

Risk Management for Teleneuropsychology

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*Presented in Collaboration With
InterOrganizational Practice Committee and The Trust*



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Munro Cullum, PhD, ABPP-CN

Munro Cullum, PhD, ABPP, is professor of Psychiatry, Neurology, and Neurological Surgery at the University of Texas Southwestern Medical Center, where he also serves as Vice Chair of Psychiatry and Senior Neuropsychologist in the Peter O'Donnell Brain Institute and holds the Pamela Blumenthal Professorship in Clinical Psychology. He is board certified in clinical neuropsychology (ABPP) and is a past-president of the National Academy of Neuropsychology and the Society for Clinical Neuropsychology (APA Division 40), has served on the governing boards of INS and AACN, and is the incoming president of the Sports Neuropsychology Society. Dr. Cullum is involved in research, education, administration, and clinical service delivery in neuropsychology. He conducted the largest study of teleneuropsychology (TeleNP) to date, and his research since 2006 has demonstrated the feasibility, reliability, validity, and acceptability of this medium of remote assessment in different populations, in addition to offering preliminary recommendations and caveats regarding TeleNP practice.

Disclosures:

- Author of Texas Functional Living Scale published by Pearson, Inc.
- Honoraria and/or expense reimbursements for talks/attendance at meetings, consulting with neuropsychological test developers, and grant review panels.
- Grant funding from NIH, DOD, Texas Institute for Brain Injury & Repair

Conflicts of Interest:

No conflicts of interest with regard to the content of this webinar.

Russell M. Bauer, PhD, ABPP-CN

Russell M. Bauer, PhD, is Preeminence Professor of Clinical & Health Psychology at the University of Florida Academic Health Center and Director of the Brain Rehabilitation Research Center of Excellence (BRRC) at the Malcom Randall Veterans Affairs Medical Center in Gainesville, FL. He is Past President of the Society for Clinical Neuropsychology (APA Division 40) and the International Neuropsychological Society. Dr. Bauer's clinical work takes place in a patient-centric interdisciplinary TBI clinic in which neurology, neuropsychology, and rehabilitation professionals collaborate to develop diagnosis and management plans for persons with complicated recovery after concussion/TBI. Dr. Bauer's research program uses novel neurocognitive probes along with structural and functional MRI to develop early markers of neurocognitive decline in aging and traumatic brain injury. He also studies risk and injury factors that predispose to complicated recovery or chronic symptoms after concussion/mild TBI.

Disclosures:

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NIA/NIH: 1Florida ADRC (P50 AG047266)

Conflicts of Interest:

No conflicts of interest with regard to the content of this webinar.

Karen Postal, PhD, ABPP-CN

Karen Postal, PhD, ABPP-CN, is a past president of the American Academy of Clinical Neuropsychology and a founding chair of the InterOrganizational Practice Committee. She currently sits on APA's Advocacy Coordinating Committee and on the APA Testing Codes Advisory Group. Dr. Postal is a clinical instructor at Harvard Medical School. Her research focuses on improving communication about neuroscience and neuropsychology with patients and the general public. Dr. Postal also has a lifespan private practice in neuropsychology dedicated to helping people think better in school, at work, and throughout later life.

Disclosures/Conflicts of Interest:

This presenter does not have any conflicts of interest to disclose.

Daniel O. Taube, JD, PhD

Daniel O. Taube, JD, PhD, earned his JD/PhD from Villanova University and Hahnemann University (1985 and 1987, respectively), as a member of the Joint Psychology and Law Graduate Program. He is Professor Emeritus at the California School of Professional Psychology, Alliant International University, San Francisco, is currently a member of The American Insurance Trust's Risk Management team, and regularly consults across the country with a wide range of practitioners and community agencies regarding standards of practice and ethical concerns. His areas of professional focus include ethical and legal issues in professional practice, child protection and addictions.

Disclosures/Conflicts of Interest:

Dr. Taube is affiliated with The Trust Risk Management. He otherwise has no known conflicts of interest that would affect the content of his presentation.

NOTE: The information presented in this webinar is not intended to provide legal advice or to substitute for the advice of an attorney, but rather to provide information about risk considerations while engaging in teleneuropsychological evaluations.

Learning Objectives

1. Assess the progress and limitations of the current state of teleneuropsychology and analyze the reliability and validity of neuropsychological tests delivered via telehealth.
2. Demonstrate a framework for considering the incremental validity of adding a test in the context of the broader construct of teleneuropsychological assessments.
3. Apply strategies to engage in meaningful, clear consent conversations in the context of limitations of teleneuropsychological assessment.
4. Recognize types of assessments that present particular risks when administered in a telehealth setting.

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Outline

- Brief overview of teleneuropsychology (TeleNP) procedures and evidence
- Use of computerized testing
- Assessment vs testing
- Clear, person centered consent
- Risk Management and Tele-NP



Evolution of TeleNP

Munro Cullum, PhD, ABPP-CN

TeleNP during the COVID19 crisis

- What does the literature tell us?
- What tests work best?
- How or can we use standard norms?
- What are the caveats of TeleNP?



Teleneuropsychology History

Clinical interview, mental status exam, and some (especially verbal) neuropsychological tests appear well suited to videoconference- and/or telephone-based interactions

Early Research supporting TeleNP was encouraging:

Ball et al. 1993; Troster et al., 1995; Montani et al. 1997; Ball & Puffet 1998; Kirkwood et al. 2000; Menon et al. 2001; Jacobsen et al. 2003; Hildebrand et al. 2004; Loh et al., 2004; Vestal et al. 2006; Cullum et al., 2006

What Does TeleNP look like?



Goal: Make interactions and procedures as similar to traditional assessment context as possible

But, realize there are differences; it's not business as usual



Modern TeleNP Research

N > 200
Age 46-90
Educ 6-20
Rural / urban
Healthy control
MCI / dementia
Counterbalanced design
Alternate forms

NIH R01-AG27776-01A2



HHS Public Access

Author manuscript

J Int Neuropsychol Soc. Author manuscript; available in PMC 2015 April 27.

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J Int Neuropsychol Soc. 2014 November ; 20(10): 1028–1033. doi:10.1017/S1355617714000873.

