

# Telepractice and Questionnaires or Rating Scales

The telepractice information in this document is intended to support professionals in making informed, well-reasoned decisions around remote assessment. This information is not intended to be comprehensive regarding all considerations for assessment via telepractice. It should not be interpreted as a requirement or recommendation to conduct assessment via telepractice.

Professionals should remain mindful to:

- Follow professional best practice recommendations and respective ethical codes
- Follow telepractice regulations and legal requirements from federal, state and local authorities, licensing boards, professional liability insurance providers, and payors
- Develop competence with assessment via telepractice through activities such as practicing, studying, consulting with other professionals, and engaging in professional development.

Professionals should use their clinical judgment to determine if assessment via telepractice is appropriate for a particular examinee/respondent, referral question, and situation. There are circumstances where assessment via telepractice is not feasible and/or is contraindicated. Documentation of all considerations, procedures, and conclusions remains a professional responsibility.

Professional organizations across disciplines also have provided guidance on telepractice assessment to assist professionals in decision making and ethical and legal practice issues. Refer to your own professional association for relevant information.

Questionnaires and rating scales can be administered in a telepractice context by using digital tools from Q-global®, Pearson's secure online-testing and scoring platform. Specifically, Q-global questionnaires and rating scales can be shown to the examinee/respondent in another location via the screen-sharing features of teleconferencing software, via On-Screen Administration (OSA), or via the Remote On-Screen Administration (ROSA) asynchronously. You also may use Q-global Video Proctoring with the OSA functionality. Details regarding Q-global and how it is used are provided on the [Q-global product page](#). Additionally, information related to product-specific needs can be found on the respective product pages.

The following questionnaires and rating scales are currently included in this document and are delivered on Q-global (OSA/ROSA/Video Proctoring)—others may be included in the future:

- |   |               |                    |                            |
|---|---------------|--------------------|----------------------------|
| • 16PF  | • BSI 18      | • MACI/MACI-II     | • P3                       |
| • BAI   | • BSS         | • MAPI             | • PEDI-CAT                 |
| • BASC-3  | • BYI-2       | • MBMD             | • QOLI                     |
| • BASI  | • CAI         | • MCMI-III/MCMI-IV | • Ravens                   |
| • Bayley-4 Social-Emotional and Adaptive Behavior | • CISS        | • MCCI             | • Sensory Profile 2        |
| • BBHI 2  | • D-REF       | • MIPS Revised     | • SCL-90-R                 |
| • BDI-II  | • D-REF Adult | • MMPI-2           | • Shaywitz Dyslexia Screen |
| • BHI 2   | • EMS         | • MMPI-2-RF        | • SSIS SEL                 |
| • BHS   | • ESI-3       | • MMPI-3           | • Vineland-3               |
| • Brown EF/A                                      | • GRS         | • MMPI-A           |                            |
| • BSI   | • M-PACI      | • MMPI-A-RF        |                            |

Pearson offers additional questionnaires and rating scales that are not delivered using Q-global automated delivery methods. In general, tasks of this type can be considered under the same guidance document although their administration may be a verbal-only, interactive exchange between examiner and examinee/respondent during a live videoconference—either in isolation or as part of a larger, more comprehensive test administration. Information about questionnaires and rating scales that are not delivered through Q-global can be found on their respective product pages, but the information in this document also can be helpful when using these measures in a remote context.

*Note.* The University of Minnesota Press provides additional guidance for remote administration for the various editions of the Minnesota Multiphasic Personality Inventory (MMPI) [here](#). Please also review:

Corey, D. M., & Ben-Porath, Y. S. (2020). Practical guidance on the use of the MMPI instruments in remote psychological testing. *Professional Psychology: Research and Practice*, 51(3), 199–204. <http://doi.org/10.1037/pro0000329>

# Conducting Telepractice Assessment

Conducting a valid assessment in a telepractice service delivery model requires an understanding of the interplay of a number of complex issues. In addition to the general information on Pearson’s telepractice page, examiners should address five factors (Eichstadt et al., 2013) when planning to administer and score questionnaires and rating scales via telepractice:

1. [Telepractice Environment & Equipment](#)
2. [Assessment Materials & Procedures](#)
3. [Examinee/Respondent Considerations](#)
4. [Examiner Considerations](#)
5. [Other Considerations](#)

## 1. Telepractice Environment & Equipment

### Computers and Connectivity

Most often, questionnaires or rating scales are administered asynchronously—that is, the examiner sends or assigns a secure form to the examinee/respondent to complete at a convenient time. In that case, no special telepractice equipment is needed. In fact, devices such as smartphones can also be used.

