



ROCK SPRINGS
PSYCHOLOGICAL TESTING CENTER

Demographics

Name

Janie Doe

Date of Birth

06/04/2006

Age

19

Education

College Junior

Date of Evaluation

10/30/2025

Referral Source

Dr. Peregrine

DSM-5-TR

Diagnoses

(F90.2) Attention-Deficit/Hyperactivity Disorder, combined presentation

(F41.1) Generalized Anxiety Disorder

(F42) Obsessive-Compulsive Disorder

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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

Janie is a 19-year-old, self-identified white female who presented for a psychological evaluation. It was reported Janie was referred by Dr. Peregrine and is concerned about her focus and restlessness. She reported believing she may have ADHD or OCD. Evaluation was requested to determine current level of functioning and aid in proper diagnosis and treatment planning.

Diagnostic Impressions

Janie reported 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 her academic and social functioning and are most consistent with Attention-Deficit/Hyperactivity Disorder, Combined Presentation (ADHD). 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.

Janie exhibited significant symptoms of anxiety and meets diagnostic criteria for Generalized Anxiety Disorder. Additionally, she exhibited significant obsessive thoughts and compulsive behaviors, meeting diagnostic criteria for Obsession-Compulsive Disorder. These symptoms are often manifested in cognitive (thinking) and physical manners; therefore, treatment should specifically target these symptoms to reduce overall stress. Her academic abilities were substantially lower than others her age, warranting Specific Learning Disorders.

She did not meet diagnostic criteria for any other cognitive, mood, or personality disorder. It is likely that with appropriate psychological interventions, her 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.

SOCIAL HISTORY	
Raised by:	Raised by parents, lives with both parents and a younger brother, (13), who has special needs.
Home location:	Nowhere, Colorado
Additional Parental Figures:	Maternal grandmother lived in the home for two years due to dementia.
Family of origin stress:	Reported that father is perceived as "mean" and speaks loudly when angry.
Parent support:	Described parents as generally emotionally supportive.
Relational attachment style:	Displays both secure and anxious attachment traits—trusting and emotionally regulated, but also overly sensitive and fearful of abandonment.
Childhood behavior:	Described as a rule follower, often nervous about being wrong. Reported behaviors included shyness, emotional sensitivity, fatigue, nervousness, and occasional conflict with her brother.
Current living arrangements:	Resides with parents and younger brother.
Relationship Status:	No history of romantic relationships reported; identifies as likely straight.
Relational Stress:	Experiences stress related to friend group instability, superficial friendships, and difficulty maintaining close peer relationships. Describes self as bubbly, talkative, and energetic.
Number of marriages:	None
Support System:	Identifies mother, coworkers, and friends as sources of support.
Pleasurable activities:	Enjoys working, shopping, watching TV, and spending time with friends.
Cultural Considerations:	No cultural stress reported.
ACADEMIC & VOCATIONAL INFORMATION	
Educational level:	College junior
Major:	Psychology
Repeat/skip grade:	None
Grades:	Maintains a 3.5 GPA
Schools attended:	University
Learning disabilities:	Received speech and language services in 1st and 2nd grade.
Disciplinary action:	None reported
Peer relationships:	Reports typical adolescent “girl drama” and shifting friendships.

School behavior:	Described as quiet, hard-working, and organized. Teachers note excessive talking and energetic demeanor.
Academic impediments:	Self-reported difficulty with concentration and distractibility in academic tasks.
Current employment:	Part-time positions at a cheer gym
Previous employment:	None
Relationship with co-workers:	Prefers coworkers who are responsible and punctual; frustrated by inconsistency.
Relationship with supervisors:	Described as excellent.
Vocational impediments:	Reports anxiety and focus issues interfere with task completion; experiences panic when tasks remain incomplete.
MEDICAL INFORMATION	
Pre- and perinatal complication:	None reported
Developmental milestones:	Met all developmental milestones on time.
Serious injuries:	Sustained a concussion as a passenger in a 2024 car accident.
Serious illnesses:	Diagnosed with asthma with frequent flares.
Sensory problems:	Reports hearing-related sensitivities.
Treatment history:	Received speech therapy.
Sleeping/eating concerns:	Difficulty with sleep, particularly sleeping alone due to anxiety. Poor eating habits noted.
Physician:	Dr. Helpme Now
Medications:	Nuvaring; no medications for mood, anxiety, or attention concerns.
Family Medical History:	Maternal history of asthma, hyperlipidemia, and Barrett’s esophagus.
PSYCHOLOGICAL INFORMATION	
Treatment history:	Attended counseling for approximately one year (2023–2024), with focus on family dynamics. Found therapy helpful but discontinued.
Inpatient hospitalizations:	None reported
Previous diagnoses:	None formally diagnosed
Trauma exposure:	Loss of maternal grandparents and a pet dog.
Suicidal/homicidal ideations:	Denied
Self-harming behaviors:	Denied
Psychosis:	Denied
Substance use:	No reported use of alcohol, marijuana, or other substances.
Family mental health history:	Father has anxiety; no other mental health history reported.
Current stressors:	Reports stress from academics (8/10), sibling conflict (4/10), and peer relationship drama (6/10).

