



## **SPECIFICATIONS FOR PSYCHIATRIC AND PSYCHOLOGICAL EVALUATIONS**

**Why are both a psychiatric and a psychological evaluation required?** Mental disorders, as well as the medications used for treatment, may produce symptoms or behavior that would make an airman unsafe to perform pilot duties. Due to the differences in training and areas of expertise, separate evaluations and reports are required from **both** a qualified psychiatrist and a qualified clinical psychologist for determining an airman's medical qualifications. This guideline outlines the requirements for these evaluations.

**Will I need to provide any of my medical records?** You should make records available to both the psychiatrist and clinical psychologist prior to their evaluations, to include:

- Copies of all records regarding prior psychiatric/substance-related hospitalizations, observations or treatment not previously submitted to the FAA.
- A complete copy of your agency medical records. You should request a copy of your agency records be sent *directly* to the psychiatrist and psychologist by the Aerospace Medical Certification Division (AMCD) in Oklahoma City, Oklahoma. For further information regarding this process, please call 405-954-4821, select option "4" (for duplicate medical certificate or copies of medical records), then "3" (for certified copies of medical records).

### **THE PSYCHIATRIC EVALUATION**

**Who may perform a psychiatric evaluation?** Psychiatric evaluations must be conducted by a qualified psychiatrist who is board-certified by the American Board of Psychiatry and Neurology or the American Board of Osteopathic Neurology and Psychiatry.

- We strongly advise using a psychiatrist with experience in aerospace psychiatry. Using a psychiatrist without this background *may* limit the usefulness of the report.
- If we have specified that additional qualifications in addition psychiatry or forensic psychiatry are required, *please* ensure that the psychiatrist is aware of these requirements and has the qualifications and experience to conduct the evaluation.

**What must the psychiatric evaluation report include?** *At a minimum:*

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, social worker, counselor, or neuropsychologist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and all medication use; and behavioral observations during the interview.
- A mental status examination.
- An integrated summary of findings with an explicit diagnostic statement, and the psychiatrist's opinion(s) and recommendation(s) for treatment, medication, therapy, counseling, rehabilitation, or monitoring should be explicitly stated. Opinions regarding clinically or aeromedically significant findings and the potential impact on aviation safety must be consistent with the Federal Aviation Regulations.

**What must be submitted by the psychiatrist?** The psychiatrist's comprehensive and detailed report, as noted above, *plus* copies of supporting documentation. Recommendations should be strictly limited to the psychiatrist's area of expertise. Psychiatrists with questions are encouraged to call Charles Chesanow, D.O., FAA Chief Psychiatrist, at 202-267-3767.

### **THE PSYCHOLOGICAL EVALUATION**

**Who may perform a psychological evaluation?** Clinical psychological evaluations must be conducted by a clinical psychologist who possesses a doctoral degree (Ph.D., Psy.D., or Ed.D.), has been licensed by the state to practice independently, and has expertise in psychological assessment. We strongly advise using a psychologist with experience in aerospace psychology. Using a psychologist without this background may limit the usefulness of the report.

**What must the psychological evaluation include?** *At a minimum:*

- A review of all available records, including academic records, records of prior psychiatric hospitalizations, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, social worker, counselor, or neuropsychologist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic and employment performance; legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions, and all medication use; and behavioral observations during the interview.
- A mental status examination.
- Interpretation of a full battery of psychological tests ***including but not limited to*** the “core test battery” (specified below).
- An integrated summary of findings with an explicit diagnostic statement, and the psychiatrist’s opinion(s) and recommendation(s) for treatment, medication, therapy, counseling, rehabilitation, or monitoring should be explicitly stated. Opinions regarding clinically or aeromedically significant findings and the potential impact on aviation safety must be consistent with the Federal Aviation Regulations.

**What is required in the “core test battery?”** The core test battery listed below provides a standardized basis for the FAA’s review of cases, and must include:

- a. Intellectual/Neurocognitive domain, to include ***both***:
  - The Wechsler Adult Intelligence Scale (recent edition; Processing Speed and Working Memory Indexes must be scored)
  - The Trail Making Test, Parts A & B (Reitan Trails A & B should be used since aviation norms are available for the original Reitan Trails A & B, but not for similar tests [e.g., Color Trails; Trails from Kaplan-Delis Executive Function, etc.] )
- b. Personality domain, to include the Minnesota Multiphasic Personality Inventory-2. (The MMPI-2-RF is ***not*** an approved substitute. All scales, subscales, content, and supplementary scales ***must*** be scored and provided. Computer scoring ***is*** required. Abbreviated administrations are ***not*** acceptable.)
- c. For cases in which there are questions regarding reality testing/thought disorder and/or defensive invalid profiles were produced on the self-report measure(s), the Rorschach (Rorschach Performance Assessment System [R-PAS]) is preferred. Exner’s Comprehensive System is also accepted.
- d. For cases in which the clinical history or presentation indicates a possible personality disorder, the Millon Clinical Multiaxial Inventory-III (MCMI-III).
- e. Additional tests that the psychologist deems clinically necessary (based upon presenting problem, clinical history and/or clinical presentation) to assure a complete assessment.
- f. Findings suggesting deficits in the Intellectual/Neurocognitive domain, the examiner ***should*** either:
  - 1) Refer the airman for a neuropsychological evaluation by a qualified clinical neuropsychologist in order to determine the extent and likely aeromedical significance of any neurocognitive deficit(s); or
  - 2) If the examiner ***is*** a qualified clinical neuropsychologist, administer a comprehensive battery of neuropsychological tests.

