

College of Educational and Developmental Psychologists

ADAPTING PSYCHOEDUCATIONAL ASSESSMENTS UNDER SAFETY CONDITIONS RELATED TO THE COVID-19 RESPONSE

Undertaking assessments in the current restricted conditions:

1. **Do you need to test right now?** If you test through an online platform it will not be standardised, however it may be urgent and the information it will generate may make a difference right now. If you need standardised results then you may be able to delay the assessment. In many cases with children, waiting will be detrimental to determining appropriate intervention within a reasonable time span.
2. **What preparation can you do remotely?**
 - a. You can gather basic information by telephone, email or video call.
 - b. This can provide you with demographics, the history of the concern, the condition and severity, school reports, and comments from the teacher and the parent.
 - c. A video call will enable a more personal connection and the beginning of rapport and trust.
 - d. Online or paper questionnaires can be emailed or sent to the client.
 - e. You may have access to online platform questionnaires that can be returned.
 - f. This information can be collated and a decision made as to the urgency and the desirability of testing. It may be that there is sufficient information to make some initial recommendations that you can review in a few months.
3. If it is seen to be necessary to test, and you are not comfortable doing so it may be helpful to refer to a colleague.

If the referral is deemed urgent and the risk of not carrying out the assessment outweighs the limitations and possible risks to the integrity of results when providing testing under COVID 19 restrictions- the following approaches are options.

Testing Face to face with infection control in place

- a) Communicate to client prior to the assessment the processes which will take place and gain their **written consent** to engage in the face to face assessment
- b) Carry out the history interview via videoconference or phone call
- c) Do any assessment you can online eg. Verbal subtests
- d) When client arrives for the face to face assessment, **they wait in their car until they are called to come into the clinic**
- e) Set up assessment table (or two separate tables) **so that you are 1.5 m or more apart**
- f) Have a **cleaned** iPad, blocks, test forms, pen and stylus ready at client end of table prior to the client's arrival
- g) Pearson has allowed *Free Access to 100+ Digital Manuals & Stimulus Books* to deal with the current conditions. (see website)
- h) A stylus for responding on the iPad may be better than allowing client to touch the screen
- i) Provide verbal instructions for all tasks, or demonstrate with a second set of stimuli if available
- j) A clear screen can also be set up on the desk to reduce droplet particles going between assessor and client (these can be purchased online and are called 'sneeze guards')

- k) **Masks and gloves** can be used by clinician and client if possible
- l) Manage Social Distancing in waiting rooms and corridors
- m) Ask client to **wash their hands** before entering the room
- n) Have **hand steriliser** and cleaning products at hand
- o) Ensure there is air flow in the room
- p) Limit the **time in the room to 1 hour** blocks – either have a break on the same day or have the client return across days
- q) **Cover hands** before handling and cleaning client's objects after they have left.
- r) Forms can be photographed and shredded, sprayed with Glen 20[®] or similar; or put in a **plastic folder whilst wearing gloves and left for 24 hours**.
- s) Wash hands
- t) You may prefer to provide feedback via videoconference or via social distancing in the clinic using the above infection control techniques.
- u) Pearson has listed useful suggestions for assessment by Telehealth on their website. <https://www.pearsonclinical.com.au/covid19support>

Face to face + Telehealth: A mixed approach

- a) Gain a history via written documents and a video conference or phone call
- b) Send online questionnaires and/or emailed questionnaires
- c) Conduct verbal tests via telehealth
- d) Provide infection managed face to face assessment for the measures that require tools and forms.
- e) Provide feedback via videoconference or phone call

Within clinic or service telehealth (less likely to be possible in a school setting)

- a) Where your client doesn't have the capability or they don't have access to manage technology remotely, or where you are concerned about other risks and assessment integrity (e.g. gaining robust scores such as index measures), within clinic telehealth can help.
- b) You will need access to two treatment rooms, two laptops with a telehealth platform, document camera to transmit visual stimuli and iPad assessment tools.
- c) Inform your client and referrer beforehand and discuss the limitations of this format.
- d) Obtain signed consent
- e) It may be helpful to provide the client with a checklist regarding what to expect
- f) Set up a client room and a clinician room – using the above infection control measures
- g) You need to be sure that your client is not impulsive or distractible if you are leaving them alone as they may push buttons or open forms ahead of time.
- h) Having a trusted family member in the room with them with instructions to monitor those issues may help (who you can see on screen to ensure they are sitting quietly). Keep in mind that having a third party present can increase the client's anxiety or impact rapport or attention. This will need to be documented as a caveat in the report.
- i) Client and family member will need to sign documents confirming that they will adhere to the test rules and requirements.

Reporting

- a) It should detail exactly **how** the assessment was adapted under COVID19 conditions.
- b) It should detail the **limitations** of the assessment process used (statistical, methodological, engagement with client, and absence of information that could be obtained)
- c) It should detail the increased **margin for error**/wider confidence intervals in coming to an opinion
- d) It should detail the risks (e.g. modifications that were necessary due to the telehealth context).
- e) Include a statement about how confident you are that the referral questions have been answered
- f) Conclusions should be made with caveats such as to **review under standardised** conditions
Ref: APA Telehealth guidelines

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Original document generously shared by the College of Clinical Neuropsychologists:

Dr Amy Scholes, Dr Robyn Stargatt, Dr Bernice Dodds, Dr Sonia Thomas, Dr Dianne Anderson, Dr Cressida MacCuspie, Cristina Omizzolo. *Adapting Neurological Assessments During Restricted Conditions Related To The Covid-19 Response*, circulated April, 2020.

Refer also to *Hot off the Press, remote testing including the WCJ* (available soon on the CEDP Website).