Significant events:	None reported
Legal problems:	None reported
Symptoms of ADHD:	<p>Childhood symptoms: felt restless, avoided, disliked, or was reluctant to engage in work that required sustained mental effort, talked excessively</p> <p>Current symptoms: failed to give close attention to details or make careless mistakes in my work, fidgeted with hands or feet or squirmed in seat, didn't listen when spoken to directly, felt restless, avoided, disliked, or was reluctant to engage in work that required sustained mental effort, talked excessively, blurted out answers before questions were completed, easily distracted, had difficulty awaiting turn, interrupted or intruded on others</p>
Symptoms of anxiety:	<p>Anxious Symptoms: not being able to stop or control worrying, worrying too much about different things, trouble relaxing, being so restless that it is hard to sit still, becoming easily annoyed or irritable, feeling like something awful might happen, feeling nervous, anxious or on edge.</p> <p>Obsessive-compulsive symptoms: gets upset if things are not in the right spot, have a pencil for each subject, keeps the same pencil for years for math, closet overly organized, significant distress if not done correctly; when walking have to put same amount of weight on each foot and has to take equal amount of steps in concrete squares, have to turn off lights in order or think things could go wrong in the day, have to get out of basement in correct order and time allotment so nothing goes wrong, difficult to have others drive the car she drives when it's left unlike she is used to, has to restart routines, the amount of time it takes to do compulsive behaviors impede daily functioning. Exhibits obsessive-compulsive symptoms that significantly interfere with daily functioning. Describes ritualistic behaviors including compulsions related to symmetry, routines, and control that create distress when interrupted.</p>
Depressive Symptoms:	Low mood, fatigue, poor sleep and appetite, low self-esteem, concentration difficulties.
Symptoms of Autism Spectrum Disorder:	Reports sensory sensitivities.
Symptoms of trauma disorders:	Sleep disturbance and concentration problems.

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 and bright
<u>Orientation</u> fully oriented	<u>Thought Content</u> intact	<u>Thought Process</u> goal oriented	<u>Alertness</u> good
<u>Social Interaction</u> friendly and cooperative	<u>Nonverbal Skills</u> typical facial expressivity	<u>Expressive Language</u> intact	<u>Receptive Language</u> 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			
<p>During the testing process, Janie was cooperative, and rapport was somewhat established easily. She appeared to comprehend instructions appropriately. Janie did not take any stimulant medication on the day of testing. She was diligent and put forth great effort and was aware of her mistakes. On some measures of the WAIS-5, she appeared to get several right answers on items, but after the time had expired, which negatively impacted her scores. Overall, Janie remained engaged throughout each task, and the results are considered an accurate reflection of present functioning.</p>			

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 Adult Intelligence Scales - 5 (WAIS-5)

Measure of overall cognitive and intellectual abilities that impact performance

Composite & Subtest	Interpretative Descriptions	Exceptionally Low	Below Average	Low Average	Average	High Average	Above Average	Exceptionally High
Verbal Comprehension Index	Overall concept formation and verbal reasoning abilities					114		
Vocabulary	Word knowledge and articulation					14		
Similarities	Verbal abstract reasoning					11		
Visual Spatial Index	Overall perceptual and fluid reasoning abilities					100		
Visual Puzzles	Visual analysis and synthesis					10		
Fluid Reasoning Index	Overall fluid reasoning and problem solving					105		
Matrix Reasoning	Visual abstract reasoning and pattern recognition					10		
Figure Weights	Visual analytical reasoning					12		
Working Memory Index	Overall memory used to complete tasks					94		
Digit Sequencing	Cognitive flexibility with auditory information					7		
Running Digits	Auditory working memory and discrimination					11		
Digits Backward	Ability to recall number in reverse order					9		
Processing Speed Index	Scan, sequence and discrimination speed					84		
Name Speed Quantity	Ability to quickly count objects					7		
Full Scale IQ (FSIQ)	Overall cognitive abilities					101		

