MeSA-IE Assist Standard Report

Name: Case, Sample 1   Age: 8 years, 0 months
Sex: F   Report Date: 11/11/2016   Test Date: 11/9/2016 3:28 PM   On Meds: U
Test Type: Standard
Education Level: Unknown

GENERAL INTERPRETIVE GUIDELINES

The purpose of the MeSA-IE Assist test is to measure an individual's overall executive control by assessing their visual attention control and cognitive flexibility. This Standard 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. The test by itself is not to be used as a stand-alone instrument in making any diagnosis and its use requires that it be administered under the supervision of a licensed health care professional. 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. Examiners will need to determine if the test is fully valid 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-IE Assist Test Results

Based on my clinical judgement, this individual validly completed both tests A and B. It was not known whether or not this individual was on any medications that could have affected his test performance.

Attention Control Scale

This individual completed Test A in 46 seconds. Her Attention Control Quotient (ACQ) scale score was 80 (PR=10). This score fell in the mildly impaired range. This quotient score for the ACQ scale revealed this individual to have some problems involving her overall attention control. Her cognitive dysfunction suggests she has specific deficits involving mental processing speed and sustained attention. The cognitive impairments identified by Test A suggest that this individual is likely to be slower than most individuals her age in respect to being able to complete tasks quickly and is likely to have some difficulty in staying attentive when completing basic simple tasks.

In Test A, she made 2 sequential errors. This number of errors suggests that specific deficits involving selective attention, response inhibition, and visuospatial sequencing may exist.

Cognitive Flexibility Scale

The Cognitive Flexibility Quotient (CFQ) scale is based on the time it takes the individual to complete Test B. This individual finished Test B in 151 seconds. Her CFQ scale score was 63 (PR=1). Her CFQ scale scores on Test B showed that she was severely impaired in her cognitive flexibility. The impairment revealed by her low CFQ scale score on Test B provided clear evidence that she was impaired in her sustained attention, visuospatial sequencing, working memory, alternating attention and/or central processing speed. Her problems with cognitive flexibility are likely to lead to problems with organizing tasks, setting goals, managing her emotional feelings, and getting any assignments she undertakes completed accurately and on time.

She did not make any sequential or perseverative errors during Test B. This positive behavior in her test performance showed that she did not have specific problems with her fine motor control,

selective attention, visuospatial sequencing, response inhibition, alternating attention or visuospatial classification that negatively affected her performance on this test.

Executive Control Scale

The Executive Control Quotient (ECQ) scale score is based on the combined time that it took this individual to complete both Test A and Test B (197 seconds). She had an ACQ scale score of 80. She also finished Test B which resulted in a CFQ scale score of 63. Her ECQ scale score was 59 which showed that her executive control abilities were in the extremely impaired range.

This individual was found to have major deficits in her overall executive control capabilities. Given that her ACQ scale score fell in the mildly impaired range, her ACQ scale score indicated specific deficits in selective attention, visuospatial sequencing, sustained attention and/or central processing speed. She may at times have some difficulty at times maintaining her focus and getting her work done quickly Her cognitive flexibility functioning fell in the severely impaired range and her CFQ scale score showed that she had significant deficits in her visuospatial classification, working memory, problem solving and/or alternating attention cognitive skills. Her ability to think on her feet and use her working memory skills was significantly impaired. In addition, problem solving skills were identified as an area of concern for her.

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