



The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate. For further information on the methodology used in the compilation of this document—including a complete list of sources consulted—please see our [National Health Library and Knowledge Service Summary of Evidence Protocol](#).

YOUR QUESTION

What is the evidence for the efficacy of remote psychological assessment [as opposed to therapy/intervention] with children for whom there is a query of a disability such as intellectual disability, Autism Spectrum Disorder, ADHD, or emotional or behavioural difficulties?

IN A NUTSHELL

There has been much interest in the viability of remote delivery of psychological services via telehealth to children with a diagnosed or suspected learning disability. This interest has mainly been in relation to autism, due to the need to provide a diagnosis as early and as quickly as possible^{8,15,16} and the difficulties in doing this caused by, for example, the lack of services to remote and/or underserved populations^{1,2,7,11,12,13,14}, and the lack of staff to carry out the assessments^{3,18}. These factors contribute to long waiting times for a diagnosis to be confirmed^{19,20} which, in turn, leads to a delay in intervention.

This interest has been extended to the current pandemic which has led to a reduction in face to face psychological interventions and a growing recognition that services, including assessments, may have to be delivered in different ways^{2,10,24}.

Helpful guidance has been produced by professional bodies relating to remote interaction with people in general^{9,22,24}, and children in particular^{21,23}.

While there are many studies on the delivery of interventions to children with a diagnosed learning disability and/or their carers, there are relatively few studies which deal with the remote psychological assessment of children. The majority of these relate to autism, with only a small number



focusing on other issues such as language disorders⁵, cognitive ability^{6,11}, ADHD¹⁰ and emotion regulation¹¹. The remote assessment technologies explored include web-based solutions^{16,11,20}, the use of video recordings^{5,8,15,16,19} and video conferencing^{4,10,12,14}.

While some positive outcomes are noted, especially when direct face to face contact is not possible⁵, there is a general consensus that further research is required, as current evidence regarding the effectiveness of remote technologies for the assessment/diagnosis of children is limited^{1,2,4,6,14,17,18,20}.

INTERNATIONAL LITERATURE

[BAKER, J et al \(2020\) The Acceptability and Effectiveness of Web-Based Developmental Surveillance Programs: Rapid Review¹](#)

Background: Web-based developmental surveillance programs may be an innovative solution to improving the early detection of childhood developmental difficulties, especially within disadvantaged populations.

Objective: This review aimed to identify the acceptability and effectiveness of web-based developmental surveillance programs for children aged 0 to 6 years.

Methods: A total of 6 databases and grey literature were searched using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses-informed protocol. Data extraction included variables related to health equity.

Results: In total, 20 studies were identified. Most papers implemented web-based versions of the Modified Checklist for Autism in Toddlers, Revised with Follow-Up screener for autism spectrum disorder or Parent Evaluation of Developmental Status screeners for broad developmental delay. Caregivers and practitioners indicated a preference for web-based screeners, primarily for user-friendliness, improved follow-up accuracy, time, and training efficiencies.

Conclusions: Although evidence is limited as to the necessity of web- versus face-to-face-based developmental screening, there are clear efficiencies in its use.



[DAHIYA, AV et al \(2020\) A systematic review of remote telehealth assessments for early signs of autism spectrum disorder: Video and mobile applications²](#)

Autism spectrum disorder (ASD) impacts an individual's developmental trajectory across several domains, supporting the importance of early detection and identification, which is ultimately the first step toward treatment planning. Children should be exposed to an ASD screening at 18 and 24 months of age, but such services are not always available across demographic groups or accessible to underserved communities. Screenings can be especially limited in circumstances such as the COVID-19 pandemic or other situations dictating that people stay at home. Thus, it is important to expand the accessibility of assessment services that can provide accurate identification of ASD in young children through the use of technology such as video or mobile application platforms. This systematic review aimed to summarize the state of the literature as it relates to accessible telehealth assessments and screening tools for infants and toddlers suspected to have ASD in remote populations. Seven studies that utilized video or mobile applications to assess young children in underserved communities were found, including individuals within their first 3 years of life. Although some positive results were found regarding effectiveness, there is a need for more sustainable research for this age group, especially for those with limited access to services.