Executive Functioning

Wechsler Working Memory Subtests

Assesses the ability to remember information for a short period of time to complete a task

Composite & Subtest	Interpretative Descriptions	Exceptionally Low	Below Average	Low Average	Average	High Average	Above Average	Exceptionally High
Digits Backward	Mental manipulation of auditory information				9			
Digit Sequencing	Cognitive flexibility with auditory information			7				
Running Digits	Auditory attention and discrimination				11			
Symbol Span	Visual sequencing working memory			7				

Brief Test of Attention (BTA)

Overall sustained auditory attention

Composite & Subtest	Interpretative Descriptions	Exceptionally Low	Below Average	Low Average	Average	High Average	Above Average	Exceptionally High
Part A & B Total	Sustained auditory attention while listening to series of numbers and letters	62						

Conners Continuous Performance Test-3 (CPT-3)

Computer-based visual attention test that measures inattention, impulsivity, sustained attention, and vigilance

Composite & Subtest	Interpretative Descriptions	Within Normal Limits	Mild Range	Moderate Range	Severe Range
Detectability	Ability to differentiate targets from non-targets	52			
Omissions	Ability to pay attention to visual targets	55			
Commissions	Impulsive responses to non-targets	44			
Perseverations	Slow or random responses		63		
Hit RT	Average speed of correct responses				90
Hit RT SD	Inconsistency in reaction time		64		
Variability	Variability in reaction time			73	
Hit RT Block Change	Reaction speed change over time, mental fatigue	44			
Hit RT ISI Change	Change in reaction time when stimulus changes pace, vigilance			73	

Psychological Functioning

Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

Self-report screening tool to measure the severity of obsessive-compulsive behaviors

Composite & Subtest	Interpretative Descriptions	Normal Limits	Mild Range	Moderate Range	Severe Range	Extreme Range
Total	Overall symptom severity			19		

Culture-Free Self-Esteem Inventory - 3rd Edition (CFSEI-3)

Self-report inventories used to determine the level of self-esteem in students

Composite & Subtest	Interpretative Descriptions	Exceptionally Low	Below Average	Low Average	Average	High Average	Above Average	Exceptionally High
Academic	Self-esteem related to academic performances			8				
General	Comparing their abilities to their peers		5					
Parental/Home	Feeling important, valued, and loved at home		6					
Social	Feeling accepted by peers and positive relationships			9				
Personal	Self-esteem related to positive emotions		5					
Global	Overall level of self-esteem			77				

Behavior Assessment System for Children - Parenting Relationship Questionnaire (BASC-PRQ)

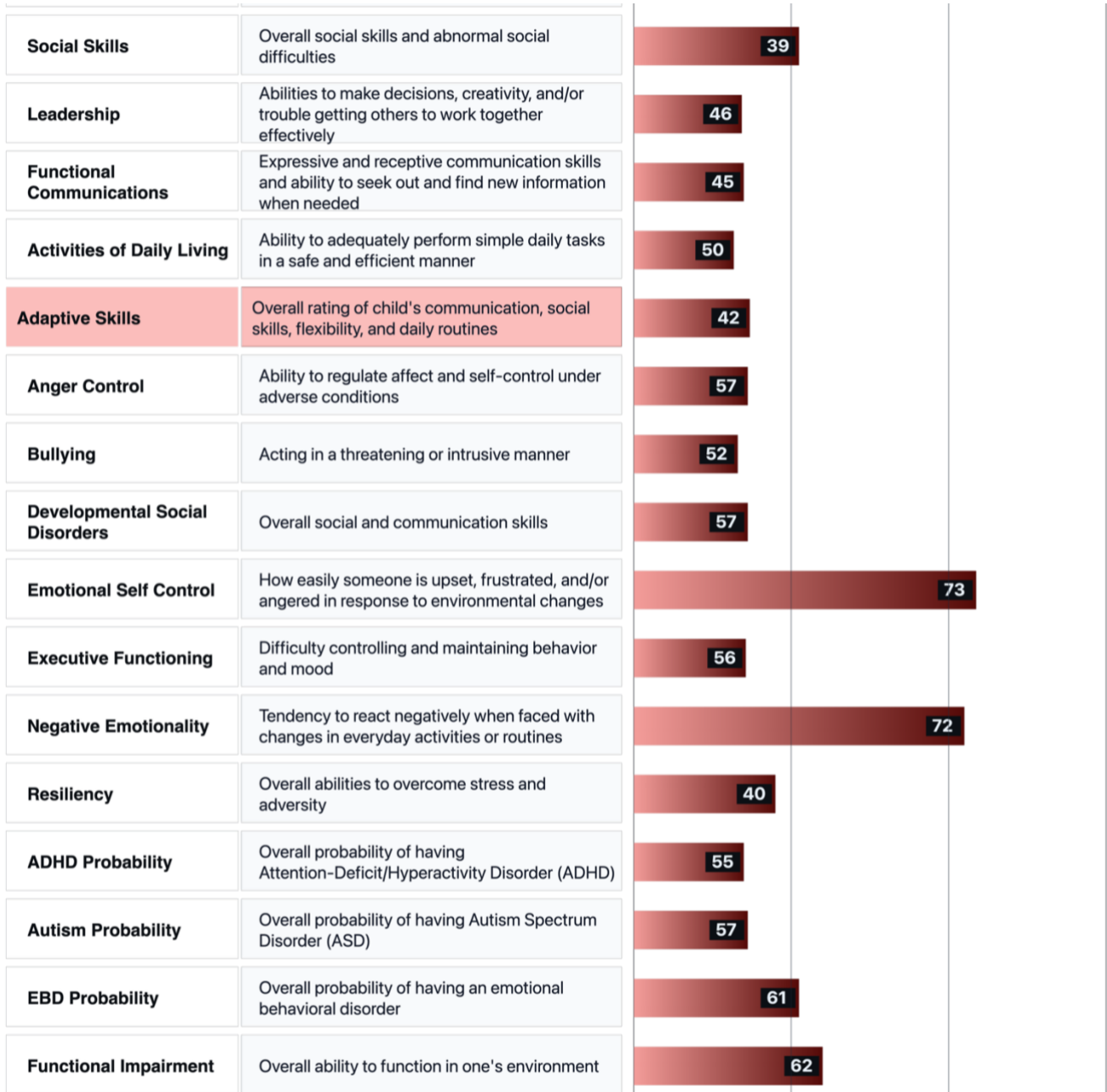
A comprehensive set of rating scales and forms that assesses the parent's perspective of the parent-child relationship.

