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NEUROPSYCHOLOGICAL EVALUATION

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Name Sue Deaunym
Date of Birth January 3, 1971
Age 40
Gender Female
Education High School
Referral TS Elliott (DAS/2)
Assessment Dates April 2, April 6, 2011
Psychometrist Heather Turner, BS

Methods Used Review of Records (SSA adult disability report, 2010 medical notes from Irvin Yalom, MD, 2011 neurosurgical notes from Mark Cutter, MD, 2002 to 2010 medical notes from Peachstate Healthcare), Clinical Interview, Collateral Interview, Mental Status Examination, Wechsler Adult Intelligence Test - Fourth Edition (WAIS-IV), Hand Dynamometer, Grooved Pegboard, Fingertapping Test, Integrated Visual and Auditory Continuous Performance Test (IVA-CPT), Trailmaking Tests, Boston Naming Test, Rey Complex Figure, Sequencing Span Test, California Verbal Learning Test (CVLT), Controlled Word Search, 5-Point Test, Plan of Search Test, Cognitive Estimation Test, Wisconsin Card Sorting Test (WCST), Minnesota Multiphasic Personality Inventory - 2nd Edition (MMPI-2).

Identifying Information Ms. Deaunym is a 40-year-old married female with a high school education. Referral information noted allegations of memory loss, fatigue, seizures, migraines, elevated cholesterol, and thyroid issues. When interviewed, Ms. Deaunym noted that she had a history of traumatic brain injury and brain surgery, and assessment of related allegations of related neurological disorder would require neuropsychological assessment. A request for authorization for such testing was approved, and Ms. Deaunym returned a week later to complete associated tests. On both occasions, she was driven to this evaluation by her husband, Dewey Deaunym, who provided collateral information.

Individual History The second of five children produced by Bubba and Betty Brown, Ms. Deaunym was born in Warreva, South Carolina; she claimed to be unable to state the quality of her pregnancy and birth. She acknowledged a history of obsessive/compulsive disorder in her father, alcoholism in an older brother, but denied any other history of mental disorder within her family of origin. Ms. Deaunym denied having endured any

significant neglect or abuse during her childhood. She completed high school, having repeated no grades and participated in no special education resources. She identified no particular academic strengths, but noted arithmetic to have comprised a significant relative weakness, and she described academic performance ranging from average to poor, with occasional As and Bs. Ms. Deaunym noted that she struggled academically, which she attributed to difficulty comprehending and remembering subject materials. In September 1993 she married Dewey Deaunym, and two sons (Dudley, age 17; Davey, age 13) have been produced by this marriage. Her youngest son has reportedly been diagnosed with ADHD.

Medical History Ms. Deaunym began experiencing epileptic seizures in 1998, typically described as refractory complex partial, two days after delivering her second son. A November 2002 cranial MRI revealed a cystic lesion of the globus pallidus suggesting a previous lacunar infarction. Seizures were described as “staring spells accompanied by lip-smacking,” occurring on two or three times each month. In 2003, she underwent a right temporal hippocampectomy at Peachstate Healthcare, elsewhere termed a right anterior temporal lobectomy, from which the right hippocampus was resected; the pathologist reported moderate to marked loss of neurons and gliosis at the end folium within the dentate gyrus of the hippocampus (primarily involved with memory function). Reportedly, this rendered her epilepsy under better control, and she reported herself to have been seizure-free for several years. Although not mentioned by Ms. Deaunym in the current interview, note is made in Peachstate records of another motor vehicle accident a few months post-surgery which resulted in litigation. PET scanning at Peachstate in 2004 revealed an epileptogenic focus in the right mesial temporal lobe. Adverse medication effects, however, included fatigue, impatience, irritability and memory problems, and another minor motor vehicle accident (for which she was amnesic, and which she failed to mention in the current interview) was documented in January 2006. In the context of a change of seizure drugs, epileptic episodes increased in frequency, and were implicated in at least one of two automobile accidents last year. An August 2010 MVA resulted in serious injuries of her head, neck, and shoulder, which she attributed to a wooden post penetrating her neck and cheek and necessitated trauma care at Northside Hospital. Other current medical disorders were noted to include thyroid disorder, elevated serum cholesterol, and chronic migraines.

