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#### **Disclosures**

#### **Financial**

Dr. Anne-Marie Kimbell and Chris Huzinec are both employed by Pearson.

#### Non-Financial

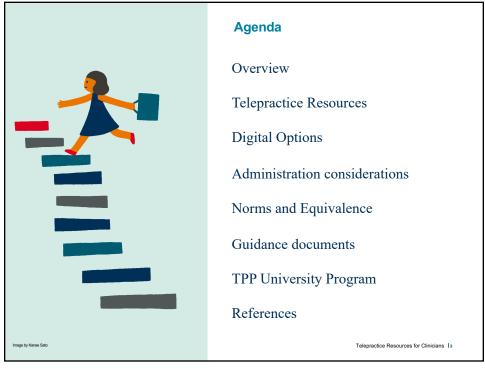
There is no relevant non-financial information to disclose.

#### **Course Content**

Pearson Clinical Assessment is the publisher of the assessments referenced during the presentation.

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#### **Telepractice Information**

The telepractice information on Pearson's website is intended to support professionals in making informed, well-reasoned decisions around remote assessment. This information is not intended to be comprehensive regarding all considerations for assessment via telepractice. It should not be interpreted as a requirement or recommendation to conduct assessment via telepractice.

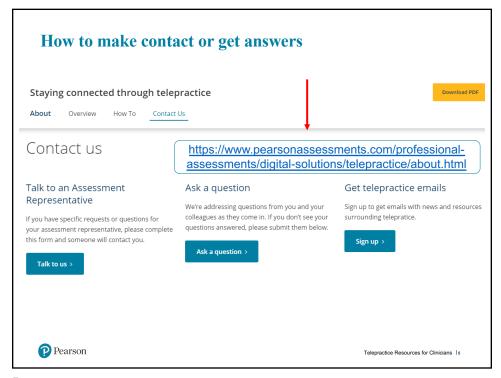
#### Professionals should remain mindful to:

- Follow their own professional best practice recommendations and respective ethical codes
- Follow telepractice regulations and legal requirements from federal, state and local authorities, licensing boards, professional liability insurance providers and payors
- Develop competence with assessment via telepractice through activities such as practicing, studying, consulting with other professionals, and engaging in professional development

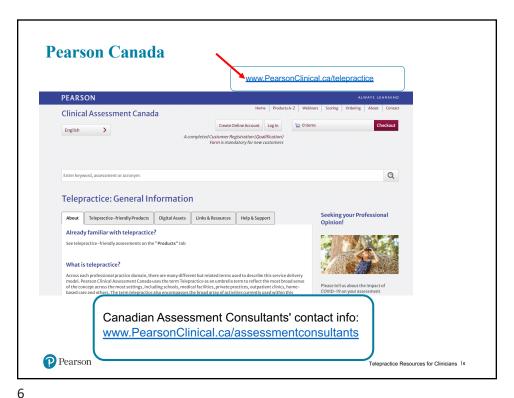
Professionals should use their clinical judgment to determine if assessment via telepractice is appropriate for a particular examinee, referral question, and situation. There are circumstances where assessment via telepractice is not feasible and/or is contraindicated. Documentation of all considerations, procedures, and conclusions remains a professional responsibility

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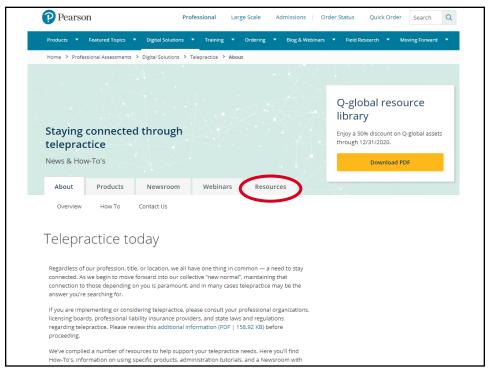


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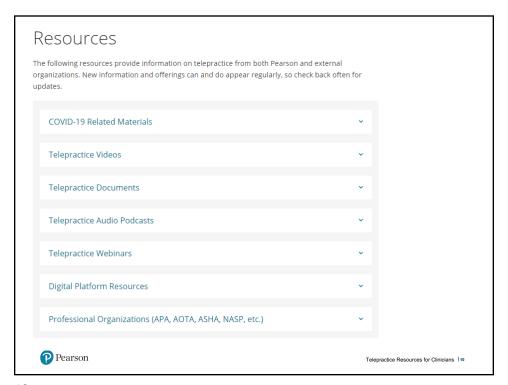


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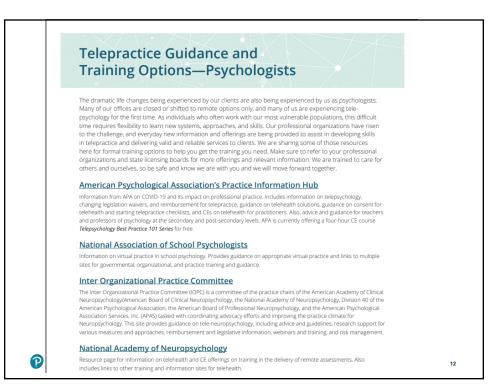


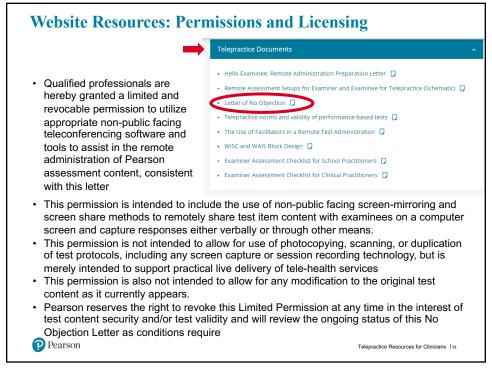
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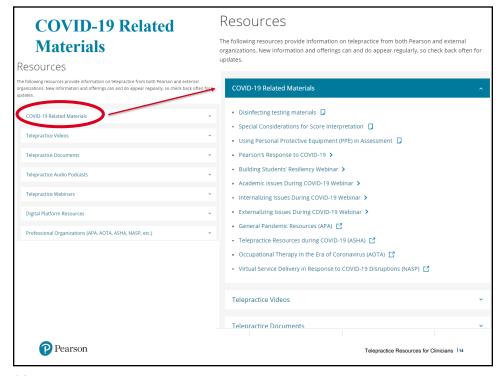


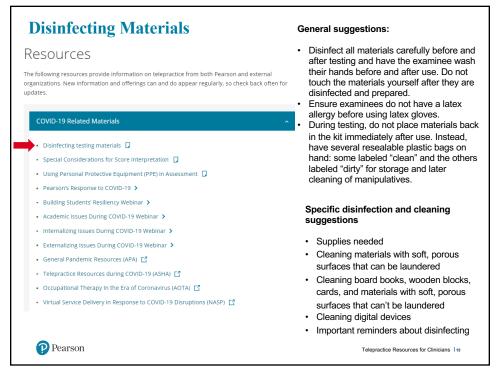
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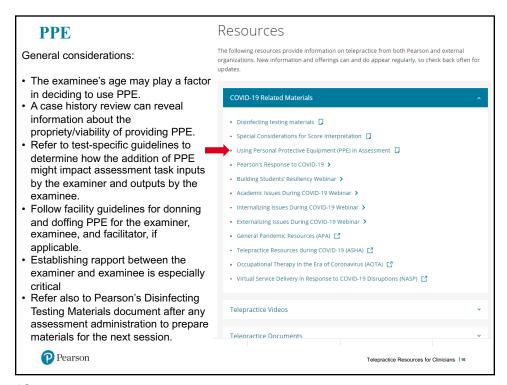


