5-15-2025

Postpandemic Perspectives of Teleassessments in Clinical Psychology

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Walden University
2025

Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

Teleassessments gained prominence as a viable means of conducting psychological assessments in the wake of the COVID-19 pandemic. This study was an exploration of teleassessment use catalyzed by the pandemic, with a focus on the postpandemic era. The aim was to identify the factors influencing perceptions and strategies used in effective postpandemic teleassessment adoption, including factors that influence licensed psychologists' perceptions of effective teleassessments and strategies adopted to maintain quality practices since face-to-face restrictions were lifted. The significance of this inquiry extended to various stakeholders, including mental health care practitioners, policymakers, and the public, all of whom have a vested interest in ensuring efficient and ethical mental health services are delivered in a rapidly evolving landscape. The study's conceptual framework integrated components of the technology acceptance model and the diffusion of innovation theory. Ten psychologists licensed in the state of Texas participated in virtual audio-recorded semistructured interviews. Data were then thematically analyzed, resulting in four recurring themes reflecting factors that influenced perceived effectiveness: benefits and strengths, limitations of teleassessments, client factors, and professional and institutional factors. Patterns showed three central themes in strategies used in postpandemic quality teleassessment adoption: administrative modifications, enhanced observations, and technology management. Understanding postpandemic teleassessment experiences can be pivotal in its continued use and ultimately lead to positive social change.

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Dedication

I dedicate this dissertation to the unwavering support and love of my husband, David. Your encouragement, patience, and belief in my abilities have been the cornerstone of this journey. To my two beautiful daughters, Dawn and Joy, thank you for your understanding during the countless hours spent researching and writing. You both fueled my determination, and I hope this shows that the sky is the limit. To my family, for being my pillars of strength, your emotional and academic support has been invaluable.

A special acknowledgment to my dissertation committee, whose guidance and expertise have shaped this work. Your mentorship has been instrumental in the completion of this scholarly endeavor. This accomplishment is as much yours as it is mine.

Ultimately, I want to thank everyone who played a part in my journey, as there are too many to count, but you know who you are.

Finally, I dedicate this dissertation to my father, whose lifelong sacrifices made education a priority in my life. He always pushed me to be the best version of myself, and I know he is looking down and smiling. *Te quiero mucho papito*.

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Chapter 1: Introduction to the Study

The COVID-19 pandemic accelerated the adoption of telehealth services across all medical fields, including psychology. The concept of teleassessments, though existing since the early 1970s, allowed psychologists to create a continuation of mental health services as their needs only increased. Although the shift to teleassessments during the pandemic was evident, it is still important to understand psychologists' usage patterns now that the lockdown has been lifted. As restrictions have lifted, and people have transitioned into a postpandemic era, teleassessments remain a vital tool in mental health (Gangamma et al., 2022).

Despite the recent increase in research on telehealth and teletherapy, there is still a gap in the literature regarding postpandemic teleassessments. Existing research exploring the postpandemic era has predominantly focused on the continuation of teletherapy and general telehealth trends (Gangamma et al., 2022). Studies focusing on the perceptions of licensed psychologists or primarily focused on teleassessments in the field of psychology, including their evolution and their use after the pandemic, remain unexplored.

I aimed to fill this gap in the literature by exploring teleassessments through the lenses of licensed psychologists after the pandemic. I explored their experiences and perceived effectiveness and analyzed current methods and adaptions of teleassessments used after the pandemic. Study findings, therefore, deepened clinical knowledge of the clinical application of teleassessments. Its results are expected to inform a broader conversation in mental health service delivery as we as clinicians navigate through an ever-changing health care system.

This chapter begins with the background of the study to demonstrate a strong foundation, followed by the problem statement, the purpose of the study, and the research questions guiding this exploration. I describe the theoretical framework, provide an overview of the research design and methodology, define key terms and discuss assumptions, scope, delimitations and limitations. The chapter concludes by identifying the study significance and potential contributions to social change. Each section provides a comprehensive foundation for understanding the study's context, rationale, and methodological approach.

Background

Since 2015, clinical psychology has transformed because of the rise in technological advances, societal changes and an increase in mental health knowledge and awareness (Fairburn & Patel, 2017; Pomerantz, 2024). The global health crisis accentuated this evolutional change and shifted how mental health services were delivered (Moitra et al., 2023). As physical proximity and heightened safety concerns halted traditional in-person services, clinicians searched for new ways to provide their services (Kotera et al., 2023). For this reason, the mandatory lockdown prompted the widespread adoption of teletherapy as a primary modality for psychological services, a technology that had only ever been considered a supplemental modality in the field (Appleton et al., 2023). Telehealth was used originally primarily when addressing accessibility issues, but during the pandemic, it helped maintain continuity of care in mental health services (Kryszak et al., 2022).

While the concept of teletherapy recognizably became popular during the pandemic and was widely studied, teleassessments were not as scrutinized or discussed, despite being another essential component in the field of clinical psychology. Mulligan and Ayoub (2023) defined teleassessments as the remote administration of psychological assessments, diagnostic evaluations, and cognitive testing. Many psychologists worldwide depended on teleassessments during the pandemic to identify and address their client's mental health concerns (Calkins, 2022; Mulligan & Ayoub, 2023). However, as the pandemic has ended and society has started to return to something resembling normalcy, psychologists across the world have continued their use of telehealth and teleassessments to provide services (August & Mashegoane, 2021; Calkins, 2022). Teleassessments' continued use is not unanimous among all clinicians, and the understanding of clinicians' experiences and perceptions remains limited.

Researchers have identified benefits and challenges of teleassessments before and during the pandemic. Studies conducted during the pandemic found that teleassessments can be as effective as in-person assessments for certain conditions such as Parkinson's disease and Alzheimer's disease (Adams et al., 2020; Marra et al., 2020). Other studies concentrated on challenges that clinicians had to overcome while using teleassessments and problems with novel protocols (Broens et al., 2007; Lustgarten et al., 2020). The advancements and widespread adoption of teleassessments during the pandemic only began to reduce the gap in understanding teleassessments; however, the long-term implications and effectiveness of these practices are still debatable. As the pandemic ended in 2023, literature on the postpandemic period is still emerging, creating a gap in understanding the experiences of psychologists and the influence the pandemic may have had on the continuation of teleassessments afterward.

Although there are federal regulations and guidelines for teleassessments, there are some variations among states that may influence how psychologists adopt and perceive teleassessments (Health Resources & Services Administration, n.d.). By focusing on a specific state for this study, I could control for regulatory variables while still capturing a range of experiences. I focused on licensed psychologists in the state of Texas for several reasons. Texas has a large and diverse population with a significant number of practicing psychologists across urban and rural areas (Texas Health and Human Services Commission, 2022). Furthermore, Texas was among the states significantly impacted by COVID-19, potentially leading to a more pronounced shift in telehealth practices (Texas Health and Human Services Commission, 2022). This focus allowed for a deep, contextualized understanding of teleassessment adoption and use in a postpandemic environment while still offering insights that may be applicable to other states with similar demographics or regulatory frameworks.

Problem Statement

The COVID-19 pandemic accelerated the shift toward teleassessments in psychology. However, these assessments date to the 1960s, and their use has continued to expand in popularity (Pierce et al., 2021). The circumstance or problem that led to conducting the present study was the rising usage of teleassessments in psychology despite insufficient research. Understanding licensed psychologists' opinions can influence the continuance of teleassessments after the pandemic. With the rise of technology integration in the medical field and psychology, telepsychology is inevitably the next step and will continue to improve (Watson et al., 2023). Telepsychology, often known as teletherapy, is supported by significant data and has retention rates even greater than conventional therapy (Hellstern & Robinson, 2023).

The identified research problem is current, relevant, and significant to the discipline of psychology as evidenced by the increasing reliance on teleassessments during the pandemic and the need for ongoing evaluation of its postpandemic effectiveness. Research conducted since 2020 has indicated a consensus on the importance of this shift and underscores the timeliness of the present study. Studies conducted during the pandemic unanimously identified the paradigm shift and dependency on telehealth and teleassessments to maintain the continuity of mental health services (Pierce et al., 2021; Watson et al., 2023). At the time of the current study, it has been less than 2 years since the declared end of the pandemic, yet researchers studying this timeframe continue to identify the potential of teleassessments while also noting gaps in the literature regarding its long-term viability.

For these reasons, despite the rapid shift, there are still numerous gaps in the literature focusing specifically on teleassessments, especially regarding the perceptions of psychologists who are implementing them. In the present study, I focused on participants who are licensed psychologists in the state of Texas to eliminate factors that may differ across states. In 2020, Texas had 4,823 licensed psychologists, 56% working in private practices (Simpson, 2024). An understanding the experiences of some of these licensed psychologists may then be applied on a larger scale in other areas of the United States.

Although researchers have investigated the use of telehealth in psychology, focusing on teleassessments or involving clinicians as the participants are relatively new avenues of study. Furthermore, most current research focused on teleassessments during COVId-19 when face-to-face interactions were limited, rather than examining their use once the lockdown was lifted. In the present study, I addressed a significant gap in the literature by focusing on the postpandemic era.

There is a need for more data about the viewpoints of experts on the usefulness of teleassessments, which represents a critical gap in the available research. This data gap affects the norms and consensus around this emerging issue. The ambiguity and novelty surrounding the perceptions of teleassessments may intimidate other clinicians from using them. By addressing this gap, I presented the viewpoints of clinicians, further promoting and improving the use of teleassessments in the future.

I aimed to fill the identified gap by investigating the perceptions of licensed psychologists in Texas, providing a basis for broader application in other regions. The findings contributed to the discipline by offering insights that can inform practice and policy, ultimately enhancing the integration of teleassessments in clinical psychology.

Purpose of the Study

The purpose of this qualitative study was to better understand the experiences and perceptions of licensed psychologists using teleassessments after the pandemic. Recent studies have examined the efficacy of various teleassessments according to patients who took the assessments both prior to and during Covid; however, there needs to be more research on the perspectives of licensed psychologist or after May 5, 2023, when the World Health Organization (WHO) declared an end to the global public health emergency and normal activities and face-to-face interactions resumed (WHO, 2023).

Existing research has primarily centered on patients' opinions of teleassessment adoption. Including clinicians' perspectives provided a more thorough understanding of full teleassessment adoption and offered a new channel for communications (Aizstrauta et al., 2015). As licensed psychologists are considered experts in the field, understanding their perspectives on benefits, challenges, concerns, and impact on patient care is beneficial. Identifying strategies used to successfully adapt teleassessments while maintaining quality is beneficial for other clinicians considering implementing teleassessments in their practice. I aimed to reduce the gap in current literature, guide possible improvements in the continued use of teleassessments in the future, and contribute to the establishment of standards and procedures.

Research Questions

In qualitative research, researchers include a central question that asks for an exploration of the central concept in the study. There may also be associated subquestions. All are consistent with the chosen study methodology (Creswell & Creswell, 2018). The goal is to generate the broadest question that allows the researcher to explore the complex set of factors associated to the central concept through participants perspectives (Creswell & Creswell, 2018). A good rule of thumb is to create one or two central questions and five to seven subquestions (Creswell & Creswell, 2018).

Often, in qualitative studies, researchers will finalize their research questions once they have gathered more data and gone through analysis (Maxwell, 2013). The central questions start with "what" and convey an open and emerging design as well as open-ended verbs focusing on clinicians' perspectives (Creswell & Creswell, 2018). Data gathered will then direct what there is to investigate further (Maxwell, 2013). The questions I addressed in this study were the following:

- What specific factors influence psychologists' perceptions of teleassessment effectiveness after the pandemic?
- What strategies do psychologists employ to effectively adapt their assessment practices and maintain the quality of interactions when conducting teleassessments?

Conceptual Framework for the Study

The theories that grounded this study include Davis's (1989) technology acceptance model (TAM) and Rogers's (1962) diffusion of innovation (DOI) theory. Researchers have used conceptual frameworks in various studies on optimizing telehealth use in various populations (Wolff et al., 2021). These frameworks allow researchers to justify research and to inform the rest of the design (Maxwell, 2013). Using a conceptual framework will support the study purpose (de Souza et al., 2021), specifically, the benefits and limitations of teleassessments, providing an organizational scheme

The TAM identifies behavioral intention as the primary factor that leads people to use technology (Davis, 1989). According to Davis (1989), perceived usefulness and perceived ease of use are imperative to understanding how and when an individual will use a form of technology. These concepts were used in the development of the research questions in the present study and offered a deeper understanding of what may influence psychologists' perceptions of teleassessments.

Similarly, the DOI theory explains how new ideas or technologies are adopted by individuals and spread by groups within a society. Originally proposed by Everette Rogers (1962), the theory provided a valuable framework for my study by focusing on users' compatibility, observability, and patterns over time when adopting the new technologies within a social system. The DOI theory further offered insights into how and why psychologists might embrace or resist the use of teleassessments after the pandemic. By integrating both the TAM and the DOI theory as the framework for this study, I explored individual and systematic factors that influence teleassessment adoption.

Nature of the Study

I employed a basic qualitative research design in this study to gather information on experiences and perceptions through virtual semistructured interviews with licensed psychologists. Choosing a basic qualitative research design over other qualitative approaches allowed for a comprehensive exploration of the diverse experiences and adaptive strategies psychologists use when conducting teleassessments. This approach eliminated the constraints of theory development, increased ability to separate my biases and expectations, and was best aligned with the study goal, which was to fill the knowledge gap concerning the sustained use of teleassessments and to provide insights that could inform and improve current guidelines and standards for psychological assessment practices. Additional details regarding the nature of the study can be found in Chapter 3.

Definition of Terms

There are key terms that are imperative to understanding the context of the study. Each is defined next.

Licensed psychologists: For the purpose of this study, licensed psychologists were individuals who had fulfilled the requirements set by the Texas State Board of Examiners of Psychologists, including earning a doctoral degree in psychology (Doctor of Philosophy or Doctor of Psychology), completing a minimum of 1,750 hr of a formal internship, passing the Examination for Professional Practice in Psychology and the Texas Jurisprudence Examination, and accumulating the necessary supervised postdoctorate experience (Texas Behavioral Health Executive Council, n.d.).

Teleassessment: Teleassessment is the remote administration of psychological assessments, diagnostic evaluations, and cognitive testing using digital platforms (Luxton et al., 2014; Wright & Raiford, 2021). Teleassessments can also be labeled as remote assessments, virtual assessments, online assessments, digital clinical evaluations, e-assessments, cyber assessments, web-based assessments, remote testing, tele evaluations, distance assessments, or digital testing.

Postpandemic era: The postpandemic era began May 5, 2023, when the WHO ended the global health emergency status of COVID-19 and marked a transition to more normalized operations, with reduced public health interventions and an adaptation to living with the virus as an ongoing concern (U.S. Department of Health and Human Services, 2023; WHO, 2023).

Assumptions

While developing this study on postpandemic teleassessment utilization, I subconsciously and consciously made assumptions that shaped the research process. I assumed that the participants, who were licensed psychologists practicing in Texas, would reflect accurately on their experiences and provide honest and meaningful responses during the interviews. This assumption was based on the belief that as professionals in this field, the participants recognize the importance of contributing to research aimed at improving practices in the field.

In addition, I assumed that the semistructured interview guide that I created would be effective and answer the research questions. This assumption was supported by my use of relevant literature and incorporating feedback from experts in the field, despite it not being empirically validated. Similarly, I assumed that the data collected would accurately reflect the current state of teleassessment practices and the experiences of psychologists. This assumption included the belief that participants' responses could be generalized.

Scope and Delimitations

Understanding a study's scope and delimitation ensures a well-focused study design (Kostere & Kostere, 2022). This study focused on the experiences and perspectives of licensed psychologists practicing in Texas using teleassessments after the pandemic. As a cross-sectional study, it focused on the use of teleassessments primarily after the pandemic. Other means of telehealth, such as teletherapy, were not included.

Additionally, I focused only on licensed psychologists practicing in Texas due to accessibility but also as Texas has a significant number of practicing psychologists and a diverse population, making it a valuable context for understanding the use of teleassessments. Although other mental health practitioners may also conduct teleassessments, this study was limited to understanding the perspectives of licensed psychologists. Another area beyond the scope of the study was the perceptions of clients. Although some interviews provided insights from patient feedback, it was not the primary focus of the study.

Finally, although I explored perceptions of efficacy regarding postpandemic teleassessment use, I did not objectively assess or formally define the concept effective, as this was a subjective concept in this study. Similarly, I did not delve into specific technical or operational details or conduct regulatory or policy analysis beyond what was shared by participants as influential in their utilization.

Limitations

As a reflective researcher, I understood that this study had its limitations, which I acknowledged and considered when interpreting the findings. While a qualitative research design allows for a substantial in-depth exploration in understanding participants' experiences and perspectives, its limitation is based on the reliance on participants' retrospective reports influenced by memory recall, personal beliefs, and social desirability (Ahmed, 2024; Busetto et al., 2020). Another limitation was with conducting interviews virtually, which restricted observations of body language, introduced the possibility of technology or internet connection problems, and increased possible privacy concerns, issues also noted in Maldonado-Castellanos and Barrios (2023).