Psychiatric History Ms. Deaunym denied any history of evaluation or treatment by a psychologist, psychiatrist, or other mental health professional. Medical records indicate that she underwent a neuropsychological evaluation in January 2003, but this was not mentioned by the claimant, and was not available for review. It reportedly produced a Verbal IQ of 82, a Performance IQ of 89, and a Full Scale IQ of 84; “bilateral frontal and right temporal dysfunction” were noted, along with slight visual memory impairment.” At the time of the current evaluation, she was prescribed Lamictal, Topamax, Vimpat, clonazepam, and Effexor by Dr. Gary Phelps (her primary care physician) and Dr. Irvin Yalom (her neurologist). In addition, she takes levothyroxine for a thyroid disorder, and Lipitor for elevated serum cholesterol. Ms. Deaunym

acknowledged past abuse of alcohol and cannabis, although she denied any recurrent pattern of dependence; cannabis abuse ceased by the end of her adolescence, and she stopped consuming alcohol in 1998, with the onset of seizures. In 2007 she was arrested for a hit-and-run motor vehicle accident, which she attributed to an epileptic episode; she denied any recollection of the accident, and noted that the charges were subsequently dropped. Current and recent situational stressors were noted to include serious health problems in a family member, the loss of a friend, problems with her work schedule and employment activities, quitting her job with subsequent unemployment, financial difficulties, and involvement with law enforcement.

Employment History Ms. Deaunym last worked in December 2010 as a produce manager for a WalMart, a job she held for ten years, and from which she was terminated involuntarily. Ms. Deaunym noted that changes in store policies and her dependence upon other sources of transportation led to conflicts with her managers regarding work schedules. She attributed her limited work capacity to occasional seizures and the restrictions on her driving privileges. Ms. Deaunym identified her husband's salary as their only current source of income.

Current Function Ms. Deaunym and her husband reside in a home in Garland, Georgia with their two adolescent sons. She described her activities of an average day including getting her husband and sons up for work and school, returning to sleep, reawakening later in the morning to take medication, preparing a light breakfast, watching television for a while, taking a nap, talking on the phone with her husband when he calls to check on her, taking yet another nap, meeting her youngest son at the bus, taking a shower, preparing dinner, dining, cleaning up the kitchen with the assistance of her sons, watching more television, and returning to bed. She is fully independent in all aspects of self-care, doing dishes, picking up around the house, watching television, and reading. She requires assistance in planning and preparing meals, shopping for groceries and personal needs, accomplishing housework tasks, supervising and disciplining her children, maintaining a budget, paying bills, visiting family and friends, dining out, going to entertainment facilities, concentrating on television programs, having meaningful conversations, following written directions, recalling the names of acquaintances, and changing her lifestyle when needed. By Ms. Deaunym's account, she is unable to accomplish yard work tasks or home repairs, drive, engage in hobbies and crafts, attend church, go to amusement facilities, engage in athletic activities, comprehend written material, recall information encountered infrequently, or plan for the future. This description of her ADLs was consistent and plausible, suggesting moderate to severe limitations of her ability to structure and execute a daily routine.

Collateral Interview Collateral information was provided by Dewey Deaunym, the claimant's husband. His description of her quality and extent of function was consistent with her own, and he described Ms. Deaunym as "slowly going downhill" as a consequence of the return and worsening of her epilepsy. As well, he noted that the unpredictability of epileptic

episodes makes it difficult to plan for or participate in regular activities, and he noted that the medications adversely affect her alertness and stamina.

Mental Status and Behavioral Observations Ms. Deaunym presented to this evaluation as a slender, short-statured white middle-aged female, appearing her stated age, dressed casually but neatly and appropriately in a hoodie jacket, blue jeans, and deck shoes, her hygiene and grooming being fully adequate. Scarring was visible on the left lower portion of her neck, which she attributed to a recent injury in an automobile accident.

