

Telepractice and the BBCS:E

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, 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.

Several professional organizations and experts have provided guidance on telepractice assessment (American Psychological Association Services [APA Services], 2020; American Speech Language Hearing Association [ASHA], 2021; American Telemedicine Organization, 2021; Association of State and Provincial Psychology Boards [ASPPB], 2013; Grosch, et al., 2011; Inter Organizational Practice Committee [IOPC], 2020; Stolwyk, et al., 2020) to assist professionals in decision making and ethical and legal practice issues.

The Bracken Basic Concept Scale: Expressive (BBCS:E; 2006) can be administered in a telepractice context by using digital tools from Q-global®, Pearson's secure online-testing and scoring platform. Details regarding Q-global are provided on the [Pearson telepractice landing page](#).

A spectrum of options is available for administering this assessment via telepractice; however, it is important to consider the fact that the normative data were collected via an in-person assessment. Telepractice is a deviation from the standardized administration, and the methods and approaches to administering it via telepractice should be supported by research and practice guidelines when appropriate.

Professionals administering the BBCS:E via telepractice must train facilitators to work with them. The facilitator may be someone in the examinee’s home (e.g., a parent, guardian, or caretaker) or in a professional role (e.g., a paraprofessional or assistant-level professional) that can assist with technological, administrative tasks during testing, and provide additional support to the examinee (e.g., helping to keep the child focused and on task, monitoring for fatigue and needed breaks). Facilitators should be oriented to these responsibilities in the initial virtual meeting and again at the beginning of the session.

In the case of BBCS:E, the facilitator must remain in the room, but they should do so passively and unobtrusively; they should merely monitor and address the examinee’s practical needs, as well as any technological or administrative issues as necessary. The facilitator’s role should be defined clearly by the examiner. The facilitator should only perform those functions the examiner approves and deems necessary.

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 assessments via telepractice:

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

1. Telepractice Environment & Equipment

Computers and Connectivity

Two computers with audio and video capability and stable internet connectivity—one for the examiner and one for the examinee—are required. A web camera, microphone, and speakers or headphones are required for both the examiner and the examinee. A second computer screen or split-screen format on a large computer monitor for the examiner is helpful to allow a view of a Pearson-delivered digital manual or administration directions, but the examiner can also use a paper format manual or administration directions. The second computer screen or large screen also tends to make sharing test content more straightforward for the examiner.

Image/Screen Size

When items with visual stimuli are presented, the digital image of the visual stimuli on the examinee’s screen should be at least 9.7” measured diagonally, similar to an iPad® or iPad Air®.

Some teleconferencing software shrink the size of images, the image size should be verified in the initial virtual meeting. It is recommended that computer screens used for teleconference assessment be at least 15" measured diagonally. Smaller screens, such as those of iPad minis, small tablet PCs, and smartphones, are not allowed for examinee-facing content, as these have not been examined empirically and may affect stimulus presentation, examinee response, and validity of the test results. Similarly, presenting stimuli on extremely large screens has not been examined, so the same precaution applies. At the beginning of the testing session, the examiner may ask for a peripheral camera or device (as described later in this section) to be aimed at the examinee's screen to ensure that the examinee's screen is displaying images in the correct aspect ratio and not stretching or obscuring the stimuli image.

Audio Considerations

High-quality audio capabilities are required during the administration. An over the head, two-ear, stereo headset with attached boom microphone is recommended for both the examiner and examinee. 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 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 prior to the administration where the examiner is listening for any clicks, pops, or breaks in the audio signal that distorts or interrupts the voice of the examinee. The examiner should also ask if there are any interruptions or distortions in the audio signal on the examinee's end. Any connectivity lapses, distractions, or intrusions that occurred during testing should be reported.

