Milfred "Bud" Dale, Ph.D. (ABPP), J.D.
Board Certified Clinical Child & Adolescent Psychology
2201 SW 29th Street
Topeka, KS 66611
(785)267-0025/Fax (785)266-6546
buddalelaw@aol.com www.buddalelaw.com

TESTIMONY TO HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
February 11, 2021

RE: Testimony in favor of House Bill No. 2209 regarding Kansas joining PSYPACT, an interstate compact regarding interstate telepsychology services and limited temporary face-to-face services.

Please consider this written testimony as supporting Kansas joining PSYPACT.

My name is Milfred D. Dale. I am and have been a licensed psychologist in Kansas since 1989. I am board certified by the American Board of Professional Psychologists in clinical child and adolescent psychology. I have also been a licensed attorney in Kansas since 2009. My main office is and has been in Topeka, Kansas, for more than twenty-five years. I also have an office in Dallas, Texas. My practice of psychology involves local, regional, and national cases. This practice is focused on consultation and child custody cases, as well as other areas of clinical and forensic psychology. Currently, I am also independently licensed as a psychologist in the states of Missouri and Texas, and currently have a temporary license to practice psychology in Nebraska. Based upon my licensure in Texas and Missouri, I am registered as a PSYPACT provider and have an E.Passport. However, I cannot perform psychological services as part of PSYPACT from my office in Topeka because Kansas is not yet a part of the Compact. Helping Kansas become a part of PSYPACT is the purpose of House Bill No. 2209. Facilitating this and answering questions about PSYPACT are the goals of my testimony.

Like many other psychologists (and entire communities of those providing different mental health services), the pandemic forced me to quickly become competent and knowledgeable about how to continue to help my patients and others for whom I provide clinical and forensic services. Providing telepsychology services existed prior to the COVID-19 pandemic and there exists a fairly robust research foundation for its effectiveness – including research demonstrating the equivalence of services delivered through videoconferencing and face-to-face means. In addition, I quickly "discovered" there are numerous best practice guidelines for how to practice using videoconferencing technology.

In the Spring of 2020, I wrote a paper that, among other things, reviewed the research in different settings. This paper has been published online in *Psychology, Public Policy, and the Law*, an APA journal with an international audience. This paper is available to committee members by email (drbuddale@outlook.com). In brief, the professional literature

includes studies that document the ability to be empathic and develop working alliances with patients in remote treatments via videoconferencing. There is research regarding the advantages and effectiveness of videoconferencing in schools, hospitals, residential treatment centers, and across numerous correctional contexts.

While there is more research with adults, there is also research on working with children and teenagers using this technology. In November, 2020, I have presented at a virtual international conference with Dr. Eve-Lynn Nelson, a psychologist at the University of Kansas Medical Center is well known in the "telebehavioral health" community, both in Kansas and throughout the country. She has spent the last twenty years researching this service delivery method with children and teenagers in underserved areas. Yes, Kansas can proudly claim to be at the leading edge of this movement because of Dr. Nelson.

In 2019, Eric Harris, Ed.D., J.D., a psychologist and attorney with The Trust (a prominent national malpractice carrier for psychologists) and someone who helped the American Psychological Association develop telepsychology guidelines, noted,

> The consensus at this point is that there is sufficient evidence of efficacy of telepsychology and a lack of data that it is inferior that there is no basis for overriding the choice of an informed client and competent therapist that this is an acceptable alternative under the right circumstances (Harris, 2019, slide 47).

As a psychologist in private practice, videoconferencing has allowed me to continue providing services when face-to-face contacts during the COVID-19 pandemic were not safe. Almost all of my colleagues, both psychologists and those in other helping and mental health professions, have done the same. In addition to forcing these changes, the pandemic has increased the need to help children and their families by adding new stresses related to the fears and risks of infection with a potentially deadly virus and how these stresses disrupt familiar life processes and routines. I have learned how to provide services via videoconferencing because of the pandemic but, because the advantages of this methodology are so numerous, I have also learned that telepsychology will last and extend past the pandemic crisis. Many (but not all) of my patients prefer telepsychology over face-to-face meetings.

PSYPACT expands the opportunities for Kansas psychologists. PSYPACT can facilitate interjurisdictional practice, both for providers located near state lines and those located throughout the state. In my case, I provide high specialized services (e.g., child custody evaluations, forensic consultations, parenting coordination, therapy, etc.) across Kansas, the surrounding states, and the United States. This has required obtaining and maintaining permanent and temporary licenses in multiple states. By joining PSYPACT, the state of Kansas can open up new business markets for psychologists like me.

Obviously, should Kansas become a part of PSYPACT, psychologists from other states could provide services to Kansans. PSYPACT provides a certification process for

qualifying these providers, a mechanism for oversight of these providers, and protections for Kansans who use these services.

In sum, I urge that this Committee and the Kansas legislature pass House Bill No. 2209 and make the State of Kansas a member of the interjurisdictional compact known as PSYPACT.

Respectfully submitted,

Milfred D. Dale, Ph.D. (ABPP), J.D.

Milfred D. Dale, Ph.D. (ABPP), J.D.
Board Certified in Clinical Child & Adolescent Psychology
2201 SW 29th Street
Topeka, KS 66611
(785) 267-0025
drbuddale@outlook.com