



Strategic Psychological Services  
1035 Post Road  
Warwick, RI 02888  
401-785-0040

## PSYCHOLOGICAL EVALUATION

### -Confidential Report-

**Patient Name:** Jennifer Chapman  
**Date of Birth:** 2/14/1968  
**Current Age:** 52 years-old  
**Date of Intake:** 10/26/2020  
**Date of Evaluation:** 11/3/2020  
**Date of Feedback:** 11/30/2020  
**Psychologist:** Crystal Dussault-Felipe, Ph.D., NCSP

#### Purpose of Assessment and Reason for Referral

Jennifer was referred for an evaluation due to concerns with focus and concentration. Upon interview, Jennifer reported difficulties with attending to details, sustaining attention and task completion. She endorsed concerns with disorganization, procrastination, misplacing items and being easily distracted. Jennifer reported feeling anxious in social situations and worrying about being negatively evaluated by others. She reported a history significant for childhood trauma and symptoms including: intrusive memories, flashbacks, avoidance of triggers, a general mistrust of others, self-blame and negative beliefs about self.

The purpose of this evaluation is to help determine appropriate treatment recommendations.

#### Relevant Background Information

Jennifer reported being divorced and currently single. She has two adult sons. Jennifer resides alone. She is employed full-time as a data analyst. Jennifer's highest level of education is a post-graduate diploma in computing. She also holds a Bachelor's degree in Japanese.

Jennifer reported having previously been diagnosed with Post-Traumatic Stress Disorder (PTSD). She is not currently being prescribed any type of psychotropic medication. Jennifer reported having previously participated in outpatient counseling approximately 1.5 years ago. She denied a history of inpatient mental health treatment. Jennifer's reported family history of mental health is significant for Depression.

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Jennifer is reportedly in good health and reported having had one concussion as a child. She denied any recent alcohol use. Jennifer reported prior Marijuana use but denied any use in the past month. She reported consuming approximately two cups of coffee daily. Jennifer reported sleeping for ten hours most nights. She described her appetite as “normal.”

### **Assessment Procedures**

- Clinical Interview with patient
- Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)
- Wide Range Assessment of Memory and Learning- Second Edition (WRAML-2); selected subtests
- Conner’s Continuous Performance Test- Third Edition (CPT3)
- Screen for Adult Anxiety Related Disorders (SCAARED)
- Beck Depression Inventory-2 (BDI-2)
- Post-Traumatic Stress Disorder Checklist for DSM 5 (PCL-5)
- Barkley Deficits in Executive Functioning Scales- Self Report (BDEFS-LF)
- Conner’s Adult ADHD Rating Scale-Self Report (CAARS-S:S)
- Conner’s Adult ADHD Rating Scale-Observer Report (CAARS-O:S)

### **Behavioral Observations**

Jennifer was polite and cooperative throughout the assessment process. She presented with a positive attitude and expressed an interest in the testing tasks. Jennifer generally remained on-task and her activity level was typical for her age. She did not demonstrate an impulsive approach to tasks. Jennifer’s eye contact was integrated appropriately with verbal communication. She put forth good effort and approached tasks in an organized manner. Jennifer persisted when presented with challenging tasks and demonstrated a high frustration tolerance.

Overall, Jennifer was easy to engage and pleasant to work with.

## TEST RESULTS

### Cognitive and Memory Testing

#### **Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)**

The WAIS-IV is designed to assess the intellectual functioning of adults who are 16 years of age or older. It provides a measure of general intellectual functioning, called the Full-Scale IQ (FSIQ). It also assesses four indexes of intelligence, which will be discussed below. Jennifer's Full-Scale IQ score was assessed in the *Very Superior* range of functioning. The following table summarizes the results of Jennifer's scores on the WAIS-IV:

<b>Indexes and Subtests</b>	<b>Standard Score/Scaled Score</b>	<b>Percentile</b>
Full Scale	141	99.7
Verbal Comprehension Index	132	98
Similarities	14	91
Vocabulary	17	99
Information	15	95
Perceptual Reasoning Index	136	99
Block Design	15	95
Matrix Reasoning	15	95
Visual Puzzles	19	99.9
Working Memory Index	142	99.7
Digit Span	18	99.6
Arithmetic	17	99
Processing Speed Index	117	87
Symbol Search	11	63
Coding	15	95

Jennifer's Verbal Comprehension Index Score (VCI) fell in the *Very Superior* range. Her ability to describe similarities between words with common characteristics (Similarities), her ability to define words aloud (Vocabulary) and her range of general factual knowledge (Information) was assessed to be above age-expectations, scoring better than 98% of her peers.