A critical study limitation was limiting geographical participation to psychologists licensed in Texas. Even though this decision was made to reduce differential factors that may be impacted by state regulations, as some teleassessment guidelines differ based on state, it affected the generalizability of the findings. Limiting the geographical location of participants impacts transferability and ta study's overall trustworthiness (Kakar et al., 2023). Finally, a limitation to this study that must be considered is the nature of teleassessments, which is still evolving and significantly influenced by technological advances, and the continued development of regulations and guidelines as postpandemic normalcy is established (Moitra et al., 2023). Findings from this study may become outdated or irrelevant to professional practices as best practices and regulations for teleassessments are developed.

Significance

A social problem involves an issue affecting a specific population or area and is the primary reason driving my study (Blackstone, 2019). The present study's significance lay in the fact that its results can contribute to facilitating constructive societal transformation. Despite the current surge of research development, there still needs to be more research on telehealth and, more specifically, teleassessments. As telehealth practices evolve, new recommendations and best practices focusing on teleassessments will be enhanced for continued monitoring and ensuring appropriate usage and consistency across practitioners.

The study was significant in clinical psychology as it expanded on the understanding of different deliveries for psychological testing fostering social change as the use of teleassessments reduces physical barriers and increases availability of mental health services to those in need. In-person psychological testing has been considered the norm for decades, yet teleassessments ensured the consistency of psychological services for those in need during the COVID-19 pandemic (Kotera et al., 2023). The present study's focus on teleassessments was timely and relevant as usage became inconsistent among psychologists once in-person restrictions were removed. Exploring licensed psychologists' experiences with teleassessments, including identifying strategies used to adapt, added an innovative dimension to a topic yet to be explored during this period. In addition, understanding licensed psychologists' views on teleassessments furthered the understanding of whether this modality is equally effective as in-person assessments.

Given the lack of specific studies on teleassessments after the pandemic, this research was timely and necessary. It drew parallels from existing telehealth and teletherapy research and research on teleassessments during COVID-19 to inform its context and consider how these studies might apply specifically to teleassessments in psychology after the pandemic. Findings may influence future decisions about assessment delivery within clinical psychology.

Summary

In this study, I explored the experiences and perspectives of licensed psychologists and their use of teleassessments after the COVID-19 pandemic. This chapter presented the current gap in the literature regarding postpandemic teleassessment use. Conducting a qualitative study using semistructured virtual interviews and grounded by an integration of the TAM and the DOI theory aimed to reduce the gap. By investigating licensed psychologists in Texas, study findings provided insights on factors that influence perceived effectiveness and on strategies currently being employed in the adaption of teleassessments. Findings from this study may promote social change and a better understanding that can be applied to the continued use of teleassessments in the future.

The next chapter is a comprehensive literature review, which includes a foundational history on teleassessments and their development and relevant studies on teleassessments conducted during and after the pandemic. The literature review also presents information on the TAM and the DOI theory used as groundwork for this study.

Chapter 2: Literature Review

Telepsychology emerged in the late 1950s when the Nebraska Psychiatric Institute used early videoconferencing technology for various therapies and medical student training (Von Hafften, n.d.). Telepsychology continued to grow, and technology continued to evolve. In the 1970s and 1980s, satellite technology allowed clinicians to provide therapeutic services and introduced the concept of teleassessments for diagnostic services (Hodge et al., 2019; Von Hafften, n.d.).

By the 2000s, organizations such as the American Telemedicine Association were establishing practice guidelines, and telepsychology was viewed as an effective alternative to in-person care (Von Hafften, n.d.). This historical evolution underscores telepsychology's significant role in improving access to mental health services, particularly in overcoming geographical barriers, and sets the stage for understanding its application and potential in clinical psychology today (Watson et al., 2023).

The pace of teleassessment has been accelerated by technology advancements and, most recently, restrictions on in-person testing during the onset of the COVID-19 pandemic. The pandemic accelerated the shift toward telehealth for mental health care, including teleassessments, allowing evaluations between clinicians and patients to occur through technology interfaces instead of being in the same location (Abrams, 2020; Haleem et al., 2021). The COVID-19 pandemic transformed psychological services delivery as many psychologists adopted telepsychology for the first time or dramatically increased their use of it (Watson et al., 2023). Despite this, teleassessment usage after the pandemic has become inconsistent, as have perceptions of their effectiveness.

In this qualitative study, I addressed the gap in what is known regarding the postpandemic continuation of teleassessments among licensed psychologists, including their viability and acceptance. I explored the experiences and opinions of these psychologists by addressing the following research questions:

- What specific factors influence psychologists' perceptions of teleassessment effectiveness after the pandemic?
- What strategies do psychologists employ to effectively adapt their assessment practices and maintain the quality of interactions when conducting teleassessments?

This chapter is a review of the literature on the adoption, challenges, and potential of teleassessments in clinical psychology, particularly focusing on the perspectives of licensed psychologists. I also explored the theoretical foundation of teleassessments, focusing on the TAM and DOI theory to understand psychologists' adoption and the postpandemic use of these tools. Transitioning to the historical context, I then trace the development of telepsychology from early videoconferencing in the 1950s to modern telehealth practices, highlighting legal and ethical considerations essential for maintaining professional standards. I examine COVID-19's impact, showing how it accelerated the shift to remote assessments. Further, I discuss the benefits of teleassessments, such as increased accessibility and convenience, while also addressing challenges like technical difficulties and clinician resistance. The chapter ends with discussions on ongoing teleassessment integration in clinical practice and suggestions for future directions for innovation and improvement, ensuring teleassessment's effectiveness and sustainability.

Literature Search Strategy

I used an array of databases and search engines to identify literature to review, including ERIC, Sage Journals, Education Source, EBSCOhost, and Google Scholar. Secondary sources included relevant books and doctoral dissertations on similar subjects. I also solicited guidance from librarians at Walden University to augment the quality and quantity of resources consulted.

To secure contemporary academic research, I set the parameters for publications issued from 2019 to 2024, with the exception of historical and seminal documents on teleassessment development and evolution. The U.S. Department of Health and Human Services (2023) defined the postpandemic period as beginning in May 2023. However, understanding the development and dynamics of teleassessments before COVID-19 and the pandemic's impact on teleassessments and their acceptance is imperative to this study, so some articles outside of the desired parameters were included. The search keywords were *licensed psychologists*, *clinicians*, *perspectives*, *views*, *perceptions*, *beliefs*, *teleassessments*, *virtual assessments*, *remote assessments*, *self-assessments*, *VTC assessments,* and *e-assessments.* To further refine the search, ensure comprehensive coverage of the study constructs, and capture diverse perspectives and insights on the topic, I also used combinations such as *licensed psychologists* AND *teleassessments*, *clinicians' perspectives on virtual assessments*, and *remote assessments beliefs*.

Conceptual Framework

I aimed to explore the perceptions and experiences of licensed psychologists' utilization of teleassessments, specifically after the pandemic. To do so, I integrated two frameworks as a foundation, defining factors influencing the adoption and utilization of teleassessments. By combining the TAM's focus on individual perceptions of usefulness and ease of use, and the DOI theory's emphasis on how new ideas and technologies spread through professional communities, I focused on understanding both individual and systemic factors that shape the adoption and use of teleassessments.

TAM

The TAM, advanced by Fred Davis, was developed in 1989 to study information systems. Affirming earlier practices of reasoned action theory, this model was a move to understand the factors that would make people adopt and use technology in organizational settings (Holden & Karsh, 2010). The model posits that technology's value and simplicity are the main factors influencing attitudes toward it. People are more likely to use technology if they believe it will help them be better at their jobs and if they think it is easy to use. Furthermore, consumers' attitudes toward technology utilization moderate the relationship between perceived ease of use and intention to use the technology (Y. Lee et al., 2003).

The TAM assumes that users are rational in their judgments and make decisions based on their observations of the technology's usefulness and ease of use (Davis, 1989). Such perceptions form the foundation of their intention to act and their future adoption behavior, as Holden and Karsh (2010) noted. Additionally, the TAM posits that attitudes toward technologies are among the aspects that determine technology-related intentions and actual behaviors. As such, the TAM implies a significant correlation between an individual's feelings and actions (Davis, 1989).

The TAM is a widely applicable model and is used in various fields. In the context of assessments in clinical psychology, this model provides a platform for understanding the factors driving psychologists' intentions to integrate and use teleassessment tools in clinical practice. Previous research based on the TAM paradigm has identified perceived usefulness and ease of use as the leading determinants in technology adoption, emphasizing the concept of user-centric design in assessment solutions (Dash et al., 2019). As the TAM's second assumption, individual attitudes and behavioral intentions are also worthy of notice, with the potential to guide the development of interventional approaches to technology adoption by psychologists.

The TAM has played a pivotal role in shaping the understanding of how individuals adopt and use technology. In a seminal study, Davis (1989) established the model's foundational concepts and provided empirical evidence supporting its reliability. The model has served as a basis for further investigation of the critical components of technology adoption and has been applied to countless other theories. Through its evolution, the TAM has undergone perpetual scrutiny, revisions, and improvement by scholars and researchers (Rouidi et al., 2022). Research has provided insights into the TAM's applicability across different contexts, overall enhancing its efficacy. The model's structure reveals its practical use, leading it to become the primary tool for researching people's behaviors toward technology and their acceptance of it.

User perceptions of technology usefulness and ease of use are essential components in the TAM's structure. Perceived usefulness indicates whether users believe the technology would effectively improve their job performance and productivity (Davis, 1989). Perceived ease of use reflects the degree to which users express the absence of mental efforts and exertion to adopt specific technologies (Rahimi et al., 2018). Researchers have applied these two constructs through surveys, interviews, and experimental designs to measure user perceptions, attitudes, and intentions about technology adoption (Holden & Karsh, 2010).

By applying the TAM in various research contexts, scholars have advanced their understanding of the technology adoption processes and have developed strategies to facilitate user acceptance. Anderson et al. (2022) demonstrated that the COVID-19 pandemic significantly accelerated telemedicine's acceptance and integration, with social media conversations highlighting a shift from general telehealth use to a focus on its prominence and news events over time. Other researchers such as Rauschnabel et al. (2022) also demonstrated the TAM's applicability in understanding new technology adoption, including teleassessments, by emphasizing the roles of perceived usefulness and ease of use. These findings support the TAM’s applicability in understanding the sustained postpandemic adoption of teleassessment tools in clinical psychology and that perceptions of usefulness and ease of use play a critical role in ongoing telehealth services utilization (Anderson et al., 2022; Rauschnabel et al., 2022). These modern applications highlight TAM’s relevance in postpandemic settings.

DOI Theory

Everett Rogers developed the DOI theory in 1962, based on research conducted in rural sociology and communication studies. Initially focused on farming technology, the theory was then applied to other concepts such as technology adoption and social change. According to this theory, technology adoption can be divided into five stages: knowledge, persuasion, choice, implementation, and confirmation (Kaminski, 2011). The time between stages may vary based on internal and external stimuli (Rogers, 1962). Technology adoption therefore depends on its perceived attributes, including relative advantage, compatibility, complexity, trialability, and observability (Rogers, 1962).

The DOI theory postulates that people have different readiness levels for adopting novel inventions. Under this theory, technology adopters are classified as innovators, early adopters, early majority, late majority, and laggards based on their level of change acceptance (Kaminski, 2011). Communication channels are the medium for the diffusion process, which in turn help to disseminate knowledge in general and particularly contribute to how opinions on innovations are formed (Rogers, 1962). As a result, when considering teleassessments adoption, it is imperative that communication channels are effective for both disseminating knowledge about teleassessment and deepening and influencing current understandings and opinions across all stakeholders (Kaminski, 2011).

The DOI theory has been applied in varied research areas, including technology adoption, public health, and organizational change (Zhang et al., 2015). Researchers have applied the theory to the adoption of telehealth by patients, identifying key factors as channels of communication and social networks (Zhang et al., 2015). As previously noted, the theory classifies adopters depending on their readiness for change, so theoretically using this theory could reveal diffusion pathways and teleassessment practices adoption trends in clinical psychology. The literature and application of the theory supports its application in providing insights into the nature and adoption of teleassessments.

The concept of relative advantage indicates how people judge innovations based on their performance, efficiency, and, eventually, the results generated compared to already available alternatives (Rogers, 1962). Compatibility, however, measures how much society views innovation as consistent with the present values, norms, practices, and needs. Scientists have applied the diffusion of technology theory to study how innovations are disseminated in societies, communities, and organizations (Sanson-Fisher, 2004). Further, studies have focused on the role of contextual issues like culture, social class, and institutional structures that influence the way innovations are adopted.

My aim in this study was to use the DOI theory to further understand where clinicians stand with teleassessment integration, considering the pandemic's effects on dissemination and adoption. Integrating clinicians' perspectives into research efforts could also provide a more comprehensive understanding of the factors influencing the full adoption of teleassessment methodologies. Including the clinicians' perspectives could not only enrich the understanding of teleassessment adoption but also contribute valuable insights for implementing teleassessment initiatives and further advancements in various fields, aligning with the broader goals in this study.

Integration of Frameworks

While the TAM and the DOI theory originated from unique perspectives, both hold that subjective forces such as user perceptions, attitudes, and social influences are the main determinants of technology adoption (Aizstrauta et al., 2015). The TAM focuses on the features arising at the individual level, granting importance to subjective factors, including perceived usefulness and ease of use. The DOI theory prefers the broader approach of diffusing innovations in social networks and communities. The TAM explains the learning activities and personal drives for adopting new technologies. The DOI theory portrays the holistic influence of social and contextual aspects in spreading innovations.

Combining the TAM and the DOI theory enabled a comprehensive approach to exploring teleassessment adoption in clinical psychology by highlighting the aspects of individual motivations and societal dynamics. By combining ideas from the TAM and the

DOI theory, researchers and practitioners can create context-specific strategies to promote the uptake and use of teleassessment tools. In addition, as noted in Jaffar and Ali (2021), the concepts of perceived usefulness and ease of use, as reflected in the TAM, influence psychologists' attitudes about and intentions toward teleassessment, which aligns with the study's focus on technology acceptance. Liu and Miguel-Cruz (2022) further reinforced the importance of sociotechnical systems in telehealth services adoption. Their study applies to using both the TAM and the DOI theory to illustrate ongoing postpandemic teleassessment integration in clinical practice.

In summary, the TAM and the DOI theory are indispensable for understanding licensed psychologists' perceptions of postpandemic technological adoption. By using these frameworks to identify postpandemic teleassessment adoption patterns among psychologists and COVID-19's impact on teleassessment integration in the field, further advancements and an expansion of teleassessment use may be possible.

Historical Context and Development of Telemedicine

Telemedicine's onset initially brought hope to patients in remote areas with limited access to medical services (Haleem et al., 2021). While telepsychology extended telemedicine's benefits to more urban areas, the primary focus remained improving healthcare access in underserved regions. Telehealth applications in psychology then diversified to include online consultations, therapy services, remote psychiatric management, rehabilitation, and psychological assessments (Haleem et al., 2021).

Psychological assessments evolved from mid-20th century remote data collection methods to today's sophisticated teleassessment tools (Mulligan & Ayoub, 2023). The early adoption of teleassessment tools was similarly aimed at expanding health care reach, making services more practical, affordable, and sustainable (Newson et al., 2020). Because teleassessments are conducted online, they facilitate standardized administration, scoring, and data analysis, which can be seamlessly shared among research groups as required (Viñas-Guasch et al., 2023).

Assessments have always been essential to facilitating treatment and enhancing a patient's well-being in clinical psychology practice. Haleem et al. (2021) defined psychological assessments as processes for accurately describing people's functioning, identifying their clinical needs for appropriate interventions, diagnosing various mental disorders, and monitoring intervention progress. The contexts in which the assessment tools are developed and used are often based on a benchmark of standards that predefine patterns of symptom categories designated for specific psychiatric conditions (Krach et al., 2020; Newson et al., 2020). The designs of these tools range from open-ended clinician-based interviews to structured questionnaires and assessments for specific tasks associated with personality, mood, attention, cognitive function, behavior, trauma, and so on.

Benefits of Teleassessments

With time, the scope of teleassessments has broadened, allowing for centralized clinical expertise, cost minimization, and enhanced care management for specialized mental health cases (Bashshur et al., 2016). Psychologists' capacities for conducting assessments have dramatically increased due to technological advances and teleassessments. These tools now use real-time audiovisual interactions and online platforms to mimic face-to-face assessments (Shaver, 2022). These technology forms have helped to improve health-related service delivery. Newson et al. (2020) noted that assessment services are no longer geographically limited, even with demands surpassing the number of clinicians available.

