

# Clinic Cases - 1

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Documenting experience at  
Ball State University, 2000-2001

## Report of Psychoeducational Evaluation

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### Demographic Data:

Client:	Jane Doe *****	Age:	7 years x months
Parents:	Mr. and Mrs. *****	Birth Date:	*****
Address:	*****	School:	*****
	*****	Grade Completed:	1st
Phone:	*****	Date of Testing:	*****
		Examiner:	Sherri Sharp, MS

### Reason for Referral:

Jane Doe was referred for a comprehensive psychoeducational evaluation by her parents. It was reported that she has conduct problems. These were exhibited through temper tantrums, a lack of self-control, and oppositional behavior. An intellectual assessment was also requested. Therefore, an evaluation was conducted to determine the level of Jane Doe's ability.

### Background Information:

Jane Doe is a 7-year, X-month old Caucasian female who resides in \*\*\*\*\*. She completed 1st grade at \*\*\*\*\*. She lives with her parents, Mr. and Mrs. \*\*\*\*\* , and her younger biological brother, Steve.

Jane Doe was a product of a full-term delivery. A Caesarian section was performed and a perfect APGAR obtained. Mrs. \*\*\*\*\* reported that she smoked a half of a pack of cigarettes per day during the pregnancy. No complications were admitted. It was reported that Jane Doe reached her developmental milestones, such as talking and walking, within normal limits. When Jane Doe was 2-years old, she fell and hit her chin on the bathtub; she received three stitches.

Jane Doe attends \*\*\*\*\* , where she completed 1<sup>st</sup> grade. Mrs. \*\*\*\*\* reported that the school curriculum is accelerated by one year. Jane Doe attended Junior Kindergarten (Preschool) and all-day Kindergarten at the same school. She earned A's in all subjects, except

for Handwriting where she received a B. Jane Doe said that she liked school and her teachers a lot. She stated that they gave her challenging work that became easy after she studied it. Mr. \*\*\*\*\* indicated that Jane Doe picked up concepts quickly. Jane Doe did not like repeating material because it was boring to her. Mrs. \*\*\*\*\* reported that six months ago Jane Doe was writing letters and numbers backward and reversing their order. This reversing has decreased with practice and recently only occurred when exposed to new material. Jane Doe also became frustrated when given a large amount (e.g., 10 problems) of math problems at once because she said that there were too many. When they were given to her five at a time for example, she was able to complete all 10 problems. The Kuman program has helped her to complete a greater number of problems without frustration. The Kuman program requires students to complete reading or math worksheets (8 problems each) in addition to the regular curriculum. Mrs. \*\*\*\*\* stated that Jane Doe was impatient when solving math problems because she wanted to memorize the addition and multiplication tables rather than working them out. Jane Doe had also refused to do handwriting at times because she disliked it.

Mr. and Mrs. \*\*\*\*\* described Jane Doe as intense, aggressive, argumentative, angry, impulsive, and unhappy. They expressed concern about her defiant behavior saying that she often makes things harder for herself because she wants things a little different than the way she receives them. Mr. \*\*\*\*\* said that she had a tendency to be "cold and callous", with a desire to control and manipulate others.

Mrs. \*\*\*\*\* reported that Jane Doe had severe temper tantrums when she was 4 and 5 years old that occurred once every two days. At present, these temper tantrums occurred once every two weeks, in which Jane Doe would scream, yell, and kick. Jane Doe said that she felt unable to hold in her anger and would have to shout at the person that made her mad. The types of things that Jane Doe reported made her mad were people being mean or unfair to her and accidents that could not be fixed. Jane Doe also expressed a desire to be able to control her anger. Mr. and Mrs. \*\*\*\*\* reported the things that initiated the temper tantrums as something that she did not want or like and things that she viewed as unfair or as mistreatment.

After a temper tantrum occurred, it would take a half an hour to two hours for Jane Doe to resume normal behavior and refocus on the current activity (e.g., having to wear an outfit that she liked, but didn't want to wear that day). She was more inclined to have a temper tantrum when she was tired, out of her regular pattern, or when dramatic/quick changes occurred. Mrs. \*\*\*\*\* said that Jane Doe had difficulty with transitions of activities when she was younger. As a result, they have tried to maintain a structured schedule. The temper tantrums would occur at home, in school, and in the community with family, teachers, adults, and friends.

During the previous academic year, the principal informed the parents that Jane Doe's behavior was becoming more than they could handle. Together they developed a discipline strategy: Jane Doe would first be put into the hallway, then sent to the Principal's office where her mother would spank her and send her back to class; this only had to be carried out once. With smaller outbursts in the classroom, Jane Doe was required to apologize to the class for her disruption. This reportedly worked because of her embarrassment of admitting to the negative behavior.

