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PSYCHOLOGICAL EVALUATION

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Name Bobby Boop
Date of Birth December 2, 1997
Age 13 years, 11 months
Gender Male
Education 8th Grade (North Hall County Middle School)
Referral Betty Dock (mother)
Assessment Dates November 3, November 4, 2011
Psychometrist Heather Turner, MS

Background Information Bobby was brought for psychological evaluation by his mother, Betty Dock, at the recommendation of his psychiatrist, Dr. Alveoli Bhussi, following a recent overdose. By his account, Bobby was at the home of his “best friend” when parents were about to discover numerous unidentified pills, and Bobby swallowed them to help the friend avoid getting in trouble. He lost consciousness upon arriving at his own home and was transported to Northeast Georgia Medical Center, where his stomach was pumped and he was stabilized medically. It is of note that a local psychiatric facility was consulted, but refused hospitalization, in that he denied any suicidal ideation or intent. Dr. Bhussi has prescribed him Risperdal, and wants psychological assessment to aide in differential diagnosis and case conceptualization/treatment planning.

The younger of two sons produced by Bill Boop and Betty Dock, Bobby was born in Cumming, Georgia, following a normal pregnancy but emergency Cesarean delivery. His parents never married, although their relationship was of several years’ duration, having previously produced Bobby’s older sister (Becky, age 15). Mr. Boop is a pizza delivery person (when not incarcerated, as he is currently), while Ms. Dock is disabled, having undergone more than three dozen orthopedic surgeries. Both parents have extensive histories of methamphetamine addiction, and have been diagnosed with bipolar disorder. Bobby was somewhat early in accomplishing developmental milestones, standing at 6 months, walking at 8 months, talking at 8 months, feeding himself at 1 year, and being toilet trained by 16 months. His mother subsequently married Dick Dock, who works full time as a truck mechanic; his relationship with his stepchildren was described favorably. Bobby has had no interaction, except superficial, with his father over the last decade. Bobby, his sister Becky, his mother, and stepfather reside in a mobile home in Murrayville, Georgia. He identified

woodworking as an avid hobby, and he indicated a desire to enlist in the Army upon completing school.

Bobby is currently attending the 8th grade at North Hall County Middle School, having repeated no grades and participated in no special education resources. Math and science were identified as his best subjects, “everything else” as his worst, while his academic performance was described as good to excellent. He maintains a generally unfavorable attitude toward school, getting along marginally to poorly with many of his teachers, although his peer relationships are generally productive. He was expelled from school last year after he was found to have brought pills (stolen from his aunt), which resulted in felony charges, and placement on probation. He has also been suspended for “running his mouth” to teachers.

As noted above, Bobby’s parents both have diagnoses of bipolar disorder, and have histories of methamphetamine dependence. As well, his sister Becky was said to have “anger issues.” Prior to his recent initiation of psychiatric services with Dr. Bhussi, Bobby had no history of formal mental health services. Previously, he was prescribed Depakote (with favorable results), although he is currently prescribed Risperdal, which is believed by his mother to be addressing oppositional defiant disorder. He acknowledged alcohol and cannabis abuse dating back to age six, which occurred at his father’s home (with his older sister) for five or more years. Reportedly, his alcohol consumption has continued sporadically, while cannabis abuse has not occurred within the last year. As noted above, felony charges were brought against Bobby after he was found to have brought drugs prescribed to his mother to school; he is currently on probation, Gretchen Goode serving as his probation officer. He has never been placed in detention, or in a residential therapeutic program. Current and recent situational stressors were noted to include serious health problems in his mother, social isolation, conflicts with teachers and classmates, and involvement in the legal system. His medical history is otherwise unremarkable, but he has sustained minor lacerating injuries to his head, face, fingers, and ankles.

Methods Used Clinical Interview, Parental Interview, Mental Status Examination, Wechsler Intelligence Scale for Children - 4th Edition (WISC-IV), Wide Range Achievement Test-Revision 4 (WRAT-4), Integrated Visual and Auditory Continuous Performance Test (IVA-CPT), Bender Gestalt Visual Motor Test, Minnesota Multiphasic Personality Inventory - 2nd Edition (MMPI-A), Behavior Assessment System for Children 2nd Edition (BASC-2) parent and teacher, Rorschach Inkblot Test (Rorschach), Kinetic House-Tree-Person (K-H-T-P).