[DOYEN, C et al \(2019\) Telemedicine and autism spectrum disorder in children and adolescents: Theoretical and practical guide³](#)

The development of telemedicine for children and adolescents is a real need because of difficult accessibility of mental health and the paucity of childhood psychiatrists.

The remote evaluation is a 4-step process: a first teleconsultation structured around the medical history of the subject in order to complete his medical file and the observation of the young subject; a second teleconsultation structured around the ADI-R interview with parents; the third teleconsultation is a mixed teleconsultation associating the medical expert of the DCEA and a psychologist trained in the use of the Childhood Autism Rating Scale (CARS) and the Vineland Adaptive Behavior Scales (VABS). The fourth teleconsultation consists of the psychiatrist giving feed-back to parents about the results of the observations of the DCEA team.



The PROMETTED program empirically validates the concept of remote evaluation for children and adolescents with ASD. The need to extend the use of telemedicine to tele-expertise for medicine monitoring or behavioral disorder management has been noted.

[GOLDSTEIN, FP et al \(2017\) Bridging Care Gaps: Using Tele-health to Provide Care for People With Autism Spectrum Disorder⁴](#)

Objectives: Explore the usage of telehealth to conduct diagnostic assessments and interventions for people with Autism Spectrum Disorder.
Methods: A PubMed search was conducted. Personal experience from the first author, a telehealth and ASD expert, was also utilized.

Results: While telehealth usage and satisfaction are high, its utility in the diagnosis of Autism Spectrum Disorder is limited. There are few studies to support the validity of the ADOS and ADI, gold standard diagnostic tools, when administered via videoconferencing.

Conclusion: Telehealth with high quality videoconferencing to provide health care, is an excellent venue to see patients with ASD that live far from experts. Its suitability as the venue for diagnostic assessment is acutely limited. It is a useful tool to triage and engage patients and families, an effective venue to provide education and training for caregivers, healthcare providers and other professionals and an effective modality to provide symptom management.

[GUIBERSON, M \(2016\) Telehealth measures screening for developmental language disorders in Spanish-speaking toddlers⁵](#)

This research provides additional evidence showing the effectiveness of a hybrid telehealth model in screening the language development of Spanish-speaking children. More specifically, reported vocabulary combined with number of different words produced by a child can provide informative and accurate diagnostic information when screening Spanish-speaking toddler-age children for DLDs. These findings replicate the first study in showing that hybrid telehealth approaches that combine the use of video technology and traditional pen and paper surveys yield strong results, and may be a viable screening alternative when face-to-face access to a bilingual provider is not possible.

[HODGE, M A et al \(2019\) Agreement between telehealth and face-to-face assessment of intellectual ability in children with specific learning disorder⁶](#)

Introduction: Access to cognitive assessments for children living remotely is limited. Telehealth represents a potential cost- and time-effective solution. A pilot study was conducted to determine the feasibility of telehealth to assess cognitive function in children with learning difficulties.

Methods: Thirty-three children (median age = 9 years 11 months), recruited from the New South Wales Centre for Effective Reading, underwent assessment of intellectual ability. Comparisons were made between the intellectual ability index scores obtained by a psychologist sitting face-to-face with the children and another psychologist via telehealth using a web-based platform, CoviU.

Results: The telehealth administration method yielded comparable results to the face-to-face method. Correlation analyses showed high associations between the testing methodologies on the intellectual ability indices (correlation coefficient range = 0.981-0.997).

Discussion: Findings indicate that telehealth may be an alternative to face-to-face cognitive assessment. Future work in a broader range of cognitive tests and wider range of clinical populations is warranted.