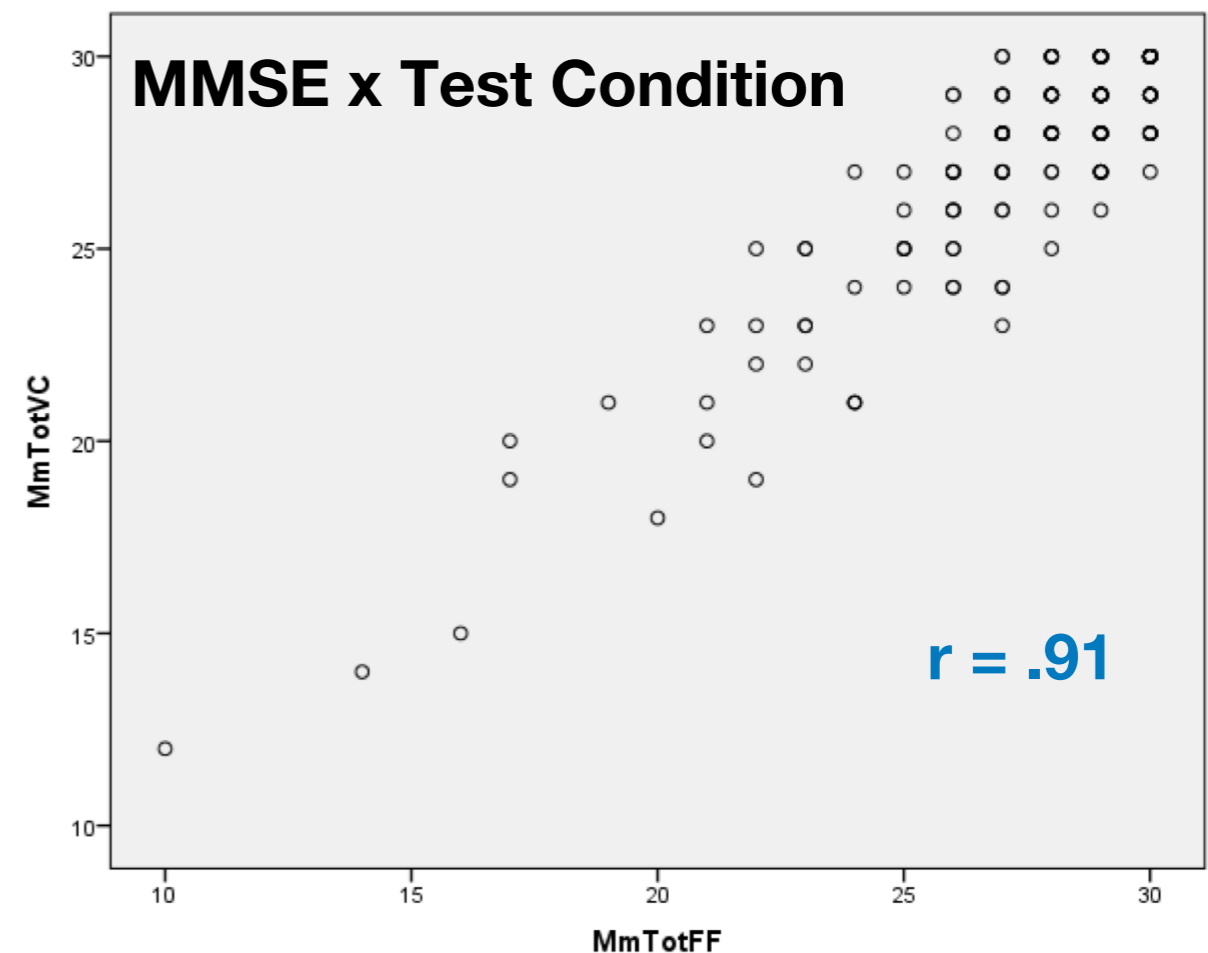
Teleneuropsychology: Evidence for Video Teleconference- Based Neuropsychological Assessment