The Perceptual Reasoning Index (PRI) measures Jennifer's ability to evaluate visual detail, to understand spatial relationships, and to integrate visual-motor skills. Jennifer's PRI score was assessed in the *Very Superior* range of functioning. Her visual-spatial problem-solving skills (Block Design), her visual-spatial reasoning skills (Visual Puzzles) and her non-verbal inductive reasoning skills (Matrix Reasoning) were assessed to be above age-expectations scoring better than 99% of her peers.

Jennifer's Working Memory Index (WMI) was assessed to be in the *Very Superior* range of functioning. She performed above age-expectations on a task requiring her to solve word problems that are presented verbally within a time frame (Arithmetic) and on a task measuring working memory, attention, encoding, and auditory processing (Digit Span), scoring better than 99.7% of her peers.

The Processing Speed Index (PSI) measures speed of decision and grapho-motor processing. Jennifer's PSI score was in the *High Average* range of functioning. Jennifer performed within age-expectations on a task measuring her ability to differentiate visual details (Symbol Search), scoring better than 63% of her peers. On a task measuring associative memory and grapho-motor speed (Coding), Jennifer scored above age-expectations better than 95% of her peers.

**Wide Range Assessment of Memory and Learning- Second Edition (WRAML-2)**

Jennifer completed selected subtests from the WRAML-2 to assess her verbal, visual, and attention/concentration skills. Jennifer's performance is summarized in the following table:

Indexes and Subtests	Scaled Score	Percentile
General Memory	118	88
Verbal Memory	123	94
Story Memory	13	84
Verbal Learning	15	95
Visual Memory	109	73
Picture Memory	9	37
Design Memory	14	91
Attention/Concentration	109	73
Finger Windows	10	50
Number Letter	13	84

Jennifer's General Memory skills were assessed to be in the *High Average* range.

Jennifer's score on the Verbal Memory Index fell within the *Superior* range. On a task requiring her to recall details of a story after being read to her (Story Memory) and on a task requiring her to recall a series of words read to her (Verbal Learning), Jennifer scored above age-expectations, better than 94% of her peers.

Jennifer's Visual Memory Index score fell within the *Average* range. On a task requiring her to replicate a series of designs shown to her (Design Memory) Jennifer scored above age-expectations, better than 91% of her peers. On a task requiring her to look at a stimulus picture for a short time and then look at a similar picture and identify differences (Picture Memory), Jennifer scored within age-expectations, better than 37% of her peers.

Jennifer's score on the Attention/Concentration Index fell in the *Average* range. When asked to recall a series of numbers and letters read to her (Number Letter) Jennifer scored above age-expectations, better than 84% of her peers. On a task requiring visual attention (Finger Windows), Jennifer scored within age-expectations, better than 50% of her peers.

## Computer-Based Assessments

### **Conner's Continuous Performance Test- Third Edition (CPT3)**

The CPT3 is a computer-based test that assesses attention-related problems. The CPT3 is designed to be a repetitive task which assesses an individual's ability to maintain focus over time. The CPT3 presents targets to the examinee and the examinee must hit the space bar with certain targets and refrain from hitting the space bar when other targets are displayed.

Overall, Jennifer's performance on this task was *average*, however, there was some indication of difficulties with maintaining attention on trials with longer intervals between stimuli.

