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Psychological Evaluation

This report is confidential and is not to be released without the expressed written consent of the client or guardian.

Name	John Sample	Goes By	John	Grade	6th
Date of Birth	01/01/2003	School	Their School		
Age	12 years	Teacher	Mrs. Smith		
Date	10.05.2016 & 10.22.2016	Parent/Guardian	Mrs. Sample		
Insurance ID	123456789A	Referred By	Sally Test		
Examiner: Carol Pulley		Licensed Psychological Associate			

Referral:
John Sample was referred by Sally Test to assess for psychological diagnosis that may be contributing to his behavioral, developmental and academic difficulties. A differential diagnosis could not be made from history and clinical interview. Psychological testing was requested to assist with intervention and treatment planning. The referral requested that John be assessed for intellectual functioning, cognitive processing of information and social functioning.

Assessment Methods:
Clinical Interview with John Sample
Clinical Interview with Mrs. Sample
Clinical Interview with Mr. Sample
Wechsler Intelligence Scale for Children, Fifth Edition (WISC V)
Wechsler Individual Achievement Test (WIAT)
Behavioral Assessment Scales for Children, Third Edition (BASC-3)

- Parent Rating Scale
- Teacher Rating Scale
- Self-Report of Personality

Millon Pre-Adolescent Clinical Inventory- (M-PACI)
Personality Assessment Inventory -Adolescent- (PAI-A)
Review of Records

Background Information

Concerns:
John's mother reports that John is violent, argumentative, withdrawn, overactive, afraid, suspicious, unusually happy, confused and careless in appearance. She states that John has a history of lying, crying, nightmares, walking in his sleep, running away from home, falsely accusing others, sudden changes in behavior and loss of interest in things that previously interested him.

Family History:
John's mother reports that he lives with his mother, sister and two brothers. She states that John sees his father occasionally when he is in town. His mother reports that John's grandmother and great grandmother live across the street from them and occasionally watch John.

Educational History:
John's mother reports that John was developmentally delayed when he started school and had difficulty learning. She states that John did not get along well with his teachers and had problems with interrupting, and staying focus in class. It is reported that he has trouble focusing and staying on task. His mother reports that John is currently homeschooled.

Social History:
John's mother reports that John has a few friends that he sees at church and at football. She states that he sometimes follows instructions at home.

Medical/Developmental History:
John's mother reports that he has had no major illnesses or injuries. She states that John's developmental milestones were delayed. She reports that he has suffered from seizures and sever headaches. His mother reports that John is currently prescribed Vyvanse 70mg, Clonidine and Chlorpromazine 25mg. She states that John has problems with sleep and takes Melatonin 10mg.

Substance Abuse History:
None Reported.

Treatment History:
John's mother reports that John has received counseling from Horizons Counseling services and previous psychological testing from Psychological Institute.

Strengths:
John's mother reports that he enjoys building, inventing, electronics and animals. She states that John is intelligent, funny, inventive and loves helping older people. He is patient and understanding and is a good friend and brother.

Behavioral Observations

John was on time for his appointment and was appropriately dressed and groomed. He was wearing a baseball cap and western boots. John was very talkative and shared many stories presenting as a very witty and charming young man. John seemed to give appropriate attention to all the tasks at hand. He read all of the questions on the M-PACI out loud and wanted to provide detailed information in answer to each question. John seem to struggle with reading and ask for the definition of many words. John worked very hard on all of the tasks that were presented and was very enthusiastic on the block design task and wanted to continue working after the time had run out.

John Sample
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Test Results

Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

The WISC-V was used to evaluate the current level of intellectual functioning. This test assesses intellectual functioning looking at estimates of verbal and performance skills. The IQ and Index Scores have a mean of 100 and a standard deviation of 15. The Subtest Scale Scores have a mean of 10 and a standard deviation of 3. All scores compare the individuals abilities to individuals of the same age in the normative sample.

