

# Clinic Cases - 4

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## Documenting experience at Ball State University, 2000-2001

### REPORT OF PSYCHOEDUCATIONAL EVALUATION

**ALL NAMES AND IDENTIFYING INFORMATION HAVE BEEN CHANGED TO PROTECT PRIVACY  
IN THIS PUBLICATION.**

#### *CONFIDENTIAL*

#### **DEMOGRAPHIC DATA:**

Client:	John Doe *****	Birth Date:	*****
Parents:	Mr. and Mrs. *****	Age:	5-x
Address:	***** ***** *****	Grade:	Pre-Kindergarten
Phone:	*****	School:	*****
Examiners:	Sherri Sharp, M.A.	Dates of Testing:	*****

#### **REASON FOR REFERRAL:**

John Doe was referred for a comprehensive psychoeducational evaluation by his mother, Mrs. Mrs. \*\*\*\*\*. It was reported that John Doe was having difficulties with small motor skills, listening, as well as paying attention in school. Therefore, an evaluation was performed to determine if John Doe was developing at an appropriate pace for his chronological age.

#### **BACKGROUND INFORMATION:**

John Doe is a five-year-old male who currently resides in \*\*\*\*\*. He was enrolled in the Pre-Kindergarten class at \*\*\*\*\*. He lived with his biological parents, Mr. and Mrs. \*\*\*\*\* , and his younger biological sister, Katie [real name withheld].

John Doe's mother reported that he was born two weeks premature at a weight of seven pounds, five ounces. There were no problems indicated during pregnancy or birth. However, John Doe experienced the transient effects of jaundice and mild respiratory distress soon after birth. At the age of 12 months, John Doe was hospitalized for pneumonia. At 24 months, he experienced a high fever of 105 ° Fahrenheit for a period of four days and was hospitalized. John Doe has been sensitive to heat and, when exposed to heat, reacts by developing hives. His mother reported that he was also allergic to the metal nickel. For example, he had an allergic

reaction from the button on his jeans, resulting in hives. Eczema and Cortisone creams effectively treated this reaction. Mrs. \*\*\*\*\* reported that John Doe reached developmental milestones, such as talking and walking, within normal limits. John Doe was successfully toilet trained at 24 months, with full control. At the age of 3 years, however, he began wetting his pants and the bed. Mrs. \*\*\*\*\* stated that this began immediately after a suicide attempt on her part. John Doe was taken to the pediatrician to have urine tests conducted. At the age of 5 years, Mrs. \*\*\*\*\* reported that John Doe continued to void urine into the bed 2-3 times per week and into his clothing 2-3 times a day. He also began soiling his pants at the age of 5 years, which was approximately 4 –5 months before the current evaluation. John Doe’s mother reported that at the time of the evaluation, he continued to soil his pants once a day. Mrs. \*\*\*\*\* returned to the pediatrician to inquire about the nature of the soiling. She stated the pediatrician told her not to worry, due to the fact that the problem was not biological in nature. John Doe’s soiling was a soft bowel movement and not the result of constipation. Both the wetting and the soiling have occurred while he was playing with friends and when alone. He did not have a habit of this behavior while at school. The mother reported that when John Doe starts to wet his pants he stops himself, implying a certain degree of control. Methods implemented by Mrs. \*\*\*\*\* to help John Doe with the problems included reminding him to go to the restroom several times throughout the day and awakening him during the night. His hearing and vision were evaluated on the 5<sup>th</sup> of July, 2000 and were determined to be within normal limits.

John Doe received speech therapy at the age of 3 years. He was having difficulty pronouncing many consonants (stuttering). No additional information was provided by the Speech Pathologist. Mr. and Mrs. \*\*\*\*\* reported that John Doe was no longer in speech therapy at the time of the current evaluation.

