



School Social Work Association of America Position Paper

Statement on Telehealth

As the country struggles to manage the devastating impact of the COVID-19 pandemic, school districts have provided many essential student services through online or telehealth technology. This shift occurred out of necessity as public health officials and government leaders mandated social distancing and the enforcement of stay-at-home orders. Two different academic years for P-12 schools have been affected, and there may be more disruption to come.

Pivot to Telehealth

Across all school-based disciplines, the shift required by the pandemic forced specialized instructional support personnel (SISP) into virtual methods of engagement and service delivery. School social workers (SSWs), following ethical principles that require them to serve their clients and practice within their areas of competence, helped increase student access to needed assistance by incorporating telehealth technologies into their practice. This action aligned with the Grand Challenges for Social Work, urging them to “harness technology for social good” (Padilla & Fong, 2016). Some P-12 students are struggling to remain engaged virtually with school activities while others are experiencing increased access and opportunity. Some districts have disseminated laptops or other electronic devices so that all children have equal access to their education while other districts have offered school facilities for a limited number of students to come to physical campuses to utilize the internet connections and quiet found there.

Research is providing some clear indications that client satisfaction with both in-person and online counseling services are relatively equal, with some studies showing better outcomes through virtual engagement. Based on a meta-analysis of online counseling services involving 92 studies from 64 different articles with over 9,700 participants, virtual service delivery is effective in the areas of “child psychiatry, depression, dementia, schizophrenia, suicide prevention, post-traumatic stress, panic disorders, substance abuse, eating disorders, and smoking prevention” (Kraus, 2011, p. 55). While there is much dialogue currently among P-12 leaders about how to engage students successfully through virtual means for classroom educational endeavors, there is gathering evidence that addressing mental health challenges through face-to-face internet technology (i.e. videoconferencing) is effective.

Co-Occurring Crises

The presence of three simultaneous long-term crises presents adverse conditions that can make it difficult for students to manage mental health challenges and achieve success. COVID-

19, racial injustice brought to national attention by the #BlackLivesMatter movement, and an economic recession are significant societal issues that are occurring during the same time period. SSWs are currently being called to address these crises, each of which requires the highest quality of care. These overlapping crises will need extensive work to move into resolution, with the battles for racial justice likely to be an ongoing struggle well into the future. While the COVID-19 pandemic could reach some abatement as vaccines are distributed globally, grief, loss and lingering health issues may remain long after the last case has been diagnosed. Communities of color and those in poverty are being disproportionately impacted by COVID-19 while also feeling the brunt of racial injustice and the economic crises. Social work is mission-oriented to address health and wellbeing for all populations, but particularly those in poverty or experiencing marginalization.

During these overlapping crises, we have discovered new means of access to reach some students and families. These opportunities should translate into some virtual engagements continuing post-COVID-19. This is based on the benefits of reduced transportation, parents being able to join conferences from work, and students being able to remain engaged even when they are home sick, among others. As students and families continue to engage in life online, whether it is to work, attend school, access healthcare, or entertain themselves, their needs require that we move past pre-existing concerns and follow our social work mantra to “meet people where they are.” This mantra is captured effectively by a national healthcare leader in Reed (2020): “Our members and your patients are going to want to continue to have access to their providers through telehealth” (p. 1).

A Framework for Quality

As client-centered practitioners, SSWs need to embrace telehealth technology that continues to evolve (and improve) at a rapid pace and is proving to be effective across multiple milieus, with a variety of presenting problems, and with diverse populations. This move for social workers to incorporate the ethical use of technology is endorsed by the National Association of Social Workers’ in its 2018 Code of Ethics revision that included 19 new guidelines on how to interact with technology (Barsky, 2017). SSWs are uniquely qualified to address the impact of societal crises, and will benefit from a set of guidelines that allow them to leverage technology in support of their work. Therefore, developing quality expectations around the use of technology to engage students is needed now, during the pandemic, and into the future.

There are many different considerations that need to be discussed and agreed upon by school leaders when providing telehealth services. Challenges that SSWs may experience in establishing appropriate virtual spaces include:

- access to technology for both SSW and student
- assessing the digital literacy of those using these virtual spaces
- providing orientation and guidance on appropriate use of video conferencing and related technologies
- creating confidential/private space for students, to avoid any difficulty talking about family/parent issues

- conducting thorough assessments in spite of limited visual data, which may make it difficult to act on potential mandated reports
- setting appropriate day/time boundaries to ensure access for student engagement while still promoting professional self-care

To set the right environment for engagement, SSWs need:

- a strong and consistent internet signal for the high-quality video experience during client sessions.
- the proper consents for treatment prior to conducting remote sessions.
- the proper technology to conduct the session.
- private and confidential email communication.
- screening systems to keep personal cell phone numbers anonymous by either ensuring that phone numbers are blocked (e.g. by entering *67 before dialing the client's number or utilizing a program such as Google Voice).

