

# Rajani FASD Assessment & Diagnostic Clinic Training Services

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

## Lakeland Centre for FASD

PO Box 479  
Cold Lake, AB  
T9M 1P1  
1.877.594.5454



[www.lcfasd.com](http://www.lcfasd.com)

# Virtual Options for FASD Clinics

May 21, 2020

Presenters: Colleen Burns

Amber Bell

Dr. Hasmukhlal (Hasu) Rajani, Pediatrician

Monty Nelson, Ph.D. Reg. Psychologist

Brent Symes, Ph.D. Reg. Psychologist

ShawnaLee Jessiman, Speech Language Pathologist



## Welcome!

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

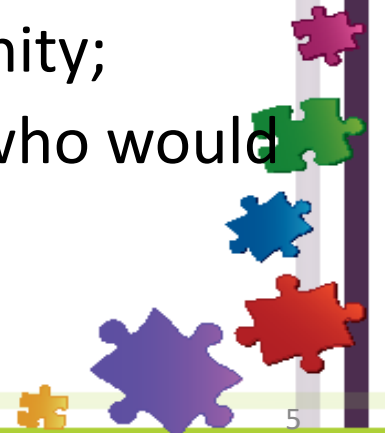


- None of the presenters have any non-commercial or commercial or external interests in any of the material presented in this session.
- This information session is being recorded for purposes of making improvements for future presentations and possibly enable invitees who were not able to attend on this day to view the presentations.
- Slides will be available after the presentation. Clinic Coordinators will forward the link to their team members.



# Using virtual platforms for FASD clinics

- History of mobile, rural, remote clinics (LCFASD, Mackenzie, NW Peace)
- Virtual options can assist with:
  - wait lists;
  - accommodate urgent referral;
  - decrease travel time for clinicians, caregivers and community stakeholders; impact of inclement weather and cancellations;
  - budget savings;
  - ability to connect, consult with team and clients in local community;
  - allows for participation of caregivers and community supports, who would not be able to attend otherwise.



## Background: Virtual/Telehealth Pilot Project for Pediatric Clinics

This pilot program accessed telehealth for assessment and diagnostic services.

- Investigated options for FASD assessment and diagnostic services.
- Pilot initiated prior to COVID 19, but is timely in light of the pandemic.
- External evaluator surveyed all participants and completed interviews with clinicians, other team members, caregivers, pilot project coordinators.



## Virtual/telehealth Pilot Project: June 2019-May 2020

- Two FASD Pediatric clinics participated in this project (Northwest Central FASD network; Lakeland Centre for FASD), total of 6 pediatric referrals;
- Core team clinicians have extensive background, expertise and experience with numerous FASD clinics throughout Alberta;
- Face- to- face, teleconference and virtual meetings, training for U of W facial software, clinic resources, tips sheets, information for caregivers;
- Determine best platform, test technology and equipment.



## Clinicians Involved in Pilot Project

- Pediatrician
- Registered Psychologist, Ph.D.
- Speech Language Pathologist
- All clinicians have extensive experience with numerous FASD clinics, knowledge of the dx guideline and assessment tools
- Decision to not include Occupational Therapists in this pilot:
  - Restrictions of their testing battery using Telehealth
  - Clinic and community access to Occupational Therapists
  - Not all FASD clinics have OTs as part of their core team





# Virtual Options for FASD Clinics: The Clinic Coordinator Perspective

Amber Bell

Project Coordinator, Virtual/Telehealth Pilot Project  
Rajani Clinic Training Services

Diagnostic Coordinator, Complex Needs Diagnostic Clinic  
Alexander First Nation

Email: [adbell@ualberta.ca](mailto:adbell@ualberta.ca)



# Objectives

- Coordinating Virtual Clinic options: the importance of flexibility and adaptability
- Virtual Clinic Considerations
- Coordinator Role – sticking to Clinic Best Practice Guidelines
- Confidentiality, sensitivity and the human connection
- Logistics: Technology, location, connectivity, facial photographic analysis
- Virtual Clinic: All or Nothing? Choosing aspects to complement unique clinic needs




