

KEIL PSYCH GROUP PSYCHOLOGICAL ASSESSMENT EXAMPLE
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IDENTIFYING INFORMATION:

Name: Johnny Tsunami	Gender: Male
MRN#: XXXXXXXXXXXXX	Grade: 9 th
DOB: XX/XX/XXXX	Age: 15 years
Primary Language: English	
Examiner: Mitch Keil, PSYD	
Date(s) of Assessment: 10/16/2015 (6.5 hours)	
Date of Report: 10/20/2015	

REASON FOR REFERRAL:

Johnny Tsunami is a 15-year-old, Caucasian adolescent male referred for psychological evaluation by his psychiatrist, XXXX XXXXXX, M.D. and primary psychologist XXXXX XXXXXX, Psy.D., for the purpose of diagnostic clarification and treatment planning. His treating psychologist reported that Johnny has a history of depression and anxiety, however, more recently Johnny has begun reporting mania-like symptoms. With a family history of bipolar disorder, his treatment team requested a full psychological evaluation in order to better understand Johnny's symptoms, provide a clearer diagnosis and offer recommendations for treatment.

ASSESSMENT MEASURES ADMINISTERED:

Assessment Instrument	Date of Administration
Clinical Interview	10/16/2015 (30 minutes)
Wechsler Intelligence Scale for Children-V (WISC-V)	10/16/2015 (1.5 Hours)
Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)	10/16/2015 (1 hour)
Roberts-2	10/16/2015 (1.5 hours)
K-SADS Mania Rating Scale	10/16/2015 (45 minutes)
Beck Youth Inventories- Second Edition (BYI-II)	10/16/2015 (45 minutes minutes)
Achenbach Youth Self-Report Inventory	10/16/2015 (30 minutes)
House-Tree-Person Projective Test	10/16/2015 (15 minutes)
Rotter's Incomplete Sentence Projective Test	10/16/2015 (10 minutes)
Clinical Interview with Mother	10/23/2015 (1 hour)

CURRENT MEDICATIONS:

Lexapro (Escitalopram) 15mg/Daily

BIOPSYCHOSOCIAL HISTORY:

Developmental History: According to Johnny's mother, Mrs. Tsunami, Johnny met all developmental milestones on time, however, she feels that he was slightly delayed in talking. Although Johnny met this developmental milestone within normal limits she believes that she experienced it as delayed because his older sister's talked at an earlier age. She indicated no issues with her pregnancy and no complications at birth.

Family History: Johnny was born into a single parent home in Los Angeles, California where he was raised by his mother until the age of 2. He has two sisters, one older (XX) and one younger (XX); both from different fathers. Johnny was conceived while his mother and biological father were in high-school. His father ended contact soon after and only visited Johnny a handful of times while he was an infant. Johnny has two paternal half-brothers, although he has never met or contacted these siblings. Johnny's mother met and married XXXXX when Johnny was 2 years old and Johnny considers XXXXXX to be his father. Mr. and Mrs.'s Tsunami ended the relationship 10 years later, with some periods following in which Johnny lived with his mother, his father, or both parents for a time. At this time, Mr. Tsunami is the primary caretaker of Johnny and his parents are pursuing a divorce. Both parents are teachers at a community college and continue to have what Mrs. Tsunami describes as a "friendly" and "co-parental" relationship. Additionally, Johnny and his sisters continue to reside in the step-fathers home and were not displaced during the course of the divorce, which is still pending finalization. Mrs. Tsunami states that she has a "good relationship" with Johnny, his sisters and Mr. Tsunami, visiting near daily. When Johnny was asked about whom he feels closest he stated "Neither, really...I don't talk to them much about what's going on, just small talk." Johnny states that he has a "good" relationship with his younger sister but "gets into a lot of arguments" with his older sister.

Medical History: Johnny states that he has no known medical conditions except for seasonal allergies.

Educational History: According to both Johnny and his mother, Johnny was a typical student who performed well up until the 5th grade. At that time, Mrs. Tsunami noticed that he began experiencing social difficulties related to what she described as "social awkwardness" and "trouble making friends." Although he kept up with his school work, she believes that he had trouble integrating with peers and developing relationships with the other students. Mrs. Tsunami also noticed that he lacked interest in activities that the other kids seemed to enjoy. She described that he appeared "disinterested in things," "disconnected" and "lonely." As he began withdrawing more and exhibiting signs of what she considers to be his first depressive episode, his parents withdrew him from school and enrolled him in home-school for a semester. After the semester was completed and he returned to school, he continued to experience signs and symptoms of depression and what his mom considers "severe anxiety."

