



Demographics

Name

Jon Doe

Date of Birth

04/19/2014

Age

9

Education

3rd Grade

Date of Evaluation

12/06/2023

Referral Source

Dr. Betty Davis

**DSM-5-TR
Diagnoses**

(F90.2) Attention-Deficit/Hyperactivity Disorder

(F41.1) Generalized Anxiety Disorder

(F81.0, F81.81) Specific Learning Disorders in Reading and Written Expression

COMMANDER

COUNSELING & WELLNESS

CONFIDENTIAL PSYCHOLOGICAL EVALUATION REPORT

The contents of this report are based on the clinical interpretations of psychological test results, behavioral observations, and interview information. The examiner will not be held responsible for additional interpretations or uses that are made of any reported test scores, clinical findings, or background information that are not contained within this report.

Purpose of Evaluation

Jon is a 9-year-old, self-identified American Indian male who presented for a psychological evaluation. It was reported that Jon has problems with his inattentiveness. He is easily distracted and delayed in reading. His guardians reported believing Jon may have ADHD or a learning disorder. Evaluation was requested to determine his current level of functioning and aid in proper diagnosis and treatment planning.

Diagnostic Impressions

Diagnostically, Jon is reportedly experiencing significant levels of inattention and difficulties concentrating, which was consistent with objective measures and behavioral observations. It is likely that these symptoms significantly interfere with his academic and social functioning and are most consistent with an Attention-Deficit/Hyperactivity Disorder, Combined Type diagnosis. Although those with ADHD are described as not being able to pay attention, their deficits are actually the inability to refrain from paying attention to distractions. This is often coupled with the decreased ability to control behavioral impulses, emotional expression, and metacognition.

He has experienced significant levels of anxiety and meets diagnostic criteria for Generalized Anxiety Disorder. His academic abilities were substantially lower than others in his grade, warranting a Specific Learning Disorder in reading and written expression.

He did not meet clinical criteria for any other cognitive, behavioral, or mood disorder. It is likely that with appropriate academic and psychological interventions, his overall level of functioning can improve.

Background Information

This background history covers several different areas of functioning. The information in this report reflects what was willing to be shared. The following were used for gathering relevant background history information: Background History Form, Barkley's ADHD Checklist, Monteiro Interview Guidelines for Diagnosing the Autism Spectrum 2nd Edition (MIGDAS-2).

<u>Background history provided by:</u>	Desiree Doe
<u>Collateral information:</u>	Progress notes from Betty Davis, MD (10/15/23)
SOCIAL HISTORY	
<u>Living Arrangements:</u>	Jon Doe, associates degree/ Desiree Doe, masters degree
<u>Parent's Marital Status & Custody:</u>	Married
<u>Any Parents Uninvolved:</u>	Reported none
<u>Relationships with Family:</u>	No issues reported
<u>Family of Origin Concerns:</u>	Minimal stress, just day to day
<u>Child Protective Services:</u>	no involvement
<u>Disruptive Behaviors:</u>	Inattentiveness, easily distracted, delayed in reading, Not listening, easily upset, self-critical, eating problems, temper tantrums
<u>Onset of problems:</u>	Noticed with starting school
<u>Disciplinary Methods:</u>	Withhold privileges
<u>Child's Interests:</u>	Football, basketball, playing cars
<u>Strengths:</u>	Natural leader, loves math, loves sports, loves any outdoor activity
<u>Peer Interaction:</u>	Likes to be the boss, but seems to make friends easily
<u>Support System:</u>	Family

<u>Family Legal Problems:</u>	None reported
<u>Cultural Considerations:</u>	no cultural stress
ACADEMIC & VOCATIONAL INFORMATION	
<u>Grade and School:</u>	3rd, Pecos Elementary
<u>Learning Problems:</u>	Reading difficulties
<u>Repeat/Skip Grade:</u>	Repeated 1st
<u>Grades:</u>	As and Bs
<u>Peer Interaction:</u>	has mild problems with others
<u>Special Services:</u>	Reading tutoring
<u>Behavioral Reports to Parents:</u>	He's very busy and likes to talk, has a hard time focusing, no other behavioral issues
<u>Strengths:</u>	Math, sports
<u>Disciplinary Action:</u>	None
<u>Work History:</u>	None reported
<u>Academic or Vocational Impediments:</u>	can't get started, easily distracted, argues about doing work, needs you there constantly, poor concentration, giving up too easily, poor motivation, having low frustration tolerance, rapidly shifting from one thing to another, impulsiveness
MEDICAL INFORMATION	
<u>Pre- and Perinatal Complication:</u>	Pre-eclampsia, born at 36 weeks, LGA
<u>Developmental Milestones:</u>	no delays