Mental Status and Behavioral Observations Bobby presented to this evaluation as a tall and slender white male in his early adolescence, appearing somewhat older than his stated age, dressed neatly and appropriately in a school uniform comprised of a polo shirt, khaki shorts, and athletic shoes, his hygiene and grooming being adequate. Psychomotor function was normal, and no disorders of ambulation or seated posture were evident.

He remained functionally alert during all aspects of interview and testing, and had no obvious difficulty focusing or sustaining his attention; skills of concentration appeared to be fully adequate. His receptive and expressive language skills were adequate, and his speech was unimpaired, albeit somewhat quiet. He was fully oriented to person, place, date, and situation. No disorders of thought content or process were evident, and he denied experiencing hallucinations or delusions. Assessed informally, his remote memory was somewhat fragmented, while his immediate and recent memories were intact. With an adequate capacity for verbal abstraction, his clinical presentation was that of an individual of average intelligence.

Bobby's affect was consistently situation-appropriate, generally euthymic, and he appeared to be experiencing no acute emotional distress or disorder. Nonetheless, he acknowledged numerous symptoms of depression (anhedonia, appetite disturbance, loss of physical and mental energy, diminished ability to think or concentrate, tearfulness) and anxiety (fatigability, shortness of breath, accelerated heart rate, gastrointestinal distress, feeling "on edge," exaggerated startle response, irritability, excessive worry). He claimed to experience mood swings several times each week, but denied all inquired symptoms of mania (despite acknowledging impulsive behaviors and poorly formulated activities in other contexts). He acknowledged numerous symptoms of hostile affect (displays of temper, expressions of anger, irritability, critical and insulting remarks, threatening behaviors, assaultive actions).

His behavioral and verbal presentations of symptoms were thus incongruent, in that he described more florid psychopathology than was evident in his overt demeanor. Eye contact was regular, his attitude toward this evaluation was cooperative (and personable), and clinical rapport was considered adequate.

Intelligence The **WISC-IV** estimated Bobby's intelligence in an average range; a figure in the appendix of test data presents the scaled and composite scores obtained by this and other utilized measures. Indices of *Working Memory*, *Perceptual Reasoning*, *Verbal Comprehension*, and *Processing Speed* all within normal limits. His linguistic comprehension was shown to be at the upper limits of average, while his abstract visuospatial processing and production bordered on deficient. All other subtest scores fell well within normal limits (including visual comprehension, auditory/verbal sequential processing, speed of visual-motor production, visual scanning and discrimination, abstract verbal reasoning, knowledge and use of word meanings, alertness to visual detail, span of auditory attention, fund of general information, common-sense reasoning, skills of mental calculation, associative visual processing, and visual problem-solving).

Academic Achievement The **WRAT-4** revealed high average to significantly above average academic skills. *Spelling* was measured in a high average range, with skills typical of individuals early in the 11th grade. Also at an 11th grade level, Bobby's *Word Reading* was significantly above average. Also significantly above average, his *Math Computation* was that of a typical high school graduate.

Attention/ Concentration The **IVA-CPT**, a continuous performance test, revealed better than average fine motor regulation, adequate attention, and mildly deficient response control. Thus, there were no indications of hyperkinesis, and Bobby was shown to be appropriately self-regulating. His speed of attentional processing was significantly above average, suggesting probable excessive haste in his responses, and this was accompanied by marginal to mild to moderate impairments of focus and consistency. Vigilance for visually presented stimuli was adequate, while auditory vigilance was above average; visual prudence was also within normal limits, while auditory prudence was moderately impaired. This suggests that, particularly for auditory stimuli, Bobby's speed of response renders him moderately impulsive.

Visual-Motor Function The **Bender-Gestalt** adequate visuospatial perception, with mild deficits of visual-motor production. Bobby's pencil-and-paper reproduction of a series of abstract line figures consistently retained their essential form and detail, but featured elements of distortion.

Behavior Ratings of Bobby's behavior were provided by his mother, stepfather, and a teacher utilizing the **BASC-2**. Ms. Dock's ratings (of questionable validity, due to apparent exaggeration) indicated extreme conduct problems, accompanied by severe aggression and depression; hyperactivity and behavioral disorders were described as moderate, while mild withdrawal, attention problems, anxiety, and deficits of adaptability, ADLs, leadership, and social skills were noted. Mr. Dock's ratings (determined to be of adequate validity) also denoted extreme conduct problems, with severe depression, behavior disturbances, hyperactivity, aggression, and atypicality; attention problems, withdrawal, and deficits of adaptability, ADLs, social skills, leadership, and functional communication were said to be moderate. Bubba Burt's teacher ratings (of adequate validity) were only significant for mild aggression, in the absence of any other elevations denoting behavior disturbances.