# Virtual Clinic: Values

- Child and family centered services
- Safety
- Confidentiality
- Information security
- Adaptability, flexibility
- Communication and teamwork



# Virtual Clinic: Values



THE  
most dangerous  
phrase in the language is,  
*"We've always done it this way."*

Rear Admiral Grace Hopper



# Virtual Clinic: Choosing Aspects that Fit

- Team decision – coordinator and clinic team decide which aspects of virtual clinic process will be implemented:
  - Assessments (physician, psychologist, SLP)
  - Diagnostic Formulation and Multi-disciplinary Team Meetings
  - Debriefings with caregivers/clients
- Preparation is key! Adapting clinic practices requires substantial planning.



# Virtual Clinic Considerations

- Scheduling/coordination – increased coordinator time commitment; may look different than face-to-face clinic process
- Information sharing – ensure HIA, HIPPA compliancy
- Email encryption, password protect documents
- Virtual platform(s)
- Private testing, interview and debriefing locations
- Quality internet connection; hard-wired capability
- Technology requirements



# Clinic Coordinator Role

- Coordinator follows clinic best practice guidelines
  - Referral, intake and PAE information collection: ensure privacy, confidentiality and sensitivity
- Importance of the human connection and being “present” with clients
  - Virtual platforms; telephone interviews; community-based or cultural support persons present with clients and/or caregivers



# Clinic Coordinator Role

- Obtain informed consent to participation in each aspect of the virtual clinic process
  - assessment, caregiver interview, client case conference/debriefing
- Screening referrals
  - Criterion set by clinicians performing assessments
  - Age, behavior and attention considerations, etc.





# Clinic Coordinator Role

- Obtain and share pre-assessment information with clinicians:
  - clinician questionnaires, medical documentation, growth records, psychological, speech-language, OT, other assessments
- Ensure trained support person present for assessments
- Coordinator diligence - communicate frequently with clients and caregivers
- Tips sheet/tutorial/trial run to connect using virtual platforms to discuss privacy, troubleshoot technical issues prior to caregiver interviews and/or debriefings



# Virtual Clinic: What about Sentinel Facial Features?



# Assessment of Sentinel Facial Features (SFF)

- University of Washington FAS Facial Photographic Analysis (FPA) Software
- Requirements: Digital camera, computer with Windows operating system, purchase of the software from U of W
- Limitations: may not be compatible with smartphone photos, not compatible with Macintosh Operating System
- Requires diligence and time to install and navigate the software, learn and practice taking facial photos and accurately analyze images
- Provides the user with a detailed Outcome Report for each client



# Using the FPA Software: Virtual/Telehealth Pilot Project

- U of W FAS FPA software was used to assess for SFF in the Virtual Assessment & Diagnostic Pilot Project.
- Coordinators were given specific instruction on:
  - Taking the 3 facial photographs
  - Uploading and navigating the FPA software
  - Photographic analysis
- Client digital photographs were taken by the coordinator and analyzed by the pilot project coordinator, who attained a level of expertise and efficiency using the software for analysis
- A detailed Outcome Report for each client was provided to the Clinic Coordinator



# Virtual Clinic Options: Not “All or Nothing”

- Example: North West Central FASD Clinic
- Sharon Pearcey, Clinic Coordinator
- Utilizing aspects of telehealth in clinic process since Oct 2017
- Telehealth accessed in client's home community for:
  - diagnostic formulation and multi-disciplinary team meetings
  - case conference with family



# Example: North West Central

## ■ Advantages

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



## Example: North West Central

- Caregiver and school personnel feedback:
  - Caregivers report feeling comfortable connecting with clinicians using this format
  - Time-savings and reduced costs associated with travelling away from home community
  - Telehealth bridges transportation and financial barriers
  - Teachers are consistently able to participate with minimal time away from classroom
  - No privacy or confidentiality concerns expressed



