

The Association of Psychology Training Clinics Assessment Workgroup Assessment training considerations during COVID-19

The **Association of Psychology Training Clinics** (APTC) is the national organization for directors of university psychology training clinics, predominantly in the U.S. and Canada. With a membership of over 200, international affiliates also include clinic directors in Australia, Guatemala, and Egypt. APTC is a member of the umbrella organization, the Council of Chairs of Training Councils (CCTC), created to provide a forum for discussion of issues pertaining to the education and training of pre-doctoral, internship, and postdoctoral level students.

Psychology training clinic directors fulfill multiple roles during their daily oversight of clinics, which primarily serve Clinical, Counseling, and School Psychology doctoral-level programs. Data from the most recent survey of APTC members (Keenan-Miller, 2019) indicates that, in addition to administrative oversight of their clinics, 75% engage in formal classroom teaching (85% of which is at the graduate level) and 90% provide some form of direct clinical supervision. Moreover, 52% of respondents supervise assessments. On average, directors are responsible for almost 20% of the supervision within their clinics. Assessments within APTC member clinics cover the scope of the field, including psychoeducational evaluation of children and adults (75% each), personality assessment (63%), child and adult neuropsychological testing (36% and 38%, respectively), and forensic evaluation (9%).

CONTEXT OF THE CURRENT PROJECT

Assessment is one of the nine Profession Wide Competencies in the Standards of Accreditation (SoA) required for doctoral trainees (APA, 2017b), one of the APA competency benchmarks for professional psychologists (APA, 2011) and is infused throughout the 10 practice domains for school psychologists (NASP, n.d.). Not only is assessment a required training competency for doctoral students (SoA; APA 2017b), it also is a core professional activity for clinic directors, many of whom have daily oversight of assessment training and serve as assessment supervisors. Given its important role, informal discussion among clinic directors has highlighted the desire for an assessment-focused Working Group within APTC. Furthermore, many directors have expressed the need for a forum to discuss the unique challenges associated with assessment training. In March 2020, as clinics began to shut down and shift to telehealth in response to the novel coronavirus (COVID-19) pandemic, it was time to translate talk into action.

In response to a call in late April 2020 inviting APTC members to join an Assessment Working Group (AWG), 20 clinic directors immediately signed on, in addition to the authors, who serve as co-chairs of the group. Although the AWG will continue beyond the current crisis, the urgent need to resume assessment training dictated the focus of the group's first project. The AWG met weekly through videoconferencing throughout May 2020, and immediately agreed that thoughtful (yet rapid) consideration of ways to resume assessment training and service provision via telehealth was paramount. Identifying ways to continue to teach and develop trainee competency in assessment skills, despite physical distancing, as well as to continue to provide valid assessment services for clients became the overarching aim of the AWG. Within this framework, the safety of students, supervisors, clients, staff, and the broader public was recognized as the highest priority.

Concurrent to the work of APTC's AWG, other professional groups, such as Section IX (Assessment) of APA's Division 12 (Society of Clinical Psychology) and the Inter Organizational Practice Committee (IOPC), an advocacy group for several neuropsychology-focused organizations, were conducting similar efforts. The AWG benefitted from the generosity of many clinic directors who, before and during the process, shared their plans and ideas on the APTC listserv. This document was created as guidance for training clinic directors by APTC members. It is intended to be used in that context, with the hope that engaged in the teaching, training, and supervision of assessment will also benefit.

GOALS OF THE CURRENT PROJECT

During the first meeting, four specific areas of focus were identified by the AWG's Co-Chairs, Mary Beth Heller, Ph.D. and Saneya H. Tawfik, Ph.D., and became the subject of study for four subgroups. These foci, and members of each subgroup, are listed below. Although each member contributed primarily to their subgroup, this document is a collaborative effort from all AWG members who contributed to other areas as well during weekly discussion groups.

1. Teaching Assessment Courses Remotely

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 (This subgroup acknowledges the important contributions of Brady Nelson, Ph.D., of Stony Brook University, to their work.)

4. Safe Return to In-Person Assessment

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In presenting these guidelines, it is important to consider several influences on their utility. Particularly in the realm of returning to in-person assessment, clinic directors are expected to adhere to guidelines from the Centers for Disease Control and Prevention (CDC, 2020), the Occupational Safety and Hazards Administration (OSHA, 2020), state regulations, as well as local regulations, such as those from their university, department, and/or program(s). Policies and procedures should be developed based on the specific community/context and the severity of the

COVID-19 outbreak within that community. It is also important to be mindful that communities of color and other vulnerable populations are disproportionately impacted by this pandemic, and that specific considerations are needed to meet the assessment needs of these populations. This document is not meant to be exhaustive, but aims to provide a starting point for clinic directors as they face decisions about assessment training and practice.

Teaching Assessment Courses Remotely

Within the new landscape of educating and training future psychologists remotely, while much of clinical training has been impacted, psychological assessment has been disproportionately affected. This is especially true because a great deal of traditional training in assessment requires in-person demonstration, observation, and practice administration. APTC developed this resource to help programs think about how best to adapt teaching and training in assessment to distance education. In the development of these resources, general assessment training and competency documents were consulted, as was a representative from Section IX of APA Division 12 (Society of Clinical Psychology) who participated in both groups.

