



An Evaluation of Tele-Assessments

Dr Ru Ying Cai & Vicki Gibbs

Tele-assessment - is it a viable and acceptable option for autism assessments?

The COVID-19 pandemic has seen a rapid increase in the use of telehealth to deliver services to autistic individuals and their families.

In response to restrictions on face-to-face services, Autism Spectrum Australia (Aspect) developed a new telehealth model to deliver diagnostic assessments for autism (tele-assessments) and commenced this service in March 2020. Tele-assessments consisted of a structured developmental interview with parent/carers (Autism Diagnostic Interview - Revised), observational/interactive assessment of the person being assessed with some activities facilitated by parent/carers (based on Autism Diagnostic Observation Schedule activities) and feedback session.

About this research

To evaluate the initial delivery of tele-assessments, the Aspect Research Centre for Autism Practice gathered and analysed feedback from 60 clients (48 parent/carers of children and adults who underwent assessment and 12 adults) and 7 clinicians who took part in tele-assessments conducted between March 2020 and August 2020.

About this report

This report presents the key findings of this evaluation and a summary of our recommendations for good practice in autism tele-assessments.



Perspectives of parent/carers

Most parents /carers were positive about the tele-assessment experience.

Most parents/carers felt confident about their ability to assist clinicians during tele-assessments. Most also reported that their child felt comfortable interacting with clinicians during tele-assessments and that being assessed this way provided a reasonable picture of how their child typically behaves.



Figure 1. Children's comfort interacting with clinicians

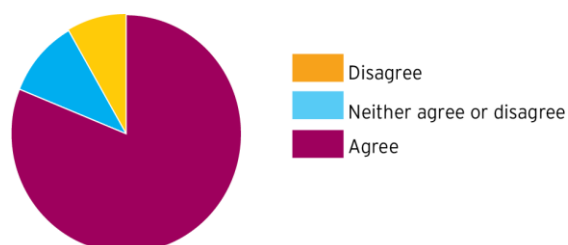


Figure 2. Telehealth assessments provided a reasonable picture of how my child typically behaves

Two-thirds of parent/carers reported that their child was unable to do or say online what they would have been able to do or say in person, and two parents considered that tele-assessments were not suitable for their child due to lack of engagement with the therapist over the screen and distractions in the home environment.

However, most would be willing for their child to do future assessments online, and all who were interviewed said they would recommend tele-assessments. All except one said the quality and clarity of the audio and video were acceptable.

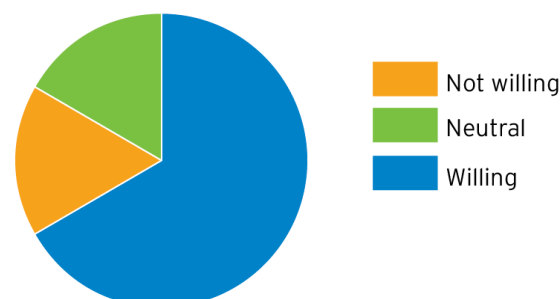


Figure 3. Willingness of parent/carers to have their child receive tele-assessments in future

Positive aspects mentioned by parents/carers were competent and professional clinicians, convenience, clear communication during the assessment, well-paced sessions, informative instructions provided before the session; and a good and timely feedback process.

One-third of parents/carers experienced technical difficulties before or during the assessment, mostly related to poor internet connections. However, most reported that the technical problems had little to no impact on the assessment process.

Average confidence level of parents/carers for assisting clinicians during assessments (on a scale of 1 to 100) was 86.

Perspectives of Autistic Adults

Overall, the response of adult clients to tele-assessments was also positive.

Just under half of the adult clients reported that they found they were unable to do or say online what they would have been able to do or say in person, citing communication differences online/phone vs in-person.

However, the majority were happy with their telehealth assessment, reporting that they did not feel a face-to-face assessment would have been preferable. Most said they would be willing to have tele-assessments in the future, and all but one would recommend tele-assessments to their friends and family. Most adult clients also felt comfortable interacting with clinicians during tele-assessments.

Adult clients described positive aspects of tele-assessments such as convenience and still being able to build a good rapport with clinicians.

