

Forensic Practice Tele- and Audio-visual Conferencing

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Thank you for taking the time to complete this survey.

The purpose of this survey is to ascertain your experiences conducting assessments and providing treatment using tele- and audio-visual conferencing.

For the purposes of this survey, **tele-conferencing** refers to the use of a mobile or a landline where you and your client/s are only able to hear each other's voice. In **video conferencing** you and your clients have both **audio and video** facilities so you can see and hear each other.

BACKGROUND INFORMATION

Are you a registered and practicing (select one)?

- ☐ Forensic Psychologist
- ☐ Forensic Psychiatrist
- ☐ Other (please specify)

Is your forensic work in

- ☐ Public Practice
- ☐ Private Practice
- ☐ Both public and private

My age is

My gender is

Please specify the years of forensic practice experience since you were first fully registered

The state/province and country where I practice is (list all)

PRIOR to workplace restrictions associated with the COVID-19 pandemic

PRIOR to workplace restrictions associated with the COVID-19 pandemic, did you use **telephone services** to conduct **forensic assessments**?

- ☐ Yes
- ☐ No

How many times did you conduct assessments via **tele-conferencing**?

- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ More than 50

For which agency/purposes did you conduct forensic assessments via **tele-conferencing**?

- ☐ Corrective services
- ☐ Forensic mental health services
- ☐ Courts

- ☐ Parole boards
- ☐ Other decision making bodies (Please specify which)

PRIOR to workplace restrictions associated with the COVID-19 pandemic

PRIOR to workplace restrictions associated with the COVID-19 pandemic, did you use **audio-visual** services to conduct **forensic assessments**?

- ☐ Yes
- ☐ No

How frequently did you conduct assessments via **audio-visual** means?

- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ More than 50

For which agency/purposes did you conduct forensic assessments via **audio-visual conferencing**?

- ☐ Corrective services
- ☐ Forensic mental health
- ☐ Courts
- ☐ Parole boards
- ☐ Other decision making bodies (Please specify which)

PRIOR to workplace restrictions associated with the COVID-19 pandemic

PRIOR to workplace restrictions associated with the COVID-19 pandemic, did you use **telephone** services to conduct **forensic treatment**?

☐ Yes

☐ No

How many times did you use **tele-conferencing** to conduct forensic treatment?

☐ 1-5

☐ 6-10

☐ 11-20

☐ 21-30

☐ 31-40

☐ 41-50

☐ More than 50

For which agency/purposes have you conducted forensic treatment via **tele-conferencing**?

☐ Corrective services

☐ Forensic mental health services

☐ Courts

☐ Parole boards

☐ Other decision making bodies (Please specify which)

PRIOR to workplace restrictions associated with the COVID-19 pandemic

PRIOR to workplace restrictions associated with the COVID-19 pandemic, did you use **audio-visual** services to conduct **forensic treatment**?

☐ Yes

☐ No

How often did you provide this treatment via **audio-visual conferencing** facilities?

☐ 1-5

☐ 6-10

☐ 11-20

☐ 21-30

- ☐ 31-40
- ☐ 41-50
- ☐ More than 50

For which agency/purposes did you conducted forensic treatment via **audio-visual conferencing** facilities?

- ☐ Corrective services
- ☐ Forensic mental health services
- ☐ Courts
- ☐ Parole boards
- ☐ Other decision making bodies (Please specify which)

DURING workplace restrictions associated with the COVID-19 pandemic

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- ☐ Yes
- ☐ No

How many times have you conducted such assessments via **tele-conferencing**?

- ☐ 1-5
- ☐ 6-10
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For which agency/purposes have you conducted forensic assessments using **tele-conferencing services**?

- ☐ Corrective services

- ☐ Forensic mental health services
- ☐ Courts
- ☐ Parole boards
- ☐ Other decision making bodies (Please specify which)

DURING workplace restrictions associated with the COVID-19 pandemic

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- ☐ Yes
- ☐ No

How many times have you conducted such assessments via **audio-visual** means?

- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
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- ☐ Corrective services
- ☐ Forensic mental health services
- ☐ Courts
- ☐ Parole boards
- ☐ Other decision making bodies (Please specify which)

DURING workplace restrictions associated with the COVID-19 pandemic

DURING workplace restrictions associated with the COVID-19 pandemic, have you used **telephone services** to conduct **forensic treatment**?

- ☐ Yes
- ☐ No

How frequently have you provided treatment using **tele-conferencing** facilities?

- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ More than 50

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- ☐ Corrective services
- ☐ Forensic mental health services
- ☐ Courts
- ☐ Parole boards
- ☐ Other decision making bodies (Please specify which)

DURING workplace restrictions associated with the COVID-19 pandemic

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- ☐ Yes
- ☐ No

How frequently have you provided treatment using **audio-visual** facilities?

- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ More than 50

For which agency/purposes have you conducted forensic treatments using **audio-visual** services?

- ☐ Corrective services
- ☐ Forensic mental health services
- ☐ Courts
- ☐ Parole boards
- ☐ Other decision making bodies (Please specify which)

If you answered yes to any of the above, which platforms did you use?

THE REMAINDER OF THE QUESTIONS REFER TO AUDIO-VISUAL CONFERENCING ONLY.

THE REMAINDER OF THE QUESTIONS REFER TO AUDIO-VISUAL CONFERENCING ONLY.

How **confident** do you feel using audio-visual conferencing platforms for **assessments** with clients?

- | | 1 (Not at all) | 2 | 3 | 4 | 5 (Very) | N/A |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Clinical/diagnostic assessments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

	1 (Not at all)	2	3	4	5 (Very)	N/A
Risk assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competency assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>						

How **confident** do you feel using audio-visual conferencing for **treatment** with clients?

	1 (Not at all)	2	3	4	5 (Very)	N/A
Confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How **competent** do you feel using audio-visual conferencing for **assessments** with clients?

	1 (Not at all)	2	3	4	5 (Very)	N/A
Clinical/diagnostic assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competency assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>						

How **competent** do you feel using audio-visual conferencing for **treatment** with clients?

	1 (Not at all)	2	3	4	5 (Very)	N/A
Competent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you previously participated in training on audio-visual conferencing facilities to assist you with your practice?

- ☐ No
- ☐ Yes, in the last year
- ☐ Yes, in the last five years
- ☐ Yes, in the last ten years
- ☐ Yes, over ten years ago

In what capacity did this training occur? (Please select all that apply)

- ☐ When obtaining qualifications (e.g., during your Masters, Doctorate course)
- ☐ Professional development, in-person
- ☐ Professional development via webinar
- ☐ Workplace training
- ☐ Supervision
- ☐ Other (Please specify)

Do you think you need more training in audio-visual conferencing?

- ☐ Yes
- ☐ No

What areas of audio-visual conferencing do you feel you need more training in? (Please select all that apply)

- ☐ I don't need training
- ☐ Use of the technology/equipment
- ☐ Security
- ☐ Clinical issues (e.g., assessing client suitability)
- ☐ Ethical concerns
- ☐ Report writing
- ☐ Legal issues (e.g., reporting requirements)
- ☐ Other (Please specify)

Overall, how **satisfied** are you with the use of audio-visual conferencing when conducting **assessments** with clients?

	1 (Not at all)	2	3	4	5 (Very)	N/A
Assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how **satisfied** are you with the use of audio-visual conferencing when conducting **treatment** with clients?

	1 (Not at all)	2	3	4	5 (Very)	N/A
Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you had the option, would you choose to conduct your **assessments** using audio-visual conferencing?

- ☐ Yes
- ☐ No
- ☐ It depends (Please elaborate)

If you had the option, would you choose to conduct your **treatment** sessions using audio-visual conferencing?

- ☐ Yes
- ☐ No
- ☐ It depends (Please elaborate)

Has your use of audio-visual technologies for **assessment** ever been queried?

- ☐ No
- ☐ Yes (Please elaborate)
- ☐ N/A

If your work has been queried, was this from (select all that apply)

	Yes	No	N/A
The defendant or the person being assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The courts/decision maker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>			

Have you ever been queried for conducting **treatment** using audio-visual conferencing?

- ☐ No
- ☐ Yes (Please elaborate)

☐ N/A

If you have been queried, was this from (select all that apply)

	Yes	No	N/A
The defendant or the person receiving treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The courts/decision maker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>			

Do you change the way you conduct **assessments** when using audio-visual conferencing with clients?

	1 (not at all)	2	3	4	5 (very)	N/A
Assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe the changes you have made:

Do you change the way you conduct **treatment** using audio-visual conferencing with clients?

	1 (not at all)	2	3	4	5 (very)	N/A
Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe the changes you have made:

How do you address issues of technology failure during audio-visual conferencing sessions with clients?

- ☐ I have not considered this issue
☐ Telephone if audio-visual fails
☐ Email if telephone fails
☐ Other (Please specify)

When providing **treatment** services, is the therapeutic relationship you develop with clients better or worse than when using audio-visual conferencing?

	1 (Much worse)	2	3 (About the same)	4	5 (Much better)	N/A
Therapeutic relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please elaborate on any differences you have identified in the therapeutic relationship when using audio-visual conferencing compared to face-to-face service delivery for **treatment** purposes:

In general, are you satisfied with the therapeutic relationship you have developed with clients using audio-visual conferencing compared to face-to-face service delivery?

