

# childneuropsychologypc

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April 1, 2021

Dear Parents and Colleagues,

As you might expect, professional guidelines have been developed for neuropsychological care in the midst of the COVID-19 pandemic. We are following the recommendations of the InterOrganizational Practice Committee (IOPC) composed of representatives from the American Psychological Association, the American Board of Professional Neuropsychology, the American Academy of Clinical Neuropsychology and the National Academy of Neuropsychology, and will be using a new model of care that is designed to meet needs while minimizing risks. The Stepped-Care Model provides a continuum of services that include: Telehealth Consultation; Targeted-Hybrid Assessment; and Comprehensive Neuropsychological Evaluation. Please read the following information carefully and note that service options will vary as we work to keep everyone safe.

A Stepped-Care model offers varying levels of service based on consideration of potential benefit and risk. The benefits of neuropsychological evaluations include the ability to promote a better understanding of a child's strengths and needs, clarification of relevant diagnoses, and recommendations for an appropriate course of action. Risks associated with neuropsychological evaluations have been considered minimal in the past, but with an ethical mandate to "Do No Harm", assessment of risk during the COVID-19 pandemic presents new, complex challenges.

The potential benefits of neuropsychological services must now be weighed against:

- Health and Safety** factors, such as the possible spread of COVID-19 to patients, staff and the community;
- Administration** factors, such as changes in testing procedures that might affect a child's performance (e.g., wearing face masks, physical distancing, heightened anxiety during COVID-19);
- Challenges with interpretation**, such as how to compare test performances using norms that were standardized under different test conditions;
- Patient factors**, such as urgency of need, severity of symptoms, individual health risk factors for COVID-19, and the degree to which a specific service provides "added value" in determining a course of care;
- Community risks**, such as infection trends and our ability to meet CDC and state standards for reopening;
- Practice risks**, such as the need to develop protocols for workplace safety (e.g. pre-appointment health screenings, use of protective equipment, sanitation requirements) and legal considerations around the potential for malpractice claims or complaints to the Oregon Board of Psychology if COVID-19 transmission is linked to our setting.

Importantly, all of the above must be considered in the context of need or potential risks associated with delays in neuropsychological care, such as loss of treatment or restricted access to therapeutic/educational supports.

The Stepped-Care model recommends considering patient care-options in a systematic way to determine how best to meet need in the context of added risk. It recommends starting with the least intensive service and moving toward more intensive services through a careful decision matrix. At all levels, data are integrated and interpreted by the neuropsychologist from a knowledge of child development, brain development, the medical/developmental histories of the child and how well he or she is able to meet age-appropriate expectations. Level of care can change as warranted, but more intensive services must be carefully justified during the COVID-19 pandemic.

Child Neuropsychology PC now offers these Stepped-Care options:

## TELEHEALTH CONSULTATION:

The least intensive service, it is provided through a telehealth format to eliminate risk of COVID-19 transmission. It offers the highest level of safety. Services include:

- An in-depth clinical interview with the parents over a telehealth platform;
- Review of relevant medical and/or educational records, such as results of previous testing;
- Consultations with members of a child's therapeutic/education team;
- A telehealth feedback session to discuss impressions and recommendations; and
- A brief written summary.

A Telehealth Consultation may be most appropriate for a student who has had a previous evaluation, for someone who has a current diagnosis but needs management strategies, or when updated recommendations are needed due to shifts in demands (e.g., transition from middle school to high school). It may also be the best available option if transmission rates rise, state restrictions increase, or a child is unable to comply with safety protocols (e.g. wearing a mask).

#### **TARGETED – HYBRID ASSESSMENT:**

A Targeted-Hybrid Assessment includes all of the features of a Telehealth Consultation but extends into limited remote assessment and possible testing. Designed to answer specific questions, like whether a child has an underlying learning disorder or a neurologic condition like ADHD, it includes completion of empirically valid remote assessments such as standardized questionnaires and circumscribed assessment that might be conducted remotely, in-person, or through a combined approach. It increases risk in the following ways:

- In-person services raise risk of COVID-19 transmission to the child, the family and to our staff;
- Remote testing, often assumed to be a viable alternative to in-person services, carries specific risks to privacy, test security, patient engagement and environmental control;
- In-person testing requires adherence to safety protocols designed to mitigate COVID-19 risks such as temperature screenings, face masks, table shields, and physical distancing from the parent, all of which have an unknown impact on a child's comfort level and performance; and
- Modified administration requires recognition in the report that testing was done in a non-standardized manner that might impact a child's performance or the validity of interpretation.