# Virtual Options for FASD Clinics

## The Medical Clinician Role

Dr. Hasu Rajani, Pediatrician  
University of Alberta

May 21, 2020





# Clinician's Role

## Objectives:

- Recognize the Ethical and Professional Responsibilities when using Virtual Care for Patient Assessments
- Understand the Potential Issues related to use of Virtual Platforms for Patient Care
- Discuss the Clinician's Role on the FASD Diagnostic Team



# Ethical and Professional Responsibilities

## **DELIVERY OF QUALITY PATIENT CARE:**

- Trust is the cornerstone of the patient–physician relationship and of medical professionalism
- Trust is therefore central to providing the highest standard of care and to the ethical practice of medicine



# Ethical and Professional Responsibilities

## **DELIVERY OF QUALITY PATIENT CARE:**

Commitment to the well-being of the patient

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



# Ethical and Professional Responsibilities

## **DELIVERY OF QUALITY PATIENT CARE:**

Commitment to the well-being of the patient

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



# Health Information Act (HIA)

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



# Health Information Act (HIA)

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



# Health Information Act (HIA)

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



# Health Information Act (HIA)

The key administrative components of a security strategy are:

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





# Consent

- The HIA allows individuals to consent to certain disclosures of their health information
- However it does not include a patient's right to consent to how their health information is collected, managed, stored or secured
- A patient therefore cannot consent or otherwise waive the responsibility of the custodian to adhere to the Act



# Consent

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

This is achieved by:

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



# Consent

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

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



# Telehealth

## CPSA Standard

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



# Telehealth

## Telehealth (TH):

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



# Virtual Platforms

## Virtual Platforms:

- Many virtual platforms available
- Not all recognized by AHS
- Not all HIA compliant
- Issues with Security Breaches and Privacy
- Sharing of Electronic Data should be password protected
- ??Duration for this virtual platform and billing codes



# Clinician's Role

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

- Aware that all consents for collecting, releasing and storing information are appropriate and in accordance with the governing bodies
- Confident in insuring that virtual platforms used for collecting and disseminating information are HIA compliant



# Clinician's Role

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





# Pre-Clinic

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

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



# Medical Interview

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



# Neuroanatomy/Neurophysiology Domain

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



# Physical Measurements

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



# Affect Regulation Domain

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



# Affect Regulation Domain

The guideline for diagnosis recommends:

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



# Formulation of Diagnosis/Recommendations

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



# Disclosure of Diagnosis

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





# Post Diagnosis

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



## References

- <http://www.cpsa.ca/standardspractice/telemedicine/>
- <http://www.cpsa.ca/standardspractice/code-of-ethics/>
- <https://policybase.cma.ca/documents/policypdf/PD19-03.pdf>
- <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>
- [https://quorum.hqontario.ca/Portals/0/Users/170/54/10154/DraftClinicalGuidance\\_Adoptingintegratingvirtualvisitsintocare\\_V1.pdf?ver=2020-03-13-091936-370](https://quorum.hqontario.ca/Portals/0/Users/170/54/10154/DraftClinicalGuidance_Adoptingintegratingvirtualvisitsintocare_V1.pdf?ver=2020-03-13-091936-370)
- <file:///Users/hasmukhlalrajani/Downloads/DTOVirtualCareforPatientsPosterZoomHealthCare.pdf>
- <file:///Users/hasmukhlalrajani/Downloads/dto-virtual-care-quick-start-guide.pdf>



# Cognitive Assessments Via telehealth: Ethical and Practice Considerations

Monty Nelson, Ph.D., Psychologist (AB, NT, SK, NU)  
Consulting Psychology Associates  
Edmonton, AB

**montyn@nelsonpsych.ca**

**780-474-0341**



# Cognitive Assessments and Telehealth

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

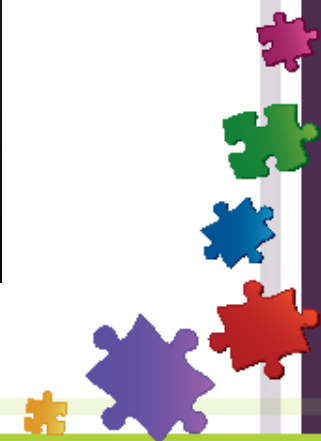


# Cognitive Assessments and Telehealth

- I work in private practice (since 2000)
- various roles with CAP including Ethics and Practice Reviewer, occasional work as an Acting Complaints director, other roles.
- worked at Alberta Hospital in 2000 to 2002 as a “telepsychologist” doing assessments, education, consultations