Table 1. Competency-Based Instructional Adaptations

Competency	Typical Educational Procedures	Adapting to Distance Learning
<p>Theoretical Foundational Knowledge</p> <p><u>Topics</u></p> <ul style="list-style-type: none"> ● Psychometrics ● Theories of intelligence ● Ethical and legal issues 	<ul style="list-style-type: none"> ● Often in separate courses (psychological measurement, ethics) ● Articles/readings ● Lectures ● Videos ● Discussions ● Case consultations (e.g., discussion with experts) 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> ● Articles/readings ● Lectures ● Videos ● Discussions ● Case consultations <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> ● N/A <p><u>Evaluation</u></p> <ul style="list-style-type: none"> ● Contribution to discussions ● Quizzes/student-developed quizzes ● Class presentations (psychometrics of specific tests; ethical issues) ● Ethical vignettes (can utilize breakout rooms), such as dual roles, evaluation outside of competency, etc.
<p>Context/ Diversity</p> <p><u>Topics</u></p>	<ul style="list-style-type: none"> ● Articles/readings 	

<ul style="list-style-type: none"> ● Limitations of tests ● Normative groups ● Traditional definition of bias vs. multicultural perspective ● Context of data within culture 	<ul style="list-style-type: none"> ● Lectures ● Case examples ● Discussions ● Case consultations (e.g., discussion with experts) 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> ● Articles/readings ● Lectures ● Case examples ● Discussions ● Case consultations <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> ● N/A <p><u>Evaluation</u></p> <ul style="list-style-type: none"> ● Contribution to discussions ● Quizzes ● Presentations (culture/diversity issues; special populations, tests considering diversity) ● Diversity vignettes (can utilize breakout rooms) ● Reaction/reflection papers
<p>Relationships</p> <p><u>Topics</u></p> <ul style="list-style-type: none"> ● Rapport ● How relational factors influence testing ● Differences between demeanor in assessment and therapy 	<ul style="list-style-type: none"> ● Readings ● Discussions ● Role-plays 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> ● Readings ● Discussions <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> ● Role-plays in dyads/triads in tele-platform breakout rooms <p><u>Evaluation</u></p> <ul style="list-style-type: none"> ● Online/video role-plays ● Quizzes (e.g., effects on testing)
<p>Clinical Interviewing</p> <p><u>Topics</u></p> <ul style="list-style-type: none"> ● Rapport ● Working alliance ● Counseling skills applied to interviewing ● Structured vs. unstructured clinical interviews 	<ul style="list-style-type: none"> ● Lectures ● Readings ● Discussions ● Role-plays 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> ● Lectures ● Readings ● Discussions <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> ● Role-plays in dyads/triads in tele-platform breakout rooms ● Completing online training opportunities with structured instruments

		<u>Evaluation</u> <ul style="list-style-type: none"> ● Online/video role-plays ● Mock clients/volunteers (via tele-platform)
Selecting Tests <u>Topics</u> <ul style="list-style-type: none"> ● Information to consider (psychometrics, use with diverse populations, appropriateness for addressing referral questions) 	<ul style="list-style-type: none"> ● Lectures ● Discussions ● Case examples ● Test reviews 	<u>Easily Translated to Online Learning Format</u> <ul style="list-style-type: none"> ● Lectures ● Discussions ● Case examples <u>Alternative Considerations</u> <ul style="list-style-type: none"> ● N/A <u>Evaluation</u> <ul style="list-style-type: none"> ● Participation in discussions (e.g., give background information and enumerate what tests might be appropriate and why) ● Presentations (e.g., researching a test and when it should and should not be used; compare and contrast similar tests/measures) ● Quizzes
Applying Tests-Administration (See Table 2 for additional resources) <u>Topics</u> <ul style="list-style-type: none"> ● Cognitive ● Achievement ● Developmental ● Neuropsychological ● Personality, emotional, and behavioral measures 	<ul style="list-style-type: none"> ● Lectures ● Readings ● Observations of demonstration/ videos ● Discussions ● Role-play practice 	<u>Easily Translated to Online Learning Format</u> <ul style="list-style-type: none"> ● Lectures ● Readings ● Demonstration of <i>non-cognitive/performance-based/interactive measures</i> (e.g., self-report, collateral-report) ● Videos to observe ● Discussions <u>Alternative Considerations</u> <ul style="list-style-type: none"> ● Consider postponing demonstration and role-play practice of cognitive and other performance-based interactive

