


National Association of School Psychologists

Guidance for Delivery of School Psychological Telehealth Services

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NASP 
NATIONAL ASSOCIATION OF
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Executive Summary

This document provides guidance on the important factors school psychologists should consider when engaging in the practice of delivering services virtually. Virtual service delivery is defined as providing services remotely, where the clinician and the client are physically located in two different locations and services are provided using technology via the Internet. It is also commonly referred to as *teletherapy* or *telehealth*; telehealth is the term that will be used throughout this document. The guidance provided does not constitute an endorsement of a particular approach or practice in the realm of teletherapy or telehealth. In addition, the information provided below reflects current information gathered. As more is learned and the field of telehealth evolves, new information is expected to emerge.

BACKGROUND

- A. Related professions, such as occupational therapy, physical therapy, speech–language pathology, social work, and clinical psychology have created guidance documents for their practitioners who engage in telehealth services. They concur on multiple guidelines to ensure professionalism in telehealth delivery.
- B. Test publishers are seeking guidance from professional organizations regarding telehealth services, though most publishers do not currently have well-established or well-vetted systems established for conducting assessments virtually.
- C. Third party service providers consider themselves to be “market facilitators.” As such, they connect districts with independent contracting school psychologists and establish platforms to deliver services, but they assume no responsibility for the actual services delivered.

BENEFITS AND CONCERNS

- A. Benefits include the ability to provide services to remote or understaffed districts, including counseling, consultation, and assessment, as well as the ability to provide mentoring and support to interns or early career school psychologists.
- B. Concerns include issues around privacy and confidentiality, impersonal service provision, inadequate training of support personnel, reliability and validity of assessment results, test integrity, and effectiveness of services. In addition, there are concerns related to the increased use of social media as a professional consultation platform.

CERTIFICATION AND LICENSURE

- A. Practitioners of telehealth must be certified or licensed in both their state of residence and the state in which their client resides. In addition, practitioners who provide telehealth through a third-party contractor are potentially providing services outside the auspices of a school or district, which may not be permissible for specialist-level or doctoral-level school psychologists in many states, without a private practice license.
- B. Currently, it is not clear if state department of education certification/licensing regulations specifically address telehealth services in their scope of practice for school psychologists. Private practice licensure also varies per state, so individual practitioners are responsible for ensuring their license(s) cover telehealth/teletherapy.

LEGAL AND ETHICAL IMPLICATIONS

- A. Practitioners are cautioned to follow all HIPAA regulations, rather than just FERPA regulations. Ensuring secure technology is paramount, as is ensuring that appropriate informed consent is explained and obtained. Districts and third-party providers may not provide liability protections to practitioners, and it is unclear how school psychologists who engage in telehealth practices would fare in a due process or legal proceeding.
- B. Virtual service delivery requires close adherence to ethical standards. The same level of ethical and professional standards should apply to telehealth services as it does to in-person delivery of school psychological services.

RECOMMENDATIONS

School psychologists providing telehealth services should:

1. Adhere to all professional ethics, standards, policies, and positions.
2. Become knowledgeable of and follow licensure and certification requirements.
3. Ensure access to high-quality technology.
4. Obtain appropriate professional development to ensure competence in the delivery of telehealth services.
5. Use validated assessment tools and methods.
6. Maintain thorough documentation and legal/professional record-keeping practices.
7. Ensure high degrees of privacy, confidentiality, informed consent, and security.
8. Consider whether telehealth services are safe, effective, and appropriate.
9. Obtain the appropriate licensure/certification—and, if needed, liability insurance—to cover telehealth services.

NASP also welcomes school psychologists and districts who engage in telehealth practices to provide feedback to NASP on the strengths and concerns associated with their experience so more can be learned to inform practice.

Guidance for Delivery of School Psychological Telehealth Services

INTRODUCTION

There is a growing trend in the field of school psychology and related professions to provide services within a remote telehealth framework (i.e., virtually). Virtual service delivery is defined as providing services remotely, where the clinician and the client are physically located in two different locations and services are provided using technology via the Internet. These can include many core services provided by school psychologists. To be consistent with other professions who are currently doing virtual practice, *virtual delivery* will be referred to as *telehealth* throughout this document, as that is the common term used most by other professions.

In the creation of this guidance document, NASP met and interviewed various publishers, third party service providers, practicing school psychologists, and related professional associations. In addition, empirical research was reviewed and summarized. These guidelines do not constitute an endorsement of a particular approach or practice in the realm of telehealth. In addition, the information provided below reflects current information gathered. As more is learned and the field of telehealth evolves, new information is expected to emerge.

