

Should My Child **Be Evaluated for ADHD** During the COVID-19 **Pandemic?**

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MANY PARENTS MAY BE WONDERING whether or not their child can be evaluated for ADHD right now, amidst the COVID-19 pandemic. In fact, many clinicians are currently performing ADHD evaluations, both in person and remotely through videoconferencing. Before deciding whether your child should be evaluated now, and whether an in-person or a remote telehealth evaluation is most appropriate, there are a number of questions you may want to consider.

1. What kind of ADHD evaluation is right for my child?

There are three main options for ADHD evaluations. Which of these you choose will depend on your child's and family's characteristics, and what the main concerns are for your child.

OPTION 1: INTERVIEW AND RATING SCALES

What is involved?

- Clinician conducts a clinical interview with the parent and interviews the child (in person or videoconference)
- Parents complete behavior rating scales for their child (in person or online)

Who is this option best for?

- Children with concerns related to ADHD and/or emotional or behavioral issues
- Re-evaluations to confirm or update an existing diagnosis
- Children who have recently been tested and parents are seeking consultation around diagnoses and treatment and/or educational planning

OPTION 2: INTERVIEW AND RATING SCALES PLUS TELETESTING

What is involved?

- Clinician conducts a clinical interview with the parent and interviews the child (in person or videoconference)
- Parents complete behavior rating scales for their child (in person or online)
- Child completes testing with clinician remotely via videoconference

Who is this option best for?

- Children with concerns related to ADHD but who also have academic skill difficulties
- Some children for whom a second opinion is required
- Targeted re-evaluations for children who have been tested and diagnosed previously



OPTION 3: INTERVIEW AND RATING SCALES PLUS IN-PERSON TESTING

What is involved?

- Clinician conducts a clinical interview with the parent and interviews the child (in person or videoconference)
- Parents complete behavior rating scales for their child (in person or online)
- Child completes testing in person with the clinician

Who is this option best for?

- Children whose presenting problems cannot be evaluated remotely (for example, children with fine-motor difficulties, which cannot be easily assessed via videoconference)
- Cases in which testing is being used for high-stakes diagnostic decision-making (for example, ruling out

intellectual disability in order to determine eligibility for academic, treatment, or social services)

- Children for whom testing is less time-sensitive (some clinicians may not offer in-person testing during the COVID-19 pandemic)

2. If a telehealth evaluation is an option for my child, what do I need to have at home to make it successful?

- Technology issues have been identified as one of biggest barriers to successful use of telehealth; however, knowing what you will need at home may help to prevent technology issues.
- If the clinical interview is being conducted remotely, you will need a reliable Wi-Fi connection and at least one device with videoconferencing capabilities, such as a desktop computer, laptop, tablet, or smartphone.
- If you and the clinician decide to move forward with teletesting, your child will need to use a desktop computer, laptop, or tablet with a screen larger than 9.75 inches diagonally. Some clinicians may also ask you to have a second device available, such as a smartphone, to place behind your child to see his/her view of the testing materials and what he/she is pointing to on the screen.
- For the clinical interview, the clinician may ask to speak with your child in a room without you present. If your child will be completing teletesting, he/she will need a space to work in that is quiet and free from interruptions and distractions.

3. Will my child successfully be able to complete the telehealth evaluation?

- Some children are reluctant to participate in videoconferencing; however, as part of the evaluation, your child will be asked to talk with the clinician who will try to develop rapport in much the same way as they would in person.
- Some children are unable to participate in telehealth evaluations due to significant behavioral difficulties (for example, unable to stay within view of the camera, aggressive or other dangerous behaviors). More minor behavioral difficulties can often be managed with a little assistance from a caregiver.
- If you have concerns about your child's willingness to participate and/or behavioral difficulties, consider reaching out to the clinician beforehand.
- If your child will be participating in teletesting, the clinician may ask you to remain present for some or all of the evaluation. The clinician may ask for your assistance in making sure your child remains on-task and/or for monitoring of any technology complications.