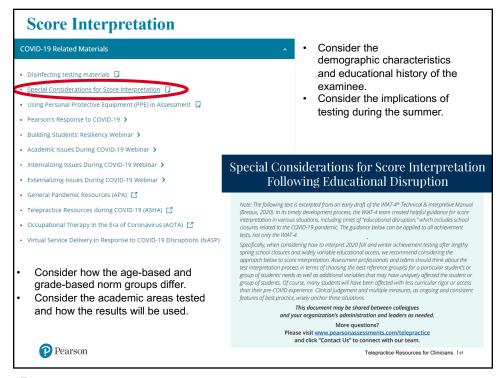
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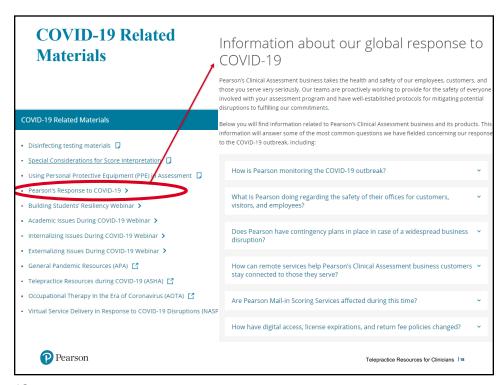


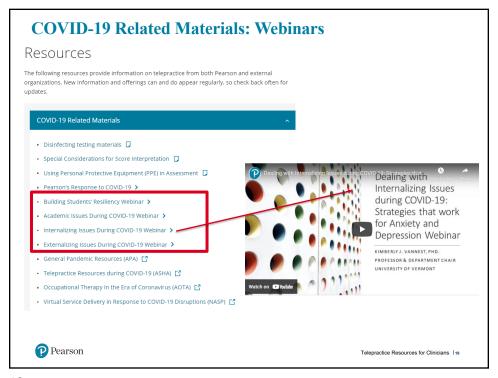
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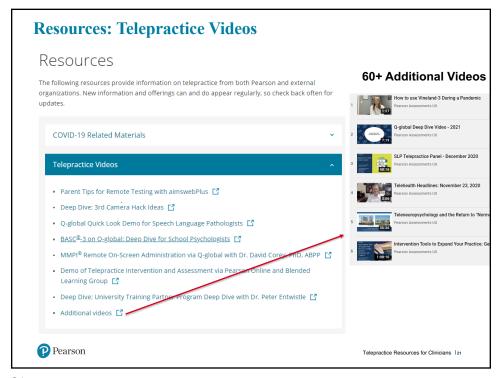
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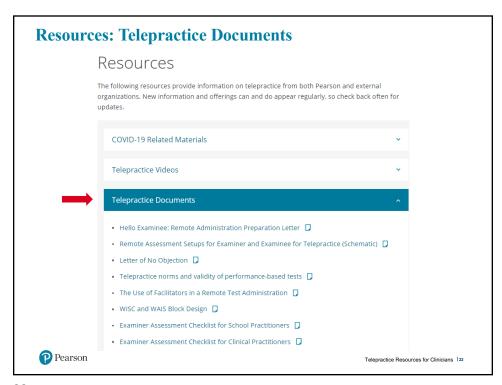


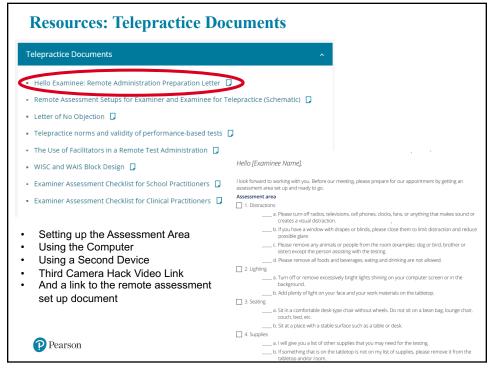
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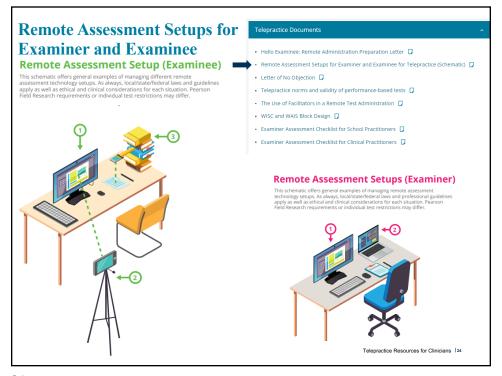


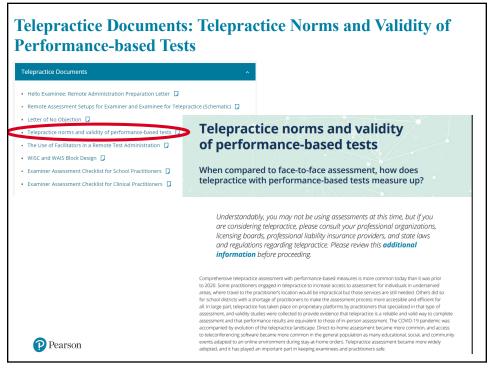
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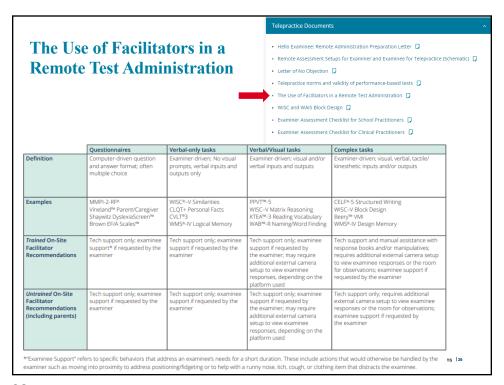


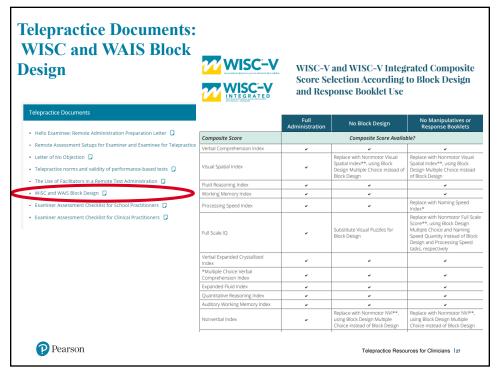
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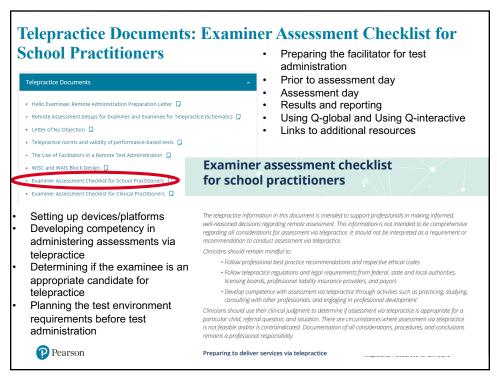


