

David Porrino

Hope you're hanging in there. Fortunately we're all healthy and doing alright.

I'm almost exclusively doing testing in my practice and only have 2 therapy clients, both of whom I've scaled back on quite a bit, simply because there's been less to check in about without them going to school and less of a desire for them to do sessions over telehealth. My plan for the time being is to provide testing over telehealth on a very cautious, case by case basis. This is based on some preliminary research that has been positive, even though it is indeed preliminary. So far I've done one consultation (just through rating scales, reviewing records, and interviews), and one remote eval that actually involved testing, which went very smoothly. Generally, the rule of thumb has been that if testing can wait, then it should wait. We are offering these evaluations when a) the situation is either urgent or time sensitive (i.e., there is a particular date when the eval needs to be completed by), **and** the individual is a good candidate for remote testing (e.g., not significantly behaviorally dysregulated, can sit in front of a camera for a period of time, etc). Sometimes a patient truly needs some clinical information urgently to help inform intervention, access to services, etc., and in those situations from an ethical perspective I think that the pros of remote testing outweigh the drawbacks, provided the patient and family are informed of and agree to them.

All the best,

David