



**Comprehensive Psychological Services
Raymond H. McCaffrey, Ph.D.**

510 24th Ave. S.W.
Norman, Oklahoma 73069
Phone 405-329-7923, Fax 405-329-8815

PSYCHOLOGICAL EVALUATION

Name: Thomas Swift
Date of Birth: 03/25/2001
Date of Evaluation: 07/29/2011, 12/16/2011 and 12/21/2011
Age: 10 years, 8 months

Reason for Referral: Thomas Swift was referred for psychological evaluation by his mother and step-father, Matilda Swift and Beau Brummel, and his pediatrician, Dr. Donna Jackson. The purpose of the evaluation is to examine current neurodevelopmental and cognitive status and to determine if these factors may have an impact on his difficulties within the home and school environment. Specifically, the family is concerned about the possible presence of Attention-Deficit / Hyperactivity Disorder.

Significant Background: Thomas represents the second child born to a mother who was 24 years of age at the time of delivery. Ms. Swift states that she was in good health during the pregnancy. She avoided the use of alcohol, tobacco, and medications but drank caffeinated beverages on an occasional basis. She sought and received prenatal care during the first trimester of the pregnancy. The full term pregnancy proceeded without undue complication and resulted in a 12-hour labor and vaginal delivery. Birth weight was 5 pounds, 9 ounces. There were no injuries, illnesses or abnormalities noted at the time of birth and both mother and child were released following a hospital stay of two days.

The neonatal course was marked by frequent crying, feeding difficulties, colicky behavior, chronic ear infections, and pertussis which prompted hospitalization at seven weeks for approximately one week. Ms. Swift notes that Thomas's temperament was characterized by an active, social, and vocal engagement of the world. Developmental milestones are reported to have been achieved within expected age ranges although he is stated to have performed worse than others his age with respect to coloring within the lines. A sensory profile completed by the mother reveals very significant elevations with respect to seeking motor stimulation and a more modest but still significant elevation in the area of auditory processing (does not respond when name is called, inattentive when spoken to, misunderstands what others say, often asks for comments to be repeated, etc.).

An examination of foundational skills (those skills upon which a large number of subsequent abilities are built) through parent report reveals that Thomas encounters significant difficulties related to attention (he often makes careless mistakes, is easily distracted, is impulsive, has problems multitasking, etc.) and with self-regulation (is easily bored, problems with delayed gratification, is easily frustrated, reactions are out of proportion to the degree of frustration, etc.).

A review of elaborated skills reveals some difficulties with receptive language (distracted by sounds, appears not to hear what is said, has trouble following three part instructions), expressive language (problems putting thoughts into words, has trouble rephrasing a question, speech has many filler phrases), and memory (trouble remembering information for brief periods of time, difficulty recalling directions, problems remembering information in a particular order).

Ms. Swift states that Thomas is in very good health currently. As noted above, history is positive chronic ear infections (eleven or more are noted) which prompted the placement of three sets of tubes. History is also positive for surgeries to remove Thomas's tonsils and adenoids and to resolve a problem with undescended testicles (at the age of two). He also has received treatment to manage asthma and allergies.

There has been at least one accident resulting in broken bones and lost teeth but no apparent unconsciousness. Ms. Swift states that Thomas has a good appetite but has difficulty awakening on occasion. His hearing is reported to be “fair” and vision screenings have been within normal limits. Donna Jackson, M.D. provides routine medical care. Albuterol and Pulmicort are currently prescribed for asthma.

Thomas is enrolled in the fifth grade at Johnson Elementary School in Norman, Oklahoma. His mother reports that he has had difficulties with “focus” since early in his educational career. Behavior rating scales were collected by Dr. Sigmund Freud approximately five years ago but the findings were apparently inconclusive. Ms. Swift states that the early elementary grades involved, “Constant contact with schools / teachers about excessive talking, movement, and inability to focus”. These difficulties continue to the current day. Thomas is stated to be achieving at grade level in the areas of reading, arithmetic, and social studies while he is achieving somewhat above grade level in the area of spelling.

An examination of social, emotional, and behavioral functioning indicates that Thomas exhibits a tendency toward elevated anxiety, lowered social skills, and problems accepting responsibility for his behavior. There have been a number of stressors within the recent past including the marriage of a parent, a move to a new house, financial difficulties on the part of the family, and multiple caregivers. There is a history of problems with attention, aggression, and depression within the extended family.

