

Rajani FASD Assessment & Diagnostic Clinic Training Services

*We envision a region
with no new FASD
births and where
currently affected
individuals are well
supported.*

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Virtual Options for FASD Clinics

Land Acknowledgment

We would like to recognize that we are webcasting from, and to many parts of Alberta and other regions today. The province of Alberta is located on Treaty 6, Treaty 7 and Treaty 8 territory and is a traditional meeting ground and home for many Indigenous Peoples.

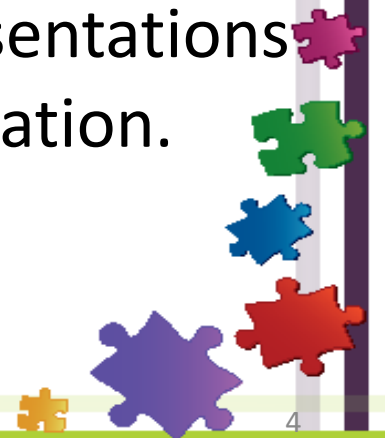


Thanks to the Australia New Zealand FASD Clinical Network for their participation and support provided by Alcohol Healthwatch New Zealand”.



Welcome!

- All attendees are asked to remain muted during the session.
- Use the chat box to ask questions. Questions will be answered after each presentation.
- If you are experiencing technical issues, please use the dial in number to re-join. The dial in numbers are on the invite.
- A Survey Monkey evaluation will be sent to all attendees over the next week. Please complete, as your feedback will guide future presentations and identify how we can support and provide follow up information.



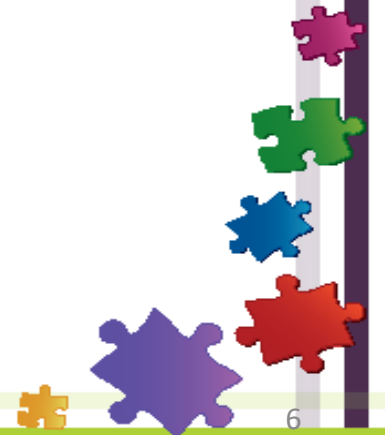
- This information session is being recorded for purposes of making improvements for future presentations and will enable invitees who were not able to attend on this day to view the presentations at a later time.
- Slides will be available at www.lcfasd.com/training-services within a few weeks after this presentation.



Virtual Options for FASD Clinics

June 11, 2020

Presenters: Colleen Burns, Project Coordinator
Dr. Hasmukhlal (Hasu) Rajani, Pediatrician
Monty Nelson, Ph.D. Reg. Psychologist
Brent Symes, Ph.D. Reg. Psychologist
ShawnaLee Jessiman, Ed. D. Reg. Speech Language Pathologist
Amber Bell, Project Coordinator



Learning Objectives

At the end of this information session participants will be able to:

- Describe the process to set up a virtual model for FASD assessment and diagnosis.
- Understand the roles and responsibilities of clinicians when using virtual platforms for FASD diagnostic processes.
- Utilize the perspectives of experienced clinicians to assist in their own decision making when completing assessments using a telehealth or virtual model.



Using a Virtual Platform for FASD Clinics: Background and Pilot

Colleen Burns

Lakeland Centre for FASD

June 11, 2020



Learning Objectives

- Be informed about use of telehealth by mobile, rural and remote FASD clinics in Alberta;
- Identify benefits and efficiencies of using a telehealth or virtual model for FASD assessment and diagnosis;
- Apply learnings from the FASD pediatric clinic pilot to identify options for telehealth assessment and diagnostic clinic processes;
- Understand the clinic coordinator role and responsibilities.

History: Mobile, Rural and Remote Clinics

- Since 2000, mobile clinic model with Lakeland Centre for FASD;
- Many clinicians travel from outside the rural/remote service regions;
- Inclement weather, long travel distances, difficult access are realities.



Best Practice for Cultural Efficacy

- Culturally competent and safe practices can encourage partnerships and decision making when providing services to culturally diverse communities;
- Foresee barriers or any obstacles when using a telehealth model for ax and dx (i.e. interpreter's appropriateness for the situation)
- Understand community ownership, local involvement and direction from community stakeholders for pre and post- clinic care for individuals with FASD.
- Values and ideals vary from culture to culture. Cultural- brokers are important to educate and assist to use knowledge in your practice.



Benefits and Efficiencies of Virtual Model

- Virtual options can assist with:
 - Wait lists, especially if clinicians, clients, caregivers and team members are in different communities or centres;
 - Accommodate urgent referral;
 - Decrease travel time for clinicians, caregivers and community stakeholders; impact of inclement weather and cancellations;
 - Budget and time savings (no airfare/mileage/accommodation);
 - Ability to connect, consult with team and clients in local community;
 - Allows for participation of caregivers and community supports, who would not be able to attend otherwise.



Background: Telehealth Pilot Project for Pediatric Clinics

- March 2019, Pilot Project to investigate option of using telehealth to complete FASD assessment and diagnostic clinic processes;
- Identified scope, time frame and objectives for the pilot;
- Literature review completed to support evidence of virtual options for assessment and diagnostic processes.
- Pilot began prior to COVID 19, but is timely in light of the pandemic;
- April 2020, pilot was completed, external evaluator surveyed all participants and completed interviews with clinicians, other team members, caregivers, pilot project coordinators to do final evaluation.



Virtual/telehealth Pilot Project: June 2019-May 2020

- Two Pediatric FASD clinics participated in pilot (Northwest Central FASD network; Lakeland Centre for FASD), total of 6 pediatric referrals;
- Core team clinicians (Pediatrician, Ph.D. Reg. Psychologist, SLP) with extensive background, expertise and experience with numerous FASD clinics and understanding of diagnostic guideline and testing tools;
- Face- to- face, teleconference and virtual meetings, training for support person, U. of Wash. facial software, developed templates for clinic resources, sample consents, tips sheets, information for caregivers;
- Determine best platform, test technology and equipment.



Clinicians Involved in Pilot Project

- Decision to not include Occupational Therapists (OT's) in this pilot:
 - Restrictions of their testing battery using Telehealth platform,
 - Clinic and community access to Occupational Therapists,
 - Not all FASD clinics have OT's as part of their core team.



Lessons Learned: It's All in the Details

- Importance of engaging and informing telehealth process with all team members from the beginning to address concerns, questions;
- Establish clear guidelines and criterion for telehealth referrals(i.e. age of referral; access to technology; individual circumstances of caregivers/clients, part(s) of the process that are doable for your clinicians/clinic);
- Ensure consents, caregiver information and other forms are developed, investigate technology that address privacy and security concerns, engage clinicians with experience and expertise in their respective fields.
- Understand the importance of scheduling details for everyone involved.