Ideational/ Socioemotional Functioning The **MMPI-A**, an objective measure of mood, ideation, and personality produced a valid profile, indicative of no exaggeration or fabrication of deficit or disorder, with adequate verbal comprehension. Bobby acknowledged marked impulsivity, difficulty delaying the need gratification, hyperactivity, distractibility, poor temper control, and elements of expansiveness and grandiosity. He maintains a marked disregard for social values and standards, has significant difficulties with self-control, and is likely to defy authority figures. He tolerates frustration poorly, shows poor judgment, and often acts without considering the consequences of his behaviors, often failing to learn from adverse experiences. Rationalizing his shortcomings and failures, and blaming his difficulties on others, he resists accepting responsibility for his own difficulties. He is likely to present a façade of self-confidence and security, although he is actually quite immature, insecure, and dependent, experiencing intrapsychic conflict regarding this reliance upon others. His relationships are generally superficial and unrewarding, and he is largely incapable of forming deep emotional ties with others, maintaining considerable distance interpersonally. He is at significant risk of abuse of and dependence upon psychoactive substances. Supplemental measures of authority

problems, conduct problems, alcoholism, proneness to alcohol and drug problems, amorality, anger, ego inflation, school problems, and psychomotor acceleration were elevated.

The **Rorschach**, a projective measure of self-concept, mood, ideation, and interpersonal function, revealed no incapacitating psychopathology, although Bobby's coping skills were shown to be grossly inadequate, such that he is readily overwhelmed by even everyday situational stressors. Strong narcissistic tendencies were noted, such that he overvalues his personal worth and is preoccupied with his own needs at the expense of concern about the needs of others. He maintains a sense of entitlement, and tends to externalize blame and responsibility, impairing the development of a mature balance between a healthy concern for his own integrity and the integrity of others. Although he may never express such self-perceptions, he maintains a grandiose sense of himself, and considers himself superior and worthy of admiration and glory. When others fail to reinforce his narcissistic self-concept, he is prone to feelings of anger and hostility, and is at risk of grossly antisocial behaviors. He generally experiences his emotions in an intense and overtly dramatic fashion, although what he feels may be comparatively shallow and superficial. Bobby is capable of logical and coherent thought, and experiences little in the way of intrusive ideation, but misperceives events and forms mistaken impressions of other people and the significance of their actions, compromising his reality testing. His ability to focus his attention with precision and to synthesize aspects of his experience is deficient, in that he maintains a simplistic and reductionistic view of his world, investing little energy in seeking out or recognizing complex relationships between events. As such, he often fails to anticipate the consequences of his actions, misconstrues the bounds of appropriate behavior, arrives at erroneous conclusions and faulty judgments, and engages in ill-advised actions. Consistent with inherent narcissism, Bobby is generally disinterested in other people, maintains little interest in or expectation of engaging in collaborative or competitive relationships, and has a limited capacity to form close attachments to others he is capable of conducting himself appropriately in social situations, and can make initially favorable impressions upon others, although he opts for superficial and transient relationships, and backs away from those in which others might make demands upon her.

The **K H-T-P** produced an image of a large but simplistic house with windows and a windowed door (all featuring cross-shaped framing), beside which stands a rootless and branchless tree with a large and shadowed knothole and swirly foliage, opposite which a girl is kicking a soccer ball toward the house. As well, six *M* symbols appear in the sky, depicting birds. Lighter-shaded squiggly lines represent grass, crossing the entire width of the page, and obscuring the lower half of the front door of the house. Relevant themes include a preoccupation with safety and security, compromised by some ambiguity and apprehension regarding the imposition of these in Bobby's life, impulsive responses to challenges, histrionic and narcissistic tendencies, superficial and confabulated grounding, a sense of developmental blockage or damage, and dynamics of depression and anxiety.