[JUÁREZ, AP et al \(2018\) Early identification of ASD through telemedicine: Potential value for underserved populations⁷](#)

Increasing access to diagnostic services is crucial for identifying ASD in young children. We therefore evaluated a telemedicine assessment procedure. First, we compared telediagnostic accuracy to blinded gold-standard evaluations (n = 20). ASD cases identified via telemedicine were confirmed by in-person evaluation. However, 20% of children diagnosed with ASD in-person were not diagnosed via telemedicine. Second, we evaluated telediagnostic feasibility and acceptability in a rural catchment. Children (n = 45) and caregivers completed the telemedicine procedure and provided feedback. Families indicated high levels of satisfaction. Remote diagnostic clinicians diagnosed 62% of children with ASD, but did not feel capable of ruling-in or out ASD in 13% of cases. Findings support preliminary feasibility, accuracy, and clinical utility of telemedicine-based assessment of ASD for young children.



[**KANNE, SM et al \(2018\) Screening in toddlers and preschoolers at risk for autism spectrum disorder: Evaluating a novel mobile- health screening tool⁸**](#)

With the wait times getting longer for comprehensive Autism Spectrum Disorder (ASD) diagnostic assessments, it is becoming increasingly important to find accurate tools to screen for ASD. The current study compares four screening measures that have been in use for some time to a novel mobile-health screening tool, called Cognoa. The Cognoa tool is novel because it integrates parent-report questions with clinical ratings of brief video segments uploaded via parent's smartphones to calculate ASD risk. Two hundred thirty children who were referred to one of three ASD specialty diagnostic centres to see if they had ASD participated in the study. A direct comparison indicated potential advantages for Cognoa not often covered by another single measure/tool.

[**LUXTON, DD \(2020\). Best practices for remote psychological assessment via telehealth technologies⁹**](#)

The use and capabilities of telehealth technologies to conduct psychological assessments remotely are expanding. Clinical practitioners and researchers need to be aware of what influences the psychometric properties of telehealth-based assessments to assure optimal and competent assessments. The purpose of this review is to discuss the specific factors that influence the validity and reliability of remote psychological assessments and to provide best practices recommendations. Specific factors discussed include the lack of physical presence, technological issues, patient and provider acceptance of and comfort with technology, and procedural issues. Psychometric data regarding telehealth-based psychological assessment and limitations to these data, as well as cultural, ethical, and safety considerations are discussed. The information presented is applicable to all mental health professionals who conduct psychological assessment with telehealth technologies.

[**MCGRATH, J \(2020\) ADHD and COVID-19: Current roadblocks and future opportunities¹⁰**](#)

Attention Deficit Hyperactivity Disorder is the commonest disorder presenting to Child and Adolescent Mental Health Services in Ireland. ADMiRE is a specialist ADHD service in South Dublin that provides assessment and intervention for >200 children and adolescents with ADHD. The first section of this article considers the impact of the COVID-19



pandemic on the provision of mental health services for young people with ADHD with specific reference to the difficulties that have been experienced in ADMiRE since the outbreak of COVID-19 in Ireland. In ADMiRE, there has been a significant reduction of face to face consultations, postponement of new assessments, difficulties with physical monitoring, delays in medication initiation, suspension of medication titration, lack of group interventions and problems with access to controlled drug prescriptions. Current guidelines and alternative ways of ensuring adequate service provision are discussed. Restrictions to mitigate the spread of COVID-19 are likely to continue for many months, and child and adolescent mental health services need to find new ways to provide a sustainable service to young people in Ireland. There is a growing evidence base for telepsychiatry, the use of technology such as video conferencing to deliver mental health care remotely, and this approach may be particularly useful in assessment and management of ADHD. The second section of this article discusses the evidence base for telepsychiatry in ADHD, and outlines factors that should be considered when developing a telepsychiatry service for children and adolescents with ADHD.