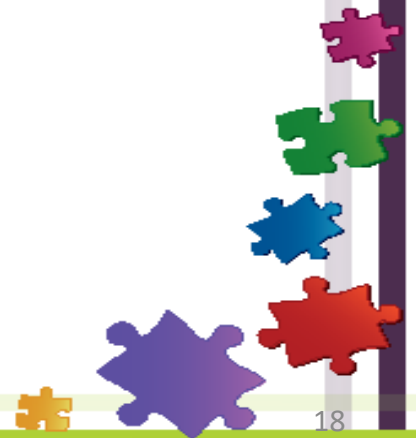
Clinic Coordinator Roles and Responsibilities

- Coordinator continues to be responsible for case file coordination:
 - Manages and directs the referral, intake and information collection, medical summary report completion process, including confirmation of reliable prenatal alcohol exposure (PAE) confirmation,
 - Communicates with referrers, caregivers/legal guardians and clients (esp. with older youth and adult referrals), schools, agencies and other stakeholders,
 - Ensures telehealth processes are following legislated privacy and health information regulations to ensure privacy and confidentiality is maintained at highest standard.



Clinic Coordinator Role

- Importance of the human connection and being “present” with clients
 - Virtual platforms; telephone interviews; community-based or cultural support persons present with clients and/or caregivers,
 - Ensure that caregivers/clients are supported through each step and post diagnosis.



Virtual Clinic Considerations

- Scheduling/coordinating virtual assessments, diagnostic formulation meeting with all team members, physician-caregiver-client interviews, debrief with client/caregivers means increased communication and alternative clinic scheduling than face –face model;
- Pre- clinic sharing of medical, social, education, and past ax's and history with core clinicians may be more important with the telehealth model;
- Ensure appropriate locations and technology for assessments and all meetings with clients and/or caregivers are in place;
- Training for support persons is completed, as directed by clinicians completing the assessments.

Assessment of Sentinel Facial Features (SFF)

- University of Washington FAS Facial Photographic Analysis (FPA) Software (<https://depts.washington.edu/fasdnp/htmls/face-software.htm>)
- Requirements: Digital camera, computer with Windows operating system, software from University of Washington.
- Limitations: may not be compatible with smartphone photos, not compatible with Macintosh Operating System.
- Requires diligence and time to install and navigate the software, learn and practice taking facial photos and accurately analyze images.
- Provides the user with a detailed Outcome Report for each client.



Virtual Clinic Options: Not “All or Nothing”

- Clinic example of utilizing parts of telehealth clinic process since 2017
- Telehealth accessed in client’s home community for:
 - diagnostic formulation
 - multi-disciplinary team meetings
 - case conference with family



Clinic Experience using Telehealth

- Advantages
 - Increased caregiver/support network attendance; connect from multiple physical locations;
 - Reduced travel (clients and clinicians);
 - Coordinate multiple diagnostic formulations and conferences in same day, as assessments are completed pre-clinic date;
 - Secure, accessible virtual platform used; excellent audio and visual quality.



Clinic Experience using Telehealth

- Caregiver and school personnel feedback:
 - Caregivers report feeling comfortable connecting with clinicians using this format;
 - Telehealth bridges transportation and financial barriers;
 - Teachers are consistently able to participate with minimal time away from classroom;
 - No privacy or confidentiality concerns expressed.



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- Whittingham, L. & Coons-Harding, K. (in press). *Connecting people with people: Diagnosing persons with fetal alcohol spectrum disorder using telehealth*. Journal of Autism and Developmental Disabilities.
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- <https://s3-us-east-2.amazonaws.com/oc-lcfasd.com/wp-content/uploads/2019/12/12155749/December-Links.pdf>
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Virtual Options for FASD Clinics

The Medical Clinician Role

Dr. Hasu Rajani

Professor, Department of Pediatrics

University of Alberta

Edmonton. Alberta

June 11, 2020



Clinician's Role

Objectives:

- Recognize the ethical and professional responsibilities when using virtual care for patient assessments
- Understand the potential issues related to use of virtual platforms for patient care
- Discuss the clinician's role on the FASD diagnostic team



Ethical and Professional Responsibilities

DELIVERY OF QUALITY PATIENT CARE:

TRUST:

- Cornerstone of the patient–physician relationship and of medical professionalism
- Central to providing the highest standard of care and to the ethical practice of medicine



DELIVERY OF QUALITY PATIENT CARE

Consider first the well-being of the patient:

- Always act to benefit the patient and promote the good of the patient
- Provide appropriate care and management across the care continuum



DELIVERY OF QUALITY PATIENT CARE

- Take all reasonable steps to prevent or minimize harm to the patient
- Disclose to the patient if there is a risk of harm or if harm has occurred
- Recognize the balance of potential benefits and harms associated with any medical act
- Endeavor to bring about a positive balance of benefits over harms.



Health Information Act (HIA)

- Regulated members have both a legal and ethical duty to protect the health information in their custody
- Under Alberta's HIA, custodians must take reasonable and appropriate measures to protect the security and confidentiality of their records, including addressing the threats and risks to patient information that is collected, stored or transmitted via electronic means



Health Information Act (HIA)

- Regulated members involved with other healthcare delivery organizations/institutions (e.g., Alberta Health Services) also have a responsibility to be aware of and follow that organization's/institution's policies regarding the use, storage and transmission of confidential health information.



Health Information Act (HIA)

- Day-to-day responsibility of managing these safeguards may be delegated to an affiliate or Information Manager
- Custodian (physician) bears ultimate responsibility for the protection of the health information



Health Information Act (HIA)

The key administrative components of a security strategy are:

- Threat-risk assessment
- Development and adoption of policies and procedures to mitigate threats, and risks and training
- Awareness of the issue and keeping physician and staff up-to-date on tools and practices is essential



Consent

The HIA

- Allows individuals to consent to certain disclosures of their health information
- Does **not** include a patient's right to consent to how their health information is collected, managed, stored or secured
- A patient therefore cannot consent or otherwise waive the responsibility of the physician to adhere to the Act



Consent

When using unregulated virtual platforms for health purposes, it is recommended that express patient consent is obtained by.

- Carefully establishing that the identity of the patient is correct
 - ✓ Patient's Date of Birth
 - ✓ Address and Postal Code
 - ✓ Alberta Health care Number
- Record that verbal express consent was obtained in the patient's permanent record
- Ensure who else in the room?/privacy maintained?



Consent

- Explaining to the patient at the start of the virtual encounter that:

“Unregulated virtual care technologies increase the risk that your personal health information may be intercepted or disclosed to third parties. These tools are being used as an extraordinary measure during the COVID-19 pandemic when regulated technology is not readily available, and the necessity to keep people from congregating or attending health facilities where they may be exposed to the COVID-19 virus is thought to outweigh the risk of personal privacy breaches on both a personal and population health basis.”