Educationally, John Doe’s mother stated several areas of concern, which included difficulty with small motor skills, as well as a poor level of concentration, regarding listening and paying attention at school. The problem was first noticed in September of 1999 when John Doe’s teacher brought it to his parents’ attention. Furthermore, Mrs. \*\*\*\*\* stated that John Doe had difficulty with writing and did not like school. During a phone interview, John Doe’s teacher, Ms. \*\*\*\*\*, commented on John Doe’s difficulties. She stated that she had talked to Mrs. \*\*\*\*\* and suggested that it might help John Doe if some extra work were sent home for him to practice (e.g., writing the alphabet). Mrs. \*\*\*\*\* said that he could, and would, do these types of activities at home. Mrs. \*\*\*\*\*, however, commented that John Doe would not do them at school. Mrs. \*\*\*\*\* said that he knew the alphabet while Mrs. \*\*\*\*\* stated that John Doe would not demonstrate this skill to her. Additionally, Ms. \*\*\*\*\* would have to prompt him to do activities that he did not want to do (e.g., cutting). She would encourage him by saying, “John Doe, you need to work on this.” He would complete the activity if Ms. \*\*\*\*\* continued to prompt him until he was done. Finally, his teacher stated that John Doe was easily distracted. For example, if the students were working on addition problems, John Doe would perform better if all of the other problems on the page were covered up, except for the problem of interest. The teacher stated that it appeared to her as if John Doe were over stimulated by all of the problems being visible to him.

Ms. \*\*\*\*\* reported that when compared to the other children in the class, John Doe appeared more “reserved” than the other boys his age. He did not interact with his peers on a one-to-one basis, the majority of the time. In spite of getting along with the boys, John Doe did not seem to belong to any “group” in the class. He did not initiate contact with his peers; but rather, he seemed to “zone” in on something and then went off on his own to play. He refused to participate in group activities. Therefore, the teacher often had to steer him toward others in

order to interact. The way in which John Doe had shown his refusal to participate in an activity had been to sit quietly in his seat and to do nothing. Furthermore, John Doe seemed to be content by himself and would get upset if someone wanted to play/share the toy he was playing with at the time. He has been respectful of the adults/teachers, but they have to get his attention in order to get him to follow the rules. This has been accomplished with a one-on-one approach, in which Ms. \*\*\*\*\* re-stated the instructions specifically to John Doe.

John Doe's mother, Mrs., viewed John Doe as a bright, loving child. She stated that John Doe's favorite activities were playing on the computer and playing with the neighborhood kids, especially the neighbor Cole. John Doe's interactions with his mother were described as being great. They spent a great deal of time together. Likewise, John Doe's father, Mr., indicated a satisfying relationship with his son. Both parents stated that John Doe was overly attached to his mother. They reported that John Doe had to always know exactly where his mother was and where she was going to go if leaving his sight. On the occasions when John Doe did not know his mother's location, he appeared anxious, worried, and began to cry. The crying did not stop until his mother returned. John Doe often waited to go to sleep at night until his mother came home. Since John Doe experienced illnesses from birth to age 3, his parents reported that they have tried to be extra loving toward him. For example, John Doe slept in the same bed as his parents most nights. The nights that John Doe did not sleep with his parents, he slept with his younger sister, Olivia. Mr. and Mrs. \*\*\*\*\* stated that John Doe got along with his sister, but often engaged in typical childhood disputes.

### **TEST/BEHAVIORAL OBSERVATIONS:**

John Doe was observed within a one-to-one testing situation over the course of two consecutive days with two examiners. The sessions took place in a quiet, well-lit room. When the evaluation began, John Doe was excited and friendly. He was extremely verbal and spoke at a fast-pace, which made it difficult to understand his speech. Likewise, John Doe often pronounced the letter "L" as a "W" (e.g., "Pwease" instead of "Please"). John Doe was semi-cooperative during testing, often telling stories about activities that he liked to do. He responded well to redirection and would resume on-task behavior.

Upon arriving for the second session, John Doe appeared tired and uninterested. His attitude was varied from the previous day. He often yawned, rubbed his eyes, and asked when he could leave. John Doe was easily distracted, often making faces at himself in the window. This lack of concentration and cooperation was particularly evident during the first two tasks, which required him to remember and recall words from a shopping list and to continually attend to information, plan, execute strategies, as well as monitor performance. It was necessary to repeat directions for many of the items. His restlessness increased as the session continued. John Doe often squirmed in his seat and sometimes stood at the table during the evaluation, until frequent breaks were required. A reward system involving stickers was implemented as an incentive for John Doe during the evaluation. The technique was effective and John Doe responded very positively.