The WISC-V assesses five aspects of cognitive functioning. The standard scores and percentiles for the Index Scores are listed below:

- _Verbal Comprehension Index_ - measures verbal concept formation, reasoning and knowledge acquired from experience.
- _Fluid Reasoning Index_ -is the capacity to think logically and solve problems in novel situations, independent of acquired knowledge
- _Working Memory Index_ - measures short term recall as well as the ability to temporarily retain and manipulate material in memory; involves attention, concentration and mental control or focus.
- _Processing Speed Index_ - assesses the ability to quickly and accurately scan and process simple visual information; it is related to general cognitive ability since it conserves working memory resources.
- _Visual Spatial Index_- measures the ability to analyze and synthesize information.

John received a Full Scale IQ score of 76. His overall level of functioning is in the very low range and is equal to or higher than 5 percent of the adolescents his age. With repeated testing we would expect his true score to fall between 71 and 83 ninety-five percent of the time.

Composite Score Summary							
Composite		**Sum of Scaled Scores**	**Composite Score**	**Percentile Rank**	**95% Confidence Interval**	**Qualitative Description**	_**SEM**_
Verbal Comprehension	VCI	13	81	10	75-90	Low Average	3.67
Visual Spatial	VSI	18	94	34	87-102	Average	3.97
Fluid Reasoning	FRI	17	91	27	84-99	Average	3.35
Working Memory	WMI	11	74	4	68-84	Very Low	3.97
Processing Speed	PSI	14	83	13	76-94	Low Average	6.00
Full Scale IQ	FSIQ	46	76	5	71-83	Very Low	2.60

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John is a 12-year-old boy. The WISC-V was used to assess John's performance across five areas of cognitive ability. When interpreting his scores, it is important to view the results as a snapshot of his current intellectual functioning. As measured by the WISC-V, his overall FSIQ score fell in the Very Low range when compared to other children his age (FSIQ = 76). He exhibited diverse visual spatial skills, but overall this was an area of strength relative to his overall ability (VSI = 94). When compared to his verbal comprehension (VCI = 81) performance, visual spatial skills emerged as a particular strength. Although his working memory performance was variable, overall he showed weak performance on working memory tasks, which measure concentration and mental control. This was an area of weakness relative to his overall level of ability (WMI = 74). When compared to his fluid reasoning (FRI = 91) performance, working memory skills emerged as an area for further development. John's verbal comprehension skills were slightly below other children his age (VCI = 81), and were relatively weak compared to his performance on fluid reasoning (FRI = 91) tasks. Ancillary index scores revealed additional information about John's cognitive abilities using unique subtest groupings to better interpret clinical needs. On the Nonverbal Index (NVI), a measure of general intellectual ability that minimizes expressive language demands, his performance was Low Average for his age (NVI = 84). He scored in the Low Average range on the General Ability Index (GAI), which provides an estimate of general intellectual ability that is less reliant on working memory and processing speed relative to the FSIQ (GAI = 82). John's low performance on the Cognitive Proficiency Index (CPI) suggests that he struggles to efficiently process cognitive information in the service of learning, problem solving, and higher order reasoning (CPI = 75). Potential areas for intervention are described in a later section.

John Sample
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Behavioral Assessment Scales for Children, Third Edition (BASC3)

The Behavior Assessment System for Children (BASC) is an integrated system designed to facilitate the differential diagnosis and classification of a variety of behavioral and emotional disorders of children and adolescents. The BASC uses ratings and information provided by parents, teachers, and the child. It assesses behavioral and emotional problems, as well as adaptive functioning, by comparing ratings of the child to other children of the same age.