Telehealth

CPSA (College of Physicians and Surgeons of Alberta) Standard

“Telemedicine” means the provision of medical diagnosis and patient care through electronic communication where the patient and the provider are in different locations



Telehealth

Telehealth (TH):

- Used for many years in patient care, education, conferences etc.
- Secure and private connection (HIA compliant)
- Specific locations within communities
- Service/infrastructure maintained by institutions
- Services recognized for physician billing



Virtual Platforms

Virtual Platforms:

- Many virtual platforms available
- Not all recognized by health care delivery organizations/institutions regulating bodies
- Not all HIA compliant
- Issues with Security Breaches and Privacy
- Sharing of Electronic Data should be password protected
- ??Duration for this virtual platform and billing codes



Clinician's Role

FASD is a medical diagnosis for which the physician has the primary responsibility in the overall process for Assessment and Diagnosis process, including being:

- Aware that all consents for collection, release, transmission and storage of information are appropriate and in accordance with the governing bodies
- Confident in insuring that virtual platforms used for collecting and disseminating information are HIA compliant



Clinician's Role

- Should have detailed knowledge of the current Canadian guideline for FASD diagnosis, and be aware when to use clinical judgement
- Should be knowledgeable of tests used by other team clinicians, significance of the test results and domains assessed, and to guide the formulation, diagnoses and recommendations
- Should be comfortable in disclosing diagnoses and recommendations to the client and/or caregiver



Pre-Clinic

Respond to and support coordinator as needed, in various aspects including:

- Sufficient details and threshold for PAE confirmation
- Triaging
- Supporting and enabling pre-clinic information collection
- Possible recommendations for patient prior to coming to clinic
- Review of the information collected



Medical Interview

- Completing a medical interview including:
 - ✓ Filling in gaps in the information already collected,
 - ✓ Confirming various aspects of the history as required
 - ✓ Obtaining information that informs the day to day functioning of the patient in the current environment
- A teenager will require HEADSS history completed in a confidential manner
- A young child should be seen virtually even though briefly

*Home /Environment, Education /Employment, Activities, Drugs, Sexuality, Suicidality/Depression



Neuroanatomy/Neurophysiology Domain

- History of congenital malformations/anomalies
- Past history of seizures or investigations completed
- History of neurological impairment, head injury and investigations
- History of development and evidence of progress/regression
- Red flags for a neurological disorder: headaches, change in vision, emotion/behaviour, motor function or coordination
- Recent physical examination: findings/concerns
- Primary Care Physician: possibly perform a complete exam
- Recent OT assessment: significant observations/deviations from normal



Physical Measurements

- Head circumference: Growth records may provide information
- Highly unlikely that the curve will have changed if the head has been growing along a certain percentile
- Growth measures: previous growth chart
- Facial photographs may suggest a syndrome, but likely to have been picked up by the time referral to an FASD clinic
- Facial measures: Facial photographic software used by a team member trained in its use



Affect Regulation (AR) Domain

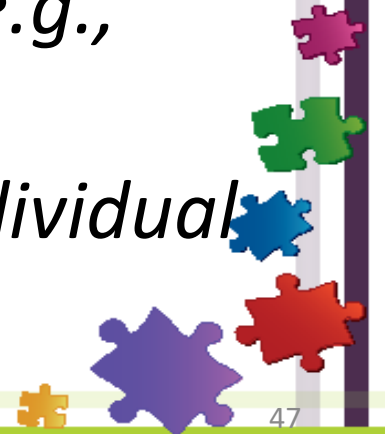
- The physician should play an active role in determining whether this domain is impaired
- Screening questionnaires are just that and inform current or recent mental health status of the child
- The AR screens may provide suggestions for further evaluation and counselling, as well as subsequent monitoring



Affect Regulation Domain

The guideline for diagnosis recommends:

- *It is expected that clinicians will formally ascertain that the individual meets criteria rather than assign a diagnosis on the basis of clinical impression or questionnaire data alone. Care should be taken to look for a longstanding problem of dysregulation rather than a short-term response to unfavourable life events or environmental conditions (e.g., multiple foster placements)*
- *Impairment in Affect Regulation is present when an individual meets the DSM-5 criteria*



Formulation of Diagnosis/Recommendations

- Guide the diagnostic process during team discussions of the information collected
- Promote a robust and safe discussion amongst team members
- Promote teaching and learning opportunities amongst team members
- Ensure diagnostic guidelines are adhered to, allowing for when to use clinical judgement
- Guide recommendations for ongoing interventions and supports



Disclosure of Diagnosis

- Clinicians should share the diagnosis and recommendations with the client and family (sensitive and empathetic)
- Consider whether and how/when/by whom diagnosis is to be shared with a teenager
- Respond to questions posed by patient/caregiver
- Discuss what information of the diagnostic report is to be shared with which sectors to support patient/family



Post Diagnosis

- Support coordinator in helping guide referrals for interventions
- Support referrals to medical/allied health as required
- Support access to funding as necessary
- Support transiently or on an ongoing basis the management of medical, neurodevelopmental or MH diagnosis in the patient
- Guide coordinator/team members for potential future reassessment in clinic



References

- <http://www.cpsa.ca/standardspractice/telemedicine/>
- <http://www.cpsa.ca/standardspractice/code-of-ethics/>
- <https://policybase.cma.ca/documents/policypdf/PD19-03.pdf>
- <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>
- https://quorum.hqontario.ca/Portals/0/Users/170/54/10154/DraftClinicalGuidance_Adoptingintegratingvirtualvisitsintocare_V1.pdf?ver=2020-03-13-091936-370
- <file:///Users/hasmukhlalrajani/Downloads/DTOVirtualCareforPatientsPosterZoomHealthCare.pdf>
- <file:///Users/hasmukhlalrajani/Downloads/dto-virtual-care-quick-start-guide.pdf>
- <https://www.cmaj.ca/content/cmaj/suppl/2015/12/14/cmaj.141593.DC1/app1.pdf>

Cognitive Assessments Via telehealth: Ethical and Practice Considerations

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Cognitive Assessments and Telehealth

- I work in private practice (since 2000)
- Various roles in Alberta's licensing body for psychologists; Ethics and Practice Reviewer, occasional work as an Acting Complaints Director, other roles.
- Worked at a large psychiatric hospital in 2000 to 2002 as a "telepsychologist" doing assessments, education, consultations



Cognitive Assessments and Telehealth

- Has been done increasingly over the past two decades
- Telehealth, telemedicine, telepsychology terms
- Limited use until now
- Strengths and limitations to telehealth assessments
- Useful, but a range of ethical and practice considerations emerge

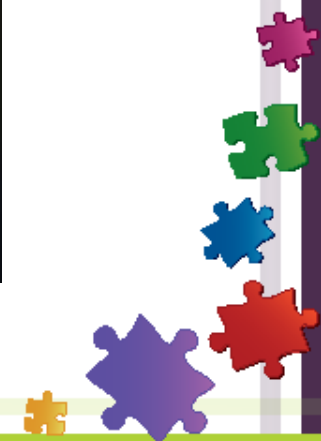


Cognitive Assessments and Telehealth

- In person assessments often the most preferred method of evaluation
- Telehealth may be an option to consider in some cases
- These days, in person assessments not always possible or safe due to COVID-19 or other reasons