A critical benefit of teleassessments is the evidence supporting similar validity and reliability to face-to-face administration across various assessments. Varker et al. (2019) found that telepsychology was no less effective than in-person treatment for most presenting concerns, countering biases against its use. Barnett et al. (2021) conducted a systematic review to analyze teleassessment comparability primarily prior to the pandemic and indicated a 95% correlation between consistency with teleassessments conducted via videoconferencing and face-to-face assessments. However, Barnett et al. noted that high-quality published evidence in systematic reviews was insufficient to assess comparability accurately. Similarly, in a global meta-analysis, Mazhari et al. (2019) identified no difference in accuracy between teleassessments and face-to-face evaluations based on objective assessment instruments. Psychiatrists in this study found that the information obtained was similar in both platforms.

Barriers to Teleassessment Expansion

Despite these advancements, the expansion of teleassessment practices has faced significant barriers, particularly in terms of clinician acceptance. Historical reluctance among psychologists to adopt teleassessment methods underscores the importance of addressing biases and enhancing training (Cowan et al., 2019). Meta research exploring clinicians' acceptance of telehealth prior to the pandemic revealed key factors that included well-functioning technology, user training, protocol development, acceptance by other providers, support for provider collaboration, and support for policy and legislation (Broens et al., 2007; Jarvis-Selinger et al., 2008).

Strong biases against teleassessments persist despite substantial evidence supporting its effectiveness. Barriers to acceptance have included technical problems, lack of support, usability issues, concerns with quality and ethical/legal matters, absence of protocols, and regulatory barriers (Broens et al., 2007; Jarvis-Selinger et al., 2008). In Campbell et al. (2019), 39 participants in rural Australia (12 clients, 16 providers, and 11 community referrers) perceived technology problems as barriers to telehealth and that children would not be able to concentrate during telehealth sessions or enjoy them. However, they identified key benefits of telehealth, such as access to health services, felt that technology barriers could be worked around, and felt that telehealth services could be supported internally by trained assistants and externally by resources such as local medical centers.

Clinician resistance is a significant barrier to widespread teleassessment adoption in practice within the field of psychology. Clinician reluctance is often underreported due to selection bias in studies where participating clinicians are already inclined toward telemedicine (Cowan et al., 2019). Clinicians' acceptance of teleassessments is crucial for the sustainability and expansion of telehealth services, particularly in meeting growing psychiatric needs (Wade et al., 2014). Addressing clinician concerns is paramount, as their acceptance can be influenced by increased exposure to telepsychiatry and education during training. Such exposure has been shown to improve comfort and familiarity with teleassessments, reduce concerns about the ability to connect and establish rapport and alleviate uncertainties about the technology (Cowan et al., 2019).

Wade et al. (2014) defined clinician acceptance as the willingness to adopt telehealth for service delivery. Findings by Wade et al. supported that even with low demand, technological challenges, or workforce pressures, clinicians who embrace telehealth will persist in its use and secure the necessary resources to maintain the service. Wade et al.'s findings helped to inform my focus in the study by affirming that clinician acceptance impacts teleassessment sustainability and effectiveness. However, for postpandemic teleassessments to be sustainable and effective, it is crucial to understand the factors influencing psychologists' perceptions of their effectiveness and the strategies currently employed to adapt and maintain quality interactions in remote settings and with the public.

Recent research has underscored the importance of addressing clinician resistance through targeted education and practical experience. Pierce et al. (2020) found that the strongest predictors of psychologists' use of telepsychology were subjective norms, perceived ease of use, and perceived usefulness of telepsychology. They emphasized the need for robust telepsychology training early and often in the training process to enhance comfort and familiarity with teleassessments. Perry et al. (2020) also identified a lack of training as the most frequently endorsed barrier to telepsychology use among mental health care providers. Furthermore, 80% of psychologists who refrained from using teleassessments believed it was neither easy to use nor beneficial, a perception that demonstrated the lack of telepsychology training received (Perry et al., 2020). Strong biases against teleassessments persist despite substantial evidence supporting its effectiveness.

Studies have shown that hands-on experience with teleassessments can significantly enhance clinician acceptance. Elliott (2020) emphasized that preconceived biases and a lack of familiarity with telepsychology are substantial barriers, but these can be mitigated through targeted training and education. This focus on reducing clinician resistance through education and practical experience formed a strong foundation for the study. Understanding and addressing the roots of clinician resistance is critical in developing strategies to promote the effective and sustainable use of teleassessments in clinical psychology.

Legal and Ethical Considerations in Telepsychology and Teleassessments

As telepsychology has grown, so have the legal and ethical frameworks governing its practice. These frameworks ensure competent and ethical service delivery with guidelines from organizations such as the American Psychological Association (APA) and regulations such as the Health Insurance Portability and Accountability Act (HIPAA; Wright et al., 2025). The APA's guidelines, first published in 2013 and continually updated, provide standards for competence, informed consent, confidentiality, security, and professional conduct in telepsychology. It is important to note that some regulations for teleassessments are federal, whereas others may vary based on individual state regulations, and it is the psychologist's ethical duty to be competent in both areas (Wright et al., 2025). State licensing boards enforce regulations specific to telepsychology, emphasizing the importance of maintaining professional standards and safeguarding clients' rights. Similarly, APA guidelines acknowledge that no recommendation should take precedence if it contradicts federal, state, or local laws overseeing the practice of psychologists providing assessment services (Wright et al., 2025).

Prior to teleassessments, psychological evaluations were designed for in-person administration. Incorporating previous norms and guidelines into teleassessments increased the chances of medical error due to changes in standardization, testing sequences, or norms (Krach et al., 2020). Kline (2015) argued that the lack of consistency and procedure standardization made it impossible to compare raw scores. For these reasons, transitioning to remote assessments during the pandemic necessitated new standards to prevent errors and ensure psychometric accuracy (Krach et al., 2020). The International Test Commission and Association of Test Publishers rapidly developed guidelines to ensure validity, reliability, and fairness in teleassessments (International Test Commission and Association of Test Publishers, 2022; Krach et al., 2020).

The considerations for legal requirements and ethical standards in telepsychology also address interagency policies, external constraints, and demands in the professional context (Krach et al., 2020). As Henderson et al. (2016) stated, one set of test criteria may have different implications from another, and it is a psychologist's ethical responsibility to balance them accordingly. Similar to in-person assessments, licensed psychologists must be familiar with and adhere to teleassessment regulations as they develop (APA, 2013; WHO, 2023).

This historical context provides a foundation for the importance of understanding specific factors influencing psychologists' perceptions of postpandemic teleassessment effectiveness and the strategies used to adapt their practices. By examining these elements, I sought to advance teleassessment integration into psychological services. Findings from this examination may help to further teleassessment integration, address the shortage of mental health professionals, and improve access to care.

COVID-19's Impact on Telemedicine

Teleassessment adoption has significantly accelerated in recent years. In a 2021 study, Sampaio et al. found that only about 30% of practicing psychologists in the United States used telepsychology prior to the pandemic. However, when COVID-19 struck, telemedicine shifted from a promising innovation to an essential tool for delivering much-demanded care services during a time of global health crises (Cavallo et al., 2023). The COVID-19 pandemic significantly accelerated teleassessment adoption in clinical psychology as the need for mental health services increased during the lockdown (Zangani et al., 2022). According to the WHO (2023), there was a 25% rise in the global prevalence of anxiety and depression exacerbated by social isolation just in the pandemic's first year. Despite the problems it caused, the pandemic was the push the field of psychology needed to realize telehealth's potential in service delivery (Gajarawala & Pelkowski, 2021).

Since the start of the pandemic, the number of psychologists relying on telepsychology for service delivery has grown rapidly worldwide. Shachar et al. (2020) indicated that over 65% of psychologists and medical health therapists in the United States have incorporated the technology into their practice. McKee et al. (2021) found that prior to the pandemic, only 20% of clinicians questioned reported using teleassessment tools. During the pandemic, this figure rose to 80% within a matter of weeks. Following the pandemic, Pomales-Ramos et al. (2023) found that clinicians continued to rely on telehealth to deliver essential healthcare services, with 84.6% of clinicians providing direct intervention with clients, 56.9% providing parent/caregiver training, and 37.5% conducting assessments.

These data illustrate the drastic changes in delivery modes for assessments driven by the pandemic and highlight the rapid adoption necessitated by the circumstances

(Craig et al., 2021; Haleem et al., 2021). Teleassessments were clearly essential for maintaining service continuity, and clinicians and clients were trying to do their best with what was offered. Researchers have explored patients' perceptions of the quick change to telehealth, however there is minimal research on the perceptions of the psychologists conducting the services, who play a vital role in overall perceived effectiveness.

When Face-to-Face Was Not an Option

The COVID-19 pandemic triggered a rise in mental health issues, opening doors to the biggest psychological turmoil the world had ever witnessed (WHO, 2023). Because of movement restrictions and social distancing requirements, patients could not access health services, and practitioners could not physically reach their clients. As a result, telehealth was no longer a select alternative. Instead, psychologists were forced to fully rely on it as the only way to deliver increasingly needed services (Sampaio et al., 2021). Clinicians found themselves quickly researching and exploring various telecommunication technologies to facilitate mental health intervention provision and maintain continuity the best they could.

Using various telecommunication platforms to deliver mental health services during the pandemic prompted an unprecedented acceleration in telepsychology adoption and reliance. Cavallo et al. (2023) identified that more than 70% of practitioners had never used the technology for assessments prior to the pandemic, critiquing its inadequacies in service delivery and claiming that additional skills were needed to manage chaotic situations when they arise. Suddenly, the pandemic drastically changed how most psychologists perceived teleassessments, opening the eyes of reluctant practitioners. The pandemic allowed psychologists to witness the potential of teleassessments through their use and created an awareness of the need for such technology in case of similar worldwide health crises in the future (Cavallo et al., 2023).

Test developers such as Psychological Assessment Resources and Pearson started offering modifications to in-person assessments for administering tests via telecommunication devices (Krach et al., 2020). Pearson (2022) developed Q-global, a web-based system for administering, scoring, and reporting virtual assessments, generated remote on-screen administration for some assessments, and the ability for psychologists to assign and email assessments for patients to complete. Developers continued emphasizing the importance of staying up to date and competent prior to administering any teleassessment (Wright & Raiford, 2021). Resources encourage clinicians to thoroughly review the administration procedures, test their setups and platforms, and understand the tools and their features prior to meeting with clients (Wright & Raiford, 2021). In addition, they specify that some tests were normed for remote administration, whereas others require digital stimulus books or response booklets and encourage psychologists to ensure all materials are current prior to administration to ensure a smoother process (Loewenthal & Lewis, 2020).

Benefits of Teleassessments During the Pandemic

Most clinicians heavily relied on a face-to-face model as the most effective care approach to administer a clinical assessment prior to the pandemic (Kichloo et al., 2020).

After the pandemic hit, advantages to teletherapy included the ability to safely distance oneself while receiving services, continuation of services, lower wait times, and enhanced access to services, especially in remote regions or where the clinician–client ratio was low (Kichloo et al., 2020). Clinicians noted that telehealth improved access to patients with logistical barriers, competing demands such as work schedules and caregiving responsibilities, and vulnerabilities related to psychiatric conditions (Sugarman et al., 2021).

Sugarman et al. (2021) found that 52% of clinicians identified accessibility to services as the primary factor for determining which populations were best suited for telehealth, while only 20% considered patient characteristics. In analyzing teleassessments during the pandemic, another benefit referenced in research is an expansion of global awareness, which has increased the validity of specific measures within all medical fields (August & Mashegoane, 2021; Venkataraman et al., 2020; Zangani et al., 2022).

During the pandemic, available teleassessment options helped clinicians address the psychological needs of their clients, which increased in numbers and magnitude. To meet the increasing needs, some licensed psychologists used pretrained facilitators to offset clinical staff shortages as clinician-patient ratios were unmanageable (Farmer et al., 2020). Facilitators were properly trained with adequate skills for operating and administering teleassessment to those suffering remotely due to physical distancing and movement (Farmer et al., 2020). Licensed psychologists could then use observations and results to render a diagnosis if necessary and provide recommendations in a timelier manner.

Mulligan and Ayoub (2023) studied comparability with scoring between face-to-face and remote administration during the pandemic in school psychology settings by comparing previously published research analyzing the Woodcock–Johnson IV Test of Cognitive Ability, the Reynolds Intellectual Assessment Scales, Second Edition and the Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V). The findings revealed very high correlations, specifically for the WISC-V index scores, ranging from .981 to .997, with the full-scale IQ correlated at .991 (Mulligan & Ayoub, 2023). These results indicated that teleassessments maintained comparable validity and reliability to traditional face-to-face assessments across various cognitive assessments, regardless of administration mode. Mulligan and Ayoub noted that the measures were not intended for teleassessments, were not normed or standardized for this use, and therefore should not be used long term. They also mentioned improvements and new teleassessments in development that could replace older measures.

Addressing the Needs of Special Populations

A shift toward teleassessments was necessary to mitigate risks for vulnerable populations during the pandemic. Before COVID-19, these populations faced challenges accessing assessments due to long waitlists, limited providers, and geographical barriers (Kryszak et al., 2022). Teleassessments offered a safe solution for maintaining service provision as well as expanding services to even more people.

Mental health challenges during the pandemic surged, especially among certain groups such as geriatric patients and existing mental health services recipients (Watson et al., 2023). Specifically, with the geriatric population, teleneurological assessments, a critical component for diagnosing dementia and monitoring disease progression, became more prevalent during the pandemic (Kitaigorodsky et al., 2021). A systematic review by Marra et al. (2020) supported remote administration of cognitive screeners and various neuropsychological tests for geriatric patients based on careful consideration of patient needs, ethical factors, and psychometric standards. Other researchers found strong evidence supporting telehealth for assessing Parkinson's disease and Alzheimer's disease (Adams et al., 2020; Marra et al., 2020). Similarly, Corallo et al. (2023) reported that telehealth improved early detection of mild cognitive impairment and preclinical dementia.

Individuals with autism spectrum disorder (ASD) were also the focus of population research exploring telehealth effectiveness during the pandemic. While research findings were mixed regarding teleassessment for all ASD symptoms, many psychologists found these assessments suitable in numerous situations, particularly in straightforward cases (Alfuraydan et al., Corona et al., 2023; Kryszak et al., 2022). The gold standard for ASD testing includes caregiver interviews, observation of social communication skills and behavior, direct assessment of cognitive and language functioning, and questionnaires administered to parents and teachers (Alfuraydan et al., 2020). Psychologists had to find strategies when conducting teleassessment to meet these standards, which could pose challenges. Kryszak et al. (2022) explored clinicians' satisfaction with teleassessments for ASD and factors that influenced their confidence in diagnostic outcomes. Findings identified patient, family, institutional, and workplace factors that impacted successful teleassessments with this population.

Furthermore, psychologists endorsing ASD teleassessments primarily used behavior observation systems resembling established in-person assessment tools like the Autism Diagnostic Observation Schedule and noted them as valid, particularly for assessing young children (Alfuraydan et al., 2020; Corona et al., 2023; Kryszak et al., 2022). Some studies also identified the advantages of teleassessments for ASD, including the ability to assess children's behaviors in their home environments and increased parental involvement in the evaluation process (Alfuraydan et al., 2020; Kryszak et al., 2022). The present study provided groundwork for exploring the factors and strategies influencing psychologists' acceptance and utilization of teleassessments after the pandemic, which was a central focus of this study.

While teleassessments offered numerous benefits in terms of accessibility, flexibility, and reliability during the pandemic, they also presented significant challenges, as discussed in the next section. When crisis situations such as pandemics exacerbate existing problems, mental health needs become more prevalent (Cassity-Caywood et al., 2023). These challenges highlight the importance of addressing barriers to teleassessment implementation and ensuring equitable access to mental health care services.

Challenges in Using Telemedicine During the Pandemic

Despite their benefits, researchers continued to identify challenges with the widespread adoption of teleassessments during the pandemic. Identified factors preventing mainstream adoption included insurance reimbursement challenges, technological difficulties, user resistance, training needs, and ethical considerations (Gajarawala & Pelkowski, 2021; Walter et al., 2020). Using regression models, Watson et al. (2023) identified specific psychologist characteristics and practice-related factors that predicted the endorsement of specific barriers. Seasoned psychologists reported fewer obstacles compared to their younger counterparts, particularly concerning technological hurdles, care quality, privacy issues, reimbursement constraints, training deficiencies, and ethical considerations (Watson et al., 2023). Similar research suggested alternative factors influencing the adoption of telehealth, such as clinician’s levels of experience and broader training background (Pierce et al., 2021; Watson et al., 2023).

Before the COVID-19 pandemic, teleassessments were not commonly used, largely because they were not reimbursed (Houser et al., 2023; Kitaigorodsky et al., 2021; Kryszak et al., 2022). With the pandemic’s onset, the demand for telehealth skyrocketed, and many government and private insurers paid for teleassessments (Houser et al., 2023). Temporary loosening of telehealth regulations during the pandemic by authorities like the Centers for Medicare and Medicaid Services facilitated remote services for beneficiaries, with reimbursement rates matching in-person visits

(Kitaigorodsky et al., 2021; Kryszak et al., 2022). As a result, more clinicians found themselves navigating the challenges of teleassessments.