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



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

- Suggest Psychologists use their judgement for which clients they provide services to via distance technology.
- All regular components of the Standards of Practice and Code of Ethics still apply  
e.g. you must still be practicing within your training/scope, geographic jurisdiction, & have liability insurance for telehealth services



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

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

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

e.g. Ensuring end to end encryption, best level of privacy possible, secure “HIPPA” /PIPEDA compliant platforms





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

*-Standards of Practice Section 6:*

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

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



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

*-Standards of Practice Section 6:*

6.1.3 Informed consent/confidentiality discussions must still occur

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



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

-Practice Guideline on “Telepsychology Services” (2019)

-Reviews Applications, Technology, Confidentiality

-e.g. Suggests a more thorough review of limits of technology, implications of a poor connection, lack of some security via internet connections,

-Suggests ensuring and clarifying a local emergency contact if crisis emerges



# Cognitive Assessments and Telehealth: Test Publishers

- Various publishers; Pearson Canada is one of the main ones for our products
- Very concerned regarding test security, accuracy
- Have provided some tests in PDF format through their portals; can be screen shared
- Have provided some protocol forms (mostly for children and teens)



# Cognitive Assessments and Telehealth: Test Publishers

- Pearson, as an example, does not want their tests scanned into PDF format by psychologists, but will provide some of these on their own to psychologists or allow them for purchase
- Have provided a “Letter of No Objection” since Covid crisis emerged



# Cognitive Assessments and Telehealth

- Pearson's "Letter of no Objection":
  - A. Tools and protocol forms can be used for live telehealth sessions provided they are not recorded/copied by client or examiner
  - B. Screens must not face the public
  - C. Can't modify/scan test materials without permission.



# Cognitive Assessments and Telehealth: Test Publishers

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



# Cognitive Assessments and Telehealth: Test Publishers

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





# Cognitive Assessments and Telehealth: Test Publishers

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



# Cognitive Assessments and Telehealth: Test Publishers

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



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

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



# Cognitive Assessments and Telehealth: Test Publishers

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



# Cognitive Assessments and Telehealth: Test Publishers

Publishers are working to ensure some standardized elements of presentation:

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

-advise the use of over the ear headphones

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



# Cognitive Assessments and Telehealth: Liability

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



# Cognitive Assessments and Telehealth

- Bottom line for good practice if you are doing a telehealth assessment:
  - a. Follow the guidelines from CAP, test publishers, and insurers
  - b. Do what you are trained for, but in a slightly different modality
  - c. Use the best platforms out there



# Cognitive Assessments and Telehealth

- d. Thorough informed consent, using language appropriate for the client
- e. Explaining who you are, how the process and technology works, purpose of the assessment, and the limits to confidentiality
- f. Using materials from reputable test publishers, in a standardized way.





# Cognitive Assessments and Telehealth

- g. Guiding and educating proctors
- h. Being aware of threats to validity of an assessment
- i. Is this modality of an assessment the best for the client, and does this outweigh the risks of no assessment, or waiting for a face to face evaluation?



# FASD Telehealth Testing

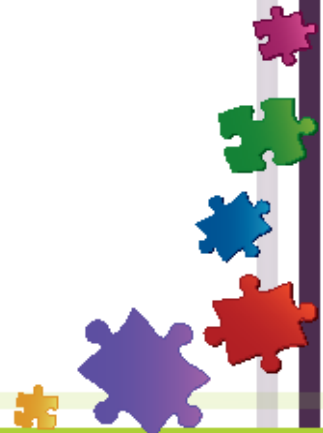


Brent Symes, Ph.D., R. Psych.  
Adjunct Professor, University of Alberta  
[brent@randallsymes.com](mailto:brent@randallsymes.com)