Cognitive Assessments & Telehealth: Considerations before you “jump” in



Cognitive Assessments & Telehealth: Canada- before you “jump” in



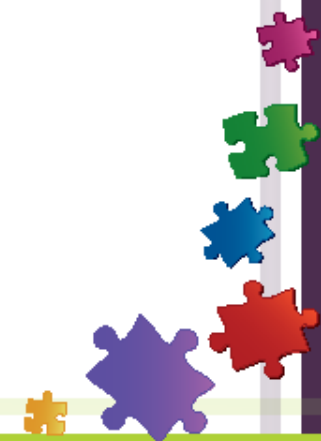
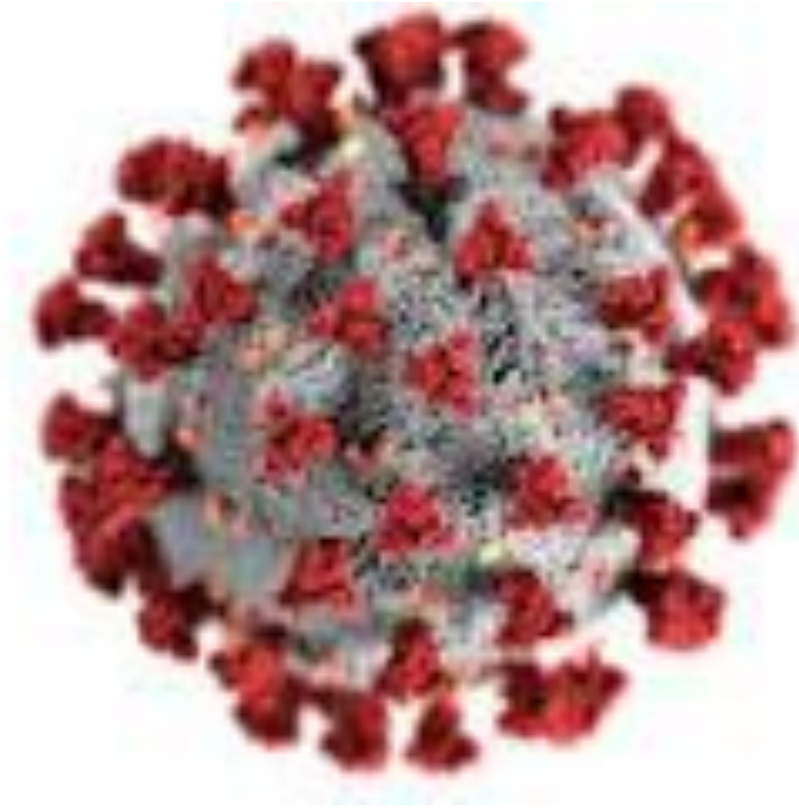
Cognitive Assessments & Telehealth: New Zealand-- before you “jump” in



Cognitive Assessments & Telehealth: Australia-- before you “jump” in



Cognitive Assessments & Telehealth: The Global reason for considering it!



Cognitive Assessments and Telehealth: Ethical Considerations

- Considerations for the psychologist:
- Should the assessment occur in person or via telehealth?
i.e. Is there an urgent clinical need that it cannot wait until COVID-19 restrictions end?
- Is the risk of meeting face to face more likely to put clinician/client at risk?



Cognitive Assessments and Telehealth: Ethical Considerations

- Do I have the background/training?
- If it can be done via telehealth, can it be done effectively and in a valid manner?
- Research exists to support certain tests via telehealth if in a controlled remote/proctored environment, but more research and test norms are needed
- Each situation must be judged on its own merit



Cognitive Assessments and Telehealth: Ethical Considerations

- **Some** clients are not appropriate for telehealth cognitive testing:
- Clients without stable internet, good desktop/large tablet technology, or a testing location
- Severe hearing issues, medically unstable



Cognitive Assessments and Telehealth: Ethical Considerations

- Very low functioning or psychotic clients
- Those in crisis or immediate risk to self, and/or no support person on site for client
- Clients in unsafe environments
- Some very young or very elderly clients



Cognitive Assessments and Telehealth: College of Alberta Psychologists (CAP) Statements

- Largely similar to perspectives of Australian/NZ boards it seems.
- Suggests Psychologists use their judgement for which clients they provide services to via distance technology.
- The technology exists, but should it always be used for each client?



Cognitive Assessments and Telehealth:

- Your Standards of Practice (or Code of Conduct) and National Code of Ethics still apply

e.g. you must still be practicing within your training/scope, geographic jurisdiction, & have liability insurance for telehealth services



Cognitive Assessments and Telehealth: College of Alberta Psychologists (CAP) Statements: safety and security

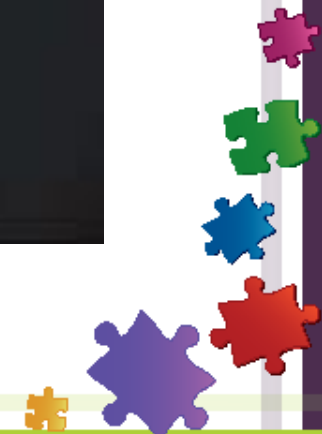
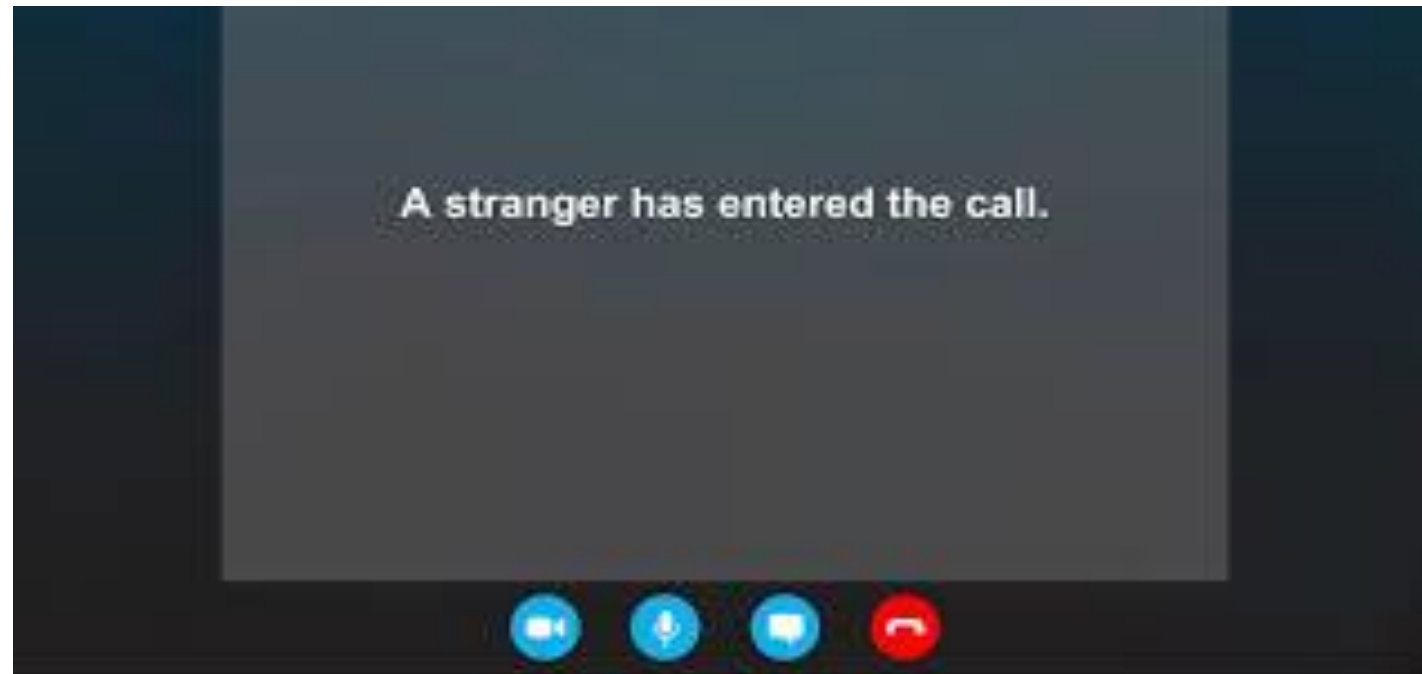
-Standards of Practice Section 6 (distance technology provision of services) states:

6.1 Ensure you have the technical knowledge/awareness to use the technology safely/securely (or help from those who do!)

e.g. Ensuring “end to end” encryption, best level of privacy possible, secure and compliant platforms that meet legal requirements



Cognitive Assessments and Telehealth: Safety and security...uh oh!



