

PSYCHOLOGICAL EVALUATION

NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
SEX: Male
ETHNICITY: Caucasian
DATE OF ASSESSMENT: August 7, 2004
DATE OF REPORT: August 24, 2004
NAME OF EXAMINER: Jerry Smith
REFERRED BY: Sheryl Milton, LCDC

REFERRAL QUESTION

Mr. [REDACTED] was referred for testing by his court appointed substance abuse counselor, Sheryl Milton at East Dallas Counseling Center to assess cognitive and emotional strengths and weaknesses. His symptoms began approximately 12 years ago and include the steady use of marijuana and alcohol. He has taken cocaine on average once every four to five months for the last 10 years. Mr. [REDACTED] has been arrested three times for possession or use of a controlled substance. The last arrest for disruptive behavior under the influence of cocaine resulted in his referral to the East Dallas Counseling Center. Mr. [REDACTED] expressed concerns about the potential use of psychological testing in regards to his current legal case.

The evaluator verbally informed the referee of the limits of confidentiality and privilege prior to the initiation of the evaluation. He was informed of any limitations to the usual doctor/patient relationship. He was told a report would be prepared for the referring agency/agent based on his history, current mental status, testing, and behavior during the evaluation (including but not necessarily limited to defensiveness, honesty, and cooperation). He was informed that in the event of any subpoena, the evaluator may not assert privilege on his behalf in which case the evaluator would testify truthfully and honestly regarding interactions with Mr. [REDACTED]. Mr. [REDACTED] stated his understanding prior to initiation of the evaluation.

EVALUATION PROCEDURES

Mr. [REDACTED] was interviewed and administered a Mental Status Exam (MSE), the Wechsler Adult Intelligence Scale-3rd ed. (WAIS-III), Rorschach, Minnesota Multiphasic Personality Inventory-2 (MMPI-2), Thematic Apperception Test (T.A.T.), and Trail Making Test.

BEHAVIORAL OBSERVATIONS/MENTAL STATUS

Mr. [REDACTED] was oriented to person, place, date, and situation. Based on conversational interaction, his intelligence was estimated to be in the average range. He demonstrated little difficulty with his immediate, short-term, and long-term memory capacities. His

attention and concentration did not appear to be limited. His abstract thinking was commensurate with his cognitive ability. He demonstrated an adequate fund of general information.

Mr. [REDACTED] demonstrated an appropriate range of emotional expression. His mood was generally pleasant and agreeable during the interview. He noted he receives an adequate amount of sleep, despite not being a "morning person" and has no difficulty getting to sleep or sleeping through the night. Mr. [REDACTED] indicated that he has a healthy appetite stating he likes to eat and denied any recent changes in appetite. He also denied any recent change in his libido.

Mr. [REDACTED] denied a history of self-destructive behavior. He also denied any history of suicidal behavior or current suicidal ideation. He denied any thought of harming others. Further, he denied experiencing auditory and visual hallucinations, as well as delusional beliefs.

During the interview and testing, Mr. [REDACTED]'s speech was articulate and well organized. There were no noteworthy patterns exhibited. He did not demonstrate any psychomotor agitation. He was attentive although he frequently looked to the clock in the room. Mr. [REDACTED] was cooperative with little to no resistance to questions or tasks. He presented as interested in doing well.

BACKGROUND INFORMATION

Per the referral, Mr. [REDACTED] is a 27-year-old, single, Caucasian male with no children. Mr. [REDACTED]'s mother reportedly died while Mr. [REDACTED] was young and he was raised by his paternal aunt and uncle. Mr. [REDACTED] reported he maintains a parent-child relationship with his biological father and saw him regularly growing up.

Mr. [REDACTED] indicated he has used illegal substances including marijuana and cocaine on numerous occasions beginning at age 15. He likewise reported using alcohol regularly since the age of 15. Mr. [REDACTED] reported having no history of serious medical treatment and no history of treatment for mental illness. He denied having been diagnosed with a serious physical illness or injury. He denied having been diagnosed with a serious mental illness or injury. Currently, he indicated he takes no medications, prescribed or otherwise. According to Mr. [REDACTED], he achieved all major developmental milestones, physical and mental, within normal limits.