Almathami et al. (2020) identified technological barriers such as poor internet connectivity and lack of familiarity with teleassessment platforms as challenges hindering the transition to remote assessment. Almost 50% of clinicians in Marra et al. (2020) reported that they experienced technical issues, however only 13% of these issues affecting their ability to provide treatment overall. Common technical issues were with video, sound issues, or patients having difficulty logging on (Marra et al., 2020).

Technology access was another challenge with teleassessment during the pandemic. In communities where only small percentages of the population had internet access, the lack of access further marginalized this population, and inequalities were more present (Rains et al., 2022). Without the technology, it became a challenge for clinicians to test patients adequately, and many psychologists had to purchase devices and ship them to clients, adding more expenses to expand their accessibility (Kichloo et al., 2020). Even with the technology, clients were not the only ones struggling with usage as a significant number of clinicians felt they lacked the competency to administer assessments virtually, as many had never done so in the past (Craig et al., 2021).

For some clinicians and patients, the lack of adequate skills in using technological devices and platforms limited-service delivery. Psychologists voiced concerns over the usability of telepsychology and their limited training, which often resulted in diminished confidence in incorporating telepsychology into their professional practice (Perrin et al., 2020; Watson et al., 2023). Another challenge that became more apparent during the pandemic that psychologists had to navigate while conducting teleassessments was environmental factors such as space restrictions, privacy issues, patient safety, and confidentiality (Shachar et al., 2020). With everyone confined to their homes, patients found it difficult to create private spaces. Although the telecommunication platforms provided an avenue for clinician–client meetings, the presence of their families made it difficult to create effective testing locations with limited distractions (Cassity-Caywood et al., 2023). Pomales-Ramos et al. (2023) found that delivering teleassessments to autistic children and their families during COVID-19 posed logistical challenges when working with children who eloped, who exhibited challenging behaviors, and who were not speaking yet or who used nonverbal language to communicate.

Issues of adherence to ethics, legal terms, and conditions governing the service were also a major concern. Although the pandemic temporarily eased security protocols and permitted psychologists to use most platforms to maintain service continuity for their clients, guidelines were created shortly after (Lustgarten et al., 2020). Functions that facilitated compliance with HIPAA and Family Educational Rights and Privacy Act regulations, such as encrypted transmission and secure login/access, were developed to ensure confidentiality and data protection (Houser et al., 2023).

During the pandemic, clinicians reported difficulties in remotely testing and sharing confidential information with their clients due to the risks involved (Houser et al., 2023; Lustgarten et al., 2020). Data breaches, information security, and privacy issues, which had been persistent in the past, became more prevalent with the increased use of technology augmenting these vulnerabilities (Shachar et al., 2020). These issues included potential hacking, breaches of private information, and even proof of identity (Houser et al., 2023). Dixon et al. (2022) found that consultation and feedback sessions after teleassessments were shorter and less rich when transitioned to virtual. Findings such as these underscore the importance of continued research on clinicians' perceptions and ways to successfully navigate these identified challenges and find ways to improve them to continue teleassessment services implementation effectively.

Providers and patients in separate locations was another challenge of teleassessments during the pandemic. Marra et al. (2020) identified that clinicians' biggest challenge was the inability to perform hands-on portions of an assessment and the reduced opportunities for behavioral observations due to camera angles, a concern also noted earlier by Turner et al. (2012). Incorporating certain elements of the assessment process remotely presented significant challenges. For instance, tasks like block design on the WISC-V posed difficulties, as the examiner traditionally arranges the blocks in front of the client, which the client then manipulates. Similarly, the absence of a person in the same location to supervise and guide the assessment also created challenges, as the information obtained may not be factual or credible to draw meaningful conclusions (Watson et al., 2023). Finally, teleassessments may lack the level of detail in behavioral observations of their counterpart (Mulligan & Ayoub, 2023). Observations of how the client approached a task, any behaviors associated with anxiety or frustration, and specific mannerisms are limited when on screen (Mulligan & Ayoub, 2023; Petkari et al., 2023).

For these reasons, teleassessments require a collaborative effort that involves the client more in the set-up than traditionally seen with in-person assessments (Farmer et al., 2020; Hamner et al., 2022). Teleassessments also mandate a certain level of professionalism and commitment from the client to make the process work. Appleton et al. (2023) found that clinicians who provided ongoing support and facilitation, such as technical assistance or continuous consultation, were more successful in conducting teleassessment services. In addition, some assessments, such as the Reynolds Intellectual Assessment Scales -2 Remote and the Reynolds Intellectual Screening Test-2 Remote, require platforms that allow clients to control access of the mouse and screen to complete sections (Hamner et al., 2022). Psychologists who were not competent in these platforms and their features had to learn to navigate them prior to conducting an assessment and feel comfortable to then teach the client, which added yet another obstacle for clinicians.

Teleassessment After the COVID-19 Pandemic

In the midst of the pandemic, responses to whether clinicians would like to continue teleassessments varied, with 50% of clinicians reporting wanting to continue initial assessments and 58% to 71% wanting to continue teleneuropsychological assessments (Sugarman et al., 2021). Sugarman et al. (2021) demonstrated growth among clinicians since the initial shift to teleassessment, where 71%–88% reported they were able to treat their patients' needs effectively through telehealth while also building rapport. Pierce et al. (2021) also found that psychologists projected that they would continue to perform 34.96% of their clinical work via telepsychology after the pandemic.

In May 2023, both the WHO and the United States government officially declared an end to COVID-19 health emergency statuses, starting the postpandemic era (Gow et al., 2023; WHO, 2023). As a result, the perceived need for remote assessments has decreased, and research on the validity and reliability remains limited (Sperling et al., 2024). While the pandemic influenced a more positive perception of teleassessments, Geraldo et al. (2024) indicated that psychologists intended to continue using them only in a blended approach.

Teleassessments continue to be successfully used across diverse contexts of mental health conditions as well as in many developed countries since the pandemic (Thawani et al., 2023). Although psychologists raised concerns such as security and privacy, deregulation compromises, and service quality limitations persist, they have learned new ways of dealing with the issues since the quick shift during COVID-19 (Geraldo et al., 2024; Sperling et al., 2024). New trainings, guidelines, technology and test revisions have enhanced the efficiency of service delivery through telepsychology, supporting the popular hybrid approach (Du Toit et al., 2024; Weatherill et al., 2024). Clinicians have normalized the use of virtual private network-based networks when conducting teleassessments with their clients, which helped enhance privacy and confidentiality (Craig et al., 2021). In addition, practices have incorporated electronic medical records programs to house notes, schedule, and share with clients safely and effectively (Weisenmuller & Luzier, 2023).

Similarly, test developers have continued integrating guidelines and new ways to mirror in-person assessments. Pearson offers various digital solutions to further enhance and improve the usability of teleassessments. In 2022, Pearson Q-global released Video Proctoring (Q-gVP), providing clinicians with the convenience and assurance of conducting face-to-face interactions and assessments directly within the Q-global workflow. The feature allows clinicians to assign any of the 40+ available assessments and administer them via video without navigating multiple platforms (Pearson, 2022).

Psychologists have also adopted safe virtual reimbursement systems through which individual clients and insurance companies can render payment for virtual services (Salmanizadeh et al., 2022). Congress passed the Consolidated Appropriations Act of 2023, which extended most telehealth waivers until December 31, 2024, and allowed psychologist to continue to bill for their telehealth services. To avoid pay denials, some practices have adopted systems where clients are required to pay before receiving services (Salmanizadeh et al., 2022).

The increasing use of telehealth has prompted training programs to include training on telehealth and teleassessments so that practitioners will have the skills needed to conduct online therapy and assessments (Geraldo et al., 2024). The APA has published new guidelines stipulating best practices for teleassessment administration (Patel-Syed et al., 2021). These guidelines also outline quality supervision requirements for trainees to ensure health service psychologists' competency and professional development of practitioners as well as of patient protection (Patel-Syed et al., 2021). Similarly, psychologists are required to update their codes of practice to ensure their telepsychology operations adhere to legal and ethical requirements.

Future Directions

The introduction of video conferencing in psychology was a tremendous invention for telehealth, allowing for the expansion of teleassessment use in clinical psychology (Chiauzzi et al., 2020; S. Lee & Song, 2023). The pandemic significantly influenced mental health and the development of innovative service methods, including teleassessments (Leyens et al., 2022; Sparasci et al., 2022). New technologies have expanded the scope of clinical psychology and are proving to be valuable tools for psychologists beyond the pandemic (Soares et al., 2023).

Newson et al. (2020) predicted that the new technological trends would continue to offer new modalities to the field of telepsychology. For example, artificial intelligence (AI) technologies offer psychologists the ability to function more efficiently and are set to transform the future of teleassessments (Haleem et al., 2021; Sharma et al., 2023). Advancements in AI extend to include natural language processing and offer innovative solutions to teleassessment challenges by enabling detailed analysis of conversational data from assessment sessions and medical records (Malgaroli et al., 2023; Sharma et al., 2023). This technology can then analyze large sets of language data, facilitating the study of assessment fidelity, patient outcomes, key assessment components, diagnostic accuracy, and risk evaluation (Malgaroli et al., 2023).

Other forms of technology that can further enhance teleassessments are wearable patient-tracking gadgets and specialized tools where health care professionals can remotely receive measurable data enhancing the accuracy of the data (Gomes et al., 2023). These technology forms have been used in other medical fields to help detect the worsening of symptoms, avoid hospitalization, and create better self-management (Clemensen et al., 2016). Merging these technologies in psychology with contextual factors that contribute to mental health issues allows yet another form of teleassessments and the opportunity to address mental health problems more quickly and efficiently (Gomes et al., 2023).

Finally, virtual reality (VR) technology has also been integrated into mental health as a tool for assessments (Geraets et al., 2022; Sampaio et al., 2021). Rather than depending on self-report assessments, VR provides clinicians an opportunity to observe clients in real-life situations without moving locations (Geraets et al., 2022). Computer generated technology such as VR may generate more precise data, picking up on sensitive observations and details that may be lacking with current assessments (Terruzzi et al., 2024).

Summary and Conclusion

In this comprehensive literature review, I explored teleassessments in psychology as they emerged in response to the COVID-19 pandemic, revealing a pivotal shift in clinical practice. The benefits and challenges associated with teleassessments were illuminated, underscoring the importance of understanding psychologists' postpandemic usage patterns. It is important to note that the literature on teleassessments is still emerging. Given this, literature on teletherapy was also presented as it provided a foundation for understanding the adoption of new technology among clinicians with the assumption that teleassessment research will also explore similar factors.

While there has been considerable investigation into the use of telehealth in psychology, research has consistently identified both benefits and challenges associated with teleassessments since their development, but the postpandemic experiences of clinicians using teleassessments remain underexplored. I aimed to address this gap by examining psychologists' perceptions of teleassessments, specifically after the official end of the pandemic, thus contributing to a deeper understanding of their utilization. By understanding these perspectives, I aimed to inform the norms and consensus around teleassessments and reduce the ambiguity that may deter other clinicians from adopting this technology. By exploring the perceptions of those using teleassessments, I intended to mediate identified challenges and increase benefits through increasing awareness and therefor accessibility across all populations.

This study contributed to the ongoing dialogue on the role of teleassessments in clinical practice and identified areas for future research and improvement. In Chapter 3, I discuss and detail the methodological approach I used to address these critical gaps and advance knowledge in the field. This explanation will enable other scholars to understand, evaluate and possibly replicate the study in other contexts, which, as Kjellström et al. (2010) stated, increases overall study credibility and transferability.

Chapter 3: Research Method

In this basic qualitative study, I explored the experiences of licensed psychologists practicing in Texas using teleassessments after the COVID-19 pandemic. Understanding the benefits, challenges, and modes of implementation is imperative in reducing the gap around using teleassessments after the pandemic and improving current guidelines and standards for the practice. In this chapter, I outline the research design and rationale, my role as the researcher, the methodology, including participant selection logic and instrumentation, procedures for recruitment, participation, and data collection, and the data analysis plan. I also address trustworthiness issues to ensure the rigor and credibility of the study's findings.

Research Design and Rationale

I used a basic qualitative research design to address the research questions and included open-ended exploratory questions to understand clinicians' perceptions. The research questions guiding this study were the following:

- What specific factors influence psychologists' perceptions of teleassessment effectiveness after the pandemic?
- What strategies do psychologists employ to effectively adapt their assessment practices and maintain the quality of interactions when conducting teleassessments?

The central concepts of this study on the perceptions and adaptive strategies of licensed psychologists using teleassessments in the postpandemic era included teleassessments, postpandemic use, and licensed psychologists. For this study, effective was not defined as it was assessed based on the psychologist's varied constructed definition and was identified in the interviews. Teleassessment was defined as the remote administration of psychological assessments, diagnostic evaluations, and cognitive testing using digital platforms (Luxton et al., 2014; Wright & Raiford, 2021).

Participants were asked to identify the different teleassessments they used following the pandemic. As the concept of the postpandemic era is still evolving, I acknowledged that the definition of this era might be interpreted differently across various contexts, disciplines, and countries. However, for this study, the postpandemic era referred to the period beginning May 5, 2023, when the WHO ended the global health emergency status of COVID-19 and marked a transition to more normalized operations, with reduced public health interventions and an adaptation to living with the virus as an ongoing concern (U.S. Department of Health and Human Services, 2023; WHO, 2023).

In the context of this study, a licensed psychologist in Texas was defined as an individual who has fulfilled the requirements set by the Texas State Board of Examiners of Psychologists, including earning a doctoral degree in psychology (Doctor of Philosophy or Doctor of Psychology), completing a minimum of 1,750 hr of a formal internship, passing the Examination for Professional Practice in Psychology and the Texas Jurisprudence Examination, and accumulating the necessary supervised postdoctorate experience (Texas Behavioral Health Executive Council, n.d.).

Although all qualitative research aims to explore and understand a phenomenon through rich, detailed information, Creswell and Creswell (2018) identified five qualitative traditions of inquiry researchers can use to address their research problem. Despite some overlap, each tradition of qualitative inquiry offers a different emphasis and focus and answers a unique foundational question (Patton, 2015; Tomaszewski et al., 2020). For this study, my choice of a basic qualitative design over other qualitative approaches, such as phenomenology or grounded theory, was informed not only by previous literature but also by the nature of the research problem, inquiry procedures, data collection methods, analysis, and interpretation (Creswell & Creswell, 2018).

I considered phenomenology, which focuses on the lived experiences of individuals and aims to understand the meaning, structure, and essence of those experiences. However, this approach requires more prolonged engagement and primarily focuses on developing patterns within a small group (Tomaszewski et al., 2020). Phenomenology focuses on participants' descriptions of their experiences, but it also examines how they experience them (Creswell & Creswell, 2018). This design, therefore, would not allow me to explore the individual factors and strategies involved in teleassessment practices.

Another tradition I considered was grounded theory, which seeks to develop a theory based on the data collected through continuous comparisons while identifying similarities and differences (Creswell & Creswell, 2018; Patton, 2015). Grounded theory seeks to find alternative meanings to the explored phenomena (Patton, 2015), aiming to understand psychologists' current practices and perspectives regarding teleassessments. These goals did not align; therefore, this tradition was not used.

Basic qualitative designs are a commonly used approach in social sciences, allowing for an in-depth understanding of participants' experiences and the meanings they ascribe to them (Lichtman, 2014). I considered this the most appropriate tradition for my study as it allowed me to thoroughly explore the perceptions and strategies used by licensed psychologists in Texas while utilizing teleassessments. This tradition facilitated the collection of rich, detailed data using a semistructured interview and a grounded theory approach, enabling a comprehensive exploration of the research questions, as noted in Patton (2015). A basic qualitative design helped me reach my research goal of enhancing the effectiveness and acceptance of teleassessments in clinical practice and informing best practices and guidelines for continued use.

Role of the Researcher

In the context of this qualitative study focused on investigating clinical psychologists' perspectives regarding the postpandemic implementation of teleassessments, my role was intricate and pivotal, commanding meticulous consideration. As the researcher, I was the primary instrument and acted as a diligent data collector, using a carefully designed semistructured interview protocol, following the guidance of Rubin and Rubin (2012). More specifically, my role was that of an observer-participant, where I engaged actively with the participants during the interviews but maintained a professional distance to permit unbiased data collection. This ensured that my involvement did not unjustifiably influence the participants' responses and that I maintained a balance between involvement and detachment, which is crucial for mitigating potential biases (Lichtman, 2014).