Cognitive Assessments and Telehealth: Sample Alberta Psychologists (CAP) Statements from our Standards

-Standards of Practice Section 6:

6.1.2 Ensure the client understands the limits of an assessment, risks and alternatives

e.g. perhaps not all domains may be able to be evaluated via telehealth; a repeat or in person assessment may be needed at some point



Cognitive Assessments and Telehealth:

-Alberta Standards of Practice Section 6:

6.1.3 Informed consent/confidentiality discussions must still occur

e.g. limits to confidentiality, risks of hackers in telehealth assessments



Cognitive Assessments and Telehealth:

- Alberta's Practice Guideline on "Telepsychology Services" (2019)
- Reviews Applications, Technology, Confidentiality
- e.g. Suggests a more thorough review of limits of technology, implications of a poor connection, lack of some security via internet connections,
- Ensuring and clarifying a local emergency contact if crisis emerges



Cognitive Assessments and Telehealth: Test Publishers

- Various publishers; Pearson is one of the main ones for our products
- Concerned regarding test security, accuracy
- Have provided some tests in PDF format through their portals; can be screen shared (WISC and WAIS now available).
- Have provided some protocol forms as well
- Some tests (e.g. RAIT) now normed for telehealth



Cognitive Assessments and Telehealth: Test Publishers

- Pearson, as an example, does not want their tests/protocols scanned into PDF format by psychologists, but will provide some of these by request to psychologists or allow them for purchase
- “Letter of No Objection” since Covid crisis emerged permitting telehealth use of tests



Cognitive Assessments and Telehealth

-Pearson's "Letter of no Objection":

- A. Tools and protocol forms can be used for live telehealth sessions provided they are not recorded/copied by client or examiner
- B. Screens must not face the public
- C. Can't modify/scan test materials without permission.



Cognitive Assessments and Telehealth: Test Publishers

- Pearson has also developed a guide for **proctors** who may be helping the psychologist on the client's side
- Recognize that tasks may range from questionnaires, verbal tasks, visual tasks, and more complex instruments



Cognitive Assessments and Telehealth: Test Publishers

- **Proctors** may be lay people, parents/spouses, or staff from a local FASD clinic
- Good to have on site for session access, audio or video troubleshooting, providing sheets to client, etc
- However, can be a threat to validity if trying to help too much, have own issues, or conflict with client



Cognitive Assessments and Telehealth: Test Publishers

- **Proctors** require education as well regarding what to do, and to limit interactions with client during the assessment unless asked to do something by examiner.
- Advise that proctors step out of sight or even leave room during testing
- Must be available if problems arise, however



Cognitive Assessments and Telehealth: Test Publishers

- Pearson suggests that the use of a second camera (such as a phone or tablet) may be useful to point at client's computer (to see what client is doing, what is happening on the screen, where client is pointing, etc)
- Proctor may be needed to help set up this second camera/tablet



Cognitive Assessments and Telehealth: Test Publishers' views on Proctors/Helpers

- Regarding Response Booklets that client uses during remote assessments:
 - a. Companies (such as Pearson) recommend dropping off/mailing a package of response booklets to proctor for the assessment; permission lasts until June 30
 - b. Proctor must be advised of test security



Cognitive Assessments and Telehealth: Test Publishers

- Regarding Response Booklets that client uses during remote assessments:
 - a. Providing clients with a return envelope (stamped and addressed) is advised, as well as watching client/proctor place completed materials into the envelope.
 - b. Providing clients with a return envelope (stamped and addressed) is advised, as well as watching client/proctor place completed materials into the envelope.
 - c. Providing clients with a return envelope (stamped and addressed) is advised, as well as watching client/proctor place completed materials into the envelope.



Cognitive Assessments and Telehealth: Test Publishers

Publishers are working to ensure some standardized elements of presentation:

e.g. client screen should be at least 9.7 inches diagonally

-advise the use of over the ear headphones

“Telepractice through Q-global” video available on Pearson Canada Website



Cognitive Assessments and Telehealth: Liability

- Most Common Insurers will cover you for your telepractice
- Provided you are practicing within your scope
- Suggest you obtain Cyber Security Coverage
- Advise a more thorough informed consent process



Cognitive Assessments and Telehealth

- Bottom lines for good practice if you decide to do a telehealth cognitive assessment:
 - a. Follow the guidelines from your board, test publishers, and insurers
 - b. Do what you are trained for, but in a slightly different modality
 - c. Use the best platforms out there



Cognitive Assessments and Telehealth

d. Thorough informed consent, using language appropriate for the client

e. Explaining who you are, how the process and technology works, purpose of the assessment, and the limits to confidentiality

f. Using materials from reputable test publishers, in a standardized way.



Cognitive Assessments and Telehealth

g. Guiding and educating proctors

h. Being aware of potential threats to validity of an assessment; stating them in your report.

i. Is this modality of an assessment the best for the client, and does this outweigh the risks of no assessment or waiting for a face to face evaluation?



References

Canadian Psychological Association Guidelines on
Providing Psychological Services via Electronic Media:

<https://cpa.ca/aboutcpa/committees/ethics/psychserviceselectronically/>

American Psychological Association guidance for informed
consent process for telepsychology

<https://www.apa.org/practice/programs/dmhi/research-information/informed-consent-checklist>



References

Australian Board of Psychologists Telehealth Reference Page

<https://www.ahpra.gov.au/News/COVID-19/Workforce-resources/Telehealth-guidance-for-practitioners.aspx>

College of Alberta Psychologists guidelines on telepsychology

<https://www.cap.ab.ca/Portals/0/pdfs/Practice%20Guideline-%20Telepsychology%20Services.pdf?ver=2019-12-03-110441-087×tamp=1575396294218>



References

College of Alberta Psychologists guidelines on telepsychology

<https://www.cap.ab.ca/Portals/0/pdfs/Practice%20Guideline-%20Telepsychology%20Services.pdf?ver=2019-12-03-110441-087×tamp=1575396294218>

New Zealand Board of Psychologists

http://www.psychologistsboard.org.nz/cms_show_download.php?id=244#:~:text=The%20purpose%20of%20these%20guidelines,-%E2%80%9CBehavioural%20telehealth%20is&text=Psychology%20services%20delivered%20via%20the,%2C%20chat%2C%20and%20videoc onferencing%E2%80%9D.

