

Remote Assessment for Tic Conditions in Young People: Carer and Clinician Perspectives

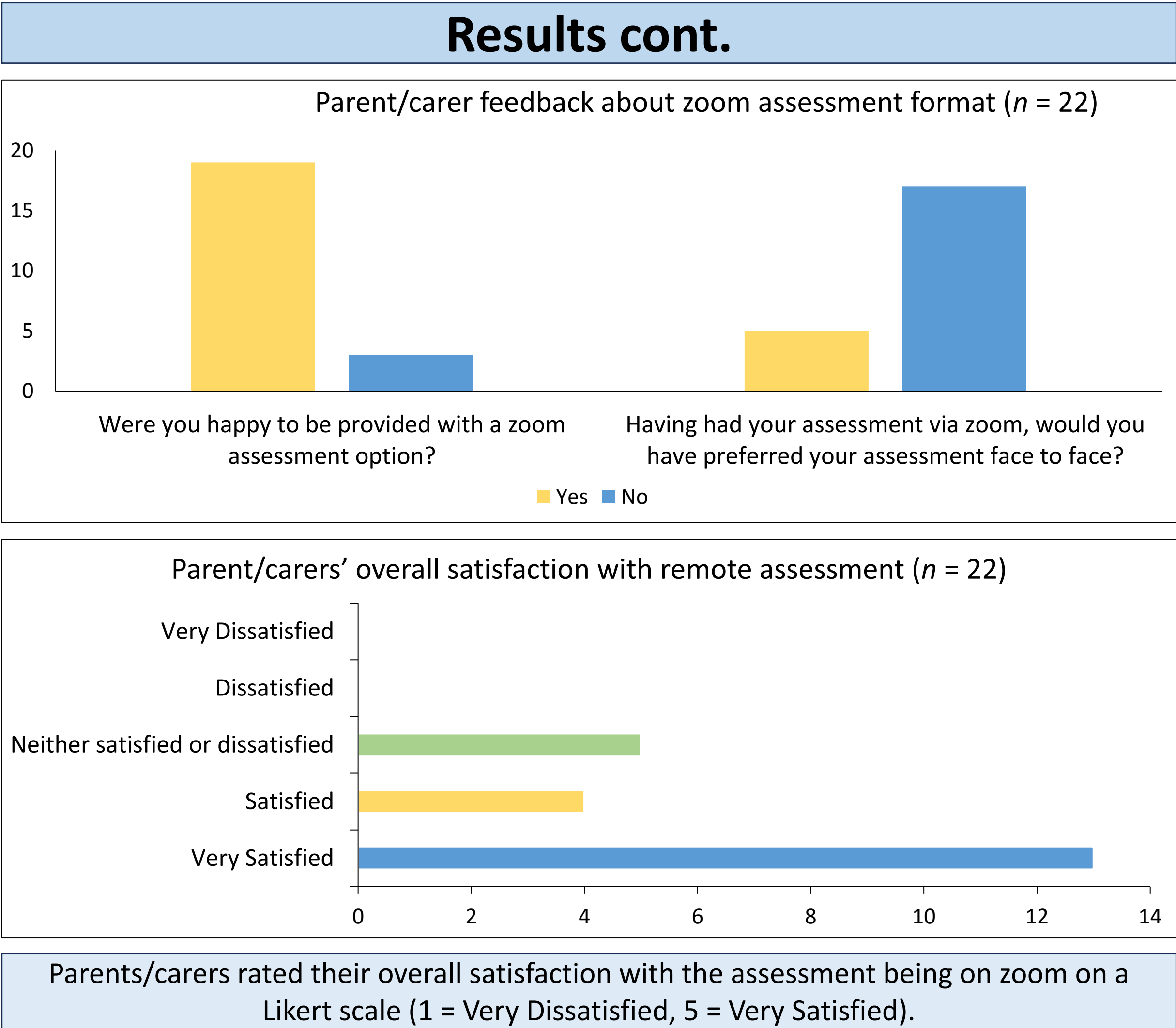
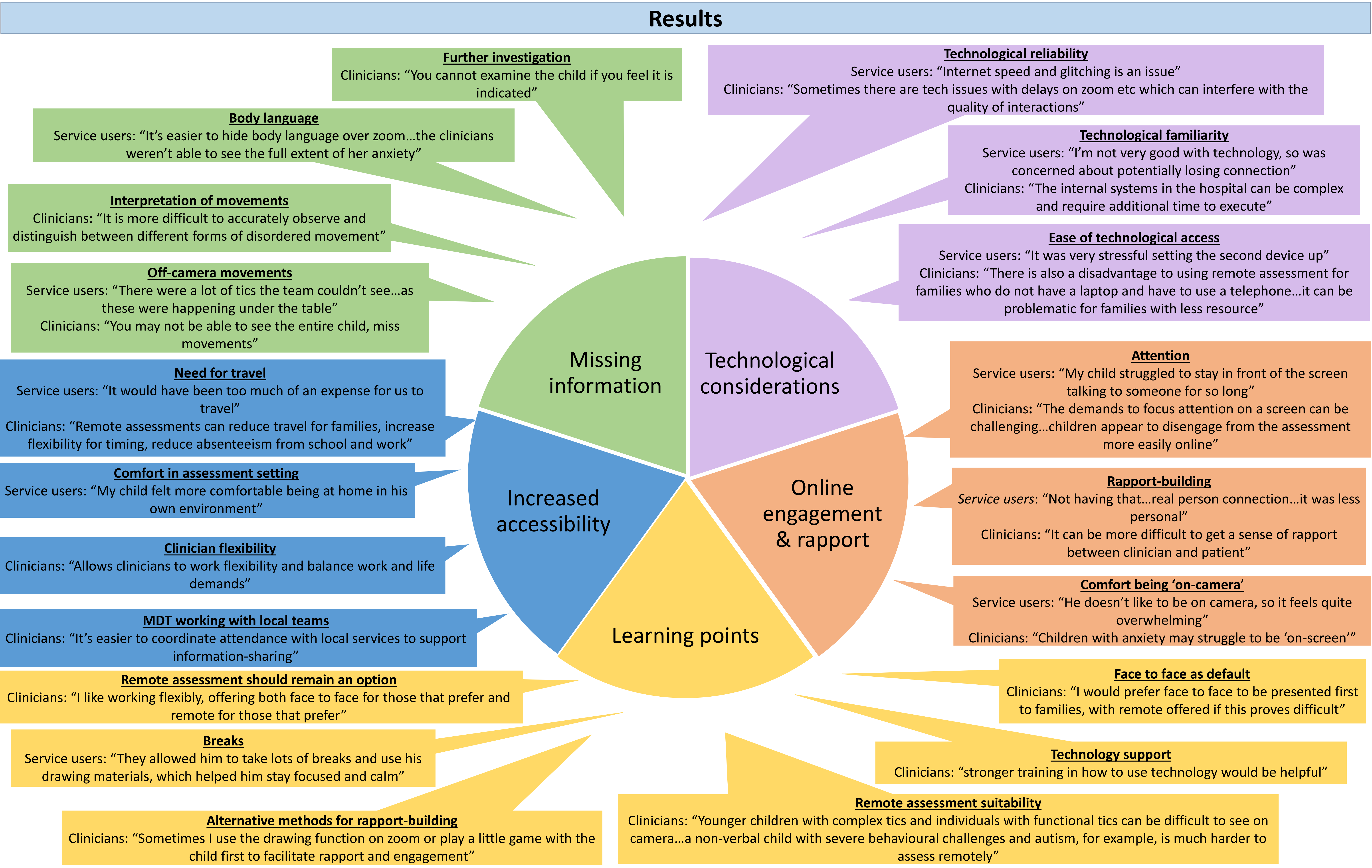
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Background	Methods
<ul style="list-style-type: none">Remote assessment and treatment was rapidly adopted by CAMHS during the pandemic.Existing literature supports remote behavioural therapies for tic conditions as a means of increasing access to treatment (Himle et al., 2012; Khan et al., 2022) but has not investigated remote <i>diagnostic</i> assessment.NHS England (2024) guidelines highlight that although remote assessment may benefit patients and clinicians, it is unclear which patient groups it is most suitable for.Aim: To explore patient and clinicians’ experiences of remote assessments to inform the Tic Service’s understanding of who they should be offered to and how they should be delivered.	<ul style="list-style-type: none">Design: Families of young people who attended a remote assessment with the Tic Service, a national tic clinic, between June 2024 and January 2025 completed a feedback questionnaire containing Likert scale and open-ended questions to assess attitudes towards, and experiences of, remote assessment. Clinicians in the Tic Service completed a qualitative feedback questionnaire to assess experiences of delivering remote assessments.Participants: 24 families and 4 clinicians (3 Clinical Psychologists and 1 Neuropsychiatrist) completed the questionnaire.Analysis: Qualitive responses were explored using a Thematic Analysis approach based on Braun and Clarke’s (2006) framework.



Conclusions

Feedback from clinicians and families revealed benefits and drawbacks to remote assessment. Suggestions were made for future remote assessment, highlighting the importance of clear instructions, regular breaks, technology support and creative methods for building rapport.

The importance of offering a choice of assessment modality was valued. Having been assessed via zoom, 23% of families reported a preference for in-person assessment. As of late 2024, families attending the clinic have been offered this choice. As a national clinic, the continued provision of remote assessment was felt to be a valuable means of increasing access.

Clinicians identified that remote assessment may be less suitable for some patients, including patients with functional tics, those with cognitive impairment, significant hyperactivity and younger children. As the data were anonymous, it was not possible to explore whether patients who fit a specific diagnostic/demographic profile experienced remote assessment as more or less beneficial.

Findings reflect the need for services to offer remote assessment for tics, whilst being mindful of its perceived limitations and suitability for some patient groups. Further research exploring the perspectives of individuals with tics, with access to diagnostic and demographic information, is needed to better understand the suitability of remote assessment for tic conditions.

References

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