



Provisional Guidelines for psychologists in Aotearoa New Zealand undertaking Teleneuropsychology and remote psychometric testing via telehealth

The NZ Special Interest Group In Neuropsychology (NZSIGN) under the leadership of Dr Nic Ward, has produced a set of interim guidelines for psychologists undertaking neuropsychological assessments. They are continuing to work to develop more permanent guidelines, but there is a current need for information. We would like to emphasise that these guidelines are for those clinicians that *choose* to adopt this method, and they are not a directive indicating that clinicians *should* adopt this method, as in most situations face to face assessment is still the method of choice if that is possible.

Teleneuropsychology (TNP) has undergone considerable research in the last 18 months. Teleneuropsychology is now widely used internationally, including the USA, UK, and Australia. There have been numerous webinars published and training programmes have been made available to psychologists in this period and there are a number of guides to inform the practice of teleneuropsychology (e.g., IOPC, BPS). Test publishers (Pearson Clinical, PAR) have produced testing materials specifically for the purposes of remote testing and have adapted face-to-face tools for use remotely (e.g., WAIS-IV).

The Inter Organizational Practice Committee (IOPC), which is a coalition of all the major neuropsychology organisations in the USA, released provisional recommendations/guidance for teleneuropsychology in 2020. Those guidelines are still in use and can be found here: [IOPC Guidelines](#).

Associate Professor Rene Stolwyk of Monash University, Melbourne, and co-authors have prepared comprehensive guidelines in the use of telehealth for clinical neuropsychological services for the Australian Psychological Society (APS). This set of guidelines is in a late draft stage and upon final changes being made is expected to be ratified by the APS. These guidelines may be able to be adapted for use in Aotearoa New Zealand, but as yet are not publicly available. We do not have a firm timeframe for that process to be concluded.

There is now strong evidence for the reliability and validity of some online psychometric assessment, in some populations, when completed by clinicians who have updated their skill base and knowledge base in this specific area. However, it is important to note that many validation studies have excluded participants with profound cognitive impairment, aphasia and those from culturally and linguistically diverse backgrounds, and the current evidence base is particularly limited in these groups. Consequently, neuropsychological assessments of Māori clients over telehealth may be especially difficult to conduct in a valid manner and thus may disadvantage these clients even more than those from NZ European cultural backgrounds. Māori clients are already disadvantaged when engaging with neuropsychological assessments due to the tests being normed in predominantly Western populations overseas. There is also significant research and documentation of Māori having marked health and social inequalities, with discomfort, distrust and a history of negative interactions within healthcare settings.

In Aotearoa New Zealand, The Code of Ethics for Psychologists Working in Aotearoa/New Zealand requires that Psychologists have due regard for New Zealand's cultural diversity and, in particular, for the provisions of, and the spirit and intent of, Te Tiriti O Waitangi. It further specifies that in Aotearoa New Zealand, the basis for respect between the indigenous people (tangata whenua – those who are Māori) and others (tangata tiriti - those who are not Māori) is set out in Te Tiriti O Waitangi. It is therefore necessary that in translating practices and research developed overseas to our context in Aotearoa New Zealand, that we reflect on the appropriateness of our practices for Māori, as well as other culturally and linguistically diverse groups.

It is important that we explore the appropriateness of the Australian and American guidelines for teleneuropsychology judiciously and consider appropriate adaptation for our people and our context in Aotearoa New Zealand.

While this process is being completed, the following recommendations are for provisional guidance in adapting the IOPC guidelines to practice in Aotearoa New Zealand:

1. Any psychologist considering the use of teleneuropsychology (TNP) must thoroughly read and follow the IOPC guidelines.
2. The psychologist should have undergone specific training in the use of TNP. This is a rapidly developing collection of techniques. The psychologist will need to regularly update their skills and knowledge of the literature.
3. The use of TNP should be driven by the needs of the client, e.g., urgency, access, distance from available neuropsychologist, not the convenience of the psychologist.
4. There is evidence that when all things are equal, clients prefer the face-to-face modality. As such, this is not a modality for use with all clients and whether or not to use this modality should be carefully considered for each client.
5. Much of the literature base for Māori wellbeing emphasises the importance of kanohi ki te kanohi (face to face) interactions, as well as the need to adhere to cultural processes such as whakawhanaungatanga and manaakitanga to help reduce the whakama (shyness) and uncertainty Māori may have towards medical professionals. These processes are harder to implement in online settings, and as such due consideration to how psychologists will actively meet the needs of Māori clients must occur before teleneuropsychology is considered with Māori clients. We remind psychologists to review (amongst other resources also):
 - a. <https://psychologistsboard.org.nz/wp-content/uploads/2021/06/Tangata-Whenua-Recommended-Reading-List-for-Clinical-Psychology.pdf>
 - b. <https://www.psychology.org.nz/nga-kete/bicultural-resources>
 - c. <https://ubiq.co.nz/p/te-manu-kai-i-te-matauranga-indigenous-psychology-in-aotearoa-new-zealand-9780473345457>
 - d. <https://www.psychology.org.nz/members/professional-resources/books>
6. Protecting the security of test materials is critical.
7. Testing sessions should not be recorded by the psychologist or client. An explicit statement to that effect needs to be made by the psychologist and vigilance should be maintained by the psychologist.
8. Only use tests that have been approved for remote use by their publishers.
9. Performance validity testing remains a necessary component of assessment. This will often mean that embedded measures are utilised rather than standalone measure (e.g., Green's publishing has not approved use of their tools online). Embedded measures generally lack sensitivity in comparison with standalone measures - this needs to be considered by the assessing psychologist.
10. Sound quality can be variable on most TNP platforms. Consideration should be given to using cell phone AND TNP platform with the computer muted, particularly when undertaking oral attentional and learning tasks.
11. Some client groups will be better suited to this modality -
 - a. The psychologist will need to consider carefully whether this modality will be appropriate in a forensic setting.
 - b. The psychologist will need to consider the appropriateness of the TNP modality in medico-legal settings, which can be contentious.
 - c. When used with children there is a need for a proctor/assistant to assist with testing materials. That proctor/assistant requires training. The psychologist will need to consider the practicality and appropriateness of that.
12. The TNP modality is subjectively fatiguing for client and psychologist - consider how best to break up the sessions and test over number of sessions rather than one session.
13. TNP can be stressful for clients who are unaccustomed to being on video and stressful for people unaccustomed to the technology and TNP platforms. Consider having an introduction session a day or more before to familiarise the client.
14. The use of TNP can have financial implications for the client if they do not have easy access to appropriate devices or unlimited data. This must be considered as part of assessing the suitability of this method for assessment.

15. Where TNP is used this should be clearly and unambiguously stated in the report, as should any deviation from standardised procedures and the implication of that deviation for the testing results.