Mr. and Mrs. \*\*\*\*\* stated that, for them, different discipline strategies are more effective at different times. They have found that reasoning and implementing consequences in a strict, consistent manner, combined with spanking, has been most effective; whereas, inconsistency tended to make the behavior worse. Jane Doe often tested boundaries. When given specific instruction, she would often try to find a way around the direction or talk her way out of the situation. Recently, Mrs. \*\*\*\*\* helped Jane Doe develop a written contract for completing her

Kuman assignments. Jane Doe wrote what she had to do and decided on the consequence for not completing it; this had been successful. Rewards that Mr. and Mrs. \*\*\*\*\* frequently utilized were special activities, praise, added privileges, and hugs.

Jane Doe was able to initiate and maintain friendships. Although, she would frequently become mad and yell when a playmate did not want to play what she wished to play. It was reported by, both Mrs. \*\*\*\*\* and Jane Doe, that she had a good relationship with the members of the family. Mr. \*\*\*\*\* expressed concern that Jane Doe did not seek out affection and often seemed distant and uninterested in them. In contrast, Jane Doe stated that she enjoyed hugs from her dad and going places with the family. Mrs. \*\*\*\*\* disclosed that Jane Doe did not want to go to sleep at night and, subsequently, was difficult to arouse in the morning. She also frequently twirled her hair when nervous, anxious, or concentrating; at one point, she engaged in this behavior so much that she no longer had hair in that spot.

Jane Doe enjoys reading, playing computer games, rollerblading, swimming, and learning about dinosaurs. At school, she is involved in taekwondo, gymnastics, and baseball. Mr. \*\*\*\*\* indicated that if Jane Doe did not have immediate success then she would lose interest in the activity and vice versa. She said that she enjoyed completing her chore of cleaning the bathroom and hopes to one day become an Astronaut or Paleontologist.

### **Mental Status Examination:**

Jane Doe presented as a 7 year-old white female who appeared approximately her stated age. She was well groomed and neatly attired in a dress. Her manner toward the examiner was friendly and cooperative. Posture and gait appeared to be within normal limits. Jane Doe's facial expressions throughout the evaluation were consistent with conversation and context. Her speech was normal in rate and tone. Responses to questioning were appropriate, evidencing a logical and coherent stream of thought without tangentiality, circumstantiality, or looseness of association. She was able to understand and follow directions. Jane Doe was oriented to person, place, and time. Her memory for recent and remote personal events was intact in that she was able to correctly recall autobiographical information such as her birthday and her parent's names. Jane Doe's affect, or emotional responsiveness, was appropriate for her age. No indications of suicidal ideation, hallucinations, or delusions were evident. The evaluation was considered a valid indication of Jane Doe's current functioning.

### **Test / Behavioral Observations :**

Jane Doe was observed within a one-to-one testing situation. The session took place in a quiet, well-lit room. When the evaluation began, Jane Doe was friendly and ready to get started. She spoke at a casual pace and was easily understood. She sustained logical, appropriate conversation with the examiner. Jane Doe accepted breaks when offered. She appeared to enjoy easy tasks and acted frustrated when they became hard. She constantly sought out reassurance and to know if she was performing better than others who may have taken the test. Several times Jane Doe tried to control the situation (e.g., demanding a pencil with an eraser when given one without). When told that this was how it had to be done, she usually complied. Once, she demanded a pencil with an eraser again and when this request was ignored she complied. Jane Doe fidgeted constantly throughout the testing session and occasionally answered questions quickly.

### **Instruments Administered and Methods Used:**

Diagnostic Interview  
Child Interview  
Wechsler Intelligence Scale for Children - Third Edition  
Woodcock Johnson - III, Tests of Achievement  
Behavioral Assessment System for Children-Parent Rating Scales  
Children's Self-Report and Projective Inventory  
House-Tree-Person  
Kinetic Family Drawing  
Developmental Questionnaire

### **Present Testing Results:**

#### **Cognitive Ability Measure**

*Wechsler Intelligence Scale for Children - Third Edition (WISC-III)*  
(Mean = 100, Standard Deviation = 15)