To balance involvement and detachment during the interviews, I followed systematic steps throughout the data collection process, ensuring all questions were open-ended, clear, concise, nonconfrontational, and consistent with the research questions, as recommended by Rubin and Rubin (2012). I prepared before each interview, familiarized myself with the guide, and conducted the interviews in a distraction-free environment to minimize external interruptions and maintain focus. To maintain the balance during the interviews, I created a comfortable environment by establishing rapport, demonstrating active listening, and keeping interviews conversational with a natural flow so that my participants shared freely. Additionally, using an interview guide supported the balance through structure, consistency, and neutral probing while still providing the flexibility to elicit detailed responses without imposing my biases. Finally, audio recordings of the interviews enabled additional analysis and reflection of the interactions to ensure I remained engaged and objective.

Observer–participant methodology involves observations of the participants' verbal responses, nonverbal cues, body language, and overall demeanor (Lofland, 2005). This approach offers additional data gathering when exploring perspectives without influencing the participants' responses (Lofland, 2005). I conducted interviews skillfully and empathetically to encourage open and honest communication while following ethical guidelines and securing informed consent. Finally, following the systematic steps detailed in Burkholder et al. (2016), I conducted nonbiased data analysis, presented findings, and identified any further limitations.

To mitigate potential bias or unethical behaviors, I had to address my position as a clinical psychology student working toward licensure in Texas. Conducting research in my professional community necessitated careful consideration and vigilance as it could introduce ethical challenges such as conflicts of interest or power differentials. Although recruitment started with professionals in my university and other members of the psychological associations I am a part of, I mitigated these risks by including exclusion criteria for anyone with whom I had professional ties. I also prioritized selecting participants to those I am most removed from to preserve impartiality and uphold the study's credibility. This separation and removal of direct relationships helped to maintain an unbiased stance throughout the research process, avoid potential conflicts of interest, and ensure that the study's integrity was upheld.

Even so, it was imperative to acknowledge that my position as a researcher inherently carried some power as I designed the study, conducted the interviews, and interpreted the data. Building rapport with participants is vital in mitigating power imbalances (Durkin et al., 2020). I acknowledged their expertise and valued their contributions by establishing a friendly and respectful interaction. Transparency was also crucial; I provided clear information about the study, emphasizing the voluntary nature of participation and the confidentiality of their responses throughout the entire process.

During the interviews, I used careful observations to balance the inherent power relationship, remained attentive to verbal and nonverbal cues, and adjusted my approach as needed.

Traditionally, the researcher is seen as having more power than the researcher in a study (Riley et al., 2003). Given the nature of this study, where I was a doctoral student interviewing participants with higher education and professional expertise, the dynamic could be reversed. By recognizing and addressing this possibility through reflexivity, I continued fostering a balanced information exchange. Reflexivity involves consciously identifying how and what social understandings are produced during the research (Riley et al., 2003). I also reflected on my assumptions, beliefs, and potential biases throughout the research process. This involved keeping a reflexive journal where I documented my thoughts and feelings about the research. Doing so helps to create and maintain transparency and accountability (Berger, 2015).

Another strategy I used to manage my researcher bias was member checking, where participants are asked to review and confirm the accuracy of their interview transcripts and the interpretations of their responses (Bergen & Labonté, 2019). This process validates findings and empowers participants, ensuring their voices are authentically represented (Birt et al., 2016). By integrating various strategies, I maintained a balance between my involvement as the researcher and my personal biases sensitively and ethically.

Methodology

Participant Selection Logic

In any study, participant selection is pivotal for ensuring the study's robustness and relevance. Participation in the present study was limited to psychologists licensed in Texas. This decision was informed by several key factors, primarily centered on the regulatory landscape of telehealth practices. In addition to federal regulations, each U.S. state also upholds unique rules and guidelines about telehealth, including teleassessment protocols (American Telemedicine Association, n.d.). These variations can significantly impact teleassessments' implementation and perceived effectiveness, which made it essential for me to contextualize findings within a specific regulatory framework.

Furthermore, qualitative studies are not designed for generalizability to the broader population but rather seek to uncover rich insights and detailed descriptions within specific contexts and experiences (Blackstone, 2019; Gentles et al., 2015). Therefore, by focusing on Texas, I was able to delve deeply into the experiences and perspectives of licensed psychologists operating in the state. This approach allowed for thorough exploration, including localized factors, which still offered meaningful contributions to understanding teleassessment practices.

Similarly, in qualitative research, participants are often purposefully selected based on their ability to help the researcher understand the phenomena and research questions (Creswell & Creswell, 2018). In the present study, purposive sampling was justified by the ability to recruit participants with relevant expertise and teleassessment experiences selectively. This methodological approach enhanced the study's validity by ensuring participants offered insights into the desired phenomena and further emphasized a deep understanding. Identifying and recruiting participants began with email requests to Walden University's psychology faculty to share the invitation with others who qualified to participate, posting on the Texas Psychological Association (TPA)'s Connected Community page, and direct emails to other clinicians within the field (see Appendix C).

Snowball methods complemented purposive sampling, where initial participants were asked to share the invitation with other licensed psychologists who might also be interested in participating. I also asked colleagues, supervisors, and mentors to share with potential participants they knew. Snowball sampling extended my reach to other professionals and increased diversity among participants in the study. Alternatively, as a backup, I planned to expand my recruitment networks by contacting psychology departments at Texas Universities, post the invitation on a Facebook Testing Psychologist Community group I am a part of, and use LinkedIn to connect with potential participants if the number of needed participants was not met.

Inclusion/Exclusion Criteria

To further establish the desired population for this study, meticulous development of inclusion and exclusion criteria was imperative. Inclusion criteria helped identify appropriate participants consistently and objectively, while exclusion criteria identified factors that disqualified potential participants, as they can affect study results (Garg, 2016). For this study, the inclusion criteria were the following: licensed psychologists in the state of Texas, currently practicing and conducting assessments, and experience with teleassessments. The exclusion criteria were direct professional ties with me, not practicing as a licensed psychologist in Texas, and not having experience with teleassessments. These criteria ensured that the participants would provide insightful perspectives on their experiences using teleassessment in postpandemic clinical practice.

Additional demographic information collected enhances contextual understanding of the data and external validity (Patino & Ferreira, 2018). To ensure participants met the criteria, interested participants reviewed the consent form and then completed an eligibility form confirming they met each criterion. They also provided their license number for verification.

In a basic qualitative design, sampling is described as choosing informants or participants who will disclose their experiences (Gentles et al., 2015). Qualitative studies aim to gain valuable, in-depth information about a phenomenon rather than represent populations, which is essential when determining an appropriate sample size (Gentles et al., 2015). With basic qualitative studies, a sample size between eight and 15 participants is often recommended to account for saturation (Charmaz, 2014).

Data saturation is considered the point where data do not lead to discovering more information associated with the research question (Lowe et al., 2018). Maxwell (2013) suggested a sample size of 12 participants because researching until saturation is achieved is a challenging approach and is often only accepted by some boards as sample size is required for the proposal. For this study, I planned to interview eight to 12 psychologists licensed in Texas to allow flexibility and ensure data saturation.

In addition, I followed Walden University's Institutional Review Board (IRB) recruitment guidelines when designing this study. Initially, I planned to recruit participants through referrals from Walden's psychology staff, a posting on TPA's Connected Community page, and direct email. I used Walden's approved invitation template to outline the study purpose, procedures, and ethical considerations. Interested individuals were asked to review the informed consent and complete the eligibility form at the bottom. Once their license and participation eligibility were confirmed, they were assigned a participant number that replaced their name for identification. They were also emailed a preliminary demographic form and a Calendly link to schedule their audio-recorded Zoom interview.

Reminders were set to be sent the day before to reduce no shows. In addition, interviews were rescheduled if all components were not received before their scheduled date. If interest in participation was high, I intended to notify all interested by email whether they were chosen to participate or not.

Instrumentation

I used various data collection instruments to comprehensively understand licensed psychologists' perceptions and experiences with teleassessment utilization after the pandemic. After participants' eligibility was confirmed, they were assigned a number, and a link was emailed to a demographics questionnaire that I created (see Appendix A) to collect participants' demographic information and details regarding their professional background. I designed the questionnaire based on literature that identified trends among telemedicine practitioners associated with gender, age, and geographic location that were also believed to be seen with teleassessment adoption (see Doximity, 2020; Shaver, 2022). Demographic information was not part of inclusive or exclusive criteria but provided additional insights and context for interpreting the data.

The next instrument used in this study was a semistructured interview guide comprising 15 concise, straightforward, open-ended questions (see Appendix B). In qualitative research, interviews are verbal interchanges where one person tries to elicit information from another to produce knowledge (Tenny et al., 2022). This measure used open-ended questions to elicit in-depth responses about participants' experiences and perceptions of teleassessments. Similarly, using a semistructured approach gave me the flexibility to probe further during the interviews, as Rubin and Rubin (2012) recommended. The interview guide was organized to make relevant themes among participants easy to identify.

The interview guide was developed based on standards from Creswell and Creswell (2018) and existing literature. Similarly, questions were influenced by a 2021 commentary (Madigan et al., 2021), where various benefits and challenges associated with telemental health were identified. I then cross-referenced my interview questions with ones used in Thawani et al.'s 2023 study on the impact of technological barriers and patient needs for assistance on the effectiveness of teleneurology encounters. Finally, using the TAM and the DOI theory, I revised the questions and topics to ensure they would foster an understanding of the experiences of licensed psychologists using teleassessments after the pandemic and answer the research questions effectively.

While there were limited studies with the same timeframe and population I explored in this study, I used research on teleassessment during the pandemic or with a different population to develop questions grounded in the literature, following guidance in Jacob and Furgerson (2012). Finally, the interview questions were analyzed collaboratively to ensure they covered relevant areas the research questions intended to explore. Based on Ranganathan et al. (2024), I improved the validity of the measure by further aligning the content validity through pretests, including question critiques where I reexamined wording, the flow and question order, and possible follow-up questions, following guidance in Buschle et al. (2022). I eliminated any double-barreled questions to ensure clarity, reworded negative questions to maintain neutrality, and reduced overly long questions, as recommended in Creswell and Creswell (2018) and Rubin and Rubin (2012). I increased the face validity of the measure by enlisting expert support and having three licensed psychologists review my interview guide and provide helpful feedback. Their feedback included modifying the wording used in my introduction to ensure it met IRB requirements and a suggestion to reduce the number of questions and length of the interview.

Audio-recorded interviews conducted on Zoom were the primary data collection source for this study. Digital platforms like Microsoft Teams, Zoom, and Google Meet facilitate live video and audio communication, allowing researchers more flexibility to conduct real-time interviews regardless of geographical distance (Maldonado-Castellanos & Barrios, 2023). Using a digital platform also enabled informal assessment of the participants' ease of use with technology, providing informal observational data given the study's focus on teleassessments. Audio recordings of the interviews assisted the transcription process, ensuring participants' responses were accurate and enabled detailed analysis of verbal analysis. Recordings were limited to audio to increase participants' confidentiality and privacy. I used OtterPilot, an artificial intelligence transcription service that provides real-time transcription, integrates directly with Zoom, and converts spoken language into written text (Otter.ai, n.d.). Using OtterPilot was another way to safeguard the accuracy and reliability of the data collected during interviews and aid in transcription.

I was mindful that virtual interviews has limitations such as restricted view of body language, the possibility of technology or internet connection problems, and privacy concerns (Maldonado-Castellanos & Barrios, 2023). However, the benefits of virtual interviews, such as flexibility and accessibility, outweighed these limitations for the study, and I implemented strategies to mitigate the challenges instead. In the email reminder to participants, I requested that they had a reliable connection and a backup plan in case of disruptions. I also paid close attention to verbal information, such as tone of voice, and used follow-up questions to gain deeper insights. Video-recorded interviews increase privacy risks, so I disabled video accessibility in Zoom and only used audio recording to address these privacy concerns. Finally, I assigned participants numbers rather than using their names to ensure data collection was confidential and saved all data on a password-protected device in an encrypted file. I also verbally confirmed informed consent before proceeding with the interview, ensuring participants felt safe and confident at all stages of the study.

Although limiting geographical participation to psychologists licensed in Texas was intentional, there were also potential limitations to doing so. Focusing exclusively on psychologists practicing in Texas could impact transferability and the study's overall trustworthiness. Transferability refers to the extent to which the study's findings can be applied to different contexts, populations, or settings (Kakar et al., 2023). Texas's demographic, geographic, cultural, and economic conditions could influence the experiences and perspectives of psychologists using teleassessments. Similarly, perceived effectiveness can also be influenced by Texas' legal regulations, varying license requirements, health care systems, professional networks, and training opportunities, which may differ from psychologists licensed in other states. While the insights gained from the study are considered valuable, they only captured the experiences and perspectives of teleassessment use among some psychologists. I discuss the limitations in more depth in the limitations section of this study.

In addition to the questionnaire and interview, I recorded field notes on an observation sheet to systematically annotate nonverbal cues and other contextual factors that may influence the data and were not identified in the interview transcripts, following guidance from Busetto et al. (2020). These additional data complemented the verbal responses, allowing me to understand the participants' experiences fully. My observation sheet also included notes associated with schedule changes and follow-ups.

The last instrument used was a reflexive journal, which I maintained throughout the study to document my reflections, thoughts, and potential biases. This practice helped me maintain transparency and accountability during the research process, which is crucial for managing researcher bias and ensuring the study's credibility (Berger, 2015). After transcribing the interviews, I conducted member checking by providing participants with interview transcripts to verify the accuracy and validity of these documents. This process enhanced the study's trustworthiness by ensuring the findings accurately represented the participants' perspectives.

Each instrument was carefully selected and designed to align with best practices in qualitative research (Creswell & Creswell, 2018; Rubin & Rubin, 2012) and to address the specific research questions in this study. Using researcher-produced instruments ensured they were tailored to the unique context of this study, allowing for flexibility and depth in data collection. Furthermore, using multiple data collection instruments provided a well-rounded framework for exploring the perceptions of licensed psychologists regarding teleassessments. By using semistructured interviews, preliminary questionnaires, audio recordings, reflexive journals, member checking, and observation sheets, I gathered comprehensive data to answer the research questions effectively. This multifaceted approach ensured a thorough and nuanced understanding of the topic while also adhering to rigorous qualitative research standards.

Procedures for Recruitment, Participation, and Data Collection

Participants were invited to participate through an email using Walden's invitation template, which provided thorough information regarding the study, ways to contact me with any additional questions, and an attachment of the consent form to review, which included a link to the eligibility form. Completing the eligibility form verified consent to participate. Once the eligibility form was received and the participant met the criteria, I assigned identification numbers to protect their confidentiality and safety. Participants used their numbers for identification when completing measures, and data and files were labeled with their number rather than their name.

Once their number was established, participants were emailed the preliminary demographic questionnaire and a Calendly link to schedule their interview. Participants also received copies of all completed forms for their records. Zoom links were accessible directly through the Calendly link and were also emailed the day before as a reminder to eliminate no-shows. Interviews were rescheduled if the preliminary questionnaire had not been completed.

At the start of the interview, consent was verbally reviewed again, emphasizing voluntary participation and reminding participants they could withdraw from the study without penalty. I repeated that they would not receive monetary or other forms of compensation for participating. Finally, confidentiality was maintained by using assigned numbers rather than names to complete forms for storing data and limiting interviews to audio recordings. There were no expected risks associated with participating in the study, and participants had to verbally consent to participate before moving forward.

Interviews were conducted in password-protected Zoom sessions with disabled video access, audio recorded, and integrated with Otter Pilot for automatic transcription. Participants were advised that the interview would last approximately 45 min. Participants were also instructed to answer to the best of their abilities based on their experiences with teleassessments after May 5, 2023. To conclude the interview, participants were asked to share any additional information they thought would be beneficial to understanding their experiences and perspectives on postpandemic teleassessment utilization. This created a natural flow and started the debriefing process.

Debriefing is essential to a qualitative interview and allows a collaborative opportunity to discuss and analyze the overall experience and ensure the participant's well-being (Gardner, 2013). To conclude the interviews, I once again reminded participants of the study's purpose, the research questions, and how their data would contribute to the findings. I explained that a transcript of the interview would be emailed for them to review and ensure its validity. Finally, to finish the debriefing, I stated that the participants would be emailed the study's results and final publication and allowed them to ask any additional questions. When the interview transcripts were emailed to the participants, I included a thank-you note acknowledging their time and contribution to my research. This thorough debriefing process ensured that participants felt valued, informed, and supported, reinforcing the study's ethical integrity. Once the interviews were completed, I moved on to the next step, which was data analysis.

Confidentiality and Data Security

I employed various strategies to ensure that I followed ethical procedures and safeguarded the participants' confidentiality and data security. First, the Google Form used to verify eligibility was configured to collect responses without capturing identifiable information such as IP addresses. Access to the forms were restricted, requiring it to be emailed directly, and data were stored in a secure, encrypted cloud environment. Following guidance from Carter et al. (2021), I used encrypted connections for the Zoom interviews, enabled waiting rooms to control access, and disabled the camera feature. I also required passwords for meeting entries and requested that participants rename themselves using only their participant number. The email reminder regarding their upcoming interview also outlined the steps for accessing Zoom, renaming themselves, the need for a private space and secure connection, and steps taken to maintain their confidentiality.

