Generic testing description: Child and adult

The testing takes place in 4 sessions, two in the morning and two in the afternoon, with a break for lunch of approximately an hour. The sessions are short enough to be tolerable for children, and testing and talking are spaced. If the individual being evaluated is a child, parents may not be in the room, but they (or a designate) should be close by so that the child can leave the room and check in with the parents at the child's discretion.

In the first sessions, I do cognitive testing and a screen. The first decision is the cognitive testing. My preference is to do WAIS or WISC batteries, as is age appropriate, as these are the most commonly given tests. This is standardized, but many of the questions are read to the respondent. Therefore the test publishers do not allow it to be recorded, and psychologists must promise not to do so to buy the test. These tests are fully repeatable, and not usually controversial. The answers given are written down verbatim. No discussion of the case is allowed during this period. This would be the best and most valid evaluation of the cognitive state. The norming booklet in which you look up the meaning of the individual's answers also is compromised if the person was recorded.

If cognitive testing has to be recorded (which serves no purpose that I know of, but might be preferred), then I would use subtests of the KBIT, WAIS, WASI and TONI to get at the same information. I will also use the KBIT if time is an issue (since it is a shorter test).

The cognitive testing allows us to know what level of reading and cognitive abilities the person has, which determines what kind of other tests s/he can take comfortably. They are not personality tests. They establish that the plaintiff is within normal limits on memory, vocabulary, and ability to understand instructions, which is almost always true. If not, however, the scales below might have to be read or interpreted to the Plaintiff.

The second test given in the morning is a screening test such as the MMPI, PAI, MMPI-A or Child Personality Inventory or SCID, as is appropriate for the reading level and age of Plaintiff. This typically cannot be known prior to testing, but the most common tests are those in the MMPI family.

This is generally all that is possible to complete in the morning, along with a brief clinical interview in which the Plaintiff can more subjectively describe his or her major problems and symptoms. During lunch, I score the screener and put that together with the Plaintiff's symptoms to pick the afternoon's tests. Many tests include scales that measure the individual's approach to the testing – such as under-reporting or over-reporting – as well as the specific pathology.

The afternoon's tests cannot be specified exactly, but these options cover 90% of the alternatives. The reason that there are two or three alternatives in each case is that

it might be it is unknown how many issues will arise, and time considerations might require a very short measure on some of these issues.

1. If the screener spikes on depression, I would give the Hamilton or Harrison Inventory and questions from the SCID or adults or CDI-2 or CDRS for children
2. If the screener indicates anger and explosiveness, I would give the Novaco or the STAXI or a child anger inventory.
3. If personality disorder issues are apparent, I would give the Hare (if relevant) and most likely the A-II with adults.
4. If PTSD is an issue, I would give the TSI, the PCL5 or the DAPS for adults, or the My Worst Experience or TSCC for children
5. If anxiety is an issue, I would give a child or adult form of the MAS, the BAI, the MASC, or questions from the SCID
6. If substance abuse is an issue, I would give a substance abuse inventory (these are fairly interchangeable, and simply ask for usage).
7. If changes in world view are relevant, I would give the CDI and/or the IASC for adults.
8. If dissociation is a problem, I would give the DES, DES-A, or the MDI for adolescents or adults. For small children, the CDC is the appropriate instrument, but it must be filled out by the parents
9. I will likely give a measure of resilience, such as the resiliency scales or the post-traumatic growth inventory. This are available for adults and children

The typical Plaintiff takes 4-5 short tests of this type, all tied to the prior screening results or to alleged and hypothesized problems as stated by either side. Any test that I give that is not listed above will be given because the Plaintiff lists or shows a specific symptom. All tests given are (a) non-invasive, (b) self-report, (c) at least half and more likely one tenth to one quarter the length of the MMPI, and (d) have validity and reliability information available, almost always in manual form.

The afternoon also involves discussion of the Plaintiff's view of his or her own personality, symptoms, and his view of the changes in personality and symptoms due to the event. I also discuss pre-event personality and family life, and other traumas and negative events in his/her life, since these are the competing explanations of his symptoms.

The negative events themselves are discussed, but not in the manner typical of a deposition. The number of times something happened, who touched who where on what day, etc., seldom matter in the psychological sense. My questions would be centered on the Plaintiff's understandings of the events and feelings during and after the events.