# MENTAL STATUS EXAMINATION AND TESTING BEHAVIORAL OBSERVATIONS

Due to the Coronavirus Disease 2019 (COVID-19) pandemic and resultant social distancing guidelines, face-to-face testing with modifications to standardized testing procedures was conducted. Precautionary steps were designed to help safeguard participants, families, and staff (e.g., symptom surveys, staggered appointments, increased disinfecting of commonly touched surfaces). Modification to standardized procedures for in-person testing included use of PPE (e.g., face mask, face shield, gloves) for all participants, families, and staff according to current guidelines. The following factors were closely monitored in order to ensure the appropriateness of each test’s administration:

• Setting (i.e., spaced out chairs and tables; use of plastic sheet protectors to place over paper stimulus book pages; use of hand sanitizer before and after tasks for which gloves would not be appropriate);

• Examiner training;

• Examinee behavior monitoring and response; and

• Protection and sanitation of the tests and test materials.

At the standardized testing sessions, {{PREFERRED\_NAME}} presented as a (e.g. cooperative, friendly, hard-working, playful, gregarious, mature etc.) {{AGED\_GENDER}} and appeared {{PRONOUN\_2}} stated age. {{PRONOUN\_0}} was casually/formally dressed with appropriate grooming and hygiene. {{PRONOUN\_0}} displayed good eye contact and social reciprocity. {{PRONOUN\_0}} was appropriately talkative, and {{PRONOUN\_2}} speech was normal in pace, rate, and volume. {{PREFERRED\_NAME}} presented as euthymic/dysthymic with full range of affective expression, which appeared congruent with the situation. {{PRONOUN\_2}} thought process was logical/circumstantial/goal-directed, and no flight of ideas or loose associations were evident.

{{PREFERRED\_NAME}} was willing to engage in the tasks and rapport was easily established. {{PREFERRED\_NAME}} was able to maintain {{PRONOUN\_2}} attention throughout the sessions and did not require any redirection or repetition of questions. {{PRONOUN\_2}} motor activity level was within normal limits. {{PRONOUN\_0}} understood the task instructions and was able to express ideas clearly. {{PRONOUN\_2}} work and processing speed appeared appropriate. {{PRONOUN\_2}} approach to problem solving was thoughtful and careful. {{PREFERRED\_NAME}} appeared to put forth full effort during testing and demonstrated a good tolerance for frustration. No outward evidence of anxiety was noted.

**OR**

Upon starting the standardized testing, {{PREFERRED\_NAME}} was reserved and reluctant to engage in the tasks. {{PREFERRED\_NAME}} became more comfortable as the session progressed and rapport was established. {{PRONOUN\_2}} motor activity level was high and {{PRONOUN\_0}} rarely remained seated or still. {{PRONOUN\_0}} fidgeted with items on the table and stood up while answering. {{PREFERRED\_NAME}}’s response style was noted to be impulsive, as {{PRONOUN\_0}} answered the questions quickly and struggled to wait for the examiner to finish instructions. {{PRONOUN\_0}} also displayed self-directed behavior, often trying to turn pages {{PRONOUN\_4}} or look at answers immediately after being reminded of the rules. {{PRONOUN\_0}} responded well to use of a sticker chart/checklist which broke down the activities into smaller parts and provided structure and reinforcement. {{PRONOUN\_0}} required redirection to initiate and switch activities. With this support, {{PREFERRED\_NAME}} was able to maintain {{PRONOUN\_2}} attention in the one-to-one highly structured sessions. {{PREFERRED\_NAME}} understood task directions easily and did not require elaboration of directions. {{PRONOUN\_0}} did display some anxiety, frequently asking if {{PRONOUN\_2}} answers were correct and trying to see the answers. {{PRONOUN\_0}} responded well to encouragement and praise of {{PRONOUN\_2}} effort.

**OR**

Upon starting the standardized testing, {{PREFERRED\_NAME}} was willing to engage in the tasks and rapport was easily established. {{PREFERRED\_NAME}} required some support to maintain {{PRONOUN\_2}} attention during the sessions. Toward the end of the session, {{PREFERRED\_NAME}} needed support and encouragement to continue. {{PRONOUN\_0}} responded well to short breaks and use of a self-completed checklist which broke down the activities into smaller parts and provided structure and reinforcement. {{PRONOUN\_2}} motor activity level was noted to be high/ within normal limits. {{PRONOUN\_0}} understood the task instructions easily and did not require further elaboration. {{PREFERRED\_NAME}} appeared to put forth full effort during testing and displayed a good tolerance for frustration.

**OR**

{{PREFERRED\_NAME}} required some support to maintain {{PRONOUN\_2}} attention during the sessions, including reminders to not swivel in {{PRONOUN\_2}} chair and look at the screen. Toward the end of the session, {{PREFERRED\_NAME}} needed support and encouragement to continue. {{PRONOUN\_0}} responded well to short breaks and use of a self-completed checklist which broke down the activities into smaller parts and provided structure and reinforcement. {{PRONOUN\_2}} motor activity level was noted to be high/ within normal limits. {{PRONOUN\_0}} understood the task instructions easily and did not require further elaboration. {{PREFERRED\_NAME}} appeared to put forth full effort during testing however {{PRONOUN\_0}} did display mildly low tolerance for frustration.

