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Dear Parent/Guardian:

As a result of the novel coronavirus (COVID-19) pandemic, many of the typical clinical services, such as therapy and evaluations appointments cannot be conducted in person. Remote assessments will be conducted when appropriate. This means that the evaluation process will happen using a “remote assessment platform.” The clinician and the patient will be in different locations, and the assessments will be conducted using video and audio technology. Any remote assessment will require access to some form of technology and access to the internet. The type of technology required will vary depending on the assessment(s) being conducted and we will work together to access HIPAA compliant options.

You may either consent to the remote assessment, or if you want, the evaluation can be delayed until it can be conducted in person at a later time when stay at home orders are lifted by the State of New York. Some aspects of telehealth that families should be aware of include that parents should not record, share, post/publish, or otherwise disseminate audio, photos, or video of the remote assessment. The reason for this is due to the fact that standardized tests are copyrighted by law and this also to protect the privacy of the child and assessment process during the testing session. You will read in the attached information sheet more about the process of telehealth/remote assessments and you should feel free to ask any questions.

The attached document explains that there is a thoughtful, ethical decision-making process about the need to conduct remote assessments. There will be careful articulation of the reasoning and conclusions for the chosen course of action, and a thorough, informed consent process with patients/clients focusing on the risks and benefits of in-person vs. remote care. All these factors should be considered before this decision is made. Please note that the fluid, rapidly evolving nature of the impact and understanding of COVID-19 makes conclusions about remote testing, at best, tentative, and the one main focus being on the attention to the clinical and individual needs of the children that are served.

Evaluations Utilizing a Tele-Service Delivery Method

Evaluators who conduct evaluations utilizing remote assessment platforms must use care in selecting assessment tools and techniques that are appropriate to the technology and take into consideration the family's cultural, linguistic, and educational background. Assessment materials and procedures will need to be modified in order to account for the lack of physical contact. Typical evaluation instruments are not normed on telehealth/teletherapy and reporting scores from norm-referenced instruments would be outside of typical standardization procedures, however, in the past decade there has been an increase of data regarding assessment via telehealth with promising results (not a significant difference between face-to-face administration and telehealth assessments with valid and reliable data on many tests; meta-analysis study by Brearly et al., 2017) . All steps will be taken to appropriately, thoughtfully, and ethically conduct evaluations remotely in determining a child's functional abilities and the evaluation results will also rely on detailed behavioral observations of the child, parent interview, and informed clinical professional opinion. It is likely that there will be instances where an evaluation conducted remotely will not provide adequate information on certain subtests or domains to determine the child's exact functioning in a particular realm. Even if this is the case, the evaluator will be prepared to make appropriate diagnoses, clinical recommendation and suggestions for the child to address concerns and the reasons for referral. If in-person contact can be made once state stay at home orders are lifted, the evaluator can assess any additional missing factors as an addendum to the evaluation.

Before proceeding with tele-services, Dr. Robokos will arrange an initial phone conference with the parent/guardian to review the parents'/guardians' expectations of what this unique type of evaluation will look like. Aside from reviewing the reasons for the evaluation, specific determinations will be made with the family if it is best to wait until the evaluation can be done in person at a later point. However, since stay at home orders are at the present time extended in New York and social distancing orders will be ordered for even longer, it is very likely that the remote/teleservice evaluation may be the only viable and safe means of working together. If it is determined to proceed with a tele-service evaluation, the parent/guardian will be provided with a pre-evaluation set-up/orientation to the evaluation. A discussion will take place about what device(s) the family has available (e.g., smart phone, tablet, iPad, computer), how to set up the home space for the testing with minimal environmental distractions and quiet conditions, as well as other aspects related to the set up. Descriptions will be provided about how the evaluation will be conducted virtually and what this will look like depending on the age of the child. We need to be able to see and hear each other at the same time. What do you have that will allow for this? What do you think will work or what is a concern? All these questions will be considered and discussed carefully.

Similar to in-person assessments, part of the evaluation will involve making observations of the child (mainly for younger children). There will be observations of caregiver-child interactions when appropriate. Observations of how the child performs during requested activities will be part of the assessment. Caregivers are asked to not coach their child during assessment procedures and allow the child the time and space to answer on his/her own. I will ask to speak with other caregivers, educators, and/or therapists who have knowledge of the child if the family authorizes this as a means of gathering all necessary clinical data. There will also be the standard review of relevant medical or educational records or prior evaluations.

If a determination is made by the psychologist that the patient's/client's need for services cannot be adequately met through telehealth/remote options, substantial caution will be applied in the decision-making processes when considering whether to proceed with in-person care (i.e., if it is allowed by local and community laws, if health reasons prevent that from happening, ethical standards of health care). Psychological evaluation and therapy services are important but have to be balanced against the risk of COVID-19. If a determination is made that testing should discontinue entirely, then the same rules and policies apply as stated in the Office Policy document.

____ I give my consent to have my child evaluated remotely. I understand that this process will happen using a remote assessment platform and that the clinician and my child will not be in the same room at the time of the assessments. The nature of the proposed assessment has been explained to me. I understand that I have the right to refuse remote assessment at this time or any time during the evaluation process. I will not record, share, post, or otherwise disseminate audio, photo, or video of the remote assessment as this would violate privacy laws, standardization factors with the testing, and in general impact ethical codes of practice. I consent to have my child evaluated remotely. Also, if stay at home orders are lifted, testing may resume in person with appropriate precautions in place.

____ I do not consent to have my child evaluated remotely. I understand that this means that my child will not be evaluated until assessments can be conducted in person.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date
