Remote Neuropsychological Assessment in the context of COVID-19 Pandemic

The following statement sets out the current position of the Psychological Society of Ireland (PSI) Division of Neuropsychology specifically in relation to remote neuropsychological assessment in the context of the COVID-19 pandemic. It is subject to review as new evidence emerges during this pandemic. This statement should be read in conjunction with the Psychological Society of Ireland Guidelines on the use of Online or Telephone Therapy and Assessment.

The current restrictions and guidance pertaining to physical distancing, infection control (including the wearing of Personal Protective Equipment), and non-essential travel implemented to safeguard public health and the operational capacity of the health service during the COVID-19 pandemic, mean that conventional face-to-face neuropsychological assessment is exceptionally limited or not possible. Although the Department of Health is working toward a phased lifting of these restrictions, in practical terms, it is likely that conventional face-to-face neuropsychological assessment will remain limited at best in the short-to-medium term.

A nascent literature has explored a number of opportunities and possibilities offered by teleconferencing technologies (phone and video) for the remote assessment of neuropsychological functioning (e.g., Schopp et al., 2000). Comparability studies have indicated that some measures have fair-to-excellent validity in remote administration (e.g., Chapman et al., under review; Wadsworth et al., 2018), and evidence indicates that service users indicate a good level of acceptability of online delivery platforms (e.g., Cooney et al., 2020; Parikh et al., 2013). However, many potential limitations also need to be considered. In light of COVID-19 restrictions limiting conventional face-to-face standardised assessment, there has been much discussion internationally and within the PSI Division of Neuropsychology about the application of remote neuropsychological assessment paradigms. On one hand, remote neuropsychological assessment clearly represents a departure from the standardised assessment protocols under which these tools were validated, and from their conventional clinical applications. However, on the other hand, there is concern about how clinical neuropsychologists and other practitioner psychologists can continue to meet the ongoing neuropsychological and cognitive assessment need of service users in a variety of neurological, neurorehabilitation, mental health, and disability settings.

- With this in mind, the Psychological Society of Ireland has published clear general guidance on the use of online or telephone therapy and assessment, setting out the key principles and challenges to be considered for the remote administration of standardised measures. The Guidelines are available here or on the Society’s website.
- The PSI Division of Neuropsychology fully endorses the PSI Guidelines and recommends that clinical neuropsychologists contemplating the remote administration of neuropsychological assessment adhere to the key principles outlined by the PSI for teleneuropsychology assessment.
• Clinical neuropsychologists are strongly advised to consult the comprehensive guidelines specific to teleneuropsychology assessment and therapy published by the American Academy of Clinical Neuropsychology and the British Psychological Society Division of Neuropsychology (links provided below).

• It is important that clinical neuropsychologists work within the limits of their competence at all times, and avail of appropriate supervision (individual, group, peer) and professional learning and development opportunities to support competency development in teleneuropsychology assessment.

• The gold standard remains the standardised, validated administration of neuropsychological assessment measures in conventional face-to-face sessions. However, within current practice restrictions, it may be possible to undertake some, limited neuropsychological assessment remotely, with adherence to PSI and international guidelines, and particular attention to the following:
  o A person-centred approach is taken in considering the suitability of teleneuropsychology assessment on a case-by-case basis, including consideration of factors such as consent (aspects of consent specifically related to teleneuropsychology assessment, e.g., benefits and caveats, in addition to standard protocols), confidentiality, technology (familiarity of both the service user and psychologist with platforms, internet bandwidth, data protection, stipulations in relation to recording assessment sessions and materials, etc.), and environment;
  o The assessment is indicated and timely. This includes consideration of the availability of appropriate psychological/interdisciplinary supports that would normally coincide with neuropsychological assessment and feedback, and the potential for distress arising from the completion of assessment in the absence of, or where there may be delayed access to, these supports. For instance, pre-diagnostic counselling, post-diagnostic supports, and/or pharmacological interventions which might normally be available to older adults undergoing neuropsychological assessment for the differential diagnosis of dementia;
  o It is possible to appropriately answer the referral question using a triangulation approach, drawing on diverse clinical competencies and skills in addition to psychometric assessment (synthesising information from multiple sources: referral information, medical records, brain scans, clinical interview, collateral interview, behavioural observations, neuropsychological assessment measures, etc.);
  o There is consideration of any additional third-party assistance required by certain client groups, such as children or adults or older adults with severe cognitive impairment, intellectual disability, or other additional (e.g., physical or sensory) needs, and how these supports can be implemented without compromising psychometric assessment (e.g., if a parent needs to remain in the room with a child);
  o Due care is given to test selection, considering available validation data, stimulus presentation requirements, and whether any are currently available in digital formats;
  o Assessment stimuli and materials are presented and used in line with current publisher permissions;
There is consideration of how to manage diverse presentations or events that may occur during the assessment session (e.g., neurobehavioural presentations, seizures, emotional distress, suicidal ideation);

- Reports acknowledge teleneuropsychology caveats in the interpretation of neuropsychological measures and in neuropsychological formulation, and any actual or potential limitations for diagnostic conclusions and recommendations are clearly stated. These issues are similarly outlined to services users where verbal feedback is provided.

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Chair on behalf of Division of Neuropsychology Committee 2020
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Further Reading & Resources

- AACN/APA Division 40 (Clinical Neuropsychology)/ Inter Organisational Practice Committee Teleneuropsychology Guidelines: https://iopc.online/teleneuropsychology-guidelines


- BPS Division of Neuropsychology & University Hospitals Bristol NHS Foundation Trust Webinar May 2020: https://youtu.be/8dYSvVScBs


References