Diagnosis DSM-IV (ICD10)

Axis I: 296.9 Bipolar Disorder NOS (prodromal)
312.30 Impulse-Control Disorder
313.89 Reactive Attachment Disorder of Adolescence (provisional)
303.90 Alcohol Dependence (early partial remission)
305.20 Cannabis Abuse (early full remission)

Axis II: 301.9 Personality Disorder NOS, prodromal (w/ narcissistic, antisocial features)

Summary With origins in a dysfunctional family in which both parents (who never married) were methamphetamine-dependent and diagnosed with bipolar disorder, Bobby began abusing alcohol and cannabis at age six, allegedly at his father's home. Otherwise, his mental health history was apparently unremarkable until last year, when he brought drugs prescribed to his aunt to school, and this resulted in felony charges and probation, as well as expulsion. His conduct and behavior have worsened significantly, and he is frequently grossly disrespectful to his teachers, resulting in suspensions. A little over a month ago, his "best friend" was about to be caught with illicit prescription drugs at his home, and Bobby swallowed them, which apparently led to him losing consciousness, requiring medical hospitalization and stabilization. No inpatient psychiatric treatment was provided (in that he denied suicidal intent), although he currently receives outpatient psychiatric care and is prescribed an antipsychotic. He claims to have discontinued cannabis abuse, but continues to use alcohol sporadically.

Bobby presented to this evaluation as alert and fully oriented, with no disorders of psychomotor function, attention/concentration, language/speech, sensorium, or thought, and his affect was situation-appropriate and generally euthymic and personable, although he acknowledged numerous symptoms of anxiety, depression, and episodic hostility. He claimed to experience frequent mood swings, but denied manic episodes, even though he acknowledged impulsive and poorly formulated activities in other contexts. His intelligence was estimated in an average range, comprised of average verbal comprehension, perceptual reasoning, working memory, and processing speed. His academic skills reflected significant overachievement, high average to above average, at 11th and 12th grade levels (although he is currently enrolled in the 8th grade). A continuous performance test revealed better-than-average self-regulation, and adequate attention, despite moderately problematic impulse control (particularly for auditory stimuli). Indeed, he was quite hasty in his responses, and this compromised his focus, consistency, and impulse control. Visuospatial perception was adequate, while the quality of his visual-motor production was mildly impaired. Ratings of behavior provided by his parents including invalid ratings from his mother (denoting exaggeration) indicated severe to extreme conduct problems, depression, and aggression, with moderate to severe depression, behavioral disturbances, and hyperactivity. By contrast, his teacher's ratings only indicated mild aggressiveness (in the absence of any other psychopathology). Socioemotional

measures revealed significant narcissism, including marked emotional immaturity and a grandiose self-concept, with overly dramatic and somewhat histrionic emotional experiences and expressions in the face of grossly inadequate coping skills, such that he is readily overwhelmed by even everyday situational stressors. Although capable of logical and coherent thought, Bobby's reality testing is compromised, and his decision-making, problem solving, and judgment are impaired. His narcissism and emotional superficiality, in conjunction with a general disinterest in other people, leads Bobby to be rather dysfunctional interpersonally, and he has a limited capacity to establish and maintain intimate relationships.

The most parsimonious explanation for Bobby's deficits and disorders begins with inherited cyclothymic mood disorder, exacerbated by parental irresponsibility in the context of their own substance abuse/dependence, worsening significantly with the onset of adolescence, and beginning to manifest conduct-disturbed and antisocial behaviors. Thus, he has diagnostic features of prodromal bipolar disorder, impulse-control disorder, reactive attachment disorder, substance abuse/dependence, and behavioral and socioemotional disturbances. In the absence of comprehensive mental health services, psychiatric and psychotherapeutic, Bobby is very likely to become even more dysfunctional and disturbed, and is at risk of markedly increased sociopathy. His intellectual and academic strengths suggest a favorable prognosis if such interventions are provided.

Recommendations Psychiatric intervention and management should be primary among provided services. While antipsychotic medication may assist in reducing his impulsivity and disturbed reality testing, mood-stabilizing drugs should be considered, as well, addressing cyclothymic dynamics of his socioemotional function. The treating psychiatrist should monitor Bobby for any recurrence or worsening of his substance abuse/dependence.

Psychotherapy, in individual and family contexts, should be emphasized adjunctive to psychiatric care. Bobby will benefit from emotional support, improved coping and social skills, anger management, a reexamination of his self-concept and confrontation of narcissistic characteristics, realistic and appropriate esteem-building, grounded experience and expression of emotion, and behavioral contingencies of reward and limit setting. The psychotherapist should, in addition, monitor for substance abuse/dependence.

