**Request for a Comprehensive Assessment 1/2/2018 Edition**

**Name of Child/Adult to be evaluated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Filling out this Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number(s): Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you would like for correspondence to occur by email please know that while the internet has gotten quite safer and less unmanageable we can still not guarantee that correspondence done through the internet will not ever lose information or compromise confidentiality. If you still want to correspond in that fashion then please sign below that you fully understand this risk and write down clearly the email address you would like used:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If this referral is coming from an Agency rather than an individual or family, please identify such with address, phone, and contact person:**

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**Please describe below your reasons for requesting a comprehensive assessment. You may also attach additional pages to this application if you think that would be helpful:**

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**Please list below dates, days, and times that you, your child or your client is available for the assessment (Please allot at least 4 hours of face to face time):**

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**Information and Informed consent about Comprehensive Assessments at CHOICES**

**Under the supervision and in consultation with Lois Ehrmann PhD, LPC, professionals at CHOICES have had training and are qualified to assess the following issues:**

* Trauma effects in persons across the lifespan
* Child emotional and behavioral functioning
* Adult emotional and behavioral functioning
* Distractibility and attention
* Attachment and bonding
* Marital and Family Functioning
* Spirituality issues
* Healthy Body and Energy issues

**We are not trained at this time to assess the following:**

* Personality issues
* Intellectual and achievement issues
* Psycho-neurological issues
* Custody evaluations or forensic issues

**The purposes of the comprehensive assessments that we do at CHOICES are strictly to inform the treatment needs and to support treatment interventions and options for children, adults and families. We do not do custody evaluations or forensic evaluations of any sort.**

**Important Points for you to know:**

* A comprehensive assessment at CHOICES takes at least 4 hours and possibly up to 8 hours of face to face time which includes interviews but also administration of measures and tests. Most of the time families come prepared to be at the center for 4 hours because they can fill out most of the paper and pencil measures at home prior to the appointment. If the person being evaluated is a client/consumer of another agency, often the case-manager or individual therapist or social worker working with the client/consumer can help the individual fill out the paper and pencil measures. The fee for the face to face phase of the assessment is $150.00 per hour.
* In addition to the face to face phase of the assessment there is an hourly charge for the scoring and interpretation of all the measures and then the write up of the report. This phase of the assessment typically takes six to eight or more hours dependent on the complexity of the situation and the participants being assessed. The fee for the interpretation and write up of the report is $125.00 per hour. There is a fee for the costs of the measure materials and for the computerized continuous performance test that may also be included as part of the assessment. These fees can be reviewed on the sample estimate included in this Informed Consent/Application.
* At the end of the four to eight hours of face to face time preliminary results and recommendation are given to the parents, adult client, or the agency bringing their consumer. After all the tests and measures are scored and interpreted a final report with all results and recommendations is sent to the parents, adult, referral source representative of the client. Recommendations also include some resources for reading for the team or family supporting the individual being assessed.
* To request a comprehensive assessment the adult/parent/referral source representative must fill out the request form and send it to CHOICES with a non-refundable deposit of $800.00. This deposit will be awarded toward the cost of the assessment on the day of the assessment upon the child/family/adult coming to the appointment. If the child/family/adult does not show up for the assessment the $800.00 deposit becomes the no show fee for the four hours scheduled by the center.
* Upon receipt of the request form and the $800.00 deposit a CHOICES clinician will call the adult/parent/referral source representative and conduct a brief phone screening. At that time the assessment will be scheduled and tests and measures will be sent to the adult/parent/referral source representative to be filled out prior to the appointment and sent back by mail to CHOICES at least a week prior to the scheduled face to face assessment interviews.
* On the day of the scheduled assessment the remainder of the fee for the assessment is calculated. This fee includes the four to six hours of face to face time, at least six hours of interpretation and report write up and any fees for testing procedures or materials used on the day of the face to face phase (IVA+ testing is $25.00). The family, individual, referral source is given this detailed bill and it must be paid before a finalized signed copy of the report is released. (See sample fee statement attached).
* The clinicians at CHOICES are licensed mental health practitioners (Licensed Professional Counselors, Licensed Social Workers and Licensed Clinical Social Workers) and although they are highly trained in the assessment processes provided at CHOICES, health insurances do not usually reimburse for assessment services provided by clinicians with these types of licenses. We would be happy to provide for you a fee statement about the comprehensive assessment that you may submit to your insurance company on your behalf but you must pay for all services provided at the time such services are rendered. Please bring all insurance information you feel might be helpful to us in providing this bill for you at the time of the interview. All assessment processes at CHOICES are supervised by Lois Ehrmann PhD, LPC, NCC.

