

MeSA-AE Assist Detailed Report

Name: Case, Sample 2 Age: 68

Sex: M Report Date: 11/11/2016 Test Date: 11/9/2016 4:06 PM On Meds: U

Test Type: Standard

Education Level: One year of College

GENERAL INTERPRETIVE GUIDELINES

The purpose of the MeSA-AE Assist test is to measure an individual's overall executive control by assessing their visual attention control and cognitive flexibility. The Executive Control Quotient (ECQ) scale is a measure of two key components of an individual's overall executive functioning. Executive Functioning is defined as the cognitive abilities necessary for the self-regulation of behavior and the achievement of purposeful goals. The MeSA-AE Assist's ECQ scale is based on the combined measurement of the Attention Control Quotient (ACQ) scale and Conceptual Flexibility Quotient (CFQ) scale.

This MeSA-AE Assist Detailed Report was created in order to help the examiner interpret the MeSA-AE Assist test results. The test by itself is not to be used as a stand-alone instrument in making any diagnosis. The use of this report requires that tests be administered in accordance with the specified test guidelines under the supervision of a licensed health care professional who is qualified in its interpretation. Its primary purpose is to help guide the examiner in interpreting the strengths and weaknesses of individuals pertaining to Executive Control, Attention Control and Cognitive Flexibility. In accordance with professional standards this confidential report is only to be distributed to others after it has been carefully reviewed, modified as needed, and signed by the examiner. This Detailed Report provides the examiner with suggestions and guidelines for interpreting the test scores. However, it is not to be construed as prescriptive, definitive, or diagnostic. Examiners will need to exercise their clinical judgment in determining if the test is fully valid and to integrate it with other clinical data in preparing their signed interpretive report. The authors and publisher of this test are not responsible for any inaccuracies or errors that may result from its usage.

Validity of MeSA-AE Assist Test Results

Based on my clinical judgement, neither Test A nor Test B can be validly interpreted except for signs of possible malingering. Consequently, the quotient scale scores for the Executive Control Quotient (ECQ), Attention Control Quotient (ACQ) and Cognitive Flexibility Quotient (CFQ) cannot be interpreted. **Elaborate as to why tests A and B were invalid and its clinical meaning.** It was not known whether or not this individual was on any medications that could have affected his test performance.

Malingering Evaluation

In respect to the MeSA-AE Assist Test, the possibility of malingering or an attempt to exaggerate symptoms is evident in unusually long Test A and Test B completion times. Malingering is defined as attempting to feign impairments of cognitive deficits for personal gain. Published research has found that individuals in experiments who are instructed to "fake bad" on this test or litigants who are suspected as malingering based on recognized tests of malingering have extremely low test quotient scale scores (less than 2.65 SD), and secondarily often make an unusually high number of test errors. The guidance provided in this report to help examiners evaluate the possibility of malingering is based on using age and education corrected standard scale scores for the Attention Control Quotient (ACQ) and the Cognitive Flexibility Quotient (CFQ). The determination of malingering always requires that a clinical decision be made by the examiner. In all cases, additional tests of malingering will need to be

administered in order to accurately identify its occurrence. The MeSA-AE Assist test by itself cannot be used to accurately identify malingering.

The examiner has determined that both Tests A and B are not valid. Consequently, it is necessary for clinical judgment to be used in evaluating an individual's performance in respect to the possibility of malingering for this report.

This individual's impaired performance on both Test A (90 seconds) and B (235 seconds) suggests that the examiner consider the possibility of malingering. His ACQ was 50 (PR=1) which fell in the extremely impaired range. On Test B his CFQ was 59 (PR=1) and this quotient score fell in the extremely impaired range. On both of these tests he took an unusually long time to complete them.

Since it is possible that an individual with a valid cognitive or neurological disorder could show an extreme level of impairment, the examiner will need to carefully decide whether or not malingering would account for this individual's poor test performance. It will be important for the examiner to evaluate all of the relevant clinical data in making a determination and not just these test results. Specifically, the examiner will need to take into account the behavioral observations made during the test and any other unusual test findings completed within a comprehensive evaluation in making a determination regarding the issue of malingering.

I have reviewed this interpretive report and have modified it as necessary in accordance with my comprehensive evaluation, the client's history, and other relevant clinical data.

John Q. Public Ph.D.
Clinical Psychologist