PSY640 Week Four Psychological Assessment Report

Patient's Name: Ms. S.
Date of Birth: 01/01/1985
Education: 12 years
Current Medications: None

Date of Evaluation: 07/01/2014
Age: 29 years
Occupation: Student
Handedness: Right

Evaluation Completed by: Dr. K., Licensed Psychologist
Evaluation Time: 1 hour diagnostic interview (90791); 7 hours test administration, scoring, interpretation, and report (96118 x 7)

REASON FOR REFERRAL: Ms. S. was referred by Dr. R.N. for concerns about attentional functioning.

HISTORY OF CURRENT SYMPTOMS: The symptom description and history were obtained from an interview with Ms. S. and a review of her available medical records.

Ms. S. reported a longstanding history of anxiety and depression since high school but stated her symptoms have worsened over the past year; she eventually sought treatment. She reported her anxiety continues to be moderate but is slightly improved, and her depression symptoms have improved significantly with medication. However, she stated she has also experienced problems in attention and concentration in the past several years, and these have not improved despite the noted improvements in her mood symptoms. She reported being referred for a psychiatric evaluation while in the U.S. Army due to her reports to her supervisor that she was experiencing symptoms of acute stress after hearing a gunshot that led to her discovering one of her platoon mates had committed suicide.

Summary of Previous Investigations and Findings: No previous neurological or neuropsychological evaluations.

PAST MEDICAL, NEUROLOGICAL, PSYCHIATRIC, SUBSTANCE USE HISTORY: *(Inclusive review of symptoms and disorders; only positive features listed*) Medical history is significant for reconstructive surgery for a bile duct cyst in 2009 (involving multiple surgeries), activity induced asthma, and irregular menstruation (currently treated with medication). Previous psychiatric history is reported above. Ms. S. stated she does not drink alcohol and has never used tobacco or recreational drugs. Ms. S. stated that she gained over 200 pounds after her discharge from the Army and has attempted to obtain a referral from her physician for bariatric surgery; however, reportedly, her physician has not been willing to recommend her.

BIRTH, DEVELOPMENTAL, OCCUPATIONAL HISTORY: *(Review of perinatal factors, early childhood development and milestones, academic history and achievement, employment).* Ms. S. denied any problems with her birth or development. She stated math skills were always a relative weakness for her in school, but she was never diagnosed with a learning disability or attention deficit hyperactivity disorder (ADHD). She completed high school and started college immediately after high school but quit after one year due to a lack of focus and financial strain. Subsequently, she enlisted in the army and received an honorable discharge after 9 months due to being psychologically incapable of performing her assigned duties. She worked full time as an inside salesperson until 2012, when she began working as a fitness instructor. She is currently working part time and has been taking classes at a local college; she stated she plans to enroll at a university full time in the fall semester for a bachelor's degree in social work. She has received accommodations (e.g., additional time for examinations, taking tests in a distraction free environment, etc.) at a local school this semester due to her diagnosis of generalized anxiety disorder.

FAMILY HISTORY: *(First degree relatives; only pertinent features reported).* No significant family history reported.

PSYCHOSOCIAL HISTORY AND CURRENT ADAPTATION: *(Current living situation, social relationships, activities of daily living)* Ms. S. is married and lives with her husband. She has no children. She remains fully independent in all activities of daily living. She stated her hobbies tend to focus on

physically demanding activities such as running or working out. She also stated she enjoys riding her horse and has a large network of social support.

CURRENT EXAMINATION: *Review of records; Clinical Interview; Cognitive Assessment: Wechsler Adult Intelligence Scale-IV (WAIS-IV); Achievement Assessment: Nelson-Denny Reading Test (Form G), Wide Range Achievement Test-4 (WRAT-4); Information Processing: Lexical Fluency, Semantic Fluency, Digit Span, Ruff 2 & 7 Selective Attention Test, Trail Making Test, California Verbal Learning Test-II (CVLT-II), Stroop Color Word Test, Wisconsin Card Sorting Test; Personality Assessment: Minnesota Multiphasic Personality Inventory–2–Restructured Form (MMPI-2-RF); Mood: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI)*

BEHAVIORAL OBSERVATIONS:

Ms. S. arrived on time for her appointment and was unaccompanied. She was casually dressed, neatly groomed, and her social skills were appropriate. She was fully cooperative throughout the evaluation. Frustration tolerance and task persistence during testing were preserved. There were no behavioral indications of a depression, and a full range of affect was demonstrated. However, Ms. S. appeared highly anxious at the onset of the evaluation and throughout the testing on specific measures (e.g., mental arithmetic) that she perceived as difficult for her. Her anxiety negatively impacted her performance on some measures.