# Objectives

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



# Testing Background

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



# Procedure & Considerations

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



# Procedure & Considerations

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



# Initial Training & Planning

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



# Initial Training & Planning

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





# Testing Materials & Technology

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



# Laptop/Desktop Computer



# Laptop/Desktop Computer

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



# Ethernet Cable (\$21)



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

Size :26ft



# Ethernet Cable

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



# HD Camera (\$95)



Logitech C920 Webcam HD  
Pro (960-000764)

Style: C920



# HD Camera

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



# Flexible Arm Clamp (\$29)





# Flexible Arm Clamp

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



# USB Speakerphone (\$134)



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

Style:Speak 410

Pattern Name:Single



# USB Speakerphone

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



# Pencils



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

Size :144 Pack

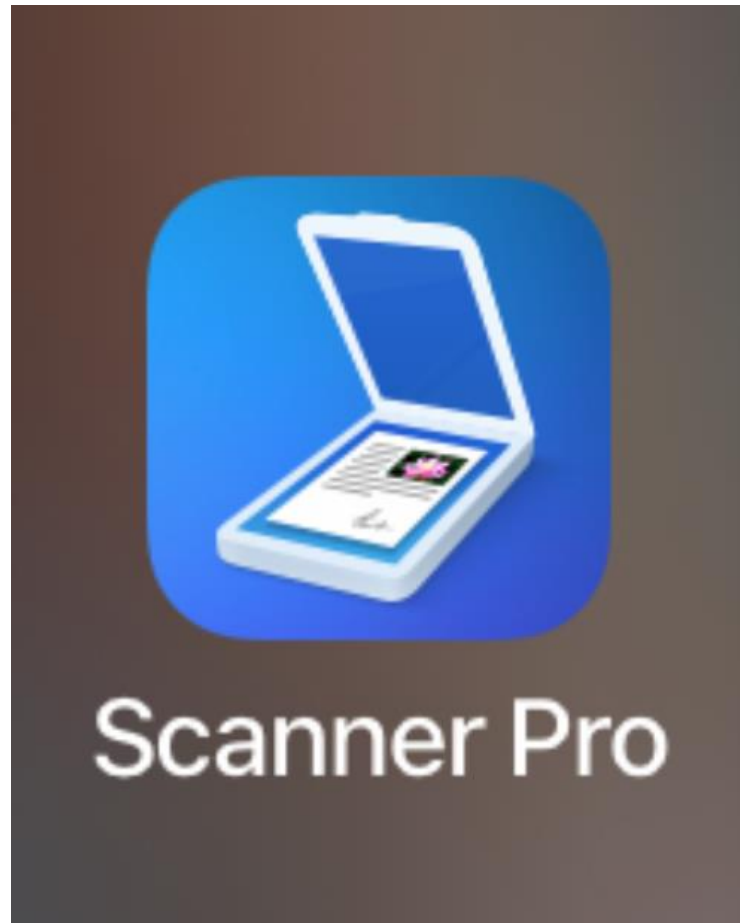


# Pencils

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



# PDF Phone App



# PDF Phone App

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



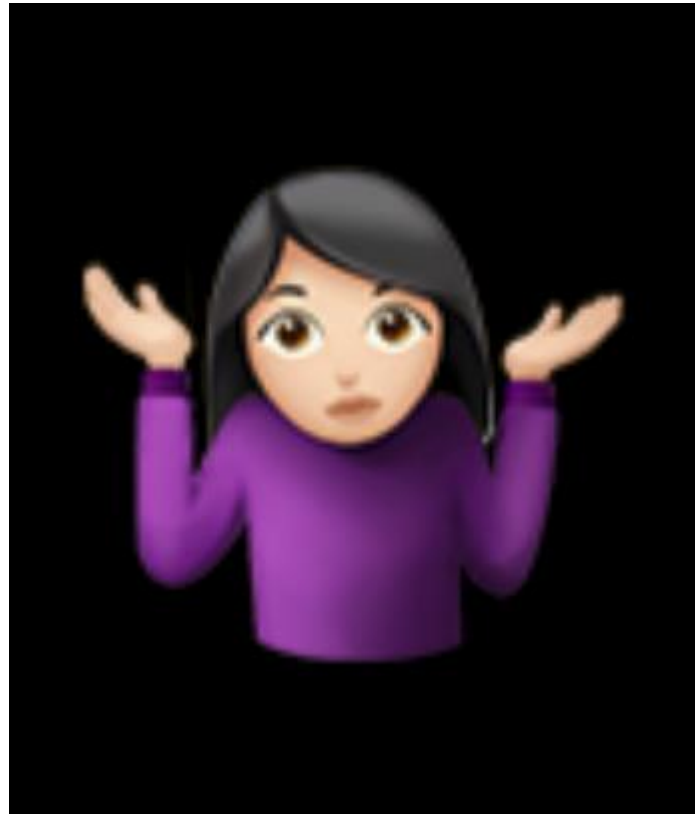
# Test Protocols

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