Considering {{PREFERRED\_NAME}}’s engagement, effort and motivation, the results are considered a relatively valid description of {{PREFERRED\_NAME}}’s skills and abilities; however, the impact of applying non-standard administration methods has been evaluated only in part by scientific research. While every effort was made to simulate standard assessment practices, the diagnostic conclusions and recommendations for treatment provided in this report are being advanced with these reservations.

These results are thus believed to be an accurate representation of {{PREFERRED\_NAME}}’s cognitive and academic strengths and weaknesses.

Considering {{PREFERRED\_NAME}}’s effort/positive response to redirection/understanding of directions, these results are believed to be an accurate representation of {{PRONOUN\_2}} cognitive and academic strengths and weaknesses.

{{PREFERRED\_NAME}}’s distractibility/externalizing behaviors/fatigue/inattention appeared to impede {{PRONOUN\_2}} ability to put forth adequate effort during testing. These results may underestimate {{PRONOUN\_2}} true cognitive and academic abilities and should be interpreted cautiously.

Due to circumstances related to the COVID-19 pandemic and resultant social distancing guidelines, this assessment was conducted using remote administration methods, including remote audiovisual presentation of test instructions and test stimuli, and remote observation of performance via audiovisual technology. Modification to standardized procedures included presentation of stimulus materials via screensharing according to current guidelines. The following factors were closely monitored in order to ensure the appropriateness of each test’s administration:

* Setting (i.e., pre-test audio-video set-up, high-speed connectivity, high-quality video and audio [i.e., Microsoft Teams], use of screensharing, screen size, peripheral camera use, managed distractions, and lighting);
* Examiner training;
* Examinee behavior monitoring and response; and
* Protection of the tests and test materials.

The remote testing environment appeared free of distractions, adequate rapport was established with the examinee via video, and the examinee appeared appropriately engaged in the task throughout the session. No significant/Mild/Moderate/Interfering technological problems were noted during administration; the internet connection cut out at times and necessitated repeating of instructions or test items.

The administered subtests have received initial validation in several samples for remote telepractice and digital format administration. Thus, considering minimal technological interference, {{PREFERRED\_NAME}}’s effort and positive response to structure and redirection, the results are considered a relatively valid description of {{PREFERRED\_NAME}}’s skills and abilities. However, the impact of applying non-standard administration methods has been evaluated only in part by scientific research. While every effort was made to simulate standard assessment practices, the diagnostic conclusions and recommendations for treatment provided in this report are being advanced with these reservations.

**Insert List of Tests, Normal Curve and RA Text**

# CLINICAL SUMMARY AND IMPRESSIONS

{{PREFERRED\_NAME}} is a sociable/resourceful/pleasant/hardworking/etc. young man/woman/ child who participated in the Healthy Brain Network research project through the Child Mind Institute in the interest of participating in research/due to parental concerns regarding xxx.

## Cognition, Language and Learning Evaluation

Testing was completed over the course of two in-person sessions, to gain insight into {{PREFERRED\_NAME}}’s overall intellectual ability, language and academic skills. In-person testing with modifications to standardized testing procedures was conducted. The impact of applying non-standard administration methods has been evaluated only in part by scientific research. While every effort was made to simulate standard assessment practices, the diagnostic conclusions and recommendations for treatment provided in this report are being advanced with these reservations.

Testing was completed over the course of two remote sessions, to gain insight into {{PREFERRED\_NAME}}’s overall intellectual ability, language and academic skills. Due to circumstances that limited in-person clinical visits, this assessment was conducted using telehealth methods. The standard administration of these procedures involves in-person, face-to-face methods. The impact of applying non-standard administration methods has been evaluated only in part by scientific research. While every effort was made to simulate standard assessment practices, the diagnostic conclusions and recommendations for treatment provided in this report are being advanced with these reservations.

{{PREFERRED\_NAME}}’s morning/afternoon dose of [medication and dose] was administered/was omitted prior to testing.

## Mental Health Assessment

{{PREFERRED\_NAME}} and {{REPORTING\_GUARDIAN}} completed the K-SADS semi-structured psychiatric interview for DSM-5 in-person/via video conference, as well as several questionnaires related to emotional and behavioral function.

These reports indicate that {{PREFERRED\_NAME}} meets criteria for xxx and are consistent with current symptoms of xxx which {{PRONOUN\_0}} is experiencing and for which {{PRONOUN\_0}} is currently receiving psychotherapeutic and psychopharmacologic treatment.

or

The results of the testing from {{PREFERRED\_NAME}}’s participation in the Healthy Brain Network at the Child Mind Institute did not reveal any areas of clinical concern. If current concerns are not being addressed or new concerns are developed about {{PREFERRED\_NAME}}, it is encouraged that his/her care-provider be contacted directly. Upon request, our HBN team can also offer a list of providers that can address such difficulties. We are grateful for your participation in this project.