<u>Health Concerns:</u>	skin disorders (acne, hair loss, birthmarks, dermatitis, eczema, etc.); 1 hospitalization for aspiration of foreign body; None; Na
<u>Treatment History:</u>	no history of speech, occupational, or physical therapy
<u>Medications:</u>	None
<u>Physician:</u>	Betty Davis, MD
<u>Sexual Health Problems:</u>	No problems reported
<u>Language Abilities:</u>	speaks fluently
<u>Sensory Problems:</u>	Food aversion
<u>Sleeping/Eating Concerns:</u>	Limited food choices
<u>Family Medical History:</u>	Depression, heart disease
PSYCHOLOGICAL INFORMATION	
<u>Treatment History:</u>	Reported none
<u>Inpatient Hospitalizations:</u>	Reported none
<u>Previous Diagnoses:</u>	Reported none
<u>Trauma exposure:</u>	Husband passed away four years ago
<u>Suicidal/Homicidal Ideations:</u>	Reported none
<u>Self-Harming Behaviors:</u>	Reported none
<u>Substance Use:</u>	Reported none
<u>Legal Problems:</u>	Reported none

<u>Family Mental Health History:</u>	Reported none
<u>Current Stressors:</u>	Reading
<u>Significant Events:</u>	Father getting murdered
<u>Symptoms of Inattention/Impulsivity:</u>	fidgets, easily distracted, difficulty playing quietly, shifts from one activity to another, often interrupts or intrudes on others, blurts out answers before completed, difficulty remaining seated, difficulty awaiting turn, difficulty sustaining attention, often talks excessively
<u>Symptoms of behavioral disorders:</u>	often touchy or easily annoyed, often blames others for their mistakes, often loses temper
<u>Symptoms of mood disorders:</u>	Anxious Symptoms: unrealistic worry about future events, distress when separated from home, avoidance of being alone, ongoing refusal to sleep alone, bites nails
Depressive Symptoms: none	Reported none
Other Symptoms: none	Reported none
<u>Symptoms of social skill deficits:</u>	Reported none
<u>Symptoms of trauma disorders:</u>	Reported none

Mental Status Examination & Behavioral Observations

MENTAL STATUS EXAMINATION			
<u>Attendance</u> on time	<u>Appearance</u> casually dressed	<u>Attitude</u> cooperative	<u>Handedness</u> right
<u>Corrective Lens</u> none	<u>Hygiene</u> appropriate	<u>Activity Level</u> engaged	<u>Attitude to Self</u> appropriate
<u>Sensorimotor</u> typical	<u>Eye Contact</u> good	<u>Mood</u> anxious	<u>Affect</u> congruent
<u>Orientation</u> fully oriented	<u>Thought Content</u> intact	<u>Thought Process</u> goal oriented	<u>Alertness</u> good
<u>Social Interaction</u>	<u>Nonverbal Skills</u>	<u>Expressive Language</u>	<u>Receptive Language</u>

friendly and cooperative	typical facial expressivity	intact	intact
<u>Rate</u> average	<u>Volume</u> normal volume	<u>Tone</u> normal tone	<u>Prosody</u> intact rhythm
<u>Insight</u> intact	<u>Judgement</u> good	<u>Memory/ Concentration</u> good	<u>Reliability</u> good effort
BEHAVIORAL OBSERVATIONS			
During the testing process, Jon was cooperative, and rapport was somewhat established easily. He appeared to comprehend instructions appropriately. He was friendly throughout the entire testing process. Jon appeared a little bit nervous in the beginning of testing but warmed up quickly. It appeared if Jon was unsure of an answer, he would take a little bit of extra time to think before he answered. Jon attempted and completed all tasks presented to him with no issues. He did not take any stimulant medication on the day of testing. Overall, Jon remained engaged throughout each task, and the results are considered an accurate reflection of present functioning.			

