

## Fictitious Incomplete Case Report

Assignment for Psychological Appraisal GPS 507 College of St. Joseph, Professor Hoisington

Updated for Summer 2010

### The Assignment

This is a fictitious case report that is incomplete. Any information contained herein that may appear to parallel the facts in real life is merely coincidental. Your job with this assignment is to use the information contained herein to answer the questions in the syllabus. The final product will be a clinical report that includes your interpretation of this information, a 5 axis DSM diagnosis, and a treatment plan that includes recommendations for additional testing.

### The Report

#### Referral and Home Interview:

Sue was referred for evaluation by the parent because of concerns regarding the possibility of needing special services. Sue is a young teen age female, born in Vermont, just entering puberty, who reportedly has displayed behavioral problems in the home. There is also some question regarding her ability to learn in certain situations. Sue was interviewed in the home along with her mother and her support worker. The interview was relaxed and informative, although it was clear that there was a genuine concern by the two home providers regarding Sue's behavior problems. The providers were also not satisfied with the services received from the school system.

During the interview Sue was calm and cooperative for nearly the entire 2 hours. There were no indications of withdrawal or of distractibility. But there was one moment where she showed frustration and began to cry. She stated that she wanted to say something and felt that she was not able to do so because everyone else was talking. Interesting to note that the issue she brought out was related to a topic that had been discussed 30 minutes prior. Both providers noted that Sue has this propensity for "holding on" to an idea or something she wants, until it is resolved.

There was a discussion about the behavior problems. Sue was asked directly about them and her response was, "Sometimes I feel like hitting someone and it just doesn't go away".

It is reported that she is a good student in school that is punctuated with an occasional episode of failure. She seems to do well most of the time and then once in a while she totally fails on a task, or a test. Sue says that her favorite things to do in school are those things where she can use her hands to create things. The occasional failure does not seem to apply to such "hands-on" school projects. This occasional failure is perplexing to the providers and they are seeking guidance as to what to do about this, and the behavior problems.

Relevant Background information:

There were no reported birth problems, but Sue did have an accident when she was 2 years old that resulted in severe head trauma to the left side of her head. She is right handed and demonstrates an awkward gait when she walks. The providers state that she has always been “clumsy”. There were no other major medical problems reported in Sue’s history except for seizures. She is currently taking seizure medication 3 times a day. She has been known to have Grand Mal seizures and the providers describe what might be “absence seizures” (totally still with a blank stare) and when approached she will regain her attention but not recall anything about the past few moments.

Reportedly, Sue has problems with sleeping. She has been found sleep walking and when confronted she will not recall how she got to where she is. There is also enuresis at night and she has been observed to have very active episodes of motor activity while sleeping, to the point where the bed shakes violently. At times she can be heard talking in her sleep with a voice that sounded odd, and quite different from her normal speaking voice.

The behavior problems observed in the home have included pushing, shoving, and hitting both people and animals. There are also episodes of crying and yelling. These behavioral outbursts have not been noted in public settings. On rare occasion they have been seen, in milder forms (crying, upset), in the homes of relatives.

School Observations and Interview:

A one hour observation of Sue was done during school hours with permission of the school and the parent. The school was aware of the parent’s concerns and seemed cooperative with this process. According to school documentation there are no recorded incidents of violent behaviors.

It was observed that Sue did not engage in group social activities during break or at lunch. She had one friend that she stayed with, which supports what she said in the home interview. But the teachers say that often she eats alone during lunch time.

During class work times she appeared to concentrate on her work and the teachers report that her work is sometimes exemplary and at other times very poor. They explained it as a lack of concentration and motivation (a point of argument with the parent). It was observed that Sue had particular difficulty when being called upon to answer, “What do you think about what we just discussed?”. But she excelled when given a book and paper assignment, or a “hands on “ project.

Testing Results:

The results below are incomplete and are simply a representation of fictitious information in order to stimulate your thinking about the practical application of assessment information. Note that Sue’s overall IQ, using the Stanford – Binet, was 110.