PART I: BACKGROUND

Telehealth services have been around for several decades, though the current iteration has taken root in the last decade or so. The Veterans Administration (VA) has long championed a telehealth service delivery model for mental health. Their experiences, and the increasing availability of affordable technology, have also led clinical psychology and related service professions to adopt telehealth practices. These fields came to the realization that many of their practitioners were engaging in telehealth services with no guidance and often were violating various legal and ethical standards. **In general, most telehealth services are held to the gold standard of an in-person, one-on-one setting.** The closer that these services are to the gold standard, the more reputable they are felt to be (Gammon, Sorlie, Bergvik, & Hoifodt, 1998).

A. Related Professionals

The fields of occupational therapy, physical therapy, speech–language pathology, social work, and clinical psychology have created telehealth guidance documents for practitioners in their fields. There is general agreement across the professional organizations on several issues related to telehealth service provision, as practitioners should:

1. Adhere to all professional ethics, standards, policies, and positions.
2. Remain aware of licensure and certification requirements.
3. Have access to and expertise with high-quality, appropriate technology.
4. Select and use validated assessment tools and methods.
5. Maintain thorough documentation practices and legal, professional record-keeping practices.
6. Ensure high degrees of privacy, confidentiality, and security.
7. Consider whether telehealth services are safe, effective, and appropriate.

B. Test Publishers

Among the major publishers, there is an interest in seeking guidance from professional practice organizations, such as NASP, regarding telehealth services. Other related professional organizations have worked closely with some publishers to ensure that assessment instruments are being validated and are reliable within an online environment.

Currently, few publishers have systems set up for telehealth. Pearson and its Q-Interactive/Q-Global systems were designed to use technology to administer assessments, but virtual delivery through telehealth was not the primary intent. Third party providers, such as Presence Learning, have been given the exclusive rights to develop online administration of the Woodcock-Johnson IV assessments, for which online assessment is the primary focus. Due to the shortage of school psychologists and struggles to meet the demands for services in hard to fill areas (e.g., rural, urban), third party companies are responding to the demand to deliver school psychology telehealth services.

C. Third Party Service Providers

Leading companies who contract with school districts to provide telehealth services provided an overview of their delivery model and the technology that is utilized for providing services. The level of telehealth services ranges from remote clinicians serving in an assistance role for an on-site school psychologist to those who provide all services remotely. School psychologists are primarily used for assessments, though engagement in counseling, consultation, and observations is possible. The companies vary in the level of support they provide to school psychologists to administer assessments equivalent to in-person administration. For example, Presence Learning, a company that has the sole exclusive provider rights to online administration of the Woodcock-Johnson IV assessments, provides training for both the school psychologist and the aide who is in the room with the student. Presence Learning also requires the use of specific technological platforms that are HIPAA-compliant to ensure confidentiality, speed, bandwidth, pixel/clarity, and high-quality sound. Other companies provide less guidance and training.

Companies providing telehealth services hire school psychologists as independent contractors and view themselves as market facilitators. In other words, they provide school psychologists to districts (e.g., third party) and help guide school districts when investing in the technological platforms to provide telehealth services. School psychologists are responsible for the delivery of professional services, and because they are considered independent contractors, the school psychologists need to have their own liability insurance.

None of the companies interviewed record any of the services beyond the time the services took place, nor do they retain any records generated, as the records are sent to the contracting school districts. All other services are streamed live, including assessments and observations.

The companies utilize adult aides at the remote sites to be in the room with the student helping to facilitate the delivery of services, although the quality and consistency of training across service providers can vary widely. One of the companies has structured half hour training for aides, while another company leaves it to the school psychologists' discretion to train the on-site aides.

PART II: OVERALL BENEFITS AND CONCERNS

A. Benefits

There are a range of benefits in the use of telehealth. These include increasing access to remote or underserved populations, decreasing travel times, and increasing professional efficiency.

Access to Remote or Underserved Populations and School Districts. There are many school districts unable to find school psychologists to provide in-person services. Some are in remote locations, while others are in more populated areas but have inadequate staffing to address the population's needs. The use of telehealth allows students in these districts to receive services that the district would be unable to provide or would be providing at a substandard level with less qualified personnel.

Counseling. In general, telehealth counseling services using cognitive-behavioral therapy in adult populations have proven effective across a range of disorders (Lindhiem, Bennett, Rosen, & Silk, 2015; Newby, Tworney, Li, & Andrews, 2016; Wootton, 2016). The evidence of effectiveness diminishes as the targeted populations get younger (Scaini, Belotti, Ogliari, & Battaglia, 2016). There are a variety of models in which telehealth counseling services are offered in the private sector. These models include utilizing text only, auditory only, or videoconferencing. The videoconference model is the one most akin to in-person counseling.