C. Munro Cullum^{1,2}, L.S. Hynan³, M. Grosch¹, M. Parikh¹, and M.F. Weiner^{1,2}

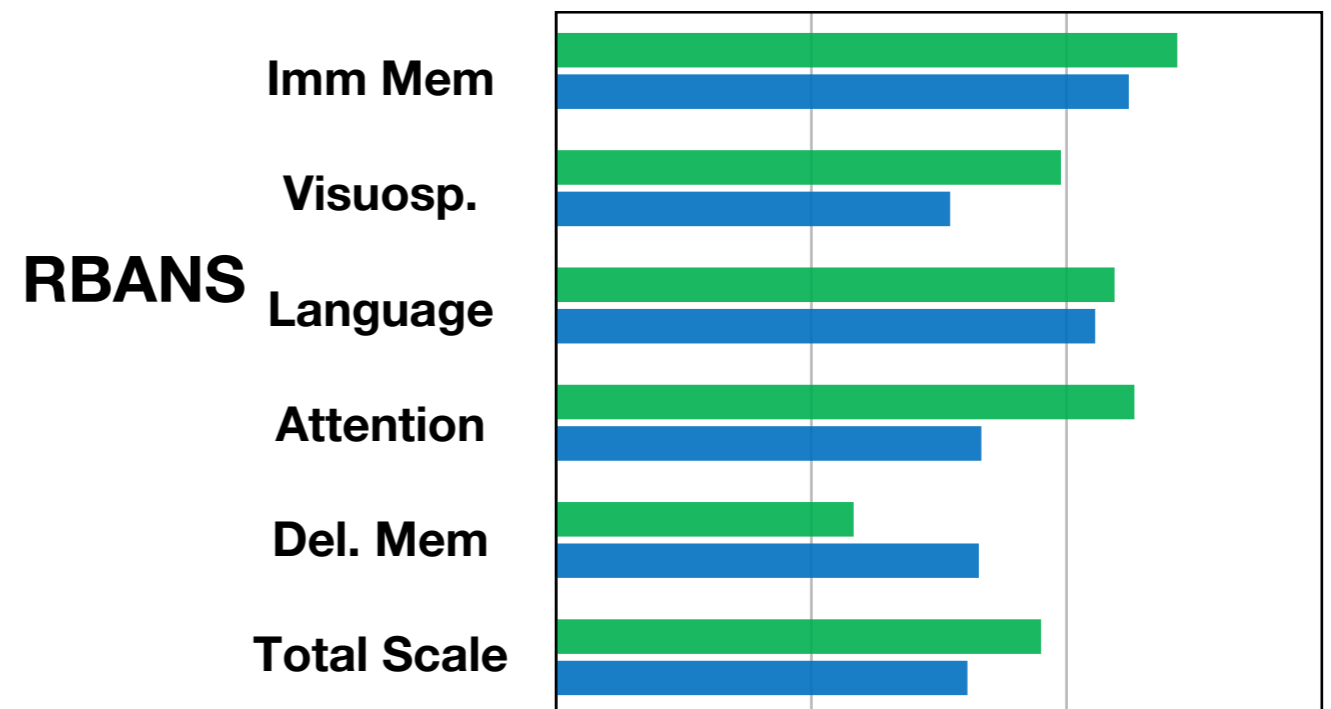
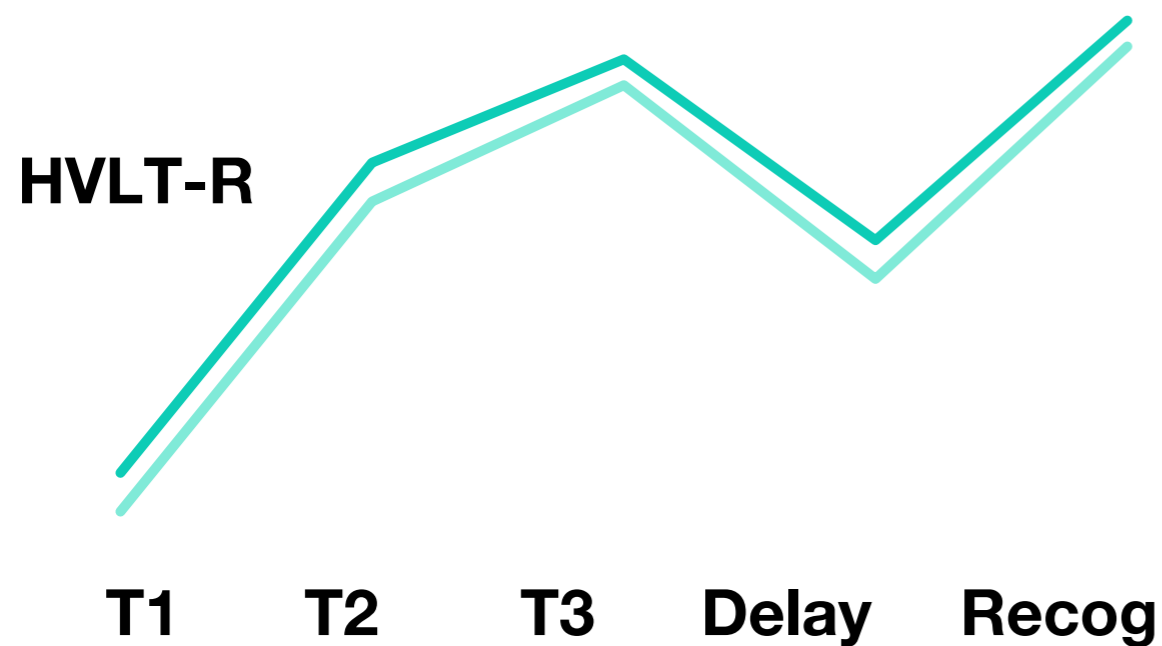
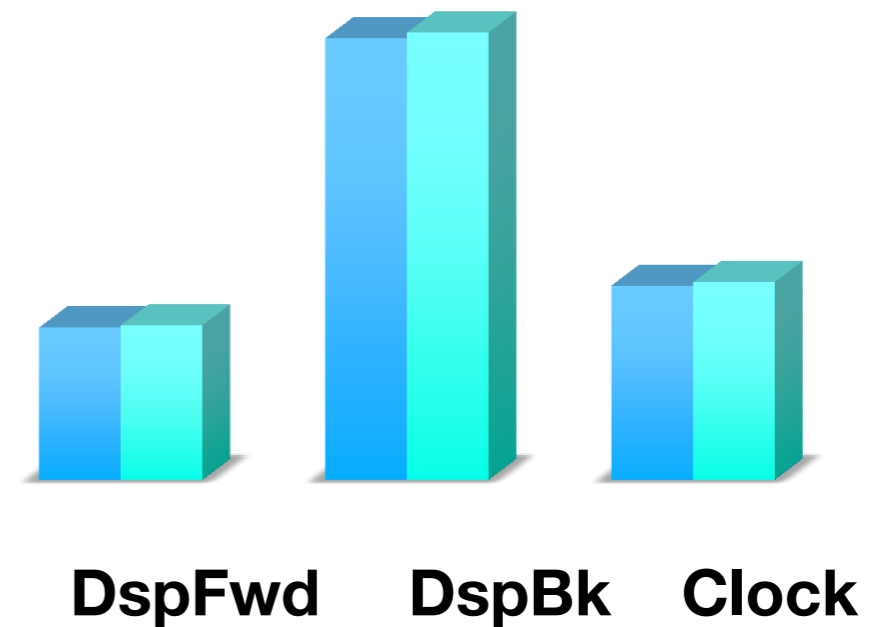
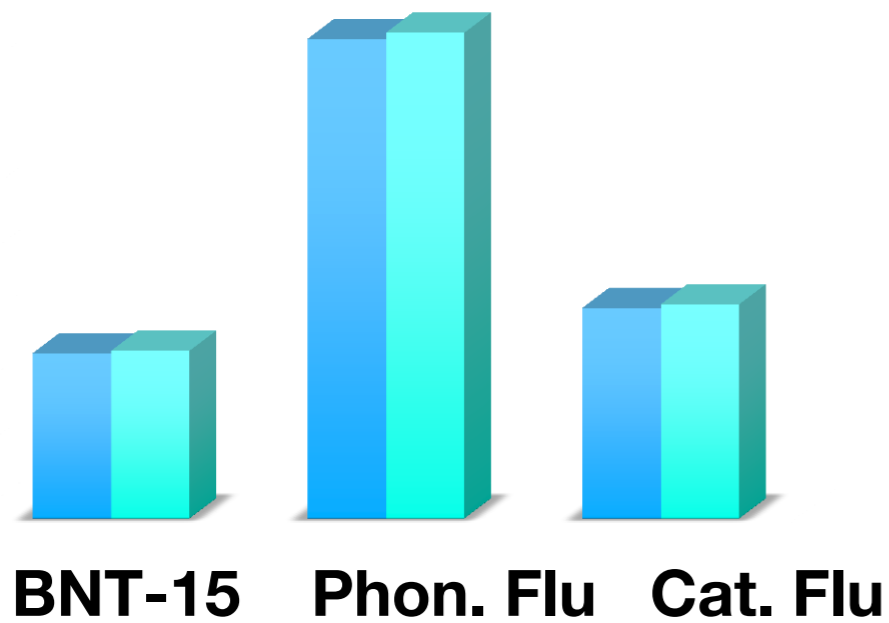
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TeleNP vs Traditional Test Results



Examples of tests that have demonstrated feasibility, reliability and validity in the TeleNP research environment

- MMSE, MoCA, RBANS
- Hopkins Verbal Learning Test-Revised
- Digit Span (Forward & Backward)
- Letter Fluency
- Category Fluency
- Boston Naming Test (15-item version)
- Clock Drawing