		<p>measures (e.g., achievement, Rorschach, neuropsych)</p> <ul style="list-style-type: none"> • Consider doing virtual mock administrations via role-play practice for cognitive and other performance-based interactive measures, e.g., using shared screen and using online test materials and other digital platforms. <i>If considering this option, be mindful of potential implications of training students in this way (before they are trained to do standard administration), including instilling bad habits and implying that standardized administration is not important. Remember that students will ultimately need additional training in standardized administration procedures.</i> <p><u>Evaluation</u></p> <ul style="list-style-type: none"> • Quizzes (e.g., common administration errors)
<p>Coding/Scoring Tests</p> <p><u>Topics</u></p> <ul style="list-style-type: none"> • Applying coding schemes of individual tests • Accuracy in scoring 	<ul style="list-style-type: none"> • Lectures • Readings (manuals, etc.) • Guided/group practice • Take-home practice 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> • Lectures • Readings (manuals, etc.) • Guided/group practice • Home practice <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> • N/A <p><u>Evaluation</u></p> <ul style="list-style-type: none"> • Coding/scoring of video recorded administration • Coding/scoring of filled out record forms • If administering virtually, coding/ scoring the practice administrations
<p>Interpretation of Tests</p> <p><u>Topics</u></p>	<ul style="list-style-type: none"> • Readings 	

<ul style="list-style-type: none"> ● Standard interpretation of individual tests ● Context for alterations in standard interpretation of individual tests 	<ul style="list-style-type: none"> ● Lectures ● Discussions ● Mock cases ● Volunteer cases 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> ● Readings ● Lectures ● Discussions ● Mock cases <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> ● May not be able to use volunteer cases if cannot administer tests on them, but may be able to use data from past volunteers <p><u>Evaluation</u></p> <ul style="list-style-type: none"> ● Interpret sample test data ● Edit sample reports (i.e., find and correct errors) ● Contextualize sample test data interpretations within culture and context of a specific case (i.e., vignette) ● If administering virtually, interpretation of the practice administrations
<p>Integration of Data and Conceptualization</p> <p><u>Topics</u></p> <ul style="list-style-type: none"> ● Contextualizing data within culture and context ● Triangulating data from multiple sources ● Reconciling data discrepancies 	<ul style="list-style-type: none"> ● Readings ● Lectures ● Discussions ● In-class group practice ● Take-home mock cases ● Volunteer cases 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> ● Readings ● Lectures ● Discussions ● “Take-home” mock cases <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> ● In-class group practice may utilize tele-platform breakout rooms ● May not be able to use volunteer cases if cannot administer tests on them, but may be able to use data from past volunteers <p><u>Evaluation</u></p> <ul style="list-style-type: none"> ● Integrate and conceptualize with sample intake/interview summary and test data ● In-class and take-home mock cases

<p>Clinical Decision Making</p> <p><u>Topics</u></p> <ul style="list-style-type: none"> ● Diagnosis ● Evidence-informed treatment recommendations 	<ul style="list-style-type: none"> ● Often also in separate courses (psycho-pathology) ● Lectures ● Readings (including DSM-5) ● Demonstration ● Discussions ● Mock cases ● Volunteer cases 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> ● Lectures ● Readings (including DSM-5) ● Demonstration ● Discussions ● Mock cases <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> ● May not be able to use volunteer cases if cannot administer tests on them <p><u>Evaluation</u></p> <ul style="list-style-type: none"> ● DSM-5 trivia quiz (important details/rules)
<p>Communication</p> <p><u>Topics</u></p> <ul style="list-style-type: none"> ● Writing integrative reports for multiple audiences ● Providing feedback 	<ul style="list-style-type: none"> ● Lectures ● Readings (including sample reports) ● Mock cases (writing) ● Volunteer cases (writing) ● Demonstrations (of feedback sessions) ● Role-plays (of feedback sessions) 	<p><u>Easily Translated to Online Learning Format</u></p> <ul style="list-style-type: none"> ● Lectures ● Readings (including sample reports) ● Mock cases (writing) ● Demonstrations (of feedback sessions) ● Discussion of contextual factors that can influence feedback (e.g., is child present, writing for schools or doctors) <p><u>Alternative Considerations</u></p> <ul style="list-style-type: none"> ● May not be able to use volunteer cases if cannot administer tests on them ● Role-plays in dyads/triads in tele-platform breakout rooms <p><u>Evaluation</u></p> <ul style="list-style-type: none"> ● Write-ups of sample data/mock cases ● Identify inaccuracies in a sample report and 'fix' them ● Online/video role-plays (of feedback sessions)

Table 2. Additional Educational Resources for Applying Tests and Administration Competencies

- Consider teaching administration procedures for subtests/tasks that do not require stimulus materials or manipulatives.
- Consider developing quizzes and exams that include items on basal, reverse and discontinue rules, and prompts on how a student would respond to various situations, etc.
- Consider developing videos of administrations with errors to identify and correct.
- If the course sequence is cognitive assessment (Fall) followed by personality assessment (Spring), consider swapping them (as more cognitive tests require hands-on training).
- WISC-V administration webinars: Visit PearsonClinical.com/WISCVTraining and enter code newWISC. Enter the requested information on the next page that appears (name, email, and company). Once logged in, click on the “Attachments” tab on the left, followed by “URLs for WISC-V Training Modules.” You will be directed to a new page with a PDF with detailed instructions for accessing the various training modules.
- Digital manuals and stimulus books:
 - <https://www.pearsonassessments.com/professional-assessments/digital-solutions/telepractice/about.html>
 - <https://info.riversideinsights.com/riverside-insights-clinical-covid-19-resources?hsCtaTracking=481c3398-405e-4246-8f2e-179af4ae0972%7C8e4eddc1-f3a4-4ea7-aac4-063d6a993852>
 - <https://pages.wpspublish.com/telepractice-101>
 - <https://www.parinc.com/Using-PAR-digital-assessments-during-the-COVID-19-crisis>
 - <http://info.mhs.com/telepracticetoolkit>

Practicum Training and Supervision in a Telehealth Environment

In designing adaptations to practicum training and supervision in a telehealth model, adequate attention to both training needs and best practices in assessment services is a delicate balance. Ethical guidelines in testing, developmentally appropriate training considerations, as well as safety, must be considered.