Juvenile justice probation authorities should ideally avoid punitive and/or critical responses to problematic behaviors, whenever possible. These are actually likely to exacerbate his narcissistic crises, and provoke poorly managed hostility on Bobby's part. Whenever possible, any problematic aspects of his participation in probation should be confronted in a matter-of-fact manner, with statements that he is clearly capable of making better choices and conducting himself more appropriately, with expressions of expectations that he will do better in the future. Should any grossly illicit behaviors occur, however, it will be important for him to encounter adverse

legal consequences.

School authorities should reevaluate Bobby's curriculum in view of evidence of significant socioemotional disturbances and characterological disorders. Bobby will function best in highly supportive and structured classroom settings, with the lowest possible student/teacher ratio, facilitated by instructors skilled in teaching students with such psychopathology. It would be advisable for Bobby to establish and maintain regular contact with a school counselor on campus, and for him to be encouraged to consult with this counselor in episodes of impulsivity and/or conflict.

As Bobby approaches adulthood, it would be helpful for him to consult a vocational counselor. His goals of military service may be unrealistic in view of his problematic mental health history, and he should be assisted in contemplating alternatives.

It will be important for all providers of mental health services, juvenile justice administrators, social service providers and educational authorities to communicate regularly, ensuring a collaborative multi-disciplinary effort.

Should Bobby's quality of adaptation and adherence to social norms and conventions be inadequate or delayed, he may be a candidate for a therapeutic residential educational facility.

Assessment should be repeated in one year, determining the quality of Bobby's response to various interventions, and indicating further concerns to be addressed. As therapeutic milestones are achieved (particularly in accomplishing greater stability of mood), specific socioemotional measures should be readministered.

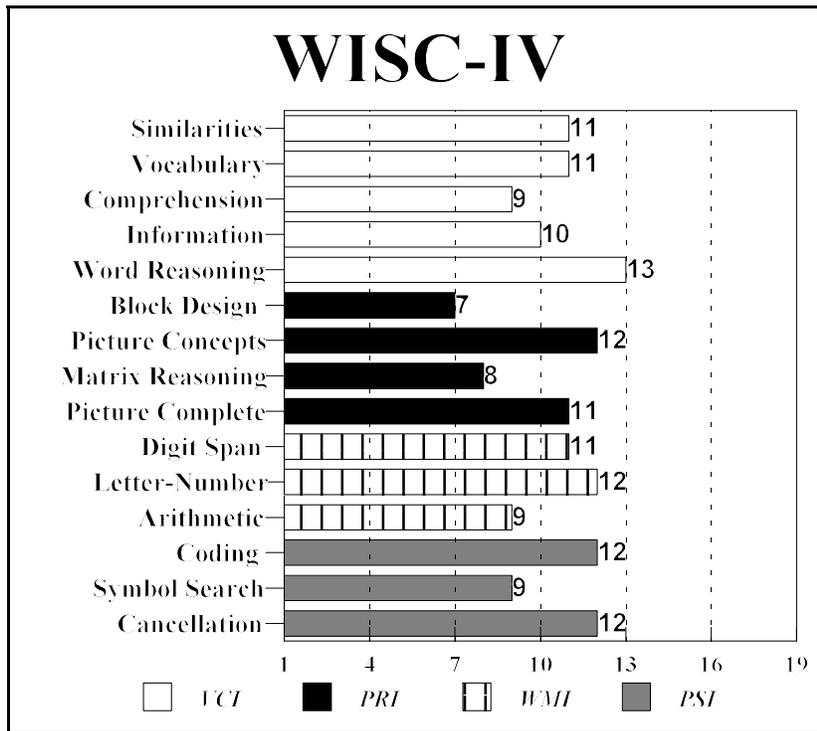
Additional information and details may be obtained by authorized persons by contacting my office.

A handwritten signature in black ink that reads "Rees Chapman". The signature is written in a cursive, flowing style.

Rees Chapman, Ph.D.
Licensed Clinical Psychologist (GA#1740)

This report is based upon medical and other records furnished to this practitioner and information provided by the patient/client, in addition to data gathered in psychological testing. The validity of findings and impressions contained within this report is dependent upon the accuracy and reliability of information obtained from sources beyond the control of this practitioner.

