Considerations for assessment training competencies in health service psychology
programs in the age of COVID-19

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ASSESSMENT TRAINING COMPETENCIES IN THE AGE OF COVID-19

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Abstract

Health service psychologists have made a rapid transition to delivering telepsychology services during the COVID-19 pandemic. The provision of remote assessment services, or teleassessment, however, has lagged behind given the limited evidence base. This delay has been uniquely challenging for university training clinics, which are equally responsible for developing trainee assessment competencies and providing high quality assessments to clients. Training clinics have been tasked with implementing programmatic adaptation to meet this need with limited guidance. We address this gap by describing the considerations university training clinics must make under physical distancing policies, including protections for the health of trainees and clients, ensuring standardized administration of assessments, providing developmentally appropriate training opportunities, and guaranteeing transparency in the consent and feedback processes. We recommend solutions to reconcile these inherent challenges and highlight training opportunities as they relate to the development of profession-wide competencies and ethical principles. These recommendations demonstrate that by integrating flexibility into program curriculums, training clinics can continue to adhere to accreditation standards while developing trainee competencies in assessment during the COVID-19 pandemic.

Keywords: teleassessment, training, assessment competency, ethics

Public Significance Statement: This manuscript addresses considerations and recommendations specific to the rapid adaptation of training clinic assessment practices during COVID-19. Each recommended solution facilitates the continuation in training of critical assessment competencies for doctoral trainees while adhering to accreditation standards and will help shape training experiences in a developing field for health service psychology programs.

Introduction

To maintain the provision of clinical services during the COVID-19 pandemic, health service psychologists have made a rapid shift towards telepsychology, or the delivery of mental health services via telecommunication technology. This transition presents a unique challenge for university training clinics, where the flexibility to move to remote services is limited by the need to provide developmentally appropriate training opportunities and to adhere to accreditation and institutional standards (Bell et al., 2020; Hames et al., 2020). Despite these barriers, many training clinics have transitioned to telepsychology services to maintain continuity of care for therapy clients. The shift to teleassessment (i.e., the administration of psychological assessments via telepsychology), however, has been hindered by the limited literature on teleassessment administration and training (Hames et al., 2020). This is problematic for training clinics, as psychological test administration is a ubiquitous and pivotal practice component of doctoral training and clinical practice at large (Callahan, 2015; Krishnamurthy et al., 2004; Youngstrom, 2013).

Doctoral program training standards are guided by the American Psychological Association's (APA)'s Standards of Accreditation (SoA; 2017b), which identifies psychological assessment as one of nine profession-wide competencies expected of graduate trainees. Doctoral programs support the development of assessment competencies initially through pre-practicum didactic coursework and hands-on practice administration focused on developing technical skills (Callahan & Watkins, 2018; Cellucci & Heffer, 2002). Over half of all doctoral programs also have requirements for assessment practicum and/or a minimum number of required integrated assessment reports (Mihura et al., 2017; Ready & Veague, 2014), which typically begin in a trainee's second year. These practicum experiences are central to the development of assessment competencies necessary to prepare graduate students for clinical internship (Hatcher et al., 2011).

The SoA also outlines ethical and legal standards as a profession-wide competency, and training programs emphasize the APA's Ethical Principles of Psychologists and Code of Conduct (2017a). These guidelines outline the appropriate conditions under which assessment can occur, the required qualifications of test administrators, the centrality of standardized administration, and maintenance of test security.

Psychological governing bodies such as the APA and the Council of Chairs of Training Clinics (CCTC) have recently published recommendations and updated guidelines emphasizing flexibility in the administration and training of assessment during the pandemic. Hames and colleagues (2020) consolidated these guidelines to provide overarching guidance tailored to support university training clinics in adapting to COVID-19. While these guidelines establish important preliminary literature for the transition to teleassessment, limited guidance is available for the implementation of teleassessment in training clinics, specifically with regard to maintaining trainee assessment competencies (Bell et al., 2020; Hames et al., 2020). Moreover, while the implementation of teletherapy to train intervention skills in university training clinics has been described in a few studies (Dopp et al., 2017; McCord et al., 2015, 2020), no known study to date has focused on the feasibility of implementing teleassessment to train and develop assessment competencies within psychology doctoral programs.