Starting in 6th grade, Johnny called his mother almost daily, crying, stating he was having "anxiety attacks" and as a result, running away from school. Mrs. Tsunami reports that although his teachers considered him "highly capable," he was consistently under-performing as a result of his emotional struggles. In addition, Johnny has an established 504 plan for school. Currently, in his 9th grade year, Johnny has continued to experience the same struggles including social difficulties, possible bullying, and trouble getting up and going to school. Mrs. Tsunami described many mornings in which he refused to go to school and experienced significant anxiety at the prospect of interacting with friends. Johnny briefly alluded to some bullying issues that he has experienced at school when he disclosed to some friends that he was struggling with depression. The only class he was motivated and roughly consistent with was his music class, in which he developed a good relationship with the teacher. He and his mother believe that he had "white knuckled" his way through the first semester before withdrawing in the summer of 2015, and enrolling in an online, home-school program called XXX XXXX XXXXXX XXXXX. Johnny states that he likes the home-school program and the freedom it affords him.

Family Psychiatric History: Although they have no contact, Mrs. Tsunami recalls Johnny's biological father struggling with severe depression, anxiety and insomnia. She also indicated that she experiences generalized anxiety and depression; she further notes a diagnosis of bipolar disorder but does not find it accurate. Johnny has a maternal grandfather who has been diagnosed with depression and a maternal uncle diagnosed with both anxiety and depression. Johnny's maternal grandfather has two siblings that

were both diagnosed as paranoid schizophrenia. Lastly, Johnny's paternal grandfather was treated for alcohol abuse and dependence.

Psychiatric History and Course of Treatment: Johnny's first experience of psychiatric symptoms started in 5th grade when he began exhibiting signs and symptoms of depression, specifically, social difficulties, withdraw from peers and general gloominess which his mother characterizes as "disinterest" and "disconnection." It was also during this time that Johnny began struggling with insomnia, which has been a consistent clinical concern. Johnny began treatment for these ongoing issues in March, 2014. At that time, Johnny stated "I'm sad all the time, nothing makes me happy...I don't feel motivated anymore and doing anything feels like a lot." Johnny reported significant symptoms consistent with depression and anxiety. Ultimately, Johnny sought individual therapy and medication management. He is presently diagnosed with MDD and GAD and is prescribed Lexapro.

Johnny supplemented treatment with the Senior High Coping Skills group, though his depressive symptoms worsened he was hospitalized in April, 2015. Following this hospitalization, it appears Johnny achieved some stabilization in symptoms but he continued to refuse to attend school. Johnny continued individual therapy and various groups offered at Kaiser Permanente including the Adolescent Senior High Group. Although his depressive symptoms appeared to have stabilized, he continued to report disturbances in sleep and ongoing anxiety. At this time, there remain some concerns with medication compliance, ongoing sleep difficulty and anxiety.

In the present evaluation, Johnny disclosed that "his insomnia has been getting worse" since the beginning of last year and is quite distressed by it. He endorsed feeling a significant amount of "anxious energy" at night and has difficulty falling asleep but not staying asleep. When he is unable to sleep, he tends to both listen to and play music until the early morning hours when he begins feeling tired. His step-father noticed that he is able to fall asleep at a regular time on days in which he has "thoroughly exhausted himself" skateboarding or being active outdoors. When asked about his current depressive symptoms, Johnny continues to feel that he is "doing better" but also noted that recently he has not been medication adherent. Johnny's primary concern is his difficulty sleeping related to his "anxious energy" at night.

Substance Use History: Johnny indicated that he has been using Marijuana since November of 2014 with use varying between 1 and 4 times per week. His mother believes that he "smokes regularly" and he has disclosed to her that it "helps with anxiety and depression." Mom believes that it truly has helped with his symptoms due to the fact that he has not been reaching out in distress or crying since he began using. Although his mother has not spoken with him directly about the use, she feels that she "sends him the message that she knows but that she is not going to stop him."

BEHAVIORAL OBSERVATIONS:

Johnny Tsunami is a 15-year-old male of average height and weight. He arrived to the testing appointment on time accompanied by his step-father. Johnny has your typical adolescent "skateboarder" look, wearing a red sweatshirt, faded Tsunami jeans and red worn-in shoes. He wears small Tsunami, full-framed glasses and coming out of the top of his sweatshirt were a pair of white headphones that hung down on his chest. During the initial intake, Johnny appeared apprehensive about disclosing information and engaging with the examiner, mirroring his father's hesitant, suspicious demeanor. When his father left the room to wait in the lobby, Johnny became increasingly engaged and built rapport with the examiner quickly and easily. He also exhibited consistent motivation in the clinical interview and the testing that followed. Johnny stated that although he had struggled with sleep the night before he felt refreshed and engaged at the time of the appointment and demonstrated clear, consistent motivation

throughout the testing. In fact, Johnny required few breaks throughout the entire six and a half hour appointment and worked diligently on the tests administered. Johnny became increasingly conversational towards the end of the testing appointment, often times engaging the examiner in a discussion of his hobbies and favorite music.