Assessment Measures:

- NEPSY II (Developmental neuropsychology assessment, selected subtests)
- Wechsler Abbreviated Scale of Intelligence (WASI)
- Integrated Visual – Auditory Continuous Performance Task (IVA)
- Test of Visual Perceptual Skills-Revised (TAPS, selected subtests)
- Test of Auditory Perceptual Skills-Revised (TVPS, selected subtests)
- ADHD Parent Questionnaire (Ms. Swift informant)
- SALON Neurocognitive Screening Device (Ms. Swift informant)
- Clinical Interview

Behavioral Observations: Thomas Swift is a handsome, pleasant, and cooperative youngster who proved to be a willing participant in the current evaluation. He was, however, somewhat anxious about his performance throughout much of the testing despite the fact that the examiner was well known to him. This anxiety is likely to have negatively impacted his performance in some areas. He was restless and prone to chatter as he worked on various tasks presented to him but he was very persistent in working toward a goal. Instances of frustration were witnessed but Thomas was always able to collect himself and move to the next task in each instance.



He also exhibited some difficulty in being able to accurately sequence the recall of auditory information. In other words, when recalling a brief story of approximately 200 words that had been read to him, Thomas began with the end of the story, told the beginning of the story, and finished with the middle of the story. Verbalizations were coherent and relevant. Stamina appeared to be appropriate for his age. Mood was somewhat anxious regarding performance. Range of affect was appropriate.

General Test Results: The current evaluation directly examines four major areas that are related to neurodevelopmental processing (Language, Visual and Visuomotor, Sensorimotor, and Attention / Concentration). The child’s performance will be compared to that of other children of the same gender and age (strengths and weaknesses identified through this comparison will be termed absolute) as well as to their own performance on similar tasks (strengths and weaknesses identified through this comparison will be termed relative). These realms are important because they constitute some of the fundamental building blocks of academic performance and directly affect certain behaviors. A brief review of each follows:

Language – These tests measure the ability of the child to use and understand words while engaged in the endeavors of reasoning, problem solving, encoding and recalling information, and exercising judg-

ment. Such skills impact the individual's ability to express themselves verbally, understand spoken communication, to read, write, and spell. This area is heavily emphasized in education.

Visual and Visual Motor – These tests measure an individual's ability to perceive, process, store, retrieve, and act upon information that is received through the visual sensory channel. The integration of visual input and motor output are also measured within this realm. Again, these tasks have important implications for a variety of skills that are necessary for success in academics. Executive functioning, which is included in the visual and visual motor section because it is a nonverbal task, refers to a set of processes that include planning, problem solving, maintaining or shifting mental sets (cognitive flexibility), rule acquisition, selective attention, and inhibitory control. This was measured through the use of the NEPSY II.

Sensorimotor – This area is concerned with the accurate coordination of finger and hand movements. These skills are important in the process of writing, for example. They are also often lowered in individuals with Asperger's syndrome.

Attention and Concentration – The Integrated Visual Auditory Continuous Performance Task is an objective measure of attention and concentration for both auditory and visual stimuli. The individual's performance is compared to the performance of a large number of people of the same gender and age. There are multiple scores that are derived from this measure but the six scores that are considered to be a global representation. These include auditory and visual scores for the following three elements: *Response Control* is a measure of the individual's ability to regulate their responses (responds quickly or inhibits responding when required) and to maintain response speed. *Attention* refers to the ability to remain focused and reliably respond to the task. *Sustained Attention* refers to the ability to perform consistently over the course of the task.

The results of the evaluation of Thomas are presented below in both a graphic and tabular format. The test names are abbreviated on the graph but appear in their complete form on the table that follows. Both the table and graph reflect the same information. Those scores that fall between the maroon lines on the graph are within the average range.

