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Psychological Risk Assessments and COVID-19 Social Distancing Measures

April 21, 2020

There seems to be some mixed views both within CSC and amongst various provincial colleges whether if during the pandemic psychological risk assessments (PRA) for parole or other correctional purposes should be done in-person or virtually by secure videoconferencing or telephone. Based on a April 3, 2020 provincial order closing “non-essential businesses,” the College of Psychologists of Ontario, stated, “The College is strongly advising that all registrants should only be providing remote care,” and they go on to state, “Should a member believe, in their professional judgement, that a client is in need of urgent and/or emergency care, and it is impossible to offer this remotely, it is strongly recommended that members obtain independent legal advice regarding whether this would contravene the provincial order.” Similarly, on March 31, 2020, the College of Alberta Psychologists issued a statement stating, “Psychologists should restrict face-to-face in person office visits to individuals who require services on an urgent basis where disruption of face-to-face services would immediately endanger the client’s life health or safety or that of others and the service could not be reasonably provided by a virtual or electronic platform.”

A survey was conducted of the Regions within CSC on April 16-17, 2020 as to the present practice with respect to virtual PRAs. The findings were as follows:

	Atlantic	Quebec	Ontario	Prairies	Pacific
Video PRAs	Yes	Yes	Yes	Yes	No
Percent of PRAs by videoconferencing (VC)	30%	35%	45%	0 To 100% depending on site	0%
VC PRA helpful to keep up with demand	Yes	Yes	Yes	Yes	NA
Plans to facilitate VC PRAs	Yes (To Increase)	Yes (To Increase)	Yes (To Increase)	Varies By Site	Yes
Telephone PRAs	Yes	No	Yes	No	Yes
Percent of PRAs by telephone	Very Small	0%	45%	0%	100%
Telephone PRAs helpful to keep up with demand	Somewhat	NA	Yes	NA	Yes
Plans to facilitate telephone PRAs	NA	Yes, if in-person or VC are not possible	Yes	Yes, but only for clarifying questions	NA



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It was noted from the survey that individual psychologists vary in terms of their comfort level doing VC and telephone PRAs, and there is a consensus that in normal times in-person PRAs are the gold standard. Even in Ontario and Alberta, many PRAs are still being done in whole or in part in-person in spite the previously mentioned advice from provincial colleges to provide psychological services virtually. An argument has been made to justify in-person PRAs given that these are an essential service which if not done can have a significant potential impact on a person's life. Some psychologists do not accept the limitations of conducting PRA assessments virtually, and capacity limitations may limit these from being done at some sites. It is clear, however, that several experienced psychologists are comfortable to do PRAs virtually while recognizing that these may have limitations making them less than ideal. It is noted, however, that PRAs are sometimes done based solely on file review/collateral, and the consensus in the survey is that virtual assessments are preferable to those done by file review/collateral alone. The following is the consensus in descending order of preference for a PRA in terms of validity and reliability:

In Person > Videoconference > Telephone > File Review/Collateral Only

In the time of COVID-19, however, the optimal validity and reliability of an in-person PRA needs to be balanced by the increased risk of virus transmission between the person and staff with in person assessments.

In terms of **limitations for virtual PRAs**, the following were identified on our survey (those items highlighted in yellow refer to possible limitations of the assessment itself):

Videoconference:

- Technical limitations, time to set up, connectivity and bandwidth issues
- Training required for some staff to be able to use the system
- Limited access to VC equipment and interview space
- Requirement to disinfect equipment pre and post each interview
- Restricted times for interviewing based on availability of escorts or support staff
- Requirement for a second staff to be with the person while they access the VC equipment
- Confidentiality concerns, real or perceived, even if technology is secure
- Greater challenge to develop rapport and develop trust which could limit quantity and reliability of information disclosed (may be balanced against challenge to develop rapport if psychologist and person are wearing a mask)
- Limited non-verbal communication could interfere with person's ability to participate fully
- Limited visual indicators to assess body language, grooming, hygiene and non-verbal behaviours (may be balanced by using collateral sources to report on grooming and hygiene)
- Limited visual indicators to assess affect and attitude when talking about various subjects, including past criminal actions and future plans

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- Limited visual indicators for things that might be distracting or interfering with the person's ability to participate optimally
- Audio quality may limit picking up on verbal cues
- Difficulty getting testing completed and reliance on others to get these done

Telephone:

- Limited access to telephone equipment and interview space
- Requirement to disinfect equipment pre and post each interview
- Restricted times for interviewing based on availability of escorts or support staff
- Requirement at certain sites for a second staff to be with the person while they access the telephone equipment
- Additional precautions required to confirm client's identity
- Confidentiality concerns, real or perceived, even if technology is secure
- Greater challenge to develop rapport and develop trust which could limit quantity and reliability of information disclosed (may be balanced against challenge to develop rapport if psychologist and person are wearing a mask)
- No non-verbal communication could interfere with person's ability to participate fully
- No visual indicators to assess body language, grooming, hygiene and non-verbal behaviours (may be balanced by using collateral sources to report on grooming and hygiene)
- No visual indicators to assess affect and attitude when talking about various subjects, including past criminal actions and future plans
- No visual indicators for things that might be distracting or interfering with the person's ability to participate optimally
- Audio quality may limit picking up on verbal cues
- Difficulty getting testing completed and reliance on others to get these done

Recommendations

1. Support should be provided to facilitate Psychological Risk Assessments to be done in-person or virtually in-all or in-part. How the PRA gets done will depend on logistics/access/capacity of VC or telephone technology and support staff, the risk of the psychologist's presence in the institution to contribute to contamination/virus transmission, advice from provincial colleges or public health officials, and the preference of the person being assessed if multiple options are available.
2. When conducting a virtual PRA, informed consent should include the usual outlining of the process and purpose of the assessment, but also should include mention of the potential limitations of an assessment done virtually vs in-person.
3. PRAs should only be done by File Review/Collateral alone when the person does not consent to an interview.
4. Every effort should be made to ensure that offenders consenting to a virtual PRA are able to participate from an area that is quiet, free of distraction and allows for confidentiality.

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5. The person being assessed should wash their hands and the VC or telephone equipment, chair, table, pencils should be cleaned/disinfected before and after every virtual interview.
6. If a PRA has been done virtually in whole or in part, the PRA report should make explicit mention of any of the associated limitations (as would be done for a PRA report based on file review/collateral only).