Training Concerns and Recommendations

Training in assessment has become increasingly challenging during the pandemic, particularly in regards to preparing beginning students to learn and administer IQ and achievement tests remotely with fidelity. Teaching standardized assessment for remote delivery, in particular, has necessitated development of creative solutions to train students in administering, scoring, and interpreting tests. Effective strategies are needed for training both new and experienced student clinicians in remote administration (See Tables 1 and 2).

Peer Mentors. One strategy is to utilize a peer “mock client” model, in which the less experienced trainee administers tests remotely or through physical distancing to the more advanced peer. Such administrations could be recorded and reviewed with supervisors. Another

effective strategy may be observation of peer mentors by beginning students. Advanced students who were trained in standardized test administration and are peer mentors could also be trained in a responsible and ethical manner in remote test administration. Once they are trained, beginning students may benefit from a team-based approach, in which beginning students gather background history and conduct feedback sessions through videoconferencing, while peer mentors administer tests remotely while beginning students observe.

Flipped Classroom. Another effective strategy, as noted in Table 1, is the “flipped classroom” and breakout groups during synchronous video conference class time. In this model, students could complete assigned readings and watch videos about tests (e.g., from publisher’s websites) prior to class, and come prepared with questions. The instructor would then demonstrate the measure and provide examples of de-identified protocols for students to review in small breakout room groups. The instructor could provide specific prompts for students to discuss related to scoring and interpretation to report back to the larger group. Although this technique may work well for personality measures and self-report instruments, it may be less effective for cognitive and achievement tests, given their complex administration rules and standardization demands.

Phased Assessments. The use of “phased assessments” should also be considered. In a phased assessment approach, the clinician carefully considers which tests must be completed in person and what aspects of the assessment can be completed remotely (e.g., interviews, behavior rating scales). Students will benefit from learning the process of determining how to adapt the sequence of testing to this approach.

Test Standardization. Training in non-standardized methods of test administration is a concern, particularly for beginning students. Training guidelines (e.g., APA Competency Initiatives in Professional Psychology, 2009) dictate that graduate students should be trained according to a best practices model. For assessment, this includes adherence to rules of test standardization. As has been discussed previously, COVID-19 may necessitate the need for non-standardized administration of some tests. In determining what any adaptations to administration should look like, clinic directors may consider the following issues: Should graduate students be trained in non-standardized test administration? If not, what should a trainee’s role be in the assessment process? How do we assure that graduate students are well prepared in assessment and have met all benchmarks and requirements for progression in their programs?

Flexibility in Participation. Even when face-to-face testing is again permitted, some students may not feel comfortable seeing clients in person for personal reasons that they do not wish to disclose. Comfort and safety strategies to support students need to be considered, especially with those who are new to psychological assessment. If it is not feasible to conduct assessments for a period of time, but students are required to enroll in an assessment practicum, consider alternative training exercises (e.g., fact-finding based on prior cases completed in the training clinic). Programs may wish to consider giving students the option to pause or postpone participation in clinical practice during the pandemic and, alternatively, utilize other creative training tools to continue to develop competencies in assessment. See Tables 1 and 2 for additional training ideas.

Developmental Considerations. Consider the competency and developmental level of trainees, as this will determine what level of support each will need in navigating these uncertain waters. Beginning trainees will need more, and different, support than advanced graduate students. Flexible and creative thinking will be necessary to meet the different needs of trainees (e.g., pairing advanced students with beginning students; lateral supervision). In doing this, consider

whether the program's typical processes of training, such as having beginning trainees observe more advanced students, are viable under new protocols. If not, consider using available technology, such as remote viewing, as a potential solution.

Technology. The coronavirus pandemic has served as a catalyst to introduce training in the developing professional skills related to telepsychology and tele-assessment, as well as increasing students' overall technical competence with the hardware, video conferencing platforms, and testing software required. Most students would benefit from training in specific HIPAA-compliant telehealth platforms. Who will train the students? Will "share screen," "whiteboard" features, or recording be allowed? Consultation with IT services is advised in order to determine what kind of technology would be helpful in developing alternative plans for supervision and provision of services. For example, as noted above, students may be able to observe assessments virtually if technology allows for it. It is important to note that these may or may not be different from technology implemented to facilitate telehealth services. Be aware that many organizations and businesses are granting free trials for their products during the coronavirus pandemic.

Supervision Concerns and Recommendations

Supervisor competency. Prior to supervision, specific training (e.g., webinars, review of APA telepsychology guidelines, publisher guidelines) related to introducing and supervising telehealth work, tele-assessment, and the additional competencies related to remote and/or physically distant test administration will be necessary.

