deliberately read a lot of American literature on telepsychology services and found that there are also many papers and books written by clinicians—sharing their practice experiences (Weinberg & Rolnick, 2020; Weinberg et al., 2023) in addition to evaluating the effectiveness of telepsychology (Abrams, 2020). Taiwanese psychologists have also accumulated a lot of experiences in telepsychology individual, group, and supervision services in the past few years (Chiu et al., 2023; Hsu et al., 2022; Lin et al., 2022; Shih, 2022; Yeh et al., 2021). Practitioners can report their valuable clinical experience through seminars, journal articles, or handbooks on telepsychology to promote the development of the indigenous telepsychology profession and research in Taiwan.

In addition, professional organizations and unions should systematically establish principles and recommendations for continue education, training, resources, and ethical guidelines corresponding to the professional development needs of practitioners and agencies providing telepsychology services. As technology and the virtual communication develops, the development of artificial intelligence (AI) and the metaverse will soon have a significant impact on professional counseling services, online marketing and advertisement. These emerging issues will likely influence or even change our professional training and services. Moreover, the Internet knows no borders, but the psychology profession is required to follow local national regulations. Therefore, professional organizations can introduce relevant international regulations or exchange resources to enhance practitioners' understanding of international psychotherapy trends to avoid violating local laws when crossing national boundaries.

Perhaps in the early stages of professional development, we can gain a firm foothold through government regulations and the introduction of existing foreign resources. However, in the advancement of professional maturity, we hope that the government can loosen regulations and give the profession back to the professionals. The professional organizations can serve as a platform to regularly share local clinical experiences, and to exchange professional perspectives between practitioners and scholars. Our local clinical experience can be used as a basis for examining and advancing the existing telepsychology ethical guidelines and regulations. We hope that our professional services and online platforms can keep up with needs of the public so that we can ensure the best interests of clients.

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