

her mother's attention and which continues to persist today. Sally and her family moved from XXXXX to XXXXXX, XXXXXXXX to move in with her sister's when Sally was 22. Currently, Sally lives in the dorm at college and in XXXXXXXX with her family during school breaks.

Medical History: Sally has an extensive medical history consisting of multiple and variant diagnoses, a chart review reveals numerous medical problems including: Fibromyalgia, Irritable Bowel Syndrome, Asthma, Gastroenteritis, Endometriosis, Pituitary Cyst, Bilateral Retinitis Pigmentosa, Migraine w/o Aura, Hyperlipidemia and Calcium Oxalate Urolithiasis. Sally has also reported a number of transient pains and health concerns which she sought medical treatment for in the past five years including arthritic pain, stiffness in joints, eye pain, palpitations, sinusitis, abdominal pain, TMJ, Hearing difficulties, "forgetfulness", knee pain, stomach pain, conjunctivitis, skin lesions, concerns about breast cancer and rotator cuff pain. At the current time, Sally's primary concern is a condition called Usher Syndrome which she believes causes her issues in accurately reading depth perception and which causes blindness in her peripheral vision and sensitivity to light. She also believes that it has begun to affect her hearing but that the condition is "stable" at the present time.

Educational History: Sally graduated from high school and received her diploma in 2004. Following her graduation, Sally attended XXXX XXXXXXX Community College where she took general education courses for two years before finding full time employment as a receptionist at a local doctor's office. When she and her family moved to XXXX XXXXXX six years ago she enrolled at XXX XXXXXXX Community College before transferring to XXX XXXXXX XXXXXX last year, where she is currently studying rehabilitation services.

Family Psychiatric History: Sally indicated that her mother has been diagnosed with both anxiety and depression and that her maternal grandfather is an alcoholic. She also reported that her sister has been diagnosed with ADHD and more recently has been diagnosed with depression. She is unaware of the family history on her biological father's side.

Psychiatric History and Course of Treatment: According to Sally, she began experiencing symptoms of depression during high school. At that time, she reported experiencing general sadness, depressed mood most of the time, social withdrawal, decreased interest, fatigue, sleep difficulties and suicidal ideation. At that time, Sally sought counseling twice a week, but found it unhelpful. Over time she believes that her depression diminished but that it has been replaced with a significant amount of anxiety which persists today. She indicates feeling anxious most of the time, experiences panic attacks at night or in crowds, and often finds herself picking at scabs or her fingers.

Sally was first seen 10/07/2009 (age 23) for sadness and anxiety caused by medical problems physicians were unable to diagnose. According to the evaluation she was diagnosed with Depression, Major, Recurrent and referred for individual treatment. Over the next year Sally's attendance rate fluctuated. It was also during this year that Sally began experiencing "flashbacks" and "nightmares" regarding a car accident she was involved in. As a result she was diagnosed with Post Traumatic Stress Disorder (PTSD) but only seen twice for the condition.

Sally withdrew from treatment until 10/03/2013 when she was diagnosed with an Anxiety Disorder NOS related to stress at home and with medical issues (hearing issues, vision problems). Sally attended the Depression/Anxiety group, although she found the group atmosphere increasingly challenging for her anxiety. During the course of treatment she began Cymbalta and Buspar mid 2014 at which point her diagnoses changed to Generalized Anxiety Disorder. Sally also continued individual therapy for the remainder of 2014 and up until the current time. More recently, Sally has begun endorsing difficulties with the textures of certain types of food which caught the attention of the Eating Disorder team. She also indicated difficulties with the textures of certain types of clothing, specifically, anything she feels does not fit right, is lace or any clothing that is not soft.

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MRN: XXXXXXXXXXXXX

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Trauma History: Sally reported a number of incidents in her life which she believes were traumatic. Her first was at the age of six or seven when she walked into a room where her sister's father was "shooting up" heroine. When he noticed that she had seen he "slammed her against the wall" and "threatened to kill her if she ever told anyone." Eventually the information came out and he was removed from their home. Then, in 2010, Sally and her sister were involved in a car accident. She reports that no one was injured in the accident but that she was "really shaken up." Following the accident, she reported flashbacks, nightmares and anxiety related to the incident, finding it hard to be in a vehicle for some time afterwards. She stated that the symptoms lasted for at least two years and that she continued to experience some "lingering symptoms" today.