When using questionnaires and rating scales synchronously—that is, the examiner and examinee/respondent are together at the same time—two computers with audio and video capability and stable internet connectivity are recommended. A web camera, microphone, and speakers or headphones are preferred for both the examiner and the examinee/respondent. A second computer screen or split-screen format on a large computer monitor for the examiner is helpful to allow a view of the digital manual or administration directions, but the examiner can also use the paper format manual or administration directions. The second computer screen or large screen also tends to make sharing and viewing test content more straightforward for the examiner.

### Image/Screen Size

Professionals may use clinical judgment on screen/device size for text-based questionnaires or rating scales. Ensure that the examinee/respondent can see text at a reasonable and legible size for completion of the form. Note that due to the breadth of available digital devices, examiners should verify the type of device that will be used prior to completing the form.

## **Audio Considerations (Synchronous Administration Only)**

High-quality audio capabilities are required during synchronous administration. An over the head, two-ear, stereo headset with attached boom microphone is recommended for both the examiner and examinee/respondent. Headphones with a microphone may be used if a headset is not available.

The examiner should test the audio for both the examiner and examinee/respondent in the initial virtual meeting and at the beginning of the testing session to ensure a high-quality audio environment is present. Testing the audio should include an informal conversation before the administration where the examiner is listening for any clicks, pops, or breaks in the audio signal that distort or interrupt the voice of the examinee/respondent. The examiner should also ask if there are any interruptions or distortions in the audio signal on the examinee's/respondent's end. Any connectivity lapses, distractions, or intrusions that occurred during testing should be reported.

## **Audiovisual Distractions (Synchronous Administration Only)**

As with any testing session, the examiner should do everything possible to make sure the examinee's/respondent's environment is free from audio and visual distractions. If possible, the examinee/respondent should be positioned facing away from the door to ensure the examiner can verify through the examinee's/respondent's camera that the door remains shut and can monitor any interruptions. The examiner should confirm that all other applications on the computer, laptop, or peripheral device are closed and alerts and notifications are silenced on the peripheral device. Radios, televisions, other cellular phones, fax machines, smart speakers, printers, and equipment that emit noise should be silenced and/or removed from the room.

## **Lighting (Synchronous Administration Only)**

Good overhead and facial lighting should be established for the examiner and examinee/respondent. Blinds or shades should be closed to reduce sun glare on faces and the computer screens.

## **Teleconferencing Software (Synchronous Administration Only)**

A teleconferencing software is recommended. Screensharing capability may be indicated if video proctoring is needed during the completion of the questionnaire or rating scale, such as Q-global Video Proctoring with OSA.

## **Video (Synchronous Administration Only)**

High-quality video (HD preferred) is preferred during the administration. Make sure the full faces of the examiner and the examinee/respondent are seen using each respective web camera. The teleconferencing software should allow all relevant visual stimuli to be fully visible to the examinee/respondent when providing instruction or completing items; the view of the examiner should not impede the examinee's/respondent's view of the questionnaire or rating scale, where appropriate.

## Screensharing (Synchronous Administration Only)

When applicable, the questionnaire or rating scale may be shared within the teleconferencing software as specified in [Table 1](#). Always use full screen (i.e., presentation) mode for test stimuli viewed by the examinee/respondent. This provides the cleanest presentation of test content without on-screen distractions (e.g., extra toolbars).

## 2. Assessment Materials & Procedures

### Test Item Security

The examiner is responsible for ensuring test item security is maintained, as outlined in the Terms and Conditions for test use. The examiner should address test security requirements with the examinee/respondent (and facilitator, if applicable) during the informed consent process. The examiner should make it clear to the examinee/respondent that the video should not be captured, photos should not be taken, and stimuli should not be copied or recorded, as this is a copyright violation. These individuals must agree that they will not record (audio or visual) or take photos or screenshots of any portion of the test materials or testing session, and not permit anyone to observe the testing session or be in the testing room (except for a facilitator, when necessary).

### Disruptions (Synchronous Administration Only)

The examiner should record any and all atypical events that occur during the testing session. This may include delayed audio or video, disruptions to connectivity, the examinee/respondent being distracted by external stimuli, and any other anomalies. These can be described in the written report. Refer to [Other Considerations](#) for guidance on report writing. Additional support documents, including Examiner Assessment Checklists, can be found on the [COVID-19 Resources](#) page on [PearsonAssessments.com](#).

