

Assessment Validity Considerations during COVID-19

During this time, many practitioners are transitioning to providing remote services. However, there is uncertainty regarding administering assessments remotely and assessment validity during a pandemic. Many practitioners are concerned about whether their client is a good candidate for remote evaluation, what kinds of referral questions can be answered with a remote assessment, and whether the results would be valid. There are also questions regarding whether rating scales can be given at this time, what kinds of performance assessments can be administered remotely, and whether assessment results from pre- and post-COVID-19 can be included in the same evaluation. This document will provide guidance and considerations for testing during COVID-19.

Ultimately, as a practitioner, please follow all guidelines set forth by your professional organization or licensing board, as various organizations have given guidance. It is also essential to use your profession's legal and ethical decision-making guidelines when determining whether a virtual assessment is reasonable. For school-based personnel, it is also important to follow service delivery requirements and legal guidance set by the U.S. Department of Education as well as relevant state and local organizations.

Assessor Considerations

Just as it is important to consider whether the client is a good candidate for virtual assessment, the practitioner also needs to consider his or her own preparedness. The assessor needs a webcam, high-speed internet for performance assessments, and access to the assessments online. People also have different comfort levels with technology. Regardless of comfort level, the practitioner should practice the assessment several times before giving it to a real client. It is also important to consider test integrity and avoid actions such as mailing clients part of the assessment or making copies of test items.

Referral Question Considerations

It is important to consider how 'high-stakes' the assessment is before beginning. Assessments for legal issues, diagnoses, and services may be more time sensitive but also require a great deal of care when completing remotely. Assessments that may have less of a chance of potential harm to clients include progress monitoring tools and screeners.

The reason for referral should be carefully considered. For example, assessments to determine autism may be difficult to do via telehealth, and the assessor may want to complete more observations in a natural social environment, which may not be possible during this time. However, there is some emerging research from Vanderbilt University Medical Center in 2018 that concluded that remote assessments correctly identified children who would ultimately be diagnosed with autism in 78.9 percent of cases. This is hopeful information for completing complex assessments online.

Assessments for anxiety or other emotional issues may also be difficult to complete at this time, given the collective anxiety many people are feeling and the uncertainty of the current moment. Many people's anxiety is above average and is a natural response to the changes and concerns associated with COVID-19.

If the assessment is to determine the function of a particular behavior, it may be difficult or impossible to observe the behavior enough times remotely to collect sufficient data. School-based practitioners will also want to be mindful of completing assessments in the home environment when the interventions or services will be provided in the school environment.

The decision of assessing now or waiting needs to be carefully weighed, as putting off an assessment for an indeterminate amount of time has the potential to harm a child who is in need of services. However, there is also the risk of an inaccurate diagnosis when assessing during these uncertain times. For complex cases where there are multiple rule-outs and behavior needs to be observed in various environments, virtual assessment may not be the best method. If giving a provisional diagnosis now and re-evaluating later if needed is an option, it may be useful in obtaining necessary services while minimizing the risk of a false positive.

Performance Assessment Considerations

Please see our companion document containing detailed [remote assessment guidelines](#).

Rating Scale Considerations

Many practitioners have been concerned about the validity of rating scales. Some rating scales, such as the ABAS-3, were standardized with raters scoring the participant over the last four weeks, and many areas have been social distancing without school or services for longer than four weeks.

The child's behavior may be different now given the change in environment. The child's anxiety, attention, or behavior issues may be more prominent than usual for the child, showing elevated concerns that may not usually exist. When anxious, children may regress and show fewer adaptive skills than they are typically capable of showing. According to the National Association of School Psychologists, "although rating scales, interviews, and possibly home-based observations could be conducted remotely, it is important to remember that students' behavior during the time of school closure may not be typical for that student, which may reduce the utility of those assessments, particularly when planning interventions that may eventually be delivered when school resumes."

Practitioners should consider the length of time that the teacher has seen the child over the past few weeks before giving out the rating scale. If the referral is for a school-based concern, the teacher should think back to the child's typical behavior in the classroom prior to COVID-19. A caveat could also be written in the report if the rating scale is not used exactly as it was normed.

For school practitioners who are waiting until school resumes to assess, waiting to send rating scales to teachers in the fall still may be problematic, as the teachers or service providers will not have worked with the student in a classroom for several months, and the child's new teachers will still be getting to know the child. Weighing the pros and cons of waiting versus using rating scale assessments now is crucial for practitioners.

Considerations for Using Assessment Data from Different Points in Time

Many practitioners were in the process of assessing a client prior to closures due to COVID-19. For practitioners who are waiting for schools and services to open to complete testing, they will need to determine whether it is valid to include rating scales or performance assessments that were completed months apart to consider eligibility for special education, services, or a diagnosis.