Consultation. The use of consultation through telehealth is growing in clinical settings; however, research on the use of consultative telehealth models in schools is still relatively small. The available research indicates that consultative telehealth is effective and can provide greatly needed assistance to school staff and parents (Bice-Urbach & Kratochwill, 2016; Fischer, Collier-Meek, Bloomfield, Erchul, & Gresham, 2017).

Assessment. Telehealth allows for assessments to be conducted in multiple locations in a single day. This provides school psychologists with scheduling flexibility and also the opportunity to provide assessment services to students who may not have access to a licensed school psychologist.

Supervision. Telehealth makes it possible for interns and early career school psychologists to receive supervision from university and senior school psychologists, even when they are working in remote areas or districts that only have a single school psychologist or no school psychologist on staff. *Telesupervision* has not been as extensively researched as other areas, but early research indicates it is effective, provided various safeguards are put into place as would be indicated for other services (Chapman, Baker, Nassar-McMillan, & Gerler, 2011; Perry, 2012). NASP has provided guidance regarding telesupervision in the position paper, *Guidance for Postgraduate Mentorship and Professional Support*, in sections 9 and 10.

B. Concerns

Professional Issues. The use of third party providers raises concerns about privacy and confidentiality. Online security is a must to ensure client information is safe and secure and only shared with the appropriate professionals allowed by law and ethical standards. Other general concerns include equipment malfunction, feelings of less personalized care, and lack of cultural awareness and sensitivity.

A broader concern is that school districts will prefer telehealth services over in-person services. While this is frequently mentioned as a potential concern, none of the companies or organizations that were interviewed indicated this has come to fruition. Rather, they expressed that school districts have always expressed preference for an in-person provider but turn to telehealth due to shortages in the field.

Using telehealth services with children raises the issue of needing aides in the room with them in order to assist in administration or to address any behavioral issues. The background of the aides is incredibly varied. This can lead to interruption or undermining of the services through various actions taken on the part of the aides, such as giving feedback to a parent based on observation of a testing session or providing guidance to complete a task, which can confound results.

Assessment. This is the least explored area of service in telehealth. There is one small study, assisted by Presence Learning and Houghton Mifflin Harcourt, that validated the equivalency of the WJ-IV Cognitive and Achievement test result compared to in-person administration (<https://www.presencelearning.com/resources/online-assessment-services-including-psychoeducational-assessments/>). Other companies allow school psychologists to use any test school psychologists deem appropriate even if the publishers have not intended for the test to be virtually administered. This raises issues regarding the reliability and validity of the results obtained, as norming samples have not included telehealth administration. Additional factors will need to be considered to maintain test integrity, including others who may be in the testing room and the level of distractions present during administration. One company spoke to the importance of using at least two cameras when conducting assessments, one for the psychologist and student to interact and another that needs to be placed overhead so the school psychologist can observe the student completing the task. In addition, in order to ensure high-quality connections, bandwidth, speed, picture clarity, and clear audio quality must also be considered.

Storage and Sharing of Data. It is important that careful consideration is given to how data obtained via telehealth services are shared between the contracting school psychologist and the school district. One company warned that file sharing document sites such as Google Docs may not be secure depending on the configuration and thus run into compliance issues with HIPAA and FERPA standards.

Social Networking and Apps. The use of social networking sites—such as Facebook, LinkedIn, and the NASP Communities—and smartphone apps are typically not viewed as part of telehealth. However, many school psychologists use social networks to discuss issues related to client services. This can lead to the violation of student privacy and inappropriate disclosure of information. In addition, there is an increasing use of apps to supplement services, such as tracking a student’s mood over time or measuring student behavior. These apps have relatively little oversight and no acknowledged vetting authority on what is done with the data collected or on whether an appropriate level of security is employed with the data that is generated.

PART III: CERTIFICATION AND LICENSURE

Certification and licensure are dictated at the state level, with each state delineating school psychologists’ scope of practice and whether they can practice autonomously. This issue is particularly important with telehealth as it requires certification and licensure both in the state where the practitioner resides *and* the state of the student receiving services. There are several states that do not allow autonomous functioning of school psychologists at the specialist level; and for those that do, that state’s licensure through the psychological licensure board may need to specifically cover telehealth practice. In addition, it is unknown if licenses from any state departments of education specifically address the practice of telehealth. Because the telehealth school psychologist may not be an employee of the school district which the student attends, and most state department of education licenses only cover those who are employed by a public school district, it is unclear if obtaining the state department of education license in the state for which the psychologist and/or student resides provides licensure coverage.