**The timeline of a Comprehensive Assessment at CHOICES:**

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| **Day** | **Activity** | **Who is Responsible** |
| 1 | Client, family member or referral source calls or emails to request an application and informed consent form for a Comprehensive Assessment | Within 7 days, Dr. Ehrmann calls or responds by email to the inquiry in order to touch base about the request and to screen to see if the individual to be assessed is appropriate for our services. If the individual is not appropriate alternative referrals are recommended and if the individual is appropriate she sends out the ***Request Form*** and the ***Information and Informed Consent for a Comprehensive Assessment*** as well as ***Releases for Information Forms.*** All prior records available on the individual to be assessed are also requested. |
| 7-on | The Request Form and the Informed Consent as well as Releases of Information and any prior records are returned to CHOICES by email or regular mail. The deposit of $500.00 must also be received by CHOICES prior to any measures being forwarded to the person being assessed. | Within 10 days of receipt of the request forms, informed consent, and required deposit, Dr. Ehrmann reviews all of the materials and selects various applicable paper and pencil tests to send to the responsible party who will help the individual being assessed to fill out and return the measures. Formats and dates for the 4 hours of face to face time are discussed and set up. In some cases the 4 hours are broken down into one or two hour segments to reduce the fatigue effects in vulnerable or fragile consumers. |
| 17-on | Paper and Pencil tests are filled and returned as completed to CHOICES. | Dr. Ehrmann scores and interprets the measures as they come into the center through the regular mail. This may take a variable amount of time due to the different factors related to the person being assessed. Center staff will format the assessment around the needs of the client/consumer, family members and agency constraints for time and distance. |
| 25- on | Four to eight hours of face to face assessment interviews occurs on site at CHOICES. In addition onsite assessment procedures related to brain wave EEG patterns and computerized testing are done if deemed applicable. | Dr. Ehrmann or her designee administers onsite assessment procedures and assessment interviews. At the end of the face to face portion tentative results and recommendations are made to the client, family or referral source. A statement of fees for the remainder of the Comprehensive Assessment is provided to the appropriate individual. |
| 39-46 | All remaining measures not scored and interpreted are completed and the final report is completed. | Dr. Ehrmann writes up the final report and or reviews reports written by designee and once the balance of the fees are paid in fill will sign off on the report and send it to the parents, adult client or the referral source representative. |
| 50 - on | There are times when referral sources may feel like they would like to have a consult regarding the assessment for their teams. This can be helpful in improving the effectiveness of treatment interventions for clients/consumers. | Dr. Ehrmann is available to provide such consultations at the fee of $150.00 per hour which includes the actual consultation time and traveling to and from the place of the meeting. |

**If the Comprehensive Assessment is done as part of the process of conducting an Intensive at CHOICES, the cost of the assessment will be applied toward the total cost of the intensive.**

**Based on the communication that occurs during the process of developing the plan for a comprehensive assessment CHOICES uses the following pencil and paper tests or assessment processes:**

* **For Children and Adolescents:**
  + Full records review and development of an attachment and trauma timeline
  + Achenbach Child Behavior Checklist (Parent, Teacher, Caregiver and Youth Versions) (CBCL)
  + Reynolds Adolescent Depression Scale-2 (RADS-2)
  + Children’s Depression Inventory (Child Self-Report, Parent and Teacher Versions) (CDI)
  + Trauma Symptom Checklist for Children (TSCC)
  + Dissociative Experiences Scale for Adolescents (DES-Adolescents)
  + The ADHD Rating Scale IV (Parent and Teacher Reports)
  + Spence Anxiety Inventory (Pre-School and Elementary School Versions, Child, Parents and Teacher Reports
  + Computerized assessment (IVA +) and Neurofeedback Brain Wave Baselines
* **For Adults:**
  + Full records review and development of an attachment and trauma timeline
  + Clinician Directed Interview
  + Beck Depression Inventory (BDI)
  + Connors Adult ADHD Screening
  + Adult Manifest Anxiety Scale (AMAS)
  + Toronto Alexithymia Scale (TAS)
  + Symptom Checklist 90-R (SC-90R)
  + Trauma Recovery Scale (TRS)
  + Dissociative Experiences Scale (DES)
  + Dissociative Regression Scale (DRS)
  + Impact of Events Scale (IES)
  + Daily Reports Analysis
  + Trauma Symptom Inventory-2 (TSI-2)
  + Trauma and Attachment Beliefs Scale (TABS)
  + Computerized Assessment for Attention and Processing (IVA+) and Neurofeedback Brain Wave Baselines
  + Mental Status Exam
* **For Couples and Families:**
  + Family Assessment Measure III (FAM-III)
  + Family Environment Scale (FES)
  + Dyadic Adjustment Scale for Couples (DAS)
  + Abidin Parenting Stress Index (PSI)
  + Abidin Stress Index for Adolescents (SIPA)