TeleNP Evidence

Neuropsychol Rev (2017) 27:174–186
DOI 10.1007/s11065-017-9349-1

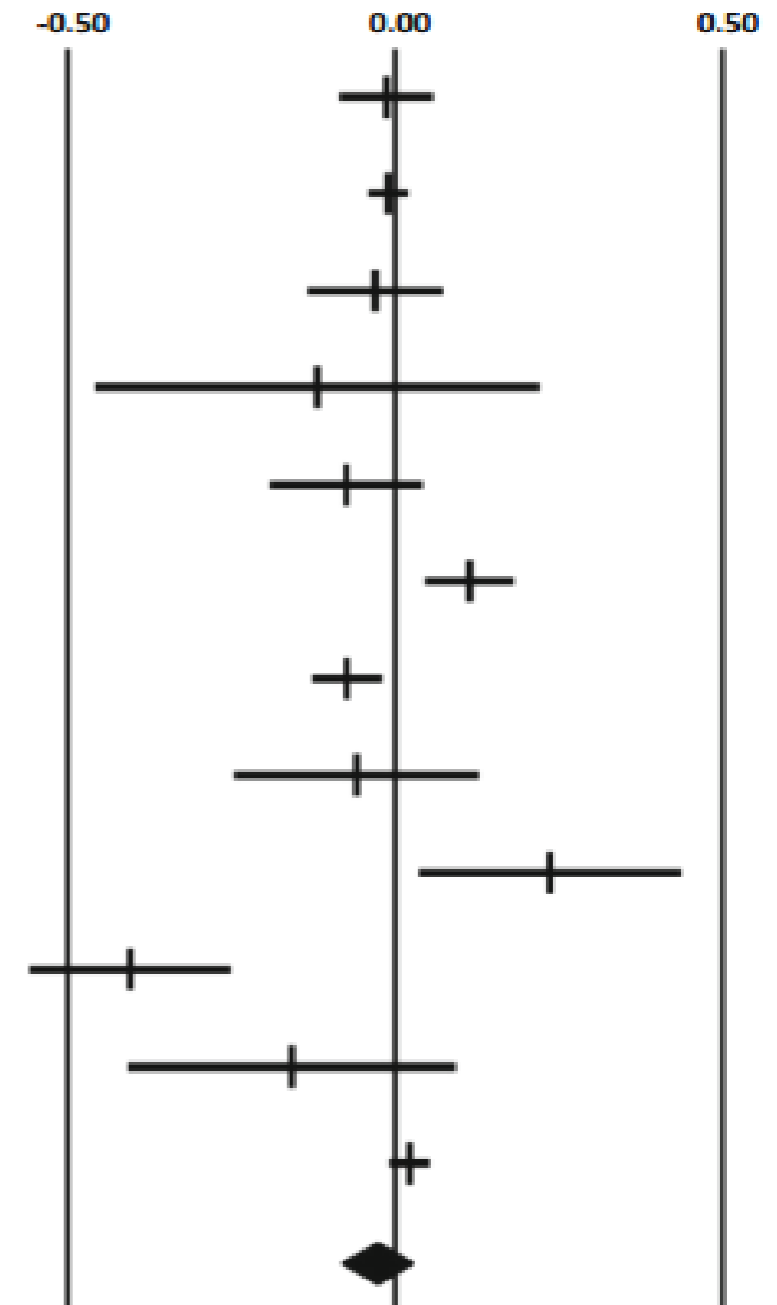


REVIEW

Neuropsychological Test Administration by Videoconference: A Systematic Review and Meta-Analysis

Timothy W. Brearly^{1,2,3} • Robert D. Shura^{1,2,3} • Sarah L. Martindale^{1,2,3} •
Rory A. Lazowski⁴ • David D. Luxton⁵ • Brian V. Shenal^{6,7} • Jared A. Rowland^{1,3,8,9}

- 12 studies reviewed; N=497
- Differences < .1 SD between test conditions
- No effect of TeleNP vs face-to-face testing



TeleNP literature supports initial*:

- ✓ Feasibility
- ✓ Reliability
- ✓ Validity
- ✓ Acceptability

TeleNP Caveats



- Most research done in controlled clinic settings; not in patients' homes
- Good internet connectivity, standard equipment, detailed protocols and experienced examiners
- Volunteer subjects, limited populations, limited diversity
- Brief assessments using carefully selected tests

How or can we use standard test norms in TeleNP?

- Initial TeleNP research is promising vis a vis norms for many tests studied to date, but clinical use requires cautious application
- Consider what norms are and how they are used (i.e., interpretive guidelines to assist clinicians)
- As with in-hospital testing, conservative use of norms is in order
- Remember: Tests and norms are no better than the clinician using them!

TeleNP Practice Considerations

Clin Neuropsychol. 2011 Oct;25(7):1119-33. doi: 10.1080/13854046.2011.609840. Epub 2011 Sep 27.

Initial practice recommendations for teleneuropsychology.

Grosch MC¹, Gottlieb MC, Cullum CM.

+ Author information

Abstract

Telemedicine refers to the use of electronic communications to deliver health-related services from a distance, and is particularly useful in bringing specialty services to remote and/or underserved areas. Despite the increasing use of videoconference technology in psychology, there are very few guidelines to direct practitioners as to the ethical practice and utilization of telemedicine, and even fewer resources for practitioners of telecognitive assessment or teleneuropsychology. This paper seeks to outline several practical and ethical considerations that are relevant to the practice of telecognitive assessment and to assist practitioners in providing safe, ethical, and competent care to their patients by proposing some initial practice recommendations.

Informed consent	Licensure and billing issues
Privacy & confidentiality	Technical specifications / equipment
Assessment-specific considerations	Competence with special populations
Working with assistants	Ethics

Also see: www.ioppc.online

TeleNP Research Takeaways

- Not all tests have been studied in the tele-environment; some won't work as well or at all
- It's not the same as in the office; many more risks to standardization, *especially in patients' homes*
 - Brief assessments are recommended (& don't forget the phone)
- *Practice* and learn before you use TeleNP clinically
- More research is needed!
- What about tele-use of computerized testing?



Computerized Testing Platforms in Teleneuropsychology

Russell M. Bauer, PhD, ABPP-CN

A silhouette of a cowboy wearing a hat and holding a lasso, set against a warm, golden sunset background. The cowboy is on the left side of the frame, looking towards the right. The lasso is coiled and extends across the bottom of the image.

Computerized Testing Platforms in Neuropsychology

Turnkey neuropsychological assessment platforms already in use:

- ImPACT
- CNS Vital Signs
- CANTAB – Cambridge Cognition
- Cogstate Cognigram™
- ANAM

- **Do these represent a “head start” or “opportunity” for use in teleneuropsychology?**
- **Does the teleneuropsychology model you adopt affect applicability?**
 - In-office, supervised
 - In-home, unsupervised

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For those not familiar with the Remote Testing platform, you can experience a brief demo by clicking [here](#).

For those that have not registered, or their practice site or credentials may have changed, you can Register [here](#), and be eligible to participate in a complimentary webinar training program described above, once you take a test yourself. Established customers can request a refresher webinar. Refresher webinars, are not eligible for another 10 training tests, but the training is available at no cost. You do not have to download any software to implement Remote Testing. Remote Testing is web based.

Once your account is active you simply log on to your account, select "CNSVS Remote Testing" from the menu on the right. Then select the tests and questionnaires to be administered and send an email to your patient following the prompts. The patient will receive the email and be able to take the test battery at their computer. The results will appear in your on-line account in the "View Reports" section.

Details

Each month until June 30 2020, we will replenish up to 20 Remote Testing assessments at no additional cost. For example, if you use 15 of the Remote Testing assessments in April, your account will have 15 Remote Testing assessments replenished the first week of May. If you used 25 tests, in April you will have 20 Remote Testing assessments replenished the first week of May. Likewise, those given in May will be replenished the first week of June. Remote Tests given in June will be replenished the first week of July.

Keep in mind the Federal Government does not allow free tests to be administered to Medicare and Medicaid patients. Only completed tests are eligible for replacement. In-office tests are excluded from this program.

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Cognitive assessments are invaluable tools for understanding the role of specific brain functions across a range of disorders and syndromes; giving insight into underlying causes, identifying ways to detect the earliest symptoms and evaluating the effects of interventions designed to improve brain health.