Parent Rating Scale
Mrs. Sample completed the PRS. Validity indexes indicate the resulting profile valid. The T-scores and percentiles for scales in the at-risk and clinically significant ranges are as follows:

	T Score	Percentile Rank	90% Confidence Interval
Hyperactivity	64*	90	59-69
Aggression	72**	96	67-77
Conduct Problems	72**	94	67-77
Anxiety	48	48	43-53
Depression	50	59	45-55
Somatization	44	30	39-49
Atypicality	42	19	37-47
Withdrawal	59	81	54-64
Attention Problems	59	81	53-65
Adaptability	41	21	36-46
Social Skills	31*	2	26-36
Leadership	35*	6	29-41
Activities of Daily Living	36*	8	29-43
Functional Communication	44	31	38-50

* At-Risk   ** Clinical Elevations

The BASC-3 items endorsed by John's parent/guardian resulted in a clinically significant Aggression scale score. Children with this profile may exhibit verbal and physical aggression serving several functions, which could include obtaining control over others, retaliating in response to perceived provocation, or escaping an adverse situation.

John Sample
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Self-Report of Personality
John completed this scale. Validity indexes indicate the resulting profile is valid. The T-scores and percentiles for scales in the at-risk and clinically significant ranges are as follows:

	T Score	Percentile Rank	90% Confidence Interval
Attitude to School	65*	91	58-72
Attitude to Teachers	75**	98	69-81
Sensation Seeking	73**	98	66-80
Atypicality	43	25	37-49
Locus of Control	48	47	40-56
Social Stress	56	76	50-62
Anxiety	36	4	31-41
Depression	45	41	39-51
Sense of Inadequacy	54	68	47-61
Somatization	47	51	39-55
Attention Problems	66*	94	60-72
Hyperactivity	51	56	44-58
Relations with Parents	50	44	45-55
Interpersonal Relations	44	24	38-50
Self-Esteem	51	44	45-57
Self-Reliance	36*	8	28-44

* At-Risk   ** Clinical Elevations

The BASC-3 items endorsed by John resulted in an at-risk elevation on the Attention Problems scale. Individuals with elevations on this scale likely struggle to remain focused and on task for sustained periods of time. They may be easily distractible, forgetful, and disorganized.

John's pattern of endorsements on the BASC-3 resulted in an at-risk Self-Reliance scale score. This suggests problems with self-confidence and difficulties facing challenges. Individuals who struggle with attention may have problems independently completing complex tasks, and they are more likely to rely on external sources to regulate their behavior. As a result, they may perceive themselves as less self-reliant than their peers.

John Sample
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Millon Pre-Adolescent Clinical Inventory- (M-PACI)

The M-PACI is used for pre-adolescent assessment in outpatient, inpatient, day treatment, and residential treatment settings. Psychologists, psychiatrists, school psychologists, counselors, juvenile justice professionals, and other mental health professionals can use M-PACI results to help evaluate troubled pre-adolescents to confirm diagnostic hypotheses. The M-PACI contributes to individualized treatment planning by providing an integrated picture of emerging personality patterns and current clinical signs and can be used to measure progress before, during, and after treatment.

M-PACI Results

Response Validity
John received a score of 0 on the Invalidity scale. This means that he did not endorse any of the four items stating that he was not giving honest answers when completing the inventory. He probably understood and successfully followed the directions, understood the items, stayed focused on the task, and answered purposefully rather than randomly.

John's M-PACI profile is consistent with emerging personality features that include outward confidence and independence. John appears self-assured and willing to speak his mind. He prefers to be a leader rather than a follower and often gravitates to that role due to his fearless attitude, willingness to take chances, and ability to break through the restrictive bonds that still guide the majority of his peers.

John may exhibit impulsive behaviors and act fearless in the face of threats and punitive action. Punishment tends only to reinforce his rebellious, defiant, and suspicious attitudes. Poor behavior choices may become prominent in the next few years. Easily provoked, he may exhibit sudden and unanticipated acting-out and disruptive behavior, such as leaving home or engaging in foolish or daring activities.

John's responses indicate that he has probably been engaged in disruptive and rebellious activities for some time. Irritable, negative, and hostile, he may have displayed other forms of youthful acting out. There are strong indications that John displays pervasive conduct problems.