This paper aims to fill this gap by describing a unified set of considerations and procedural recommendations specific to the adaptation of university training clinic assessment practices during COVID-19. We argue that while these recommendations require compromise and adaptation of training opportunities, they also provide new opportunities for growth and development for psychology trainees (CCTC, 2020a; Desai et al., 2020). Therefore, a central aim of this paper is to describe how each recommended solution and procedural change facilitates the

continuation of training in critical profession-wide competencies.

COVID-19 teleassessment recommendations for training clinics

To identify recommendations and guidelines relevant to this paper, we reviewed the websites of each accrediting agency and test publisher, announcements from psychological listservs through which these guidelines are made public, and recently published literature (Anderson et al., 2020; Association of Psychology Training Clinics (APTC), 2020; Bell et al., 2020; CCTC, 2020a, CCTC, 2020b; Hames et al., 2020; InterOrganizational Practice Committee (IOPC), 2020; National Association of School Psychologists (NASP), 2020; Pade et al., 2020; PAR Inc., 2020; Pearson, 2020; Wright, Clemence, et al., 2020; Wright, Mihura, et al., 2020). Discussion of the identified guidelines took place as part of an assessment practicum for advanced trainees focused on developing profession-wide competencies in assessment and clinical supervision (MAST approach; Tawfik et al., 2016), which meets for weekly group supervision. In response to COVID-19, a focus of this practicum group centered around the feasibility and appropriateness of transitioning the training clinic's program to teleassessment. Each of the authors (four trainees and one training clinic director) reviewed the identified guidelines and collaboratively discussed cross-cutting themes. An overarching theme emerged regarding the importance of maintaining trainee and client safety while simultaneously continuing to support trainees' progression through the doctoral program. The first author consolidated each of the group's discussion points into six considerations related to this need to balance trainee development and client needs. These considerations were then refined, and recommendations developed through an iterative process during the weekly group supervision meeting. This process allowed for the incorporation of trainee and training clinic director/supervisor perspectives, and it provided trainees with advanced training in program development as it relates to the clinical supervision of

assessment.

Implementation of these recommendations is practice- and context-specific. As such, we will not address cross-cutting practice considerations such as the need for adherence to state and county pandemic orders, insurance/legal factors related to tele-assessment, and clinic physical distancing procedures. For recommendations on adapting assessment administration for physical distancing see the APTC's *Assessment training considerations during COVID 19 – Safe return to in-person assessment* recommendations (APTC, 2020). Instead, we focus on distilling important considerations for the development of trainee competency in psychological assessment and the need to adhere to standards of accreditation within a university training clinic (Table 1).

Consideration 1: Trainees are clinicians in development, but are also students in lower power positions

Training clinics provide important, oftentimes low-cost mental health services to the community, and trainees provide critically needed assessment services (APTC, 2015; CCTC, 2020a; Thompson et al., 2017). However, trainees' lower status within the training clinic's hierarchy relative to supervisors places them in vulnerable positions (Bell et al., 2020; Burnes & Christensen, 2020). Further, they often have multiple relationships with practicum supervisors (e.g., professors, research mentors) and depend on supervisors' positive evaluations and recommendations to advance their careers (Cellucci & Heffer, 2002; Gross, 2005). Trainees may also feel pressured to maximize clinical assessment hours in order to prevent a delay in progression through the doctoral program, which could negatively impact trainee mental health or create financial burden (Doran et al., 2016; Pade et al., 2020; Rummell, 2015). While it is possible for trainees to discuss discomfort in returning to in-person assessment with supervisors (Hames et al., 2020), the power dynamic undoubtedly influences trainee comfort with self-advocating or

disclosing personal information related to conducting in-person assessment. Moreover, trainees hold multiple identities, the intersectionality of which may put them further in marginalized social positions (Curtis-Boles et al., 2020). Inequalities in the economic and health impact of the COVID-19 pandemic within marginalized communities exacerbates underlying inequities between students (van Dorn et al., 2020). For example, trainees may feel pressured to conduct in-person testing despite concerns about their own safety or that of family members, or to disclose underlying medical conditions that prevent their full participation during COVID-19 (Bell et al., 2020). Thus, implementation of socially just policies are especially important when considering a return to in-person test administration.