Direct Observation. The inability for supervisors to observe assessment administration in remote and physically distanced sessions may be a challenge. There appear to be variations in practice across training clinics for storing session recordings, such that the ability to review recordings of remote assessments will vary. Some clinics report allowing electronic storage of sessions (e.g., in HIPAA compliant cloud-based storage), while others prohibit the practice due to security concerns. In such cases, direct observations by supervisors may have to occur remotely, in real time, if sessions are not recorded (e.g., supervisors may receive an invitation to "join" a session), which places greater time demands on supervisors. Furthermore, supervisors in training clinics should collectively consider methods that are ethically responsive and supportive of trainees conducting assessments (APA Ethics Code, Section 9; APA, 2017a). If the clinic's informed consent includes permission for recording sessions, determine how supervisors will observe remote assessments and/or those conducted in a physically distant manner.

Licensing Board Requirements. State licensing Boards may limit telehealth services. Clinic directors should be knowledgeable about requirements in their state, which may regulate tele-supervision of psychology trainees. For example, some states may require Board approval and place limitations on when tele-supervision can be used, such as limiting it to trainees that have already completed at least one practicum. It may be helpful for directors and supervisors to advocate for regulations that ensure the best oversight and best safety practices for trainees and supervisors, if these are not already in place.

Resources for tele-assessment training and supervision to help determine best practices

Article:

Alisha Desai, A., Lankford, C. & Schwartz, J. (2020). With crisis comes opportunity: Building ethical competencies in light of COVID-19, *Ethics & Behavior*.

<https://doi.org/10.1080/10508422.2020.1762603>

Websites:

APA Ethical principles of psychologists and code of conduct: <https://www.apa.org/ethics/code/>

APA Guidelines for the Practice of Telepsychology:
<https://www.apa.org/pubs/journals/features/amp-a0035001.pdf>

ASPBB-APA Telepsychology Guidance:
<https://www.google.com/url?q=https://www.asppb.net/page/Telepsych&sa=D&ust=1592096533604000&usq=AFQjCNFR63B7qmAl3cLpHuK9Sj7sQVXQw>

APA Guidance on Psychological Tele-Assessment:
<https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19>

APA/Riverside Insights [webinar](#) on the ethical practice of tele-assessment

<https://www.apa.org/topics/covid-19/psychological-assessment-training>

Videos:

Telepsychology Best Practices 101 Series:
<https://apa.content.online/catalog/product.xhtml?eid=15132>

Free Home Study TeleHealth Videos: <https://jungchicago.org/blog/tcspp-free-home-study-ce-webinars/>

Conducting Psychological Assessment in a Telehealth Environment

As the COVID-19 pandemic has posed unique challenges for clinical training and practice, assessment has been particularly impacted by the move toward remote instruction and practice. Several test publishers (e.g., Pearson Assessment, Riverside Insights) have responded by making copyrighted test materials available for remote access and administration. However, there are still no overarching guidelines for professional psychology training clinics, which must balance multiple competing factors (e.g., training requirements, the use of reliable and valid assessments, adjusting to the evolving dynamics of the pandemic). Below are suggestions for testing during this unprecedented crisis.

Approaches to Clinical Assessment

Three approaches have been identified for conducting clinical assessment. There is no one-size-fits-all approach and each option might be appropriate for any given clinic based on the current circumstances, resources, and both training and client needs. In addition, there may be state guidelines regarding the allowable breadth of telehealth psychological assessment, both during the COVID-19 emergency and across time. Three approaches to assessment during a pandemic are presented below.

Remote Administration. All clinical assessment and testing is done remotely via a combination of platforms and resources. This approach maximizes physical distancing and minimizes risk of infection, and is likely most appropriate for clinics that are in highly-impacted areas and/or when

in-person clinical practice is currently not available. This approach will require remote access to testing materials that might be available online (e.g., instruction manuals, stimuli books) from test publishers or that need to be accessed from the clinic (e.g., record forms). This approach also has the most technological requirements, including the ability to conduct web conference calls with clients through HIPAA-approved platforms (e.g., Zoom for Healthcare, Google Hangouts Meet), the ability for the clinician to access at least two computer monitors and a printer to administer the tests, and the need for the client to have access to a computer, high speed internet, and possibly a web camera. As noted above, the clinician will also need additional training and practice in technological set-up and trouble-shooting and, for child clients, an administration assistant (e.g., a parent) will also need to be available. This approach emphasizes the use of digital/online administration of assessment tools (i.e., online vs. paper-and-pencil questionnaires). **Benefits** include the ability to conduct clinical assessments and testing in highly-impacted areas, minimize infection risk, and evaluate individuals who are not mobile or able to visit a clinic. **Limitations** include increased technological requirements, inevitable technological glitches, additional training requirements, concerns regarding test security maintenance if exchanging response booklets with the client through the mail, and the potential for administration of an instrument in a non-standardized manner.