Assessment Results

This evaluation covers several different facets of behavioral, cognitive, and emotional functioning. All test scores may be affected by effort, mood, situational and personal factors, cultural differences, linguistic factors, and the operating characteristics of the measures themselves. Most tests involve multiple functions and are not pure measures of any single ability. Scores should not be used in isolation without reference to the context of the evaluation. These results should be reviewed in consultation with a trained professional. The following specific tests were used for gathering appropriate data:

Intellectual Functioning									
Wechsler Intelligence Scales for Children - V (WISC-V) Measure of overall cognitive and intellectual abilities that impact performance		Standard/ Scaled Scores	Exceptionally Low	Below Average	Low Average	Average	High Average	Above Average	Exceptionally High
Composite & Subtest	Interpretative Descriptions								
Verbal Comprehension Index	Overall concept formation and verbal reasoning abilities	76							
Similarities	Verbal abstract reasoning	7							
Vocabulary	Word knowledge and articulation	4							
Visual Spatial Index	Overall perceptual and visual spatial abilities	94							
Block Design	Visual formation and reasoning	10							
Visual Puzzles	Visual analysis and synthesis	8							
Fluid Reasoning Index	Overall fluid reasoning and problem solving	103							
Matrix Reasoning	Visual abstract reasoning and pattern recognition	11							
Figure Weights	Visual analytical reasoning	10							
Working Memory Index	Overall memory used to complete tasks	97							

Digit Span	Auditory rote memory and attention	7							
Picture Span	Visual rote memory and attention	12							
Processing Speed Index	Scan, sequence and discrimination speed	95							
Coding	Visual motor dexterity speed	9							
Symbol Search	Visual discrimination speed	9							
FULL SCALE IQ	Average overall cognitive abilities	87							

Executive/Attention Functioning						
Conners Continuous Performance Test-3 (CPT-3) Computer-based visual attention test that measures inattention, impulsivity, sustained attention, and vigilance		T Score	Within Normal Limits	Mild Range	Moderate Range	Severe Range
Subscale	Interpretative Descriptions					
Detectability	Ability to differentiate targets from non-targets	46				
Omissions	Ability to pay attention to visual targets	42				
Commissions	Impulsive responses to non-targets	50				
Perseverations	Slow or random responses	43				
Hit RT	Average speed of correct responses	58				
Hit RT SD	Inconsistency in reaction time	46				
Variability	Variability in reaction time	41				
Hit RT Block Change	Reaction speed change over time, mental fatigue	53				
Hit RT ISI Change	Change in reaction time when stimulus changes pace, vigilance	49				

NEPSY-II - Executive/Attention Functioning Measures child's overall executive and attention skills		%ile or Scaled Score	Exceptionally Low	Below Average	Low Average	Average	High Average	Above Average	Exceptionally High
Subtest	Interpretative Descriptions								
AA Combined	Overall sustained simple auditory attention	7							
Commission	Impulsive responding	51-75th							
Omission	Sustained auditory attention	11-25th							

Inhibitory	Being able to stop an initial behavior and do another behavior	26-50th							
RS Combined	Overall sustained complex auditory attention	12							
Commission	Impulsive responding	>75th							
Omission	Sustained auditory attention	26-50th							
Inhibitory	Being able to stop an initial behavior and do another behavior	>75th							
AA vs RS Contrast	Comparing higher-to-lower cognitive functions	13							