Test Data



WISC-IV Indices

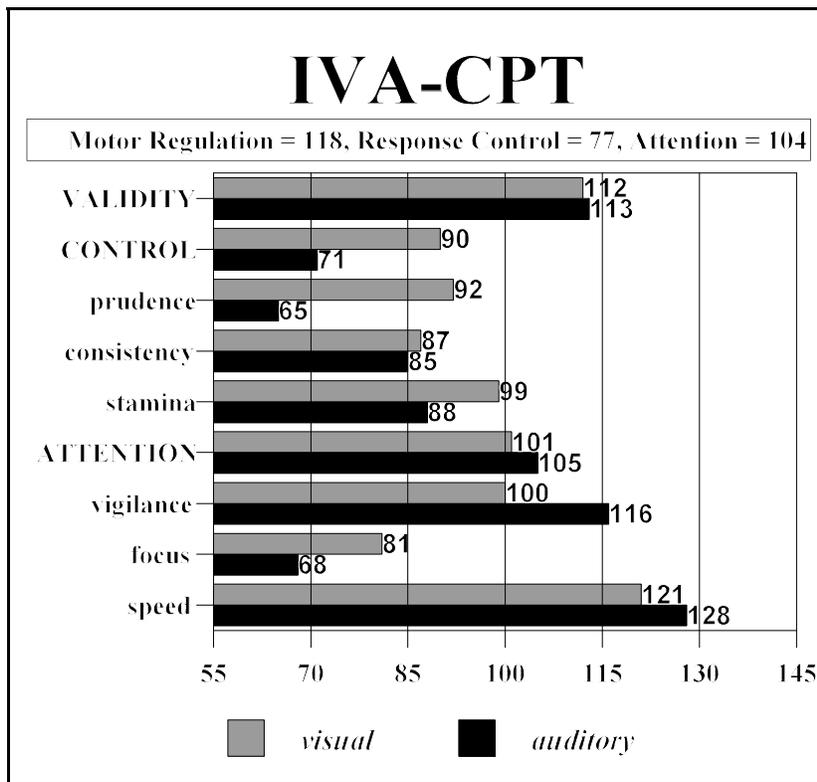
Verbal Comprehension = 100
 Perceptual Reasoning = 94
 Working Memory = 107
 Processing Speed = 103
 Full Scale = 102

