Special Section: School Psychology and COVID-19

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In December of 2019, Wuhan, China, became the epicenter of a pneumonia outbreak, the cause of which was unknown. By January 7, 2020, Chinese scientists had isolated its cause; a virus labeled 2019 novel coronavirus, now commonly referred to as COVID-19. In what was one of the first published reports of this new virus, Wang et al. (2020) concluded with an ominous warning: “Every effort should be given to understand and control the disease, and the time to act is now” (p. 473).

As reported by Decker et al. (2020), by the end of January, the first few cases of COVID-19 had been confirmed in the USA and by mid-February individual schools, concentrated in Washington state and New York, temporarily closed for a few days for cleaning. By the end of the month, the US Centers for Disease Control and Prevention had begun to warn schools that they may need to prepare for closures. On March 11, the World Health Organization (2020) first labeled COVID-19 a global pandemic, and by that time some schools in Washington state had closed and a shift to distance learning initiated. Two weeks to the day after a global pandemic had been declared, all US public school buildings had been closed (with only two states, Montana and Wyoming, reopening before the end of the 2019/2020 school year).

These closures initiated what might be argued to be one of the most sudden and radical shifts in educational practice since the beginning of the common school movement. What had for over a century been delivered in brick and mortar school buildings, was within days offered via a variety of distance learning platforms (often times by educators who had to learn on the fly how to teach in this new learning environment). Naturally, these changes had a dramatic impact on all groups of educators, including school psychologists. With this shift to distance learning, school psychologists no longer had direct

physical access to students, and had to quickly identify new ways to collect assessment data, conduct interventions, and provide services.

As of January 15, 2021, only four states had ordered schools to fully reopen (Arkansas, Florida, Iowa, Texas), leaving it up to many of our nation’s schools to determine their distance learning status (with California, Delaware, Hawaii, New Mexico, North Carolina, and West Virginia having partial closures; and the District of Columbia and Puerto Rico having full closures in effect [Education Week Staff 2021]). It is with this reality in mind that *Contemporary School Psychology* (CSP) collected the four articles found in this special section. In it several authorship teams offer their reflections in an effort to facilitate school psychology’s adjustment to the distance learning environment. In addition to supporting adjustment to current realities, we also hope that within these articles CSP readers will find innovative practices that school psychologists can bring with them to their work in post-COVID-19 school environments.

The special section begins with two articles that acknowledge, and discuss how to address, some of the mental health sequela of COVID-19. Both Brock et al. and Holland et al. point out how this global pandemic is likely to challenge student mental wellness (an assertion supported by Margolius et al. 2020; Orgilés et al. 2020; and Xie et al. 2020), and then go on to discuss the use of telehealth to address students in crisis. Brock et al. provides a focused discussion of how it can be used to conduct school-based suicide risk assessment. Holland et al. also discuss the role of telehealth in suicide risk assessment, but they go beyond assessment. This authorship team explores how school-based telehealth can provide crisis intervention services and be a part of the ongoing treatment that students who are suicidal and engage in self-injurious behaviors require.

Next, this special section shifts its focus to the topic of psychoeducational assessment. First, Farmer et al. offer cautionary notes regarding the use of telehealth platforms to conduct psychoeducational assessments. In this paper, they argue that beyond the challenges associated with obtaining the

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technical resources needed to conduct these assessments, school psychologists also need to consider the reliability and validity of the assessments. They point out that most of these measures have not been normed in a telehealth environment, nor have they taken into account how COVID-19 restrictions affect the availability of qualified assessment proctors. Farmer et al. also acknowledge that the research support for remote testing may not be generalizable to current realities, and that a lack of training and supervised clinical practice may generate ethical challenges for school psychologists. The authors conclude with the observation that school psychologists should know the limits of the assessment methods they are using and consider the use of less restrictive forms of psychoeducational assessment, such as rating scales and interviews (though these also have not been utilized remotely on a wide scale). This is where the next article in the special section, by Hass and Leung, begins.

Many school psychologists will be familiar with the R.I.O.T. acronym (Leung 1993), which describes the many different data sources (Review records, Interview, Observe, Test) that should be a part of the psychoeducational evaluation. Consistent with Farmer et al., Hass and Leung acknowledge the challenges associated with teleassessment and then go on to provide detailed guidance on how other data sources (i.e., review of records, interviews, and observations) can provide powerful qualitative data helpful in identifying student learning needs. We agree with Hass and Leung's suggestions that this focus may be one of the opportunities presented to school psychology practice by our adjustments to COVID-19. By essentially making the quantitative aspects of the psychoeducational assessment (i.e., tests) less available, it will require school psychologists to become more proficient with the variety of qualitative data sources to which they have access (Brock 2015).

As we have written this introduction, COVID-19 vaccines have become available (Food and Drug Administration 2021). Thus, the return to some semblance of normal school operations is in sight. Yet simultaneous with this promising news, there has been a dramatic surge in COVID-19 nation-wide (Centers for Disease Control 2021), leading some previously opened schools to close their doors (Education Week Staff 2021). Thus, for at least the next few months, there will be an ongoing need for school psychologists to accommodate to the distance learning environment, and we hope that this special section proves helpful as school psychologists continue to make these adjustments. We also anticipate that from our adjustments to COVID-19, we may learn valuable lessons that will serve to increase the benefits of school psychological services to our school children.

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