Composite & Subtest	Interpretative Descriptions	Within Normal Limits	At Risk	Clinically Significant
Attachment	The emotional, mental, and behavioral bond between parent and child that fosters closeness, empathy, and understanding.	42		
Communication	The quality of information exchanged between the parent and child and the parent's listening skills that promote a trusting relationship.	37		
Discipline Practices	A parent's consistent use of consequences for misbehavior and belief in setting and following rules.	41		
Involvement	How much a parent and child share activities and how well the parent knows the child's daily life.	45		
Parenting Confidence	Comfort, control, and confidence of the parent when actively involved in the parenting process and making parenting decisions.	45		
Satisfaction with School	The parent's belief that the school is doing a good job of meeting the child's educational and emotional needs.	60		
Relational Frustration	How much a parent and child share activities and how well the parent knows the child's daily life.	54		

Behavior 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.

Rater Name	Rachel Keech, mother			
Validity Scales:				
F Index	Possibility that a rater has depicted their behavior in an inordinately negative manner	Acceptable		
Response Pattern	Rater may have responded unusually, suggesting issues like poor attention to items	Acceptable		
Consistency	Rater may have given inconsistent answers to items usually answered similarly	Acceptable		
Composite & Subtest	Interpretative Descriptions	Within Normal Limits	At Risk	Clinically Significant
Hyperactivity	Disruptive, impulsive, and uncontrolled behaviors	59		
Aggression	Aggressive behaviors compared to others their age	56		
Conduct Problems	Rule-breaking behavior	44		
Externalizing Problems	Overall rating of child's hyperactive and aggressive behaviors	53		
Anxiety	Anxiety-based behaviors			83
Depression	Overall depressive symptoms (e.g., withdrawn, pessimistic, and/or sad)			76
Somatization	Health-related problems may include headaches, sore muscles, stomach ailments, and/or dizziness			72
Internalizing Problems	Overall rating of child's symptoms of anxiety and depression, including physical symptoms of distress			80
Attention Problems	Ability to maintain necessary levels of attention	49		
Atypicality	Unusual behaviors and reactions, such as saying odd things or being unaware of others	50		
Withdrawal	Abilities to be social and develop relationships			64
Behavioral Symptoms Index	Overall rating of child's hyperactive, aggressive, and depressive symptoms	61		
Adaptability	Overall abilities to adapt to environment			36



Adolescent Psychopathology Scale (APS)

Self-rating scale designed to assess the severity of symptoms of clinical and personality disorders in adolescents