Psychological Functioning					
Behavioral Assessment System for Children - Parenting Relationship Questionnaire (BASC-PRQ)					
A comprehensive set of rating scales and forms that assesses the parent's perspective of the parent-child relationship.					
Name of Rater and Relationship			Desiree Doe, Mother		
Summary of Validity Measures			Response Style Analysis		
F Index	The possibility that a rater has depicted a child's behavior in an inordinately negative manner	Acceptable			
D Index	The possibility that a rater has depicted a child's behavior in an inordinately positive manner	Acceptable			
Response Pattern	Measures when a rater has given inconsistent responses to items that are typically answered in a similar way	Acceptable			
Consistency	Measures when a rater has given inconsistent responses to items that are typically answered in a similar way	Acceptable			
Subtest/ Composite	Interpretative Descriptions	T Score	Within Normal Limits	Potential Problems	Significant problems
Attachment	The affective, cognitive, and behavioral relationship between a parent and child that results in feelings of closeness, empathy, and understanding of the child by the parent.	51			
Communication	The quality of information exchanged between the parent and child and the parent's listening skills that promote a trusting relationship.	49			

Discipline Practices	The tendency of a parent to consistently apply consequences in response to misbehavior, along with a belief that rule establishment and adherence to rules is desirable.	31			
Involvement	The extent to which the parent and child participate together in a variety of common activities, as well as the parent's knowledge of the child's activities.	51			
Parenting Confidence	Comfort, control, and confidence of the parent when actively involved in the parenting process and making parenting decisions.	43			
Satisfaction with School	The parent's belief that the school is doing a good job of meeting the child's educational and emotional needs.	30			
Relational Frustration	Parent's level of stress or distress in relating to and controlling the behavior and affect of the child; tendency to overreact and become frustrated in common parenting situations.	52			

Behavioral Assessment System for Children - 3 (BASC-3) A comprehensive set of rating scales and forms that assesses the behaviors and emotions of children and adolescents.					
Name of Rater and Relationship:		Desiree Doe, mother			
Summary of Validity Measures		Response Style Analysis			
F Index	Measures the possibility that a rater has depicted a child's behavior in an inordinately negative manner	Acceptable			
Response Pattern	Measures when a rater has given inconsistent responses to items that are typically answered in a similar way	Acceptable			
Subtest/ Composite	Interpretative Descriptions	T Score	Within Normal Limits	At Risk	Clinically Significant
Hyperactivity	Measures disruptive, impulsive, and uncontrolled behaviors	79			
Aggression	Measures aggressive behaviors compared to others their age	53			
Conduct Problems	Measures rule-breaking behavior	45			
Externalizing Problems	Overall rating of child's hyperactive and aggressive behaviors	60			
Anxiety	Measures anxiety-based behaviors	49			
Depression	Measures overall depressive symptoms (e.g., withdrawn, pessimistic, and/or sad)	44			
Somatization	Measures health-related problems may include headaches, sore muscles, stomach ailments, and/or dizziness	52			

Internalization Problems	Overall rating of child's symptoms of anxiety and depression, including physical symptoms of distress	48				
Attention Problems	Measures the ability to maintain necessary levels of attention	65				
Atypicality	Measures unusual behaviors and reactions, such as saying odd things or being unaware of others	47				
Withdrawal	Measures abilities to be social and develop relationships	47				
Behavioral Symptoms Index	Overall rating of child's hyperactive, aggressive, and depressive symptoms	29				
Adaptability	Measures overall abilities to adapt to environment	42				
Social Skills	Measures overall social skills and abnormal social difficulties	52				
Leadership	Measures abilities to make decisions, creativity, and/or trouble getting others to work together effectively	59				
Functional Communications	Measures expressive and receptive communication skills and ability to seek out and find new information when needed	48				
Activities of Daily Living	Measures ability to adequately perform simple daily tasks in a safe and efficient manner	43				
Adaptive Skills	Overall rating of child's communication, social skills, flexibility, and daily routines	49				

Conners Behavioral Rating Scale, Parent Form (CBRS-P) Multi-informant rating scale designed to provide a complete overview of child and adolescent concerns and disorders						
Name of Rater and Relationship:			Desiree Doe, Mother			
Response Style Analysis:			valid			
Content Scales	Interpretative Descriptions	T Score	Within Normal Limits	Mild Range	Moderate Range	Severe Range
Emotional Distress Total	Overall mood disruptions	63				
Upsetting Thoughts	Overall distressing thoughts	46				
Worrying	Difficulties controlling worry	75				
Social Problems	Have relationship problems with others	42				
Defiant/Aggressiveness Behaviors	Defiant or aggressive with others	46				