The results of this evaluation are considered reliable and valid for interpretation.

SUMMARY OF FINDINGS:

Raw test scores and standard scores for all measures are listed at the end of the report.

1. Cognitive Ability: Ms. S.'s cognitive functioning is within at least the average range based on her performance on the majority of subtests in both verbal and non-verbal (performance) areas on the WAIS-IV. A mild relative weakness was noted on several subtests where she performed in the low average range, but this was most likely secondary to anxiety and therefore her cognitive ability scores are likely an underestimation of her true level of functioning.

2. Achievement: With the exception of math computation, which was an area of significant weakness for her, Ms. S. performed in the expected range on other tests of achievement including reading, spelling, and sentence comprehension. On the Nelson Denny Timed Reading Test, she demonstrated a slight but significant benefit from extended time administration (i.e., the total score improved from 37th to 47th percentile). However, her performance on the reading comprehension subtest in both conditions was still below expectation based on her educational level and was likely compromised by her anxiety causing reduced attention.

3. Information Processing:

a. Attention: Ms. S.'s scores on measures of simple attention and working memory were variable, but generally within at least the average range. Her performance was reduced on the arithmetic subtest of the WAIS-IV, but this is likely related to her significant weakness in calculations (as it was also seen on a written calculation test), rather than a working memory impairment. On measure of sustained attention (Ruff 2 & 7 Selective Attention Test), her performance in the areas of speed and accuracy were consistent with that of an individual with ADHD at the 0.01 significance level.

b. Language: Speech was fluent and adequately articulated, and there was no indication of any type impairment in auditory communication or expressive language.

c. Visuospatial abilities: No evidence of hemispatial neglect, object agnosia, or other visuospatial deficits.

d. Memory: There was no evidence of a primary retentive memory problem, but Ms. S. demonstrated a mild impairment in initially learning an attention-demanding word list. However, she retained all of the information she had encoded after a delay, and her overall performance was intact. Similarly there was no indication of a retentive memory disturbance for narrative story or figural information on the WMS-IV.

e. Executive functions: Reasoning, planning, and response inhibition were all generally intact. She showed a mild impairment in problem solving on the WCST due to loss of set errors; however, Ms. S. was highly anxious during this test, and that was the likely reason for her poor performance.

4. Personality and Mood: Ms. S. completed the MMPI-2-RF and obtained a valid profile, although her responses on the latter part of the test suggested an exaggerated pattern of reporting; this may be related to her overall level of anxiety and her consequently reduced attention span. Her responses on the basic clinical scales indicate she is experiencing a high degree of psychological distress at this time, including symptoms of tension, depression, and agitation over problems in her environment. She may have some strained interpersonal relationships, and individuals with this profile often feel alienated from others. Her responses suggest she has a somewhat pessimistic outlook on life at this time and may be angry about her personal situation, and at times she may have a tendency to blame others for her problems. While open to psychological treatment, she should be cautious about not terminating treatment too early once her current situational stress is reduced. Ms. S.'s score on the BAI indicated subjective anxiety in the severe range. Her score on the BDI-II indicated mild to moderate depressive mood; however, depressive symptoms did not meet criteria for a depressive disorder.

IMPRESSION/RECOMMENDATIONS:

The test results are consistent with impairments in sustained attention and working memory within the context of an overall at least average level of general intellectual functioning, which are most likely secondary to her diagnosis of generalized anxiety disorder (300.2). The test findings also showed a significant weakness in math skills that would be consistent with a diagnosis of mathematics disorder (315.1) that has likely been present since childhood.

The results of this evaluation indicate Ms. S. meets criteria for a disability relative to her peers and therefore is eligible for appropriate accommodations. The following testing accommodations are recommended:

1. That she be given 100 percent (double time) additional time to complete examinations because of reduced reading comprehension secondary to her anxiety disorder. She should also be allowed to take tests in a separate room to reduce the level of distraction.

2. That she be allowed to use a calculator on standardized testing (e.g., GRE) due to her diagnosis of mathematics disorder.

3. That she be given extra rest breaks during prolonged standardized testing (e.g., GRE) because of the above-noted disabilities.

In addition to the above academic specific recommendations, the following is also recommended to improve her functioning in day-to-day activities of daily living:

4. Although her ability to retain information once it is learned is intact, it is likely the functional memory problems she is experiencing are due to weaknesses in new learning/encoding as the result of attentional factors. Therefore, utilizing behavioral strategies such as the following to facilitate increased attention and recall of newly acquired information in her daily life may be beneficial:
    - Take frequent rest breaks from tedious work.

