Psychological Report

This is a sample report of an actual case.
Only names and other identifying information have been changed to preserve confidentiality.

Child's Name:	**Adam Smith**	Date of Birth: November 8, 1997
Gender:	Male	Age: 12 years, 1 month
Examiner:	Douglas Waltman Ph.D., LICDC	Evaluation Date: 12/9/09
Report Date:	January 6, 2010	Case #: RU1234

Reason for Referral

This child was referred for a psychological evaluation to rule out the presence of an attention deficit disorder and to screen for any possible learning problems.

Sources of Information

1) Diagnostic interview conducted with the mother, Alice Smith, on 12/15/09.
2) Diagnostic assessment conducted on Adam on 12/9/09.
3) Collateral information:
   a) Child/Adol MH Center intake diagnostic assessment,
   b) Psychological report on Jocelyn Smith dated 6/9/09, stemming from an evaluation conducted by the same evaluator.
4) Psychological Testing:
   a) Wechsler Abbreviated Scale of Intelligence (WASI)
   b) Wide Range Achievement Test – Fourth Edition (WRAT4)
   c) Conners 3 – Parent (C3P)
   d) Millon Pre-Adolescent Clinical Inventory (M-PACI)
   e) PEA-BD Screening Test
   f) Depressive Disorders and Mania Rating Scale portions from the K-SADS

Current Status

Adam lives with his mother and two younger sisters in a single-family home in Cleveland Heights, Ohio. He currently experiences problems with Asthma and takes medication for this as needed. He also receives mental health counseling at Child/Adol MH Center and has previously been diagnosed with having an Attention Deficit Hyperactivity Disorder (ADHD). In addition, he takes the medication Adderall for this disorder. Adam attends Horizon Elementary School where he is in the fifth grade. Unfortunately, he is earning mostly failing grades.

Symptom History

Adam's mother expressed a number of concerns about her son. Adam and his younger sister Jocelyn have a contentious relationship. In part the sister is responsible for this discord because she has a history of mental health problems as well. The mother complained her son is slow and tends to drag his feet. He is generally non-compliant and engages in other antisocial behaviors including lying, stealing, and playing with fire. Angry outbursts and refusing to take his medication are still other concerns. By the mother's estimate these problems have been going on since the age of five but are becoming progressively worse over time. His school performance has varied but there is a consistent history of academic and behavior problems since kindergarten.

Developmental History

Adam had a complicated delivery due to fetal distress and had to be in intensive care during his first two weeks of life. The client experienced a speech delay and did not begin talking until age 2½. He met other developmental milestones at the expected age. The mother indicated her son has never experienced any physical or sexual abuse. He has never witnessed any substance abuse in the home but did observe some domestic violence between his mother and one of his sibling's father. As mentioned earlier, he began experiencing behavior problems at about the age of five. The family's housing has been stable over the past three years. The mother works during school hours.

Family History

Adam's parents never married but had a committed dating relationship until he was three. His mother has sole custody and he has always been under his mother's care. Adam has continued to have contact with his father but the boy is not interested in visiting his father. On the other had Adam formed a relationship with the father of one of his sister's. The mother had a domestic partnership with this man that has since ended. Adam misses this paternal figure and will call him on the telephone.

Adam has two younger maternal half-sisters ages 7 and 5. As stated earlier, Adam has a contentious relationship with his sister Jocelyn (7). Both children share responsibility for the problems in their relationship. Jocelyn has a behavior history very similar to the client. Adam has regular contact with his maternal grandmother who routinely provides childcare for the children. The mother and grandmother cooperate well with each other on caring for the children.

In the sister's evaluation the mother described herself as a permissive parent who nevertheless often raises her voice to correct her children. She also uses physical punishment to some extent. The mother considers herself consistent in setting and maintaining boundaries. She engages in recreational activities with her children to some extent and considers herself an affectionate parent. However, the mother often becomes exasperated with her children, especially in the morning when the children dawdle about getting ready for the day.