During the administration of the cognitive tasks, Johnny appeared to be quite distressed when reaching his limit on certain tasks at which point he would begin to berate himself for his performance. Johnny often stated “I just don’t get it [sigh]”, “I am terrible at this” and “I can’t believe I suck this much.” Even after the examiner offered support and praise for effort, he continued to exhibit poor self-talk and increased psychomotor agitation (e.g. leg bouncing, fidgeting with hands). Johnny appeared to be open, honest and forthright in his responding to the social/emotional and personality inventories. He was also able to offer details and rich descriptions to assessment measures aimed at understanding a variety of clinical features.

TEST RESULTS

Cognitive Functioning

Wechsler Intelligence Scale for Children-V (WISC-V)

The WISC-V is a widely used test of cognitive ability designed for children and adolescents between the ages of 6 and 17. A child’s overall cognitive ability (FSIQ) can be inferred from performance on a series of tasks. The tasks and questions included measure different aspects of cognitive functioning and are categorized into five index scales that measure different subtypes of cognitive ability. Performance on individual subtests also provides information about specific skills, strengths and weaknesses.

A measure of Johnny’s overall cognitive functioning placed him into the 87th percentile and High Average Range (FSIQ = 117). Performance on individual Index’s and a careful analysis of his strengths and weaknesses follow.

The Verbal Comprehension Index (VCI), a measure of crystallized intelligence and represents Johnny’s ability to access and apply acquired work knowledge. Specifically, this score reflects his skill in verbalizing meaningful concepts, thinking about verbal information, and expressing himself using words. Overall, Johnny’s performance on this subtest was much higher than most children his age and a personal strength when compared to both his overall ability and his performance on other subtests. In fact, his performance was in the 96th percentile and considered to be in the Very High Range (VCI = 127). His performance in this domain suggests strong abilities in formulating verbal descriptions of abstract information or concepts, storing language based information and applying this information in order to solve problems or express himself.

The Visual Spatial Index (VSI) measured Johnny’s ability to evaluate visual details and understand visual spatial relationships in order to construct geometric designs from a model. This skill requires visual spatial reasoning, integration and synthesis of part-whole relationships, attentiveness to visual detail, and visual-motor integration. Johnny’s VSI score was in the High Average Range, 77th percentile (VSI = 111). Although his performance on the two tasks that make up the VCI are similar, he did perform slightly better on the task called Visual Puzzles (84th percentile) which required him to view a completed puzzle and select three pieces that together would reconstruct the puzzle. This suggests that his mental rotation skills and ability to understand part-whole relationships may be stronger when there is less of a demand on visual-motor coordination and less overt time constraints, as in the Block Design task (63rd percentile). Factors that could have an impact on this particular task are anxiety related to time constraints, rate of motor activity, and motivation and persistence. Johnny appeared to struggle more and exhibit increased psychomotor agitation, poor self-talk, frustration and concern about his performance on this task as compared to others.

The Fluid Reasoning Index (FRI) examined Johnny’s ability to be adaptable and solve problems even in unfamiliar situations and to determine the underlying rules or patterns involved in successfully solving various equations. Many who refer to “street smarts” are in fact describing a version of Fluid Intelligence in which one has to think “outside the box” in a nonlinear fashion. The FRI was Johnny’s lowest subtest performance and a relative weakness when compared to his other subtests scores, 58th percentile (FRI = 103). However, it is important to mention that his score is still within the Average Range and is what would be expected from other adolescents his age. Although his performance was similar on the two tests that make up this index, he demonstrated a slightly better performance on the latter indicating a stronger capacity for inductive reasoning compared to quantitative reasoning. This could simply mean that his understanding of part-whole relationships may currently be better developed than his mathematical reasoning skills.