The Clinical Neuropsychologist, 2012, 26 (2), 177–196
<http://www.psypress.com/tcn>
ISSN: 1385-4046 print/1744-4144 online
<http://dx.doi.org/10.1080/13854046.2012.663001>

 Psychology Press
Taylor & Francis Group

**Computerized Neuropsychological Assessment Devices:
Joint Position Paper of the American Academy of Clinical
Neuropsychology and the National Academy of
Neuropsychology[†]**

**Russell M. Bauer^{1,7}, Grant L. Iverson^{2,8}, Alison N. Cernich^{3,7},
Laurence M. Binder^{4,8}, Ronald M. Ruff^{5,8}, and Richard I. Naugle^{6,7}**

Outlined organizational position on 8 key issues relevant to healthcare use of CNAD's:

Key Issues Addressed by CNAD Position Paper

- Marketing and performance claims (what can CNAD's do?)
- Who are appropriate end-users?
- Technical (hardware/software/firmware) issues
- Privacy, data security, and identity verification
- Reliability and validity
- Cultural, experiential, and disability factors affecting examinee interaction with CNAD's
- Computerized reporting services
- Response and performance validity

Issues Exacerbated by COVID-19: Problem Examples

- Marketing and Performance Claims
 - Tests should meet APA Standards for Educational and Psychological Testing
 - “Standard Administration”
 - Fairness in testing (equal access)
 - Computer availability
 - Linguistic diversity
 - Disability status
 - Disorder-specific (e.g., concussion) tests vs. General Purpose NP application
 - Transparency of algorithms for summarizing performance
 - Marketing, labeling, use, and documentation
 - Safety and Efficacy for targeted use – no data on TNP



Issues Exacerbated by COVID-19: Problem Examples

- Test User Qualifications (administration vs. interpretation)
 - Behavioral observations
 - Quantitative interpretation
 - Testing vs. assessment vs. evaluation
- Technical Considerations
 - Does installation and execution in TNP reproduce standardization conditions?
 - Operating system, computing environment, connection, and timing
 - Desktop, tablet, handheld variability
 - How to test for this?
- Privacy and Data Security
 - Healthcare provider is responsible for insuring privacy and security
 - End-to-end encryption?
 - Identity verification?



Issues Exacerbated by COVID-19: Problem Examples

▪ Testing Environment

- Privacy: where does the data go and where is it stored?
- Freedom from distractions, interruptions
- Can you take a CNAD lying on the couch?



▪ Psychometric Development Issues

- What are norms/expected results for self-administered testing?
- Ethical standards nonbinding on non-psychologist developers?
- Psychometric issues apply to test characteristics *and clinical inferences*
- Limited demographic corrections for CNAD platforms

Issues Exacerbated by COVID-19: Problem Examples

- Cultural, Experiential, and Disability Factors
 - Can CNAD be given to diverse persons?
 - Interaction of patient with computer interface
 - Most CNAD's do not incorporate behavioral observations
- Response and Performance Validity
 - Need appropriate compliance, cooperation, and motivation/effort
 - How is validity assessed?

Response Validity Indicators CNS-VS Example

CNS Vital Signs Embedded Indicators of Valid Effort

Clinical Domains	TEST VALIDITY INDICATORS
Composite Memory	Both Verbal and Visual Memory are Valid.
Verbal Memory	Verbal Memory raw score > 30.
Visual Memory	Visual Memory raw score > 30.
Psychomotor Speed	Both FTT and SDC are Valid
Reaction Time	Stroop: Simple RT < Complex RT < Stroop RT
Complex Attention	Valid Stroop, CPT, and SAT. Correct > incorrect response in all tests.
Cognitive Flexibility	Valid Stroop and SAT. Correct > incorrect responses in all tests.
Processing Speed	SDC: Correct Responses \geq 20 AND Correct Responses > Errors
Executive Function	SAT: errors < correct responses.
Non-Verbal Reasoning	NVR: correct responses \geq 4 and Correct > incorrect responses.
Social Acuity	POET: correct responses > 3. Correct > incorrect responses
Sustained Attention	4PCPT: Part 2 > 2 correct; part 3 > 5 correct; part 4 > 5 correct.
Working Memory	Correct > incorrect responses in all parts.
Simple Attention	CPT: if \geq 10 years old, CPT is valid if Correct Responses - Commission Errors* \geq 30, if < 10 years old CPT is valid if Correct Responses - Commission Errors* \geq 25
Motor Speed	FTT: total taps \geq 40

FTT - Finger Tapping Test; SAT - Shifting Attention Test; SDC - Symbol Digit Coding Test; RT - Reaction Time; CPT - Continuous Performance Test; POET - Perception of Emotions Test; NVR - Non-verbal Reasoning; 4PCPT - Four Part CPT
The "Validity Indicator" scoring algorithm is based on research presented (Detecting Invalidity In Neurocognitive Tests) at International Society for CNS Clinical Trials and Methodology (ISCTM) in 2009. The poster is available on the CNS Vital Signs website.

Two Research Examples: In-Home CNAD

Longitudinal Comparison of in Clinic and at Home Administration of the Cogstate Brief Battery and Demonstrated Practice Effects in the Mayo Clinic Study of Aging.

Authors: Albertson SM, Alden EC, Knopman DS, Kremers WK, Lundt ES, Machulda MM, Mielke MM, Petersen RC, Stricker NH

Journal: The Journal of Prevention of Alzheimer's Disease

DOI: 10.14283/jpad.2019.35

Year Published: 2020

In-home measures yielded lower scores on several subtests compared to in-office measures

Published in final edited form as:

J Prev Alzheimers Dis. 2016 March ; 3(1): 8–12. doi:10.14283/jpad.2015.78.

The Feasibility of At-Home iPad Cognitive Testing For Use in Clinical Trials

Dorene M. Rentz, PsyD^{1,6}, Maria Dekhtyar², Julia Sherman³, Samantha Burnham, PhD⁴, Deborah Blacker, MD, ScD⁵, Sarah L. Aghjayan, BA⁶, Kathryn V. Papp, PhD⁶, Rebecca E. Amariglio, PhD^{1,6}, Adrian Schembri, DPsych⁷, Tanya Chenhall, MA⁷, Paul Maruff, PhD⁷, Paul Aisen, MD⁸, Bradley T. Hyman, MD, PhD¹, and Reisa A. Sperling, MD^{1,6}

In-home testing is feasible for a clinical trial environment, provided participants are pre-trained

CNAD Summary

- Turnkey computerized neuropsychological assessment devices are in wide use in a variety of clinical and clinical research settings
- Several issues were reviewed that may complicate or limit their uncritical application as a substitute for examiner-administered neuropsychological evaluation tools
- These issues/problems are undoubtedly exacerbated in the teleneuropsychology environment
- The distinction between testing, assessment, and evaluation is critical

Contextualizing and Consenting Tele-NP Testing Within an Episode of Neuropsychological Care