| Area | Description | Scaled Score | Level |
|--------------------------------|---------------------------------|--------------|--------------|
| Language | | | |
| Vocabulary | Expressive word knowledge | 13 | High Average |
| Similarities | Verbal abstract reasoning | 11 | Average |
| Phonological Processing | Process sound segments | 10 | Average |
| Speeded Naming | Verbal fluency | 14 | High Average |
| Comprehension of Instructions | Completing instructions | 10 | Average |
| Auditory (word) Discrimination | Distinguish similar sounds | 9 | Average |
| Memory for Names | Link visual and auditory label | 9 | Average |
| Memory for Names Delayed | Visual / auditory delayed | 9 | Average |
| Narrative Memory | Memory for story | 8 | Average |
| Visual | | | |
| Block Design | Construction from visual cue | 14 | High Average |
| Matrix Reasoning | Non-verbal reasoning | 14 | High Average |
| Memory for Faces | Visual Memory | 10 | Average |
| Memory for Faces Delay | Visual Memory Delayed | 12 | Average |
| Visual Discrimination | Distinguish similar shapes | 14 | High Average |
| Spatial Relationships | Distinguish spatial orientation | 14 | High Average |
| Visual Sequential Memory | Visual memory | 14 | High Average |
| Visual Figure Ground | Visual awareness | 13 | High Average |
| Executive Functioning | Fluid thinking, planning | 10 | Average |
| Sensorimotor | | | |
| Finger Tapping Repetitions | Fine motor speed / accuracy | 11 | Average |
| Finger Tapping Sequences | Sequenced motor speed | 12 | Average |
| Visuomotor Speed | Graphomotor speed | 15 | Superior |

| | | | |
|----------------------------------|-------------------------------|---|-------------|
| Visuomotor Precision | Graphomotor speed/accuracy | 9 | Average |
| Attention / Concentration | | | |
| Response Set - Auditory | Auditory response consistency | 7 | Low Average |
| Response Set - Visual | Visual response consistency | 1 | Impaired |
| Attention – Auditory | Auditory initial attention | 8 | Average |
| Attention – Visual | Visual initial attention | 5 | Borderline |
| Sustained Attention - Auditory | Auditory sustained attention | 7 | Low Average |
| Sustained Attention - Visual | Visual sustained attention | 5 | Borderline |

(see chart on next page)

General intellectual functioning is measured to reside within the high average range and exceeds that of 88 percent of others his age (Full Scale IQ score 118). Thomas's ability to reason and solve problems without the use of words (Performance IQ score 121, superior range, 92nd percentile) is better developed than his ability to solve problems and reason with the use of words (Verbal IQ score 110, high average range, 75th percentile).

Overall language processing skills fall within the average range and are better developed than about 55 percent of others his age. There are absolute strengths found in his general work knowledge (Vocabulary) which is better developed than 84 percent of others his age and his capacity to access common words quickly and fluidly (Speeded Naming) which is better developed than 91 percent of other his age. The remaining scores fall within the average range and do not reveal either absolute or relative weaknesses.

Thomas's visual processing skills are found to reside within the average to high average range. There are absolute strengths found with respect to his ability to construct three-dimensional objects from a two-dimensional target figure (Block Design), his capacity for non-verbal problem solving (Matrix Reasoning), his ability to distinguish between two visually similar objects (Visual Discrimination), his ability to distinguish between two objects based on spatial orientation (Spatial Relationships), and his ability to recall visually presented information in a particular sequence (Sequential Memory). The score are clustered tightly within the average to high average range and, as a result, do not reveal any absolute or relative weaknesses.

Sensorimotor skills are generally found within the average range. It is interesting to note that his time for completing a visuomotor precision task was faster than about 95 percent of other his age while his accuracy was better developed than only about 37 percent of others his age. In other words, he was very fast in completing the task but his speed diminished from his accuracy.

The objective measure of attention and concentration reveals a diagnosis of Attention-Deficit / Hyperactivity Disorder, Combined Type. His global Response Control quotient scale score indicated a severe impairment. Although his ability to focus on both auditory and visual stimuli is clearly impaired, his ability to focus on visual material appears to be the most impacted. This typically occurs with individuals who tend to be visually distractible.

Summary: Thomas Swift is a ten-year-old male who has had difficulty with attention and focus since the early years of elementary school. The current evaluation reveals intellectual functioning within the high average range and solid performances with regard to language and visuomotor processing. There are indications of impulsivity and clear difficulties with attention and concentration for both visual and auditory stimuli. He qualifies for the diagnosis of Attention – Deficit / Hyperactivity Disorder. Anxiety clearly plays a part in Thomas's difficulties with regard to self-regulation and being able to direct his attention.

