

Practice Assessment

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GCN 602 NLS: Measurement and Assessment

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Psychological Practice Assessment Report

Identified Client and Reason for Referral:

Client's name is Anna and she is a 24 years old white college graduate that is currently unemployed and not currently on any medications. The reason for this referral is due to a referral by her current Doctor regarding concerns of attentional functioning.

History of Current Symptoms & Summary of Findings:

An interview was conducted to obtain the history of Anna and she shared that she has always moved from home to home after relocating with her Mother. She has a brother that she is close with but believes that she may be a disappointment to him. Anna has been in a 2 year relationship with her current boyfriend and hopes to have a child with him. Anna shares that she grew up in a "hostile environment" and reports being bullied in school growing up. Anna shared her experience with dealing with longstanding anxiety and depression throughout high school and shared that it has only worsened in the recent year. She received treatment for her anxiety and depression symptoms and has both slightly improved and medication has helped with her depression. Anna has also shared that she experiences struggles with concentration and focused attention in recent years. She has not shown any signs of recent improvement in those areas as she had shown in her improvement of mood. Anna has shown to be very insightful and vividly aware of her symptoms and mental disturbances such as feeling abandoned after her brother got married and feeling inferior and inadequate in her family. This led Anna to go through alcohol dependence and an eating disorder. These feelings then led her to having 2 suicidal attempts, one while in college causing her to later transfer closer to home.

Her behaviors were often abnormal and inappropriate, dressing opposite of the weather, appearing sexualized, and having child-like behavior and tantrums. These symptoms led to further assessment to possibly diagnose for Bipolar Disorder.

Past Medical, Neurological, Psychiatric, Substance Use History:

Anna underwent multiple surgeries for a bile duct in 2009, asthma induced by activity, and irregular menstruation.

Birth, Developmental, Occupational History:

Anna was asked about her birthing history and she denied any problems or complications with her birth and/or development. She also stated that her math skills were always a weakness for her while in school but was never diagnosed with a learning disability or attentional deficit hyperactivity disorder (ADHD). She completed and graduated from high school and college with a degree in fashion. She was offered special accommodations while in college but believed that, “they’re not for people like me.”

Family History:

No family history reported.

Psychosocial History and Current Adaptation:

Anna is in a 2 year relationship with her boyfriend. She currently lives with him and she has no children.

Current Examination:

Review of records; Clinical Interview; Cognitive Assessment: Wechsler Adult Intelligence Scale-IV (WAIS-IV); Achievement Assessment: Nelson-Denny Reading Test (Form G), Wide Range Achievement Test-4 (WRAT-4); Information Processing: Lexical Fluency, Semantic Fluency, Digit Span, Ruff 2 & 7 Selective Attention Test, Trail Making Test, California Verbal Learning Test-II (CVLT-II), Stroop Color Word Test, Wisconsin Card Sorting Test; Personality Assessment: Minnesota Multiphasic Personality Inventory–2–Restructured Form (MMPI-2-RF); Mood: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI)

Behavioral Observations:

During Anna's appointment she was by herself and she was casually dressed, neatly groomed, and appropriate social skills. She was cooperative for the duration of the entire evaluation. There were no behavioral indications of depression, and a full range of effects was demonstrated. Anna appeared to be anxious during the onset of the evaluation and throughout the testing of specific measures.

Summary of Findings:

Anna's cognitive ability was within the average range based on her performance on the majority of subtests in both verbal and non-verbal areas based on WAIS-IV. Anna showed a slight mild weakness that was noted on several subtests where she performed in the low average range. This was possibly secondary to anxiety where her cognitive ability scores were likely an underestimation of her true level of functioning. Anna performed in the expected range on other tests of achievement that included reading, spelling, and sentence comprehension. Anna's score for her attention and working memory were variable but within the normal range.

On the measure of sustained attention, her performance in the areas of speed and accuracy were consistent with the results of an individual diagnosed with ADHD at the 0.01 significance level. In regards to language, Anna's speech was fluent and articulated with no indication of impairment in auditory communication or expressive language. There was no significant evidence of hemispatial neglect, object agnosia, or other visuospatial deficits.

There was no evidence of memory problems but showed mild impairment in learning an attention-demanding word list. Anna's reasoning, planning, and response inhibition were all sufficiently intact. There were mild signs of problem solving impairment due to loss of set errors. Anna showed some anxiety symptoms during the test and was the effects of her poor performance. Her responses on the basic clinical scales indicate she is experiencing a high degree of psychological distress at this time, including symptoms of tension, depression, and agitation over problems in her environment. Anna's score on the BAI (score of 33) indicated subjective anxiety in the severe range. Her score on the BDI-II (score of 23) indicated mild to moderate depressive mood; however, depressive symptoms did not meet criteria for a depressive disorder.

Impression/Recommendations

Anna's test results were overall consistent with the inability to maintain sustained attention and working memory within the average level of general intellectual functioning. This is possibly secondary to her diagnosis for generalized anxiety disorder (300.2). The test results also showed traces of alcohol dependence (303.90) and bulimia (307.51). There was also proof of some weaknesses in math skills that is consistent with the diagnosis of mathematics(315.1) disorder evident from childhood.

References

Psychological Assessment Report Document Sample (Anna)