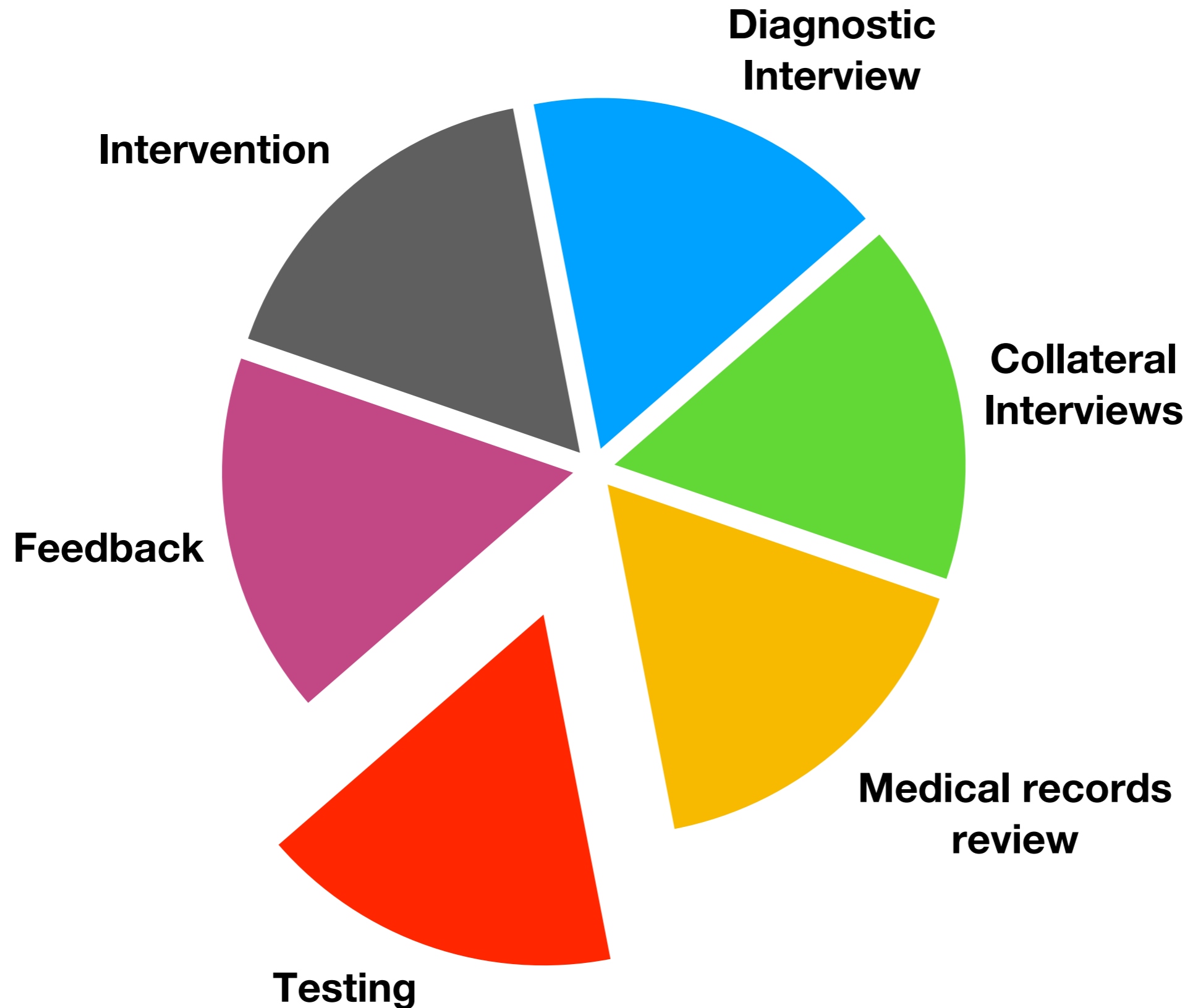
Karen Postal, PhD, ABPP-CN

We are always assessing...

but we don't always test



Neuropsychological Assessment





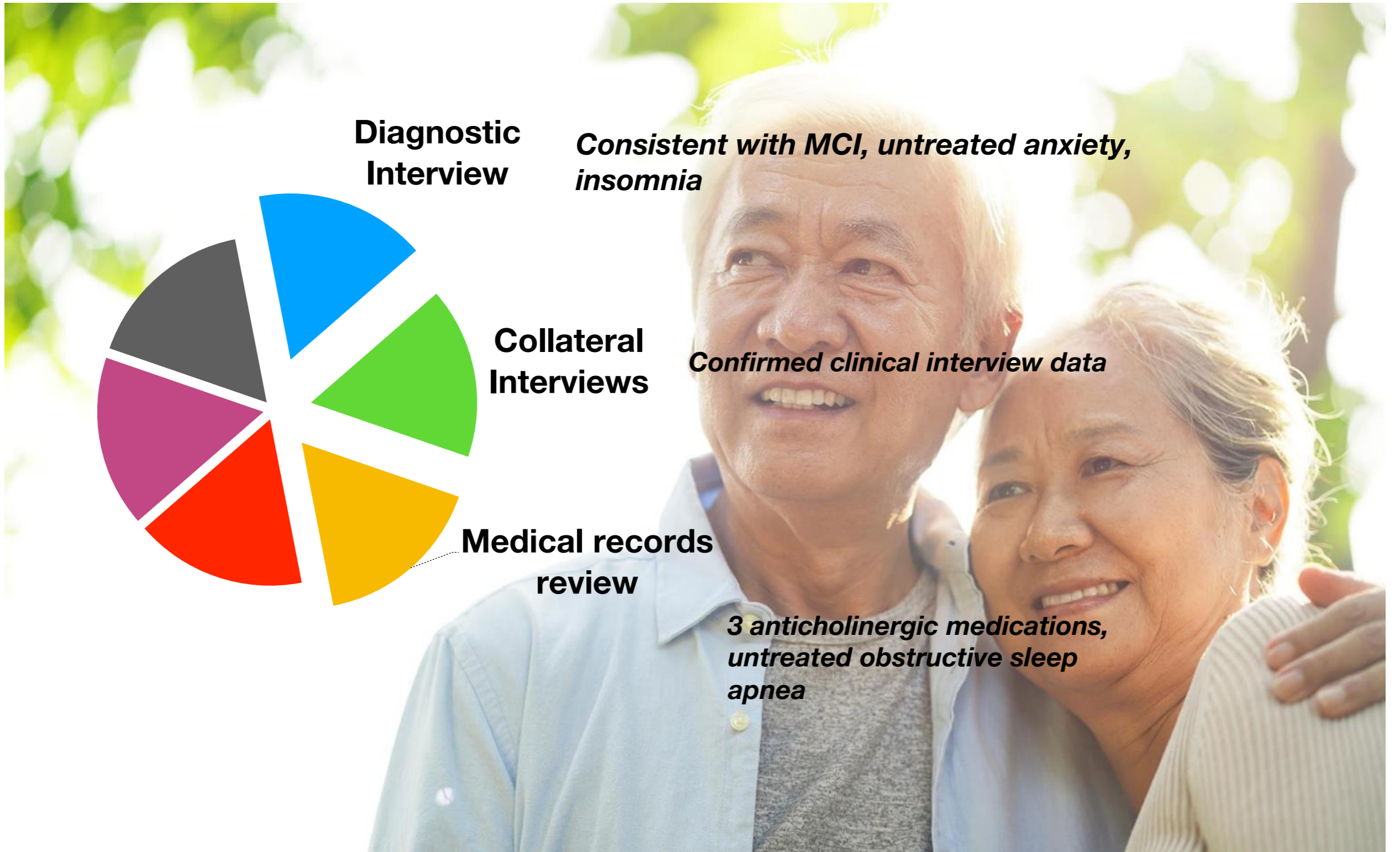
Testing

What is the incremental validity of testing in this case?