**There may be additional measures other than the ones identified above requested as well.**

* All paper and pencil measures should be completed at home or with the referral source representative and sent by mail back to the center at least prior to one week of the face to face appointment.
* The typical schedule for the face to face portion of the assessment follows:
  + Hour 1: Assessing clinician meets either the adult client, or the parents of the child for an initial meeting. Referring agency personnel attending with the adult client/consumer may also accompany the client to the session room. Assessing personnel are flexible and will format the process according to the needs of the client being assessed. Children being assessed will need to remain in a waiting room while parents are being interviewed. If this is a problem parents are encouraged to call the center about concerns or to bring another adult who can supervise the child when not with the parents or the assessment clinician.
  + Hour 2 &3 & 4: The adult client’s spouse (with or without client present) or the child in interviewed with or without parents present depending on the needs of the child.
  + Hour 5: IVA+ computerized testing is conducted and Neurofeedback brainwave baselines are conducted. In addition body/energy assessments on the identified client can be conducted.
  + Hour 6 & 7: Ending meeting with either the adult client or the parents of the client to go over preliminary results and recommendations. Referring agency representatives are also encouraged to be a part of this ending session.
* Within two weeks after the face to face portion, a draft of the report is shared with the client if an adult, parents if the client is a child or the referral source representative in order to correct any inaccuracies.
* Once inaccuracies are corrected and the final payment to the center is made the final report is signed and sent to the responsible party.

**Typical Fee Statement for a Comprehensive Assessment (CA)**

**Client Name: Jane Brown**

**Responsible Payee:**

**John Brown- Parent**

**DOB: 7/15/1995**

**Address: 200 Marking Lane; Milson, PA 45721**

**Estimated Costs of the CA:**

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| **Item** | **Fee or Fee Per Hour** | **Amount of Hours** | **Sub-Total** |
| Face to Face Assessment Interview | $150.00 | 8 | $1,200.00 |
| Administering, Scoring, Interpreting Measures & Report Writing\*\* | $125.00 | 8 | $1000.00 |
| IVA+ Computerized Performance Test | $25.00 | ------------- | $25.00 |
| Neurofeedback Brain Wave Baseline Assessment | Included | In F to F | $0.00 |
| Cost for Measure and Test Materials | $75.00 | ------------- | $75.00 |
| Estimated Total Costs for the Comprehensive Assessment |  |  | $2,300.00 |

\*\* Please note that the above is the typical estimated costs of the CA but if the clinical issues are so complex that more hours are needed for the report writing additional hours will be charged at $125.00 per hour.

In order for the CR to be initiated a $800.00 deposit is required. The balance of the fee is due on the day of the face to face portion of the assessment and the final signed off report will not be released until the balance is paid in full.

For any clarification or concerns about this fee statement please call the CHOICES Business Office at (814) 237-0567 or email the office at [office.choices@gmail.com](mailto:office.choices@gmail.com).

**Final Signature Page**

For more information about CHOICES, agency clinicians and treatment specializations please check on the agency website at [www.individualandfamilychoices.com](http://www.individualandfamilychoices.com)

Through my signature below I affirm that I have read through this entire document and understand clearly all the points included in this document. I have had a chance to have my questions answered and I consent to the comprehensive assessment for myself, or on behalf of my child. If I am a referral source representative I confirm that I am the legal designated individual that can give permission for this process to occur for the consumer/client.

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Signature Date