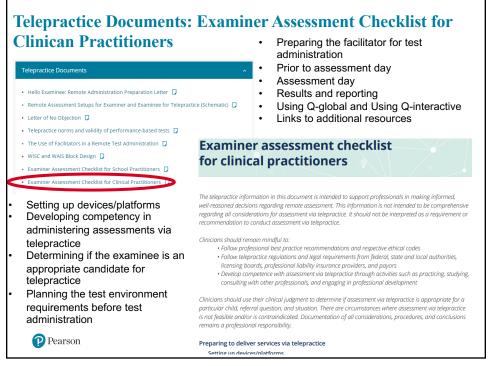
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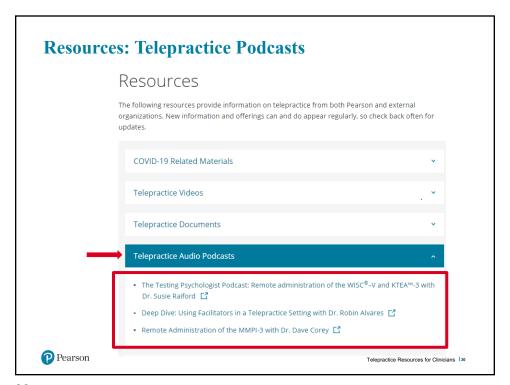


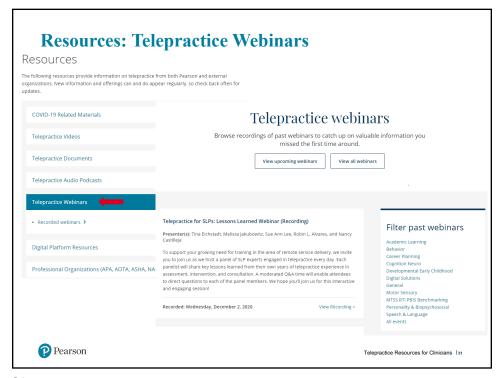
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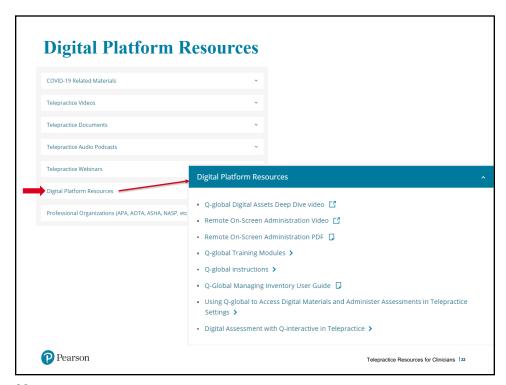


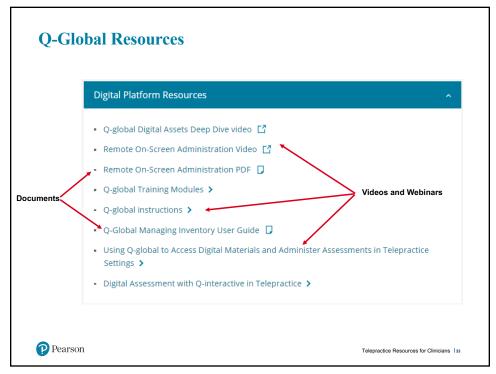
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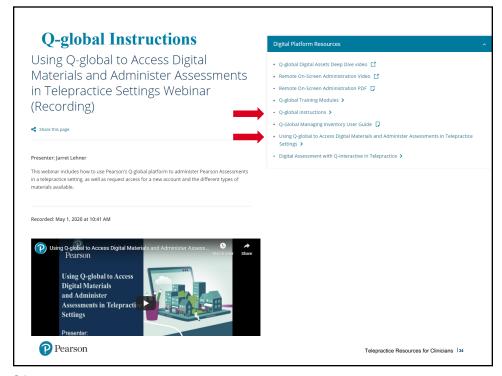


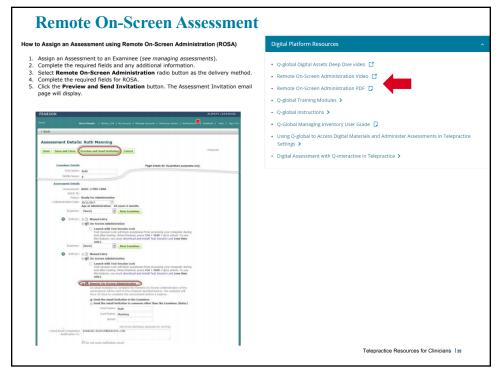
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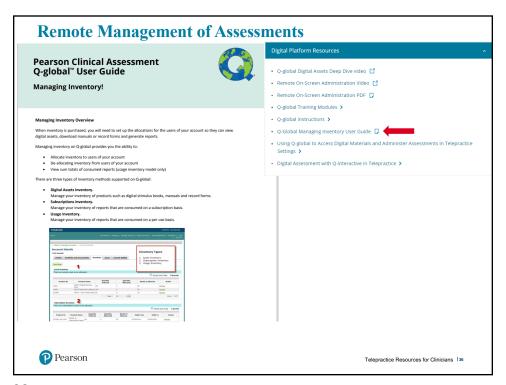


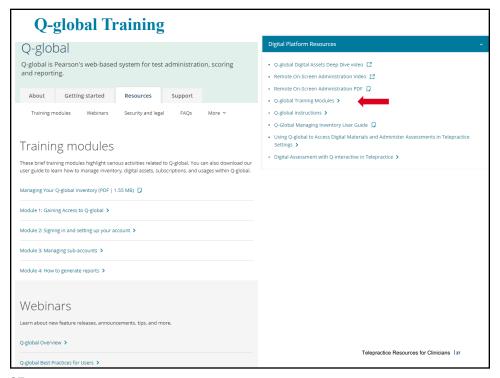
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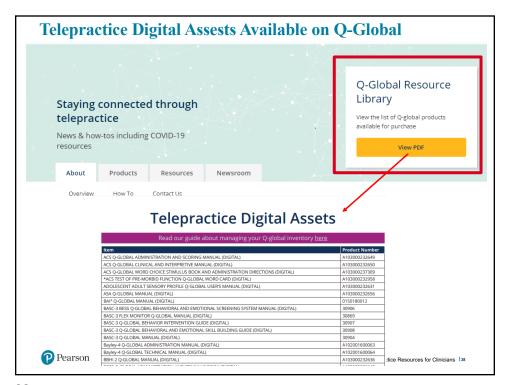


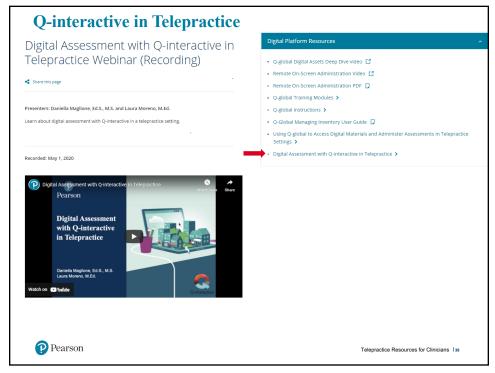
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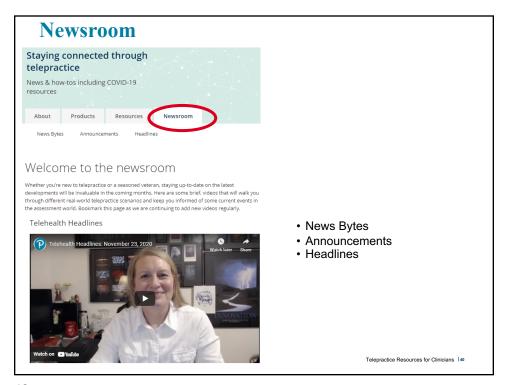