While the interviewed third-party providers focus on assisting school psychologists to become certified or licensed in various states, it would be easy for school psychologists to unknowingly practice without appropriate licensure coverage in a given state. The individual school psychologist is responsible for ensuring they are meeting the relevant state’s statutes, regulations, and policies prior to using a telehealth service delivery model.

PART IV: LEGAL AND ETHICAL IMPLICATIONS

A. Legal Implications

Applicable Laws. Federal laws that guide telehealth services include FERPA and HIPAA. While schools typically don't fall under HIPAA regulations, they may when a third-party service provider is involved. The most conservative route for school psychologists is to treat HIPAA as the law of the land. It is the most recent legislation, and it firmly acknowledges the role that the Internet and cloud computing have in health service delivery.

Technology. Student privacy and confidentiality are paramount concerns with telehealth. Currently, providers tend to use videoconferencing software for most services. Document cameras are added for assessment. Practitioners must ensure that these technological platforms use appropriate encryption when transmitting data. This can be very hard for average practitioners to verify on their own. Other security measures should be in place to protect student information and dispose of data properly.

Informed Consent. Many school district forms have not been constructed to accommodate the use of telehealth. This is particularly concerning for informed consent, as the parent must be informed of the service delivery method being utilized and issues involving various risks, benefits, and, in addition, the students' rights must be addressed. This includes the right of parents to refuse telehealth services.

Liability Insurance. School psychologists who practice telehealth, particularly outside of their school district employment or beyond state borders, will need to carry their own liability insurance. There are different types of liability insurance depending on work setting. If you are employed by and working in a public school setting, this type of liability insurance is often less expensive but only covers the professional within their public school district employment duties. If working in private practice, it requires a different level of insurance that is often more expensive. As stated above in the licensure section, it could be unclear where telehealth practice falls in regard to licensure and, thus, it may also be unclear regarding insurance coverage. The school psychologists will need to ensure that the insurance coverage allows for telehealth practice, specifically when providing services in different jurisdictions and across state lines.

Due Process and Legal Proceedings. This is uncharted territory in regard to the field of school psychology. There is no known case of a K–12 student who was receiving telehealth services ending up in a legal proceeding. In conversations with the various stakeholders, it was unclear if telehealth school psychologists would have representation by the school district for which the students reside, or if school psychologists would have to retain their own representation and/or cover all expenses related to any potential legal proceeding for which they may become engaged due to their involvement in telehealth assessment and/or service delivery. Due to being contract employees, it appears the third-party service providers would not be required to provide legal representation for the school psychologists. In addition, many there are concerns that assessment results may not hold up in a legal proceeding, since test construction and norming samples did not include a sample of those who were administered the assessment remotely. Many unknowns remain in regard to legal proceedings.

B. Ethical Implications

Appropriate Fit for Student. When electing to use telehealth, there are various factors for the school psychologist to consider regarding student characteristics. The companies interviewed emphasized that not every student is a good candidate for telehealth services; thus, careful consideration needs to occur. Considerations include the complexity of the student's condition, the context and environment in which the student interacts, how comfortable the student is with using technology, and the nature and complexity of the service or intervention required and/or being asked of by the school. In addition, the

knowledge, skill, and competence of the school psychologist to deliver telehealth services are also paramount to ensure high-quality service delivery.

Technology. School psychologists need to maintain and enhance their level of understanding of the concepts related to the delivery of services via telehealth technologies. Equally important, school psychologists need to educate the students and aides regarding the technology so that they are also comfortable with it. The same level of ethical and professional standards should apply to telehealth services as it does to in-person delivery of school psychological services.

PART V: RECOMMENDATIONS

School psychologists providing telehealth services should:

1. Adhere to all professional ethics, standards, policies, and positions.
2. Become knowledgeable of and follow licensure and certification requirements.
3. Ensure access to high-quality technology.
4. Obtain appropriate professional development to ensure their own competence in the delivery of telehealth services.
5. Select and use validated assessment tools and methods.
6. Maintain thorough documentation and legal/professional record-keeping practices.
7. Ensure high degrees of privacy, confidentiality, informed consent, and security.
8. Consider whether telehealth services are safe, effective, and appropriate.
9. Ensure they have appropriate licensure/certification—and, if needed, liability insurance—to cover telehealth services.

NASP also welcomes school psychologists and districts who engage in telehealth practices to provide feedback to NASP on the strengths and concerns associated with their experience so more can be learned to inform practice.

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