During his school years, Mr. [REDACTED] reported having academic trouble in school because of prejudice from teachers. However, Mr. [REDACTED] graduated from high school and has earned two bachelor degrees. While attending college, and afterward, Mr. [REDACTED] has held numerous short-term jobs, including several internships. He has been at his most recent place of employment approximately 6 months. He indicated he enjoys his job and has no problems with supervisors or coworkers.

Mr. [REDACTED] denied the recent development of any specific stressors or conflicts. He indicated he has several meaningful relationships with family members and friends that provide a support system in times of need.

TEST RESULTS

WAIS-III. Throughout testing Mr. [REDACTED] appeared focused and interested in the testing process. Based on his observed behaviors it is likely that his performance on the intelligence test is an accurate assessment of his intellectual functioning or potential.

Mr. [REDACTED] was administered the Wechsler Adult Intelligence Scale—Third Edition (WAIS-III), which is an individually administered test of a person's intellectual ability and cognitive strengths and weaknesses. The WAIS-III is comprised of 14 separate subtests and measures both verbal skills and specific nonverbal abilities such as constructing designs with blocks and arranging pictures to tell a story. On the WAIS-III, Mr. [REDACTED] earned a Full Scale IQ of 95, which classifies his intelligence in the Average (90-109) range and ranks him at the 37th percentile when compared with other adults his age. There is a 95% chance that his true Full Scale IQ falls within the range of 91 to 99. There was a significant difference of 13 points between the Verbal and Performance components of his Full Scale IQ. The Full Scale IQ of 95 is therefore rendered meaningless and can not be interpreted as an accurate representation of Mr. [REDACTED]'s overall performance. Furthermore, the Verbal versus Performance discrepancy is known to occur in less than 23.8% of the standardization group. Mr. [REDACTED]'s Verbal IQ of 100 (50 percentile; Average (90-109) range) was significantly greater than his Performance IQ of 87 (19 percentile; Low Average (80-89) range), indicating that he demonstrated his intelligence more so via verbal comprehension and expression than nonverbally with pictures and concrete materials. Because Mr. [REDACTED]'s Full Scale IQ is not interpretable an examination of the components of the WAIS-III is required to achieve a clearer representation of his cognitive abilities.

MMPI-2. The Minnesota Multiphasic Personality Inventory—2 is an individually administered self-report measure that provides information regarding emotional states and personality traits that may affect the individual's functioning. It is based on how the individual responds to a series of questions or statements and may be influenced by the manner in which the individual responds to these statements.

Mr. [REDACTED]'s overall approach to the MMPI-2 revealed several aspects about how he attempted to present himself. His responses indicate he endorsed items consistently throughout the measure while trying to present a positive image in a sophisticated manner. In general, Mr. [REDACTED] most likely slightly underreported psychological distress in an effort to look favorable. However, this measure is still considered valid.

Rorschach. The Rorschach is a test consisting of a set of 10 bilaterally symmetrical inkblots. Mr. [REDACTED] was asked to describe to the examiner what the inkblots reminded him of. The Rorschach assesses the structure of Mr. [REDACTED]'s personality paying special attention to how he constructs his experiences. Information related to motivation, cognitive operations, emotionality, self-perception, and interpersonal relationships can be obtained using this technique. Mr. [REDACTED] provided a sufficient number of responses to ascertain reliable information.

T.A.T. The Thematic Apperception Test is a projective personality test consisting of pictures that depict a variety of social and interpersonal situations. The subject is asked to

tell a story about each picture to the examiner. The purpose of the T.A.T is to reveal the underlying dynamics of the subject's personality, such as internal conflicts, dominant drives and interests, motives, etc. Mr. [REDACTED]'s performance on the assessment elicited certain patterns and insight into his world and how he relates to it.

Trail Making Test. The Trail Making test has two forms, Trails A and Trails B. For Trails A, the subject must connect 25 numbered circles in numeric order. The circles are distributed in a random fashion across a page. The test measures a variety of functions including motor speed, visual scanning, and visual-motor integration.

For Trails B, subjects must perform a task similar to Trails A, but the circles contain either numbers or letters. The subject must connect the circles in alternating order between numbers and letters, that is, 1-A-2-B, etc. In addition to motor speed, visual scanning, and visual-motor integration, this test requires attention and cognitive flexibility.

Mr. [REDACTED]'s performance on the test places him in the normal to slightly above average range. Here, above average implies taking more time than the average person to complete a task.