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telepracti		ed through			
News & how-t resources		g COVID-19			
About	Products	Resources	Newsroom		
Product inform	nation F	Product list			
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certain conditions. first in each case. A	Please keep in ny specific gui	mind that local laws	and regulations apply given test can be four	for telepractice under and must be considered ad below. If you don't see	
allocated to your u	ser account by	your Q-global Accou		each asset must be nt Administrator. Once it is r that assessment in the	

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			oduct list	
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Clinical Assessr	nents	Questionnaires	s	Interventions
Bayley-4 >		16PF >	MCMI-III >	BOV-2 >
BBCS-3:R >	KBIT-2 ≯	BAI >	MCMI-IV >	Cogmed >
BBCS:E >	KTEA-3 >	BASC-3 >	MCCI >	RehaCom >
Beery VMI >	PLS-5 >	BASI >	MIPS	Spell-Links >
BOT-2 >	PLS-5 Screening	BBHI 2 >	Revised >	
	Test >		MMPI-2 >	Classroom Assessments
BSRA-3 >	PLS-5 Spanish >	BDI-II >	MMPI-2-RF >	aimswebPlus >
CELF-5 >		BHI 2 >		DRA2/DRA3 >
CELF-5 Metalinguistics	PLS-5 Spanish Screening	BHS >	MMPI-A >	GRADE >
>	Test >		WINNI 170 P	

#### **Product Information and Guidance Document**

# Administering the BASC-3 via telepractice

Click here for general information about telepractice from Pearson Clinical Assessment.

# Special recommendations for administering the BASC-3 via telepractice

An assessment of the BASC-3 in a telepractice context can be accomplished utilizing our Q-global® software system. Details regarding the system and how it is used are provided on the Q-global product page.

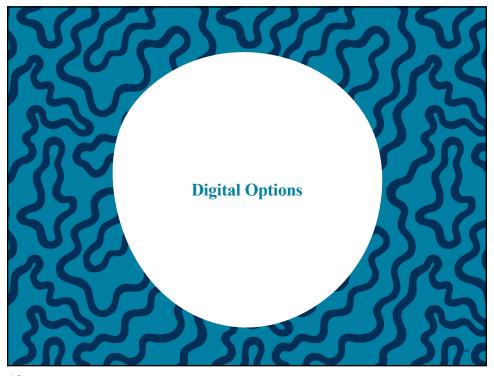
Conducting a valid assessment in a telepractice modality requires an understanding of the interaction between a number of complex issues. In addition to the general information on our telepractice overview page noted above, professionals should address five themes (Eichstadt et al. 2013) when planning for administering BASC-3 assessments via telepractice:

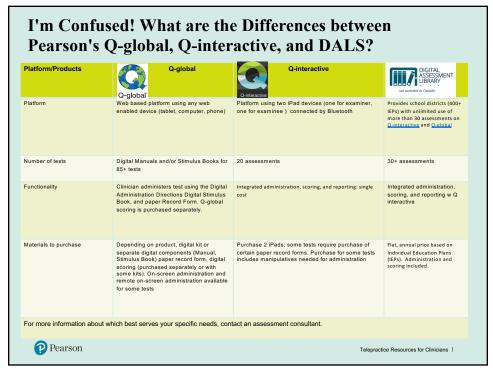
For more information on the five themes, please visit our general telepractice web page.



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### Q-global $^{\mathbb{R}}$

- Q-global
- Pearson's web-based platform for test administration, scoring, and reporting.
- Allows users to administer the assessment 3 different ways:
- Manual Entry: Paper/pencil administration with Q-global scoring.
- On-screen Administration: Administer the assessment on the screen of any web-enabled device
- Remote On-screen Administration: Allows a third party (i.e. parent/teacher) to access the assessment from their own web-enabled device through sending a secure URL via email.

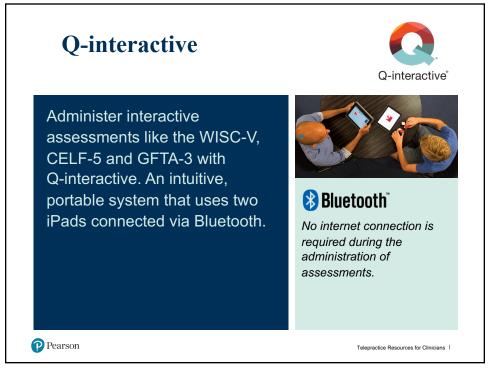


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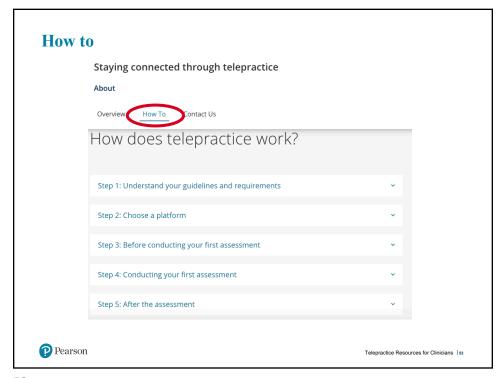
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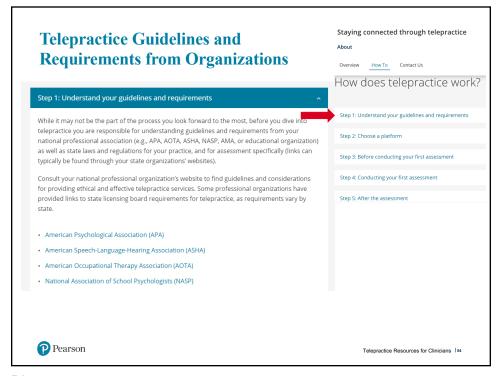


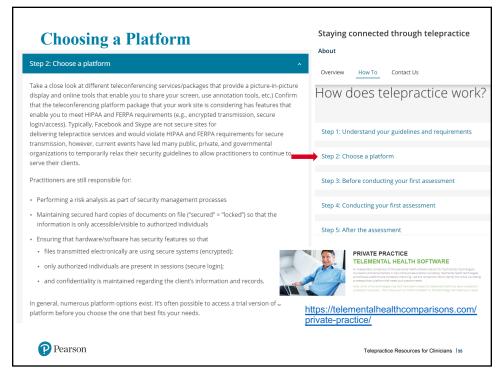
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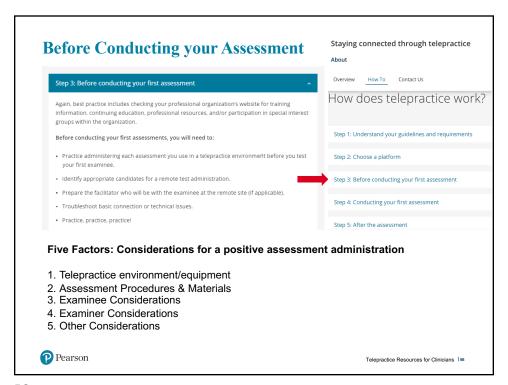