Any in-person service also requires additional steps such as completion of specific consent forms, pre-appointment health screenings, and a frank discussion about the child's ability to comply with safety protocols. A Targeted-Hybrid Assessment might be most appropriate when there is a need for specific data to answer a question, such as that needed to secure special education support or to guide treatment decisions, such as whether there is evidence of an underlying neurologic condition (e.g. ADHD). It might also be used when a child, who is generally doing well, has mild to moderate difficulty meeting the demands of specific, age-appropriate tasks (e.g., trouble following instructions; difficulty with planning and organization). It is likely that older children will be better able to adapt to the alterations in test administration and safety protocols of remote testing or as risk allows, restricted in-person services.

#### **COMPREHENSIVE NEUROPSYCHOLOGICAL EVALUATION:**

Long considered the "gold standard", a comprehensive neuropsychological evaluation provides the opportunity for in-depth discussion of a child's pattern of strength and challenge from many perspectives and interprets functional capacity under different demands. It synthesizes a great deal of test data but also provides unique information gathered from watching and working with a child for an extended period of time. It allows for a comprehensive and nuanced interpretation of strength and challenge, greater confidence in diagnostic decisions, and more personalized recommendations. It increases risk in the following ways:

- The CDC defines "close contact" in COVID-19 terms as being within 6 feet of another person for 15 minutes. Since a comprehensive evaluation requires extended close contact of up to several hours, it poses the highest risk for disease transmission to the patient, the parent and our staff.
- In-person testing requires adherence to safety protocols designed to mitigate COVID-19 risks such as temperature screenings, face masks, table shields, and physical distancing from the parent, all of which have an unknown impact on a child's comfort level and performance; and
- Modified administration requires recognition in the report that testing was done in a non-standardized manner that might impact a child's performance or the validity of interpretation.

There has been extensive discussion amongst neuropsychologists and malpractice insurers about the appropriateness of comprehensive in-person services during COVID-19. In a hospital setting, where most neuropsychologists practice, need is often defined in medical terms where urgency, symptom severity, individual health risks and “added value” are more easily determined. For example, urgency might be related to the need to evaluate function prior to neurosurgery or to help with discharge planning after a significant illness or injury. Evaluations directed to less acute health factors, health monitoring or neurodevelopmental concerns are typically less urgent and, in the COVID-19 climate, require careful consideration when determining whether potential benefits outweigh potential risks. While there is variation across the country, many neuropsychologists have suspended comprehensive in-person evaluations until infection rates drop and/or COVID-19 treatments are available.

We welcome a conversation about how best to meet your needs in the context of current service options. To prepare for our discussion, I ask that you carefully review this information and read through the new COVID-19 consent and screening forms which are available on our website under the FORMS tab of the homepage (<https://childneuropsychologypc.com/>). Relevant forms include:

- Consent for Telehealth;
- Consent for Telehealth Consultation;
- Consent for Comprehensive Neuropsychological Evaluation; and
- Pre-Appointment Health Screening.

We will schedule appointments after we’ve decided an appropriate course of action. If remote testing is planned, we will talk about how this needs to be structured. If in-person services are planned, they will be scheduled only after a careful review of multiple factors that include those listed in this letter, as well as updated reopening guidelines, current assessment of risk to your child and your family and to our staff and their families, your child’s age and ability to follow needed protocols, and the infection and hospitalization rates in the metro Portland area (e.g. Multnomah, Washington and Clackamas Counties in Oregon; Clark County in Washington) and relevant Washington State counties.

I appreciate your patience and understanding as we navigate these unusual times.

Stay safe and healthy.

Sincerely,

A handwritten signature in black ink that reads "Nancy Loss Ph.D." The signature is written in a cursive, flowing style.

Nancy Loss, Ph.D.  
Pediatric Neuropsychologist.