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Diagnosis

312.81 (F91.1) Conduct Disorder- childhood onset type
314.01 (F90.20) Attention deficit hyperactivity disorder- combined type
V62.89 R41.83 Borderline intellectual functioning

Summary

John Sample was referred by, Sally Test, L.P.C. to assess for psychological diagnosis that may be contributing to his behavioral, developmental and academic difficulties. A differential diagnosis could not be made from history and clinical interview. Psychological testing was requested to assist with intervention and treatment planning. The referral requested that John be assessed for intellectual functioning, cognitive processing of information and social functioning.

The combined results indicate that John meets diagnostic criteria for Conduct Disorder- childhood onset type, Attention deficit hyperactivity disorder- combined type and Borderline intellectual functioning.

John received a Full Scale IQ score of 76. His overall level of functioning is in the very low range and is equal to or higher than 5 percent of the adolescents his age. With repeated testing we would expect his true score to fall between 71 and 83 ninety-five percent of the time.

John meets diagnostic criteria for Attention Deficit disorder, combined type. Children with attention-deficit hyperactivity disorder (ADHD) find it unusually difficult to concentrate on tasks, to pay attention, to sit still, and to control impulsive behavior. Some children with ADHD exhibit mostly inattentive behaviors and others predominantly hyperactive and impulsive. But the majority of those with ADHD have a combination of both, which can make it very difficult for them to function in school, and create a lot of conflict at home.

John meets diagnostic criteria for Conduct disorder. Conduct Disorder is a mental disorder diagnosed in childhood or adolescence that presents itself through a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate norms are violated.

John meets diagnostic criteria for Borderline Intellectual Functioning. Borderline Intellectual Functioning is normally able to be detected by a variety of standardized tests as well as emotional, cognitive, as well as behavioral symptoms and signs. For individuals with IQs between 71 to 85, learning is slow as well as more uneven than would be expected for grade level as well as chronological age. Their grades might be poor and irregular with some failures. Behaviors might reflect poor attention and concentration and they may respond slowly. They may experience poor concentration and be generally disorganized. In addition, they may experience moods swings, low frustration tolerance and low self-esteem.

John Sample
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Recommendations

Based on interview data and assessment results, the following recommendations are made:

1. Intensive in Home Services or other intensive treatment to focus on preserve and strengthening the family. The IIH team should work to improve the family's ability to function by developing skills to adapt to stressors that may occur within the family. Family Counseling to develop strategies and skills to effectively manage and reduce John's behaviors would be helpful. Also recommended is using DBT treatment assist the family in developing effective interpersonal communication skills.

2. Individual Outpatient Therapy with a focus on reducing John's symptoms and development of effective coping skills and interventions.

3. Interdisciplinary meeting at school to identify ways to support John in succeeding academically and socially.

4. Medication management treatment and compliance to effectively treat John 's symptoms.

5. Involvement in small group activities such as volunteer work or sports, where John is likely to succeed to provide an opportunity to practice appropriate social skills and to develop self -esteem.

Thank you for the opportunity to work with John .Please feel free to contact me if you have questions regarding these test results. You may also choose to schedule an appointment to meet and discuss these results in detail.

Regards,

Carol Pulley L.P.A.
N.C. Licensed Psychological Associate

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RECOMMENDATIONS

Recommendations for General Cognitive Functioning

John's FSIQ score fell in the Very Low range, which means that his overall level of cognitive ability is greater than 5% of children his age. Children with this level of ability may experience significant difficulty in various areas of functioning. In school, John may benefit from multiple interventions aimed at supporting his academic progress. Pre-teaching and re-teaching lessons learned in school will give him additional exposure to new concepts and may facilitate his comprehension and recall of information. It may be helpful to present new material in a variety of modalities, using simple vocabulary and sentence structure. Adults may wish to set small, measurable goals in each academic subject. John can be involved in creating a reward system, so that he is reinforced for each goal that is met. Tracking his own success on a chart may also provide him with a sense of accomplishment. In addition to these academic objectives, an adaptive behavior assessment may identify goals that will help him develop his adaptive functioning. Children with this level of ability may benefit from individualized training in areas such as self-care, community interactions, and household chores. It is also recommended that adults involve John in enjoyable hobbies and extracurricular activities in order to build skills and success in multiple areas of functioning.