**Woodcock Johnson III**

<u>Cognitive Fluency</u>	Measures the ease and speed by which an individual performs cognitive tasks	89%
Retrieval Fluency	Assesses ability to name examples of specific categories quickly	75%
Rapid Picture Naming	Assesses the ability to name pictures quickly.	95%
Decision Speed	Assesses the ability to circle pictures of conceptually similar objects quickly	99%
<u>Academic Fluency</u>	Measures the speed and ease by which an individual performs academic tasks	88%
Reading Fluency		95%
Math Fluency		80%
Writing Fluency		90%

General Knowledge	Depth of general knowledge	86%
<u>Short-Term Memory</u>		
Numbers Reversed	Assesses ability to remember spoken number sequences that increase in length	32%
Memory for Words	Assesses ability to remember spoken word sequences	25%
Auditory Working Memory	The student tries to repeat randomly dictated words and numbers (e.g., cow 9 up 3 5) with the words first and then the numbers in the order they were dictated.	22%
<u>Auditory Processing</u>		30%
Sound Blending	The individual tries to identify spoken words that are broken into fragments	35%
Auditory Attention	The individual tries to identify spoken words against an ever increasing background noise	25%
<u>Planning</u>	The student tries to trace a complex, overlapping path without lifting the pencil, retracing any part of the path, or skipping any part.	95%
<u>Fluid Reasoning</u>		60%
Concept Reasoning	For each item, the student tries to figure out the rule that divides a set of symbols into two groups	56%
Analysis - Synthesis	The student tries to solve logical puzzles involving color codes similar to mathematical and scientific symbolic rules	64%

Sue was asked to complete a series of sentences (her comments after the ...). Below are a few of the sentences she completed:

At school... I am picked on a lot.

I feel... miserable, lost, and alone.

People... do not understand me.

I hate... feeling like I am stupid.

My nerves... are disoriented.

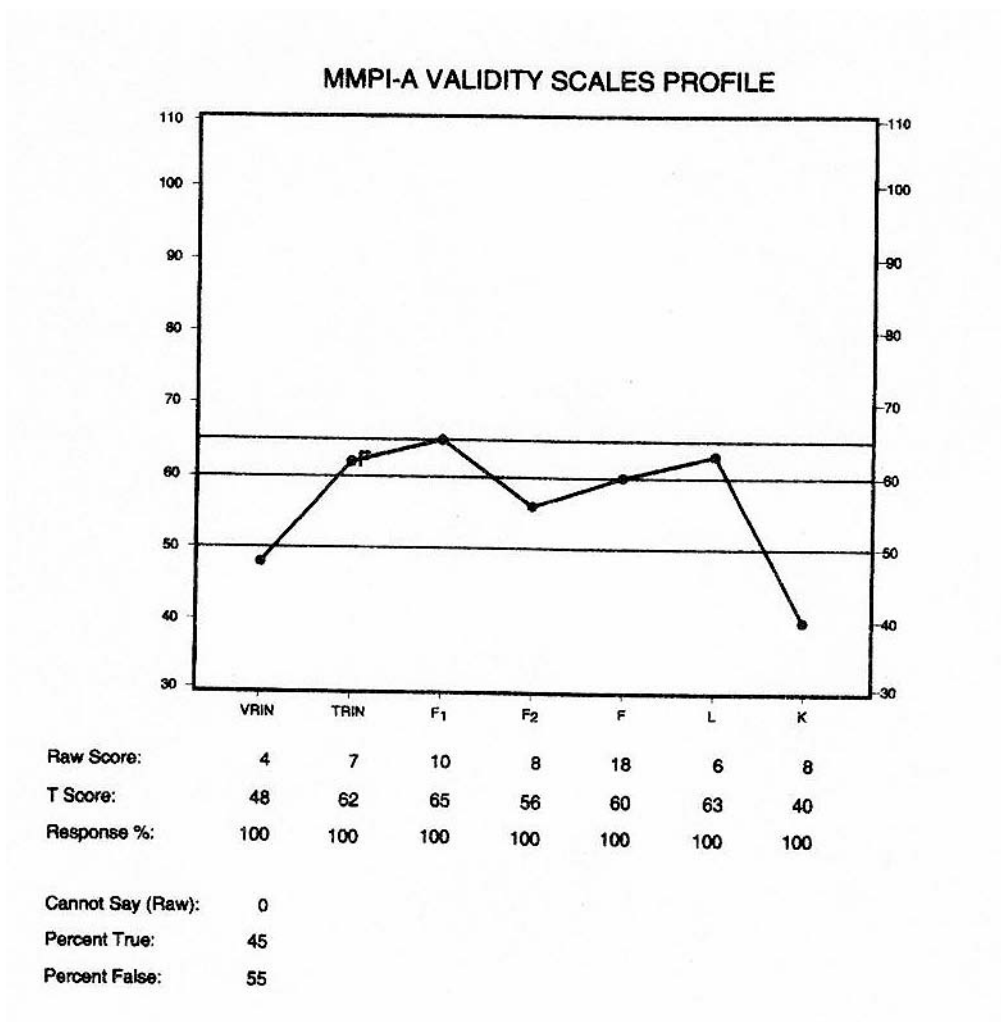
My mind... is not always in control.