Composite & Subtest	Interpretative Descriptions	Normal Limits	Subclinical Range	Mild Range	Moderate Range	Severe Range
Attention-Deficit/Hyperactivity Disorder	Problems with attention and/or impulsivity/hyperactivity				76	
Conduct Disorder	Problems following societal rules	40				
Oppositional Defiant Disorder	Problems with authority	52				
Adjustment Disorder	Problems adjusting to stress or stressors	55				
Substance Abuse Disorder	Problems abusing substances	44				
Anorexia Nervosa	Restricting food intake				72	
Bulimia Nervosa	Engaging in bingeing and/or purging eating behaviors		63			
Sleep Disorder	Problems sleeping			67		
Somatization Disorder	Physiological problems due to stress	53				
Panic Disorder	Experiencing panic attacks			69		
Obsessive-Compulsive Disorder	Having obsessive and compulsive behaviors				77	
Generalized Anxiety Disorder	Anxiety in multiple settings				75	
Social Phobia	Anxiety socially or while performing		61			
Separation Anxiety Disorder	Anxiety regarding being away from caregivers		61			
Posttraumatic Stress Disorder	Stress due to traumatic events and/or abuse			68		
Major Depression	Significant depression	57				
Dysthymic Disorder	Persistent depression longer than a year				72	

Mania	Having a manic episode	78
Depersonalization Disorder	Problems feeling detached from oneself	61
Schizophrenia	Having hallucinations and/or delusions	49
Avoidant Personality Disorder	Wanting relationships, but fearful of making them	69
Obsessive-Compulsive Personality Disorder	Perfectionistic and rigid thoughts/behaviors	80
Borderline Personality Disorder	Interpersonal problems, emotional dyscontrol	54
Schizotypal Personality Disorder	Interpersonal problems due to eccentric behavior	62
Paranoid Personality Disorder	Distrust and suspiciousness of others	45
Self-Concept	Problems with self-esteem	57
Introversion	Problems due to introverted personality	64
Alienation-Boredom	Feelings of alienation and/or boredom	56
Anger	Feeling of anger	56
Aggression	Exhibiting aggressive behavior	36
Interpersonal Problems	Having significant relationship problems	553
Emotional Lability	Having emotional swings	70
Disorientation	Not being oriented to person, place, or time	69
Suicide	Having suicidal thoughts or behaviors	44
Social Adaption	Problems adapting to social situations	51
Internalizing Disorder Factor	Problems with internal emotional expression	72
Externalizing Disorder Factor	Problems with external emotional expression	55
Personality Disorder Factor	Having problems related to personality traits	66

Lie Response	Not answering honestly to the test questions	38				
Consistency Response	Not providing consistent responses	39				
Infrequency Response	Answering positively to questions few people do	49				
Critical Item Endorsement	Answering positively to at-risk questions	48				

Recommendations

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

The following are recommendations and information about general **Treatment**:

Mental Health Treatment:

1. Janie and her family are encouraged to seek services from a licensed mental health care provider to assist her and her family in learning appropriate techniques to help decrease her emotional distress and improve her behavioral difficulties. Janie’s guardians are encouraged to be active participants in the treatment process, by learning effective parenting strategies and helping Janie use her 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. Janie’s guardians are recommended to consult with her physician to help determine if she is an appropriate candidate for medications to address her attentional/emotional symptoms. She can meet with her regular physician or find a pediatric psychiatrist through her insurance company or www.psychologytoday.com.
3. Janie is encouraged to learn relaxation techniques to help cope with stress. There are a variety of applications available that can be used on smartphones/tablets or the internet that are specifically designed for children to learn mindfulness techniques (e.g., meditation, imagery, relaxation, storytelling). Some examples of apps that are available on the App Store include Dreamykid; Breathe, Think, Do with Sesame Street; Stop, Breathe and Think Kids; Breathing Bubbles; Smiling Minds; Positive Penguins; Calm Counter; Emotionary; Take a Chill; and Relax Melodies. Adolescents may prefer Healthy Minds, Headspace, Insight Timer, or Calm.
4. Sleep is paramount to overall well-being and emotion regulation. Janie is encouraged to have a regular bedtime routine in order to help her improve her sleep habits. Good sleep hygiene includes going to bed and waking up around the same time each day, sleeping in a cool/dark room, using her bed only for sleeping (not studying or being on devices), refraining from caffeine and sugar after school, and discontinuing screen time at least 2 hours before bedtime. Effort should be made to help her get the age-appropriate number of hours of sleep each night. For professional sleep services, she may benefit from consulting with a Certified Adult Sleep Coach. She could find services at Sleepably.com.