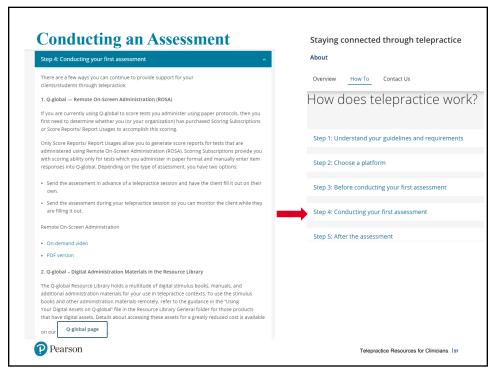
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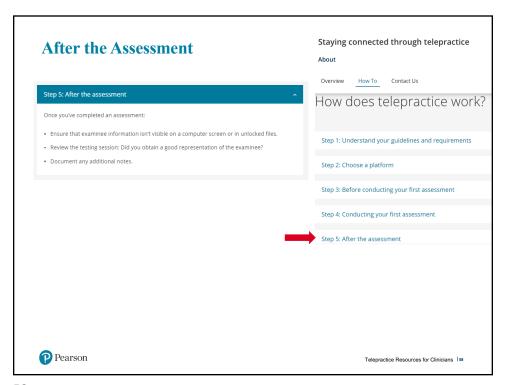


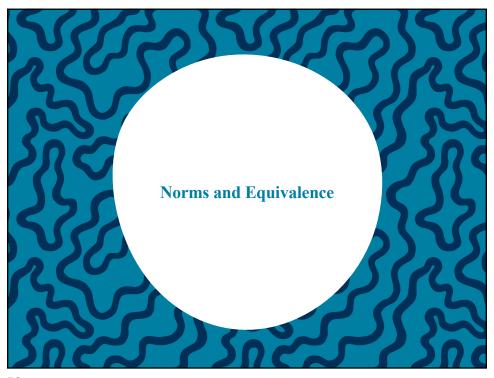
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### **Historical Perspective**

In-person assessment since early 1900s

Performance based tests given face to face

Even computer-based rating scales and measures were supervised by clinicians

Behavioral observations are a huge part of assessment process Remote testing was secondary; reserved for access issues

- overburdened school psych departments
- rural areas with few or no providers
- Department of Veteran's Affairs and Department of Defense

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#### **Norms**

Defined sample and testing conditions Comparison for individual being assessed Modifications or changes from those conditions

- Not unusual
- Greater the modification, more threats to validity



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#### **Current**

- · COVID has disrupted common practice.
- "Wait to assess" is not always an option
- Practitioners accommodating to prevent COVID transmission Remote administration
   PPE

Test users are looking for support on best practices, as the Standards for Educational and Psychological Tests directs them to do.



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#### The Standards: What's required for a mode change

- Similar to a format change "mode of delivery"
- · A sound rationale
- Empirical evidence, when possible
- If the change is suspected of affecting the validity of score interpretation, such that the change modifies or changes the construct being assessed, evidence for validity should be gathered (*Standards*, 2014)
- Equivalence studies



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#### **Evidence**

**Equivalence Studies** 

Is there an effect of administration change on scores?

Study design: within-subject or between-subject? If there is no administration change effect, new norms are unnecessary.

If there is an administration change effect, can either design a new study to equate scores or collect new norms.



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### Do we need separate norms?

- If validity evidence suggests this is necessary.
- Evidence available to date suggests this is not necessary, but the evidence does not cover all task types, age ranges, nor all clinical conditions.
- Impractical to gather new evidence during the pandemic.
- Look to existing studies for evidence of equivalence for tasks administered in telepractice and face-to-face modes for examines with and without clinical conditions.



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#### **Conduct a demands analysis**

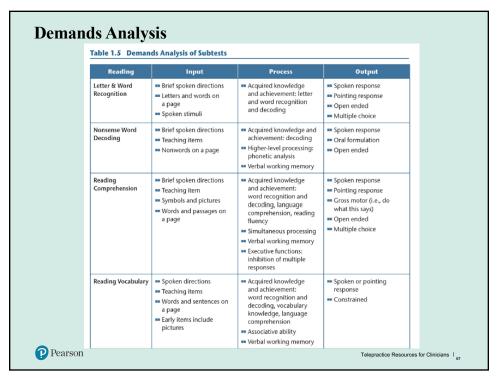
(Table 2 of our guidance documents)

### Input and output demands are most critical

- Input: How is information received?
- Output: How is a response provided?
- Processing: these shouldn't be different in tele-assessment if done properly
  - · What abilities are needed to process the information?
  - What preexisting knowledge is necessary?
  - Are there strategies involved in processing the information or formulating a response?



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### **Evidence for Equivalence**

Norms vs. equivalence

Table 2. WAIS–IV Subtest Input and Output Requirements and Equivalence Evidence

WAIS-IV subtest	Inputa	Output <sup>b</sup>	Direct evidence	Evidence for similar tasks <sup>c</sup>
Similarities (SI)	BSD, SS	OE, SPR	T: 7, 8, 11 D: 1, 2, 3, 4, 5, 6, 7	T: 6, 7, 8, 11–VC; 14–Oral Vocabulary (OV), General Information (GI); 15–Guess What (GW), Verbal Reasoning (VR)
Vocabulary (VC)	BSD, GD, PS, SS	OE, SPR	T: 6, 7, 8, 11 D: 1, 2, 3, 4, 5, 6, 7	T: 4-Picture Naming; 14-OV, GI; 15-GW, VR
Information	BSD, SS	OE, SPR	T: 8 D: 1, 2, 3, 4, 5	T: 6, 7, 8, 11-VC; 7, 11-SI; 14-OV, GI; 15-GW, VR
Comprehension	BSD, SS	OE, SPR	D: 1, 2, 3, 4, 5, 6	T: 6, 7, 8, 11–VC; 7, 11–SI; 14–OV, GI

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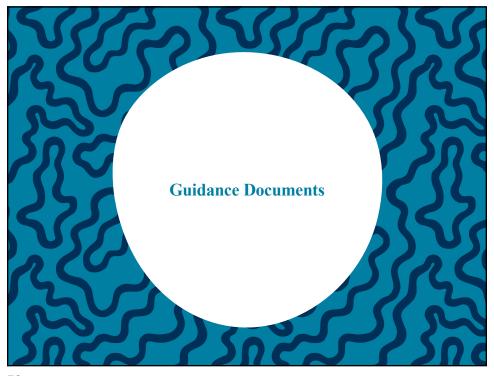
# Review evidence for equivalence to inform appropriateness and interpretation

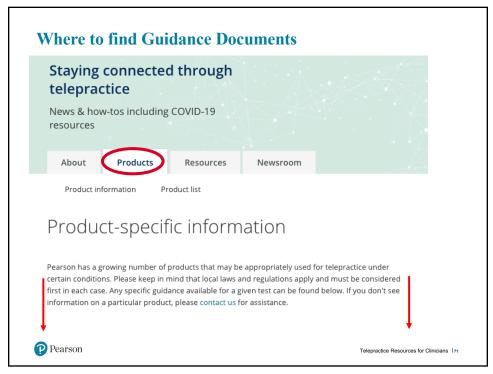
- Does evidence indicate score equivalence across modes?
- On average, would a person obtain the same score with both modes?
- · If yes, can use the same norms
- · Variations in how the test is administered in general
- Review prior research/existing evidence on the type of administration change being considered
- If prior research indicates no effect on scores for that type, new study is probably unnecessary
- If existing evidence indicates an effect is present, new study probably would be necessary to establish relationship between scores so they can be equated