<u>Composites</u>	<u>IQ/Index</u>	<u>Confidence Interval</u>	<u>Percentile</u>
Full Scale	135	128-139	99
Verbal	146	137-150	99
Performance	117	107-123	87
Verbal Comprehension	149	139-153	99
Perceptual Organization	122	111-128	93
Freedom from Distractibility	124	112-130	95
Processing Speed	111	100-119	77
<u>Subtests</u>	<u>Standard Scores</u>	<u>Subtests</u>	<u>Standard Scores</u>
Information	19	Picture Completion	14
Similarities	18	Coding	9
Arithmetic	15	Picture Arrangement	14
Vocabulary	19	Block Design	14
Comprehension	18	Object Assembly	12
(Digit Span)	13	(Symbol Search)	15
		(Mazes)	7

#### **Achievement Measure**

*Woodcock-Johnson III Tests of Achievement (WJ III A)*  
(Mean = 100, Standard Deviation = 15)

<u>Cluster</u>	<u>Standard Score</u>	<u>Percentile</u>
Total Achievement	139	99.5
Broad Math	122	93
Math Calc Skills	106	66
Broad Reading	141	99.7
Oral Language	140	99.6
Broad Written Language	132	98
Written Expression	130	98
Academic Skills	131	98
Academic Fluency	132	98
Academic Apps	132	98
<u>Subtests</u>	<u>Standard Score</u>	<u>Percentile</u>
L-W Identification	131	98
Reading Fluency	145	99.9
Story Recall	143	99.8
Understanding Directions	135	99
Calculation	111	77
Math Fluency	90	24
Spelling	128	97
Writing Fluency	121	92
Passage Comprehension	126	96
Applied Problems	134	99
Writing Samples	124	94

### **Personality/Socio-emotional Measures:**

*Behavioral Assessment System for Children – Parent Reports (BASC PRS-C)*  
(Mean = 50, Standard Deviation = 10, Norming Group = Female)

<u>Clinical Scales</u>	<u>Mother</u>	<u>Father</u>
Hyperactivity	59	64*
Aggression	79**	86**
Conduct Problems	56	84**
Anxiety	69**	75**
Depression	65*	72**
Somatization	41(low)	44(low)
Atypicality	80**	80**
Withdrawal	49	43(low)
Attention Problems	52	55
<u>Adaptive Scales</u>		
Adaptability	32*	27**

Social Skills	50	41
Leadership	63(high)	67(high)
<u>Composite</u>		
Externalizing Problems Scores	67	83
Internalizing Problems Scores	61	68
Behavior Symptoms Index	75	82
Adaptive Skills Scores	48	44

\* At Risk

\*\* Clinically Significant

### **Assessment Results and Clinical Impressions:**

#### **Cognitive Measure**

Cognitive functioning, as measured by the Wechsler Intelligence Scale for Children - Third Edition (WISC-III)), was found to be in the very superior range. Jane Doe obtained a Full Scale IQ of 135 which was comprised of a Verbal IQ of 146 and a Performance IQ of 117. The chances that the range of scores from 128-139 include her true IQ are 95 out of 100. The 29 point verbal-performance discrepancy favoring verbal functioning was significant and appears to indicate Jane Doe's verbal/linguistic intellectual abilities were much better developed than those emphasizing visual/spatial competencies. These findings were supported by a similar pattern of functioning as indicated by a statistically significant discrepancy between the Verbal Comprehension (SS=149) and Perceptual Organization (SS=122) factors.

#### **Achievement**

Jane Doe's skills in reading, math, and written language were found to be within the very superior range. When compared to peers her age, Jane Doe's reading skills were very superior. As words became more difficult for her to read, she began to add and/or omit letters (e.g., "authoree" for *authority*, "ensesional" for *essential*). Jane Doe's comprehension skills of written language were in the very superior range, while her skills in expressing herself in written form was in the superior range. When writing sentences, she left little space between words. She often omitted punctuation and appropriate capitalization. Oral language was found to be a significant strength when compared to Jane Doe's same aged peers. She was able to recall stories and follow directions given orally. Jane Doe's skills in solving applied math problems were superior, while her calculation skills were found to be within the average range. This personal weakness was due in part to applying the incorrect operation (i.e., adding instead of subtracting) to various problems.

#### **Personality/Socioemotional**

Jane Doe's overall behavior, emotional adjustment, and personality dynamics were measured with several objective and projective measures. The personality assessments indicated that Jane Doe was a generally well adjusted child exhibiting mild levels of anxiety. Her anxiety

primarily stemmed from pressure to succeed academically and athletically and was a reaction to discipline used within the home and school environments. Although Jane Doe was bright, her emotional development was not consistent with her intellectual development. As a result, her thinking may be concrete, in that she felt every person and situation should be handled the exact same way every time. Children with higher levels of cognitive and verbal reasoning often question things and want an explanation of why they cannot do something. When they do not receive this, they may become upset because they do not understand and feel that they are being treated unfairly. Jane Doe's anger is often expressed by losing her temper, arguing, and refusing to comply with adults' requests. She expressed concerns about the quality of her performance during the assessment. Due to this, she required excessive reassurance about her performance. Jane Doe's anxiety and worry have resulted in not wanting to engage in tasks that she is not immediately successful in and not wanting to follow the rules.