Overall, John Doe was highly verbal and did not sustain logical, appropriate conversation with the examiners. For example, John Doe talked incessantly about whatever came to mind, rarely relating the conversation to the evaluation. John Doe exhibited impulsive tendencies throughout the session, often playing with materials before the activity was administered. His

pencil grip changed from time to time as well. Likewise, he was verbally spontaneous— answering questions before they were completely stated. John Doe appeared easily distracted throughout the evaluation, which resulted in highly varied performances, specifically on the attention and memory/learning measures. As a result of these interfering behaviors, some results may be an underestimate of John Doe’s abilities.

**INSTRUMENTS ADMINISTERED AND METHODS USED:**

- Clinical Diagnostic Interview (Parents)
- Teacher Phone Interview
- Wechsler Preschool and Primary Scale of Intelligence – Revised
- Bracken Basic Concept Scale -Revised
- Clinical Evaluation of Language Fundamentals-Preschool
- California Verbal Learning Test – Child Edition
- Conners Continuous Performance Test
- Developmental Test of Visual-Motor Integration
- Behavioral Assessment System for Children-Parent Rating Scales
- Children’s Self-Report and Projective Inventory
- Wishes and Fears Child Interview
- House-Tree-Person
- Kinetic Family Drawing
- Parent-Child Relationship Inventory
- Developmental Questionnaire

**PRESENT TESTING RESULTS:**

**Cognitive Ability Measures**

*Wechsler Preschool and Primary Scale of Intelligence – Revised (WPPSI-R)*  
 (Mean = 100, Standard Deviation = 15)

<u>Scale</u>	<u>IQ</u>
Full Scale	85
Verbal Scale	82
Performance Scale	91

(Mean = 10, Standard Deviation = 3)

<u>Verbal Scale</u>	<u>Scaled Score</u>	<u>Performance Scale</u>	<u>Scaled Score</u>
Information	8	Object Assembly	10
Comprehension	6	Geometric Design	7
Arithmetic	7	Block Design	7
Vocabulary	7	Mazes	6
Similarities	7	Picture Completion	14

## Achievement Measures

*Bracken Basic Concepts Scale-Revised (BBCS-R)*  
(Mean = 100, Standard Deviation = 15)

<u>Composites</u>	<u>Standard Score</u>	<u>Percentile</u>	<u>Normative Classification</u>
Total Test	88	21	Average
School Readiness Composite	84	14	Delayed

(Mean = 10, Standard Deviation = 3)

<u>Subtests</u>	<u>Scaled Score</u>	<u>Percentile</u>	<u>Normative Classification</u>
School Readiness Composite	7	16	Average
Direction/Position	8	25	Average
Self-/Social Awareness	11	63	Average
Texture/Material	7	16	Average
Quantity	9	37	Average
Time/Sequence	8	25	Average

## Language Measure

*Clinical Evaluation of Language Fundamentals-Preschool (CELF-Preschool)*  
(Mean = 100, Standard Deviation = 15)

<u>Composites</u>	<u>Standard Score</u>	<u>Percentile</u>
Total Language	116	86
Receptive Language	106	66
Expressive Language	126	96

(Mean = 10, Standard Deviation = 3)

<u>Receptive Language Subtests</u>	<u>Standard Score</u>	<u>Percentile</u>
Linguistic Concepts	12	75
Basic Concepts	10	50
Sentence Structure	11	63
<u>Expressive Language Subtests</u>	<u>Standard Score</u>	<u>Percentile</u>
Recalling Sentences in Context	15	95
Formulating Labels	11	63
Word Structure	17	99

## Memory/Learning

### *California Verbal Learning Test – Children’s Version*

(Mean = 50, Standard Deviation = 10, Scaled Score Mean = 0, Standard Deviation = 1)