Recommendations for Verbal Comprehension Skills

John's overall performance on the VCI was somewhat weak compared to other children his age. Verbal comprehension skills were also weak compared to his other areas of cognitive functioning. Relatively weak verbal skills place the child at risk for reading comprehension problems and may make it difficult to keep up with peers in the classroom. Classroom activities often involve listening comprehension, verbal reasoning, and oral communication. It is therefore recommended that interventions are provided in this area. Verbal interventions include shared reading activities, such as dialogic reading. This strategy allows adults to ask the child specific questions that encourage interest, comprehension, and critical thinking. Vocabulary can be enriched by exposing John to novel situations and encouraging him to ask the names of unknown objects. Adults can keep a list of words that John learns and periodically review it with him. Discovering and investigating new concepts can help him to remember vocabulary words. Adults may wish to challenge John to engage in conversation by creating an open, positive environment for communication. For example, adults can ask open-ended questions and allow him sufficient time to respond, without interruption. Family members can also encourage John to engage in supervised age-appropriate conversation in the community. For example, he can be encouraged to order his own food at a restaurant or ask a store clerk questions. Further, adults may wish to give him positive feedback when he engages in conversation. Positive feedback can include reciprocal conversation, asking John to elaborate on his thoughts, and complimenting his contributions to the conversation.

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Recommendations for Visual Spatial Skills

John's visual spatial skills fell in the Average range and were an area of personal strength. Visual spatial ability involves skills such as understanding things by looking at them and picturing how details fit together to create a bigger picture. These skills are important to academic success because they may help the child understand how individual parts are related to complex 'whole'. As such, it is important to support John's visual spatial strengths by providing activities that reinforce these skills. For example, he can be encouraged to engage in visual spatial tasks such as building models or dioramas, creating maps, drawing, or building 3D puzzles. Many educational digital games are available that may also enrich his visual spatial abilities. When new information is presented in the classroom, John may benefit if visual aids supplement verbally-presented content. For example, he will learn best if teachers present lessons using the chalkboard, overhead projector, and/or computer screen. Providing opportunities for visually-based learning may help John understand and remember new ideas. As strategies are used to augment John's learning, it is important that they are monitored for effectiveness and are modified according to his needs.

Additionally, John's visual skills are particularly strong when compared to his verbal skills. Children with this particular performance pattern may sometimes experience difficulty putting their ideas into words. If this is the case, it may be helpful to reduce language demands when appropriate. Adults and teachers are encouraged to be attentive to John's nonverbal signals, including his facial expressions, eye contact, posture and gestures, which will help communicate how John is feeling. In school, if John has a difficult time generating verbal responses, it may be helpful to provide him with several possible responses and ask him to choose the appropriate response. When possible, it may be helpful to ask John to supplement his words with computerized visual representations, graphs and/or pictures. As John continues to develop his literacy skills, he might select reading material that is increasingly rich in vocabulary, as well as visually engaging.

Recommendations for Fluid Reasoning Skills

John exhibited Average performance on the FRI. This is one of his stronger areas of performance. Fluid reasoning includes using logic to solve problems and identifying connections between abstract concepts. Because these skills can be an important component in future academic success, it is recommended that John engage in activities that continue to strengthen his fluid reasoning skills. For example, he can look at increasingly challenging patterns or series to identify what comes next. Encourage him to think of multiple ways to group objects and then explain his rationale to adults. Performing age-appropriate science experiments may also be helpful in strengthening logical thinking skills. For example, adults can help him form a hypothesis and then perform a simple experiment, using measurement techniques to determine whether or not his hypothesis was correct. When creating opportunities for John to further build his fluid reasoning skills, it is important to provide activities that are challenging, but within his skill level.

John's fluid reasoning skills appear strong compared to his working memory skills. Children with this pattern of performance may find it easy to understand information while they are looking at it, but then later have difficulty recalling it. Because John has fluid reasoning strengths, it may be helpful to teach him to remember visual information by encoding it into words. For example, rather than simply looking at a picture, he might name different objects in the picture, so that he remembers them better later. It may also be helpful for him to learn to visualize new information in his mind as he is learning it.