Social History

Adam was described as a moderately gregarious child who has difficulty getting along with peers. In particular, he is prone to argue with peers and does not maintain peer relationships. In fact, he typically gets along better with adults than with peers. Even then, his level of compliance with adult authority depends upon his relationship with the adult in question. He is more compliant towards adults he likes. Adam has participated in some organized team sports but was not a very good team player. He resisted going to practice and tended to become

distracted on the field. The family actively attends worship services but Adam's behavior in that setting has been a problem as well. There have been times when he has been sent out of Sunday school because of his disruptive behavior. As stated earlier Adam has had problems with lying, stealing, and fighting.

Educational History

Adam's school adjustment has varied over time, but he has had at least some problems in school consistently since kindergarten. He had to be retained once in the third grade. Last year he earned mostly failing grades and his behavior was a problem. Because he dawdles so much in the morning the client frequently misses his bus and is late for school. The child has received a number of suspensions over time. He has always been in a general classroom and has never been evaluated for having a learning disability. The mother has petitioned the school to do a multifactor evaluation but reports the school has declined to do this. The client is very non-compliant about doing homework. He often hides assignments to avoid doing them. The mother has to directly supervise him while doing assignments and he often becomes frustrated in doing them. When he does do assignments they are hastily done and the child often does not turn it in.

Substance Use History

There is no indication this child has experimented with alcohol or drug use. His biological father has a history of alcohol and drug abuse.

Legal History

None reported.

Psychiatric History

There is a history of mental illness in the family. A paternal uncle and his younger maternal half-sister have Bipolar Disorder.

Adam first came to Child/Adol MH Center for treatment at the age of five. He was diagnosed with having ADHD at that time and started on medication. He has been taking medication for ADHD ever since. In the past he was tried on Straterra, Concerta, and Adderall. At the present time he is only taking Adderall.

Medical History

Adam has had severe bouts of asthma in the past that have required hospitalization on more than one occasion. As stated earlier, he has a history of speech problems and received speech therapy for a time.

Risk Assessment

The client has a history of getting into physical fights with peers and siblings. To date, no significant injuries have ever resulted from these altercations. He has never intentionally harmed himself but has made comments like "I wish I wasn't here," on a few occasions. Adam also has a history of engaging in risky and foolhardy behavior that has put himself and others at some risk.

Behavioral Observations

The evaluator generally found Adam cooperative and attentive during the testing process.

Test Results

The WASI is a brief intelligence test based upon the Wechsler intelligence scales. The test produces scores comparable to longer tests like the Wechsler Intelligence Scale for Children. Results are reported in terms of Intelligence Quotients or IQ scores. An IQ of 100 indicates average ability with higher scores reflecting greater ability. This test produces an overall measure of a child's academic aptitude called the Full-4 IQ. This overall score is then divided into Verbal and Performance IQ scores. The Verbal IQ measures a child's facility with language and the Performance IQ measures the child's visual-motor coordination and non-verbal problem solving.

Adam obtained a Full-4 IQ score of 100. This places him squarely in the average range of intelligence. If he was given the full version of the Wechsler Intelligence Scale for Children there is a 90% probability his Full Scale IQ on that measure would fall between 88 and 112. Children who score in this range have an adequate overall ability to learn in school. While he may experience difficulties in some subjects Adam has the ability to graduate from high school and learn a skilled occupation in the future. Adam obtained a Verbal IQ of 99 and a Performance IQ of 99 as well. These scores are also squarely in the average range and predict he does not have any specific cognitive weaknesses.

The WRAT4 is a screening test of a child's core academic skills in reading, spelling, and math. These skills are the basic fundamentals of learning. Without these skills, a child cannot succeed in the classroom. Scores on this test was reported as Standard Scores with a score of 100 indicating average ability. Higher scores mean greater ability. A child with an average score means he or she has the academic skills needed to succeed in his or her current grade.

Normally, one should observe a child's achievement scores should be equal to or above his IQ scores. This was not the case for Adam. He obtained the following scores on the WRAT-4: Word Reading = 87, Sentence Comprehension = 99, (Reading Composite = 91), Spelling = 87, and Math Computation = 85. These scores are below average across the board and indicates Adam functions at the level of a mid-year fourth grader rather than a mid-year fifth grader (who should actually be in sixth grade). Adam had difficulty identifying words but nevertheless had an uncanny ability to discern the meaning of a sentence even though he did not know the meaning of some of the words in the sentence. With regards to Spelling (a rough measure of writing ability), Adam could not spell words like "explain," "kitchen," and "result." On math, he made one error probably due to inadequate attention. He displayed a basic understanding of basic mathematical operations but began having problems performing these operations with more complex numbers. He also has no knowledge of fractions and performing operations using fractions.