Substance Use History: Sally denied ever using substances.

BEHAVIORAL OBSERVATIONS:

Sally May is a 29 year old female who is mildly overweight. She arrived to the testing session on time wearing a blue sweatshirt, black sweatpants and worn in, grey, New Balance sneakers. She also held a folded-up metal walking stick under her left arm. Sally styled her hair in a bun and often played with her bangs during the testing. She was appropriately warm and cooperative. Throughout the interview Sally was honest and forthcoming in her clinical and personal history. Although she held a consistent pace in the personality inventories, she was a bit perfectionistic reporting that she often double and triple checked items. This same anxiety also impacted her ability to be timely on various cognitive tasks. The results are considered an accurate reflection of her current functioning.

TEST RESULTS

Cognitive Functioning

Wechsler Adult Intelligence Scale-IV (WAIS-IV)

The WAIS-IV is a widely used test of cognitive ability designed for individuals between the ages of 16 to 89. A person's overall cognitive ability (Full-Scale Intelligence Quotient; FSIQ) can be inferred from performance on a series of tasks. The tasks measure different aspects of cognitive functioning and are categorized into four index scales that assess different subtypes of cognitive ability. Performance on individual subtests also provides information about specific skills, strengths and weaknesses.

In order to interpret the Full Scale IQ (FSIQ) the size of the difference between the highest and lowest index scores must not exceed 1.5 standard deviations (approximately 23 points). In Sally's case, the difference was 41 points (VCI= 122; PSI= 81) and therefore renders this measure uninterpretable. In such cases, another global measure is used to determine overall abilities called the Global Abilities Index (GAI) which takes into consideration both verbal comprehension and perceptual reasoning but factors out processing speed. This measure of Sally's overall cognitive functioning placed her into the 88th percentile and High Average range (GAI = 118). Performance on individual indexes and a careful analysis of her strengths and weaknesses follow.

The Verbal Comprehension Index (VCI), a measure of crystallized intelligence, represents Sally's ability to reason with previously learned information. Specifically, this score reflects her skill in verbalizing meaningful concepts, thinking about verbal information, and expressing herself using words. Overall, Sally's performance on this subtest was both a normative and relative strength. In fact, her performance was in the 93rd percentile and considered to be in the Very High range (VCI = 122). Her 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. Sally's highest score was observed on a task in which she was asked to answer questions on a range of topics pertaining to learned information including history, science and general knowledge.

The Perceptual Reasoning Index (PRI) measures the ability to analyze and synthesize abstract visual stimuli. Additionally, it measures nonverbal, fluid reasoning abilities, spatial processing and attentiveness to detail. Sally's PRI score was in the 73rd percentile and High Average range (PRI= 109). Sally performed similarly on all three subtests that make up the PRI suggesting proficiency and competency at tasks which require her to solve problems that are non-verbal in nature. Therefore, Sally likely excels at solving puzzles, developing creative solutions to challenges and detecting the underlying rules and strategies of tasks in which she is confronted.

The Working Memory Index (WMI) measured Sally's ability to register, maintain, and manipulate visual and auditory information in short term memory. Her performance placed her into the 63rd percentile and in the Average range (WMI= 105). Furthermore, a notable discrepancy was observed between the two subtests that make up the WMI. Sally performed much worse on a task that required her to solve verbally administered mathematical problems (84th percentile) as compared to a task which asked her to repeat back strings of numbers in complex orders (37th percentile). As such, Sally may simply possess fundamental mathematical problem solving skills and experience less anxiety in solving such equations as compared to engaging in more novel tasks which utilize the same cognitive skills and capacities. The difference could also represent a lack of a clear encoding strategy when trying to effectively store and recall a random string of digits. The latter task is also affected by intrusive thoughts and situational anxiety, where the former is a skill that is often overlearned.

In the final domain, the Processing Speed Index (PSI), Sally was administered tasks targeted at measuring her ability to process visual information quickly, coordinate hand-eye movements, and discriminate important details. Sally's score placed her into the 10th percentile and is her lowest index score (PSI= 81). Sally's performance in this domain was greatly impacted by perfectionism and re-checking her responses. It is likely that anxiety and perfectionism greatly impacted her performance on this subtest.