Other kids... make fun of me because I am different.

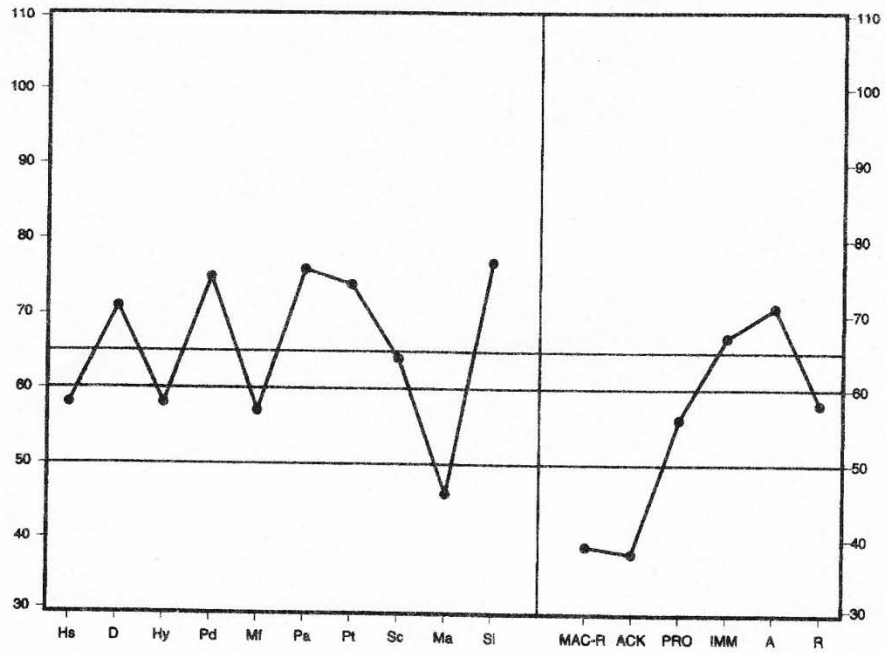
Sometimes... I do not know where I am or what is happening.

I failed... to create a long lasting relationship with anyone.

Charted results from the MMPI-A follow:



**MMPI-A CLINICAL AND SUPPLEMENTARY SCALES PROFILE**



Raw Score:	12	30	25	31	24	22	34	36	20	47	16	1	19	24	30	17
T Score:	58	71	58	75	57	76	74	64	46	77	39	38	56	67	71	58
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Welsh Code: 06472+8-135/9: LF-/K:

Mean Profile Elevation: 65.3