The main issues experienced by adult clients were not feeling comfortable in an online setting, especially interacting with a clinician online; using and reading body language when the view of the person was limited to a screen; and a small number of technical issues.

Most clients were experienced with videoconferencing technology such as Zoom, Skype, or FaceTime and reported that they did not experience any technical difficulties. Almost all found the quality and clarity of audio and video were acceptable.

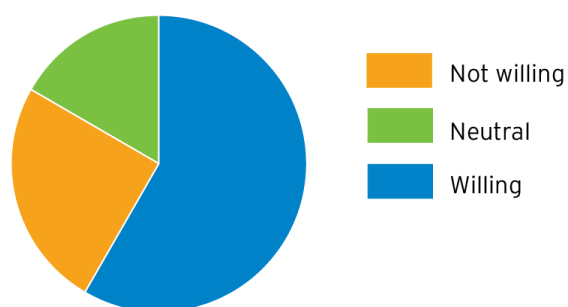


Figure 4. Willingness of Autistic adults to receive tele-assessments in future

5 out of 6 Autistic adults interviewed would recommend tele-health assessments to friends.

Clinician feedback

Clinicians found some challenges that could be managed with adaptations

Clinicians considered the key advantages of tele-assessments to be the ability to continue to provide assessments during Covid restrictions and post-Covid to support those who live far away from assessment centres or who would find attending a face to face assessment challenging due to anxiety or other personal circumstances. Clinicians also reported that observing a child in their natural environment also offered some benefits to the assessment process.

However, all clinicians reported lower satisfaction overall with tele-assessments compared to face to face, due to the challenges in interacting online, and higher reliance on external factors such as parents being well-prepared and difficulties with technology. About half of the clinicians found rapport building was slightly more difficult, particularly with younger clients.

Most clinicians reported that the easiest tele-assessments were those with older children and adults. In addition to general challenges in assessing younger children via telehealth, clinicians found the assessments for younger children more difficult because they required more involvement from parents, and coaching was needed.

Most clinicians found that verbal and/or conversation skills were the easiest skills to assess, whereas all clinicians found that eye contact was the most difficult behaviour to observe via videoconferencing.

All clinicians reported that their confidence in conducting the Autism Diagnostic Interview-Revised (structured interview with caregiver or other informant) via telehealth as similar to that for a face to face settings. Clinicians also reported high confidence and no significant modifications were needed to the feedback process post assessment. However, most reported slightly lower confidence in conducting the observational assessment component via telehealth compared to face-to-face. However, clinicians' confidence levels for telehealth were still relatively high. Reasons for lower confidence were related to the challenges in interacting online, such as clients being out of camera's view or parental engagement, in addition to being less experienced in conducting tele-assessments. Most clinicians reported that they relied less on their own observations and more on information gained from external sources (e.g. teachers, therapists) for their diagnostic decision making in a tele-assessment, compared to a face to face assessment.

Summary and Recommendations

The feedback received from 60 participants and 7 clinicians indicated that, overall, tele-assessments are a viable and acceptable option for conducting autism assessments. Almost all participants would consider a tele-assessment option in the future and would recommend tele-assessments to others. Although the clinicians were slightly less satisfied with tele-assessment process compared to face to face and relied on external sources of information more than they would during a face to face assessment, their overall confidence in their diagnostic decision making remained high for tele-assessments.

Based on the feedback, a number of important considerations emerged when conducting autism assessments via telehealth including:

- Screening to discuss suitability of clients for tele-assessments; e.g. younger children with marked attentional difficulties or family situations where a distraction free environment is not available may not be suitable candidates
- Requesting parents/carers of very young children provide video footage of their child in a range of natural environments for the clinician to view prior to the assessment to supplement the observational component of the assessment may be helpful
- Adequately preparing clients for tele-assessments with detailed information relating to toys/physical space required for the assessment, parent/carers role during the observational assessment, specifications for technology required, and
- Clinicians providing adequate coaching to parents/carers for the observational activities that require parent/carer involvement during the observational component.



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Aspect Research Centre for Autism Practice (ARCAP)

Building 1, Level 2
14 Aquatic Drive, Frenchs Forest NSW 2086
PO Box 361 Forestville NSW 2087

T 1800 ASPECT (1800 277 328)
E research@autismspectrum.org.au
W autismspectrum.org.au