



Psychological Assessment Report Guidelines

These guidelines were developed to ensure that Veterans Affairs Canada (VAC) clients receive a thorough and comprehensive psychological evaluation.

Please ensure that only information relevant to the client's situation is included in the report and routinely indicate the source of the information.

The information provided within the "Psychological Assessment Report" is collected under the Authority of the *Pension Act* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*.

All personal information collected and used is protected from unauthorized disclosure by the *Privacy Act*. The recorded opinion about an individual is considered personal information about and belonging to that individual. The *Privacy Act* provides the client with a right to access their own personal information which is under the control of the Department. The *Privacy Act* also affords clients the right to challenge the accuracy and completeness of their personal information and have it amended as appropriate.

For further information on the above, you can contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9. Please quote Personal Information Bank No. VAC PPU 055 and/or VAC PPU 550 of the Government of Canada Info Source publication.

Client's name:

Date of birth (yyyy-mm-dd):

VAC No./Service No.:

Client's address:

Telephone No.:

Referred by:

Psychologist/Examiner:

Informed Consent

Include a brief paragraph documenting the following sample process:

During the first meeting, the client is informed of the purpose of the assessment and the limits of confidentiality. The client is also informed that this psychological assessment report will include personal information, the examiner's clinical impressions and treatment recommendations. The report will be sent to VAC. The client is encouraged to ask questions regarding the assessment and release of information process prior to signing any consent form(s).

Reason for Referral

In this section, name the referring person and/or organization, and the reason for the referral. Also include the client's stated reason(s) for the consultation.

Assessment Methods

- ▶ File review: list professional reports consulted
- ▶ Clinical interview(s): list dates, lengths, and include name(s) of the individual(s) who attended
- ▶ List all psychometric tests/instruments and standardized, structured interviews

Please note that one of the following instruments must be administered:

- A) Personality Assessment Inventory (PAI)
- B) Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- C) Millon Clinical Multiaxial Inventory-III (MCM-III)

And one of the following standardized structured interviews:

- A) Clinician-administered PTSD Scale (CAPS) if applicable, or
- B) Structured Clinical Interview for the DSM-IV-TR (SCID)

Relevant Background Information

- ▶ Identification: age, marital status, children, occupation, etc.
- ▶ Psychological/Psychiatric history:
 - A) Personal: previous psychological/psychiatric problems, treatments, hospitalizations, dates, diagnoses, names of treating clinicians
 - B) Family: if applicable and/or relevant
- ▶ Medical history:
 - A) Personal: significant illnesses, injuries, hospitalizations and dates
 - B) Family: significant illnesses, injuries, hospitalizations and dates
- ▶ Personal history: family history, brief description of childhood, adolescence, early adulthood
- ▶ Legal history: history of arrests and convictions, if any, including current status
- ▶ Military history: age at the onset of military career, dates, durations and geographic locations of all deployments as well as occupation and rank during each, circumstances of discharge and date
- ▶ Lifetime history of stressful events (if applicable): A brief documentation of stressful events reported by the client. Indicate date, geographic location, the circumstances surrounding each, and the emotional response reported by the client.

Current Mental Status/Behavioural Observations

Typically includes a description of the following: general appearance, general behaviour and attitude, level of alertness, orientation (person, time, place), memory (short and long term), quality/style of speech, level of insight, reasoning, judgement, thought process, thought content, reported mood, and observation of affect.

Assessment Validity

Provide a description of the validity of assessment results. (e.g., coherence, internal validity, symptom validity, symptom exaggeration/minimization, etc.).

Presenting Problem

Client's perspective:

Document general concerns as reported by the client. For example, the onset of symptoms and their reported impact on daily functioning, including: work/studies, lifestyle habits (consumption of alcohol, drugs, cigarettes and gambling), relationships with significant others, physical complaints, and cognitive difficulties, limitations or incapacities.

Family member's perspective (if applicable):

List reported difficulties and problems, and their impact on lifestyle habits, explore for a potential substance abuse/gambling problem, quality of interpersonal relationships (partner, other family, friends, etc.), as described by the family member(s).

Psychological Symptoms

- ▶ List all symptoms and describe in terms of onset, nature, frequency, and intensity
- ▶ Indicate any substance dependency/addiction problems and onset*
- ▶ Include description of impact on self, family, relationships, occupational functioning and/or military career (e.g., medical category, deployability)
- ▶ Describe evolution of symptoms over time
- ▶ Document your opinion about links between symptoms and military service

Be sure to specify the sources of this information (e.g., self report, CAPS, MCMI-III, MMPI-2).

Cognitive Functions Component (if applicable)

Highlight summary of findings on cognitive elements, for example: memory, attention, concentration, information processing.

Present Symptom Management

- ▶ List adaptive and maladaptive coping mechanisms
- ▶ List all medications, dates and timeframes, and names of prescribing practitioner(s).

Clinical Conceptualization

If the evaluation is for the purpose of an award or pension, indicate your opinion on the connection between military service and your diagnostic impression. Also include a description of the client's level of functioning prior to having experienced the stressor(s).

Current DSM Diagnostic Impression

The diagnostic impression must be formulated based on the five Axes of the current DSM.

For Axis III: Please indicate that it is based on reports provided by the client, or include the name of the medical doctor who made the diagnosis, and the date.

Risk Assessment

- Suicide:
- ▶ Indicate presence of ideation, plan, imminence, and any other information, as applicable;
 - ▶ Indicate risk level.
- Homicide:
- ▶ Indicate presence of ideation, plan, imminence, and any other information, as applicable;
 - ▶ Indicate risk level.

Conclusion and Treatment Recommendations

Please note the nature, frequency and estimated duration of the interventions recommended and the clinical objectives to be addressed.

If the evaluation is specifically for rehabilitation, please see the Appendix.

Prognosis

Document factors that influence a positive or poor prognosis.

Name of examiner:
Signature of examiner:
Professional Title:
Date (yyyy-mm-dd):
Registration body:
Registration No.:
Blue Cross No.:

Appendix

Assessment Report Guidelines for the Treatment of Clients Eligible for VAC's Rehabilitation Program

In the "Conclusion and Treatment Recommendation" section please address the following items:

1. Summarize the specific difficulties the client faces regarding reintegration into civilian life.
2. Identify current functional limits (degree, scope and chronicity) that may hinder the client's reintegration into civilian life with respect to the following areas:
 - a. medical/mental health;
 - b. psychosocial (marital, familial and social);
 - c. vocational and professional.
3. In your professional opinion, what is the client's potential for improvement with respect to integration into civilian life? Please explain.
4. How would you rate the client's current level of readiness for personal change (poor, moderate, average, significant)? Please explain.
5. What specific objectives, in order of importance (from the most to the least important), do you recommend be considered to improve the Veteran's social and professional functioning?

For example:

To enable the client to (insert the specific objective)

6. What measures do you recommend be taken in order to assist the client to achieve these objectives?
7. In your professional opinion, does the client require treatment from an interdisciplinary team, for example, within a clinical setting? Please explain.