	1 (Not at all)	2	3	4	5 (Very)	N/A
Satisfied?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have any of your treatment clients stated a preference for using audio-visual technologies over face-to-face service delivery?

- ☐ No
☐ Yes
☐ N/A

Please elaborate:

Have any of your clients raised concerns over differences in the therapeutic relationship in the context of audio-visual conferencing?

- ☐ No
- ☐ Yes
- ☐ N/A

Please elaborate:

Are any of these aspects of the Mental Status Examination compromised using audio-visual conferencing?

	Yes	No
Appearance and behaviour	<input type="radio"/>	<input type="radio"/>
Speech	<input type="radio"/>	<input type="radio"/>
Mood	<input type="radio"/>	<input type="radio"/>
Affect	<input type="radio"/>	<input type="radio"/>
Thought	<input type="radio"/>	<input type="radio"/>
Perception	<input type="radio"/>	<input type="radio"/>
Cognition	<input type="radio"/>	<input type="radio"/>
Insight and Judgement	<input type="radio"/>	<input type="radio"/>

Please use the space below to elaborate:

What, if any, client presentations or characteristics do you believe would be unsuitable for audio-visual conferencing? (Please select all that apply)

- ☐ None
- ☐ Active/acute psychotic symptoms
- ☐ Symptoms of psychopathology or personality disorder
- ☐ Significant language impairment
- ☐ Language barriers
- ☐ Mood Disorders
- ☐ Acute confusion/delirium
- ☐ Substance intoxication/withdrawal
- ☐ Significant auditory or visual impediments
- ☐ Cognitive impairment/intellectual disability
- ☐ Cultural issues
- ☐ Age
- ☐ Other (Please specify

If relevant, please elaborate on your above choices:

Have you administered any psychological tests via audio-visual conferencing?

- ☐ No
- ☐ Yes

Please elaborate on how you modified the tests and/or addressed differences in remote vs. in-person testing conditions (e.g., read the questions allowed to client, showed client images over audio-visual)

What limitations, if any, did you perceive to be associated with the administration of psychological tests over audio-visual conferencing?

Have you documented the use of audio-visual conferencing modalities to **administer psychological tests** in any reports you have produced, including their potential limitations and what this means for the reliability of your conclusions about the person?

- ☐ No
- ☐ Yes, but only that audio-visual conferencing was used
- ☐ Yes, and reported both the use of audio-visual conferencing to administer the test and any limitations/implications associated with this
- ☐ N/A

Have you documented the use of audio-visual conferencing modalities in any reports you have produced, including their potential limitations and what this means for the reliability of your conclusions about the person?

- ☐ No
- ☐ Yes, but only that audio-visual conferencing was used
- ☐ Yes, and reported both the use of audio-visual conferencing and any limitations/implications associated with this
- ☐ N/A

Have you changed the way you address limits to confidentiality with clients when using audio-visual conferencing with clients?

	1 (Not at all)	2	3	4	5 (Yes, completely)	I have not used audio-visual conferencing
Confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe changes you have made:

Please describe any other considerations you have taken into account:

How do you address issues of privacy and confidentiality when working with clients over audio-visual conferencing? (Please check all that apply)

- ☐ I have not considered this issue
- ☐ Discuss issue of privacy/confidentiality with client
- ☐ Use secure/encrypted software
- ☐ Use passwords for electronic data storage
- ☐ Wear earphones when engaged with client
- ☐ Show client the room you are in (pan around with audio-visual)
- ☐ Ensure no personal material is in view behind you (e.g., photos of family members)
- ☐ Other (Please specify)

How do you address privacy/confidentiality from the perspective of where your client is located? (This may be more relevant for sessions where a client is at home; please select all that apply)

- ☐ I have not considered this issue
- ☐ Discuss issue of privacy/confidentiality with client (e.g., clarify whether third parties are likely to be in ear-shot)
- ☐ Ask client to wear earphones when engaged with you
- ☐ Ask client to remove personal material (e.g., photos) from behind them
- ☐ Ask client to show you the room they are sitting in
- ☐ Other (Please specify)

Have you changed the way you assess and obtain informed consent when using audio-visual conferencing with clients?

	1 (Not at all)	2	3	4	5 (Yes, completely)	I have not used audio-visual conferencing
Informed consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe changes you have made:

Please describe any other considerations you have taken into account:

How have you sought consent and demonstrated this to other parties when ordinarily you might ask for written informed consent?

Please describe how you have approached the issue of risk if it were to arise during audio-visual conferencing (e.g., client decompensates, expresses intent or engages in self-harm, expresses suicidal or violent ideation). Specifically, please describe any strategies used in addition to your usual clinical assessment and safety plan processes (e.g., developing plans/agreement with the client re: such situations from outset of engagement, obtaining the client's location, communication with the facility/location of the site where the person is being interviewed).