## **Summary**

Jane Doe is a 7-year, 3-month-old Caucasian female. Overall, indications from current testing suggest that Jane Doe's general cognitive ability was commensurate with her achievement ability. Her general cognitive ability was found to be within the very superior range. The significant verbal-performance discrepancy favoring verbal functioning appeared to indicate Jane Doe's verbal/linguistic intellectual abilities were much better developed than those emphasizing visual/spatial competencies. On tests of achievement, Jane Doe scored in the very superior range. Oral language was found to be a significant strength when compared to her same aged peers. Jane Doe's math calculation skills were found to be a personal weakness, scoring within the average range. Personality assessment results indicate that Jane Doe was displaying mild levels of anxiety. Her anxiety was expressed through worry, aggression, and lack of adaptability.

## **Diagnostic Impressions:**

### **DSM-IV Diagnosis**

Axis I:	Rule out 300.02 Generalized Anxiety Disorder
Axis II:	V71.09 No diagnosis
Axis III:	none
Axis IV:	Inconsistent discipline, difficulty with peer interaction
Axis V:	GAF = 70 (Current)

## **Recommendations:**

Considering background information, behavioral observations and present testing, the following recommendations are made:

1. Jane Doe may benefit from individual counseling to address her anxiety and aggression. This may provide her with the opportunity to discuss her feelings and concerns about family

and school.

2. Mr. and Mrs. \*\*\*\*\* may want to consider parent training to assist them with anger management and in developing a home discipline program for Jane Doe. Such training may offer more appropriate methods of addressing Jane Doe's specific needs.
3. A behavior contract, similar to the one used for completing Kuman assignments, could be incorporated to work with various behaviors. Allowing Jane Doe to develop the contract with parental assistance will ensure that she both understands the parameters of the behavior and cares about the reward.
4. It may be beneficial to allow Jane Doe to make simple choices, such as which vegetable to eat or which color shirt to wear. This reduces the need to exercise autonomy in negative ways and accept necessary limits with greater ease.
5. Jane Doe may benefit from using a time-out procedure to combat her temper tantrums. When a temper tantrum begins, send Jane Doe to her room until she calms down and regains control. This is better than banishing her for a specified period of time because it emphasizes her competence and responsibility to regain self-control without the punitive implications of a fixed sentence. Time-out rules should be discussed with Jane Doe before a tantrum outbreak. Corporal punishment may reinforce attention-seeking behaviors, while teaching her to use physical force. Once the tantrum is over, a matter-of-fact statement such as "You did a good job of getting yourself under control" may be more productive than a lecture or punishment.
6. The use of an extinction procedure (e.g., time-out) to reduce tantrum behavior should be paired with a reward procedure to encourage more appropriate means of expressing needs and obtaining goals. The use of systematic attention and social reinforcement techniques requires caregivers to identify and reinforce desirable behaviors such as complying with parental requests, sharing toys with other children, and using words to express frustration. Caregivers reward the occurrence of these behaviors with positive attention, praise, and positive physical contact.
7. The following recommendations may help Jane Doe's difficulty with math calculation:
  - A. Utilizing tangible objects (e.g., pennies) or math manipulatives may help her to understand the basic steps to solving the problems. This hands-on approach will allow her to visualize each step as it is completed.
  - B. Highlighting the operational signs for each problem before solving.
8. Jane Doe should be encouraged to proofread her assignments before turning them in. This will allow her to check for capitalization and punctuation errors.
9. The following recommendations may help Jane Doe's handwriting and word spacing:
  - A. Provide Jane Doe with graph paper, instructing her to write letters in each block, while skipping a block between words and sentences. This approach can be utilized with cursive by continuing to place each letter in a separate box and allowing the connecting strokes to flow over the graph lines.



- B. Have Jane Doe leave a finger space between each word she writes and place dots between letters (e.g., l•e•t•t•e•r•s).
- C. Provide Jane Doe with examples of letters, including arrows that indicate the direction of formation.
- D. Have Jane Doe perform a “practice page” before turning in the actual assignment.
- E. Allow Jane Doe to use the computer for assignments that do not emphasize handwriting.

10. If there are any questions about the material in this report or if further consultation is necessary, please do not hesitate to contact the clinic directly at (765) 285-8526

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Sherri A. Sharp, M.S.  
Student Clinician

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Date