Audiovisual Distractions

As with any testing session, the examiner should do everything possible to make sure the examinee's environment is free from audio and visual distractions. If the examiner is unfamiliar with the examinee's planned physical location, a visual tour of the intended testing room should be given during the initial virtual meeting. The examiner can then provide a list of issues to address to transform the environment into one suitable for testing. For example, remove distracting items, silence all electronics, and close doors. The examiner should confirm that these issues have been addressed at the time of testing. If possible, the examinee should be positioned facing away from the door to ensure the examiner can verify through the examinee'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, the keyboard is moved aside or covered after the session is connected, 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 must be silenced and/or removed from the room.

Lighting

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

Teleconferencing Software

Teleconferencing software is required. Screen-sharing capability is required if anything other than items with verbal stimuli and responses are administered.

Video

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

Peripheral Camera or Device

A standalone peripheral camera can be used to provide a view of the session from another angle or a live view of the examinee's progress. Alternately, a separate device (e.g., a smartphone with a camera or another peripheral device) can be connected to the teleconference and set in a stable position to show the examinee's pointing or written responses. The device's audio should be silenced and microphone should be muted to prevent feedback. This secondary camera is helpful but not needed for the BBCS:E because the single item type requires a verbal-only response from the examinee.

Screen Sharing Digital Components

Digital components are shared within the teleconferencing software as specified in Table 1. There are two ways to view digital components in the Q-global Resource Library: through the pdf viewer in the browser window or full screen in presentation mode. Always use full screen (i.e., presentation) mode for digital components viewed by the examinee. This provides a presentation of test content without on-screen distractions (e.g., extra toolbars). Refer to *Using Your Digital Assets on Q-global* in the Q-global Resource Library for complete directions on how to enter presentation mode.

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 (and facilitator, if applicable) during the informed consent process. The examiner should make it clear to the examinee/caregivers 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. The examinee 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). Any test-related materials used in the testing session must be returned to the examiner.

Disruptions

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 being distracted by external stimuli, and any other anomalies. These can be noted on the record form and should be considered during interpretation and described in the written report. Refer to [Other Considerations](#) for guidance on report writing.

Digital Assets

Pearson digital assets for assessments typically include digitized manual and stimulus book. Other digital assets may include other test components such as questionnaires. The examiner should practice using the digital assets until the use of the materials is as smooth as an in-person administration. It is not recommended that the examiner display test items by holding the paper stimulus books up to the computer camera. Refer to *Using Your Digital Assess on Q-global* in the Q-global Resource Library for complete directions.

Content Considerations

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

Table 1. Specific Telepractice Considerations

BBCS:E	Considerations
Expressive Vocabulary	<ul style="list-style-type: none">• Requires high-quality audio for examinee and examiner• Examiner shows the visual stimuli and provides a verbal prompt• Examinee views image on-screen and responds verbally

Evaluating Equivalence Evidence

Examiners should review the current research available on equivalence between different modes of administration before proceeding to use remote administration of a standardized assessment with normative data collected via in-person assessment. 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. Direct evidence of equivalence for a specific task may be available because the task was researched in a study with results indicating no significant difference between telepractice and in-person assessment. Indirect evidence may also be reported in the literature for a task that is similar in construct and input/output demands to the standardized assessment being considered for remote administration and may help determine the examiner's level of confidence in applying the norms. For instance, a study demonstrating direct evidence for the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) Picture Naming subtest also demonstrates valuable indirect evidence for the WISC-V Vocabulary and CLQT+ Confrontation Naming subtests because Picture Naming, Vocabulary, and Confrontation Naming all require brief spoken directions with pictorial stimuli inputs with open-ended spoken response outputs. Examiners can have more confidence that the normative scores are valid when tasks have direct evidence showing equivalency between modes.

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. 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 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 of each task, the direct evidence of subtest equivalence in telepractice–face-to-face and digital–traditional investigations, and the evidence for similar tasks. The abbreviations in the Input and Output column correspond to the various input and output requirements of each task, and a key appears at the bottom of the table. For example, brief spoken directions as an input requirement is abbreviated as BSD. The numbers in the evidence columns correspond to the studies in the reference list.