Before each interview, I ensured that the recording feature was securely set up for audio recording only and that recordings were saved directly onto the designated password-protected drive. I used OtterPilot to transcribe the interviews and set it up to process data securely in an encrypted manner. Transcriptions were reviewed immediately upon processing, and identifiable information was removed. Access to transcripts were restricted and labeled only with the participant's assigned number. All data were stored on my password-protected computer in a password-protected file and secure servers. Regular audits of security protocols and adherence to IRB guidelines ensured data security and participant confidentiality throughout the study.

Data Analysis Plan

Critical to my role as the researcher was developing a systematic analysis of the data collected. Data analysis began with the review of each audio-recorded interview to ensure all necessary information was covered and the research questions were addressed. I made notes for potential adjustments to enhance future probing and gain deeper insights. Then, I manually checked the auto transcriptions to confirm the accuracy and minimize errors. Participants also received a copy of their transcripts to verify their truthfulness and further reduce researcher bias. This was done simultaneously as interviews were being conducted to reduce time and allow for adjustments as needed.

Once the interview was verified, I began the coding process. A code is a researcher-generated word or short phrase interpretation that symbolizes or translates data and helps the researcher detect a pattern and categorize themes (Saldaña, 2021). An inductive coding and thematic analysis approach identified coherent patterns, thematic threads, and insights within participants' responses. Inductive coding is data driven and requires the researcher to be open minded, spontaneously creating original codes the first time data are reviewed (Saldaña, 2021). This form of coding further supported the separation of possible bias and eliminated any desire to force the data into preexisting codes.

During initial coding, I immersed myself in the data content, carefully reading and rereading the interview transcripts to gain an overall understanding of what was being relayed. Meaningful phrases, sentences, and paragraphs were highlighted, and notes were made to identify initial codes each time. I used a summative coding table to organize the highlighted information into categories and subcategories. I followed procedures used in open coding (Kostere & Kostere, 2022; Saldaña, 2021), which involved listing essential ideas, recurrent concepts, and critical issues and then coding them with descriptive words, phrases, and sentences.

Next, procedures for axial and focused coding were conducted. Axial coding involved organizing the patterns from the initial codes by determining principal codes, removing redundant codes, and linking categories with subcategories, as detailed in Saldaña (2021). For example, if I created the category "challenges with teleassessments," I could include initial codes for technical difficulties and privacy concerns discussed. Then, I moved to focused or selective coding, which further integrated categories into overarching themes and formed a coherent thematic map, following guidance from Williams and Moser (2019). An example during this stage was creating an overarching theme, such as "overcoming challenges in teleassessments," which summarized the main idea of the refined categories. I continuously reviewed and refined the themes in all stages of my analysis to warrant that the data were accurately represented and ultimately answered my research questions. This involved reexamining all the coded data for each theme and ensuring data were included in all stages.

Constructivist grounded theory guided this interpretative process as I acknowledged the co-construction of meaning, both mine and participants, reflecting on assumptions and biases throughout the research, as detailed in Charmaz (2014) and Saldaña (2021). Once the themes were manually formulated, I used NVivo to support inferences about the emerging themes further and provide visual representations of the data. This approach encouraged ongoing reflection and systematic analysis of the data and promoted further contextualization of the findings within the existing literature.

An example of how I connected themes to existing literature was if a theme emerged that emphasized the importance of establishing rapport during teleassessments, I then referred back to the existing literature that discussed therapeutic alliances in virtual settings and compared my findings to that existing research. As the current literature on teleassessments during the pandemic was limited, I used literature on general virtual therapeutic services or teleassessments conducted during the pandemic. This approach grounded my findings in existing knowledge, helped expand my understanding of teleassessment practices, and offered the possibility of new insights and practical implications for future research and practice.

All in all, the data analysis plan I used was typical of those in basic qualitative research designs. I started with initial coding, read through all the transcripts, listened to recordings to familiarize myself with the data, and created initial codes. I then reviewed the initial codes, combined those that were similar, and defined the codes left. I identified patterns by looking at the relationships between developed codes and grouped them to develop overarching themes. Finally, I reviewed the themes to ensure they accurately represented the data and were distinctly named and defined. Each step from the data analysis plan assisted me in relating the themes back to my research questions and previous literature.

Issues of Trustworthiness

In any qualitative study, ensuring trustworthiness is paramount to maintaining the rigor and credibility of the research findings. This was particularly essential in this study, which explored the insights and perspectives of professionals in the field.

Trustworthiness is a multifaceted concept encompassing various strategies to enhance the research's credibility, dependability, confirmability, and transferability (Creswell & Creswell, 2018). Credibility is the extent to which the findings accurately represent the experiences and viewpoints of the participants (Rubin & Rubin, 2012), in this case, licensed psychologists. Allowing the participants to review and validate the transcripts of their interviews ensured that their voices were accurately represented.

Dependability is another imperative factor in developing a study's trustworthiness and refers to the reliability and consistency of the study's findings (Patton, 2015). In the present study, I followed standard procedures for all stages of the research process to create uniformity among all participants. In addition, I kept a detailed audit trail of all research processes outlining how the study was conducted and how the findings were concluded, as recommended in Burkholder et al. (2016).

Confirmability refers to the degree to which the study's results are an accurate representation of the phenomena under investigation rather than shaped by the researcher's bias or preconceptions (Creswell & Creswell, 2018). Engaging in peer briefing and discussions with colleagues and other professionals in the field, following guidance from Patton (2015), ensured that my interpretations and findings were consistent and well-grounded and increased confirmability. I engaged in peer twice over Zoom and multiple times through email during all study stages with informal mentors, previous instructors, and colleagues. Similarly, I regularly consulted with my dissertation chair and committee member, requesting external feedback on the procedures and findings to identify anything I might have overlooked. I also continuously self-reflected to acknowledge and mitigate my biases and assumptions throughout the research process.

Finally, transferability refers to the extent to which the study's findings can be applied to other contexts, settings, or populations (Ahmed, 2024; Patton, 2015). Although the study focused on licensed psychologists in Texas, I provided detailed descriptions of the research context and participants so that it can be replicated. I included direct quotes from participants and interview examples to present the data further. I also offered recommendations and insights for future studies. By employing rigorous methods and systematically addressing these trustworthiness concerns, study findings provided valuable insights into clinical psychology's complex and evolving testing landscape in the postpandemic era.

Ethical Procedures

Understanding and adhering to ethical considerations is paramount in qualitative research and contributes to a study's credibility and internal and external validity (Kjellström et al., 2010). I waited for approval from Walden's IRB, adjusted the study as necessary based on feedback provided, and assigned the IRB number 11-21-24-1106764 to all forms before beginning participant recruitment and data collection. I conducted the research process in alignment with IRB's ethical guidelines. Ethical guidelines provide researchers with expectations of their roles and behavior to ensure participants' treatment and confidentiality and enhance the trustworthiness of the research findings (Rubin & Rubin, 2012). Because of the use of digital platforms to conduct this study, it was imperative to identify factors such as privacy concerns, confidentiality, and clear communication with participants, which necessitated rigorous ethical oversight, as noted in Maldonado-Castellanos and Barrios (2023). Ways to mitigate privacy concerns and protect confidentiality were outlined in the consent form and discussed again in the introduction of my interviews. Finally, feedback was requested at the end of each interview and then periodically from my committee.

Participation in the study was voluntary, and participants were reminded that they had the right to withdraw from the study at any point without any repercussions. All participants were fully informed about the study's purpose, procedures, risks, and benefits in writing before their informed consent was obtained and then again verbally at the start of the interview. No significant harm was identified with participation in this study. Potential risks were limited to the time commitment, which could be considered burdensome and with confidentiality. Confidentiality was strictly maintained, and all data were kept confidential to protect participants' identities. Data were saved on my password-protected computer in an encrypted and password-protected file.

Regarding incentives, no monetary or material incentives were offered to participants to ensure that their participation was entirely voluntary and not influenced by external factors. Potential benefits of the study included contributing to the advancement of teleassessment practices, improving mental health services in the postpandemic era, and improving client care. Through reflections, participants may become more aware of insights to understand better their teleassessment practices, which may lead to professional growth.

Summary

This qualitative study was designed to focus exclusively on licensed psychologists in Texas and to explore psychologists' perspectives and experiences in this specific context, offering comprehensive insights into teleassessment practices. The recruitment strategy involved purposive sampling and snowballing methods, targeting professionals experienced in teleassessment. The process started with requests to professors at Walden University to share the study with colleagues, posts on the TPA's Connected Community page, and email requests to mentors and colleagues in the field. Those invited were also asked to share the information with other licensed psychologists in the state.

Prospective participants reviewed the consent form, completed an eligibility link to verify they met the inclusion criteria, and provided their license number for verification. This and the exclusion criteria helped to ensure participant alignment with study objectives, maintained data integrity and enhanced the study's validity.

After verifying eligibility, participants received an identification number for confidentiality purposes, completed a demographics form, and used a Calendly link to schedule their interview. Virtual interviews were semistructured, using established methodologies such as those described in Creswell and Creswell (2018), and informed by existing literature and theoretical frameworks like the TAM and the DOI theory. Data collection used preliminary questionnaires, OtterPilot transcriptions, field notes, and reflective journal entries, ensuring comprehensive data was captured and analyzed. Ethical considerations included maintaining participant confidentiality throughout the process, mitigation strategies to reduce bias, and efforts to ensure the validity and reliability of the study's research goal, reflecting a commitment to rigorous ethical standards, as described in Rubin and Rubin (2012). In the next chapter, I provide a detailed account of the study results.

Chapter 4: Results

The purpose of this qualitative study was to explore the experiences and perceptions of psychologists licensed in the state of Texas using teleassessments in the postpandemic era. While prior research focused either on patients' perspectives of teleassessments or teleassessments use during the pandemic, I aimed to fill a critical gap by capturing the experiences of licensed psychologists once the option to resume face-to-face testing was available.

The declaration of the end of the global public health emergency in May 2023 presented a unique opportunity to explore how teleassessments are viewed in a more normalized clinical landscape rather than when they were the only viable option. Understanding psychologists' insights and experiences with postpandemic teleassessment usage could guide teleassessment practices' continued evolution and growth. Similarly, understanding the factors that influence the perceived efficacy of teleassessment and sharing strategies used to adapt teleassessments while also maintaining assessment quality and effectiveness offers insights that may help other psychologists, improve training and guidelines, and be used to improve current best practices and regulations.

In this chapter, I present the study findings, which are organized to provide a comprehensive view of the participants' experiences. I begin by detailing the settings, demographics, and data collection process. I then detail the data analysis process, presenting themes that emerged from the data.

The chapter continues by highlighting evidence of trustworthiness and presenting the results of both the factors influencing psychologists' perceptions and the strategies used to adapt and maintain quality assessments in a virtual postpandemic setting. Finally, I provide a transition to Chapter 5, where I discuss the findings and their connections to the conceptual frameworks and existing literature, acknowledge limitations, and make actionable recommendations.

Study Setting

I received IRB approval on November 21, 2024, and started sharing the study invitation on November 22, 2024. Sixteen individuals demonstrated initial interest in participating in the study; however, the final participant sample was 10 female psychologists licensed in Texas. All 10 participants were reached through the invitation shared on the TPA's Community Connections page or through snowball sampling from colleagues who had agreed to participate. Participants were all employed in private practices, had experience with postpandemic teleassessment usage, and worked in a large urban metropolitan area or a surrounding suburb. Years of clinical practice ranged from 4 to 40.

Interviews began on December 8, 2024, and concluded on January 17, 2025, when the study was officially closed. I conducted interviews remotely using Zoom. Participants were interviewed on their preferred date and time for convenience. All consented to have their interview audio recorded initially by completing the eligibility form and then again verbally at the start of the interview.

To ensure confidentiality, cameras were disabled, and participants used their identification numbers instead of their names. Zoom was instrumental in creating a secure and private space that removed geographical restrictions and allowed each interview to be audio recorded without interruptions. The physical location of the participants was unknown, but this information did not affect the study's findings.

Participant Demographics

Table 1 details the participants' demographic information such as gender, racial/ethnic background, and age. All participants in the study were women, and their racial/ethnic backgrounds included Black, Hispanic, and White. Their ages ranged from 32 to 64 years, with an average age of 46. Ten participants responded to the question on geographic location. All of these participants worked in an urban large metropolitan area or surrounding suburb, with the number of participants in each area equally split.

Table 1

Participant Demographics

Participant #	Racial/Ethnic background	Age (in years)
1	White	53
2	White	53
3	White	52
4	African American	33
5	White	47
6	Hispanic	52
7	White	42
8	African American	32
9	White	38
10	White	64

Table 2 presents participants' work settings, specialization, and years of clinical practice. Nine participants reported current employment in private practice, with one reporting employment with a large organization. Participants' specializations included clinical psychology, developmental or neurodevelopmental (ASD, attention-deficit/hyperactivity disorder [ADHD], intellectual) disabilities, and various forms of assessments. Their years of clinical practice ranged from 4 to 40.

Table 2

Work Demographics

Participant #	Work setting	Specialization	Years of clinical practice
1	Private practice	Psychoeducational	18
2	Private practice	Personal	24
3	Private practice	Developmental/autism spectrum disorder	12
4	Private practice	Neurodevelopmental	5
5	Private practice	Clinical	20
6	Private practice	Posttraumatic stress disorder, anxiety, autism spectrum disorder	9
7	Private practice	Neurodevelopmental	4
8	Private practice	Clinical adolescent	4
9	Private practice	Virtual assessments	10
10	Large organization	Developmental	40

Data Collection

Data collection began when potential participants expressed interest in the study by directly contacting me or reviewing the consent form and completing the eligibility form. After verifying that they met the inclusion criteria, which included authenticating their license number through the Texas Behavioral Health Executive Council online verification, they were emailed a participant number, demographic form, and a Calendly link to schedule their interview. Through Calendly, participants could select an interview date and time at their earliest convenience, based on my availability, that aligned with their schedule. This provided flexibility and increased their inclination to follow through and participate.

Once the interview appointment was selected, an automatic email with the password-protected Zoom invitation was sent. A reminder email was sent the day before the scheduled interview, which reviewed information regarding the study and instructions on preparing (creating a quiet private space and renaming oneself). No interviews needed to be rescheduled.

The primary data source for this study was the semistructured interviews conducted via Zoom. I used an interview guide to engage participants through open-ended questions and adjusted the order in which the questions were asked for a more natural flow and to build rapport. The interview duration was 30 to 45 min. The audio recordings were transcribed using Otter.ai at the end of each interview.

Transcriptions were saved individually to an encrypted Word document and then saved in a password-protected file labeled with the participant number. Transcripts were also manually checked, and edits were made as necessary. Nonessential filler words or phrases such as “um, so, yah, and like” were removed from the transcriptions to enhance clarity and coherence.

Finally, transcripts were individually sent to the respective participants via email. I thanked them again for their participation and included instructions to review their transcript for accuracy. Each participant responded with corrections or acknowledging accuracy. Corrections required were regarding test or product names only.

Data Analysis

As commonly seen in qualitative studies (Blackstone, 2019), I used thematic analysis to identify, analyze, and report themes The first step in this process involved familiarizing myself with the data, which I did after the participant verified each interview transcript for accuracy, following guidance in Kostere and Kostere (2022). I immersed myself in the data by reading interview transcripts multiple times, carefully listening to audio recordings, and taking reflective notes. Once I felt comfortable and familiar with the data, I, following Saldaña's (2021) guidance, moved into axial coding and systematically identified significant responses and key elements to help answer the research questions.

I began this stage by manually generating initial codes across each interview transcript and then recording them in a summative coding table. This helped me organize meaningful phrases and sentences from each interview and allowed me to add reflective notes. Examples of initial codes included accessibility, a shift in perceptions, convenience, required flexibility, clinician's knowledge, and previous experience. Figure 1 illustrates the initial codes from the interviews.

Figure 1

Word Cloud of Initial Codes

Continuing data analysis, I uploaded the interview transcripts into NVivo to form categories by grouping the initial codes and analyzing their relation. NVivo presented the data in a way that facilitated focused coding and allowed me to generate overarching themes by combining categories, as recommended by Williams and Moser (2019). The software made it easy to incorporate direct quotes from the participants to support the findings.

Once I created the themes, I refined them to ensure they accurately reflected the data and were relevant to my research questions. I reviewed my notes, reflected on my biases and analysis process, and grounded the themes by referring to previous literature, following guidance from Charmaz (2014) and Saldaña (2021). The final step was naming each theme and subtheme, ensuring each theme accurately represented the participants' insights, directly answered this study's research questions, and was supported by its conceptual frameworks.