Hybrid Administration. A combination of both in-person and remote testing. All testing that can feasibly be done remotely is done so to minimize risk. Examples include diagnostic interviews, questionnaires, verbally- and visually-mediated performance measures (e.g., WAIS-IV Matrix Reasoning and Digit Span), and computerized performance measures (e.g., continuous performance tests). A single in-person visit is held to collect observational and performance-based measures that cannot or should not be completed remotely (e.g., WAIS-IV Coding), with a particular emphasis on measures of processing speed, motor functioning, and/or mathematics. Hygienic procedures and personal protective equipment (PPE) (as suggested by APA, May 2020) must be in place to conduct in-person assessment (please see page 19 for further considerations). **Benefits** include the ability to collect performance-based measures in-person and reduced technical requirements for the clinician and client. **Limitations** include increased risk for infection, additional training requirements, as well as the potential for non-standardized administration of an instrument.

In-Person Administration. All performance-based tests are conducted in-person with adequate and approved hygienic procedures and safety precautions in place (see page 19 for further details and considerations). Only essential personnel should be present during the evaluation. Interviews, self-report measures (as appropriate), and feedback sessions occur via telehealth. Assessment services may be limited, (e.g., for specific age groups, for specific testing questions, clients without significant behavioral/emotional dysregulation), given the restrictions that physical distancing requirements place on the ability to administer many tests that require close contact with clients. To reduce unnecessary in-person visits, the testing plan is based on and informed by the overall purpose of the assessment for each client. For example, if the purpose of testing is to inform the treatment for ASD-related problems (i.e., psychodiagnostic), self/other-report measures and an interview may be sufficient, but it would not be appropriate to administer an ADOS. If the purpose of testing is for accommodations (e.g., for Specific Learning Disabilities), a minimum necessary amount of in-person testing may be required. Additionally, if the testing is to update a prior evaluation, then historical information may be used directly to corroborate diagnostic and interview conclusions. This would decrease the need for a battery of multiple scales to assess one syndrome. For example, updating an ADHD assessment for a client whose diagnosis was well-established in the past may require fewer ADHD symptom scales than an ADHD evaluation with a client who was never diagnosed with ADHD. **Benefits** include test administration that more closely resembles standardized administration, which is especially important for a beginning

trainee's experience, and reduced technical requirements. **Limitations** include exposure to the greatest risk for infection and reduced number and types of measures completed.

For both hybrid and in-person assessments, because of the limitations that the use of PPE introduces, clinic directors may need to limit what tests and measures can be administered and what assessment questions can be validly answered. Brief screening assessments may need to replace standard comprehensive evaluations that can take up to several hours over multiple days to complete. Unfortunately, relying on abbreviated evaluations limits the clinician's ability to provide a confident diagnosis. It is uncertain whether clients will be interested in pursuing an assessment if the information provided at the end of the process is limited, as the typical assessment client is seeking detailed answers and recommendations. Consider whether, and how, trainees will be able to use tests that typically involve an exchange of materials between the test administrator and the client (e.g., WISC/WAIS blocks, achievement test response booklets and pencil).

Whatever approach is chosen, the need for cautionary interpretative statements in the psychological report needs to be communicated. The report should clearly reflect the non-standardized testing procedures, whether it be through the administration of more abbreviated assessments, the use of non-standardized assessment practices, or statements about inconclusive findings. Moreover, psychological factors related to the client's psychological response to the pandemic (e.g., stress, anxiety, distraction) and/or the clinic's new health and safety protocols (e.g., use of face masks) that may have affected the client's test performance should be clearly explained. The statement should also include a caveat about the impact of these factors on the validity and generalizability of assessment conclusions. There is a very real possibility that community service providers, K-12 school systems, and even the universities in which clinics are housed may not accept assessment results under these conditions. Responsible client care dictates that clients be forewarned about this possibility prior to committing to the time and expense of psychological assessment. Finally, it is critical that attention be given to ethical and evidence-based assessment principles. These include, but are not limited to, reviewing equivalency data for online test administration and ensuring test security (e.g., the decision to exchange test booklets by mail). Consider focusing on the use of tests, questionnaires, and rating scales that have already been well-established for online use.

Resources for tele-assessment administration

As noted in Table 1, many publishers have made tele-practice guidelines and testing resources available on their websites. These include (but are not limited to):

MHS Assessments:

<https://mhs.com/clinical-assessments/online-assessment-center/>

Pearson Assessment:

<https://www.pearsonassessments.com/professional-assessments/digital-solutions/telepractice/about.html>

<https://www.pearsonassessments.com/professional-assessments/blog-webinars/webinars/2020/05/using-q-global-to-access-digital-materials-and-administer-assess.html>

Using *QGlobal* for tele-assessment:

<https://www.youtube.com/watch?v=vq6kWPq6U3w&feature=youtu.be>

Riverside Insights:

https://info.riversideinsights.com/riverside-insights-covid-19-resources-directory?utm_referrer=https%3A%2F%2Fwww.riversideinsights.com%2F

Hub of multiple resources related to *remote assessment*:

<http://riversideinsights-7083436.hs-sites.com/clinicalpd>

WPS:

<https://pages.wpspublish.com/telepractice-101>

Safe Return to In-Person Assessments

One of the most pressing issues facing clinic directors is the decision about when to reopen their clinic. Certainly this determination should be made in consultation with other personnel, including departmental administration and other university officials. Many factors will go into the decision to reopen the clinic, several of which are outlined below.