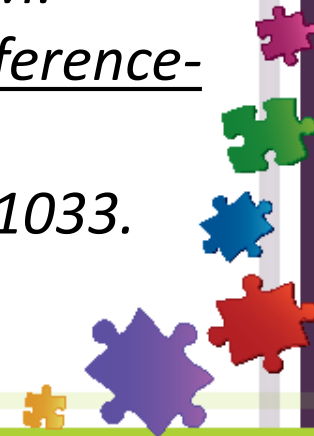


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More Recent Research Supporting Teleneuropsychology in Proctored Settings:

Marie Antoinette Hodge, Rebecca Sutherland, Kelly Jeng et al. (2019). Agreement between telehealth and face-to-face assessment of intellectual ability in children with specific learning disorder. Journal of telemedicine and telecare, 2019 Aug;25(7):431-437

Cullum, C., Hynan, L., Grosch, M., Parikh, M., & Weiner, M. (2014). Teleneuropsychology: evidence for video teleconference-based neuropsychological assessment. Journal of the International Neuropsychological Society, 20(10), 1028–1033.

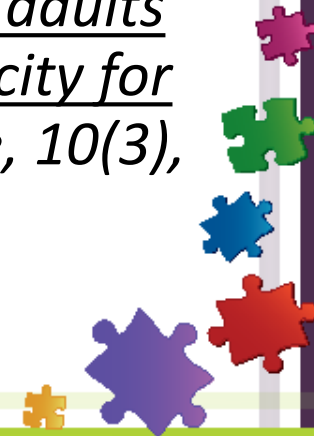


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Canadian Research Supporting Teleneuropsychology in Proctored Settings:

Temple, V, Drummond, C, Valiquette, S *A comparison of intellectual assessments over video conferencing and in-person for individuals with ID: preliminary data.* *Journal of Intellectual Disability Research* 2010; 54: 573–577.

Hildebrand, R., Chow, H., Williams, C., Nelson, M., & Wass, P. (2004). *Feasibility of neuropsychological testing of older adults via videoconference: implications for assessing the capacity for independent living.* *Journal of Telemedicine and Telecare*, 10(3), 130-134.



FASD Telehealth Testing

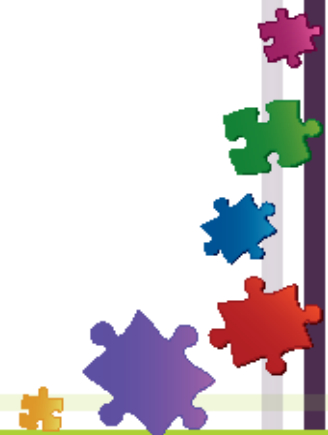


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Objectives

- Psychologist role, assessment procedure & considerations
- Testing materials & technology
- Psychological & helper training/qualifications
- Diagnostic assessment outcomes
- Challenges & direction for future telehealth assessment



Testing Background

- 20 years of clinical practice in testing & assessment
- Working with FASD clinics for 15 years
- Provision of training to FASD clinic team members & psychologists
- Clinically, I use a core battery of domain specific tests for face to face FASD assessments consistent with tests outlined in the Canadian Guidelines for FASD
- Goal was to use as many of these tried and trusted tests as possible with telehealth testing



Procedure & Considerations

- Initial intent was to address challenges related to travel & patient/family access to FASD diagnostic services and not necessarily COVID 19
- Dr. Rajani and I had discussed the idea on numerous occasions before initiating the project 1 year ago
- 6 assessments in total, 2 separate sites/clinics
- Parents/caregivers fully informed and aware of the telehealth model of assessment
- Model was to use a helper or proctor to assist client
- Goal was to organize assessment procedure so there would be minimal “training” for helper/proctor for flexibility



Procedure & Considerations

- Also focused selection of technology on performance and flexibility for travel (small speaker, camera, arm for camera, ethernet cable) & to minimize cost
- Important to implement a comprehensive & robust test battery covering all domains and **avoid** use of abbreviated tests/measures



Initial Training & Planning

- 1 meeting at U of A with participants from 2 sites to review technology & procedures
- I distributed 6 sealed envelopes (3 for each site) in person at this meeting necessary protocols & response booklets (WISC5, WIAT3, RCFT, Trail Making, etc.)
- Highlighted importance of test security & confidentiality
- Protocol/response booklets were numbered for easy identification by helper during assessment



Initial Training & Planning

- Technology (camera, arm, speaker/mic, ethernet cord) discussed and distributed



Testing Materials & Technology

- GoToMeeting platform
- HIPAA compliant (Health Insurance Portability & Accountability Act)
- Easy to use & share screen/camera
- Other telehealth platforms readily available & being developed/enhanced due to COVID 19 (Zoom)



Laptop/Desktop Computer



Laptop/Desktop Computer

- Ensure it has an ethernet port
- Make sure it has at least 2 USB ports, 1 for camera and 1 for speaker/mic
- USB hub not advised because it interferes with charging for speaker



Ethernet Cable (\$21)



UGREEN Ethernet Cable, Cat 7
Gigabit Lan Network RJ45
High-Speed Patch Cord Flat
Design 10Gbps 600MHz/s for
Raspberry Pi 4, Console, PS3,
PS4, Switch,...

Size :26ft.



Ethernet Cable

- Essential to use an ethernet cable for hard wired connection for clinician & client
- WIFI very likely to result in delays/lag and/or disconnection
- I did not have any dropped connections or technical issues

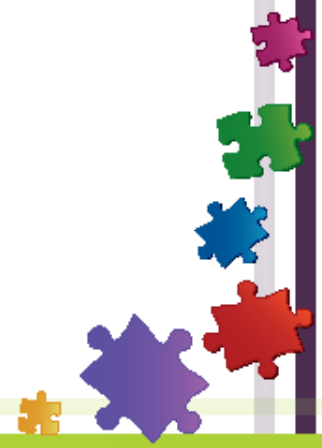


HD Camera (\$95)



Logitech C920 Webcam HD
Pro (960-000764)

Style: C920



HD Camera

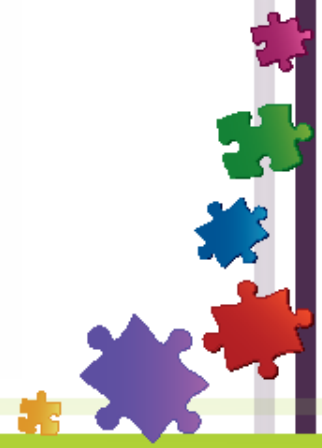
- This model pivots to allow view of child/clinician/ work surface/stimulus items
- Also has a built in mic



Flexible Arm Clamp (\$29)



25 inch Flexible Desktop
Tabletop Long Arm Clamp Clip
Mount Holder Stand for
Logitech Webcam C922x C922
C930e C930 C920 C615