Table 2. Input and Output Requirements and Equivalence Evidence

BBCS:E	Input^a	Output^b
Expressive Vocabulary	BSD, PS, SS	BSR

Note. ^aInput abbreviations are: BSD = Brief spoken directions, PS = Pictorial stimuli, SS = Spoken stimuli.

^bOutput abbreviation is: BSR = Brief spoken response.

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Research has compared results obtained in telepractice and in-person administration modes. While equivalence data on similar measures are relevant, practitioners should be mindful that more research is needed to establish equivalence in the youngest ages on the BBCS:E. It is important to consider the conditions under which equivalence studies of telepractice and in-person assessment modes were conducted and attempt to reproduce these as closely as possible if testing via telepractice. Typical telepractice studies that support telepractice and in-person equivalence involve the examiner becoming very familiar with the teleconference platform by using it for its intended purpose for several hours and administering tests (even those that are familiar in in-person mode) multiple times to “practice examinees.”

Telepractice involves the use of technology in assessment as well as viewing on-screen stimuli. For these reasons, studies that investigate assessment in digital versus traditional formats are also relevant. Investigations have produced evidence of equivalence when administered and scored via

digital or traditional formats to examinees without clinical conditions (e.g., Drozdick et al., 2016). It is important to note that digital studies are relevant but are not always conducted remotely or via video conference. However, equivalence has been demonstrated for examinees with or without clinical conditions in remote studies (e.g., Dekhtyar et al., 2020; Sutherland et al., 2017).

3. Examinee Considerations

Appropriateness

The examiner should first ensure that a telepractice administration is appropriate for the examinee and for the purpose of the assessment. Clinical judgment, best practice guidance for telepractice (e.g., APA Services, 2020; ASHA, 2021; ASPPB, 2013; ATO, 2021; IOPC, 2020), information from professional organizations and other professional entities (e.g., licensing boards, legal resources, professional liability insurance providers, payors), consultation with other knowledgeable professionals, existing research, and any available federal or state regulations should be considered in the decision-making process. Consideration should be given to whether the necessary administrative and technological tasks involved in a telepractice session can be accomplished without influencing results.

Preparedness

Before initiating test administration, the examiner should ensure that the examinee is well-rested, able, prepared, and ready to appropriately and fully participate in the testing session.

Facilitator Role

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

Headset

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

Mouse

On some teleconferencing software, the examiner can pass control of the mouse to allow the examinee to point to indicate responses; this is an option if it is within the capabilities of the examinee. However, best practice guidelines provide cautions about this. For example, the IOPC 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 has control over the examiner's computer (IOPC, 2020).

4. Examiner Considerations

Practice

During the telepractice setup, and before administering to any actual examinee, the examiner should rehearse the mechanics and workflow of every item in the entire test 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.

Standardized Procedures

The examiner must follow the administration procedures of in-person administration as much as possible. For example, if a spoken stimulus cannot be said more than once in in-person administration, the examiner must not say it more than once in a telepractice administration unless a technical difficulty precluded the examinee from hearing the stimulus.

Real-Time Troubleshooting

In order to conduct a smooth telepractice session, audiovisual needs and materials must be managed appropriately. The initial virtual meeting involves the examiner, examinee, and/or the facilitator (if used), and is the opportunity for the examiner to provide information about the audiovisual needs and materials. During the initial virtual meeting, the examiner should provide training in troubleshooting audiovisual needs that arise during the testing session, including camera angle, lighting, and audio checks. The examiner should provide verbal feedback to guide camera adjustment, checking the on-screen video shown by the peripheral camera/device to provide information about how to reposition it until the proper view is shown. The examiner should emphasize that no materials should be opened until the examiner provides instructions to do so, if applicable. The examiner should also expect to provide verbal guidance about these issues during the testing session.

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 testing session. The examiner should direct them not to interfere with the examinee'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. Refer to the [Telepractice Environment & Equipment](#) section and to [Table 1](#) for specific subtest telepractice considerations.