### Content Considerations

Review [Table 1](#) for the specific telepractice considerations for each test to be administered.

**Table 1. Specific Telepractice Considerations**

Administration Type	Considerations
Synchronous administration of questionnaire or rating scale	<ul style="list-style-type: none"><li>• High-quality audio and video for examinee/respondent and examiner is recommended</li></ul>
Asynchronous administration of questionnaire or rating scale via Q-global	<ul style="list-style-type: none"><li>• Requires internet connection and a device to receive questionnaire or rating scale</li></ul> The examinee/respondent may use any device (computer, tablet, smartphone) to complete the questionnaire or rating scale. Review item formats and page layouts to confirm whether smartphone screen size is acceptable for item viewing.

## Evaluating Equivalence Evidence

Often, the normative data for questionnaires and rating scales were collected via remote or asynchronous methods, making them particularly suited to telepractice. It is important to note that digital administration of questionnaires and rating scales is a generally accepted practice even for tools that have been normed in a paper-and-pencil format. Examiners should review the current research available on equivalence between different modes of administration before proceeding. When reviewing the literature, the examiner should consider the input and output requirements for each task, and the evidence available for telepractice equivalence for the specific task type.

In reviewing the literature of telepractice-in-person and digital-traditional investigations, professionals should also be mindful of the age range and population (e.g., clinical group) of the research study to consider relevancy for the examinee/respondent. Greater caution is recommended when only indirect evidence of equivalency is available for a task, or when equivalence has not been established for a particular examinee's/respondent's age range and clinical condition. However, it can be informative to consider any such available evidence when considering impact of remote administration on results and interpretation. Pearson Clinical Assessment is tracking and aggregating the relevant equivalence evidence for our assessments, including the age range, population, direct evidence, and indirect evidence (see [Evidence for Remote Assessment](#)).

[Table 2](#) lists the input and output requirements for questionnaire or rating scale tasks. The abbreviations in the Input and Output column correspond to the various input and output requirements of the task(s), and a key appears at the bottom of the table. For example, brief spoken directions as an input requirement is abbreviated as BSD.

**Table 2. Input and Output Requirements**

<b>Task</b>	<b>Input<sup>a</sup></b>	<b>Output<sup>b</sup></b>
Forced-choice items	BSD, PS, SP, SS	BSR, MC
Open-ended items (oral)	BSD, SS	BSR, SPR, OE
Open-ended items (written)	BSD, SS	SWR, WFR

Note. <sup>a</sup>Input abbreviations are: BSD = Brief spoken directions, PS = Pictorial stimuli, SP = Letters, digits, or symbols in print, SS = Spoken stimuli,

<sup>b</sup>Output abbreviations are: BSR = Brief spoken response, MC = Multiple choice, OE = Open ended, SPR = Spoken response, SWR = Simple written response, WFR = Written or fine motor response.

### 3. Examinee/Respondent Considerations

#### **Appropriateness**

The examiner should first ensure that a synchronous administration of a questionnaire or rating scale is appropriate for the examinee/respondent and for the purpose of the assessment.

#### **Preparedness**

The examiner should ensure that the examinee/respondent is well-rested, able, prepared, and ready to participate in the administration appropriately and fully.

#### **Facilitator Role**

If using a facilitator, the role of the facilitator must be explained to the examinee/respondent so participation and actions are understood.

#### **Headset**

It may not be appropriate or feasible for some examinees/respondents to use a headset due to behavior, positioning, physical needs, or tactile sensitivities, or if a headset is not available. Clinical judgement on the appropriate use of a headset in these situations should be used. If a headset is not utilized, the microphones and speakers should be turned up to a comfortable volume.

#### **Mouse**

For asynchronous questionnaire or rating scale presentations, the examinee/respondent may need to use the mouse to select a forced-choice response, for example. In this case, familiarity with a mouse is required and the examiner should make a judgement to ensure that mouse demands do not interfere with examinee/respondent responses.

For synchronous administration, some teleconferencing software applications allow the examiner to pass control of the mouse to the examinee/respondent to point to or click on responses; this is an option if it is within the capabilities of the examinee/respondent. However, best practice guidelines suggest examiners be alert throughout administration, resume control of the screen once the task is finished, and never leave the computer unattended while the examinee/respondent has control over the examiner's computer (IOPC, 2020).