- Try to make your work environment as distraction-free as possible, such as working in a corner "cubicle" rather than in the middle of the room, or using noise-cancelling headphones when trying to focus on an attention-demanding task.
- Use written reminders and notes to support verbal learning and recall. If attempting to learn something that you are reading, take written notes while reading, and then review these afterwards.
- Work on one task at a time until completed. Try to minimize multitasking environments.
- Write down all important information and upcoming events in one central location, such as a daily planner or appointment book. Do not use sticky notes or other individual pieces of paper to keep track of things, as these are easily lost or mixed up.
- Keep your personal belongings in the same place in your home. Train yourself to put your wallet, keys, and so forth, in this spot immediately upon entering the house.

5. Ms. S. is welcome to schedule a follow-up one-hour appointment to review and discuss the results of this evaluation.

_____, Ph.D., ABPP-CN
Board Certified Neuropsychologist
Licensed Clinical Psychologist

cc: Dr. RN

Ms. S.

TESTING SUMMARY:	Raw test scores	Normative data	Current Level*
GENERAL FUNCTIONING			
WAIS-IV			
Full Scale IQ	--	SS = 89	Low Average-Average
Verbal Comprehension	--	SS = 88	Low Average-Average
Perceptual Reasoning	--	SS = 86	Low Average
Processing Speed	--	SS = 92	Average
Working Memory	--	SS = 86	Low Average
ATTENTION/PROCESSING SPEED			
WAIS-IV Coding	--	ss = 9	Average
WAIS-IV Symbol Search	--	ss = 8	Average
WAIS-IV Digit Span	5 F, 6 B	ss = 9	Average
WAIS-IV Arithmetic	--	ss = 6	Low Average
Semantic Fluency (total)	23 words	T = 66	Superior
FAS Test (average)	14 words	T = 57	High Average
Trail Making Test Part A	34"	T = 43	Average
Trail Making Test Part B	55"	T = 60	High Average
Ruff 2 & 7 Total Speed	--	T = 40	Low Average
Ruff 2 & 7 Total Accuracy	--	T = 52	Average
Stroop Color Word Score	--	T = 50	Average
VISUOSPATIAL			
WAIS-IV Block Design	--	ss = 7	Low Average
WAIS-IV Visual Puzzles	--	ss = 8	Average
Target Cancellation time (errors)		120" (0)	Within Normal Limits
LANGUAGE			
WAIS-IV Vocabulary	--	ss = 7	Low Average
WAIS-IV Information	--	ss = 8	Average
MEMORY			
CVLT-II			
Learning Trial 1	5/16	z = -1.5	Mild Impairment
Learning Trial 5	14/16	z = 0	Average
Interference Trial	5/16	z = -1.0	Low Average
Short Delay Recall	13/16	z = 0.5	Average
Long Delay Recall	14/16	z = 0.5	Average
Recognition	16/16	z = 0	Average
WMS-IV			
Logical Memory I	21/50	ss = 8	Average
Logical Memory II	19/50	ss = 9	Average
Visual Reproduction I	30/43	ss = 6	Low Average
Visual Reproduction II	19/43	ss = 8	Average
EXECUTIVE FUNCTIONS			
WAIS-IV Similarities	--	ss = 9	Average
WAIS-IV Matrix Reasoning	--	ss = 9	Average
WCST Categories (64 cards)	3/6	z = -1.4	Mild Impairment

*Based on age and/or education-matched normative data (as available)

SS = standard score; mean = 100, standard deviation = 15
ss = scaled score; mean = 10, standard deviation = 3
T = T-score; mean = 50, standard deviation = 10
z = z-score; mean = 0, standard deviation = 1

NELSON-DENNY READING TEST (Form G) - Standard Time Administration			
	Scaled Score	**Grade Equivalent**	**Percentile** (Grade 12, end of year norms)
Vocabulary	SS = 209	GE = 13.2	55%
Reading Comprehension	SS = 185	GE = 9.3	22%
TOTAL	SS = 197	GE = 11.1	37%
Reading Rate	SS = 193		37%

NELSON-DENNY READING TEST (Form G) - Extended Time Administration			
	Scaled Score	**Grade Equivalent**	**Percentile** (Grade 12 norms)
Vocabulary	SS = 214	GE = 13.8	62%
Reading Comprehension	SS = 190	GE = 9.7	28%
TOTAL	SS = 204	GE = 12.3	47%

WIDE RANGE ACHIEVEMENT TEST-4		
	Grade 12 Norms	
	SS	**Level**
Word Reading	SS = 97	Average
Sentence Comprehension	SS = 90	Average
Spelling	SS = 100	Average
Math Computation	SS = 56	Severe Impairment