Training clinics are especially challenged to utilize their trainees' existing competencies to fill service gaps, while also maintaining organizational cultures that support social justice within the program (CCTC, 2020a). It is therefore recommended that *training clinics develop minimum training expectations with an eye towards eliminating the need for trainees to self-advocate or self-disclose in order to maintain their safety*. One way to achieve this balance during the pandemic is for universities to delay the requirement of in-person administration of assessment for trainees. Delaying this requirement reduces trainees' feelings of pressure to maintain good standing in the program by conducting in-person assessments. Instead, requirements should facilitate the development of core competencies in new and creative ways (see Consideration 3), while offering the option of in-person administration where possible. To accommodate this delay, graduate programs should work proactively with their training clinic directors to revise curricula that allow for in-person testing at a later stage in the program and ensure the availability of supervisors for future administrations (APA, 2020; APTC, 2020). Graduate programs can also begin to coordinate with predoctoral internship program directors to identify assessment

competencies that may need to be more thoroughly targeted during internship.

Trainees may also feel discomfort in providing accurate feedback about practicum experiences or hesitate to self-advocate should supervisors encourage trainees to conduct in-person testing (Desai et al., 2020; Gross, 2005). To support honest feedback from trainees, universities could *designate trainee, faculty, and extra-departmental graduate school advocates who feel equipped to speak on a trainee's behalf*. This could be accomplished by adapting existing infrastructures (e.g., faculty ombudsperson, multiple assessment supervisors, peer mentors, graduate school dean and student councils, or university Equal Employment Opportunity and Diversity and Equity offices). As Lewis (2010) argues, by creating cultures of advocacy and instilling knowledge about diversity and equity issues within their clinics, training clinics have the opportunity to enhance trainees' social justice and advocacy competencies. This includes conducting professional activities consistent with the APA Ethical Principle E: Respect for People's Rights and Dignity (2017a) and profession-wide competencies in individual and cultural diversity (APA, 2017b), which require psychologists to be sensitive to and protect individuals from a wide variety of cultural backgrounds and life circumstances. Open discussion about the rationale for these training decisions and vocalized support for trainees' physical distancing choices will facilitate these learning opportunities (Gross, 2005). Faculty and supervisor advocacy for these policies would serve as professional role models for trainees' professional development of competencies in professional values and attitudes as future leaders in the field of psychology (APA, 2017b).

Consideration 2: Teaching teleassessment provides unique learning opportunities, but risks students learning non-standardized practices

In response to COVID-19, health service psychology programs have been encouraged to

explore alternatives to teaching assessment, beyond traditional in-person administration, including the provision of teleassessment (CCTC, 2020). Teleassessment, however, poses risks to assessment data given the lack of norms and psychometric evidence available via this modality. Preliminary evidence for some teleassessment batteries exists (Wright, 2020; Cullum et al., 2014; Wright, unpublished white paper) and publishers have modified their policies related to the use of their materials (PAR Inc., 2020; Pearson, 2020). Training clinics have an obligation to *maintain best practices training standards* in line with the APA Standards of Accreditation (2017b), and the APA ethical code (2017a), both of which require trainees to be taught to select and administer assessments according to their established validity and reliability within a given population.

For tests with limited psychometric support, as is largely the case for teleassessments at present, psychologists are implored to fully describe in assessment reports the limitations of test results and adaptations made to test administration procedures (APA, 2017a). However, these allowances may not necessarily be appropriate for beginning trainees, who are still learning how to conduct standardized administration. Past studies of trainees' experiences have also indicated a preference to first learn traditional administration methods prior to learning alternative methods (e.g., Tablet administration; Noland, 2017). Consistent with the expectations of the APA (Wright et al., 2020), it is recommended that only trainees with prior experience with standardized, in-person test administration conduct teleassessment administration. In order to accommodate this change, training clinics could plan to provide opportunities for in-person administration of assessment during later phases of their graduate careers (Wright, Clemence, et al., 2020). This will prevent trainees from learning procedures inconsistent with best practices (Hames et al., 2020). Through discussions about the rationale for such procedural changes, trainees can enhance their

understanding of how standardized administration influences validity and reliability of assessments (Standard 9.02; APA, 2017a) and the Boundaries of their Competence (Standard 2.01; APA, 2017a; Desai et al., 2020).