What about using **nonstandard testing with limited or no norms?**

Clinical example: MCI





Diagnostic Interview

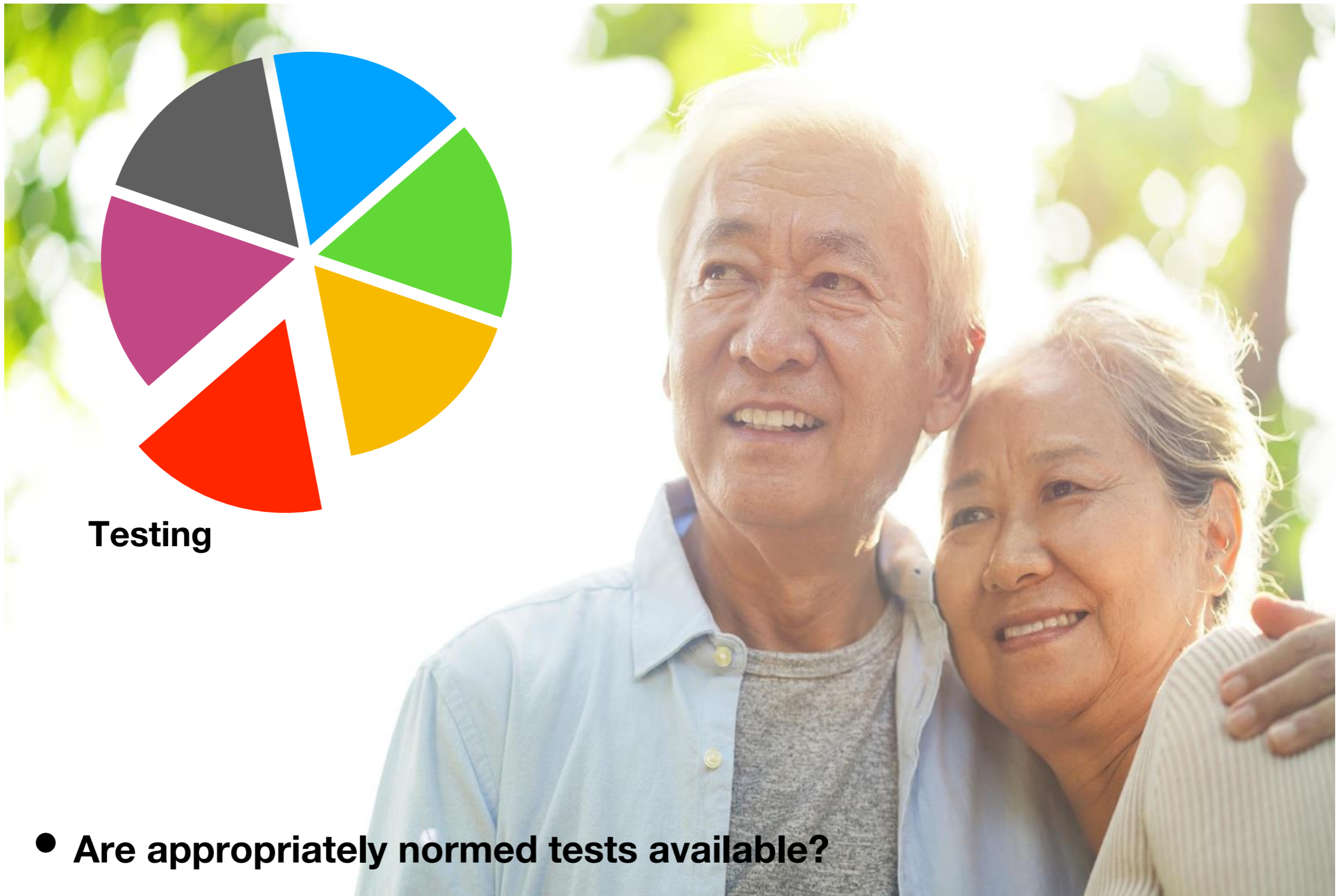
Consistent with MCI, untreated anxiety, insomnia

Collateral Interviews

Confirmed clinical interview data

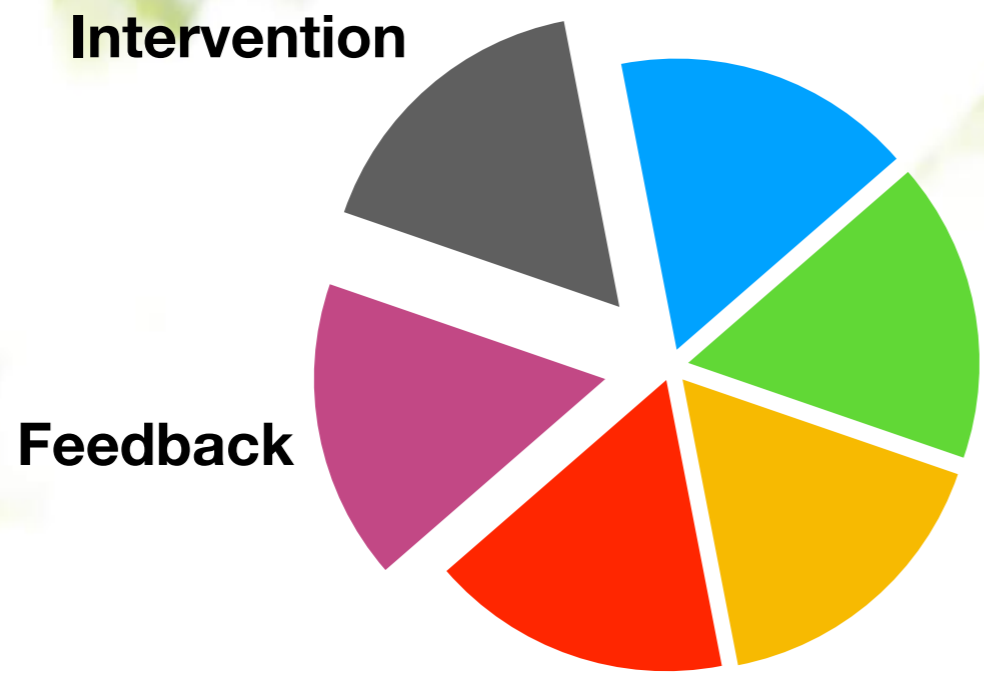
Medical records review

3 anticholinergic medications, untreated obstructive sleep apnea



Testing

- **Are appropriately normed tests available?**
- **Would test scores add to the differential without first addressing untreated OSA, cholinergic meds, and anxiety?**



Feedback Session: Explain cumulative cognitive impacts of OSA, Ambien, Detrol, Benadryl Anxiety

Intervention:

- 2 session to make friends with CPAP
- 2 sessions sleep hygiene
- Referral CBT anxiety
- Communicate with prescriber
- Return for testing 6 months