The C3P is a children's personality test filled out by the parent and primarily used to determine if a child has an attention deficit disorder. Validity scales indicated the mother may have exaggerated Adam's concerns. Consequently, the results may over-estimate the frequency and intensity of his problems. Adam obtained clinically significant scores on all of the Content Scales. Overall, the results indicate Adam is a very restless, distractible, and impulsive child. These scores predict there is a 99% probability he meets the clinical criteria for having an attention deficit disorder, and this disorder has a significant adverse effect on his academic, social, and family functioning. Other indicators suggest Adam may be experiencing significant symptoms of emotional distress including anxiety, depression, and emotional reactivity. These emotional symptoms could be contributing to his behavioral symptoms such as distractibility, restlessness, and impulsivity.

The M-PACI is a personality test completed by Adam himself. It is used to identify the child's personality structure and the presence of any clinical concerns. The validity scales indicated Adam may have had some problems understanding the item content. Consequently, the profile may not be entirely accurate. On the Emerging Personality Pattern Scales Adam obtained clinically significant scores on the Conforming, Submissive, and Inhibited Scales; along with a moderately significant score on the Confident Scale. On the Current Clinical Signs Scales he obtained clinically significant scores on the Anxiety/Fears and Depressive Moods Scales. Adam's profile indicates he sees himself as a sad, anxious, and introverted child whose moods and social relationships are quite unstable.

The PEA-BD is a brief screening tool completed by the parent and used to identify children at risk for having pediatric Bipolar Disorder. Adam obtained a score of 15 on this measure, placing him at high risk of meeting the clinical criteria for having this disorder. When children score high on this scale the evaluator then administers the Depressive Disorders and Mania Rating Scale Portions from the K-SADS. The K-SADS is a semi-structured interview conducted with the parent. Overall, these instruments indicates Adam displays clinically significant symptoms of depression, elation, irritability/anger, a decreased need for sleep, restlessness/hyperactivity, pressured speech, flights of ideas, impaired judgment due to impulsivity, and distractibility. The number of these clinical symptoms indicates it is quite likely this child meets the clinical criteria for having pediatric Bipolar Disorder.

Integrative Summary

While Adam meets the clinical criteria for having an attention deficit disorder, his symptoms are more characteristic of a mood disorder such as Bipolar Disorder. The mother's problems in setting and maintaining boundaries may contribute somewhat to his child's level of acting out. The exacerbation of symptoms may also be a product of a significant change in the family structure along with a significant emotional loss of a key parental figure in this child's life. Finally, living with a sister who also has Bipolar Disorder contributes to his acting out as well.

Axis I: 296.90 Mood Disorder NOS (Pediatric Bipolar Disorder)

Axis II: 799.90 Diagnosis Deferred on Axis II

Axis III: None

Axis IV: moderate (recurring sibling conflict, school demands)

Axis V: GAF current = 50 GAF past year = 50

Recommendations

1. Adam has Bipolar Disorder and the primary intervention for this disorder is medication. His mother should keep the following points in mind:
    a. It takes time to find the best medication, or combination of medications, and the most effective dose. Typically, physicians start children on low doses and it is not unusual for parents to observe no improvement at first. Physicians then adjust the medication upward until an effective dose is reached. Consequently a parent needs to work closely with the physician during the initial phases of this treatment.
    b. Many pediatricians feel unqualified to treat children with this disorder. If Adam has been treated by his pediatrician for ADHD up until now his mother should consult with the doctor about his or her ability to treat these types of children. Generally

speaking, these children are best treated by a child psychiatrist or psychiatric nurse practitioner.

c. It is not unusual for children with Bipolar Disorder to have to take two and sometimes three different types of medications in order to effectively regulate their symptoms.

d. It is not unusual for children to balk at taking medication and all children need their medication supervised by an adult. The parents should point out the benefits of taking the medication on one hand and on the other hand let their child know he or she does not have a choice in the matter.

e. A parent needs to realize medication treats many symptoms but is not a cure for all of their child's symptoms. Medication can help children with Bipolar Disorder improve their attention, mood, and self-control to a point. Typically medication does not help out with oppositional behavior.