Importantly, some assessment procedures can be administered by new trainees over telepsychology without compromising test properties, because they have more established evidence or are independent of administration modality. These include structured intake interviews, feedback sessions, online behavioral rating scales and personality tests, and the administration of electronic client-reported outcome questionnaires (Hames et al., 2020; Muehlhausen et al., 2015). If desired, trainees can support client completion of these assessments via a videoconferencing platform. This would allow trainees to continue developing competencies related to collection of multiple sources of assessment (APA, 2015), and explaining assessment results (Standard 9.10; APA, 2017a). Such procedures could *remain over telehealth even if universities re-open under new physical distancing policies in order to prioritize trainee and client safety* (CCTC, 2020b; IOPC, 2020).

Finally, training clinics should *ensure that trainees understand how COVID-19 physical distancing guidelines may impact standardized in-person test administration*. For example, many administration manuals describe procedures that assume the examiner is seated within arm's reach of the client, yet physical distancing policies suggest a minimum of six feet (IOPC, 2020). Discussion of these types of administration differences on assessment results with trainees can help build competencies related to measurement and interpretation of assessment results (APA, 2015).

Consideration 3. Trainee skill development is a gradual process, but teleassessment is a leap forward

A central responsibility of university training clinics is to ensure that progression through the program results in greater independence and responsibility for assessment administration, while also responding supportively to each trainee's developmental level (APA, 2015; Bell et al., 2020; CCTC, 2020a; Krishnamurthy et al., 2004). Teleassessment administration during the COVID-19 pandemic, however, represents a leap forward in trainee competencies rather than a steady progression. Instead of accumulating skills over time, trainees are tasked with rapidly learning new clinic procedures and telecommunication technologies as well as acquiring new clinical skills for building effective relationships with clients via telepsychology and administering tests online. Reducing this training burden is essential (CCTC, 2020a; Wright, 2020), and training clinics need to think flexibly about how to develop incremental steps between pre-practicum didactic coursework and teleassessment administration with clients.

First, *didactic coursework could be extended beyond the pre-practicum year*. This could be accomplished by reviewing advanced scientific literature about teleassessment, inviting advanced trainees to present at case conferences, conducting mock supervision and discussion of de-identified clinic test records and written reports, and accessing online webinars about telepsychology (APTC, 2020; Pade et al., 2020). These opportunities would allow trainees to continue to develop their familiarity with diagnostic classification systems, improve their ability to identify appropriate supplemental test batteries, practice case conceptualization skills, and increase their knowledge of evidence-based recommendations (Section 9; APA, 2017a, APA, 2015).

Additionally, we recommend that *training clinics make use of mock administrations to build trainees' basic assessment skills*. This develops trainee skills such as building rapport with clients, basic interviewing and feedback skills (e.g., reflective listening, interpreting test data for clients while being a supportive therapist) and increasing familiarity with clinic-specific

administration procedures. Advanced trainees can also use mock clients to practice teleassessment administrations or non-standardized in-clinic administration (Anderson et al., 2020; CCTC, 2020a, CCTC, 2020b; IOPC, 2020; NASP, 2020; PAR Inc., 2020; Pearson, 2020; Wright, Clemence, et al., 2020; Wright, Mihura, et al., 2020).

Trainees could also observe or co-lead cases with faculty supervisors or advanced trainees who have existing standardized test administration experience. In these teams, trainees could conduct developmentally appropriate components of the assessment (e.g., intake and feedback sessions), while observing their co-assessors administer teleassessments (APTC, 2020; Pade et al., 2020). Co-leading cases would give trainees the opportunity to develop assessment competencies related to Test Scoring (Standard 9.09), Interpreting Assessment Results (Standard 9.06) and Explanation of Assessment Results in oral and written form (Standard 9.10; APA, 2017a). Furthermore, co-leading cases would enhance trainees' development of profession-wide competencies, such as ethical and legal standards, communication and interpersonal skills as well as assessment skills (APA, 2017b).

