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## **Clinical Assessment - Frequently Asked Questions**

### **What is the purpose of a clinical assessment?**

A child, adolescent or adult may experience social, sensory, or behavioral challenges that interfere with their ability to experience success in academics, friendships, work, or other life areas. When there is an underlying difference in neurology or cognitive processing style, it is common for people to experience anxiety or depression because of the accumulated experience of stress and unmet goals.

A clinical assessment can diagnose these neurological differences, and the diagnosis can be used to identify effective strategies and accommodations that will help the individual experience success. The Diagnostic and Statistical Manual of Mental Disorders – 5<sup>th</sup> ed. (DSM-V) serves as the diagnostic reference manual.

### **What can I do with a clinical assessment report?**

For children and teens, a clinical assessment report by a registered psychologist typically leads to the implementation of an Individualized Program Plan (I.P.P.) in the school setting. The I.P.P. identifies appropriate instructional strategies (e.g., mind maps, graphic organizers), accommodations (e.g., additional time for exams), and supports (e.g., educational aide) to help the child realize their full potential.

For adults, the report can be used to access post-secondary accommodations through the Disability Resource Center (DRC) at a post-secondary institution. You may also be able to access government funding to assist with the cost of an assessment and/or post-secondary supports (e.g., academic strategist, another student taking notes, etc), but you would need to speak with the DRC staff to obtain specifics.

A clinical assessment report is not a psycho-educational report. The primary difference is that a psycho-educational report also includes standardized testing of academic achievement (e.g., reading, writing, math) and a detailed educational history.

However, in Alberta, resource teachers can administer standardized measures of academic achievement (e.g., WIAT-III, Woodcock-Johnson) and they have regular discussions with classroom teachers about academic matters.

For post-secondary students, we include a review of educational history in the clinical assessment report, so it is generally accepted as a “psycho-ed” report. We do not use the WIAT-III or Woodcock-Johnson, because it typically is targeted to a lower academic and cognitive level (i.e., high school) and not suited for University or College studies.



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## **FSCD / AISH / DTC**

A common question is the clinical assessment report can be used for FSCD, AISH, or the Disability Tax Credit (DTC).

In most situations, the clinical assessment report is not directly appropriate, since FSCD, AISH, and DTC look for documentation of serious impairments and disabilities. Most of our clients often have cognitive abilities in the average to superior range, and FSCD, AISH and DTC typically identify “markedly restricted” mental function (i.e., very low IQ score) and / or significant deficits in adaptive living skills as important criteria.

The disabilities our clients experience (e.g., misinterpreting non-verbal signals, not recognizing unwritten social rules, sensory sensitivities) are often “hidden disabilities”, which do have a significant implications for personal and professional functioning.

There are generally two options for using a clinical assessment report as evidence to support an FSCD, AISH or Disability Tax Credit application.

1. Obtaining additional information on specific areas (with specific examples) where the “hidden disability” of autism or Asperger’s has a significant effect on life functioning (e.g., challenges with planning and organization, difficulty reading other’s emotions and non-verbal cues, sensory sensitivities).

This additional information can be included in a supplementary report, specifically focused on the FSCD, AISH or DTC requirements for significant problems. A supplementary report is used, since these examples of problems are usually sensitive personal information, and suitable only for an agency requiring this type of information – not for a post-secondary setting, work environment, etc.

2. Physicians are provided the right to sign off on most portions of the the Disability Tax Credit application (Part B: pages 3-8). Some individuals or their parents bring the clinical assessment report to their family doctor, who can review the diagnosis and add additional medical information and sign the DTC application.



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## **Disability Leave, Wrongful Dismissal, Health Care Provider, Legal System**

The “hidden disabilities” of “quirky” characteristics (e.g., autism, Asperger’s) among adults with strong cognitive abilities can lead to misunderstandings and problems.

Example work-related situations include: anxiety or sensory overload and the need for a stress leave or extended disability leave from work, wrongful dismissal, or problems with a health care provider in funding an extended disability leave. Some individuals may want to have their employer implement appropriate accommodations for their medical / neurological difference in the workplace, as required by the Alberta Human Rights Act.

Sometimes, an individual might experience a “meltdown” from sensory or social overload and engage in behaviors that result in criminal charges, or be charged with possession of marijuana that they used to “self-medicate” to address problems with anxiety or social anxiety, depression, or obsessive or “looping” thoughts.

Individuals in the process of separation or divorce may be concerned that their autistic or Asperger characteristics may be used (or misused) to label them as inadequate or deficient in their ability to parent, and restrict their involvement in their child(ren)’s life.