[OBEID, R et al \(2019\) Using Telehealth to address disparities in cognitive, language, and emotion regulation problems in young children: A case illustration using the INvesT model¹¹](#)

Over the past decade, there has been a rise in the prevalence of developmental disabilities. Early diagnosis and access to healthcare services are essential for children with developmental delays to optimize development. For families living in poverty, accessing specialized assessment/intervention services for children with developmental disabilities is often a formidable task. In this study, we provide preliminary evidence for the implementation of a developmental risk assessment screening questionnaire using a telehealth format to address the gap in access to services in a community clinic serving a low-income urban neighborhood. Ninety-seven caregivers of children between 12 months and 7 years of age participated in this study. Caregivers completed the risk assessment screening questionnaire using an iPad that was available to them at the clinic. Results showed that while only 11% of caregivers indicated they were initially concerned about their child's overall development, completion of the focused risk assessment resulted in a completely different picture. Fifty percent of caregivers reported that their child had three or more concerns in at least one area of development that would warrant further evaluation. Alerting both families and professionals to these



concerns as early as possible may position the family and child to receive the much-needed services that have the potential to mitigate more serious developmental problems. This article discusses the promising role that Telehealth can play in providing screening services for all families, but especially low-income urban households.

[REESE, RM et al \(2015\) Brief Report: Use of Interactive Television in Identifying Autism in Young Children: Methodology and Preliminary Data¹²](#)

Children living in rural and underserved areas experience decreased access to health care services and are often diagnosed with autism at a later age compared to those living in urban or suburban areas. This study examines the utility and validity of an ASD assessment protocol conducted via video conferencing (VC). Participants (n = 17) included families with young children (2.5-6 years) requesting an evaluation for ASD in an interdisciplinary clinic. We randomly assigned families to complete an additional evaluation either in-person or via VC prior to their clinic appointment and compared diagnostic impressions to their interdisciplinary clinic evaluation. Results demonstrate excellent inter-rater agreement on diagnoses between clinicians in the VC setting and the interdisciplinary team, which suggests VC may be a viable method to increase access to autism diagnostic services, and ultimately early intervention, for families in rural and underserved areas.

[REESE, RM et al \(2015\) Preliminary evidence for the integrated systems using telemedicine¹³](#)

Autism affects as many as 1 in 68 children in the United States. Early identification and access to intervention services promote improve outcomes for children with autism and other developmental delays. Children living in rural and underserved areas have limited access to such services and are diagnosed later than those living more suburban and urban areas. Our Integrated Systems Using Telemedicine (ISUT) Model uses a cost-effective method for families to access diagnostic and other specialty care through telemedicine. This model links families, trained early intervention providers and educators, and university-based medical professionals.

[REESE, RM et al \(2013\) Evaluating interactive videoconferencing for assessing symptoms of autism¹⁴](#)

Background: Autism affects as many as 1 in 88 children. Best practices recommend early identification and intervention for optimal outcomes.

Currently, a gap exists between time of first concern and diagnosis, particularly for families living in rural areas. Telemedicine as a tool for assessment and diagnosis of autism is one way to address this disparity. Emerging evidence suggests telemedicine as a viable option for assessing children with a variety of special needs.

Materials and methods: This study expands upon the current literature by investigating clinicians' ability to assess autism via telemedicine. Using interactive videoconferencing, we simulated autism assessment procedures with families with an existing diagnosis (autism or developmental disability) using current gold-standard assessment tools. We compared diagnostic accuracy, item-by-item reliability on the Autism Diagnostic Observation Schedule (ADOS)-Module 1, and the Autism Diagnostic Interview-Revised (ADI-R) as well as parent satisfaction in an in-person and interactive videoconferencing condition. Ten children (3-5 years old) with developmental delays and 11 children matched on chronological age with a diagnosis of autism were assigned to be assessed and interviewed either in-person or over videoconferencing. Clinicians observed both in-person and through videoconferencing regardless of patient assignment.

Results: Results indicated no significant difference in reliability of diagnostic accuracy, ADOS observations, ratings for ADI-R parent report of symptoms, and parent satisfaction between conditions. Results indicate adequate clinician agreement and parent satisfaction regardless of observational condition.