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Product inform	nation Product list			
		Pi	roduct list	
Clinical Assess	ments	Questionnair	es	Interventions
Bayley-4 >		16PF >	MCMI-III >	BOV-2 >
BBCS-3:R >	KBIT-2 >	BAI >	MCMI-IV >	Cogmed >
BBCS:E >	KTEA-3 >	BASC-3 >	MCCI >	RehaCom >
Beery VMI >	PLS-5 >	BASI >	MIPS Revised >	Spell-Links >
BOT-2 >	PLS-5 Screening Test >	BBHI 2 >	MMPI-2 >	Classroom Assessment
BSRA-3 >	PLS-5	BDI-II >	MMPI-2-RF >	aimswebPlus >
CELF-5 >	Spanish >	BHI 2 >	MMPI-3 >	DRA2/DRA3 >

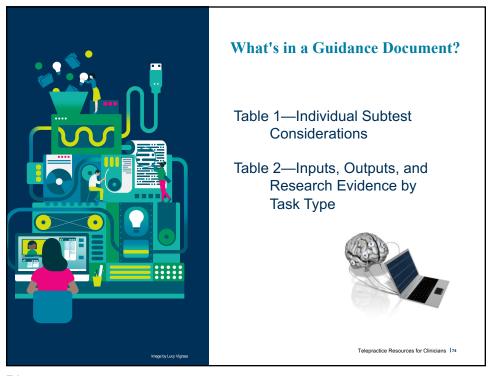


### What's in a Guidance Document?

Introduction
Conducting a Telepractice
Assessment
Conclusion
References

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# What's in a Guidance Document?

## Introduction

- Context and appropriateness
- General comments about the test
- Use of facilitators (refer to Use of Facilitators document online)

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## **Guidance Document: WISC-V example** Telepractice and the WISC-V Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V) The telepractice information in this document is intended to support psychologists in making informed, well-reasoned decisions around remote assessment. This information is not intended to be See pricing options comprehensive regarding all considerations for assessment via telepractice. It should not be interpreted as a requirement or recommendation to conduct assessment via telepractice Psychologists should remain mindful to: Follow professional best practice recommendations and respective ethical codes Download a print-ready version of this telepractice information. (PDF | 246.33 Follow telepractice regulations and legal requirements from federal, state and local authorities, licensing boards, professional liability insurance providers, and payors Develop competence with assessment via telepractice through activities such as practicing, studying, consulting with other professionals, and engaging in professional development. Psychologists should use their clinical judgment to determine if assessment via telepractice is appropriate for a particular examinee, referral question, and situation. There are circumstances where assessment via telepractice is not feasible and/or is contraindicated. Documentation of all considerations, procedures, and conclusions remains a professional responsibility. Pearson Telepractice Resources for Clinicians | 76

### Guidance document introduction cont.

The Wechsler Intelligence Scale for Children–Fifth Edition (WISC–V; Wechsler, 2014) can be administered in a telepractice context by using digital tools from Q-global®, Pearson's secure online-testing platform. Specifically, Q-global digital assets (e.g., stimulus books) can be shown to the examinee in another location via the screen-sharing features of teleconference platforms. Details regarding Q-global and how it is used are provided on the Q-global product page.

A spectrum of options is available for administering the WISC–V via telepractice; however, it is important to consider the fact that the normative data were collected via face-to-face assessment.

Telepractice is a deviation from the standardized administration, and the methods and approaches to administering it via telepractice should be supported by research and practice guidelines when appropriate.



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### Guidance document introduction cont.

Providers engaging in telepractice assessment may train facilitators to work with them on a regular basis in order to provide greater coverage to underserved populations (e.g., only two providers within a 500-mile radius, shortage of school psychologists within a school district). If such a facilitator is well trained and in a professional role (i.e., a professional facilitator), they can present blocks and response booklets as well as adjust audiovisual equipment. This approach yields the WISC–V composite scores that are available in face-to face assessment mode. If a professional facilitator is not used, it impacts the workflow of the session, subtest selection, and the approach to deriving composite scores....

.... If a professional facilitator is not used, Block Design is not feasible for telepractice. Omitting Block Design impacts subtest selection and the approach to deriving composite scores.....



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# What's in a Guidance Document?

## Conducting Telepractice Assessment

- Telepractice Environment & Equipment
- Assessment Procedures & Materials
- 3. Examinee Considerations
- 4. Examiner Considerations
- 5. Other Considerations

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# 1. Telepractice Environment & Equipment

- Computers and Connectivity
- · Image/screen size
- Teleconference platform
- Video
- · Screensharing digital components
- · Test item security in the audiovisual environment
- Peripheral camera or device
- Gesturing
- Capturing response booklet performance
- · Audio considerations
- · Audio check
- · Manage audiovisual distractions
- · Lighting
- Disruptions





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# **Telepractice Environment & Equipment**

### **Computers and Connectivity:**

- Two computers with audio and video capability and stable internet connectivity – one for the examiner and one for the examinee – are required.
- Web camera, microphone, speakers or headphones are required for both examiner and examinee.
- Second computer screen or split-screen format on a large computer monitor for the examiner is helpful to allow a view of the administration directions, but the examiner can also use the paper format manual or the Q-interactive platform.



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# **Telepractice Environment & Equipment**

## Image/screen size:

- When items with visual stimuli are presented, the digital image of the visual stimuli on the examinee's screen should be at least 9.7" measured diagonally.
- Some teleconferencing platforms shrink the size of images, so the clinician should verify the image size in the initial virtual meeting.
- It is recommended that computer screens used for teleconference assessment be at least 15" measured diagonally.



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## **Telepractice Environment & Equipment**

### A teleconference platform is required.

 Screensharing capability is required if anything other than items with verbal stimuli and responses are administered.

#### **High-quality video** is required during the administration.

- Make sure the full faces of the examiner and the examinee are seen using each respective web camera.
- The teleconference platform should allow all relevant visual stimuli to be fully visible to the examinee when providing instruction or completing items; the view of the examiner should not impede the examinee's view of visual test stimuli.



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# **Telepractice Environment & Equipment**

### Screensharing digital components:

- Digital components are shared within the teleconferencing software.
- Can use pdf viewer in browser or full screen in presentation mode. Always use full screen (presentation) mode for digital components viewed by examinee.

### Test Item security in the audiovisual environment:

 Examiner is responsible for ensuring test item security is maintained. Examiner should address test security requires with the examinee (and facilitator if applicable), during the informed consent process.



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# **Telepractice Environment & Equipment**

### Peripheral camera or device:

• A stand-alone peripheral camera that can be positioned to provide a view of the session from another angle or a live view of the examinee's progress is helpful. Can use a separate device (e.g. smartphone) connected to the teleconference and set in a stable position to show the examinee's pointing responses, if applicable.