The transition to teleassessment is very likely to require *increased supervision, especially as beginning trainees learn new skills and technologies* and training clinics should consider how to enhance supervision available for students (Hames et al., 2020; Wright, Clemence, et al., 2020). For example, teleassessment provides a seamless opportunity for continued compliance with SoA direct observation requirements. Supervisors and advanced trainees can join sessions via videoconferencing with their video and microphones off, allowing training clinics to continue to provide direct observation of practicum trainees (APA, 2017b, 2020; Bell et al., 2020). During observations, supervisors can provide live feedback with minimal interruption through chat platforms and take notes on trainee strengths and areas for development. If HIPAA-compliant video

recording is feasible, supervisors' review of tapes of trainee administration may help reduce challenges related to managing schedules. Using a meta-supervisory, or tiered approach (Tawfik et al., 2016), can help lower the burden on supervisors, while also allowing advanced trainees the opportunity to gain experience in supervisory competency (APA, 2017b) and exposure to a wider range of cases. Advanced trainees also provide a more immediate source of support for beginning trainees (Danzi et al., 2020) and can ensure that new trainees have a thorough understanding of the differences between standardized and non-standardized administrations, as well as the potential impact on interpretation of assessment results.

Consideration 4: Clients need comprehensive testing, but training clinics may currently have limited capacity to meet this need

In addition to obligations to trainees, training clinics have an obligation to their clients to continue to provide psychometrically-sound assessment, appropriate diagnoses, and evidence-based recommendations (NASP, 2020). However, physical distancing policies and the above outlined barriers to teleassessment administration limit training clinics' service capacity. For many communities, training clinics provide the highest quality assessments, and/or are the most affordable option (Thompson et al., 2017). Consequently, *training clinics may need to critically evaluate the role they play in their local community, and to what extent their trainees provide essential services* (Hames et al., 2020; Pade et al., 2020; Wright, Mihura, et al., 2020). This could be accomplished through review of clinic records to characterize the client population and the frequency of specific test administration and assigned diagnoses. Once clinics have an understanding of their standard service capacity, they can determine the extent to which they are able to meet these needs through teleassessment or physically distanced in-person testing. Additionally, providing training opportunities related to case conceptualization at an ecological level (i.e.,

considering the training clinic's role in the community) would support the development of trainee competencies in ethical and legal standards related to scope of practice (APA, 2017a).

Training clinics that identify critical service gaps could *expand their referral list to identify more experienced facilities that may be better equipped to implement teleassessments*. This could be accomplished by partnering with other community providers and training programs to develop a coordinated referral system based on client assessment need. Importantly, trainees can be part of this decision-making process; this would provide the opportunity to discuss considerations related to the APA Ethical Principle D: Justice (2017a), which ensures equality of access to psychological services. Clinics might even consider this an opportunity for trainees to gain competencies in consultation, a required profession-wide competency that trainees are expected to attain (APA, 2017b). For example, trainees might be involved in facilitating referrals to appropriate providers, which would allow them opportunities to network and collaborate closely with other professionals in the community.

Consideration 5: Training clinics need clients to develop trainee competencies, but clients must be fully informed about the limitations of teleassessment

A primary function of training clinics is to provide access to cases so that trainees can develop as professional psychologists, while also ensuring clients receive quality care (APTC, 2015; Hage et al., 2019). A critical procedure for ensuring this balance involves providing clients with a fair and impartial explanation of the potential limitations of receiving services from a trainee. Traditionally, ensuring transparency in this process is managed through consent procedures, in which trainees inform clients of potential limitations, including their trainee status, and describe the role of their supervisor in the client's care (Cellucci & Heffer, 2002). Both during the initial consent procedures as well as during feedback sessions, trainees explain how

standardized test administration supports the validity of assessment data. Given the lack of sufficient equivalency data for teleassessment, limited development of standardized teleassessment practices, and the unique limitations for service capacity at training clinics, there is a *critical need for informed consent and feedback processes to be updated to address these issues and ensure client equity*.