The Working Memory Index (WMI) measured Johnny’s ability to register, maintain, and manipulate visual and auditory information in conscious awareness. In other words, it is his ability to hold information in mind which processing an ongoing task, for example, what is required to solve a math problem. Overall, Johnny’s performance on the WMI placed him into the 79th percentile and High Average Range (WMI = 112). However, there is a noticeable amount of spread between scores on the two tasks that make up the WMI as compared to his performance on other subtests, suggesting that the overall score may not represent his actual abilities as accurately. In particular, Johnny performed much better on a task that required him to repeat back strings of numbers in complex orders (91st percentile) than he did on a task in which he had to memorize pictures in a particular order (50th percentile). The difference in performance observed suggests that Johnny’s working memory for auditory material is significantly stronger than his ability to recall material if it is visually presented. For example, Johnny may be better able to hold and manipulate information that is spoken to him compared to information that requires him to hold in memory and mentally interact with visually presented material.

In the final domain, the Processing Speed Index (PSI), Johnny was administered tasks targeted at measuring his ability to process visual information quickly, coordinate hand-eye movements, discriminate important details and sustain concentration. Johnny’s PSI score falls within the 77th percentile and High Average Range. However, noticeable spread was observed in the subtests that make up the PSI suggesting cautious interpretation (PSI = 111). Johnny performed much better on a task which required him to scan and mark target symbols (91st percentile) as opposed to a task that had him replicate symbols paired with numbers (50th percentile). The difference in performance suggests that accurate visual scanning is a strength relative to associative memory and/or psychomotor speed. It is likely that the difference in performance can be accounted by working memory as it plays a larger role in the Coding task as compared to Symbol Search. This suggests that perfectionism, sensitivity to time constraints and anxiety could have potentially impacted his performance.

Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V):

WISC-V Indexes/IQ	Standard Score	Confidence Interval (95%)	Percentile Rank	Classification
Verbal Comprehension Index	127	117-132	96 th	Superior
Visual Spatial	111	102-118	77 th	High Average
Fluid Reasoning	103	96-110	58 th	Average
Working Memory	112	103-119	79 th	High Average
Processing Speed	111	101-119	77 th	High Average
Full Scale IQ (FSIQ)	117	111-122	87 th	High Average

Note: The Index Score is based upon an average score of 100 and a standard deviation of 15. Standard Scores and Percentiles presented here are based on the normative sample from the general population provided by the WISC-V manual, corrected for age.

Social Emotional Functioning

Tsunami, Johnny (DOB: XX/XX/XXXX)
MRN: XXXXXXXXXXXXXXXX

Minnesota Multiphasic Personality Inventory- Adolescent (MMPI-A)

The MMPI-A is a 478-item, self-report measure designed to identify personal, social, and behavioral problems in adolescents ages 14-18. Johnny produced a valid and interpretable profile, neither denying problems nor claiming an excessive number of unusual symptoms. However, his profile does suggest an overly frank self-appraisal, possibly indicating problems with self-esteem or a tendency to be self-critical.

Individuals with results similar to Johnny are typically experiencing moderate level of emotional stress characterized by depression, anxiety and dysphoria. However, given his temperament, even moderate distress is perceived as overwhelming. He has a tendency to convert emotional distress into physical discomfort and at times may even manifest physical symptoms directly related to anxiety/depression. Furthermore, when emotions are filtered through a heightened sense of anxiety, they become intensified and even result in ruminations and excessive concern or worry. His response pattern suggests that he tends to worry to excess and may even interpret neutral events as problematic. At times, he may even worry that he has a major health issue or sudden illness.

As a result of his current emotional distress, he may be experiencing difficulties in concentration and often questions his own judgment. Those with similar profiles typically struggle to identify the connection between emotional challenges and somatic symptoms and behavior (e.g. physical ills and complaints). Overall, his profile is consistent with those who are experiencing both significant anxiety and depression. He endorsed a number of items suggesting low self-esteem and low self-worth, feelings of guilt, frequent ongoing sadness, lack of energy, social withdraw, feeling tense/anxious, poor memory, lacking enjoyment in life, ruminative and sensitivity to others opinions and criticism.

Those with similar profiles typically have difficulty in navigating social relationships and tend to view the world in a negative manner, often developing worst case scenarios to social events. His orientation towards others is a mix of depressive withdraw exacerbated towards his more introverted basic personality. He has a tendency to be somewhat insecure in social settings and although inherently competent in social skills, because of undue anxiety, he presents as socially awkward to his same-age peers. He may present as timid, uneasy and over-controlled in situations, leaving others feeling difficulty in getting to know him. Because of this insecurity, when he is able to get close to others he has a tendency to become passive-dependent and thus is quickly irritated when others do not provide enough emotional support. Additionally, his engagement with peers may revolve around his physical complaints, specifically his sleeping difficulties. He reported difficulty in being around other people, preferring to be alone, avoiding social situations, difficulty making friends and fears of meeting new people. His lack of social engagement works with his emotional difficulties in a maladaptive and cyclical manner.