Personality Functioning

Minnesota Multiphasic Personality Inventory 2- Restructured Form (MMPI-2-RF)

Sally was administered the MMPI-2-RF to assess personality functioning. This self-report measure aims to better understand general psychological symptoms and overall psychological functioning. Although Sally's profile was valid and interpretable, it is consistent with those who over-report psychiatric symptoms. In other words, she reported a much larger than average number of symptoms rarely described by individuals with genuine, severe psychopathology. Sally also reported a high number of physiologically based, somatic complaints. This pattern of responding is uncommon even in individuals with substantial medical problems who report credible symptoms.

Individuals with results similar to Sally are typically experiencing significant emotional distress. Sally reported various negative emotional experiences and is very likely to be inhibited behaviorally by these emotions (e.g. social withdraw, isolation). Those with similar profiles are often self-critical, guilt prone, and find themselves highly reactive to stress, frequently worrying and engaging in obsessive rumination. Sally reported feeling constantly anxious, feeling that something dreadful is about to happen, being frightened by something every day, and having frequent nightmares. Her profile is consistent with those who experience significant anxiety and anxiety-related problems. In addition, she reports multiple fears that significantly restrict normal activity in and outside the home. Sally also reported multiple problems involving experiences of stress and worry, including preoccupation with disappointments, difficulties with time pressure, and specific worries over misfortune and finances. However, Sally tends to be over-controlled in her emotional life and spends a lot of energy restricting and controlling unwanted feelings.

As a result of feeling overwhelmed with anxiety and worry, Sally may find herself feeling depressed. She indicated disappointment and dissatisfaction with her current life circumstances and is prone to feel insecure, inferior and thus, self-disparaging. As a way to manage this emotional distress, Sally may obsessively ruminate and chronically worry over a variety of situational and health issues, specifically somatic distress (e.g. physical health issue). Individuals with similar profiles often convert emotional distress into preoccupations with physical ailments which may focus on medical concerns. At times, the worry can be so severe that they may even manifest the symptoms of which they are trying to avoid, a term called “somatization.” Her profile is consistent with others who tend to manage psychological distress in this way.

This sense of fear and chronic anxiety extends to her interpersonal sphere of life. Sally reported not enjoying social events and in fact, she frequently avoids them. Her profile indicates a high degree of social introversion and therefore she may have trouble forming close relationships. She reports being shy, easily embarrassed, and uncomfortable around others. Those with similar profiles are often socially inhibited and to be anxious and nervous in social situations. In addition, she reports disliking people and being around others and prefers to be alone. However, she describes others as well-intentioned and trustworthy and disavows cynical beliefs about them.

Rorschach Inkblot Test (RPAS scoring)

The Rorschach Inkblot Test was administered to Sally to assess personality functioning. A number of themes emerged in Sally’s responses to the projective measure. First, it appears that she has a tendency to be grounded in her view of reality and may find cognitive flexibility challenging. Instead, she may rely on simple and concrete ways of thinking in order to understand and make sense of her world. In addition, it appears that when taking in information she may sometimes find it difficult to see the proverbial “forest from the trees”, she tends to focus on details in her environment rather than to move back and forth between smaller details and the larger picture. Sally’s profile also indicated that when placed into a challenging or stressful situation she tends to rely on thinking and logic at the expense of her emotional life. Therefore, emotions may be minimized, misunderstood or even unrecognized in her experience. Those who score similarly often describe idiosyncratic worldviews and unconventional understandings of self and environment.

Sally’s profile also suggests significant anxiety related to general fearfulness, worry and somatic concerns. Sally may find herself worrying quite frequently and may view the world in a hypervigilant manner in order to avoid harm or misfortune. As a result, she has a tendency to be preoccupied with herself and her safety, this may take the form of significant withdrawal from others or strong concerns about her own health and well-being. When emotionally overwhelmed, Sally may feel physically ill and therefore try to seek care for herself in this way. Often times, those with similar profiles were exposed to highly challenging home environments or may have experienced trauma as an infant or child. As a result, individuals like Sally often find it difficult to establish new relationships as they struggle with basic safety and trust, feeling as though the ruptures of early relationships may repeat themselves. It is also common that those who have experienced early trauma find it difficult to maintain healthy self-esteem and tend to view themselves as damaged and/or flawed in some way.