Clinics therefore will need to modify their procedures and consent documentation to ensure full transparency about current testing limitations, including what the clinic can offer clients and the potential utility of testing outcomes (e.g. IEP/504-plans, college board exam accommodations; Hames et al., 2020; IOPC, 2020; NASP, 2020; Pade et al., 2020). Increased transparency in consents could be achieved by reaching out to local school districts to determine their comfort with and minimum requirements for acceptance of teleassessment. To ensure client understanding, the impact of teleassessment on testing could be discussed at multiple time points including at the initial phone screen, at intake, and throughout testing. Trainees can be given the opportunity to help update consent procedures and implement the procedures with clients. This process also provides another unique opportunity for trainees to develop competencies consistent with the APA's Ethical Principal A: Beneficence and Nonmaleficence, which ensures that no undue harm arises from clinical practice. In addition, this would help trainees gain competency in Informed Consent in Assessment (Standard 9.03; APA, 2017a). Finally, trainees may further develop competencies in Use of Assessments (Standard 9.02; APA, 2017a) by carefully explaining how limitations in the current environment might impact testing results and interpretation during intake and feedback sessions.

Consideration 6: Training clinics encourage trainee exposure to a broad range of testing batteries, but this may not currently be feasible

Consistent with their responsibilities to trainees, training clinics also have a responsibility to prioritize the health and safety of clients by limiting in-person testing. Yet, a critical function of psychological assessment is to rule out differential diagnoses through the provision of multiple tests. In a training clinic, trainees often learn to administer a broad range of assessments, and more emphasis is placed on cross-battery assessments to confirm client deficits (Flanagan et al., 2007). In order to maintain client safety, *clinics will need to develop a system to determine for which clients and for which assessments remote administration is appropriate, and for whom in-person testing is required.* This could be accomplished first by identifying key in-home requirements for clients, including internet access, adequate electronic devices, and a private testing space (CCTC, 2020b; Pade et al., 2020). Training clinics can utilize appropriate referral systems to minimize the ways in which low resource clients are disproportionately impacted by barriers to teleassessment. Clinics can identify appropriate tests by comparing the usual practices of the training clinics with the available teleassessment literature to identify measures that require in-person testing because there is no viable teleassessment alternative. Inclusion of trainees in this process provides a unique opportunity to further trainee competency in ethical clinical decision-making abilities with real-world cases. Supervisors can review cases on the waitlist with trainees, and discuss issues such as balancing considerations related to the purpose of the assessment, the trade-off between testing with limitations versus delaying evaluation, consulting the empirical literature to identify appropriate assessments, and how modified assessments might impact recommendations (APA, 2015). Training clinics may *modify testing* to minimize risk of COVID-19 transmission by reducing the use of subtests requiring manipulatives, and instead using subtests that do not require manipulatives and have demonstrated correlation to the target construct. Training clinics may also *reduce the length of testing* while maintaining the integrated test

requirement put forth by SoA (APA, 2017b) and prioritizing tests that assist with making key differential diagnoses (Pade et al., 2020). This may mean that assessment batteries that incorporated supplemental subtest administration for the benefit of the trainee's skill development may now need to be reconsidered based on client needs and teleassessment feasibility. These limitations do not necessarily preclude discussion of the merits of the full range of available assessment batteries during supervision and case conferences; such discussions would facilitate the acquisition of competencies related to Use of Assessments (Standard 9.02; APA, 2017a). It is also highly recommended that greater emphasis be placed on consultation with clients' teachers and former or current providers (e.g., physicians, neurologists, therapists), which again has the potential to enhance trainee consultation skills and core assessment competencies as it pertains to the integration of multiple sources of assessments (APA, 2015).