<u>Level of Recall (Number Correct) and Contrast Scores</u>	<u>T-Score</u>	<u>Scaled Score</u>
List A Total Trials 1-5	31	---
Confidence Interval List A Total Trials 1-5	24-38	---
List A Trial 1 Free Recall	---	-2.0
List A Trial 5 Free Recall	---	-1.0
List B Free Recall	---	-1.5
List B Free Recall vs. List A Trial 1 Free Recall	---	0.5
List A Short-Delay Free Recall	---	-1.5
Short-Delay Free Recall vs. List A Trial 5	---	-0.5
List A Short-Delay Cued Recall	---	-1.5
List A Long-Delay Free Recall	---	-2.5
Long-Delay Free Recall vs. Short-Delay Free Recall	---	-1.0
List A Long-Delay Cued Recall	---	-2.0
<u>Learning Characteristics, List A Trials 1-5</u>		
Semantic Cluster Ratio (Observed/Expected)	---	-3.0
Serial Cluster Ratio (Observed/Expected)	---	0.5
Percent of Total recall from Primacy Region	---	1.0
Percent of Total Recall from Middle Region	---	1.5
Percent of Total Recall from Recency Region	---	-3.0
Learning Slope	---	0.5
Percent Recall Consistency	---	0.0
<u>Recall Errors</u>		
Perseverations (Free-and-Cued-Recall Trials)	---	-1.0
Free-Recall Intrusions (Total)	---	.05
Cued-Recall Intrusions (Total)	---	1.5
Intrusions (Free-and-Cued-Recall Total)	---	1.0
<u>Recognition Measures and Contrast Scores</u>		
Correct Recognition Hits	---	-1.5
Discriminability	---	-1.5
Recognition Discriminability vs.		
Long-Delay Free Recall	---	1.0
False Positives (Total)	---	0.5
Response Bias	---	0.0

## Attention/Continuous Performance

### *Conners Continuous Performance Test*

(Mean = 50, Standard Deviation = 10)

T-Score      Percentile      Qualitative Rating

Number of Hits	*	89.51	MILDLY ATYPICAL
Number of Omissions	*	89.51	MILDLY ATYPICAL
Number of Commissions	49.54	52.14	within average range
Hit Reaction Time	49.40	47.60	within average range
Hit Reaction Time Standard Error	67.91	97.06	MARKEDLY ATYPICAL
Variability of Standard Errors	66.49	95.02	MARKEDLY ATYPICAL
Attentiveness (Perceptual Sensitivity)	55.40	70.51	within average range
Risk Taking (Bias)	52.70	64.43	within average range
Hit Reaction Time Block Change	61.75	89.86	MILDLY ATYPICAL
Hit Standard Error Block Change	55.81	75.17	within average range
Hit Reaction Time Inter-Stimulus Index	66.33	94.85	MARKEDLY ATYPICAL
Hit Standard Error Inter-Stimulus Index	54.00	69.14	within average range

### Visual-Motor Measure

*Developmental Test of Visual-Motor Integration (VMI)*  
(Mean = 100, Standard Deviation = 15 )

<u>Standard Score</u>	<u>Percentile</u>
97	42

### Personality/Socio-emotional Measures

*Behavioral Assessment System for Children – Parent Report (BASC-PRS-C)*

	<u>Mother</u> <u>T-Score</u>	<u>Father</u> <u>T-Score</u>
Hyperactivity	57	57
Aggression	43	58
Anxiety	78 **	68 *
Depression	74 **	69 *
Somatization	54	51
Atypicality	48	41
Withdrawal	51	59
Attention Problems	73 *	58
Adaptability	41	29 **
Social Skills	56	51
Externalizing Problems	50	58
Internalizing Problems	74 **	66 *
Adaptive Skills	48	39 *
Behavior Symptoms Index	67 *	66 *

\* At Risk

\*\* Clinically Significant

*Children's Self-Report and Projective Inventory*  
(See text of report for discussion)

*Wishes and Fears Child Interview*  
(See text of report for discussion)

*House-Tree-Person (H-T-P)*  
(See text of report for discussion)

*Kinetic Family Drawing*  
(See text of report for discussion)

*Parent-Child Relationship Inventory*  
(See text of report for discussion)

## **RESULTS AND IMPRESSIONS:**

The Wechsler Preschool and Primary Scale of Intelligence – Revised (WPPSI-R) includes a series of subtests, which are used to estimate an individual's intellectual ability. This measure has a verbal and nonverbal component that when combined, comprise the Full Scale IQ. The verbal subtests measure range of vocabulary usage and immediate auditory memory. The nonverbal subtests assess visual attention to detail, visual-spatial constructional functioning, and speed of visual-motor operations.