We are always assessing but we don't always test

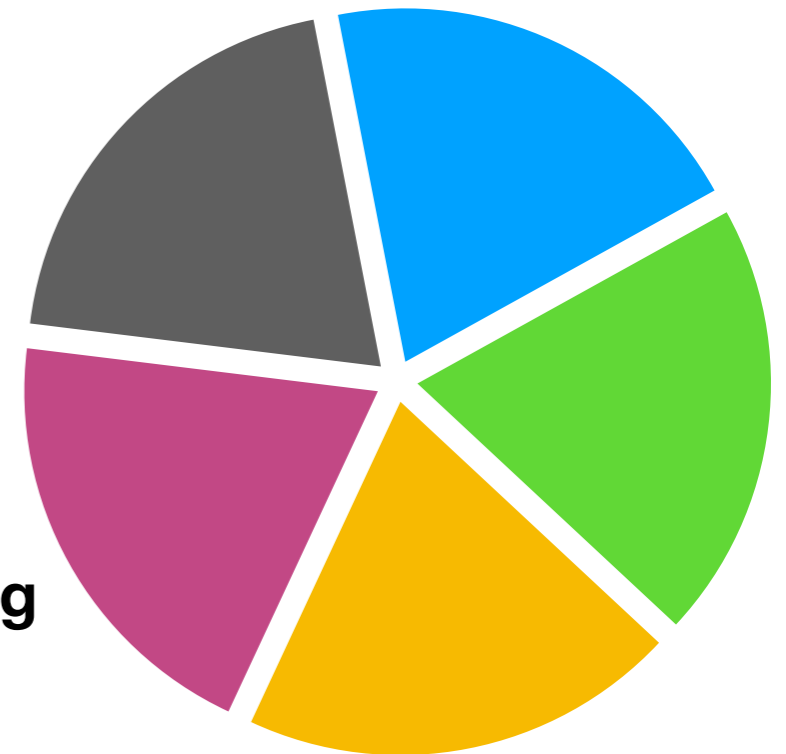
Case 2: abbreviated testing



Case 1: typical testing



Case 3: no testing



Person - centered consent





Begin with the language of our patients

**Clear, accessible
language**

Culturally relevant metaphors

**Avoid jargon: norms, standardized,
validity, reliability, error rates**

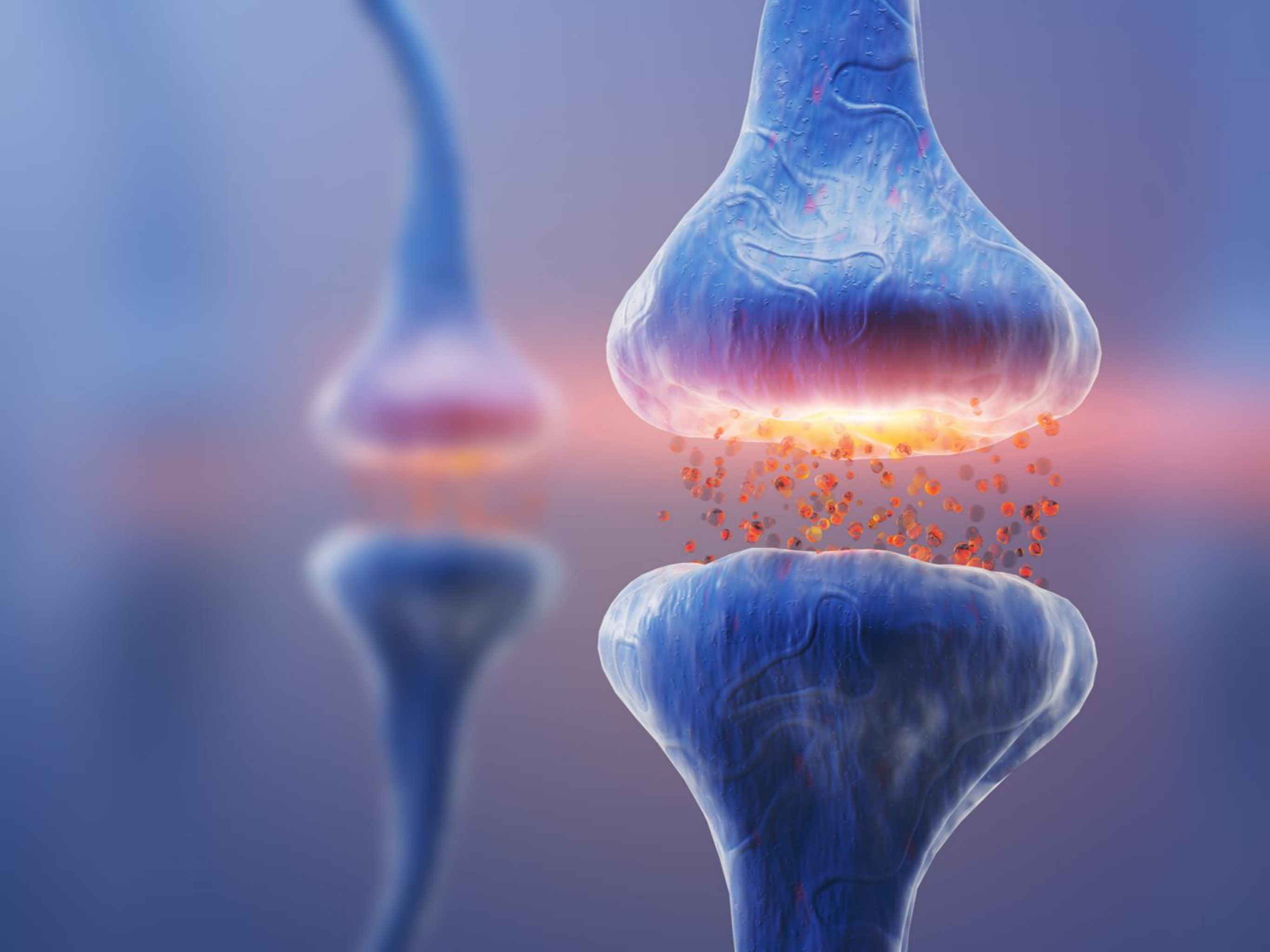
“Normally, our measuring stick is pretty good....”



“There are so many unknowns. This testing won’t give me the same understanding about what is happening in your brain.....”

“Because this isn’t the usual way of taking the tests, your college may not accept this as documentation....”

“In your mother’s case, because none of you kids can be with her during the testing session, testing over the computer does not make sense....”



Risk Management and Tele-NP

Daniel Taube, JD, PhD

Risk Management and Tele-NP

Daniel Taube, JD, PhD, The Trust
Advocate Program

- Can one continue to provide in-person neuropsychological assessments as COVID-19 continues to spread?
- The risks of high stakes assessment in using mostly unvalidated methods;
- Resolving potential conflicts between ethical principles and risk management approaches;
- Tele-NP: A Pandora's box?

Resources

- APA Telepsychology Best Practice 101 Series
<https://apa.content.online/catalog/product.xhtml?eid=15132>
- Campbell, L. F., Millán, F. A., & Martin, J. N. (2018). A telepsychology casebook: Using technology ethically and effectively in your professional practice. (L. F. Campbell, F. A. Millán, & J. N. Martin, Eds.). Washington, DC: American Psychological Association.
<https://doi.org/10.1037/0000046-000>
- Pragmatics of Telepsychology Practice in the Age of COVID-19
<https://ce.nationalregister.org/videos/pragmatics-of-telepsychology-practice-in-the-age-of-covid-19-archived/>
- The Trust: A Practical Guide to Providing Telepsychology with Minimal Risk
<https://parma.trustinsurance.com/Workshops-Webinars/Free-CE/A-Practical-Guide-to-Providing-Telepsychology-with-Minimal-Risk>
- The Trust: COVID-19 Resources for Practitioners
<https://parma.trustinsurance.com/Resource-Center/COVID-19-Resources>
- The Trust PARMA Resource Center
<https://parma.trustinsurance.com/Resource-Center>

Q&A



- Drs. Sammons and Martin will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