Psychomotor function was normal, and no disorders of ambulation or seated posture were evident, although she was frequently observed to be stooped and slouched. Intermittently, overt pain behaviors were observed, including grimaces, groans, gasps, and sighs with verbal complaints, particularly when she moved her upper body and shoulder.

She remained functionally alert during all aspects of interview and testing, but had obvious difficulty focusing and sustaining her attention, and skills of concentration were poor. Receptive and expressive language skills were adequate to marginal, in that she was generally able to respond appropriately to single- and multi-step commands and express her ideas effectively, but occasionally seemed confused and disoriented. Her speech, while not grossly impaired, was generally slow and hesitant.

Ms. Deaunym was fully oriented to person, place, date, and situation. Her thought content featured preoccupation with somatic concerns, while her thought process was marked by perseveration, rumination, tangentiality, and distractibility. She denied experiencing hallucinations or delusions, despite “feeling paranoid” when around groups of people. Assessed informally, her recent and remote memories were intact, while her immediate memory was fragmented. With a poor capacity for verbal abstraction, her clinical presentation was that of an individual of low average intelligence.

Ms. Deaunym’s affect was variable, ranging from situation-appropriate to labile and dysphoric. She acknowledged numerous symptoms of depression (feelings of helplessness, hopelessness and worthlessness, anhedonia, sleep disorder, loss of physical and mental energy, diminished ability to think or concentrate, tearfulness, suicidal ideation without plan or intent) and anxiety (restlessness, muscle tension, fatigability, shortness of breath, accelerated heart rate, gastrointestinal distress, feeling “on edge,” irritability, excessive worry). She claimed to experience daily mood swings, but denied symptoms of euphoria or mania. She also noted episodic hostile affect (displays of temper, expressions of anger, critical and insulting remarks, threatening behaviors). Her behavioral and verbal presentations of symptoms were somewhat incongruent, in that she described more florid psychopathology than was evident in her overt demeanor.

As she experienced increasing difficulty of assessment tasks, she made self-critical remarks, and on several occasions she asked the psychometrist “not to think badly” about her. Eye contact was regular, her attitude toward this evaluation was cooperative, and clinical rapport was considered adequate. After the first testing session, Ms. Deaunym contacted her neurologist, Dr. Yalom, and reported a possible seizure during the continuous performance test. She stated that she believed she lost consciousness for a few seconds in response to “flashing boxes” on the computer screen., although this was not observed by the psychometrist.

- Intelligence** The **WAIS-IV** estimated Ms. Deaunym’s intelligence in an extremely low range; statistically, the full scale IQ falls in a moderately impaired range, meeting diagnostic criteria of mild mental retardation. A figure in the appendix of test data presents the scaled and composite scores obtained by this and other utilized measures. Indices of *Verbal Comprehension*, *Processing Speed*, and *Perceptual Reasoning* fell in borderline ranges, associated with mild impairments normatively. Comprising a significant relative weakness, *Working Memory* fell in an extremely low range, which is moderately impaired.
- Sensory-Motor Function** The **Hand Dynamometer** revealed moderate impairments of grip strength, bilaterally, with no significant lateralization by hand. A measure of fine motor function, **Fingertapping Test**, also indicated moderate levels of impairment bilaterally. Another measure of fine motor coordination, **Grooved Pegboard**, revealed severe deficits in this regard. A **Visual Field Screening** suggested mild neglect of responses to events in the left region.
- Attention/ Concentration** The **IVA-CPT**, a continuous performance test, indicated no disorders of fine motor regulation, although attention was moderately impaired, and response control was severely deficient. Attentional processing speed, for both auditory and visual sensory domains, was adequate, although stamina was mildly to moderately problematic. Consistency and focus were mildly problematic for visually presented stimuli, moderately impaired for aurally presented stimuli. Visual vigilance was mildly problematic, while auditory vigilance was severely impaired. Auditory prudence was also severely problematic, visual prudence being moderately deficient. **Trailmaking Test**, requiring Ms. Deaunym to scan a visual field for randomly placed numbered items in sequence, produced a mildly impaired score; asked to alternate number and letter in a comparable scanning task, her score was actually within normal limits.
- Verbal Function** As noted above, Ms. Deaunym’s verbal comprehension index from intelligence testing fell in a mildly impaired range; consistent with this, her knowledge and use of word meanings and fund of general information were mildly deficient. The **Boston Naming** test revealed severe impairments, the task requiring Ms. Deaunym to provide names of objects of decreasing familiarity presented in line figure form.
- Visual-Motor Function** An intellectual index of perceptual reasoning fell in a mildly impaired range; Ms. Deaunym’s abstract visuospatial processing and production bordered on deficient,

