

## COVID 19 Remote-In-Office Neuropsychological Evaluations

The COVID-19 crisis has impacted the manner in which neuropsychological evaluations can be conducted. The traditional model used for neuropsychological evaluations has relied upon spending face-to-face time with the client. Psychologists vary in the amount of time they spend with a client during an evaluation. Sessions can last between one hour and four hours. The evaluation consists of interviews and the administration of tests that were normed in face-to-face sessions.

COVID-19 has provided physical distancing constraints that do not allow for face-to-face sessions. In the past decade, there has been an insurgence of data regarding assessment via telehealth. Neuropsychologists have used assessments via telehealth to provide convenience and to reduce travel costs to rural communities. Yet, there is great debate regarding test security and data quality. VA Clinics and hospitals have been conducting remote evaluations for a decade. Meta-analysis suggests that for many subtests there may not be a significant difference between face-to-face administration and teleassessment (Brearly et. al, 2017). This data suggests that tele-assessment may produce valid and reliable data for some subtests. However, many studies were conducted in settings in which the client is in an office with a proctor at a hospital or a medical clinic. For example, imagine a psychologist in an office in a major city. In order to assess a client in a rural location, the client drives to a nearby medical center. A room has been setup with video conferencing. There is a staff member who assists the client in the evaluation. The staff member is there to assist with the technology and to hand the client forms or protocols on the psychologist's cue.

The scenario described above is in contrast to a home environment where the client is using his/her own computer, webcam, and internet connection. The client's computer speed, webcam quality, or internet connection are variables that cannot be controlled. Additionally, neuropsychologists have expressed concern that a parent or friend may coach the client, or that a client may be able to search for answers on their computer. It is also important to imagine the myriad distractions that may occur in the client's home environment. It is easy to imagine the evaluation being interrupted by other people or children in the home, pets, cell phones, television, ambient noise, neighbors, or deliveries. It is important to note that these interruptions did not occur in the normative sample, and thus present a threat to the validity of the test data.

Given the challenge accounting for environmental distractions, test safety, coaching, and variable technology, a method for controlling these factors while maintaining social distance would be "remote in-office" evaluations. During the COVID-19 crisis, recommendations have included to stay six feet away from others and to spend less than ten minutes with those from whom you are six feet away. "Remote in-office" evaluations adhere to these guidelines.

## TELE-TESTING SETUP

Upon arrival at the office building, the client's temperature will be checked, they will receive a brief screening of symptoms, and a mask will be provided (if they have not arrived with their own). The patient is led to their own office for the day. The technician and office staff will be wearing masks and social distancing when interacting with the patient.

The client's office is outfitted with a computer, a webcam, and a document camera. The computer is connected to a video conferencing platform. The computer has a full screen feed of the neuropsychologist or psychometrist. The computer is connected to a document camera which provides a live video feed to the clinician. The document camera is pointed at the client's workspace/desk. On the computer, the video conferencing software is set to share the client's document camera feed. This allows the clinician to view a continuous feed of the client's desk. The volume on the client's computer is turned on so that the client can hear the psychologist.

The neuropsychology office hosts the video conferencing session. The neuropsychologist or psychometrist have a view of the client's face and the client's workspace. The neuropsychologist or psychometrist receive an audio feed from the client's computer. By using the share screen feature, or by switching the camera feed, the psychologist can present visual information on the client's computer screen. A limited number of tasks or demonstrations will be provided in person while both parties are wearing a mask and social distancing. These tasks will be limited in time (<10 minutes per task). The client's document camera allows the psychologist to view the client's work to monitor the client's response style and body language. The neuropsychologist will leave response booklets or paper questionnaires for the client to use.

## LIMITATIONS

While this process of "remote-in-office" evaluations addresses the issues of environmental distractions, coaching, technology lag, and test security, it is noteworthy that the suggestions are a modification of standard administration. A major limitation in this process occurs when there are technological issues that the psychologist needs to address. Maintaining physical distance in this setup works as long as the technology works. Without face-to-face interaction, the client may fatigue faster than they would during a face-to-face evaluation. The neuropsychologist will have to carefully screen clients to determine appropriate candidates.

The practice will provide significant sanitation after each assessment.