Practitioners should include the results and interpretation of any performance assessments and rating scales that were completed prior to COVID-19 closures. It would be unethical to not include all information gathered as part of an evaluation. However, practitioners should be especially mindful of mixing information from different time points when the child's behavior and social-emotional status may have changed during the pandemic. If the parent is rating the child based on seeing the child every day during the school closure, but the teacher rated the child in winter 2020, there could be a significant discrepancy between their reporting. This is especially true if the child was under a significant amount of stress throughout the school closure. If the practitioner is making a high-stakes decision based on this reporting, it is important to also include other data, such as interviews regarding behavior and social-emotional status before and after COVID-19. The practitioner may also want to consider including additional rating scales to demonstrate school functioning after COVID-19. Having data taken at different time points can help build a stronger case in some circumstances and can also show changes over time.

Performance assessments need to be administered according to the way they were standardized. For most, that means giving it in one sitting or in a short period of time, if breaks are needed. If a performance assessment was started in winter 2020, it cannot be completed months later once school is back in session. However, this should be addressed in the write-up. If the performance assessment was completed before the school closure, it can be included as part of the assessment considerations. If the practitioner has reason to believe that the results would be different, another assessment measuring the same construct should be administered.

Considerations for Age of Client

It may be easier to assess an older child, teenager, or adult via telehealth and obtain accurate results. Younger children may not have the attention span to be assessed online and may need more support from the examiner. Younger children may also have difficulty sitting still and staying focused. Ideally, it is best to have a highly trained person to support the client at home to help assess a younger child. However, that may not be reasonable during this time. The facilitator may need to be a parent. At a minimum, the person who is helping facilitate should understand the needs of the assessment process. It is important to consider whether there is a person at the client's home who can help administer the assessment and keep the area free of distractions, without interfering with the assessment. When using a trained helper, it is also important to consider client privacy and maintain test integrity as much as possible.

Considerations for Clients with Disabilities

Children or individuals with significant cognitive or developmental disabilities may be more difficult to assess via telehealth. It is also important to consider any fine or gross motor delays or physical disabilities, as those clients may need additional support when assessed that can only be offered in person. Unless motor movements are being assessed, difficulty with manipulatives or motor movements can compromise test validity. Clients with significant attention difficulties may also be best assessed in person when the environment can be more tightly controlled, and more support can be provided.

Other Client Considerations

It is important to consider overall if the client is a good candidate for telepractice assessment. A lens of equity also needs to be considered. Many families from lower socioeconomic status backgrounds may not have access to a computer, high-speed internet, a webcam, or a space that is free of distractions. Clients from families who have been significantly affected (illness, job loss, etc.) may not be the best candidates for telehealth assessment at this time. Special consideration to language barriers and assessing in the client's primary language also apply, just as in the case of any assessment.

Obtaining Telehealth Consent

Even if the practitioner has consent for services or assessment, if the assessment or services were not originally given via telehealth, specific consent may be needed for remote services. In their telepractice guidelines, the American Speech-Language-Hearing Association recommends, "to manage risk, clinicians are advised to obtain documentation of informed consent from the client. This may include a description of the equipment and services to be delivered, how services via telepractice may differ from services delivered in person, the individual's right to revert to traditional face-to-face care at any time, any modifications that will be made in assessment protocols, and potential confidentiality issues." The parent or client needs to understand the risks, benefits, and limitations of providing services or assessment via telehealth.

Considerations for the Impact of Anxiety on Skills

According to the National Association of School Psychologists, signs of anxiety can be seen in attention and concentration difficulties. The child or adolescent may have difficulty with problem-solving, or show difficulties with memory. In particular, working memory can be affected by anxiety. This is thought to occur because of cognitive energy being spent on managing the anxiety. The symptoms of anxiety can depend on the age of the child. For preschool-age children, they may show behavioral regression, seem extra clingy, have new fears, or have difficulty sleeping. For elementary-age children, they may seem more irritable or want to spend more time alone. Restlessness and fidgeting are other signs of anxiety. For older adolescents, they may experience sleep disturbances, show changes in sleep habits, and engage in more conflicts. If completing an assessment during this time, it is important to consider whether the child was showing skill deficits due to anxiety before COVID-19, the degree to which the anxiety is impacting the child, and to consider whether the anxiety and skill deficits are a sign of pathology or a natural reaction to a very stressful time.