House Tree Person (HTP)

House-Tree-Person is a projective test designed to measure aspects of personality. Johnny's drawings suggest he is currently struggling with symptoms of anxiety and depression, exacerbated by his tendency to worry, ruminate and obsess over various symptoms and concerns. Johnny recognizes a need for support, but struggles to have this need met. Johnny feels socially insecure and desires to fit in and gain acceptance. However, viewing himself as inadequate, he tends to withdraw from others and is socially discontent. However, it appears Johnny is aware of his strengths and feels that he possesses certain desirable qualities and talents which he admires in himself.

Rotter's Incomplete Sentence Blank (RISB)

The Rotter Incomplete Sentence Blank is a projective measure in which the examinee completes numerous partial sentences with their own thoughts. There appears to be tension and unresolved difficulties in his home. Johnny wrote, "At home...I am conflicted." Although he desires some closeness to others, he appears to be generally guarded and only allows a select few to be close to him. Johnny

desires that others see him as tough, either as a compensatory attitude for feeling vulnerable or a defensiveness towards accessing and expressing painful emotion; for example, Johnny wrote “Boys...Aren’t girls” and “I Regret...Nothing.” As a strength, Johnny is curious and interested in the world around him and enjoys certain hobbies like playing and listening to his favorite music.

Roberts Apperception Test for Children and Adolescents – 2nd Edition

Johnny completed the Roberts-2, a projective measure in which the examinee generates stories to pictures depicting social and other life situations. He approached the task with ease and put forth an adequate amount of effort in responding to the cards, with highly imaginative and creative stories.

Johnny’s Roberts-2 profile indicated no difficulties or issues in making basic and accurate assessments of common familial and peer interactions, suggesting no disturbances or difficulties in reality testing. However, his perception of common circumstances and social/familial interactions were somewhat atypical when compared to peers. Specifically, Johnny often perceived situations of emotional and physical abuse when describing family and social interactions. Johnny often perceived interactions among family members and peers as sad, conflictual or rejecting. Themes of bullying were also common in which other children either seriously injured another child, stole their lunch money or made serious threats.

In spite of these challenges, Johnny possesses a number of strengths, including an ability to learn from his own experience and advocate for himself. He also perceived structure in the home and that healthy limits are being set by adults, which affords him a sense of safety. He was also able to effectively identify and describe the problems depicted in the cards at an age appropriate level. However, characters in the story were often left to manage and resolve the conflicts on their own. Johnny’s responses implied that he feels comfortable advocating for himself but struggles to support himself emotionally. In addition, he perceives that others are unable to support him in this way and struggles to feel like he can rely on others to advocate on his behalf or offer emotional support. This is consistent with information provided in the clinical interview in which Johnny described himself as “not close with either parent.”

Throughout the test, very few of the scenarios he provided ended with a successful outcome; the scenarios described were either left unresolved, or the action taken to resolve the problem was maladaptive or ineffective in achieving a successful solution. This suggests Johnny has limited experience of healthy/appropriate closure to important events in his life, and a considerable difficulty in developing outcomes that successfully solve problem situations or demonstrate ability to cope with distressing feelings. In addition, he experiences the anger of others, specifically, from bullying peers as leaving him feeling overwhelmingly rejected. In one card, Johnny described a situation in which a bullied child uses “mind control powers” to “retaliate” and “kill” the bully, suggesting the use of fantasy to cope with overwhelming situations in which he lacks appropriate coping skills.

Youth Self-Report (YSR)

Johnny completed the Youth Self-Report to obtain a better understanding of his perceptions of his strengths and problem areas. Johnny reported that he participates in two sports and has interests in two hobbies; music and skateboarding. He also indicated that he has one close friend and that he sees friends one or two times a week.

Johnny’s highest scores were reflected in the domains of Anxiety, Depression and Withdraw (97th percentile), and Anxious Distress (97th percentile). Specifically, he endorsed feeling worthless, nervous, guilty, self-conscious, fearful, chronic worry, and feeling unloved and having fears/difficulties with school. He also disclosed that he enjoys very little, prefers to be alone, is secretive, shy, lacks energy and is generally sad. He also reported feeling socially isolated, lonely, feeling not liked or teased and jealous of others. Johnny noted frequent headaches, nausea, body aches, nail biting and tiredness. Lastly, Johnny

reported some aggressive behavior including disobedience in school and in home, involvement with fights, stubbornness, and getting into arguments. His profile also indicated a preference for internalizing rather than externalizing problems, as he prefers to blame himself and hold in his feelings rather than acting out. Johnny also disclosed some strengths and positive qualities including being an honest person, friendly, making others laugh, fairness, enjoying jokes, efforts to help others and openness to new activities.