Scores from Sally’s profile indicate some social withdrawal and isolation. Although she has the ability to connect with others, she often avoids social situations as they bring on undue anxiety and pressure. However, with those she is connected with, Sally tends to be highly dependent, although her profile also indicates that she wishes this could change and that she could be increasingly independent. Sally may rely heavily on others and therefore need quite a bit of external support, admiration and approval to maintain her self-esteem and motivation.

Social Emotional Functioning

Beck Depression Inventory- II

The Beck Depression Inventory – Second Edition is a 21-item self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. Sally’s score on the BDI-II indicated minimal to mild depressive symptoms. In contrast to her MMPI results, the BDI-II suggests that she may in fact be under-representing her depressive symptomatology. However, she did indicate some transient suicidal ideation, agitation, irritability, tiredness, lacking in energy and sleep difficulties that all fell within the minimal/moderate range.

Beck Anxiety Inventory

The Beck Anxiety Inventory is a 21-item scale that measures the severity of anxiety in adults and adolescents. Sally’s raw score was 39, placing her into the Severe Anxiety range. She marked “severe” to feeling unable to relax, fearing the worst will happen, heart pounding/palpitations, feeling terrified, nervous and experiencing indigestion and upset stomach. Additionally, She endorsed feeling dizzy, shaky, scared, numbness/tingly, choking sensations and when overwhelmed often fears she may die.

Penn State Worry Questionnaire (PSWQ)

The Penn State Worry Questionnaire is a brief 16-item inventory aimed at understanding adult’s experience of worry and anxiety. Sally endorsed 73 out of a maximum possible 80 points, suggesting severe amounts of generalized anxiety and worry. In fact, those who have been diagnosed with generalized anxiety disorder and score an average of 63.9, suggesting that Sally is well within clinical range of this diagnosis. Sally’s highest scoring items were questions like “My worries overwhelm me”, “I have been a worrier all my life” and “I worry all the time”.

SUMMARY:

Sally May is a 29-year-old female referred for psychological testing by her primary therapist, XXXX XXXXX, LCSW. A referral was made in order to better understand Sally’s presenting symptomatology at this time with a specific question about diagnostic clarification and treatment recommendations.

According to both the clinical interview and a thorough review of his chart, Sally has been experiencing signs and symptoms of a mental health condition since the age of 15, during her early high school years. At this time she reported experiencing general sadness, depressed mood most of the time, social withdrawal, decreased interest, fatigue, sleep difficulties and suicidal ideation. Sally indicated that as time went on, her depression seemed to lift, but, was “replaced” with significant anxiety, which continues to persist today. She also discussed a traumatic event in childhood in which she walked in on her sister’s father using heroin, at which point he threatened her life. She indicated she currently feels anxious most of the time, experiences panic attacks triggered by nighttime or crowds, and often finds herself picking at her scabs or fingers. Sally has sought treatment throughout the course of her illness, beginning in high school when she met with a school counselor twice a month. Sally was first seen at Kaiser Permanente at age 23 and since this time has received a number of diagnoses including Major Depressive Disorder, Post Traumatic Stress Disorder and Generalized Anxiety Disorder. Sally also indicated a number of significant medical concerns including problems with vision and hearing. Additionally, she has been prescribed Cymbalta and Buspar.

Sally was able to build rapport with the examiner and put forth adequate effort in all of the measures presented. However, she was often perfectionistic in her approach. Sally’s anxiety also impacted her performance and ability to make timely decisions on the various cognitive tasks.

Sally's overall intellectual functioning is in the High Average range (88th percentile; GAI). Her strongest performance was observed in the domain of Verbal Comprehension (93rd percentile) and evidenced both relative and normative strengths in her ability to access and apply acquired work knowledge and express a wealth of general factual knowledge. Sally performed in the Average to High Average range on both the Perceptual Reasoning (73rd percentile) and Working Memory (63rd percentile) domains. As such she is readily able to utilize and reason with nonverbal and abstract visual information. This means she is effective at completing puzzle-like challenges and detecting relationships in part-to-whole relationships. Furthermore, Sally is able to do so utilizing her working memory capacities which pertain to her ability to register, maintain, and manipulate visual and auditory information in short term memory. However, Sally struggles to complete such tasks in a timely manner as evidenced by her score on the Processing Speed Index (10th percentile). Her performance on this index indicated significant trouble in rapid information processing. It is likely that her performance on this domain is greatly impacted by her anxiety and her tendency toward perfectionism.