IMPRESSIONS AND INTERPRETATION

Cognitive Functioning. Mr. [REDACTED] has an average intelligence as measured on the WAIS-III. During testing, he exhibited a number of relative strengths as well as weaknesses. Mr. [REDACTED] performed quite strongly on the vocabulary, information, and comprehension subtests compared to other subtests administered. His strong performance suggests that Mr. [REDACTED] is strong in the areas of fund of information, language development, verbal conceptualization, cultural opportunities, foreign language background, intellectual curiosity and striving, interests, outside reading, and richness of early environment. Mr. [REDACTED] also proved strong in culture-loaded knowledge and much verbal expression.

On the other hand, Mr. [REDACTED] did not perform well on the arithmetic and digit span subtests compared to other subtests administered. This relative weak performance suggests that Mr. [REDACTED], while having no specific weaknesses, has a generalized weakness of working memory compared to other cognitive indexes measured by testing.

As demonstrated by his performance on the Trail Making Test, Mr. [REDACTED] has about average cognitive flexibility. He has an ability to think logically and coherently. Being an idealistic person, Mr. [REDACTED] tends to make decisions based mainly on his reasoning than relying on emotions. However, he demonstrates an ability to fall back on his emotions to make decisions when seemingly appropriate. Still, he is more of a thinker, contemplating various alternative options and outcomes, rather than actually dirtying his hands. Mr. [REDACTED] demonstrates a balanced approach to dealing with situations. This approach incorporates a detached and uninvolved manner, as well as a concerned and engaged manner. Despite this flexibility, once he draws a conclusion regarding a given situation, Mr. [REDACTED] is quite inflexible in his opinions, even when faced with contradicting evidence.

Mr. [REDACTED] is capable, if not motivated, to grasp complex concepts and to devote extensive effort to problem solving. However, getting him to translate this contemplative exercise into a force for change may prove difficult as will later be seen.

Emotional Functioning. Mr. [REDACTED] tends to be less open to processing emotions than most people. As a result, Mr. [REDACTED] is at risk of being emotionally withdrawn.

Intrusive ideation is not a problem for Mr. [REDACTED] as he seems to lack awareness of unmet needs and is not bothered with thoughts of others controlling his life. Ironically, a recurrent pattern elicited on the T.A.T. was that of Mr. [REDACTED] relegating his own desires to a less important priority than those of his parents. Although not necessarily a consequence of the previous statement, Mr. [REDACTED] exhibits some evidence of non-antagonistic oppositional tendencies. This suggests that there may be some underlying anger and resentment for others and the world in general. This may be the result of feeling like his desires and wants are not as important as those of others, specifically his parents.

On some levels, Mr. [REDACTED] appears to relate to a young child, particularly in his dealings with his parents or other parental figures. He sees the world as being dualistic in nature: consisting of good and bad. While seeing the world as demanding and overbearing in many ways, he also sees it as open to compromise and subject to divine intervention.

Interpersonal Functioning. Mr. [REDACTED] tends to be talkative and expressive, exhibiting a social poise and friendliness. He portrays as optimistic and cheerful as well as success oriented and persistent. However, at the same time, Mr. [REDACTED]'s thoughts may become tangential and lead to a flight of ideas. Further, Mr. [REDACTED]'s inflexible thinking causes him to approach others with a lack of sensitivity to their motives or feelings. Because Mr. [REDACTED] thinks in concrete terms, believing that people must act a particular way in a given circumstance, his interaction with others is often insincere, superficial, and indiscriminating. Still, he appears to be interested in other people as much as most other adults do, although not necessarily to same level of intimacy.

Mr. [REDACTED] is mildly conformist, a pattern noted across various tests, and often exhibits over-conventional thinking. He avoids acknowledging socially unacceptable experiences but has also achieved a balance between acknowledging and denying social faults. The manner in which he is able to accomplish this is a testament to his sophistication in balancing self-disclosure and self-protection.

He exhibits an appropriate ability to view himself in an accurate light and to interpret the actions of others accurately, although his initial approach to people is somewhat suspicious. He speaks favorably of his family while acknowledging a normal amount of family concerns. Acknowledging his sometimes rigid thinking, Mr. [REDACTED] also expresses a normal amount of concerns about his relationships with others. Mr. [REDACTED] is secure with himself and others, for the most part. However, there is evidence that he may have anxiety, if only slightly, revolving around the fear of the loss of love, fear of being helpless, and fear of disapproval. These areas may be the focus of further therapy.