Conclusions: Future research should include a larger sample size and assess children without an existing diagnosis.

[SMITH, CJ et al \(2017\) Investigating the accuracy of a novel telehealth diagnostic approach for autism spectrum disorder¹⁵](#)

Research indicates that a substantial amount of time elapses between parents' first concerns about their child's development and a formal diagnosis of autism spectrum disorder (ASD). Telehealth presents an opportunity to expedite the diagnostic process. This project compared a novel telehealth diagnostic approach that utilizes clinically guided in-home video recordings to the gold standard in-person diagnostic assessment. Participants included 40 families seeking an ASD evaluation for their child and 11 families of typically developing children. Children were between the ages of 18 months and 6 years 11 months; mean adaptive behaviour composite = 75.47 (SD = 15.94). All parent participants spoke English fluently.

Families completed the Naturalistic Observation Diagnostic Assessment (NODA) for ASD, which was compared to an in-person assessment (IPA). Agreement between the 2 methods, as well as sensitivity, specificity, and interrater reliability, were calculated for the full sample and the subsample of families seeking an ASD evaluation. Diagnostic agreement between NODA and the IPA was 88.2% ($\kappa = 0.75$) in the full sample and 85% ($\kappa = 0.58$) in the subsample. Sensitivity was 84.9% in both, whereas specificity was 94.4% in the full sample and 85.7% in the subsample. Kappa coefficients for interrater reliability indicated 85% to 90% accuracy between raters. NODA utilizes telehealth technology for families to share information with professionals and provides a method to inform clinical judgment for a diagnosis of ASD. Due to the high level of agreement with the IPA in this sample, NODA has potential to improve the efficiency of the diagnostic process for ASD.

[SUTANTIO, JD et al \(2020\) Validity of Telemedicine for Diagnosing Autism Spectrum Disorder: Protocol-Guided Video Recording Evaluation¹⁶](#)

Background: Delayed diagnosis of autism spectrum disorder (ASD) remains a persistent pediatric health problem, due to limited access to competent diagnosticians and tertiary health care. A telemedicine method using a store-and-forward approach presents an opportunity to facilitate early identification and referral for intervention. This study aimed to evaluate the validity of protocol-guided video recording compared with direct assessment (DA) for diagnosing ASD.

Materials and Methods: Children aged 18-30 months with chief complaints of delayed speech or social indifference, and Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R) score of more than two were included. Parents were instructed to video record certain scenarios, which were assessed by an experienced professional based on the DSM-5 checklist for ASD. DAs using DSM-5 criteria were considered to be the gold standard of diagnosis. Diagnostic agreement, sensitivity, specificity, predictive values, and likelihood ratios were calculated to measure diagnostic validity.

Results: The diagnostic agreement between the two methods was 82.5%. The sensitivity of video recording for diagnosing ASD was 91.3% (95% confidence interval [CI] [79.7%-100%]), while the specificity was 70.6% (95% CI [48.9%-92.2%]). The positive predictive value was 80.7% (95% CI [65.6%-95.9%]), while the negative predictive value was 85.7% (95% CI [67.4%-100%]). The positive likelihood ratio was 3.1 (95% CI [1.47-6.5]), while the negative likelihood ratio was 0.16 (95% CI [0.03-0.47]).



Conclusions: A telemedicine approach using protocol-guided video recording evaluation has substantial validity compared with DA for diagnosing ASD.

[SUTHERLAND, R et al \(2018\) Telehealth and autism: A systematic search and review of the literature¹⁷](#)

Purpose: Research interest in telehealth and autism spectrum disorder (ASD) has grown. There is a need to review the literature to allow speech-language pathologists (SLPs) and other service providers to consider applicability to their settings. The aim of this review was to examine the nature and outcomes of studies examining telehealth assessment and/or intervention in ASD.