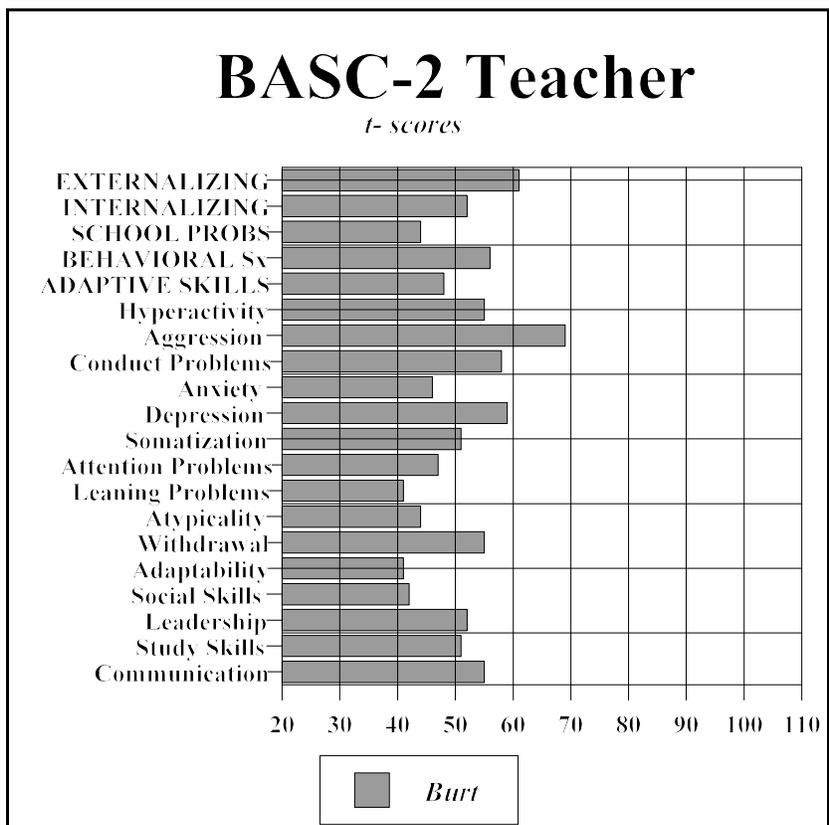
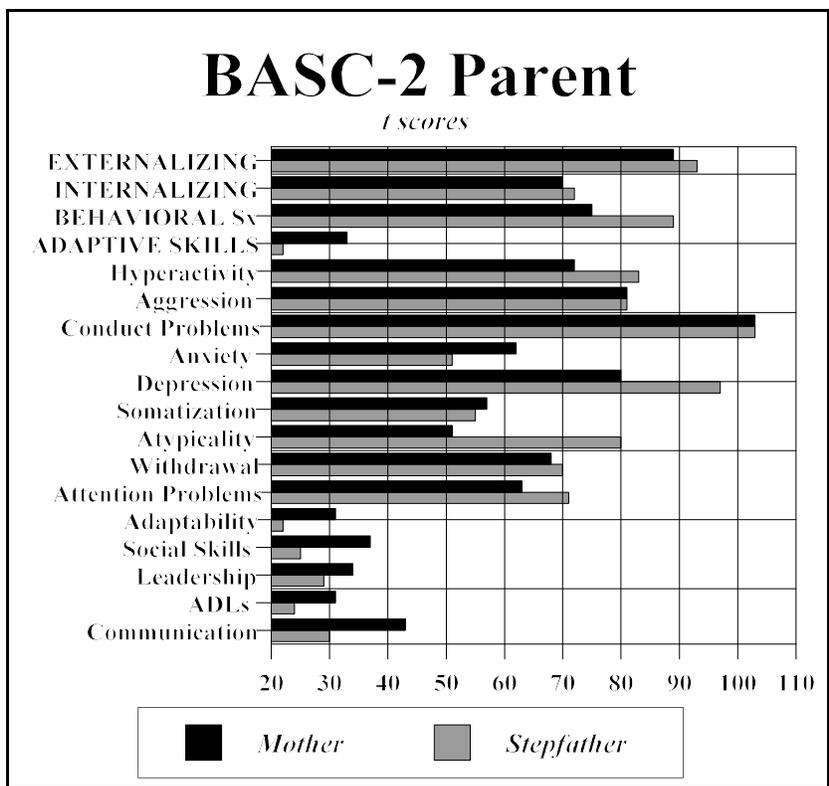
WRAT-4

Word Reading = 122*std*
 Spelling = 110*std*
 Math Computation = 120*std*

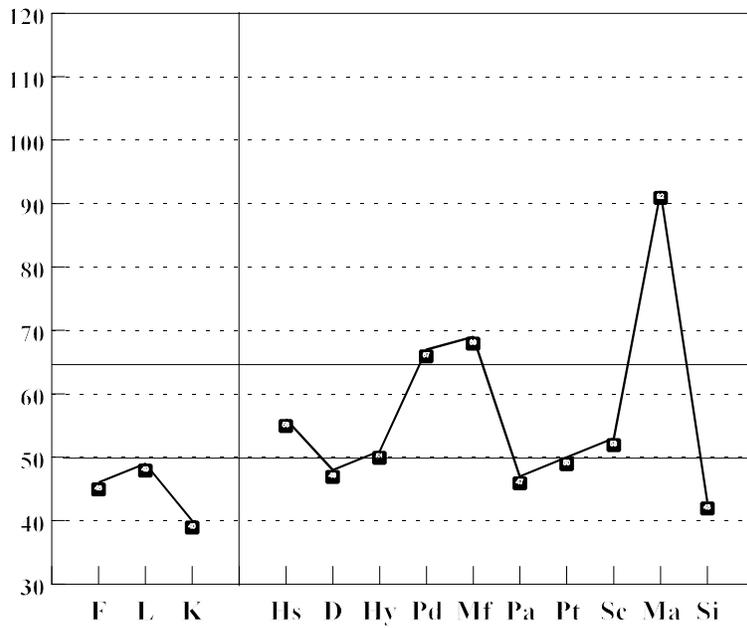
Bender-Gestalt Koppitz = 2

9:0 to 9:11 age eq.





MMPI-A



MMPI-A

VRIN = 50t

TRIN = 54t

F - K = -2

Rorschach

PTI = 1

DEPI = 2

CDI = 5

S-CON = *n/a*

HVI = *no*

OBS = *no*