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Recommendations for Working Memory Skills

John's working memory scores fell in the Very Low range. With working memory skills lower than many children his age, he may have difficulty concentrating and attending to information that is presented to him. This may impact his school performance. Relatively weak working memory skills can lead to reading comprehension problems as text becomes more complex in future grades. Several recommendations are made based upon his performance pattern. Digital interventions may be helpful in building his capacity to exert mental control, ignore distraction, and manipulate information in his mind. Other strategies that may be useful in increasing working memory include teaching John to chunk information and connect new information to concepts that he already knows. As part of a comprehensive intervention plan, literacy goals such as identifying the main idea of stories can be identified. It is important to reinforce John's progress during these interventions. Goals should be small and measurable, and should steadily increase in complexity as his skills grow stronger.

Recommendations for Processing Speed

Overall, John's processing speed scores are an area of relative weakness, indicating that this is a potential area for intervention. Children with relatively low processing speed may work more slowly than same-age peers, which can make it difficult for them to keep up with classroom activities. It is important to identify the factors contributing to John's performance in this area; while some children simply work at a slow pace, others are slowed down by perfectionism, problems with visual processing, inattention, or fine-motor coordination difficulties. In addition to interventions aimed at these underlying areas, processing speed skills may be improved through practice. Interventions can focus on building John's speed on simple timed tasks. For example, he can play card-sorting games in which he quickly sorts cards according to increasingly complex rules. Fluency in academic skills can also be increased through similar practice. Speeded flash card drills, such as those that ask the student to quickly solve simple math problems, may help develop automaticity that can free up cognitive resources in the service of more complex academic tasks. Digital interventions may also be helpful in building his speed on simple tasks. During the initial stages of these interventions, John can be rewarded for working quickly rather than accurately, as perfectionism can sometimes interfere with speed. As his performance improves, both accuracy and speed can be rewarded.

Recommendations for Building Processing Speed and Working Memory Skills

John may benefit from "chunking" information, a strategy in which pieces of information are grouped together into larger chunks so that fewer pieces of information need to be remembered. For example, the seven digits of a telephone number can be grouped into four numbers: 555-5678 becomes five, fifty-five, fifty-six, seventy-eight.

Because of John's working memory difficulties, it may be challenging for him to remember new information. It may help him to remember new information if he links the new information to information that he already knows.

John Sample
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Treatment Considerations

Unlikely to be a willing participant in treatment, John would most probably only engage in therapy under the pressure of family or academic difficulties. The therapist must expend great effort to check counter-hostile feelings, keeping in mind that John's plight stems from his troubled past. Unfortunately, John may actively impede his progress toward conflict resolution and goal attainment. An important step in building rapport with John is to see things from his viewpoint. The therapist must convey a sense of trust and a willingness to develop a constructive treatment alliance. A balance of professional authority and tolerance is necessary to diminish the possibility that John will impulsively withdraw from treatment.

Firm limits coupled with empathy and flexibility are essential for the parents in their efforts to deal effectively with John. They should open up matters in an understanding and sensitive dialogue with the child, seeking to have him express what helps him feel good and what bothers him about life in general.

There are differences in attentional difficulties that should be further studied. Some children are disoriented in music, others are inattentive in art, still others are problematic in their academic subjects. Which realm is relevant to John will have to be further evaluated. Every effort should be made by his parents and teachers to help John develop a sense of mastery around his natural strengths, rather than correcting his weaknesses.

Also, steps should be taken to reduce daily conflict and hassles associated with parental disappointment and those behaviors of the child that are unacceptable and resentful. Giving clear directions and introducing constructive punishment should help orient his attention and behavior. The importance of gaining the teacher's interest in helping cannot be overestimated. Formal behavior-modification methods may be fruitfully explored to help him achieve greater control and responsibility in his social behavior.

John Sample
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