Method: A systematic search of the literature was undertaken, with 14 studies meeting inclusion criteria. The authors extracted information from each included article, including participant characteristics, technology used, measures and reported outcomes. Quality review of articles was undertaken.

Result: The 284 participants with ASD across the 14 included studies ranged in age from 19 months to adulthood. The quality of the studies varied. A range of services were provided via telehealth, including diagnostic assessments, early intervention and language therapy. Results suggested that services delivered via telehealth were equivalent to services delivered face to face, and superior to comparison groups without telehealth sessions.

Conclusion: The findings suggest there may be a range of benefits in using telehealth with individuals with ASD, their families, and teachers. Further research, however, is required particularly regarding the use of telehealth directly with children with ASD for assessment and intervention.

[TALBOTT, MR et al \(2019\) Brief Report: Preliminary Feasibility of the TEDI: A Novel Parent-Administered Telehealth Assessment for Autism Spectrum Disorder Symptoms in the First Year of Life¹⁸](#)

Families with early concerns about infant symptoms of ASD have limited access to experienced professionals for screening and guidance. Telehealth has been used to reduce access disparities in other pediatric populations and has shown promise in parent-implemented interventions for ASD. We investigated the feasibility of a novel level-2 telehealth assessment of infants' early social communication and ASD symptoms, the Telehealth Evaluation of Development for Infants (TEDI). Parents of eleven infants aged 6-12 months were coached to administer specific semi-structured



behavioral probes. Initial feasibility, reliability, and acceptability benchmarks were met. These findings suggest the feasibility of screening infants via telehealth, and are supportive of further large-scale efforts to validate this method for longitudinal monitoring of symptomatic infants in community settings.

[**TARIQ, Q et al \(2018\) Mobile detection of autism through machine learning on home video: A development and prospective validation study¹⁹**](#)

Background: The standard approaches to diagnosing autism spectrum disorder (ASD) evaluate between 20 and 100 behaviors and take several hours to complete. This has in part contributed to long wait times for a diagnosis and subsequent delays in access to therapy. We hypothesize that the use of machine learning analysis on home video can speed the diagnosis without compromising accuracy. We have analyzed item-level records from 2 standard diagnostic instruments to construct machine learning classifiers optimized for sparsity, interpretability, and accuracy. In the present study, we prospectively test whether the features from these optimized models can be extracted by blinded nonexpert raters from 3-minute home videos of children with and without ASD to arrive at a rapid and accurate machine learning autism classification.

Conclusions: These results support the hypothesis that feature tagging of home videos for machine learning classification of autism can yield accurate outcomes in short time frames, using mobile devices. Further work will be needed to confirm that this approach can accelerate autism diagnosis at scale.

[**YOUNG, GS et al \(2020\) A video-based measure to identify autism risk in infancy²⁰**](#)

Background: Signs of autism are present in the first 2 years of life, but the average age of diagnosis lags far behind. Instruments that improve detection of autism risk in infancy are needed. This study developed and tested the psychometric properties of a novel video-based approach to detecting ASD in infancy.

Methods: A prospective longitudinal study of children at elevated or lower risk for autism spectrum disorder was conducted. Participants were 76 infants with an older sibling with ASD and 37 infants with no known family history of autism. The Video-referenced Infant Rating System for Autism (VIRSA) is a web-based application that presents pairs of videos of parents and infants playing together and requires forced-choice judgments of which

video is most similar to the child being rated. Parents rated participants on the VIRSA at 6, 9, 12, and 18 months of age. We examined split-half and test-retest reliability; convergent and discriminant validity; and sensitivity, specificity, and negative and positive predictive value for concurrent and 36-month ASD diagnoses.

Results: The VIRSA demonstrated satisfactory reliability and convergent and discriminant validity. VIRSA ratings were significantly lower for children ultimately diagnosed with ASD than children with typical development by 12 months of age. VIRSA scores at 18 months identified all children diagnosed with ASD at that age, as well as 78% of children diagnosed at 36 months.