Summary

The COVID-19 pandemic has resulted in a rapid shift towards remote administration of assessments via telepsychology. While this shift allows for the continuation of services, it has resulted in unique challenges for training clinics, which are obligated to balance trainee needs with those of the public and clients served. Training clinics are actively altering operations and program curriculum to implement teleassessment, while continuing to support trainee development of competencies in assessment administration. This paper identified six key considerations training clinics are required to make during this transition and provided recommendations for how to address each. Three of these considerations focused on the relationship between the training clinics and trainees, including the need to protect and advocate for trainees' health and well-being, the need to integrate teleassessment with in-person administration, and the importance of adapting training curriculums in a developmentally appropriate manner. A cross-cutting

recommendation was the need to rely more heavily on supervisors and advanced trainees to advocate for new trainees and support their incremental development. Recommended programmatic changes to strengthen the development of trainee assessment competencies as described under these considerations directly impact the experiences of clients.

The remaining three considerations, therefore, focused on the relationship between the training clinics and clients, including the need to ensure full transparency about the impact of COVID-19 on the assessment services provided by the clinic and an honest assessment of the clinic's ability to meet client assessment needs during COVID-19. While these considerations for trainees and clients are described separately, overlap exists across these recommendations, highlighting the balance training clinics must strike between trainee and client needs. For example, there is a need for both trainees and clients to reduce in-person assessment, while also ensuring assessments are comprehensive and that trainees develop familiarity with a range of assessment batteries. Overall, these recommendations demonstrate that coupling flexibility in program curriculum with adherence to accreditation and institutional standards should allow training clinics to continue to provide services while developing trainee competencies during the pandemic.

Implications

This paper has several implications for future research and practice, especially given the nascent stage of research for training in teleassessment. We provide a few directions that warrant future consideration. First, as clinics adopt these alternative methods to enhance assessment skills, opportunities for research related to teleassessment and training will increase (Bell et al., 2020). This is promising as there is little empirical data on the efficacy of training assessment skills among trainees via telepsychology. Additionally, it will be critical to evaluate both quantitatively and qualitatively the trainee perspective on the considerations outlined here. This can be

done by surveying trainees and monitoring assessment competencies throughout the implementation of adapted assessment and teleassessment training curriculums. Training clinics could also implement outcome measures and survey clients about their experience with teleassessment, including the impact of teleassessment administration on their perceptions of the utility of assessment results. Finally, while these considerations may be particularly helpful during COVID-19, they also have long-term implications beyond the pandemic. The potential training opportunities and considerations outlined in this paper may assist with the development of more specific teleassessment training guidelines for health service psychology programs. Not only can they enhance the development of unique competencies in trainees as they relate to teleassessment, but they can also shape specialized training experiences for future psychologists and supervisors in a new and developing area for health service psychology programs.

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ASSESSMENT TRAINING COMPETENCIES IN THE AGE OF COVID-19

Table 1. Summary of key recommendations and training opportunities indicated by each of the identified considerations

Recommendation	Possible Procedural Changes	Competency Development
Develop training expectations that eliminate trainee's need to self-advocate or self-disclose to maintain their safety	<ul style="list-style-type: none"> ▪ Delay the requirements of in-person administration of assessment 	<ul style="list-style-type: none"> ▪ Principle E: Respect for People's Rights and Dignity¹ ▪ Individual & Cultural Diversity² ▪ Social Justice & Advocacy
Designate advocates to speak on trainee's behalf	<ul style="list-style-type: none"> ▪ Adapt existing infrastructures to identify faculty, supervisors, peer, and extra-departmental graduate school advocates 	<ul style="list-style-type: none"> ▪ Professional Values and Attitudes²
Maintain best practices training standards	<ul style="list-style-type: none"> ▪ Only trainees with competency in standardized administration conduct teleassessments ▪ Discuss rationale for policy with trainees 	<ul style="list-style-type: none"> ▪ Prevent learning procedures inconsistent with best practices ▪ 9.02 Use of Assessments¹ ▪ 2.01 Competence¹
Procedures that can be administered over telepsychology should remain so under new physical distancing policies.	<ul style="list-style-type: none"> ▪ Conduct all intake and feedback sessions using telepsychology ▪ Administer electronic client, parent, & teacher reported outcome questionnaires 	<ul style="list-style-type: none"> ▪ Collection of multiple sources of assessments³ ▪ 9.10 Explaining Assessment Results¹
Ensure trainees understand how physical distancing guidelines impacts standardized in-person administration	<ul style="list-style-type: none"> ▪ Discuss with trainees how physical distancing during testing differs from published manuals 	<ul style="list-style-type: none"> ▪ 9.06 Interpreting Assessment Results¹
Extend didactic coursework beyond practicum year	<ul style="list-style-type: none"> ▪ Review teleassessment literature ▪ Case conference presentations ▪ Mock supervision with de-identified test records & written reports ▪ Online telepsychology webinars 	<ul style="list-style-type: none"> ▪ Familiarity with diagnostic classification³ ▪ Increase knowledge of availability and use of assessment batteries³ ▪ Case conceptualization skills³ ▪ Increase knowledge of evidence-based recommendation³