Strategies to Help Calm Anxiety during COVID-19

There are many strategies that can be used to calm anxiety. One approach is keeping a regular schedule as much as is possible. The use of visuals can help children keep a routine and understand what activities need to happen every day (breakfast, teeth brushing, online classes, etc.). Explaining the reasoning for social distancing in an age-appropriate format, while focusing on the positive and being careful of how the news is being discussed, can also be beneficial. Parents should monitor social media and news media usage regarding COVID-19 information. Teaching and practicing good coping skills such as deep breathing can be beneficial. Adults should also model good hygiene practices such as washing hands, wearing masks if needed, eating healthy, and getting enough sleep. Allowing children to exercise, go outside if it is safe, or speak with their friends on the phone or virtually can also restore some normalcy. If the anxiety lasts for several weeks and is impacting functioning, reach out to a mental health provider for support, as many are taking new clients via telehealth.

Conclusions

Clinical judgment is most important in determining the validity of telehealth assessment and evaluation. When determining the conclusions from the evaluation, it is important to consider how the information lines up with other data about the child – behavioral observations, parent or teacher interviews, record review, and any other evidence. In this sense, a virtual assessment is similar to a standard one, as assessments are one part of a larger picture for that client. Conducting interviews and a thorough history can help determine if the problem existed before COVID-19.

Just as in any assessment, the validity also depends on the participant's behavior during the evaluation. Considering whether the participant actively engaged during the testing, appeared overly anxious or distracted, and had the attention span to participate are all important to consider. According to the National Association of School Psychologists, "even when appropriate supports are available, school psychologists should still identify and report any validity issues given the student's level of anxiety, disruptions during the testing session, etc."

The most important consideration when determining the validity of remote testing is how the assessments were administered. Carefully thinking about how many deviations there were from the standard manner of administering the assessment can give additional information about the utility of the results. If significant changes were made, it is important to document them and how they may have impacted results. If any changes were made, the American Psychological Association recommends using a wider confidence interval when reporting scores. Documentation of the thought process, reasoning behind any assessment decisions, changes made to standard protocol, and any consultations with colleagues or supervisors are essential parts of the remote assessment process.

Sources:

- American Occupational Therapy Association: Occupational Therapy Telehealth Decision Guide. (2020, April 15). <https://www.aota.org/~media/Corporate/Files/Practice/Manage/Occupational-Therapy-Telehealth-Decision-Guide.pdf>
- American Speech-Language-Hearing Association: Telepractice. (n.d.). <https://www.asha.org/About/Telepractice-Resources-During-COVID-19/>
- Banks, G. G., & Butcher, C. (2020, April 17). Telehealth testing with children: Important factors to consider. <https://www.apaservices.org/practice/legal/technology/telehealth-testing-children-covid-19>
- Bibliography: TeleMental Health Institute. (2020). <https://telehealth.org/bibliography/>
- Burgess, K. (2017). Working Memory and Anxiety. <http://www.idonline.org/article/65341/>
- Estes, J. (2017). The American Occupational Therapy Association Advisory Opinion for the Ethics Commission: Telehealth.
- Florell, D., Garruto, J., & Pearrow, M. (2020). *Legal and ethical considerations for remote school psychological services*. NASP "Ask the Experts" Webinar Series.
- Florell, D., Oyen, K., Taylor, S., & Vekaria, H. (2020). *When one door closes and another opens: school psychologists providing telehealth services*. NASP "Ask the Experts" Webinar Series.
- Office and technology checklist for telepsychological services. (2020). <https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist>
- Sievering, K. (2020). Helping Children Cope With Changes Resulting From COVID-19. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/helping-children-cope-with-changes-resulting-from-covid-19>
- Telehealth in Occupational Therapy. (2018). *American Journal of Occupational Therapy*, 72(Supplement 2). <https://doi.org/10.5014/ajot.2018.72s219>
- Telehealth: Virtual Service Delivery Updated Recommendations. (2020). *National Association of School Psychologists COVID-19 Resources*.
- Virtual Service Delivery in Response to COVID-19 Disruptions. (2020). *National Association of School Psychologists COVID-19 Resources*.
- Walls, M. T. (Ed.). (2020, March). Coronavirus (COVID-19): Calming Anxiety (for Parents) - Nemours KidsHealth. <https://kidshealth.org/en/parents/coronavirus-calm.html>
- Wetzel, J. (2018, June 13). Vanderbilt study affirms effectiveness, promise of telemedicine for autism evaluations. <https://hope.childrenshospitalvanderbilt.org/vanderbilt-study-affirms-effectiveness-promise-of-telemedicine-for-autism-evaluations/>
- Wright, A. J., Mihura, J. L., Pade, H., & McCord, D. M. (2020, April 3). Guidance on psychological tele-assessment during the COVID-19 crisis. <https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19>