A number of themes appeared in the social, emotional and personality inventories. Overall, the most prominent clinical symptom themed throughout all of the administered tests is anxiety. Sally consistently endorsed feelings of chronic worry, rumination, fearfulness, an inability to relax and frequent nervousness. When Sally is stressed or worried she has the tendency to become overwhelmed and some anxiety manifests as physical symptoms thus exacerbating her medication conditions. Sally's experience of somatization, a physical response to psychological stress, is manifested as frequent headaches, heart palpitations, indigestion/upset stomach, choking feelings, feeling numb/tingly and shakiness. Her profile also indicates that once physical symptoms become apparent, they tend to be the focus of her concerns rather than the possible underlying psychological stressors that contributed to the symptoms. This pattern tends to work as a maladaptive cycle as managing physical ailments creates increasing stress and increasing symptoms. Over time, this can be exhausting and may lead to mild to moderate depressive episodes, something Sally identified in her history. Currently, Sally is not experiencing clinically significant depressive symptoms but identified tendencies to feel disappointed and dissatisfied with her life. Her profile is similar to those who can be guilt prone, self-critical, and obsess or ruminate about difficulties. Her depression takes the form of agitation, irritability, tiredness, sleeping difficulties and difficulty finding pleasure in regular activities.

As a result, Sally is fairly socially isolated and withdrawn, especially when overwhelmed. Sally reported not enjoying social events, being highly introverted and as a result, experiencing difficulty forming close relationships. Additionally, she reports being shy, easily embarrassed and uncomfortable around most others. Although she feels that others are generally well-intentioned and trustworthy, Sally struggles to manage the anxiety experienced in social settings.

DIAGNOSTIC IMPRESSIONS:

F41.1 Generalized Anxiety Disorder

Sally's most prominent psychiatric symptoms are anxious manifestations and extend to almost all important areas of functioning. Anxiety appears to be at the root of both her transient depressive symptoms, social difficulties and contribute to exacerbations in medical conditions. She endorses excessive anxiety and worry, occurring more days than not for longer than the 6 month time period as indicated in the DSM-5 criteria for GAD. Additionally, this chronic worry extends to a wide range of events and activities (e.g. school, home life, health concerns, ect.). Sally disclosed that she finds it hard to control the worry and it associated with restlessness, fatigue, difficulty concentrating, muscle tension and sleep disturbance, all of which cause clinically significant impairment and distress. As a result, Sally meets criteria for the DSM-5 Diagnosis of Generalized Anxiety Disorder. Although Sally experiences a number of significant somatic concerns and health related anxiety as in Somatic Symptom Disorder, her

diagnosis is best captured by Generalized Anxiety Disorder as her chronic worry extends to other areas of functioning. However, it is clinically relevant that in her particular situation, a significant amount of worry does manifest itself somatically.

RECOMMENDATIONS:

- 1) Sally will benefit from therapy with goals of helping her to develop mindfulness-based coping skills. She will also benefit from understanding the role stress and anxiety play in the manifestation, understanding and management of both her psychiatric and physical symptoms.
- 2) Therapy aimed at identifying, understanding and processing the impact these events may have had will be important in resolving any underlying trauma.
- 3) Sally will also benefit from learning and practicing mindfulness based coping skills or engage in groups that teach effective mindfulness skills in managing anxiety.
- 4) Other groups that may be effective include distress tolerance groups in order to learn positive coping and address mind/body connectedness
- 5) As indicated in her clinical profile, Sally tends to be socially isolated, which in turn can impact her ability to feel supported and thus recover from illness. She would likely benefit from group psychotherapy; specifically, support and social skill building groups.
- 6) Lastly, Sally would benefit from increased social contact and support. For example, joining a group on her college campus or finding a network of peers that meet regularly and engage in some common interest.

Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV):

WAIS-IV Indexes/IQ	Standard Score	Confidence Interval (95%)	Percentile Rank	Classification
Verbal Comprehension Index	122	115-127	93rd	Very High
Perceptual Reasoning	109	102-115	73rd	High Average
Working Memory	105	98-111	63rd	Average
Processing Speed	81	75-91	10th	Borderline
Global Ability Index (GAI)	118	113-122	77th	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 WAIS-IV manual, corrected for age.