During each online student engagement, SSWs should:

- dress professionally and groom appropriately as if they were at their physical work site.
- ensure that their background as seen on video represents a professional home office environment.
- secure a confidential environment for both student and practitioner (as much as possible).
- assess for safety, and intervene as needed. This includes verifying where their clients are physically located, so they can accurately direct emergency services to the exact location, if and when needed. Prior to service delivery, SSWs should also fully understand the district's crisis protocol and be trained to intervene appropriately. SSWs should have emergency contact information, including police and psychiatric mobile response teams (PMRT), as relevant to the client's location at time of service delivery, recognizing this may be outside the school district's physical boundaries.
- provide emergency numbers and crisis response teams' contact information and address to students in the event they experience crises outside of sessions and after hours. This provision of resources should be documented in SSW records.

For students in special education, SSWs should consider:

- how to engage with specific student characteristics using multisensory approaches instead of verbal engagement only.
- how best to meet the expectations of the student's treatment plan and individual education program (IEP).
- caregiver availability in circumstances where they are needed to assist with student engagement.
- technology requirements, including access to assistive technology.
- how the overlapping crises of COVID-19, racial injustice, and economic recession contribute to manifestation of the student's special education qualification.

Regarding HIPAA and FERPA regulations:

- secure client information in confidential places (double-password protected or double-locked cabinet/office) and use encryption to store client data.
- do not access any form of client information from a public computer.
- do not share personal devices used for clinical services with others.
- password protect all your devices from the main entry to prevent unauthorized access of client data.
- password protect all documents (Word, Excel, PDF, etc.) prior to transmission via email.
- be diligent about securing devices. **Lost or stolen devices that contain client information are considered by law to be a breach of HIPAA rules and are punishable.**
- remember that practitioners are responsible for protecting client information and should, under the law, remove client information as soon as possible from their personal devices.

Navigating Changing Expectations Around Interstate Telehealth Services

Regarding the provision of telemental health services across state lines, there is no a definitive answer during COVID-19. The general rule is that the practitioner needs to meet the licensure requirements in both the state or jurisdiction they reside in and the state or jurisdiction where the client is physically located. Although the regulations previously established have been adjusted to allow for more flexibility to meet client needs, there remains significant state-by-state variations regarding mandated reporting and duty to warn. These temporary expectations are also subject to change on various time tables.

Determining what is in the best interest of the child during COVID-19 presents a potential ethical dilemma. Some experts suggest that client needs supersede the regulations, and in situations where a therapeutic relationship has previously been built between the service provider and the minor (and, potentially, their family) or the minor is experiencing a crisis, provision of services may be in the child's best interest even if the minor and therapist are in different states. Others would recommend close adherence to long-established HIPAA and licensure requirements, erring on the side of caution, and not provide services unless they have consulted with the other state's licensing board.

We would recommend that any practitioner who is faced with a situation similar to this one consult with their licensing board in their home state and in the state where the client is residing, even if temporarily. Without consultation, we would not recommend that any school district personnel provide telehealth services to a student who is living across state lines. Instead, the parents/guardians should enroll their child in a local school in the state where they are now residing and the school social worker should ethically transfer the case to a local service provider.

Helpful resources:

- Telehealth: Delivering Care Safely During COVID-19:
 - <https://www.hhs.gov/coronavirus/telehealth/index.html>

- COVID-19 Ethical Considerations for Remote Learning (North American Center for Threat Assessment and Trauma Response)
 - <https://saferschoolstogether.com/wp-content/uploads/2020/04/Ethical-Considerations-for-Remote-Counseling--COVID-19-USA.pdf>
- Technology in Social Work Practice
 - https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf
- Telemental Health: Legal Considerations for Social Workers
 - <https://www.socialworkers.org/About/Legal/HIPAA-Help-For-Social-Workers/Telemental-Health>
- Guidance from NASW on licensure requirements when providing interstate services
 - <https://www.socialworkers.org/LinkClick.aspx?fileticket=evgx77RtVLI%3D&portalid=0>)
- State-by-state and by profession guidance from University of Texas and Penn State University
 - https://cmhc.utexas.edu/state_telehealth.html
- FAQ's from NASW regarding telehealth
 - <https://naswassurance.org/questions-and-answers/>

References

- Barsky, A. (2017). Ethics alive! The 2017 NASW Code of Ethics: What's new. *New Social Worker*. Retrieved from <http://www.socialworker.com/feature-articles/ethics-articles/the-2017-nasw-code-of-ethics-whats-new>.
- Kraus, R. (2011). Online counseling: Does it work? Research findings to date. In *Online Counseling* (pp. 55-63). Academic Press.
- Padilla, Y. C., & Fong, R. (2016). Identifying grand challenges facing social work in the next decade: Maximizing social policy engagement. *Journal of Policy Practice*, 15(3), 133-144.
- Reed, T. (2020, June 2). *UnitedHealth exec on telehealth use, reimbursement: 'The genie is out of the bottle'*. Fierce Healthcare. <https://www.fiercehealthcare.com/tech/unitedhealth-exec-telehealth-use-reimbursement-genie-out-bottle>

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