Evidence of Trustworthiness

I used guidelines on trustworthiness from Lincoln and Guba (1985) to ensure the findings accurately reflected participants' perceptions and experiences with postpandemic teleassessment utilization, knowing that this is paramount in qualitative studies. To gain an accurate representation of the participants' experiences and safeguard the study's credibility, I required participants to complete a demographics form before their scheduled interview. This allowed me to collect valuable background information while preserving time to focus on answering the interview questions. Similarly, I practiced using the interview guide to carefully structure and determine the expected interview time that would be sufficient for participants to provide detailed responses yet not be burdensome, acknowledging that their time was valuable. The expected chosen time was confirmed to be effective as interviews ranged from 41 to 46 min.

Another strategy I employed to portray the participants' experiences and perceptions accurately was maintaining an open-minded approach when conducting the interviews. I did this by proactively recognizing my potential biases and engaging in reflective journaling throughout the research process, especially after each interview. This allowed me to assess if my opinions could have influenced my data or their interpretation. Through peer debriefing, I also consulted with colleagues and my committee members to discuss my interpretations and confirm that my findings were well grounded and aligned with the data collected.

While I did not use triangulation through multiple data sources or methods in this study, I did use theoretical triangulation by incorporating two conceptual frameworks to ground the study. The TAM and the DOI theory guided my development of the interview guide and my interpretation of the data by providing frameworks for exploring how various factors influence participants' adoption of teleassessments after the pandemic and identifying strategies used rather than relying on my subjective interpretations.

To maintain study dependability, I followed a standardized data collection and analysis process. Uniformity was maintained by developing and using a semistructured interview guide, which ensured the same concepts were discussed in each interview but also supported a natural flow and the ability for participants to elaborate by changing the order in which questions were asked and using probes. I shortened the opening and closing statements on the interview guide after the second interview based on observations that both participants interrupted during these sections and were ready to start or conclude. This adjustment still allowed me to review confidentiality and the next steps but in a more concise manner.

Finally, I enhanced the reliability and consistency of the study findings by documenting my research steps and coding process. My audit trail included recruiting procedures, communication with participants, interview schedules, observation notes, audio recordings and transcripts of each interview, manual coding and NVivo files, and theme and subtheme development. An audit trail allows the study to be replicated and helps other researchers understand how the findings were concluded (Patton, 2015).

Confirmability was reinforced through peer briefing throughout the research process. I regularly consulted with my dissertation chair and other mentors in the field who had more experience and insight and could provide feedback on the study procedures, instruments, data, and results. I also watched videos and read books on coding and using NVivo to improve my skills, reduce my potential biases and assumptions, and strengthen the validity of study findings. My continuous self-reflection complemented these steps.

Finally, although this study focused only on psychologists licensed in Texas, I provided detailed contextual descriptions throughout every step to ensure that the study findings could be applied to other contexts, settings, or populations. This included background information and framework development, reasoning for limiting participants to only those licensed in Texas, and information on participant demographics to facilitate comparisons and transferability. In addition, I included direct quotes from participants to further support the findings. I also offered recommendations and insights for future studies to encourage continuing research on teleassessments.

Results

The interview questions for this study were developed to provide insights into licensed psychologists' experiences and perspectives while using teleassessments after the pandemic. They were carefully designed to identify specific factors that influenced their perceptions and increased awareness of strategies considered effective for adapting assessment practices and maintaining assessment quality. Results from this exploration are presented next, organized by research question.

Research Question 1

Research Question 1 was as follows: What specific factors influence psychologists' perceptions of teleassessment effectiveness after the pandemic? Several interview questions (3–8, 11, 12, and 14) directly helped identify factors influencing perceptions of postpandemic teleassessment effectiveness. Participant responses suggested they believed these teleassessments were effective, but they agreed that various factors influenced their perceptions. Based on the results, four themes were identified that influenced psychologists' perceptions of the effectiveness of postpandemic teleassessment utilization: perceived strengths and benefits, limitations and challenges, client specific, and professional and institutional factors. Three subthemes were also identified within each theme. These results are shown in Table 3.

Table 3

Research Question 1 Themes and Subthemes

Theme	Subtheme 1	Subtheme 2	Subtheme 3
Strengths & benefits	Increased accessibility	Efficiency	Shift in perspectives
Limitations & challenges	Observable behaviors	Technology	Environment
Client factors	Demographics	Comfort	Specific conditions
Professional and institutional factors	Lack of guidelines	Training/ knowledge	Policy constraints

Strengths and Benefits

The most agreed upon and emphasized factors that influenced not only the participants' perceptions of the effectiveness of postpandemic teleassessment utilization but also their continued use were their strengths and benefits. The participants unanimously highlighted that teleassessment increased accessibility for clients, with one commenting, "I've been able to assess clients in rural areas who otherwise wouldn't have had access to these services." Results indicated that participants felt teleassessments reduced barriers such as transportation issues, scheduling conflicts, geographic distance, or other symptoms that may have prevented them from seeking services (e.g., social anxiety or health concerns). Another participant noted, "Being in their own space seems to reduce anxiety for some clients, so not only are they more inclined to receive services, it makes the assessment process smoother."

Many participants articulated that the efficiency of teleassessments offered was another factor considered a benefit and strength. Based on the results, teleassessments saved time and allowed for greater scheduling flexibility. One participant said, “I can see more clients without the hassle of coordinating office space or long commutes.” While efficiency was acknowledged, some participants stressed the importance of prioritizing client needs, ensuring teleassessments were chosen for their appropriateness, not only convenience.

Finally, the participants felt a shift in their perceptions and acceptance of teleassessments. Many commented that initial skepticism had reduced overall in the field, attributing the change to personal experiences, overall consensus, and a deeper understanding of what could be done effectively virtually. One participant noted, “I think we know what we can do and translate it over virtual. I feel like now we’re not trying to fit the round peg into the square hole.” The participants noted changes in confidence levels that others would accept their teleassessments in the field as valid, and some even pointed out that clients had become more accustomed to teleassessment practices as well. The perspective shift similarly impacted participants’ decisions to continue or discontinue using measures in their teleassessments.

Limitations and Challenges

Another emerging theme acknowledged the limitations and challenges of teleassessments in the postpandemic era. The participants recognized the reduced ability to observe behaviors and vital informal data, with one stating, “I miss a lot of the subtle physical cues—fidgeting, posture changes, or other signs of distress that I'd normally pick up in person." Technology was also considered a challenge participants verbalized as a factor that could affect effectiveness. Even the slightest internet disruptions or technical difficulties were factors considered and discussed, and a participant emphasized, "If the connection is lagging … even a fraction of a second can throw off a timed test and skew the data."

Finally, the environment was considered a limitation and challenge that was factored into the perceptions of teleassessment efficacy after the pandemic. Uncontrolled settings or distractions in the testing environment, which are more prevalent with teleassessments, can impact the assessment condition and data. As a participant explained, "It's hard to ensure a quiet, distraction free space at home, which definitely affects engagement and accuracy." The participants all mitigated these challenges over time, which was said to influence their perceptions personally, and they believed that developing standard practices that took these challenges into account could improve overall perceptions of teleassessments.

Client Factors

The data also showed the impact of specific client factors on perceptions of postpandemic teleassessment efficacy as a subtheme. Participants felt teleassessment effectiveness varied based on client demographics such as age, developmental levels, and socioeconomic considerations. Specific opinions varied; one participant stated, "For adults, it works well, but for young children, it's a struggle to keep them engaged and focused. Contrastingly, another participant stated,

> What I love about working with young kids using virtual qualitative measures is you get to see that parent child interaction very nicely because they're the ones doing the assessment with the child. They're playing with the kid, so it gives me a wealth of information when formulating my diagnosis.

The participants often agreed that client comfort levels were a factor in postpandemic teleassessment efficacy. Based on the results, if a client was comfortable with digital platforms and technology, the testing was considered more effective, and the opposite was also true. Finally, participants shared specific diagnoses or conditions that presented challenges for effective teleassessment practices. The exact conditions or diagnoses were not agreed upon, as seen when one participant reported that "Assessing ADHD or autism remotely is difficult because so much relies on in-person observation," and another felt the opposite, saying,

> I was skeptical about validity and reliability compared to in-person testing and was thinking there was no way we could do testing for things like ADHD or autism and thought some parts just had to be done in person, but I was proven wrong, now that's the majority of what I do.

Professional and Institutional Factors

The last theme that emerged from the data exploring factors influencing psychologists' perceptions of the efficacy of conducting teleassessments after the pandemic was professional and institutional factors. The participants discussed uncertainty about established best practices and felt the lack of standardized guidelines affects clinician confidence in exploring teleassessments now that it is not the only mode of assessing clients. One participant said, “There’s still no clear, universal protocol for teleassessments, which makes me hesitant about some measures.”

Similarly, the data demonstrated that training and test developers’ resources inconsistently influenced perceptions of teleassessment efficacy, with one participant commenting, “I feel like now that all of the test materials have been designed for online use or have been standardized for online use, I feel like it’s become much more accepted.” Participants relied on self-led exploration of formal and informal training, peer-led discussions, and updating guidelines. Those who felt supported through the continued use of teleassessments after the pandemic thought that the more exposure to teleassessments, the more confident and optimistic their perceptions became. One participant explicitly stated, “The more I’ve worked with teleassessments, the more comfortable I’ve become, but early on, I had many doubts.”

The final subtheme that emerged identified policy constraints as an institutional factor that impacted psychologists’ perceptions of the efficacy of conducting postpandemic teleassessments. Insurance policies were considered to affect the overall feasibility of teleassessments. Policies regulate which clients can access teleassessments, the types of measures required in batteries, and the time allotted. One participant noted, “Insurance coverage is inconsistent, limiting how often I can offer teleassessments.”

The findings answering the first research question illustrated factors that influenced licensed psychologists' perspectives on the effectiveness of conducting postpandemic teleassessments. A strong foundation in assessments was considered essential. The narratives emphasized the significance of perceived strengths and benefits while acknowledging limitations and challenges. Furthermore, individual client factors and professional and institutional factors were also identified as central themes. Participants' experiences highlighted the value offered through teleassessments but identified that utilization requires careful planning, flexibility, and differentiation. They did not consider teleassessments a replacement for in-person assessments.

Research Question 2

Research Question 2 was as follows: What strategies do psychologists employ to effectively adapt their assessment practices and maintain the quality of interactions when conducting teleassessments? The second research question focused on identifying strategies psychologists have developed and used to adapt their assessment practices while maintaining the teleassessments' quality after the pandemic. Three core themes emerged from the data, each with three subthemes: modification to administration, enhanced behavioral observations, and technology management. Table 4 presents the theme for Research Question 2 with the corresponding subthemes.

Table 4

Research Question 2 Themes and Subthemes

Theme	Subtheme 1	Subtheme 2	Subtheme 3
Administrative modifications	Family involvement	Pre-/postprocedures	Flexibility
Enhanced observations	Multiple devise/cameras	Increased communication	Environment
Technology management	Requirements	Contingency plan	Digital tools

Administrative Modifications

Ethical considerations, including confidentiality and secure data handling, have required psychologists to adopt new protocols so they can uphold professional standards in a digital space. The data revealed several strategies regarding administrative modifications when adapting assessment practices that maintained high-quality interactions for teleassessments conducted after the pandemic. First, family involvement and participant assistance emerged as an integral part of administrative modifications that influenced perceptions of successful teleassessments. The participants explained that they carefully selected tests that maintained validity in virtual settings, preferring rating scales and structured interviews incorporating more collateral data to support their observations. When conducting teleassessments for children, the data suggested involving parents as facilitators was beneficial when appropriate. One participant said, “For younger clients, I coach parents on how to set up materials and keep them engaged without influencing responses; then I see them in their natural environment, engaging with someone they are used to."

Based on the data, to facilitate what was considered effective teleassessments, licensed psychologists developed pre- and post-session testing procedures to support clients and familiarize themselves with the methods for conducting teleassessments and navigating the technology. They emphasized that preparation ahead of time helps to avoid panic if issues arise, with most sending clients a set of instructions in advance that includes details on the technical setup and the testing process. As one participant stated, "I set aside extra time at the start to engage in small talk and make the client feel comfortable—it helps break the stiffness of a virtual setting."

Another frequent subtheme focused on the need for flexibility when conducting teleassessments. Many participants recognized the need for flexibility, sometimes integrating in-person components for tasks that could not be reliably conducted virtually. Learning from previous experience and in-person practices, many have learned to balance flexibility with reliability. Teleassessments were seen as helpful but not a complete replacement for in-person evaluations, leading to the adoption of mixed methods.

Enhanced Observations

Another theme that emerged was the need for enhanced observations while conducting assessments virtually to offset not having the client in the same physical space. The data suggested that the efficacy of virtual testing is partly anecdotal and not only based on standardized procedures and validity measures. Some participants discussed using multiple devices or cameras to expand their observational capabilities. A participant mentioned, “I asked clients to set up an extra camera or reposition their device so I could see both their face and workspace.”

The need for increased communication with the client was also highlighted. This strategy was used to establish and maintain rapport and ensure clients understood instructions. Participants emphasized continuous communication, starting with transparency during the informed consent process regarding the potential limitations of virtual assessments, then checking in regularly and receiving feedback at the end of testing. Intentional techniques such as increased verbal engagement, strategic use of video communication, adjustments in tone or pacing, and the need for more detailed follow-up questions were also said to help counter the limitations of assessing behaviors virtually. One participant said, “Since I couldn’t see their whole body, I paid extra attention to speech patterns, hesitations, and facial expressions,” and another stated, “I paid attention to shifts in eye contact and body movement—If they looked disengaged, I knew I needed to adjust my approach.”

The final subtheme that emerged from enhanced observations was ensuring the clients were in an appropriate, distraction-free environment. The participants discussed the need to adjust their expectations based on home settings and the importance of noting environmental factors, with one stating, “I made detailed notes about the home environment—if there were interruptions or distractions that might impact performance.”

Technology Management

Technological factors influenced perceived effectiveness, and effective technology management emerged as a theme when exploring strategies used with postpandemic teleassessment utilization. Effective technology management begins before testing with research and using a reliable platform that follows all ethical guidelines and is easily accessible. While the participants acknowledged that technological difficulties are still a barrier, they have learned to establish set technology requirements ahead of time to ensure minimal disruption to the assessment process. They emphasized the importance of also communicating with clients about potential glitches. Before starting time-sensitive measures, the participants told their clients that they were rechecking the strength of the connections.

The data suggested that developing a contingency plan to troubleshoot connectivity issues or power outages during assessments is imperative and reduces the additional stress that technology may cause. Finally, the participants commented on using digital tools as an effective strategy that enhanced the quality of teleassessments conducted in the postpandemic era. Tools such as sharing screens, remote access, digital manuals, and the ability to include family members not in the same physical location were all identified as tools that enhanced the testing experience. The importance of the clinician becoming familiar with the technology, platform, and tools was highlighted to correlate with this as a successful strategy. A participant shared, “For cognitive testing, I used screen sharing to guide clients through visual tasks, but I had to make sure they weren't getting distracted by other tabs or notifications, something I had not thought about initially."

The findings related to Research Question 2 illustrated strategies psychologists have employed since the end of the pandemic to not only adapt their assessment practices but also maintain quality when conducting teleassessments. Participant narratives highlighted the importance of administrative modifications, enhanced behavioral observations, and technology management when effectively adapting assessment practices. These adaptations demonstrate how clinicians have worked to preserve the integrity of psychological assessments while embracing the accessibility and convenience of virtual platforms.

Summary

I aimed to explore licensed psychologists' perspectives and experiences when using teleassessments after the pandemic. To do so, I conducted semistructured interviews with 10 psychologists licensed in Texas. The TAM and the DOI theory were used as a framework for understanding factors that influence psychologists' adoption and perceptions and the development of strategies for maintaining quality teleassessments following the pandemic.

Thematic analysis revealed four key themes when identifying factors influencing participants' perceptions and use of teleassessment methods in the postpandemic era. Data analysis also revealed three key themes within strategies to adapt and maintain quality teleassessments in the postpandemic era. The findings suggested that assessment knowledge was considered foundational to effective teleassessments. Teleassessments were considered a helpful tool but not a replacement for in-person assessments.

In the next chapter, I will analyze and discuss the findings in more depth. I align them with previous literature and then offer recommendations for future research and social change in the field of psychology.

Chapter 5: Discussion, Conclusions, and Recommendations

During the COVID-19 pandemic, psychologists had to quickly adapt and refine their procedures to conduct assessments virtually as best they could to continue providing services. Once restrictions were lifted, psychologists had the opportunity to resume face-to-face testing, but many continued to use teleassessments or adopted a hybrid approach. Understanding the factors that influence perspectives of postpandemic teleassessment utilization and the strategies and adjustments made offers insights to other psychologists considering adopting and using teleassessments. Furthermore, exploring how psychologists maintain quality interactions when conducting teleassessments sheds light on more recent practices and the opportunity to inform best practices and guidelines since the end of the pandemic.