Flexible Arm Clamp

- Securely holds camera for adjustment
- Generally, for client, 2 camera angles (client can help adjust), client face view & desktop/work surface view
- For clinician, 2 camera angles, clinician face view & desktop/stimulus items
- Overall, worked very well, a little difficult to see some client answers in small print (spelling & mathematics – use of a black pen helps rather than pencil)



USB Speakerphone (\$134)



Jabra SPEAK410 USB
Speakerphone for Skype, Lync
and Other VoIP Calls - Retail
Packaging - Black

Style:Speak 410

Pattern Name:Single



USB Speakerphone

- Worked very well for assessments, audio & microphone
- For all day meetings/clinic, use of higher end speakers likely somewhat better
- Benefit of USB connectivity, plug and play and there's no need for additional power cord



Pencils



AmazonBasics Wood-cased Bulk Pencils - #2 HB Pencil - Box of 144

Size : 144 Pack



Pencils

- Some with an eraser & some without
- For future, perhaps consider using a fine black sharpie for subtests including mathematics and spelling and anything else where erasing is not needed (cannot use a marker for RCFT) as would likely be easier to see
- Some clients print large and some print small, cannot necessarily control
- On some occasions, I simply asked them to tell me the answers (mathematics & spelling)



PDF Phone App



PDF Phone App

- Quickly take a picture of work completed by the client & email to the clinician
- Pre-program email address of the clinician
- App allows for password protection

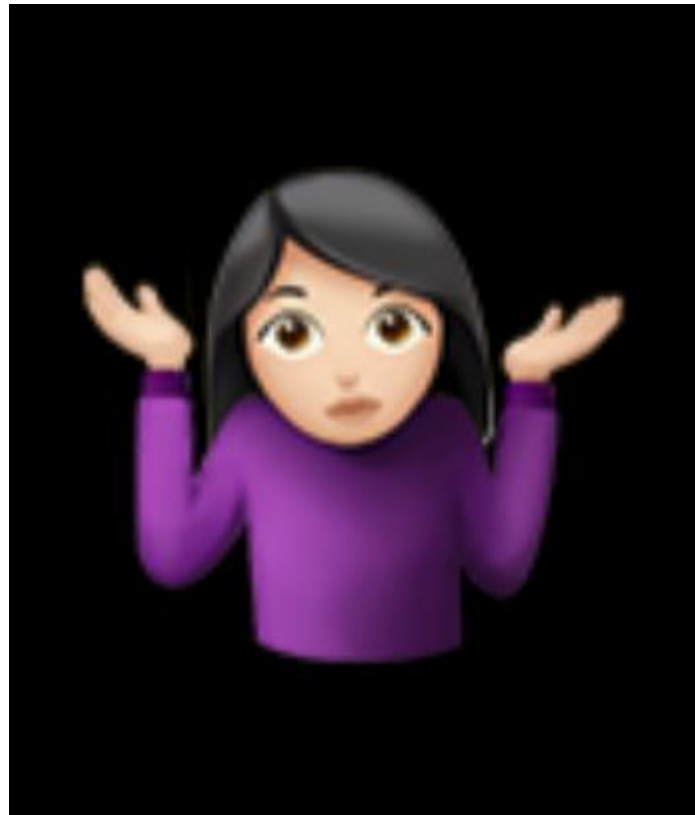


Test Protocols

- These were given to the helpers in a sealed envelope
- Numbered for easy identification
- Returned to envelope throughout & at the end of the assessment and sealed
- Documents either returned to clinician or if PDF of work sent to clinician, they can be shredded



Helper



Helper Qualifications

- Testing procedure designed to minimize need for training
- They do not need to be a trained psychometrist
- Numbers placed on test protocols/response booklets for easy identification
- Due to circumstances, I used a total of 4 different helpers for the 6 pilot project cases
- Connected about 15 minutes prior to assessment to verify materials and connection
- Much easier over time with consistent helper/proctor



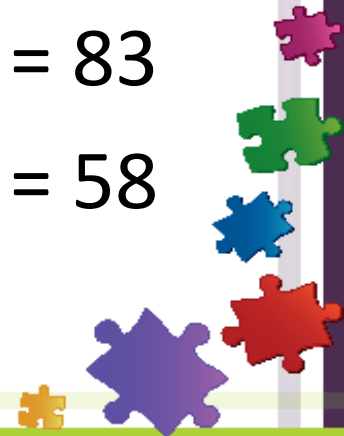
Psychological Test Battery

- WISC5 (no block design, substituted Visual Puzzles)
- WIAT3/WJ4
- Beery VMI
- Verbal Fluency (FAS)
- RAVLT/CVLT-C
- RCFT
- Comprehensive Trail Making
- Rating scales (BRIEF2, BASC3, ABAS3)



Diagnostic Assessment Outcomes

- Age range from 9-16 yrs.
- 4 of the 6 clients received a diagnosis of FASD
- 4 cases had prior psychology testing
- Case #1: FSIQ 5 yrs. prior = 99; current TH FSIQ = 92
- Case #2: FSIQ 1 yr. prior = 64; current TH FSIQ = 66
- Case #3: FSIQ 6 yrs. prior = 85; current TH FSIQ = 83
- Case #4: FSIQ 3 yrs. prior = 58: current TH FSIQ = 58



Challenges

- Motor testing & overall test battery (Halstead Reitan Test Battery)
- Block Design
- Demand on time for helper/proctor - clinic coordinators are extremely busy & often meet with family during face to face testing
- Identify a trustworthy person associated with the FASD network who could be a regular helper/proctor
- Behavioural observations perhaps slightly limited but experienced clinicians should be ok



Direction for the Future

- Expand test battery, especially in the area of EF (Booklet Category Test, WCST, etc.)
- Imperative to know the tests very well
- Essential to be very familiar with the FASD diagnostic guidelines for situations when reducing test battery (not abbreviated tests) as outlined in the guidelines (low cognitive functioning, stress, mental health challenges, difficulty tolerating assessment)
- Make sure informed consent & telehealth confidentiality issues fully discussed

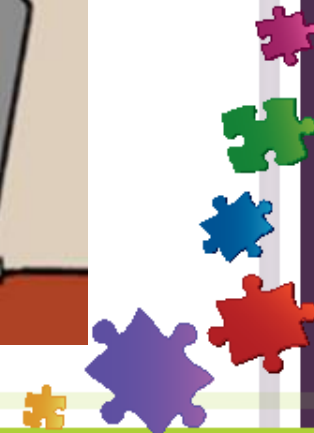


Direction for the Future

- Proceed with a slightly more conservative interpretation when using telehealth assessment
- Use a secure site with a trusted helper/proctor
- Maintain strong control of testing materials & stimulus items
- Clearly indicate in report that assessment was completed via telehealth platform & any deviations from standardized administration
- Telehealth platform is a very flexible and effective way to efficiently deliver diagnostic services, reduce costs, and minimize travel time for all team members



Questions & Comments



Virtual Options for FASD Clinics

The Speech Language Pathologist Role

ShawnaLee Jessiman, Ed.D., R.SLP
Communicating Together Inc.