Beck Youth Inventories – 2nd Edition (BYI-II)

The Beck Youth Inventories are self-report scales to assess a youth's experiences of depression, anxiety, anger, disruptive behavior, and self-concept. Johnny scored within the clinical range on four out of the five clinical domains, all except for disruptive behavior. According to his responses, Johnny has very poor self-esteem. He tends to view himself as less competent, worthy and valuable when compared to others. When faced with challenging situations, he struggles to support himself and does not possess enough ego-strength to be resilient to stress and setbacks. His highest clinical scores were in the domains of Anxiety and Depression, scoring in the 98th percentile on both. Johnny endorsed feeling anxious, worried, general fears (about school and becoming ill) and experiencing a number of physiological symptoms related to anxiety. He also disclosed many of the classic signs of depression, specifically, feeling sad and depressed most of the day, hopelessness, fatigue, depression related insomnia, feeling worthless and concentration difficulties. Lastly, Johnny indicated feeling generally angry towards others, often finding himself cynical about interactions, and holding grudges about mistreatment in the past.

Penn State Worry Questionnaire (PSWQ)

The Penn State Worry Questionnaire is a brief 16-item inventory aimed at understanding children and adolescents experience of worry and anxiety. Johnny endorsed 62 out of a maximum possible 80 points, suggesting moderate to severe amounts of generalized anxiety and worry. In fact, children who have been diagnosed with generalized anxiety disorder and completed this questionnaire scored an average of 63.9, suggesting that Johnny is within clinical range of this diagnosis. Johnny's highest scoring items were questions like "My worries overwhelm me," "I tend to worry about things," and "I know I should not worry about things, but I just cannot help it."

K-SADS Mania Rating Scale

The K-SADS Mania Rating Scale is used to determine the presence of mania or hypomania. Overall, Johnny scored below the clinical range on this measure and his profile suggests that he does not meet the criteria for either mania or hypomania at this time. Items elevated included irritability and anger, motor hyperactivity (when anxious), increased goal directed activity (at night) and occasional periods of racing thoughts. When elaborating on the items in this measure Johnny began describing his sleep disturbance, stating, "At night I just have a lot of anxious energy...my nervous energy sets in at night, so I just stay up and do stuff." When asked about how long this "energy" lasts, Johnny states that it is only at night and "never lasts more than 5 or 6 hours." This is consistent with his parents' report that Johnny is highly anxious in the evenings and channels the energy into writing or listening to music until he becomes exhausted and goes to sleep. He and his parents also noted that his sleep tends to be better regulated when he has engaged in some physical activity during the day. Johnny did not endorse any items on expansive or elated mood, grandiosity, accelerated/pressured speech, flight of ideas, inappropriate laughing, hallucinations, delusions, sentence incoherence or loose associations/derailment.

SUMMARY:

Johnny Tsunami is a 15-year-old adolescent referred for psychological testing by Dr. XXXX XXXXXX and Dr. XXXXX XXXXXX, his respective primary psychiatrist and psychologist. A referral was made

in order to better understand Johnny's presenting symptomatology at this time with a specific question about diagnostic clarification and treatment recommendations.

According to both the clinical interview and review of his chart, Johnny has been experiencing signs and symptoms of a mental health condition since the 5th grade. As his mother described it, he began "disconnecting" and showing "disinterest" in his peers and in activities that his peers typically enjoyed. Johnny has been engaged in treatment since this time, including individual therapy, group therapy and medication management. Johnny was hospitalized in March, 2014 citing school issues, depression and suicidal ideation. Depressive symptoms have decreased in severity but he continues to struggle with insomnia and anxiety at the time of testing. During the clinical interview, he disclosed that he has not been medication adherent. Johnny has a family history of anxiety, depression, insomnia, and alcoholism on both his maternal and paternal sides.

Johnny quickly built rapport with the examiner and put forth adequate effort in all of the measures presented. However, he often became frustrated when reaching his maximum ability levels within the cognitive tasks. Johnny became increasingly conversational as the evaluation moved forward and towards the end, he began sharing his favorite music, bands and movies.