Recommendations:

- 1) Continue in counseling to help manage anxiety and attentional problems.
- 2) Although Thomas performed well in the area of language processing the fact that he has encountered multiple and early ear infections, has difficulty with receptive language and auditory filtering based on parent report, and is stated to have "fair" hearing, it would be prudent to obtain an audiological evaluation within the next six to nine months. The evaluation should be conducted by an individual who is familiar with auditory processing disorder to rule this difficulty out.
- 3) Medication is likely to help with attentional problems but the medications that help the most are also likely to increase anxiety. Utilization of medication should be carefully monitored. If psychostimulants increase anxiety significantly, the medication Intuniv should be considered.
- 4) Although the schools have been very willing to help Thomas up to this point without any formal plan for modifications or accommodations, it may be useful in implement an Individualized Educational Plan (IEP) if grades begin to deteriorate.

AT HOME:

- 1) Establish priorities. Clearly define expectations. Announce consequences in advance. Follow through with action, not just words. Use consequences that are immediate and short-lived. Specify time limits for demands. Praise even the slightest progress. Be carefully consistent in rules and discipline.
- 2) Have a very clear routine. Such structure will be reassuring until he is able to more fully develop his own.
- 3) Avoid a ceaselessly negative approach: "Stop" - "Don't" - "No" - "Quit". State expectations in a more positive manner (that is, stating what you want him to *do* rather than what you want him to quit).
- 4) When giving instructions, gain his full attention by lightly touching his arm, hand, shoulder, etc. Once eye contact is established, give no more than two-part instructions (e.g. "pick up your shoes and take them to your room"). Have him repeat the instruction.
- 5) Demonstrate new or difficult tasks, using action accompanied by short, clear, quiet explanations. Repeat the demonstration until learned. This uses audio-visual sensory perceptions to reinforce the learning.
- 6) Find a separate room or part of a room that is his own special area. Avoid brilliant colors, or complex patterns in decor. Simplicity, solid colors, minimal clutter, and a worktable facing a blank wall away from distractions assist concentration.
- 7) Do one thing at a time; clear the table of everything else when working on a project; turn off the radio / TV when he is doing homework. Multiple stimuli prevent his concentration from focusing on the primary task.
- 8) Give him responsibility, which is essential for growth. The task should be within his capacity, although the assignment may need much supervision. Acceptance and recognition of his or her efforts (even when imperfect) should not be forgotten.

SCHOOL MANAGEMENT:

- 1) **TRANSITIONS:** Such times are particularly difficult for individuals with ADHD. Keep these to a minimum and provide additional structure during when transitions must occur. This is particularly important when moving from an unstructured to a relatively more structured environment (such as recess to the classroom).
- 2) **ROUTINE:** Keep routines but provide for some changes or flexibility within the confines of the routine.
- 3) **ALLOW MOVEMENT:** The parents and teacher must decide whether an emphasis will be placed on *compliance* or *learning* during the school day. ADHD individuals may not be able to sit as long as other students and movement often helps in processing information.
- 4) **DIRECTIONS:** As in the home, break directions down into one or, at the most, two parts. Utilize different modalities, such as auditory, visual, or even kinesthetic. Ask for him to repeat the directions (not simply if they understand them),
- 5) **STATE THE RULES AND PROVIDE FREQUENT FEEDBACK (BOTH POSITIVE AND NEGATIVE):** Do this often and, again, using a variety of modalities. Ask him to repeat the rules. Review the rules with the child at particular times of the day. Provide both positive and negative feedback frequently (focus on positive feedback).
- 6) **SELF DIRECTED SPEECH:** Encourage him to interrupt impulsive behavior by “talking to themselves”. This may help him slow down enough to consider other alternatives.
- 7) **DECIDE IF BEHAVIOR IS A RESULT OF INCOMPETENCE OR NONCOMPLIANCE:** Behavior that is a result of lack of ability clearly must be dealt with in a fashion that is different from behavior that is a result of unwillingness or a lack of motivation.
- 8) **PACING:** Work with him to break larger periods into smaller ones. ADHD individuals will often accomplish more in three 10-minute sessions than they would in one 45-minute session. At the end of each task, provide reinforcement and move on to the next.

Raymond H. McCaffrey Jr., Ph.D.
Licensed Psychologist