June 11, 2020



SLP Objectives

- Speech Language Pathologist role
- Virtual speech language assessments considerations
- Speech language testing materials and technology
- Diagnosis
- Challenges



SLP

Efficacy of Assessments

- Research supports the use of telehealth language assessments

Eichstadt et al., 2013

Sutherland et al., 2017

Sutherland et al., 2016

Taylor et al., 2014

Waite et al., 2010



SLP

Standardization of Assessment Tools

All current individually administered assessments (“performance tests”) were standardized using in-person administration.

For these tests, tele-assessment methods would be considered an ***adaptation of the standardized administration and should be taken into consideration when reporting and interpreting the results of a remote administration.***



SLP

Associations and Regulatory Bodies

Speech-Language & Audiology Canada

- Position Paper on the Use of Tele practice for SAC SLPs and Audiologists (2006)
- Covid-19 Update: Telepractice (2020)

Alberta College of Speech Language Pathologists & Audiologists

- Telepractice Guideline (2011)
- Telepractice FAQ (2020)

Speech and Hearing BC

- Telepractice Document (2019)

College of Audiologists and Speech Language Pathologists of Ontario

- Telepractice Document (2019)

Ontario Association of Speech Language Pathologists and Audiologists

- Telepractice Resources



SLP

Associations and Regulatory Bodies

ASHA other governing bodies

- Guidelines and Resources

Royal College of Speech and Language Therapists

- <https://www.rcslt.org/members/delivering-quality-services/telehealth>

New Zealand Speech-language Therapists' Association

- <https://speechtherapy.org.nz/info-for-slts/information-regarding-covid-19/>

Speech Pathology Australia

- https://www.speechpathologyaustralia.org.au/SPAweb/Resources_for_Speech_Pathologists/Professional_Resources/HTML/Telepractice_Resources.aspx?key=311bddee-3dd1-43a2-8a88-6b0189f71d12



SLP

Ethical Considerations

- Practice within our scope
- Clinician needs to be very experienced with:
 - Current guideline for FASD diagnosis
 - Platform (e.g., Zoom, GoToMeeting, DoxyMe, etc.)
 - Assessment materials
 - Engaging clients



SLP

Things to Consider

This will not work for all clients and settings. We need to consider:

- Client's physical and sensory characteristics
- Client's cognitive, behavioural, and motivational characteristics
- Client's communication characteristics
- Client's support resources
- Room and equipment



SLP Assessment

- Helper
- Equipment
- Presenting stimuli
- Annotation feature



SLP Tests Used

Available from WPS
PresenceLearning*

- OWLS-II
- CASL 2

*currently only available for school-based teams

Available from Pearson
Q-Global or Q-Interactive

- CELF-5
- CELF-P:2

- PPVT-5
- EVT-3



SLP Tests Used

Available from Pro-Ed on RedShelf.com

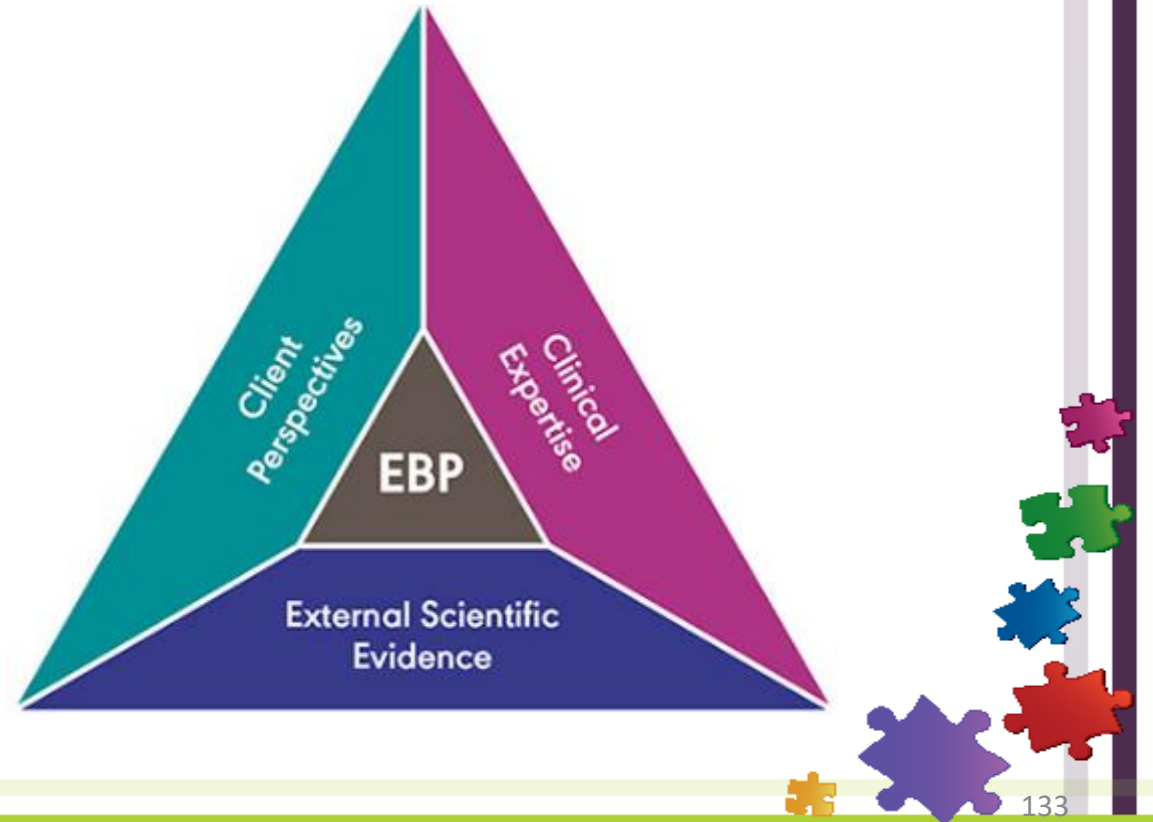
- TOPS 3E: NU
- TOPS 2A
- SLDT A: NU
- SLDT E: NU
- TNL 2

- CREVT 3



SLP Diagnosis

- If we cannot report standardized scores, how do you diagnose ?
- Evidence Based Practice
- Challenges



References – College Documents

- https://www.sac-oac.ca/sites/default/files/resources/sac_telepractice_position_paper_english.pdf
- <https://www.acslpa.ca/wp-content/uploads/2019/05/Telepractice.pdf>
- <https://www.acslpa.ca/wp-content/uploads/2019/12/Standards-of-Practice-Area-1.0-1.7-Virtual-Care.pdf>
- <https://www.acslpa.ca/telepractice-faqs/>
- <https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>
- <https://www.asha.org/About/Coronavirus-Updates/>
- <https://speechandhearingbc.ca/telepractice/>
- https://www.osla.on.ca/page/PDResources?&hhsearchterms=%22telepractice%22&#rescol_6931203
- http://caslpo.com/sites/default/uploads/files/PS_EN_Use_of_Telepractice_Approaches_in_Providing_Services_to_Patients_or_Clients.pdf?zoom_highlight=telepractice#search=%22telepractice%22



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Thank you for joining the meeting!

Thanks for your participation, and for completion of the survey monkey evaluation which will be sent to you over the next week.