Academic Difficulties Total	Overall learning difficulties	68				
Language	Learning difficulties with reading, writing, spelling	77				
Math	Learning difficulties with math	42				
Hyperactivity/Impulsivity	Overly hyperactive or impulsive	90				
Separation Fears	Being afraid when not around caregivers	63				
Perfectionistic & Compulsive Behaviors	Having perfectionistic behaviors	61				
Violence Potential Indicator	Likelihood of becoming violent with others	50				
Physical Symptoms	Physical symptoms related to emotional distress	64				
DSM-5 Symptom Scales	Interpretative Descriptions	T Score	Within Normal Limits	Mild Range	Moderate Range	Severe Range
ADHD Predominantly Inattentive	Overall difficulties with paying attention	77				
ADHD Predominantly Hyperactive-Impulsive	Overall difficulties over activity or impulse control	90				
Conduct Disorder	Breaking societal norms and rules	45				
Oppositional Defiant Disorder	Defiance towards authority	66				
Major Depressive Disorder	Clinical levels of depression	56				
Manic Episode	Manic symptoms related to bipolar disorder	82				
Generalized Anxiety Disorder	Overall level of anxiety in various environments	68				
Separation Anxiety Disorder	Fearful of being separated from caregivers	65				
Social Anxiety Disorder	Fearful of social situations or performing in front of others	61				
Obsessive-Compulsive Disorder	Having obsessive thoughts and compulsive behaviors	55				
Autism Spectrum Disorder	Overall symptoms related to Autism Spectrum Disorder	47				

Conners Behavioral Rating Scale - Self (CBRS-S) Self-rating scale designed to provide a complete overview of child and adolescent concerns and disorders		T Score	Within Normal Limits	Mild Range	Moderate Range	Severe Range
Content Scales	Interpretative Descriptions					
Response Style Analysis	If the rater responded in a valid manner		valid			
Emotional Distress	Overall mood disruptions	71				
Defiant/Aggressiveness Behaviors	Defiant or aggressive with others	76				
Academic Difficulties	Overall learning difficulties	62				
Hyperactivity/Impulsivity	Overly hyperactive or impulsive	74				
Separation Fears	Being afraid when not around caregivers	59				

Violence Potential Indicator	Likelihood of becoming violent with others	66				
Physical Symptoms	Physical symptoms related to emotional distress	64				
DSM-5 Symptom Scales	Interpretative Descriptions	T Score	Within Normal Limits	Mild Range	Moderate Range	Severe Range
ADHD Predominantly Inattentive	Overall difficulties with paying attention	63				
ADHD Predominantly Hyperactive-Impulsive	Overall difficulties over activity or impulse control	72				
Conduct Disorder	Breaking societal norms and rules	61				
Oppositional Defiant Disorder	Defiance towards authority	60				
Major Depressive Disorder	Clinical levels of depression	73				
Manic Episode	Manic symptoms related to bipolar disorder	90				
Generalized Anxiety Disorder	Overall level of anxiety in various environments	72				
Separation Anxiety Disorder	Fearful of being separated from caregivers	58				
Social Anxiety Disorder	Fearful of social situations or performing in front of others	66				
Obsessive-Compulsive Disorder	Having obsessive thoughts and compulsive behaviors	65				

Recommendations

Based on the results of this evaluation, the following recommendations are offered:

Mental Health Treatment:

1. Jon and his family are encouraged to seek services from a licensed mental health care provider to assist him and his family in learning appropriate techniques to help decrease his emotional distress and improve his behavioral difficulties. Jon's guardians are encouraged to be active participants in the treatment process, by learning effective parenting strategies and helping Jon use his coping skills between counseling sessions. They can find a mental health provider by visiting www.psychologytoday.com, www.therapyden.com, or contacting their insurance company.
2. Jon's guardians are recommended to consult with his physician to help determine if he is an appropriate candidate for medications to address his attentional/emotional symptoms. He can meet with his regular physician or find a pediatric psychiatrist through his insurance company or www.psychologytoday.com.