John Doe's general cognitive ability fell with the Low Average to Average range of intellectual functioning, according to the Wechsler Classification System. No notable difference was demonstrated between his Verbal and Performance IQ scores, which indicated John Doe's global verbal/linguistic abilities and global visual spatial abilities were uniformly developed. Little variability was evidenced among the individual WPPSI-R subtests suggesting they measured what they purported to measure. A relative strength was displayed on a task assessing perceptual organization, in which John Doe was asked to respond orally or to point to the missing item in a series of pictures presented.

### Achievement/Basic Concepts

John Doe was administered a measure of basic concepts which included concepts of colors, numbers, size, comparing objects, understanding direction, and quantity. The Bracken Basic Concept Scale-Revised was utilized. On this measure, John Doe's overall score was in the average range. This indicates that he scored better than 21% of other children his age. The School Readiness Composite is a measure of various skills necessary to be successful in school. It consists of color, letter, size, and number identification, as well as counting. John Doe was found to be delayed on the School Readiness Composite. John Doe displayed a significant strength in self and social awareness.

### Language

John Doe was administered a standardized measure of language ability to assess his receptive and expressive language abilities, as well as vocabulary development. The receptive language tasks included identifying various animals in order (e.g.-show me *the elephant then the*



*giraffe*), basic concepts (e.g.-show me *the one that is inside*), pictures that match the sentence being read (e.g.-point to *the boy was followed by his cat*). The expressive language tasks included recalling sentences from a story (e.g.-What did Laura say? *Will Fluffy move, too?*), labeling actions and things from pictures (e.g.-What is the man doing? *pouring*), and sentence completion (e.g.- Here the girl is playing./Here the girl is *sleeping*.) Essentially, receptive language refers to the ability to comprehend written and spoken language, while expressive language refers to the ability to produce written and spoken language. Overall, his results indicated that his general language fell within the 86<sup>th</sup> percentile, compared to those in the standardization sample. He fell within the Normal range. John Doe's age equivalent was 7 years, 1 month. This varied between the age range of 4 years, 10 months and 9 years, 1 month.

### Memory

John Doe was administered a test that assessed auditory memory and verbal learning. He was presented with a shopping list (List A) that included 15 words, repeated over the course of five consecutive trials. Next, he was presented a different list (List B), and asked to remember 15 new words. Then, John Doe was asked to recall as many items as he could from the first List A without the words being presented again. In addition, he was asked to recall items from the original list while provided with cues (e.g., what items from the list were fruits or clothing, etc.). After a 20-minute delay without List A presented again, he was asked to recall this list, with and without cues. Last, he was presented with a list that contained items from List A and other items that were not from the initial list, and was asked to correctly identify whether the item was from the initial list or not. John Doe's performance indicated that his recall ability was Low Average over the course of the initial five trials. On the first trial, John Doe recalled 1 out of the 15, which was Low Average as compared to his same age peers; however, over the course of the next four trials, he recalled 4 out of the 15 words, which was still considered to be in the Low Average range. Once John Doe's attention is focused, he was able to learn. On both short-delay (several minutes) and long-delay (20- minutes) recall, John Doe performed in the Low Average range with the benefit of cues and without the benefit of cues. In terms of learning characteristics, John Doe did not develop or utilize a particular style for remembering the words with similar semantics from the same category was extremely low for his age. His ability to learn over repeated trials was average and reflected a normal increase in the number of new words recalled trial to trial. Overall, John Doe made errors by stating words that were not on the lists. For example, he recalled that certain words were part of List B; when in fact, they were part of List A. Errors were also produced when he stated words that were not mentioned on either of the lists. John Doe was not able to recognize all the words from the initial list at the end of the task, which was considered below average when compared to his same aged peers. The validity of this measure was comprised, due to John Doe's highly variable performance.