The results from investigating postpandemic teleassessment utilization among licensed psychologists in the present study reflected strengths and benefits, limitations and challenges, client factors, and professional and institutional factors. Findings also suggested that administrative modifications, enhanced observations, and technology management allow licensed psychologists to preserve assessment integrity while conducting remote administration effectively.

Interpretation of the Findings

The results from this study provided insights into the experiences and perceptions of licensed psychologists using teleassessment in the postpandemic era. The findings highlighted factors that influenced the perceived effectiveness of teleassessments and strategies developed by psychologists to adopt and maintain quality practices in the postpandemic era. The study's findings correlated with the research questions identified in Chapter 1.

Effectiveness is often assessed through both formal and informal means. When exploring psychologists' perceptions of teleassessment effectiveness following the pandemic, both evolving views and the factors that shaped their decisions to continue usage were acknowledged. Four themes were derived from the data, reflecting factors that influenced participants' perceptions of the effectiveness of teleassessment in the postpandemic era. Davis's TAM (1989) explains that both perceived usefulness and ease of use of technology are central to acceptance. According to the model, individuals are more likely to accept and continue to use technology if they perceive it as beneficial and easy to use (Davis, 1989). Findings from the present study suggested that participants considered the strengths and benefits as one of the key factors that impacted their perceptions of teleassessments as effective. Similarly, Davis cited improved accessibility as often linked to perceptions of usefulness (Rahimi et al., 2018), a subtheme evident in the present study's data.

Another theme identified as impacting perceptions of effectiveness was the limitations of teleassessments. Previous literature on teleassessments has always acknowledged their limitations as a barrier (Broens et al., 2007; Jarvis-Selinger et al., 2008). Participants in the present study identified limited observed behaviors, technological difficulties, and the testing environment as challenges that impacted the quality of the teleassessments conducted after the pandemic. Many of these were also identified in previous studies (Campbell et al., 2019; Rahimi et al., 2018). In the present study, these subthemes negatively influenced the participants' perceived ease of use, therefore influencing the adoption of teleassessments, according to TAM (Rahimi et al., 2018).

Client-specific factors emerged as an indicator that influenced the perceived effectiveness of teleassessment utilization in the postpandemic era. This aligned with previous literature showing that client age, type of conditions, and individual needs are pivotal in how effective teleassessments were perceived (Kitaigorodsky et al., 2021; Marra et al., 2020). This finding demonstrates an area where further research is necessary.

Rogers's 1962 DOI theory explains that adopting technological advances follows a pattern of stages: knowledge, persuasion, decision (sometimes called choice), implementation, and confirmation. Although psychologists could transition through all the stages during the pandemic (first gaining knowledge, invertedly being persuaded as it was the only way to continue services, deciding to implement the service, and confirming any initial thoughts), many are reestablishing the stages as new guidelines are being established. Similarly, Rogers proposed that individuals have different readiness levels for adoption: innovators, early adopters, early majority, late majority, and laggards (Kaminski, 2011). The present study's participants could be identified as early majority and late majority adopters based on initial reservations and shifts presented in the findings.

The last theme that emerged as a factor influencing licensed psychologists' perceptions of the effectiveness of teleassessments was professional and institutional factors. According to Rogers (1962), communication channels are pivotal in forming perceptions. As a result, professional and institutional factors are considered integral to teleassessment and the perceived effectiveness of opinions across all stakeholders (Kaminski, 2011). The participants stated they relied on networking with colleagues, updated guidelines and resources from testing developers and referencing resources like *The Essentials to Psychological Teleassessment* for postpandemic guidance. This collaborative approach helped navigate challenges with virtual testing.

Three themes were derived from the data when identifying strategies participants used to adapt and maintain quality assessments after the pandemic effectively. The first theme identified administrative modifications as a postpandemic strategy implemented by the participants. Literature on teleassessments before the pandemic raised concerns regarding the validity and reliability of remote assessments (Wright & Raiford, 2021). The present study's findings suggest that psychologists have learned to successfully overcome previous challenges by integrating administrative changes and new resources offered through testing platforms. Based on the DOI theory, initial skepticism is followed by broader acceptance as individuals refine their use of new technology.

Analysis of the data presented the second theme, enhanced observations, as a strategy to maintain quality procedures when conducting teleassessments after the pandemic. This finding suggests that the second factor identified in this study, teleassessment limitations, has been mitigated through adaptive strategies like collateral information/family integration and enhanced observation methods. This adaption reflects the TAM's central notion that individuals will accept technology if it meets their perceived needs. Similarly, a greater acceptance and use of teleassessments was seen once the benefits were identified. This also presents an adoption curve as described by the DOI theory, where technology moves from being perceived as uncertain and challenging to becoming standard practice as its advantages become more widely recognized.

Technology management was the final theme that emerged as a strategy. Acknowledging the potential for technological difficulties and glitches, the study participants developed contingency plans to mitigate issues. Presession technology checks and backup plans aligned with the TAM's assertion that users will adapt their practices to overcome barriers and ensure the technology remains practical and effective for their needs.

All in all, teleassessments were considered an effective form of testing after the pandemic. The participants countered previous limitations or challenges by developing strategies without impacting their perceptions of the validity and reliability of the measures. One participant mentioned, "If I had concerns about validity, I scheduled a brief follow up to verify results or ask more targeted questions" when discussing strategies to maintain quality practices. Others accounted for virtual testing limitations when interpreting the results and emphasized the development of enhanced observations to offset another limitation, with one participant stating, "I always note in my report if technological issues or distractions could have impacted the client's performance."

Another strategy that participants stated they developed to increase the validity and reliability of teleassessment procedures was using family involvement/collateral information as a backup for additional data that might be needed. One participant said, "For cases where I wasn't fully confident in my observations, I relied more heavily on parent and teacher reports." All in all, the participants unanimously agreed that despite some limitations, virtual assessments increase accessibility, which was considered the biggest motivator for continued postpandemic use.

This study's findings study aligned with previous literature and integrated key factors from the theoretical frameworks with data gleaned from exploring the experiences and perceptions of licensed psychologists using teleassessments in the postpandemic era. The findings identified psychologists' abilities to identify factors that impacted their perceptions. They also identified how the participants integrated adaptive strategies to address the limitations of virtual platforms and maintain the effectiveness of their assessments. The theoretical frameworks—the TAM and the DOI—highlighted the importance of perceived usability and adaptation in teleassessment adoption in psychology after the pandemic.

Limitations of the Study

A critical limitation in this study was associated with generalizability because of the chosen sampling strategy. The first factor to consider is that this study may not be a genuinely representative sample of all licensed psychologists' experiences and perceptions because I used convenience sampling. All study participants worked in private practice, so psychologists working in other places of employment, such as hospitals or schools, were not represented, and their views may differ from those of the psychologists in the present study. Similarly, all participants were female, which makes the perceptions and experiences of male licensed psychologists also unknown.

Finally, the most significant limitation to generalizability was limiting participation to psychologists licensed in Texas. Although this was a conscious decision to reduce differential factors between state regulations, it could have impacted the number of recruited participants. Limiting the geographical location of the participants can impact transferability and the study's overall trustworthiness (Kakar et al., 2023).

The evolving nature of teleassessments itself presents another possible limitation in this study. Data on teleassessments' long-term reliability and validity are still being developed (Mulligan & Ayoub, 2023; Wright, 2023), which means that this study's findings may have limited long-term applicability. Similarly, inconsistencies among procedures, regulations, and trainings may be improved with new guidelines and future research (Morelli et al., 2024; Sharma et al., 2023), making the present study's findings less relevant. Interpretations of the results should consider the results valid in the early postpandemic era but also consider how developing a universally accepted framework for conducting teleassessments could shift clinicians’ perceptions.

Finally, the last limitation of trustworthiness in the present study reflects its qualitative design. I relied on self-report measures, including semistructured interviews, which calls for considering social desirability response biases (Bergen & Labonté, 2019). Similarly, participants may have only provided information on the interview questions and omitted other key information critical to understanding their experiences and perceptions of teleassessment effectiveness and quality, a concern also noted in Rahimi et al. (2018). This includes information regarding their experiences before and during the COVID-19 pandemic.

Recommendations

The study was an exploration of the perceptions and experiences of psychologists licensed in Texas using teleassessments after the pandemic. Findings provide insights into factors influencing the perceived effectiveness and strategies used to adapt and maintain assessment quality. I next offer several recommendations to continue expanding the understanding and awareness of postpandemic teleassessment use as it evolves. First, future researchers should examine long-term adoption trends and the integration of teleassessment practices over time through longitudinal studies that would identify trends in attitudes and usage.

Additionally, future researchers could explore clinicians’ use of teleassessments within specific diagnostic populations. This would expand on highlighted concerns regarding the perceived effectiveness of assessing certain conditions or populations. A mixed methods study design would also allow for triangulation and a deeper understanding of clinicians' perspectives and clients' views.

Finally, while this study's qualitative design offered an opportunity to deeply explore the experiences and perspectives of licensed psychologists using teleassessments after the pandemic, a quantitative study may add additional insight by measuring how specific constructs predict teleassessment adoption or perceptions and offer a more extensive reach that would increase the generalizability of the study.

Implications

Findings from this study can promote social change and enhance teleassessment effectiveness and continued development. The participants highlighted the importance of training and professional development. Findings can inform the development of training that incorporates best practices and procedures for maintaining the validity of assessments and present strategies considered effective by other psychologists in the field. The participants stressed the benefit of strong assessment knowledge as a foundation for adapting to virtual assessments. Incorporating teleassessments in training programs can increase the awareness and competency of emerging clinicians to foster a strong foundation.

Similarly, results from this study can inform and establish clear and ethical procedural guidelines for remote assessments. During the pandemic, guidelines were quickly established to maintain services, but now that the urgency has been removed, researchers could study trends, effective procedures, and best practices to develop universal guidelines further. Integrating emerging research and standardizations into structured teleassessment protocols and professional organizations will strengthen validity. Finally, establishing standardized assessment protocols across states will promote consistency among clinicians' perceptions.

This study's findings can be used to advocate for insurance reimbursement for teleassessments to increase accessibility. One participant commented, "If we had clear guidelines and reimbursement structures, we would definitely be more likely to continue using teleassessments, but insurance is a barrier to accessibility." Findings can help increase the general population's awareness of the perceived effectiveness and validity of teleassessments used after the pandemic to encourage more telehealth friendly policies.

Findings from the study aided in filling a gap in understanding the experiences and perceptions of licensed psychologists utilizing teleassessments in the postpandemic era. These findings can guide and improve teleassessment adoption in the field of psychology through training and policy advocacy. Psychologists who continue to use teleassessments appear to be motivated by the ability to increase the accessibility of services. The present study's findings can contribute to reaching this goal by raising awareness that teleassessments are a sustainable and equitable option.

Conclusion

As the field of psychology continues to evolve, perspectives on the long-term role of teleassessments remain varied. In this study, I explored licensed psychologists' experiences and perceptions of postpandemic teleassessment utilization. I aimed to identify factors that influence perceptions of efficacy, as well as strategies used to adopt and maintain quality assessment practices since the end of the pandemic. The goal was to focus on teleassessments during this period to contribute valuable insights from licensed psychologists and reduce the gap in the literature surrounding teleassessment use in the postpandemic era.

The study goals were accomplished by conducting 10 semistructured qualitative interviews with psychologists licensed in Texas. Findings suggested that while the participants considered teleassessments effective, several factors influenced their perceptions, including teleassessment strengths and benefits, limitations and challenges, client specific characteristics, and professional and institutional factors. Findings also indicated that strategies such as administrative modifications, enhanced observations, and technology management were employed while conducting successful teleassessment administration in the postpandemic era.

Future technological advancements may refine teleassessment methods and improve effectiveness by addressing some of their current limitations (Soares et al., 2023). As one participant stated, “If technology continues to improve and we develop better virtual assessment tools, I could see it becoming a more viable long-term option.” Findings from this study highlighted psychologists’ experiences and perspectives on postpandemic teleassessment adoption and effectiveness, which can inform better adoption, training, and guidelines promoting positive change at multiple levels. The findings can facilitate future research and inform best practices by combining practical knowledge and the ongoing pursuit of effective and ethical assessment services.

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Appendix A: Demographics Form

Demographics Form

Please answer the following questions to the best of your ability

jdcard47@gmail.com Switch account

Not shared

Participant number

Your answer

Age:

Your answer

What gender do you identify with?

- ◯ Male
- ◯ Female
- ◯ Non-binary
- ◯ Prefer not to say
- ◯ Other

What is your race of origin?

Your answer

Years of Clinical Practice:

Your answer

In what setting are you currently employed?

- ◯ Private Practice
- ◯ Educational Institute
- ◯ Hospital/Clinic
- ◯ Government
- ◯ Other

How would you describe your geographical location:

- ◯ Urban Large Metropolitan Area
- ◯ Suburb surrounding a major city
- ◯ Small town with less populated area and limited public services
- ◯ Rural area with low population or underdeveloped land
- ◯ Remote area with limited access to major cities or services

Specialization Area (if applicable):

Your answer

Submit

Clear form

Never submit passwords through Google Forms.

Appendix B: Interview Guide

Introductory Statement

Thank you for taking the time to participate in this interview. My name is Jacklin Cardentey and I'm a Clinical Psychology Doctoral student from Walden University. Today, we will be discussing your experiences with teleassessments post pandemic.

Before we begin, I want to ensure that you understand the purpose of this interview and the way it will be conducted. This interview is being audio-recorded for research purposes only. The information you provide will be kept confidential, and your identity will remain anonymous. Your participation is voluntary, and you have the right to withdraw from the interview at any time without any consequences.

If you have any questions or concerns during the interview, please feel free to let me know, and I will do my best to address them. Additionally, please keep in mind that our conversation should not take more than one 45 minutes, as I want to respect your time.

I have your consent form, but before we begin, I'd like to ask for your verbal consent to proceed with this interview and record our conversation. May I have your verbal consent to participate and be recorded?

I appreciate your willingness to share your insights and experiences with me.

1. Can you begin by providing me with a brief overview of your role as a licensed psychologist?

2. And how familiar are you with the concept of teleassessments?

-When did you start using teleassessments?

-What assessments do you currently do virtually?

3. Have your initial perceptions of teleassessments evolved?

-How?

4. What factors played a role in your decision to continue teleassessments after the pandemic?

5. What do you think are critical factors to consider when deciding between teleassessments and in-person assessments?

6. Have there been any external influences, such as training programs or guidelines, that contributed to your use of teleassessments post pandemic?

7. How do you assess the efficacy of teleassessments?

-How do you receive patient feedback?

-Are there specific assessments you consider more suitable/less suitable for teleassessments?

8. Since the end of the pandemic, how have your adapted traditional in-person assessments to be administered virtually?

-Do you think this effects the validity?

9. What strategies do you use to establish and maintain rapport virtually?

-Are these different than those used in person?

10. How do you handle technological difficulties during teleassessments post pandemic?

11. How do you ensure confidentiality and ethical standards are maintained during teleassessments post pandemic?

11. Looking ahead, do you expect to continue using teleassessments?

-More, less, or the same?

12. As technology continues to evolve, do you foresee any potential advancements that could address the current challenges of teleassessments and enhance their effectiveness?

14. Based on your experience, what recommendations would you give to others who are considering adopting teleassessments into their practice?

15. Are there any final thoughts you would like to share regarding your experience with teleassessments post pandemic?

Closing Statement

We have come to the end of our interview. I want to sincerely thank you, for your time and valuable contributions to the research. Your insights are invaluable in shedding light on the experiences of licensed psychologists utilizing teleassessments in the post pandemic era.

As a reminder, your responses will remain confidential, and your identity will be protected throughout the research process. If you have any additional thoughts or insights that you'd like to share after this interview, please don't hesitate to reach out to me via email provided.

I will email you a copy of the transcribed interview for you to review. Once the study is complete, you will also receive a link to the publication.

Once again, thank you for your participation, and I wish you all the best in your continued work as a psychologist.

Appendix C: Recruitment Email

Subject line:

Interviewing licensed Psychologists in the State of Texas

Email message:

There is a new study about the experiences and perceptions of licensed psychologists in the utilization of teleassessments post pandemic to better understand and improve standards and guidelines for future use. For this study, you are invited to describe your experiences and perspectives using teleassessments following the COVID-19 pandemic.

About the study:

- One anonymous demographics questionnaire
- Easy scheduling using Calendly
- One 45-minute audio-recorded Zoom interview
- To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

- Licensed psychologist in the state of Texas
- Currently practicing and conducting assessments
- Experience with teleassessments
- Willing to complete a demographic questionnaire

- Access to Zoom and willing to participate in a 45-minute audio- recorded interview

This anonymous interview is part of the doctoral study for Jacklin Cardentey, a Ph.D. student at Walden University. Interviews will take place September.

Please respond to this email to let the researcher know of your interest and complete the eligibility form. You are welcome to forward it to others who might be interested.