Johnny's overall intellectual functioning is in the High Average Range. His strongest performance was observed in the domain of Verbal Comprehension and evidenced both a relative and normative strength in his ability to access and apply acquired work knowledge. Specifically, Johnny is highly capable of utilizing language to express himself and understand the world around him. As such, he is able to connect abstract associations between objects and words and to store and utilize information when it is presented in a language-based or auditory form. He performed similarly and in the High Average Range on the Visual Spatial, Working Memory and Processing Speed domains. This means Johnny is highly capable at solving nonverbal tasks and puzzles and completing various tasks in a timely manner using rapid mental processing. He is also able to effectively hold information in his short term memory while processing an ongoing task. As a relative weakness (although still in the range comparable to his peers), Johnny struggled with Fluid Reasoning. As such, Johnny may have some comparative difficulty detecting the underlying relationships between more abstract, visually based information and using reasoning skills to identify and apply rules in solving such problems. Johnny performance suggests that his math-based or numerical reasoning skills may be slightly under-developed as compared to his inductive skillset (e.g. understanding part-to-whole relationships). He also demonstrated some difficulty on time-limited tasks, which are often prone to be impacted by emotional distress, likely anxiety.

Overall, testing indicates that Johnny tends to have a poor self-concept resulting in challenges with maintaining appropriate self-esteem. When comparing himself to others he has a tendency to view himself as less competent, worthy, and valuable. Although Johnny has a number of strengths and is a likeable adolescent, he views himself as lacking in some way and compensates for his feelings of inadequacy with guardedness and at times a masking toughness. He lacks the ego-strength to recover from ruptures in social relationships and often blames himself or his perceived inadequacies for relational failures.

Johnny is experiencing a moderate level of emotional distress characterized by depression, anxiety, and dysphoria. Consistent throughout the measures were endorsements of feeling depressed, guilty, sad, lacking pleasure, hopelessness, and concentration difficulties. He also endorsed a number of symptoms related to anxiety including racing thoughts, irritability, worry, restlessness, easily fatigued, muscle tension and chronic sleep disturbance. Essentially, Johnny experiences his depression and anxiety simultaneously, which tend to intensify one another. As such, Johnny will often ruminate and fixate upon difficult thoughts and emotions. Furthermore, given his temperament and current functioning, even

moderate distress is perceived as overwhelming. Results indicated that his manic-like symptoms are better accounted for as his experience of insomnia. Johnny described his late-night activities as products of his “nervous energy” at night, never lasting more than an evening, although these episodes occur most nights of the week. During these times he listens to music and finds creative outlets for his sleeplessness until he becomes exhausted enough to fall asleep.

Projective testing offered some insight into the contributing factors of his symptoms which include difficulties managing and expressing anger, particularly around emotionally important, unresolved situations from his past. Johnny has experienced some bullying while attending school, leaving him feeling rejected from his peers and discouraged from future social interactions. Although Johnny feels comfortable advocating for himself, he feels unable to support himself emotionally and experiences that others are unable to support him emotionally as well. His responses also indicated a limited experience of healthy closure to events of the past and he harbors anger and resentment to individuals to who he feels uncomfortable expressing himself. Instead, he has a tendency to displace this anger back onto himself. As seen in Johnny’s responses, he possesses an incredible imagination. His imagination allows him to be creative and artistic, while at the same time it can operate as a liability when it is used to predict scary, negative, and anxiety provoking situations. This was consistent with results from a measure of Generalized Anxiety, which indicated significant problems with anxiety, fearfulness, and difficulty controlling his worries.

As a result, Johnny is experiencing some social difficulties. Temperamentally, he is already a shy person but since the onset of these symptoms his social life has become increasingly challenging. He reported difficulty in being around other people, preferring to be alone, avoiding social situations, difficulty making friends and being fearful of meeting new people. He is someone who is very socially withdrawn and although he has the skills to make new friends, his anxiety about social situations makes him present as socially awkward at times. He is a sensitive, introverted person and even minor comments or criticisms can lead him to feeling distressed. This was a consistent theme throughout the social/emotional inventories and thematic in his perceptions of bullying within the projective testing.

Johnny demonstrated a number of strengths throughout the testing including an outstanding ability to sustain concentration and persevere on academic and cognitive type tasks. He is also friendly, engaging, and cooperative. He was able to build rapport with the examiner and was honest and forthcoming. He views himself as funny, fair, and helpful to others and approaches life with an open-minded attitude. He is also highly creative and artistic, and possesses the cognitive ability to express himself fluidly.