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Table 1. Specific Telepractice Considerations by WISC-V Subtest

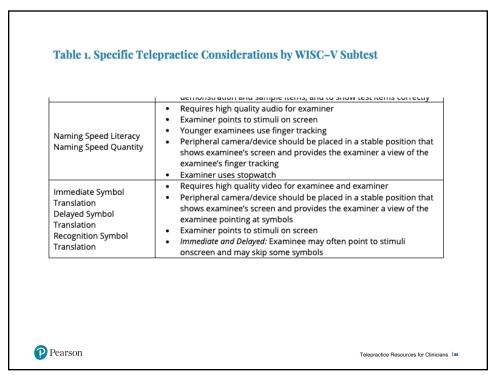
Subtest(s)	Considerations			
	<ul> <li>Requires high-quality audio for examinee and examiner</li> </ul>			
	<ul> <li>For Vocabulary and Information, some items require pointing</li> </ul>			
Similarities	responses, and others may precipitate pointing or gestured			
Vocabulary	responses			
Information	<ul> <li>Vocabulary: Examiner points with the mouse to stimuli on screen for</li> </ul>			
Comprehension	Items 1-4; some items (e.g., 5, 6, 7, 8) may elicit pointing responses			
	<ul> <li>Information: Items 1-2 require a pointing response, and Items 4, 5, 8,</li> </ul>			
	11, 12, and 13 may precipitate a pointing or gestured response			
	<ul> <li>Professional facilitator can assist with telepractice administration of</li> </ul>			
	this subtest			
	<ul> <li>Train new professional facilitators until the facilitator's presentation</li> </ul>			
	of the blocks during instructions and items is performed according			
	to the directions in the Administration and Scoring Manual.			
	<ul> <li>It is not recommended to allow a nonprofessional facilitator to</li> </ul>			
	present blocks for Block Design nor to attempt to have the			
	examinee scramble or present their own blocks			
Block Design	<ul> <li>Requires a print stimulus book in the examinee's location or the</li> </ul>			
	digital stimulus book on a tablet approximately 9.7" diagonally			

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Subtest(s)	Considerations
Visual Puzzles Block Design Multiple Choice Matrix Reasoning Figure Weights Picture Concepts	Requires high quality video for examinee and examiner Examiner points to stimuli on screen using mouse Peripheral camera/device should be placed in a stable position that shows examinee's screen and provides a view of choices made nonverbally (e.g., pointing)  Visual Puzzles, Picture Concepts: It is not recommended to allow examinee to use mouse or touchpad to point at choices, as the intended response cannot be clearly determined  Block Design Multiple Choice, Martix Reasoning, Figure Weights: Examinee can use mouse or touchpad to point at choices if teleconference platform allows examiner to pass control of the mouse  Visual Puzzles, Block Design Multiple Choice, Figure Weights: Examiner uses stopwatch; examiner must ensure the examinee stops at the item time limit
Arithmetic	Requires high quality audio and video for examiner and examinee Peripheral camera/device should be placed in a stable position that shows examinee's screen and provides a view of pointing responses For picture items, examiner points to stimuli on screen Examinee must point to stimuli onscreen for Items 1–3 and may provide other responses by holding up a number of fingers Examiner uses stopwatch; examiner must ensure the examinee stops at the item time limit
Digit Span Letter-Number Sequencing	Requires high quality audio for examiner and examinee     Do not repeat any trial unless it was not heard due to technical problems

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## **Telepractice Environment & Equipment**

### Gesturing:

 When gesturing to the stimulus books or response booklets is necessary, the examiner should display them as digital assets onscreen and point using the mouse or cursor.

### Capturing response booklet performance:

 The examiner may ask for the completed response booklet to be shown on camera immediately at the conclusion of a task, so that the examiner can score it immediately and so responses are not lost or modified.



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# **Telepractice Environment & Equipment**

# Audio Considerations:



 High quality audio capabilities re required during the administration. An over the head, two-ear, stereo headset with attached boom microphone is recommended for both the examiner and the examinee. Headphones with a microphone may be used if a headset is not available.

#### **Audio Check:**

 The examiner should test the audio for both the examiner and examinee in the initial virtual meeting and at the beginning of the testing session to ensure a high-quality audio environment is present.



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## **Telepractice Environment & Equipment**

### Manage audiovisual distractions:

- Examiner should do everything possible to make sure the
  examinee's environment is free from audio and visual distractions.
  If the examiner is unfamiliar with the examinee's physical location,
  a visual tour of the intended testing room should be given during
  the initial virtual meeting.
- Examinee should be positioned facing away from the door to ensure the examiner can verify through the examinee's camera that the door remains shut and can monitor any interruptions.
- The examiner should confirm that all other applications on the computer, laptop, or peripheral device are closed, the keyboard is moved aside or covered after the session is connected, and alerts and notifications are silenced on the peripheral device.



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## **Telepractice Environment & Equipment**

## Lighting:

 Good overhead and facial lighting should be established for the examiner and examinee. Blinds or shades should be closed to reduce sun glare on faces and the computer screens.

### **Disruptions:**

 The examiner should record atypical events that occur during the testing session. This may include delayed audio or video, disruptions to connectivity, the examinee being distracted by external stimuli, and any other anomalies.



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### 2. Assessment Procedures & Materials

- Copyright
- Response booklets (if used)
- Blocks
- · Digital assets
- Considerations
- Input and output requirements and equivalence evidence
- Telepractice Versus Face-to-Face Administration
- Digital Versus Traditional Format
- Evidence by Subtest





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### **Assessment Procedures & Materials**

## Copyright:

 Permission must be obtained for access to copyrighted materials (e.g., stimulus books, response booklets) as appropriate. Pearson has provided a letter of No Objection to permit use of copyrighted materials for telepractice via teleconference platforms and tools to assist in remote administration of assessment content during the COVID-19 pandemic.

### Response booklets (if used):

 The response booklets should be provided in advance of the testing session, and the plan for securing and forwarding/returning materials, real-time and after testing, should be communicated.
 See the capturing response booklet performance portion of the Telepractice Environment & Equipment section for suggested procedures to facilitate immediate scoring and secure handling of response booklets.



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### **Assessment Procedures & Materials**

#### Blocks:

 Block Design may only be administered when a professional facilitator is present. The blocks should be provided to the professional facilitator before the testing session.

### Digital assets:

 The examiner should practice using the digital assets until the use of the materials is as smooth as a face-to-face administration. It is not recommended that the examiner display items from paper stimulus books on a camera.

#### Considerations:

• Review <u>Table 1</u> for the specific telepractice considerations for each subtest to be administered.



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### **Assessment Procedures & Materials**

## Input and output requirements and equivalence evidence:

- The examiner should consider the input and output requirements for each task, and the evidence available for telepractice equivalence for the specific task type.
- -Telepractice Versus Face-to-Face Administration
- Digital Versus Traditional Format
- -Evidence by Subtest



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#### Table 2. WISC-V Subtest Input and Output Requirements and Equivalence Evidence

