



## **CONDUCTING SPEECH-LANGUAGE EVALUATIONS IN AN OUTPATIENT PEDIATRIC SETTING DURING THE COVID- 19 PANDEMIC**

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### **— ABSTRACT —**

During the COVID-19 pandemic, speech-language pathologists have faced challenges navigating telehealth and in-person services. Potential challenges to the evaluation process and quasi-solutions for addressing them are discussed in this article.

*Keywords:* Assessment, Diagnostics, Evaluation, Pediatrics, Outpatient, COVID-19

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### **Introduction**

A major clinical challenge during the COVID-19 pandemic is conducting speech-language evaluations. The issues are evident in both in-person and via telehealth. Given the guidelines issued by the Centers for Disease Control and Prevention (CDC) (Centers for Disease Control and Prevention, 2020), clinicians need to be cautious with in-person clinical activities in general and more specifically with the evaluation process because of the close proximity between the speech-language pathologist and the patient. As a way to address this issue, the speech-language pathologist may use telehealth as an alternative to the in-person visit. The speech-language pathologist is charged with the task of creatively developing strategies and solutions in order to perform a thorough and reliable evaluation that represents the communication profile of the patient. This article will address the challenges that a speech-language pathologist

may face when performing speech-language evaluations in an outpatient medical setting. Both in-person and telehealth issues will be addressed.

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### **Discussion**

#### **In-person evaluation during COVID-19**

##### ***Issue: Mask requirement for patient and speech-language pathologist***

*Challenge:* Some children have difficulties with keeping masks on during the evaluation. This is particularly evident with patients diagnosed with Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, as well as sensory issues.

*Quasi Solutions:* Speech-language pathologists should ensure that caregivers are aware of the mask requirement at the time of scheduling the appoint-

ment. Caregivers should understand that the patient must wear a mask for the duration of the in-person evaluation. The clinician may suggest that the caregiver practice at home prior to the evaluation. If the patient is unable to wear a mask for the duration of the evaluation, then consider a hybrid evaluation in which the in-person and telehealth models are used jointly.

### **Issue: Required social distancing**

**Challenge:** The speech-language pathologist and the patient must keep six feet apart during an evaluation.

**Quasi Solutions:** The speech-language pathologist should try to use the largest room available to conduct the evaluation, moving furniture as necessary to accommodate specified distance. If possible, have older children turn the pages of the test manual which would allow the clinician to increase distance.

### **Issue: Oral mechanism examination**

**Challenge:** The requirement of both the patient and the clinician to wear a mask creates difficulties in performing the oral mechanism examination.

**Quasi Solutions:** Use the hybrid evaluation approach to conduct the oral mechanism evaluation, assessing range of motion and rate movement through telehealth and completion of the examination at a later date.

### **Issue: Speech fluency/stuttering evaluation**

**Challenge:** When assessing individuals who stutter, speech-language pathologists may find it difficult to fully observe concomitant behaviors at the lip level when wearing a mask.

**Quasi Solutions:** Use the hybrid approach and conduct a short telehealth session to assess the absence or presence of these behaviors.

## **Telehealth evaluations during COVID-19**

### **Issues: Digital test batteries**

**Challenge:** Digital assessments are available on the market. They are current and include the protocol, scoring forms and performance analysis. Using digital standardized measures requires the purchase of a license and the use of two devices, such as two iPads. This may be cost prohibitive for some organizations. In addition, most digital assessments are intended for in-person evaluations. Assessment instruments such as the *Goldman-Fristoe Test of Articulation – 3* (Goldman & Fristoe, 2015) and *Preschool Language Scales – Fifth Edition* (Zimmerman, Steiner, & Pond, 2011) are not normed for telehealth administration,

and presentation of stimulus books violates copyright laws.

**Quasi Solutions:** Speech-language pathologists may use a hybrid evaluation approach to address this issue and use both telehealth and in-person visits. During the telehealth portion of the assessment, the clinician should consider the following: Review educational history, medical history, and previous therapeutic interventions; Conduct informal assessment of speech and language; Elicit a conversational speech sample; and Complete behavioral observation checklists and other non-standardized measures. Some parts of the *Clinical Evaluation of Language Fundamentals – 5* (CELF-5; Wiig, Semel, & Secord, 2013) are normed for administration via Q-Global (web-based system for test administering, scoring and reporting) in a telehealth modality with specific audio and video requirements.

For the in-person portion of the hybrid evaluation, the clinician should complete the standardized batteries, e.g., *CELF-5* (Wiig, Semel, & Secord, 2013). Clinicians should use informal methods to further assess patients' language and speech, for example, language samples and speech production screeners.

### **Issues: Assessing children birth to three years of age**

**Challenges:** Speech-language pathologists sometimes must convey to caregivers that telehealth is a viable option when assessing young children. In addition, clinicians have less control manipulating the environment (e.g., toys, pictures, books, and so forth).

**Quasi Solutions:** Clinicians should educate caregivers on the evaluation process to alleviate concerns regarding the telehealth platform. Evaluations for children younger than three years of age work well in a telehealth format. Measures such as the *Receptive Expressive Emergent Language Scale – 3* (Bzoch, League, & Brown, 2003) or *The Rossetti Infant-Toddler Language Scale* (Rossetti, 2006) rely heavily on caregiver report and can be used to guide clinicians' observation of caregiver-child interactions. In addition, clinicians may find it useful to instruct caregivers in manipulating their device in order to maximize the quality of the observation.

### **Issue: Speech fluency/stuttering evaluation**

**Challenge:** When assessing individuals who stutter, speech-language pathologists may find it difficult to fully observe concomitant behaviors that are below the chest level.

**Quasi Solutions:** Clinicians may find it helpful to ask probing questions of the caregiver or patient regarding possible concomitant behaviors. The caregiv-

er or patient may manipulate their device in order to get a full body view of the patient during some speaking tasks.

### **Issue: Audio quality**

*Challenge:* Speech-language pathologists should be aware of the effect of microphone and speaker quality.

*Quasi Solutions:* Clinicians should ensure use of a high-quality, noise-canceling headset with built-in microphone that facilitates the clarity of speech and limits background noise. Clinicians should also ensure use of a camera in an adequately lit room. If the audio quality is poor, this should be noted in the evaluation report. When possible, the patient should use a headset with microphone as well to facilitate the clinician's perception. If the headset has a cord, the caregiver should be directed to ensure the patient does not fidget with the cord to limit noise.

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### **Summary**

The COVID-19 Pandemic has forced clinicians to rethink the evaluation process during in-person and telehealth appointments. Speech-language pathologists must be actively aware of the changing procedures for assessments, as this could result in a paradigm shift in the clinical evaluation process. While a number of quasi solutions are presented here, there is a need to conduct empirical research to determine the efficacy of these strategies.

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