while mild impairment was noted in Ms. Deaunym's verbal comprehension and alertness to visual detail. As well, her speed of visual-motor production and associative visual processing were mildly deficient. Mild impairment was also noted in her pencil-and-paper reproduction of an abstract complex line figure (**Rey**). Her copy of this figure consistently retained its essential form and detail, although an element of the figure was omitted from the left visual field.

Memory An intellectual index of working memory, comprising a significant relative weakness, fell in a moderately impaired range, normatively. Ms. Deaunym's span of auditory attention was moderately to severely impaired, although only mild deficits were noted in her auditory-verbal sequential processing. **Sequencing Span** revealed moderate impairments of visual nonverbal and auditory verbal immediate recall of visually presented sequences and aurally presented digits. Ms. Deaunym's immediate recall of the abstract complex figure (**Rey**) was mildly impaired, retaining its essential gestalt but omitting most details. After a 40-minute delay, her recall of this figure actually improved somewhat, but retained few specific details, and remained mildly impaired. Ms. Deaunym's recognition of elements of the initial figure, presented amidst erroneous ones, was severely problematic. The **CVLT**, range. Ms. Deaunym's immediate recall of list items was severely inadequate after its first presentation, remaining severely impaired after the fifth. Her recall of an interfering second list was also severely impaired, and she subsequently failed to recall any items from the initial list. After a 40-minute delay, Ms. Deaunym again recalled no list items, although semantic cuing by type of item allowed her to recall a single list item; all associated scores were consistently severely impaired. Perseveration of previously recalled items and intrusion of non-criterion items did not occur. Ms. Deaunym's recognition of list items, presented erroneous ones, was severely impaired.

Higher Order Reasoning Intellectual indices of abstract and common-sense verbal reasoning were mildly impaired, as were measures of visual problem solving and visual scanning and discrimination. Requiring Ms. Deaunym to produce lists of words beginning with given letters, **Controlled Word Search**, produced a score toward the lowest limits of average, indicating marginal verbal fluency. **5-Point Test** revealed moderate impairments of visual design fluency; this task required her to provide novel combinations of repeated sets of five dots. **Cognitive Estimates** revealed moderate impairments of judgment (in a task requiring her to provide guesses of quantities and relationships outside a generic base of knowledge, such as the population of the U.S. and the number of words in the English language. The **WCST**, a measure of categorical reasoning, produced scores in mildly deficient ranges. Ms. Deaunym effectively grasped and utilized sorting strategies of color, form, and number, although on two occasions she abandoned effective sorting strategies prematurely; she failed to successfully utilize these sorting strategies again by the termination of the test. An index of categorical reasoning fell in a mildly impaired range. Comprising a relative strength, however, **Plan of Search** indicated adequate visual problem solving skills; this test required Ms. Deaunym to demonstrate the path she would follow to locate a lost object in a field.