Conclusions: This study represents an initial step in the development of a novel video-based approach to detection of ASD in infancy. The VIRSA's psychometric properties were promising when used by parents with an older affected child, but still must be tested in community samples with no family history of ASD. If results are replicated, then the VIRSA's low-burden, web-based format has the potential to reduce disparities in communities with limited access to screening.

OTHER

[AMERICAN PSYCHOLOGICAL ASSOCIATION \(2020\) Connecting with children and adolescents via telehealth during COVID-19²¹](#)

Children and teens still need access to psychological services during this public health emergency. Here is APA's guidance for child and adolescent psychologists in the era of COVID-19.

[BRITISH PSYCHOLOGICAL SOCIETY \(2020\) Psychological assessment undertaken remotely²²](#)

These guidelines apply to UK practitioner psychologists conducting psychological assessments of individuals under the specific restrictions in practice which are in place during the COVID-19 pandemic. We acknowledge that remote assessment is already a recognised practice in some circumstances. However, during the pandemic many psychologists who would not routinely undertake remote assessment are considering doing so due to the restrictions in place.



[SEAGER VAN DYK, I et al \(2020\) \[Preprint. Not Yet Peer-Reviewed\] COVID-19 Tips: Building Rapport with Youth via Telehealth²³](#)

A checklist of tips for engaging with children and young people remotely.

[WRIGHT, AJ \(2020\) Guidance on psychological tele-assessment during the COVID-19 crisis²⁴](#)

Much of the psychological assessment work conducted by psychologists is timely, necessary and high-stakes. During this crisis period with physical distancing and stay-at-home orders, it may be best for many psychologists simply to pause their psychological assessment work. However, because of the uncertainty about how long this will continue and the fact that many individuals simply need assessments conducted, despite the constrictions of the current circumstances, these guidelines are meant to help psychologists continue their important work in the most ethical, clinically responsible way possible.

Whenever possible, administration procedures should mimic or at least approximate the standardized protocols presented in test manuals.

However, when this is not possible, psychologists should take steps to collect data that are as high quality as possible and use caution and clinical expertise when interpreting those data and integrating them with other information to make conclusions and inform clinical decisions.



Produced by the members of the National Health Library and Knowledge Service Evidence Team[†]. Current as at 09 June 2020. This evidence summary collates the best available evidence at the time of writing and **does not replace clinical judgement or guidance**. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.

The following PICO(T) was used as a basis for the evidence summary:

| | |
|---|---|
| P Population person location condition/patient characteristic | CHILDREN WITH A SUSPECTED LEARNING DISABILITY IE INTELLECTUAL DISABILITY, ASD OR ADHD |
| I Intervention length location type | REMOTE PSYCHOLOGICAL ASSESSMENT |
| C Comparison another intervention no intervention location of the intervention | FACE TO FACE ASSESSMENT/USUAL CARE |
| O Outcome | ACCURATE DIAGNOSIS |

The following search strategy was used in PsycInfo:

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REMOTE* N2 ASSESS* OR REMOTE* N2 SCREEN* OR REMOTE* N2 DIAGNOS* OR (( REMOTE OR ONLINE OR
TELEHEALTH OR TELEMEDICINE OR ZOOM) AND (ASSESS* OR SCREEN* OR DIAGNOS*)) OR DE "TELEMEDICINE"+ OR
DE "COMPUTER ASSISTED DIAGNOSIS"

AND

INTELLECTUAL * N2 DISAB* OR LEARNING DISAB* OR EMOTIONAL BEHAVIOURAL OR EMOTIONAL BEHAVIORAL OR
AUTISM OR AUTISTIC OR ATTENTION DEFICIT OR EBD OR ASD OR ADHD OR DEVELOPMENTAL * N2 DELAY* OR
DEVELOPMENTAL * N2 DISAB* OR LEARNING DIFFICULT* OR DE "NEURODEVELOPMENTAL DISORDERS"+

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