Environment and Equipment

It will be important for clinic directors to review guidance from the CDC (2020) and state health departments regarding a phased reopening in the coming weeks/months. It will also be essential to follow all of the recommended hygiene and cleaning procedures to ensure overall appropriate sanitation of physical spaces. Consider coordinating with other on-campus clinics (e.g., student health center, counseling center) to find out what hygiene and sanitation protocols each is putting in place. Streamlining these procedures across campus may save time and increase consistency for students and staff. Specific recommendations that may be of use include:

Increase physical distancing and limit density in public and private clinic spaces.

Determine if the clinic's physical space is conducive to the altered testing procedures that may be necessary. For example, are rooms large enough to maintain six feet of separation? How large is the clinic's waiting room? Are there windows and/or appropriate ventilation? Is the clinic shared by other programs? Will client appointments be staggered and/or will specific programs be assigned different days? Will family members be allowed to accompany clients? Will there be a specific flow pattern for individuals in the clinic (e.g., enter through one door and exit through another)?

Implement hygiene protocols. Develop hygiene protocols (e.g., frequent handwashing, use of facemasks) for staff and clients to follow and post these in multiple locations. Determine who is responsible for purchasing PPE. Be aware that there are varying levels of PPE *quality*. Decide if a specific kind of face mask will be required. If so, what kind? Will the clinic be responsible for providing facemasks to all staff and clients, or will individuals need to supply these themselves? Will the university bear this cost? Identify procedures to implement should clients *not* bring the required PPE to the clinic. For example, if clients are responsible for bringing their own facemasks and they forget, will they be provided with one or will they need to reschedule? Will other types of preventative equipment (e.g., plexiglass dividers, UV-C light) be used? (Be aware that the effectiveness of such materials may be limited, as they may provide a false sense of comfort or security to trainees, faculty, and/or clients). Consider what training will be needed for students and staff to consistently implement these protocols.

Implement appropriate cleaning and sanitation protocols for test administration. Determine procedures for the management and hygiene of test materials and who will be responsible for this work (e.g., Work Studies, Clinic Assistants, trainees). Test publishers and organizations have specific instructions for disinfecting materials and sample checklists (e.g., Pearson, 2020; <https://iopc.online/>).

Implement systematic symptom screenings and monitor workforce health. Determine what steps will be taken to monitor client and staff symptoms. For example, will temperatures be screened upon arrival? Will students, clients, staff, and/or faculty be required to complete a symptom screen prior to coming to the clinic? If so, who is responsible for conducting these screenings? How will this be tracked? What is the threshold that will necessitate rescheduling an appointment? Confirm with the university what steps will be followed if there is a suspected or confirmed exposure within the clinic and how this will be communicated, including consideration of client confidentiality.

Examinee Considerations

Physical distancing. Consider ways in which needs of diverse clientele influence how physical distancing will be maintained. Physical distancing is particularly difficult with young children. It is unlikely that very young children and some older clients with developmental delays will be able to follow physical distancing guidelines. Decide if the clinic will be able to resume services with clients of all ages, or if some assessments (e.g., those for very young children) need to remain on hold. For example, physical distancing requirements preclude administration of the ADOS, such that some supervisors may decide that autism-specific referrals will be deferred for the time being.

Personal protective equipment. Consider whether alterations to the clinic's typical testing format or batteries are necessary to accommodate the realities and restrictions of PPE. Notably, face masks are problematic for some psychological assessments. Young children may be unable to wear masks appropriately and for the sustained length of time that would be required during testing. In addition, because face coverings limit clarity of speech, testing clients with suspected auditory processing disorders or documented hearing loss may not be appropriate. Asking clients to wear gloves is also problematic given their potential impact on motor control which, in turn, can affect performance on tests that require the use of manipulatives or writing implements.

Health and Safety Considerations

Clinic directors will decide to resume in-person services based on numerous considerations, including their university, local authority, and state regulations. Issues to consider include the extent to which in-person services will resume (e.g., therapy services may precede assessment), the sequence with which trainees and clients may return to the clinic (e.g., state or university phased reopening plan), and how each of these decisions may impact the training and supervision of student clinicians. It will be important to consider how to communicate these changes to the students.

Trainees' return to clinic. Once university guidelines allow in-person clinical activities on campus, consider if it is appropriate to ask graduate students to return to the clinic if, at the same time, the university has *not* resumed in-person classes. Consider whether expecting/allowing trainees to conduct in-person assessments poses an unnecessary risk to their health. If it is decided that trainees are allowed to conduct in-person assessments, determine in conjunction

with university legal counsel the best way to address student needs, safety, and inherent risks. As students make individual decisions as to whether or not they will engage in training activities (e.g., register for clinic practicum), clinic directors or programs may want to solicit students' intentions well enough in advance to plan appropriately for the number of assessment clients the clinic can accept and the amount of materials needed to support practicum training.