<b>Measure</b>	<b>T-Score</b>	<b>Interpretation</b>
Detectability	47	Average ability to differentiate targets from non-targets
Omissions	47	Average rate of missed targets
Commissions	44	Good performance; below average rate of incorrect responses to non-targets
Perseverations	46	Average rate of random, repetitive or anticipatory responses
HRT	48	Average mean response speed
HRT SD	57	Slight inconsistency in reaction times
Variability	46	Average variability in reaction time consistency
HRT Block Change	54	Average change in response speed in later blocks
HRT ISI Change	73	Very substantial reduction in response speed at longer ISIs

## Behavior Rating Scales

### **Barkley Deficits in Executive Functioning Scale: Self-Report (BDEFS)**

The BDEFS is used to evaluate dimensions of adult executive functioning in daily life. The following table summarizes the results of the BDEFS.

<b>Scales</b>	<b>Percentile</b>	<b>Description</b>
Self- Management of Time	97	Moderately deficient
Self-Organization/Problem -Solving	97	Moderately deficient
Self -Restraint	92	Borderline deficient
Self -Motivation	98	Moderately deficient
Self -Regulation of Emotion	89	Borderline deficient
<b>ADHD-EF</b>	<b>99</b>	<b>Clinically Significant</b>

Specifically, Jennifer's responses indicated *moderately deficient* concerns with procrastination, time management, planning, task completion (Self-Management of Time), organization, being easily distracted, focus, concentration (Self-Organization/Problem Solving), motivation and the ability to work toward delayed rewards (Self-Motivation).

Jennifer's responses resulted in a *borderline deficient* concern with impulsivity, impatience, quickness to react (Self-Restraint) and emotional regulation (Self-Regulation of Emotion).

**Conner's Adult ADHD Rating Scale-Self Report (CAARS-S:S)**

The CAARS Self-Report is a rating scale used to assess symptoms related to Inattention/Memory Problems, Hyperactivity/Restlessness, Impulsivity/Emotional Lability, Problems with Self-Concept and ADHD Index scores. Jennifer's responses resulted in the following scores:

Scales	T-Score	Description
Inattention/Memory Problems	75	Markedly Atypical
Hyperactivity/Restlessness	54	Average
Impulsivity/Emotional Lability	54	Average
Problems with Self-Concept	68	Moderately Atypical
ADHD Index	69	Moderately Atypical

Jennifer's responses resulted in a *markedly atypical* score indicating difficulties with attention, concentration, distractibility, task completion, disorganization and memory (Inattention/Memory Problems).

Jennifer's responses resulted in *moderately atypical* scores indicating difficulties with maintaining relationships, low self-esteem (Problems with Self-Concept) and an overall moderate risk of having ADHD (ADHD Index).

**Conner's Adult ADHD rating Scale-Observer Report (CAARS-O:S)**

The CAARS Observer-Report is a rating scale used by an observer to assess symptoms related to Inattention/Memory Problems, Hyperactivity/Restlessness, Impulsivity/Emotional Lability, Problems with Self-Concept, and ADHD Index scores. Jennifer's observer completed the CAARS Observer Report and the following table displays the scores:

Scales	T-Score	Description
Inattention/Memory Problems	88	Markedly Atypical
Hyperactivity/Restlessness	60	Slightly Atypical
Impulsivity/Emotional Lability	47	Average
Problems with Self-Concept	78	Markedly Atypical
ADHD Index	75	Markedly Atypical

Specifically, Jennifer's observer's responses resulted in *markedly atypical* scores indicating difficulties with maintaining attention, task completion, memory, distractibility (Inattention/Memory Problems), low self-esteem, difficulties with relationships (Problems with Self-Concept) and an overall risk of having ADHD (ADHD Index).

Jennifer's observer's responses resulted in a *slightly atypical* score indicating difficulties with being fidgety, restless, and often "on the go" (Hyperactivity/Restlessness).

## **Social and Emotional Screening**

### **Screen for Adult Anxiety Related Disorders (SCAARED)**

The SCAARED is a multiple-choice self-report inventory that is used for measuring anxiety symptoms in adults.

On the SCAARED, Jennifer's response pattern indicated *elevated* Total Anxiety, Generalized Anxiety, Separation Anxiety and Social Phobia scores.

### **Beck Depression Inventory-2 (BDI-2)**

The BDI-2 is a multiple-choice self-report inventory that is used for measuring symptoms depression in adults. On the BDI-2, Jennifer's response pattern indicated *minimal* depression symptoms.

Upon interview, Jennifer reported having previously experienced suicidal ideations as a child. She denied currently experiencing suicidal ideations.