What perceived or actual limitations to using audio-visual conferencing have you come across during your work with clients? (Please select all that apply)

- ☐ None
- ☐ Technology failure
- ☐ Poor connectivity/equipment quality
- ☐ Inability to obtain certain information (e.g., olfactory, visual cues)
- ☐ Inability to administer psychological tests
- ☐ Difficulty developing rapport
- ☐ Other (Please specify)

What barriers are there to you using audio-visual services in general? (Please select all that apply)

- ☐ None
- ☐ Lack of confidence in using technology
- ☐ Lack of training

- ☐ Lack of guidelines/standards
- ☐ Client's ability to use technology
- ☐ Poor engagement with client over audio-visual conferencing platform
- ☐ Concern over ethical issues
- ☐ Concern over efficacy of assessments/treatments compared to in-person sessions
- ☐ Fear of managing client in times of emergency/crisis
- ☐ Lack of equipment
- ☐ Technological issues (e.g., poor bandwidth/connection/speed)
- ☐ Financial disincentive (e.g., cannot charge client full fees)
- ☐ Other (Please specify)

Please list the key advantages to audio-visual conferencing

When the COVID restrictions have passed and you return to normal working conditions will you (select the one that best applies to you)

- ☐ Stop using audio-visual conferencing to conduct my forensic work?
- ☐ Rarely use audio-visual conferencing to conduct my forensic work?
- ☐ Increase my use of audio-visual conferencing to conduct forensic work?
- ☐ Return to my normal practice, which included the use of both face-to-face and audio-visual procedures.

If you would like to, please elaborate:

The following questions relate to working from home during the COVID-19

pandemic

The following questions relate to working from home during the COVID-19 pandemic.

Did you have to work from home during the COVID-19 pandemic?

- ☐ Yes
- ☐ No

If so, please answer the following questions

	Yes	No
Working from home has been difficult	<input type="radio"/>	<input type="radio"/>
I have been able to exercise as often as I like	<input type="radio"/>	<input type="radio"/>
I have had some unpleasant encounters using audio-visual conferencing with my clients	<input type="radio"/>	<input type="radio"/>
I don't like audio-visual conferencing at home	<input type="radio"/>	<input type="radio"/>
I like working from home	<input type="radio"/>	<input type="radio"/>
I live on my own	<input type="radio"/>	<input type="radio"/>
I have had too many personal responsibilities, like looking after children, to work effectively	<input type="radio"/>	<input type="radio"/>
I have more personal and social support during the COVID-19 pandemic	<input type="radio"/>	<input type="radio"/>
I have been more focused on my self-care during the COVID-19 lockdown	<input type="radio"/>	<input type="radio"/>
I have you found it difficult to stop working or to stop thinking about cases while working from home?	<input type="radio"/>	<input type="radio"/>

Yes

No

The frequency of contact I have had with colleagues has been affected by the pandemic? (If yes, is this more or less?)

☐☐

The quality of contact I have had with colleagues has been affected by the pandemic? (If yes, is this better or worse?)

☐☐

I have a designated work space to conduct work from home?

☐☐

I have support to learn how to use the platforms effectively to support audio-visual conferencing?

☐☐

What, if any, impacts does working with clients in your personal space have on you?

How do you manage this?

Has working from home impaired your capacity to do the following?

Yes

No

Take a break during the workday

☐☐

	Yes	No
Take time to chat with co-workers	<input type="radio"/>	<input type="radio"/>
Make quiet time to complete tasks	<input type="radio"/>	<input type="radio"/>
Identify projects or tasks that are exciting and rewarding	<input type="radio"/>	<input type="radio"/>
Set limits with your clients and colleagues	<input type="radio"/>	<input type="radio"/>
Balance your caseload so that no one day or part of a day is "too much"	<input type="radio"/>	<input type="radio"/>
Arrange your work space so it is comfortable and comforting	<input type="radio"/>	<input type="radio"/>
Obtain regular supervision or consultation	<input type="radio"/>	<input type="radio"/>
Negotiate for your needs (benefits, pay raise)	<input type="radio"/>	<input type="radio"/>
Have a peer support group	<input type="radio"/>	<input type="radio"/>
Develop a non-trauma area of professional interest	<input type="radio"/>	<input type="radio"/>
Achieve balance within your work-life and workday	<input type="radio"/>	<input type="radio"/>

FINAL COMMENTS

Please comment on any other concerns or benefits you have experienced in relation to the use of tele- or audio-visual conferencing for the provision of assessments and treatment in a forensic context:



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