4. Will I need to do anything before the evaluation?

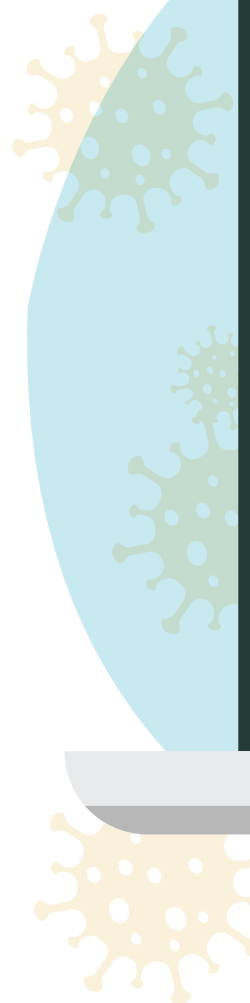
- The clinician may ask you to provide copies of your child's previous evaluations to review.
- Consider whether you will be able to contact your child's teacher to complete ratings or questionnaires, if asked by the clinician.
- In some cases, the clinician may send materials in the mail that will need to be completed as part of the evaluation. Be sure to have these materials ready and do not open the sealed envelope containing the materials until instructed to do so by the clinician.

5. Will the school accept the results of a telehealth evaluation?

- Schools are required to continue to provide special education services, despite school closures, and, therefore, evaluations to determine special education eligibility will need to continue to be conducted.
- Some state departments of education have provided guidance that indicates that schools must maintain compliance with special education eligibility timelines (for example, see the guidance from the Maryland State Department of Education, 2020). This will likely require schools to also engage in some evaluations via videoconference.
- If the evaluation will be used for high-stakes decision-making (for example, ruling out intellectual disability in order to determine eligibility for academic, treatment, or social services), it may be better to complete the evaluation in-person, as it cannot be guaranteed at this time that schools will accept the results of telehealth evaluations.
- If possible, prior to the evaluation, you can try contacting the school directly to find out whether they will accept the results of a telehealth evaluation (contact school psychologist, principal/vice principal, or IEP team members).

6. Are the results of a remote evaluation just as valid as in-person results?

- There has been very limited research in this area, especially for children.
- However, some studies have found no differences between in-person administrations vs. videoconference administrations of various tests (see Harder et al., 2020; Sutherland et al., 2019).
- And, as suggested by one group of researchers (Hewitt et al., 2020), there is no existing evidence to support significant differences between in-person and remote administrations.



Pros And Cons Of Choosing A Telehealth Evaluation

PROs

- Quicker results, which may allow for treatment sooner
- Reduces time spent and cost of traveling to clinician's office
- No evidence to suggest that results would be different if done in-person
- If scheduling in-person testing during the COVID-19 pandemic, your child may have to wear a face mask, and clinician will likely be wearing a face mask and/or face shield



CONs

- Cannot answer all diagnostic questions
- May not be good for high-stakes diagnostic decisions
- May not work for children with behavioral difficulties
- Technology barriers and demands
- Possible that schools may not accept telehealth evaluation results
 - Concerns about privacy/confidentiality

- It is also important to remember that in-person evaluations, in the time of COVID-19, have significant limitations as well, given the necessity of all parties wearing masks, the use of physical barriers between clinician and patient, and the necessity of adhering to social distancing guidelines. 🗣️

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REFERENCES AND ADDITIONAL READING

- Harder, L., Stolwyk, R., Hammer, D. B. & Cullum, C. M. (2020). Teleneuropsychology (TeleNP) in Response to COVID-19: Practical Guidelines to Balancing Validity Concerns with Clinical Need [Video webinar]. *The International Neuropsychological Society*.
- Hewitt, K.C., Rodgin, S., Loring, D.W., Pritchard, A.E., & Jacobson, L.A. (2020). Transitioning to telehealth neuropsychology service: Considerations across adult and pediatric care settings. [Submitted for Special Issue COVID-19]. *The Clinical Neuropsychologist*, In revision
- InterOrganizational Practice Committee. (2020). Recommendations/guidance for teleneuropsychology (TeleNP) in response to the COVID-19 pandemic. Retrieved from <https://iopc.online/teleneuropsychology>
- Kruse, S.C., Kareem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. (2018). Evaluating barriers to adopting telemedicine worldwide: a systematic review. *Journal of Telemedicine and Telecare*, 24(1), 4-12.
- Maryland State Department of Education. (2020). Serving children with disabilities under idea during school closures due to the covid-19 pandemic. Retrieved from <http://marylandpublicschools.org/programs/Documents/Special-Ed/TAB/20-01ServingchildrenunderCOVID-19Pandemic.pdf>
- Pritchard, A. E., Sweeney, K., Salorio, C. F., & Jacobson, L. A. (2020). Pediatric neuropsychological consultation via telehealth novel models of care. [Submitted for Special Issue COVID-19]. *The Clinical Neuropsychologist*, In revision
- Sutherland, R., Trembath, D., Hodge, M. A., Rose, V., & Roberts, J. (2019). Telehealth and autism: Are telehealth language assessments reliable and feasible for children with autism? *International Journal of Language & Communication Disorders*, 54(2), 281-291.