Mr. [REDACTED] devotes more energy and scrutiny to his surrounding than is expected of most people. As a result, he tends to be more suspicious and mistrustful in his

everyday dealings with people. This can lead to strained relationships. Based on testing, there is some confusion about whether he has sufficient resources for handling psychological problems and seeking and tolerating intervention.

Behavioral Functioning. Assuming Mr. [REDACTED]'s lack of intrusive ideation is less a function of limited needs and more a function of instantaneous gratification of needs, the result could be certain problematic behaviors including misconduct and offensive actions.

His lack of intrusive and worrisome thoughts, while seemingly allowing for a less stressful existence, may result in negative emotions, including feelings of emptiness. Possible consequences of this may include a lack of motivation, lack of aspiration, and a general sense of contentment or complacency with his life even when things are not going that well. This pattern was consistent across testing (Rorschach, T.A.T.). As can be seen, there is dissimilarity between Mr. [REDACTED]'s motivation to understand his world and his motivation to actually change it. This is difficult to understand when Mr. [REDACTED] appears to have a strong achievement orientation suggesting that this may be a concern to be addressed in psychotherapy.

DIAGNOSTIC IMPRESSIONS

The Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV) is the American Psychiatric Association's compendium of current mental disorders. The DSM-IV is the standard by which most diagnoses are made and is comprised of five axes. According to the DSM-IV, "a multi-axial system involves an assessment on several axes, each of which refers to a different domain of information that may help the clinician plan treatment and predict outcome."

Axis I is used to assign diagnostic codes for clinical disorders and other conditions that may be a focus of clinical attention. Axis II is used to assign diagnostic codes for personality disorders and mental retardation. Axis III is used to code and/or identify general medical conditions that are potentially relevant to understanding or managing a patient's mental disorder. Axis IV is used to identify psychosocial and environmental problems that may affect a diagnosis, treatment, or prognosis of a mental disorder. Finally, Axis V is a numeric value used to describe a Global Assessment of Functioning (GAF).

Diagnosis, at its best, is the result of collaboration between the patient and clinician. The patient tells the clinician all they can about symptoms and behaviors. The patient is also expected to engage the tests and measures in a straightforward and candid manner. The clinician asks questions, follows up questions, and evaluates the results of the testing looking for a pattern of symptoms and behaviors that are identifiable and consistent with traditional diagnostic categories.

AXIS I	305.00	Alcohol Abuse
	305.20	Cannabis Abuse
AXIS II	V71.09	No Diagnosis
AXIS III		None
AXIS IV		Legal problems related to drug use
AXIS V	GAF = 85 (current)	

SUMMARY AND RECOMMENDATIONS

Mr. [REDACTED] was referred for testing by his court appointed substance abuse counselor to assess cognitive and emotional strengths and weaknesses. He has no history of previous mental health treatment or assessment. Mr. [REDACTED] presented as alert and interested in participating. Mr. [REDACTED]'s Verbal IQ score of 100 was significantly greater than his Performance IQ score of 87. Mr. [REDACTED]'s performance on the test indicated that he demonstrated his intelligence more so via verbal comprehension and expression than nonverbally with pictures and concrete materials.

Mr. [REDACTED] generally discloses psychological distress in a sophisticated manner designed to present a favorable impression while acknowledging a slightly limited number of symptoms. Interpersonally, Mr. [REDACTED] easily interacts with others with a social grace but is somewhat limited in authenticity of this interaction by his inflexible, suspicious, and over-conventional thinking.

The following recommendations have been made to assist Mr. [REDACTED] with his areas of concern:

1. Mr. [REDACTED] should follow the recommendations of his chemical assessment.
2. Mr. [REDACTED] would benefit from continued/additional legal assistance.
3. Mr. [REDACTED] would benefit from the substitution of prosocial activities for drug use.
4. Mr. [REDACTED] may benefit from additional testing to assess a possible learning disability.
5. Mr. [REDACTED] would benefit from interventions designed to challenge his inflexible, overconventional thinking.

Mr. [REDACTED]'s prognosis is guarded. He is capable of insight into his own behaviors and may have a ready support system available to him. He is emotionally stable and optimistic. However, given his extreme inflexibility, particularly in his view of himself, psychotherapy is at risk of being impeded.

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 Doctoral Student