### 4. Examiner Considerations

#### **Practice**

During the telepractice setup, and before using a questionnaire or rating scale in a synchronous session with any actual examinee/respondent, the examiner should rehearse the mechanics and workflow of the assessment using the selected teleconferencing software so that the examiner is familiar with the administration procedures. For example, a colleague could be used as a practice examinee/respondent.

## Standardized Procedures

The examiner must follow the administration procedures as much as possible. For example, if the examinee/respondent is to read the instructions or stimulus silently, the examiner must not read the instructions or stimulus aloud in a telepractice administration.

## Real-Time Troubleshooting (Synchronous Administrations Only)

In order to conduct a smooth telepractice session, audiovisual needs and materials must be managed appropriately. The session involves the examiner, examinee/respondent, and/or the facilitator (if used), and is the opportunity for the examiner to provide information about the audiovisual needs and materials. During the session, the examiner should provide training in troubleshooting audiovisual needs that arise, including camera angle, lighting, and audio checks. The examiner should also expect to provide verbal guidance about these issues. Refer to the [Telepractice Environment & Equipment](#) section and to [Table 1](#) for specific subtest telepractice considerations.

## Collaborating With Facilitators

If used, the facilitator is to assist with administrative and technological tasks and not to manage rapport, engagement, or attention during the administration, whether synchronous or asynchronous presentation. The examiner should direct them not to interfere with the examinee's/respondent's performance or responses. Any other roles and responsibilities for which an examiner needs support, such as behavior management, should be outlined and trained prior to the beginning of the testing session. The examiner is responsible for documenting all behaviors of the facilitator during test administration and taking these into consideration when reporting scores and performance.

## 5. Other Considerations

There are special considerations for written reports describing assessment that takes place via telepractice. The professional completing the written report should state in the report that the questionnaire or rating scale was administered via telepractice, and briefly describe the method of telepractice used. The professional should also make a clinical judgment, similar to an in-person session, about whether or not the examiner was able to obtain the examinee's/respondent's best performance. Clinical decisions should be explained in the report, including comments on the factors that led to the decision to conduct testing via telepractice and to report all (or not to report suspect) scores. In addition, it is recommended that the report include a record of any and all atypical events during the testing session (e.g., delayed video or audio, disruptions to connectivity, extraneous noises such as phone ringing or loud dog barking, person or animal unexpectedly walking into room, the examinee/respondent responding to other external stimuli). List and describe these anomalies as is typical for reporting behavioral observations in the written report, as well as any observed or perceived impact on the testing sessions and/or results, and consider these in the interpretation of results.

An example of a written report might include:

*"The BASC-3 was administered via remote telepractice using a digital rating form on Pearson's Q-global system, and a facilitator monitored the administration on-site during the live video connection using the [name of telepractice system, e.g., Zoom] platform. The remote testing environment appeared free of distractions, adequate rapport was established with the examinee/respondent via video/audio, and the examinee/respondent appeared appropriately engaged in the task throughout the session. No significant technological problems or distractions were noted during administration. Modifications to the standardization procedure included: [list]. The BASC-3 was standardized in a remote context with digital administration, and the results are considered a valid description of the examinee's/respondent's skills and abilities."*

## Conclusion

Provided that the examiner has thoroughly considered and addressed the factors and the specific considerations as listed above, the examiner should be prepared to observe and comment about the reliable and valid delivery of the questionnaire or rating scale via telepractice. Materials may be used via telepractice without additional permission from Pearson in the following published contexts:

- On-screen or remote on-screen administration via Q-global or other Pearson digital platform (where applicable)
- Oral delivery of the questionnaire or rating scale via smartphone or telepractice software (where clinically appropriate)

Any other use of these tests via telepractice is not currently recommended. This includes, but is not limited to, scanning questionnaire or rating scale forms, digitizing the paper forms, holding the questionnaire or rating forms physically up in the camera's viewing area, or uploading a manual onto a shared drive or site.

## References

- Eichstadt, T. J., Castilleja, N., Jakubowitz, M., & Wallace, A. (2013, November). Standardized assessment via telepractice: Qualitative review and survey data [Paper presentation]. Annual meeting of the American-Speech-Language-Hearing Association, Chicago, IL, United States.
- Inter Organizational Practice Committee [IOPC]. (2020). *Recommendations/guidance for teleneuropsychology (TeleNP) in response to the COVID-19 pandemic*. <https://static1.squarespace.com/static/50a3e393e4b07025e1a4f0d0/t/5e8260be9a64587cfd3a9832/1585602750557/Recommendations-Guidance+for+Teleneuropsychology-COVID-19-4.pdf>