### Attention

John Doe was administered a standardized test of continuous performance to measure for possible difficulties in the areas of attention and impulsivity. Continuous performance is an area related to executive processing, in which and individual is required to continually attend to information, plan, execute strategies, and monitor performance. This particular test flashed a series of letters at variable rates and intervals on the computer screen for approximately fifteen minutes. He was asked to respond to every letter except "X," by pressing the space bar after it was presented. Scored indicated that John Doe gave slower responses at the end of the test than the beginning of the test, indicating an inability to sustain attention. Also, he was highly

inconsistent in responding, suggesting inattentiveness. Furthermore, he showed an unusual change in response speed, depending on the length of time between letters. This supported the idea that John Doe may have problems with attention/arousal. In general, John Doe's performance varied during the administration of this measure. He often was not focused on the task at hand.

### Visual-Motor

John Doe was administered a test to examine his copying ability. His ability to copy geometric designs was commensurate to other children his age, as well as his overall ability.

### Personality/Socioemotional

John Doe's overall behavior, emotional adjustment and personality dynamics were measured with several objective and projective measures. His parents provided information through completion of a behavior rating scales. They answered the questionnaires in an open and honest manner. Likewise, his teacher participated in a phone interview, which gave additional information. On the internalizing scales, measuring one's tendency to "bottle-up" their feelings, Mrs. \*\*\*\*\* and Mr. \*\*\*\*\* viewed John Doe within the clinically significant and at-risk ranges respectively. Mrs. \*\*\*\*\* endorsed items that suggested John Doe was in the clinically significant range for anxiety and depression, while Mr. \*\*\*\*\* endorsed items that placed John Doe in the at-risk range for both.

On the externalizing scales, measuring one's observable behavior, John Doe's parents rated him within the average range. John Doe's mother endorsed items that suggested that John Doe had difficulty with attention. John Doe's teacher reported similar attention problems. His teacher stated that he was easily distracted and that he appeared to her as if he were over stimulated by all of the problems being visible to him while working. John Doe's father rated him to be in the clinically significant range for adaptability, which may indicate difficulty with adapting readily to changes in the environment.

Additionally, Mrs. \*\*\*\*\* reported that John Doe did not interact with his peers on a one-to-one basis, the majority of the time. He did not initiate contact with his peers; but rather, he seemed to "zone" in on something and then goes off on his own to play. He refused to participate in group activities. Therefore, the teacher often had to steer him toward others in order to interact. On the Behavioral Symptoms Index, which measures desirable and undesirable conduct, John Doe was found to be within the at-risk range by his parents.

Mrs. \*\*\*\*\* also completed an inventory that is comprised of seven content scales. The score for each scale reflects parenting attitudes. Overall, these scales suggested that Mrs. \*\*\*\*\* was satisfied with parenting, involved in John Doe's activities, communicated well with him, and provided adequate care for him.

John Doe completed many drawings and many other projective measures in order to measure his emotional status. On a coloring task, it appeared as if John Doe was hastily coloring the figures in order to more quickly finish the session. However, John Doe indicated, when asked, that he understood what the directions were and what the colors meant. The sentence completion tasks denoted a child who was worried about his parents getting "lost in the woods". The drawings of a house, tree, person, and family were typical of young children's drawings.

After examination of all these measures, several conclusions were made. The personality assessments indicated an individual who displayed anxious tendencies that were affecting John Doe's social/emotional life. His need for closeness, wetting and soiling his pants and bed, and the lack of social interaction with his peers may be a result of his anxiety.

## **Summary:**

John Doe is a 5-year-3-month-old, Caucasian, male who was referred to determine if he was developing at an appropriate pace for his chronological age. Overall, indications from current testing suggest that John Doe's general cognitive ability is within the Low Average to Average range, with non-verbal skills as equally developed as verbal skills. John Doe's subtest profile displays an overall strength in solving problems with objects and visually focusing attention to details. On tests of achievement, John Doe scored in the Average range, which is consistent with his cognitive abilities. His language skills were considered to fall in the Average range. A test assessing memory suggests that John Doe's capabilities were in the below average to low average range. However, it also suggests that his ability to learn is considered average. An attention test's results note some areas as markedly atypical. These areas include the inability to sustain attention, as well as overall inattentiveness. John Doe's perceptual/sensory motor skills score is categorized as average, which is similar to that of his overall cognitive ability. Personality assessment results indicate that John Doe is dealing with issues related to separation from his mother. His need for excessive closeness to his mother, wetting and soiling his pants and bed, and the lack of social interaction with his peers may be significantly affecting his attitudes and behaviors towards others in his immediate environment (school) and his performance in school. His uncooperative behaviors and feelings of attachment to his primary caregiver should be monitored. It is expected that John Doe's level of attention will improve once the separation anxiety issues are resolved.