A clinical assessment report can be adapted for use in situations such as these, for the purpose of helping decision-makers understand the neurological differences, and implement solutions that are appropriate – rather than jumping to incorrect conclusions.

### **Who will see the clinical assessment report information?**

You. Those whom you chose to share it with.

When an assessment is conducted through a private clinic (rather than the school psychologist, for example), the individual (or parents of minors) can choose whether they wish to share the report information with others or not.

Some parents chose not to share the assessment report to the school, and use the report information only to focus on in-home or community supports. Usually, it is better to share the information with the school so that they can provide supports. The school will keep the report in a confidential locked file.

The customized strategies manuals we develop for clients do not contain the name of the person so these can be shared with any individual providing support. This provides some anonymity / confidentiality for the individual, and helps create a consistent environment where everyone uses the same support strategies. No confidential clinical information is in the strategies manual.



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## **What is involved in the clinical assessment process?**

A clinical assessment involves the collection and analysis of data from multiple sources. When a difficulty is present in multiple settings and/or collaborated by multiple observers, it provides stronger evidence in support of a diagnosis. When there is variability across situations and settings, then the data is useful in identifying person-environment situations that are likely to promote success or trigger stress.

Typically, a clinical assessment will involve collection of the following information:

- Cognitive ability and strengths, usually through administration of a standardized measure of intellectual ability (e.g., WISC-IV, WAIS-III, Stanford-Binet)
- Interview(s) with the individual and others who know them (e.g., parents, teachers, spouse)
- Standardized questionnaires, which can be scored in terms of the individual's performance in comparison to same-aged peers
- Review of previous assessment reports, medical records, school records, etc.
- Sometimes, an observation of the individual in a real-world setting where they are experiencing difficulty (e.g., classroom)

## **How much does a clinical assessment cost?**

Our clinic usually works with complex profiles, where an individual may have a neurological difference (e.g., Asperger's), executive functioning challenges (e.g., attention, planning, organization), sensory sensitivities, and currently experiencing anxiety, depression, sleep difficulties, and/or ruminating thoughts. There may be additional factors involved, such motor-coordination difficulties, sensory sensitivities, problems with social pragmatic communication, difficulties with mood etc.

To accomplish the goal of providing an accurate and comprehensive clinical diagnosis with a toolkit of practical strategies customized to that individual's needs, we charge an hourly rate rather than a fixed rate for a clinical assessment.

Typically, a clinical assessment will include cognitive testing, interviews with the individual and their parents, teachers, spouse etc., questionnaires, review of previous assessments / school records, real-world observations, and other relevant activities.

Although we may spend many hours writing the report and creating a customized strategies manual, but we limit the billed time to 6 hours for the actual report-writing. It is common for the actual time for interviews, questionnaire scoring and interpretation, cognitive testing etc. for a clinical assessment to be between 15-20 hours.



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We charge the standard psychologist rate (\$190 per hour plus GST) for the actual time involved with the clinical assessment (with report-writing fixed at 6 billable hours). It is typical for the total assessment cost to be about \$3500.

Sometimes, an individual (or parents, spouse etc) may want to implement some practical strategies immediately that they can use to address current difficulties with an anxiety / panic or meltdown vulnerability, cope with depressed mood, resolve an interpersonal tension or conflict (e.g., family, work, school, spouse). This intervention time can add to the total time involved, since it is above and beyond the assessment.

Since an assessment may take 2-3 months, we often find that our clients appreciate some information, real-life demonstrations of the strategies, and other immediate help. We can provide these consultations, but this would be additional time charged.

Most extended health care plans provide coverage for a specific number of hours of psychological services, and you should inquire about the specific coverage in your plan.

### **What are the next steps in obtaining a clinical assessment?**

Prior to our first meeting, it is helpful if you forward information about:

- strengths, successes and areas of special interest (we want to build on your positive strengths and use areas of interest as a metaphor for social interactions)
- calming, energizing and distressing sensory sensitivities (calming or energizing sensory stimuli can be used to help manage anxiety attacks or meltdowns)
- examples of situations where you experienced stress or problems (provide detailed sequence of events so we can analyze where things went off track)
- copies of previous assessments and any other relevant information

To ensure confidentiality, it is best if you create a password-protected Word document and send this to us as an attachment, with the password in a separate email.

This advance information helps us understand your needs and formulate a plan; and saves you the cost of collecting this information through interview. We can then schedule our first appointment and “hit the ground running”.

If this is a child clinical assessment, it would also be helpful for you to contact your school to give signed permission for the teacher to share information with us. You can also request obtain copies of information in the school cumulative file.