5. Other Considerations

There are special considerations for written reports describing testing that takes place via telepractice. The professional completing the written report should state in the report that the test 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 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 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 BBCS:E was administered via telepractice using digital stimulus materials 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 via video/audio, and the examinee 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]. Similar tasks to those of the BBCS:E tasks have received initial validation in several samples for telepractice and digital format administration, and the results are considered a valid description of the examinee's skills and abilities."

Notes may be recorded about any testing issues on the record form.

Conclusion

This test was not standardized in a telepractice mode, and this should be taken into consideration when utilizing this test via telepractice and interpreting results. For example, the examiner should consider relying on convergence of multiple data sources and/or being tentative about conclusions. 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 test via telepractice. Materials may be used via telepractice without additional permission from Pearson in the following published contexts:

- BBCS:E manuals, digital stimulus books, and record forms via Q-global
- BBCS:E via a Pearson-licensed telepractice provider/platform

Any other use of this test via telepractice is not currently recommended. This includes, but is not limited to, scanning the paper stimulus books, digitizing the paper record forms, holding the stimulus books physically up in the camera's viewing area, or uploading a manual onto a shared drive or site.

References

- American Psychological Association Services (APA Services). (2020). *Guidance on psychological tele-assessment during the COVID-19 crisis*. (2020).
https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19?fbclid=IwAR1d_YNXYS2Yc5mdlz_ZIYSkrrj_6A9BQeKulHxEEjjRh1XDR6fOYncM3b4
- American Speech Language Hearing Association (Practice Portal). (2021).
https://www.asha.org/practice-portal/professional-issues/telepractice/#collapse_3
- American Telemedicine Organization. (2021).
[https://www.bing.com/search?q=American+Telepractice+Association+\(ATA\)&cvid=e1d0b615ab074206b56bf25c7964d792&aqs=edge..69i57.15849j0j1&pglt=43&FOR M=ANNAB1&PC=U531](https://www.bing.com/search?q=American+Telepractice+Association+(ATA)&cvid=e1d0b615ab074206b56bf25c7964d792&aqs=edge..69i57.15849j0j1&pglt=43&FOR M=ANNAB1&PC=U531)
- Association of State and Provincial Psychology Boards (ASPPB). (2013). *ASPPB telepsychology task force principles and standards*. http://houstonneuropsych.com/wp-content/uploads/2020/04/ASPPB_TELEPSYCH_PRINCIPLES.pdf
- Bracken, B. (2006). *Bracken Basic Concept Scale: Expressive*. Pearson.
- Dekhtyar, M., Braun, E. J., Billot, A., Foo, L., & Kiran, S. (2020). Videoconference administration of the Western Aphasia Battery—Revised: Feasibility and validity. *American Journal of Speech-Language Pathology, 29*, 1–15. https://doi.org/10.1044/2019_AJSLP-19-00023
- Drozdzick, L. W., Getz, K. G., Raiford, S. E., & Zhang, O. (2016). *WPPSI-IV: Equivalence of Q-interactive and paper formats* (Q-interactive technical report 14). Pearson.
<https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/q-interactive/001-s-WPPSI-Qi-Tech-Report-14-FNL.pdf>
- 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.
- Grosch, M. C., Gottlieb, M. C., & Cullum, C. M. (2011). Initial practice recommendations for teleneuropsychology. *The Clinical Neuropsychologist, 25*, 1119–1133.
- 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>
- Stolwyk, R., Hammers, D. B., Harder, L., & Cullum, C. M. (2020). *Teleneuropsychology (TeleNP) in response to COVID-19*. <https://event.webinarjam.com/replay/13/pyl2nayhvsp09>
- Sutherland, R., Trembath, D., Hodge, A., Drevensek, S., Lee, S., Silove, N., & Roberts, J. (2017). Telehealth language assessments using consumer grade equipment in rural and urban settings: Feasible, reliable and well tolerated. *Journal of Telemedicine and Telecare, 23*(1), 106–115. <https://doi.org/10.1177/1357633X15623921>