**Note:** Requirements for neuropsychological testing are listed in the addendum below.

**What must be submitted?** *The neuropsychologist’s report as noted above, ***plus*** the supporting documentation below. Recommendations should be strictly limited to the psychologist’s area of expertise. Psychologists with questions are encouraged to call Chris Front, Psy.D, FAA Psychologist, at 202-267-3767.*

- **For self-report measures:** Copies of all computer score reports (e.g., Pearson MMPI-2 Extended Score Report, Pearson MCMI-III Profile Report with Grossman Facet Scores)
- **For performance measures:** Copies of entire protocol (e.g., Rorschach response sheets, location charts, and associated computer score reports)
- **For intellectual/neurocognitive measures:** An appended score summary sheet that includes all scores for all tests administered. When available, ***pilot norms must be used***. If pilot norms are not available for a particular test, then

the normative comparison group (e.g., general population, age/education-corrected) must be specified. Also, when available, percentile scores must be included.

**What else does the psychologist need to know?**

- The FAA will not proceed with a review of the test findings without the above data.
- The data and clinical findings will be carefully safeguarded in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (2002) as well as applicable federal law.
- Raw psychological testing data may be required at a future date for expert review by one of the FAA's consulting clinical psychologists. In that event, authorization for release of the data *by the airman* to the expert reviewer will need to be provided.

**ADDITIONAL HELPFUL INFORMATION**

1. Will additional evaluations or testing be required in the future? If eligible for unrestricted medical certification, no additional evaluations would be required. However, pilots found eligible for Special Issuance will be required to undergo periodic re-evaluations. The letter authorizing special issuance will outline the specific evaluations or testing required.
2. Useful references for the psychologist:
  - **MOST COMPREHENSIVE SINGLE REFERENCE:**  
*Aeromedical Psychology* (2013). C.H. Kennedy & G.G. Kay (Editors). Ashgate.
  - Pilot norms on neurocognitive tests: Kay, G.G. (2002). Guidelines for the Psychological Evaluation of Aircrew Personnel. *Occupational Medicine*, 17 (2), 227-245.
  - Aviation-related psychological evaluations: Jones, D. R. (2008). Aerospace Psychiatry. In J. R. Davis, R. Johnson, J. Stepanek & J. A. Fogarty (Eds.), *Fundamentals of Aerospace Medicine (4th Ed.)*, (pp. 406-424). Philadelphia: Lippencott Williams & Wilkins.

**ADDENDUM – IF NEUROPSYCHOLOGICAL TESTING IS INDICATED**

**Who may perform a neuropsychological evaluation?** Neuropsychological evaluations must be conducted by a licensed clinical psychologist who is either board certified or “board eligible” in clinical neuropsychology. “Board eligible” means that the clinical neuropsychologist has the education, training, and clinical practice experience that would qualify him or her to sit for board certification with the American Board of Clinical Neuropsychology, the American Board of Professional Neuropsychology, and/or the American Board of Pediatric Neuropsychology.

**Requirements for the evaluation.** Requirements for providing records to the neuropsychologist, conducting the evaluation, and submitting reports, are the same as noted above for the clinical psychologist.

**What is required in the “core test battery?”** The core test battery listed below provides a standardized basis for the FAA's review of cases, and must include:

- CogScreen-Aeromedical Edition (CogScreen-AE)
- The complete Wechsler Adult Intelligence Scales (Processing Speed and Working Memory Indexes must be scored)
- Trail Making Test, Parts A and B (Reitan Trails A & B should be used since aviation norms are available for the original Reitan Trails A & B, but not for similar tests [e.g., Color Trails; Trails from Kaplan-Delis Executive Function, etc.]
- Executive function tests to include:
  - (1) Category Test or Wisconsin Card Sorting Test, and
  - (2) Stroop Color-Word Test
- Paced Auditory Serial Addition Test (PASAT).
- A continuous performance test (i.e., Test of Variables of Attention [TOVA], or Conners' Continuous Performance Test [CPT-II], or Integrated Visual and Auditory Continuous Performance Test [IVA+])
- Test of verbal memory (WMS-IV subtests, Rey Auditory Verbal Learning Test, or California Verbal Learning Test-II).
- Test of visual memory (WMS-IV subtests, Brief Visuospatial Memory Test-Revised, or Rey Complex Figure Test).
- Tests of Language including Boston Naming Test and Verbal Fluency (COWAT and a semantic fluency task).
- Psychomotor testing including Finger Tapping and Grooved Pegboard or Purdue Pegboard.

- Personality testing, to include the Minnesota Multiphasic Personality Inventory (MMPI-2). (The MMPI-2-RF is **not** an approved substitute. All scales, subscales, content, and supplementary scales **must** be scored and provided. Computer scoring **is** required. Abbreviated administrations are **not** acceptable.)

**NOTES:** (1) all tests administered must be the most current edition of the test unless specified otherwise; (2) at the discretion of the examiner, additional tests may be clinically necessary to assure a complete assessment.

**What must be submitted?** *The neuropsychologist's report, **plus**:*

- Copies of all computer score reports (e.g., CogScreen-AE score report, Pearson MMPI-2 Extended Score Report, TOVA, CPT-II or IVA+ Report).
- An appended score summary sheet that includes all scores for all tests administered. When available, *pilot norms must be used*. If pilot norms are not available for a particular test, then the normative comparison group (e.g., general population, age/education-corrected) must be specified. Also, when available, percentile scores must be included.