2. Because Adam is emotionally distressed due to environmental factors he could also benefit from counseling. The mother should realize that this counseling is also for her as well. Children with Bipolar Disorder are difficult children to manage and they often exasperate their parents. Adam's counselor can coach the mother on how to deal with her son's troublesome behaviors as well as reassure her she is a capable parent.

3. Because the mother has another child with this disorder she might be a good candidate for a course of intensive in-home counseling to help her bring more order in her home.

4. This evaluation indicates Adam may have a learning disability. In particular, his mental health symptoms show evidence it impairs his ability to function in the classroom and it has adversely affected his academic achievement. The mother should request the school conduct a multifactor assessment to determine his educational needs and if he qualifies for a special education program.

5. Even though medication will help Adam pay attention to tedious tasks his mother should realize and accept that getting him to perform chores is going to be a struggle. His mother should accept Adam is likely to complain about doing chores and it will take him longer to complete chores than expected. Some ways to reduce family conflict surrounding chores include the following:

    a. Reduce the number to chores Adam has to perform. Have him do only the most necessary chores. His mother will have to "pick her battles" with regard to this. For example, his mother may decide to forego making him do the dishes or other unnecessary chores because getting him to do them would not be worth the struggle.

    b. Have him complete simple, individual chores. Have him do chores one at a time. For example, rather than tell Adam to "clean his room" his mother should direct him to make his bed first. When that task is completed then he should be directed to pick up his things, and so forth.

    c. Use contingency contracting techniques to obtain greater compliance. That is, make privileges like watching TV, playing videogames, or going outside dependent upon the adequate completion of chores first.

    d. Adam's natural inclination is to "question authority." He is one to ask authority figures to justify why they want him to perform a task. His mother should offer some explanation but avoid getting into a debate or argument with him. Ultimately she should resort to the time honored parent justification of "Because I said so!"

e. Finally, Adam's mother will simply need patience with her son. Children with Bipolar Disorder are noisy, active children and naturally strain a parent's nerves. One of the best ways to improve her patience is to educate herself about children with this disorder. Knowledge is power and knowing about this disorder will help the mother develop more realistic expectations of her son's behavior.

6. Whenever possible the mother should use positive reinforcement strategies to improve …'s behavior. Ideally, she should give Adam tokens for good behavior he can cash in for money or privileges. His mother should make a list of desired behaviors such as, doing homework assignments, doing chores on the first request, playing quietly, and displaying patience in the face of frustration. Rewards should be given immediately or daily. Tokens can consist of admission tickets one can purchase at a party store. When … engages in a desired behavior his mother gives him a "self-control ticket." Each ticket has a monetary value (*e.g.,* 25¢ to $1.00 apiece) or "privilege time" (*e.g.,* 15-30 minutes apiece). Upon earning a ticket he can use it as money to buy something or for extra time to do things he likes to do (extra TV, videogame, computer time, etc.). The mother can work with Adam's counselor to refine this reward system.
7. Punishment should primarily be limited to time-outs and removal of privileges. When punishing a child the following should be kept in mind.
    a. Punishments should be relatively brief. The usual formula for the duration of time-outs is the child's age plus five minutes. Consequently, Adam's time-outs should last only fifteen to twenty minutes.
    b. It is best to avoid physical punishment such as smacking, slapping, swatting, and spanking. This is especially true for aggressive children.
    c. It is best to avoid yelling and screaming. Instead, use a firm, no-nonsense tone of voice.
    d. The best intervention for temper tantrums is a time-out. The general rule to follow is to keep the child in time-out until he quiets down plus five minutes. The mother should ignore banging or smashing sounds she might hear coming from the room.
    e. A reprieve contingency should be built into longer punishments. Adam should get "time off for good behavior." That is, the punishment's duration should be reduced if he behaves well while being punished.
    f. Punishments should always include debriefing discussions afterwards. That is, before letting him out of his room he should be able to identify why he was sent to his room and how he is going to behave differently next time.

Douglas Waltman Ph.D., LICDC

Psychologist
Licensed Independent Chemical Dependency Counselor