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Build students' basic assessment skills through mock administration	<ul style="list-style-type: none"> ▪ Use mock administration with supervisors or mock clients to incrementally build telepsychology skills 	<ul style="list-style-type: none"> ▪ Comfort with videoconferencing and different administration platforms ▪ Skills for building rapport with clients remotely ▪ Interviewing and feedback skills³ ▪ Familiarity with clinic procedures
Have trainees observe or co-lead cases with faculty supervisors or advanced trainees	<ul style="list-style-type: none"> ▪ Trainees conduct developmentally appropriate components of the assessment, while observing their co-assessors administer teleassessments. 	<ul style="list-style-type: none"> ▪ APA 9.09 Test Scoring¹ ▪ APA 9.06 Interpreting Assessment Results¹ ▪ APA 9.10 Explaining Assessment Results¹
Increase supervision as trainees learn new skills and technologies	<ul style="list-style-type: none"> ▪ Supervisors join sessions via videoconferencing with video and microphones off and/or view recordings ▪ Use a tiered supervision approach with advanced trainee supervisors 	<ul style="list-style-type: none"> ▪ Supervision²
Evaluate the clinic's role in the community and identify the clinic's capacity to continue to provide appropriate standards of care	<ul style="list-style-type: none"> ▪ Review of clinic records to characterize the client population and the frequency of specific test administration and assigned diagnoses 	<ul style="list-style-type: none"> ▪ APA 9.01 Bases for Assessments¹ ▪ Ethical and Legal Standards²
Expand referral list to include psychologists who can implement teleassessments	<ul style="list-style-type: none"> ▪ Partner with community providers and training programs to develop a coordinated referral system based on client needs 	<ul style="list-style-type: none"> ▪ Principle D: Justice¹ ▪ Consultation²
Update informed consent and feedback processes to address limitations of teleassessment and ensure client equity	<ul style="list-style-type: none"> ▪ Modify consent documentation and procedures to ensure full transparency about current testing limitations ▪ Determine local school districts' comfort with and minimum requirements of teleassessment for IEP/504 plan accommodation ▪ Discuss teleassessment limitations with clients at multiple time points 	<ul style="list-style-type: none"> ▪ Principle A: Beneficence and Nonmaleficence¹ ▪ APA 9.03 Informed Consent in Assessments¹ ▪ APA 9.02 Use of Assessments¹

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Develop a system to determine for which clients and for which assessments tele-administration is appropriate, and for whom and for what in-person testing is required	<ul style="list-style-type: none"> ▪ Identify in-home requirements for clients (e.g. internet access, adequate electronic devices, private testing space) ▪ Compare usual practices of the training clinic with the available teleassessment literature 	<ul style="list-style-type: none"> ▪ Competency in identifying assessments based on empirical literature²
Modify testing	<ul style="list-style-type: none"> ▪ Prioritize key differential diagnoses ▪ Reduce emphasis on exposing trainees to a variety of assessment beyond immediate client needs ▪ Discuss merits of assessment batteries currently unavailable ▪ Place greater emphasis on consultation 	<ul style="list-style-type: none"> ▪ 9.02 Use of Assessments¹ ▪ Consultation Competencies² ▪ Integration of multiple sources of assessment³
¹ American Psychological Association (APA; 2017) Ethical Principles of Psychologists and Code of Conduct; ² APA (2017) Standard of Accreditation C-8D Profession-Wide Competencies; ³ APA (2015) Section C: IRs related to the Standards of Accreditation. Commission on Accreditation Implementing Regulations.		