Requests from students. As noted above, consider how the clinic will handle individual requests from students to not participate in in-person training due to personal health risk or other factors (e.g., a student with severe asthma, or one who cares for a medically fragile family member). While there is a need to be sensitive and accommodating to trainees who wish to opt-out, clinic directors must also be realistic with students about the consequences this might have on their progress, and encourage students to discuss this matter with their advisor and/or Director of Clinical Training. On the other hand, trainees may feel pressure to resume in-person assessments services and choose the pursuit of contact hours over risks to their personal safety. Consider ways to reduce the burden of the power differential between students and faculty. How can potential barriers be removed to allow for honest dialogue about the potential risks/benefits of returning to in-person clinical work?

Formal Accommodations. Keep in mind the difference between being flexible and providing formal accommodations. The former will almost certainly be required; for example, some students may need to be allowed to opt-out of in-person training due to preexisting health conditions. It will be important to acknowledge the power differential between students and supervisors and fears about negative perceptions from supervisors and peers. Thoughtfully plan communication systems to allow students to communicate their preference, and share reasonable expectations about the consequences of opting-out (e.g., potential for delayed exposure to desired or recommended training opportunities, possibility for reduced number of assessment hours). Requests for more formal accommodations may be more challenging to navigate. It is highly suggested that clinic directors communicate with the disability services office at their university to determine what accommodations can be provided (particularly if the trainee has not formally registered as a student with a disability through the university).

Liability, Consent, and Procedural Concerns

Consent Forms. Resuming in-person services will almost certainly require the development of specific consent forms, which should be reviewed by university legal counsel. A review of the APA Trust's statement on in-person psychological services during the COVID-19 crisis is recommended (see Resources below). Questions to be considered include determining if the university, a supervisor, or a trainee can be held responsible if a client or staff member becomes infected with COVID-19. Additionally, determine the university's or clinic's response plan, should a student, faculty member, staff member, or client be exposed to COVID-19 or become infected (e.g., who is responsible for notification and contact tracing, how will people be notified).

Shared Responsibilities. Once procedures have been developed for the clinic's protocol for hygiene and sanitation, as well as guidelines related to PPE and client screenings, it is highly recommended that these processes be shared with each client *before* they arrive for their appointment. Clinic directors may wish to establish a protocol whereby trainees call clients the days before their appointment to review health screening questions. During this call, explain specific procedures for sanitation and hygiene and expectations related to client and staff use of PPE. It may also be necessary to remind clients of relative risk depending on their health status

and consider that in-person testing perhaps not be done if the client (or their family/roommates) has pre-existing health conditions that could increase risk.

Resources for the safe reopening of clinics

American Professional Agency Reopening Checklist: https://www.americanprofessional.com/wp-content/uploads/APA-ALERT_Nuts-and-Bolts-Re-Opening-During-COVID-19-Checklist.pdf

American Psychological Association (APA) “When is it ok to resume in-person services?”
<https://www.apaservices.org/practice/news/in-person-services-covid-19>

Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

CDC Reopening Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html?deliveryName=DM27407>

CDC: Cleaning and Disinfecting Your Facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Centers for Medicare and Medicaid Services (CMS) Recommendations for Re-opening Facilities to Provide Non-emergent Healthcare: <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

Council of Chairs of Training Councils (2020, March 23). Statement on Education and Training Considerations during COVID-19 Pandemic.
<https://cudcp.wildapricot.org/resources/Documents/CCTC%20Stmt%20-%20Education%20and%20Training%20Considerations%20during%20COVID-19%20Pandemic%20323-20.pdf>

Guidance from Medical and Other Societies: <https://iopc.squarespace.com/guidance-from-medical-and-other-strategies>

The Inter Organizational Practice Committee (IOPC) Making a Decision to Reopen:
<https://iopc.squarespace.com/decision-to-reopen>.

Occupational Safety and Health Administration (OSHA) Guidance on Preparing Workplaces for COVID-19: <https://www.osha.gov/Publications/OSHA3990.pdf>

OSHA Guidance Summary:
https://success.ada.org/~media/CPS/Files/COVID/OSHA_Guidance_on_Preparing_Workplaces_for_COVID-19.pdf

NASP COVID-19 Resource Center: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center>

Pearson Education, Inc. (2020). *Disinfecting test materials*. Retrieved from
<https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/telepractice/disinfecting-test-materials.pdf>

The Trust (2020, May 7). *Factors to consider in reopening in-person psychological services during the COVID-19 crisis*. Retrieved from <https://parma.trustinsurance.com/Portals/0/documents/The%20Trust's%20Statement%20on%20Returning%20to%20In-Person%20Services.pdf>

The Trust (2020, May 19). Sample informed consent form for returning to in-person psychological services. Retrieved from <https://parma.trustinsurance.com/Resource-Center/COVID-19-Resources>

CONCLUDING REMARKS

It is hoped that this document is a starting place from which APTC members can grow in our collective understanding of training and supervision during COVID-19 and other public health crises. Such is an opportunity to come together to utilize director and supervisor expertise to develop creative solutions for training graduate students and supporting their work with clients. Priority must be given to identifying the most thoughtful, ethical, and safe policies and procedures possible. We also acknowledge that these strategies may not fit all clinics and programs. We hope this is the beginning of a conversation in which we continue to add our collective voices to bring recognition and awareness to this critical training competency.

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