# Helper



# Helper Qualifications

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



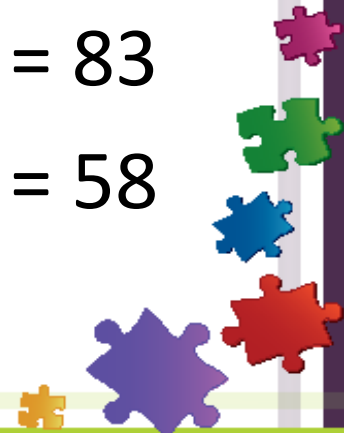
# Psychological Test Battery

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



# Diagnostic Assessment Outcomes

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



# Challenges

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



# Direction for the Future

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



# Direction for the Future

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



# Virtual Options for FASD Clinics

## The Speech Language Pathologist Role

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

May 21, 2020





# SLP

## Objectives

- Speech language pathologist role
- Ethical considerations
- Speech language testing materials and technology
- Diagnosis
- Challenges



# SLP

## Efficacy of Assessments

- Research supports the use of telehealth language assessments

Sutherland, et al., 2017

Sutherland, et al., 2016

Taylor, Armfield, Dodrill, et al., 2014

Waite, Theodoros, Russel, et al., 2010



# SLP

## Standardization of Assessment Tools

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

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



# SLP

## Associations and Regulatory Bodies

### **SAC**

- Position Paper on the Use of Tele practice for SAC SLPs and Audiologists (2006)

### **ACSLPA**

- Telepractice Guideline (2011)
- Standard Area 1.0 Service Delivery
  - 1.7 Virtual care (2019)
- Telepractice FAQ (2020)

### **ASHA other provincial bodies**



# SLP

## Ethical Considerations

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



# SLP

## Things to Consider

This will not work for all clients and settings. Consider:

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



# SLP Assessment

- Helper
- Equipment
- Presenting stimuli
- Annotation feature



# SLP Tests Used Available from WPS PresenceLearning\*

- OWLS-II
- CASL 2

\*currently only available for school-based teams





# SLP Tests Used

## Available from Pro-Ed on RedShelf.com

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



# SLP Tests Used

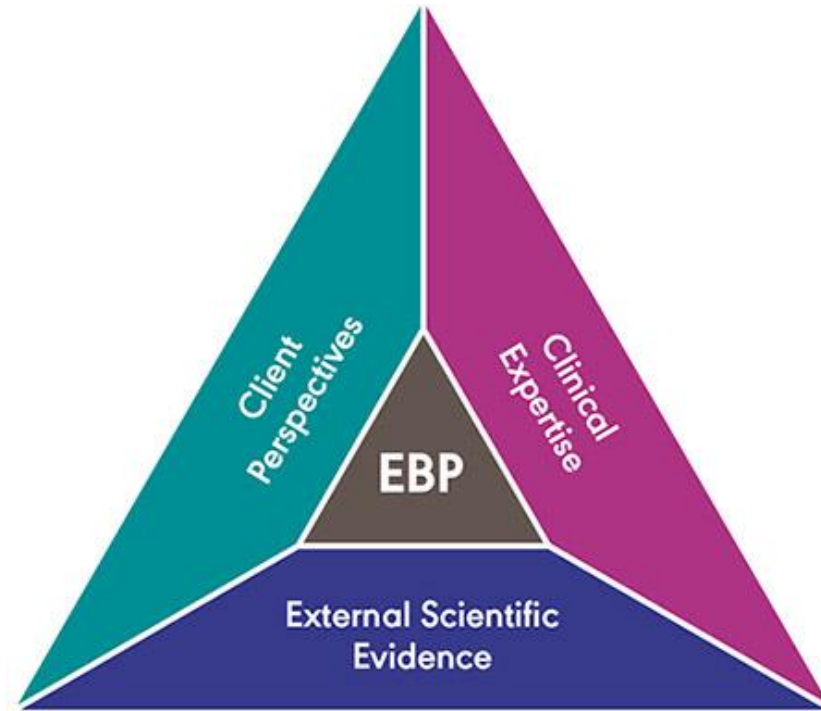
## Available from Pearson Q-Global or Q-Interactive

- CELF-5
- CELF-P:2
- PPVT-5
- EVT-3



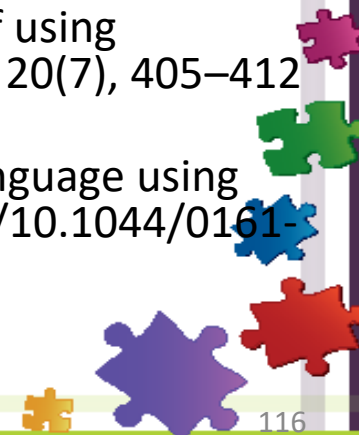
# SLP Diagnosis

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



# References

- [https://www.sac-oac.ca/sites/default/files/resources/sac\\_telepractice\\_position\\_paper\\_english.pdf](https://www.sac-oac.ca/sites/default/files/resources/sac_telepractice_position_paper_english.pdf)
- <https://www.acslpa.ca/wp-content/uploads/2019/05/Telepractice.pdf>
- <https://www.acslpa.ca/wp-content/uploads/2019/12/Standards-of-Practice-Area-1.0-1.7-Virtual-Care.pdf>
- <https://www.acslpa.ca/telepractice-faqs/>
- Eichstadt, T., Castilleja, N., Jakubowitz, M., & Wallace, A. (2013, November). *Standardized assessment via telepractice: qualitative review and survey data*. Paper presented at the annual meeting of the American-Speech-Language-Hearing Association, Chicago, IL.
- Sutherland, R., Trembath, D., Drevensek, S., Lee, S., Silove, N., & Roberts, J. (2017) Telehealth language assessments using consumer grade equipment in rural and urban settings: Feasible, reliable and well tolerated, *Journal of Telemedicine and Telecare*, 23 (1), 106-115 <https://doi.org/10.1177/1357633X15623921>
- Sutherland, R., Hodge, A., Trembath, D., Drevensek, S., & Roberts, J. (2016) Overcoming barriers to using telehealth for standardized language assessments, *Perspectives of the ASHA SIG 18*, 1(2), 41-50 <https://doi.org/10.1044/persp1.SIG18.41>
- Taylor, O., Armfield, N., Dodrill, P., & Smith, A. (2014). A review of the efficacy and effectiveness of using telehealth for paediatric speech and language assessment. *Journal of Telemedicine and Telecare*, 20(7), 405–412 doi: 10.1177/1357633X14552388.
- Waite M., Theodoros D., Russell T., & Cahill, L. (2010) Internet-based telehealth assessment of language using the CELF–4. *Language, Speech, and Hearing Services in Schools*, 41 (4), 445–458 [https://doi.org/10.1044/0161-1461\(2009/08-0131\)](https://doi.org/10.1044/0161-1461(2009/08-0131))



Thanks for your participation, and for  
completion of the survey monkey evaluation.

