

Outpatient Services

Psychological/Neuropsychological Testing (Child/Adolescent)

Description of Services: Psychological or neuropsychological testing or evaluation involves the competent administration and interpretation of standardized tests to assess an individual's psychological and/or cognitive functioning. Collateral information is typically gathered from all domains of an individual's life including functioning in school, family, community and with peers.

Psychological testing is used to determine or clarify clinical diagnoses, intelligence, achievement, personality factors, parenting capacity and skills, and general intellect including cognitive strengths and weaknesses. Specialized evaluations may be completed to assess attachment between parent/child, risk for sexually reoffending, or other case-specific factors.

Neuropsychological testing is used to determine or clarify brain or central nervous system impairment or trauma (psychological or physical). Assessment is used to better understand the factors that are inhibiting an individual's ability to function most effectively. Specifically, neuropsychological testing is used to assess many areas including the following areas: higher level executive skills, language, attention, concentration, learning, memory, and visual-spatial skills. Neuropsychological evaluations are sometimes utilized when other testing (psychological, school-based assessments) has been completed, treatment recommendations have been followed, and further understanding of the source of the problem might further benefit treatment planning.

**Admission/Referral
Criteria**

An individual is in the correct level of care and treatment has come to an impasse with standard interventions **OR** there is a need for diagnostic clarification and associated recommendations for effective treatment planning.

AND, all of the following criteria are necessary for admission/referral to this level of care:

1. The referral questions cannot be adequately answered from a traditional assessment (i.e. clinical interview).
2. The Child and Family Team, following the direction of the current clinical provider, have provided the following information: history of and current nature of the identified challenges and mental health treatment, history and results of any previous testing, and specific referral questions to be addressed during the assessment.
3. Following review of this information by the Clinical Director, the Psychological Associate, or the Medical Director, it is determined that this referral is warranted.
4. The child/adolescent and family are willing and able to participate on a voluntary basis at recommended levels.

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| <p>Psychosocial, Cultural, and Linguistic Factors</p> | <p>Psychosocial, cultural, and linguistic factors may influence an individual’s clinical state and need to be considered and addressed to allow for effective treatment in all levels of care.</p> <p>Specifically, for psychological and neuropsychological testing, the following factors should be considered:</p> <ul style="list-style-type: none"> • Location of initial information gathering meeting, flexible scheduling to accommodate family’s needs, and transportation assistance, as needed. • Scheduling around parent/caregiver’s cultural, family, and employment obligations, as possible. • Conducting the assessment in the child and family’s native language. • The individual and family’s beliefs/behaviors related to health and illness, help seeking, and natural supports. • Recent critical life events or stressors. • Basic needs of child and family (i.e. housing, food, safety). • Current physical health and well-being. |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The testing is requested to assess an individual with little to no treatment/service history. 2. The testing is requested to establish level of care or placement. 3. The testing is requested solely for educational or vocational purposes. 4. Parent or guardian refuses or is not in support of assessment. 5. Child/adolescent or family is in a state of active crisis, likely to render assessment processes and findings invalid. 6. Testing was administered in the last year, and there is no strong evidence that the child or family’s situation or functioning is significantly different. 7. Child/adolescent is actively abusing drugs or alcohol to the point where cognitive functioning and ability to engage is assessment process is impaired. 8. Child/adolescent is not available for assessment due to AWOL behavior. |



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| Continuing Stay Criteria | Not applicable to this level of care. |
| Discharge Criteria | Not applicable to this level of care. |