## **Diagnostic Impressions:**

### **DSM-IV Diagnosis**

Axis I: 309.21 Separation Anxiety with Early Onset  
307.6 Enuresis Nocturnal and Diurnal  
307.7 Encopresis Without Constipation and Overflow Incontinence  
Axis II: V71.09 No diagnosis  
Axis III: None  
Axis IV: Problems related to the social environment  
Axis V: GAF = 70 (Current)

## **RECOMMENDATIONS:**

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

1. John Doe may benefit from the family receiving counseling services. The therapist that works with John Doe and his family may want to facilitate effective communication between school, home, and the counseling situation.
2. In order to facilitate more independence, a behavioral plan is recommended. It is important that clear boundaries be set by Mr. and Mrs. \*\*\*\*\* in an effort to reduce anxiety due to

separation from his mother. These boundaries should include, but not be limited to, appropriate interaction behaviors (i.e. – sleeping alone on most occasions). Clearly defining parental versus child roles would be beneficial for John Doe. In addition, the following are various ways of handling some of John Doe’s non-compliant behaviors:

- S - Say what you mean. Parents need to be very clear in indicating the rules, limits, and expectations. Do not provide John Doe with any loopholes that can be used to avoid meeting his responsibilities.
  - M - Mean what you say. Parents have to be very sure that when you set a rule or lay out your expectations, you mean it. Parents have thought it through and have decided that it is an important and you mean to stick with it. Parents should also monitor John Doe’s behavior to make sure that he lives up to it.
  - I - Insure that you are the same every day. Parents have to be firm and consistent about what they say every day.
  - L - Let John Doe experience the consequences. It is not just a matter of the parents saying what they mean and believing what they say. Parents mean it only if they are willing to back it up. That often means letting him experience the consequences of not living up to the standard or rule.
  - E - Empower yourself to be a consistent and firm parent. Parents must give themselves permission and power to be parents who believe in the limits, rules, and expectations they provide for their children. Parents will be a more effective and more self-confident parents.
3. It is recommended that Mr. and Mrs. \*\*\*\*\* institute a sticker reward system to deal with John Doe’s wetting and soiling. A chart divided into morning, afternoon, and evening should be utilized. When John Doe remains dry and/or unsoiled for a specified amount of time (e.g.-all morning), the specified amount of stickers will then be added to the chart. At the end of each week the stickers can be counted. Goals can be established each week to determine the amount needed in order to earn a specified activity, object, or privilege.
  4. It is recommended that Mr. and Mrs. \*\*\*\*\* take into consideration the results of this evaluation and thoroughly read the literature provided to them in the feedback session when making their decision about when to place John Doe in Kindergarten.
  5. It is recommended that John Doe’s parents talk with his potential school and set up a meeting with pertinent personnel to discuss the contents of this report to help devise an educational plan that best meets his needs. Members of our staff are available for participation in such a meeting as needed. Please call the clinic directly to schedule such an appointment.
  6. In order to improve John Doe’s readiness for school, it is recommended that he continue doing practice activities at home. These should include, but not be limited to, identification of colors, letters, sizes, and numbers, as well as counting.
  7. It is recommended that John Doe begin using a large fat pencil with molded pencil grip at home and at school so that he may develop a consistent, comfortable writing grip.

8. It may be beneficial for John Doe to enroll in an extracurricular activity of interest. Involvement in a sport or program of interest may allow him to develop some positive social relationships with other children his age.
9. 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 (XXX) XXX-XXXX.

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Sherri Sharp, M.A  
Student Clinician

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Date