DIAGNOSTIC IMPRESSIONS:

F 33.1 Major Depressive Disorder, Moderate, Recurrent Episode

F 41.1 Generalized Anxiety Disorder

Johnny endorses feeling a depressed mood most of the day, nearly every day for the past two years. Although there are times in which it becomes less severe, it has remained continuous at a moderate state since the onset of his symptoms in the 5th grade. He indicates feeling a general loss of pleasure in activities, insomnia most nights, alternating episodes of psychomotor agitation or retardation, fatigue, feelings of worthlessness, diminished ability to think and concentrate, and transient suicidal ideation. These symptoms lead Johnny to socially withdraw and contribute to significant impairment in important areas of functioning. Additionally, Johnny reports being highly anxious. Specifically, he endorses excessive and clinically significant anxiety and worry dating back to around the same time as his first depressive episode. He finds it difficult to control the worry and it tends to move from concern to concern. As a result, he often experiences insomnia (e.g. “racing thoughts, nervous energy”) and feels

Tsunami, Johnny (DOB: XX/XX/XXXX)
MRN: XXXXXXXXXXXXXXXX

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restless, easily fatigued and irritable. As such, Johnny meets the DSM-V Criteria for both Major Depression, Moderate, Recurrent Episode and Generalized Anxiety Disorder.

RECOMMENDATIONS:

COGNITIVE

- 1) Johnny has a strength and preference for auditory learning. In fact, once this information has made it from working memory into short-term memory it is likely to solidify into his long-term knowledge base, a term called “crystallized intelligence.” Furthermore, Johnny has a strength in not only being able to access this information but to reason with it abstractly and effectively utilize it to understand the world and express himself. Therefore, if information is to be presented visually, it is best supplemented with an auditory component or at least presented in a structured and repeated format.
- 2) Although Johnny possess a strength in verbal comprehension, he demonstrated a personal weakness in utilizing non-verbal reasoning skills. However, this skillset is still within the average range, if he wanted to improve these skills he could engage in tasks like puzzle’s, solving age-appropriate riddles or games that challenge him to detect underlying strategies and themes. It is expected that this skillset will naturally improve as he progresses through his education.
- 3) Johnny would benefit from increased practice in numerical reasoning skills. For example, challenging himself by taking an advanced math class or spending extra time and attention on completing his current assignments. Testing indicated that he has the basic capacity and abilities to excel in this type of learning but to improve these skills it’s simply a matter of additional practice.
- 4) As seen in his performance, tests that were under time constraints often impacted his performance and ability to stay focused. He began exhibiting negative self-talk when reaching his limit on these tasks and appeared increasingly anxious. As treatment progresses and his psychiatric symptoms stabilize it is likely that these scores will begin to naturally improve. Again, it is emphasized that this is only a relative weakness and he is still performing within the expected range of his peers. For the moment, he will benefit from additional time, support and encouragement on tasks that are under time pressures. He will also benefit from learning and engaging in anxiety reducing strategies (e.g. deep breathing) before taking such tests.

EMOTIONAL/SOCIAL

- 1) Johnny is a highly creative and intelligent adolescent. He has many personal strengths and talents in addition to being caring, honest, funny, helpful and open-minded. Although those around him notice these qualities, Johnny struggles to notice them in himself. Therapy aimed at supporting his self-esteem and building his ego-strength based off of these qualities will be very helpful. He will also benefit from learning a range of more effective coping skills (e.g. mindfulness skills or utilizing music/creative journaling outlets), which will ultimately offer him more options when feeling overwhelmed.
- 2) As a 15 year-old, one of his primary developmental tasks is to make friends, meaningfully integrate with peers and begin the process of discovering himself in this context of others. It is important that Johnny is able to be exposed to these environments either through formal schooling or by finding other venues that will support his development in this way. Some examples are maybe a junior college course in music or another interest-based group that meets

regularly. Adolescents respond particularly well when the groups they are engaged with meet to accomplish a common goal or engage competitively (e.g. sports, a band, various projects).

- 3) Johnny would really benefit from having a mentor or peer counselor to offer guidance and support as a safe person to connect with and feel comfortable expressing himself to. Services like this can be found at many of the local community colleges or groups like Los Angeles Team Mentoring or through websites like Meetup.com that offer both interest based and mentoring based connections.
- 4) As guiding principles in individual therapy, Johnny may need the space to process some feelings of anger related to both his situation at home and mistreatment from peers. He also needs a safe place to express himself and connect with someone who can offer understanding and empathy, likely as an ongoing process. Results also indicate that he may need to spend time processing certain childhood losses or changes that have happened in the home and arrive at appropriate emotional closure for these situations. As it becomes appropriate, family therapy with both his mother and father will also be a significant healing process.