WISC-V subtest	Inputa	Outputb	Direct evidence <sup>c</sup>	Evidence for similar tasks <sup>c</sup>
Similarities (SI)	BSD, SS	OE, SPR	T: 7, 8, 11	T: 6, 7, 8, 11-VC; 14-Oral
			D: 1, 2, 3, 4, 5, 6	Vocabulary (OV), General
				Information (GI);
				15-Guess What (GW), Verbal
				Reasoning (VR)
Vocabulary (VC)	BSD, GD,	OE, SPR	T: 6, 7, 8, 11	T: 4-Picture Naming;
	PS, SS		D: 1, 2, 3, 4, 5, 6	14-OV, GI; 15-GW, VR
Information	BSD, SS	OE, SPR	T: 8	T: 6, 7, 8, 11-VC; 7, 11-SI;
			D: 2, 3, 4, 5	14-OV, GI; 15-GW, VR
Comprehension	BSD, SS	OE, SPR	D: 1, 2, 3, 4, 5	T: 6, 7, 8, 11-VC; 7, 11-SI; 14-
				OV, GI
Block Design	BSD, GD,	GMR, IT	T: 7, 11	
	MD, PM,		D: 1, 2, 3, 4, 5, 6	
	PS			
Visual Puzzles (VP)	BSD, CC,	B or PR,	T: 7	T: 7-FW; 7, 11-MR; 14-
	GD, PS	IT, MC	D: 2, 3, 4, 5, 6	Visualization (VZ); 15-Odd
				Item Out (OI)
				D: 1, 2, 3, 4, 5, 6-MR, FW
Block Design Multiple	BSD, GD,	BSR or		T:6, 7, 11-MR; 7-FW; 14-VZ;
Choice	PS	PR, IT, MC		15-OI
				D: 1,2, 3, 4, 5, 6-MR, FW



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## **Notes from Table 2**

Note. Input abbreviations are: BSD = Brief spoken directions, CC = Color critical items, GD = Gestured directions, MD = Motor demonstration, PM = Physical manipulatives, PS = Pictorial stimuli, RB = Paper response booklet, SP = Letters, digits, or symbols in print, SS = Spoken stimuli, TP = Timed presentation

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<sup>&</sup>lt;sup>b</sup> Output abbreviations are: BSR = Brief spoken response, GMR = Gross motor response, IT = Item-level time limit, MC = Multiple choice, OE = Open ended, PR = Pointing response, SPR = Spoken response, SWR = Simple written response, IT = Task-level time limit, WFR = Written or fine motor response.

<sup>&</sup>lt;sup>c</sup>Citations appear numbered in the references list. T = telepractice-face-to-face mode equivalence; D = digital-traditional format equivalence. While equivalence data on similar measures are relevant, practitioners should be mindful that more research is needed to establish equivalence in all ages and for all tasks on the WISC-V.

## 3. Examinee Considerations

# Appropriateness:

for examinee and for purpose of assessment



### Preparedness:

• Examinee should be well-rested, able, prepared and ready to appropriately and fully participate in the testing session.

#### Facilitator role:

• If using a facilitator, role must be explained to examinee.

#### Headset:

Use clinical judgement to determine if appropriate or feasible

#### Mouse:

 May be possible to pass control of mouse to allow examinee to point to indicate responses.



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### 4. Examiner Considerations

#### Practice:

 During the telepractice setup, and before administering to any actual examinee, the examiner should rehearse the mechanics and workflow of every item in the entire test using the selected teleconference platform.

#### **Standardized Procedures:**

 The examiner must follow the administration procedures of faceto-face administration as much as possible.

## Administrative and technological tasks:

 For a smooth session, audiovisual needs and materials must be managed appropriately. An initial virtual meeting with examiner, examinee, and facilitator (if used) should be used to provide information about the audiovisual needs and materials.



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## 5. Other Considerations

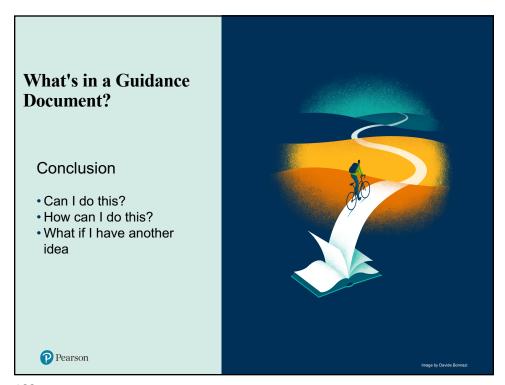
There are special considerations for written reports describing testing that takes place via telepractice.

- State in report that test was administered via telepractice and briefly describe the method of telepractice use.
- Make clinical judgment about whether or not the examiner was able to obtain examinee's best performance.
- · Clinical decisions should be explained in the report.
- · Include record of atypical events during testing session.



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### What's in a Guidance Document?

### References

American Psychological Association Services (APA Services). (2020). Guidance on psychological teleassessment during the COVID-19 crisis. (2020).

https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19?  $fbclid=lwAR1d\_YNXYS2Yc5mdlz\_ZIYSkrrJ\_6A9BQeKulHxEEjjRh1XDR6fOYncM3b4$ 

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Guidance+for+Teleneuropsychology-COVID-19-4.pdf

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# Universities: Digital assets available for classroom teaching

Free Q-global Digital Assets for University Training Programs

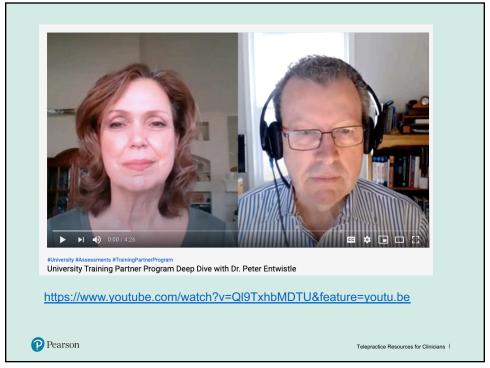
- Available to Training Partnership Program (TPP) members (membership is free)
- Customized library of digital assets on Q-global
- Assets can be used for student classroom instruction
- If you are supervising students **outside** of the classroom (experiential- or clinical-training), you will still be eligible for the standard benefits of the TPP program.
- If you are not a current TPP member and would like to be, please register. Search 'Training Partner Program' at pearsonassessments.com.

TEACHING AND SUPERVISING ASSESSMENT BEYOND COVID19 APA Division 12, Section IX (Assessment) apa.org/topics/covid-19/teaching-supervising-assessment-beyond.pdf

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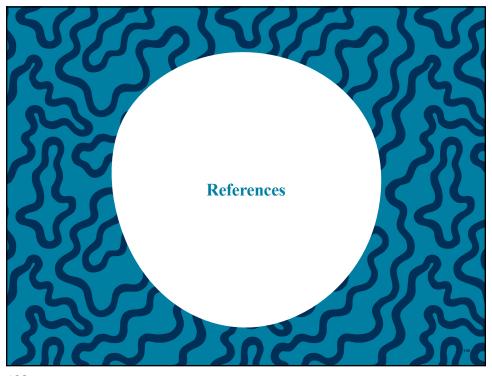
### **Conclusion**

- In principle, telepractice mode should reconstruct the in-person environment as closely as possible to the literature supporting equivalence to date.
- Review the general and test specific telepractice considerations on Pearson's website, which provides references to the literature supporting equivalence to date.
- Review all test items and instructions and document considerations (Table 1 in Pearson guidance document). Don't administer tasks that aren't appropriate.
- Consult professional best practice recommendations, respective ethical codes, Telepractice regulations and legal requirements from federal, state, and local authorities, licensing boards, professional liability insurance prviders, and payors.
- Develop competence with Telepractice assessment through activities such as practicing, studying, consulting with other professionals, and engaging in professional development.
- Make an informed decision to determine if assessment via Telepractice is appropriate for a given examinee, referral question and situation, and that it is feasible and not contraindicated.



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### References

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). Standards for educational and psychological testing. Washington, DC: Author.

American Psychological Association Services (APA Services). (2020). Guidance on psychological teleassessment during the COVID-19 crisis. (2020). https://www.apaservices.org/practice/reimbursement/ health-codes/testing/tele-assessment-covid-19

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