### **Post-Traumatic Stress Disorder Checklist for DSM 5 (PCL-5)**

The PCL-5 is a self-report measure that assesses the 20 DSM-5 symptoms of PTSD. It is often used to screen individuals for PTSD.

Jennifer's response pattern on the PCL-5 indicated that she would benefit from treatment focusing on PTSD.

## CLINICAL SUMMARY AND IMPRESSIONS

### Summary and Diagnostic Impressions

Jennifer is 52 years-old. Jennifer was referred for an evaluation due to concerns with focus and concentration. Upon interview, Jennifer reported difficulties with attending to details, sustaining attention and task completion. She endorsed concerns with disorganization, procrastination, misplacing items and being easily distracted. Jennifer reported feeling anxious in social situations and worrying about being negatively evaluated by others. She reported a history significant for childhood trauma and symptoms including: intrusive memories, flashbacks, avoidance of triggers, a general mistrust of others, self-blame and negative beliefs about self.

Testing revealed that Jennifer's overall cognitive ability fell within the *Very Superior* range. Specifically, she scored in the *High Average* range on Processing Speed tasks. In comparison to the other indexes in which Jennifer scored in the *Very Superior* range, this may indicate that Jennifer's ability to process visual information in an efficient manner without making errors is a relative weakness.

Jennifer's overall General Memory ability fell within the *High Average* range. Specifically, she scored in the *Superior* range on Verbal Memory tasks indicating that her ability to recall information that is presented verbally is an area of strength.

The results of a computer-based attention test (CPT 3) were *average*, however, there was some indication of difficulties with maintaining attention on trials with longer intervals between stimuli.

Rating scales completed by Jennifer and an observer indicated *moderate* to *marked* difficulties with time management, organization, problem solving, motivation and inattention. Social-emotional screeners completed by Jennifer resulted in *minimal* depression symptoms, *elevated* symptoms of anxiety and *elevated* symptoms of PTSD.

Based on the results of this evaluation, I offer the following diagnosis:

- F90.0 Attention Deficit Hyperactivity Disorder-Inattentive Presentation

Based on Jennifer's reported history of trauma and prior diagnosis it is likely that her anxiety symptoms are best explained by:

- F43.10 Post-Traumatic Stress Disorder



## Recommendations

1. Counseling is recommended for Jennifer in order for her to learn coping skills and techniques to manage her symptoms. Jennifer is encouraged to seek individual counseling support.
  - a. Strategies to manage ADHD symptoms that may be helpful for Jennifer include:
    - i. write down information - notebooks (use more for self projects not just work)
    - ii. take frequent breaks -
    - iii. use a white noise machine - video game music
    - iv. complete one task at a time - need to work on
  - b. Strategies to manage PTSD symptoms that may be helpful to Jennifer include:
    - i. Cognitive Processing Therapy or - ? what is this
    - ii. Eye Movement Desensitization and Reprocessing (EMDR) - spin
2. Jennifer may benefit from the use of psychotropic medication to treat her symptoms. Jennifer is encouraged to share the results of this evaluation with either her Primary Care Physician (PCP), a Psychiatrist or a Psychiatric Nurse Practitioner in order to discuss medication options. - Want to try but not sure. Exercise Alcohol marijuana | sleep
3. Jennifer should utilize a complete approach to treatment. Specifically, she should ensure that she takes steps to live a healthy life-style, while maintaining treatment with a therapist and a psychotropic medication provider. diet - food prep
4. Should Jennifer decide to further her education, she is encouraged to share the results of this evaluation with the educational institution she chooses to attend. She may qualify for the following accommodations:
  - a. Testing:
    - i. Extended time on tests and assignments
    - ii. Testing in a separate and quiet location
  - b. Lectures:
    - i. Permission to record lectures or assistance with writing class notes.
    - ii. Provide a copy of lecture notes/presentation slides.

It was truly a pleasure working with Jennifer. I would welcome any questions you may have. Please do not hesitate to contact me if I can be of any further assistance.



Crystal Dussault-Felipe, Ph.D., NCSP  
Licensed Psychologist  
Nationally Certified School Psychologist