Socioemotional Functioning The **MMPI-2**, an objective measure of mood, ideation, and personality produced a profile of somewhat limited validity. Although Ms. Deaunym did not appear to be fabricating or exaggerating deficit or disorder (F-K), she endorsed obvious items denoting psychopathology with greater frequency than subtle ones (O/S Index), produced a mild elevation on a fake-bad scale (FBS), and generated significant elevations on eight clinical scales (compromising the discriminative utility of the measure). Persons achieving similar profiles are confused, disturbed of reality testing, agitated, anxious, dysphoric, and emotionally and socially withdrawn. Passive-dependent and largely ineffective, they have difficulty being assertive, although they harbor feelings of suspicion in response to others with whom they interact; thus, although they rely upon others for caretaking and support, they do so with significant mistrust. Coping skills are grossly inadequate, such that they are readily overwhelmed by even everyday situational stressors. Supplemental measures of emotional alienation, cognitive and conative ego mastery failure, subjective depression, mental dullness, lassitude/malaise, PTSD, social alienation, dissociation, low self-esteem, brooding, bizarre sensory experience, defective inhibition, familial discord, somatic complaints, health concerns, family problems, work interference, fears, and persecutory ideas were significantly elevated.

Validity The findings and impressions of this evaluation are considered valid. Ms. Deaunym is prescribed a large number of seizure medications, and this appears to have produced a generalized cognitive slowing for which there was but inconsistent evidence. Substance effects, visual/auditory deficits, test resistance, and poor motivation did not compromise results. There were no indications of deliberate exaggeration or fabrication of deficit or disorder, and malingering was not suspected.

Impairment The guidelines for the Social Security Administration for Mental and Behavioral Impairment lead to these ratings:

Concentration, Persistence, and Pace = 4, Marked
 Activities of Daily Living = 4, Marked
 Adaptation to Stressful Circumstances = 3, Moderate
 Social Functioning = 3, Moderate

Diagnosis DSM-IV (*ICD10*)

Axis I: T78 Adverse Secondary Effects of Brain Surgery (w/ impairments of attention, memory)
 T88.7 Adverse Medication Effects (with impairments of sensorium, attention, memory)
 r/o 292.81 Medication-Induced Delirium
 H54.7 Left Visual Field Neglect
 314.9 Attention-Deficit/Hyperactivity Disorder secondary to above
 293.83 Mood Disorder due to epilepsy, medication effects
 V62.89 Borderline Intellectual Functioning

Axis II: r/o 319 Intellectual Impairment, moderate
310.1 Personality Disturbances secondary to epilepsy, neurosurgery, medication effects

Axis III: Refractory complex partial seizure disorder; h/x of paleostriatal lacunar infarction, right temporal hippocampectomy; thyroid disorder, migraine disorder, elevated cholesterol

Axis IV: Severe Psychosocial and Environmental Stressors: Chronic medical conditions; problems with primary support, employment, finances, transportation, social environment

Axis V: Current GAF: 36
Highest GAF Past Year: 53

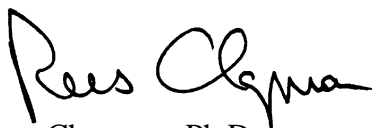
Summary Despite a limited history of mental disorder within her family of origin, Ms. Deaunym's academic history was somewhat problematic, including difficulties of comprehension and retention. She nonetheless completed high school, and had no history of incapacitating medical disorders, treatment for mental disorders or legal crises prior to 1998, when she began experiencing complex partial seizures (comprised of brief staring and lip-smacking episodes a few times each month) which have been quite difficult to control. There was evidence in 2002 of a previous lacunar infarction of the globus pallidus, and neuropsychological testing revealed mild intellectual deficits and visual memory impairments. Brain surgery (a right temporal hippocampectomy, including the dentate gyrus) was accomplished in 2003, apparently reducing the frequency and severity of seizures, although high levels of anti-seizure medication were subsequently required. Later automobile accidents (for which she was amnesic) apparently led to a modification of her regimen of medication, and this resulted in a worsening of Ms. Deaunym's epilepsy; she currently appears to be heavily medicated, and is experiencing fatigue, confusion, and memory problems.

She presented to this evaluation as functionally alert and fully oriented, albeit with obvious impairments of attention/concentration, disturbances of thought, inconsistencies of receptive/expressive language, and fragmentation of immediate memory. Her affect was labile, ranging from situation-appropriate to dysphoric, and she acknowledged numerous symptoms of depression and anxiety. Ms. Deaunym's intelligence was estimated in an extremely low range, moderately impaired normatively, with mild impairments of verbal comprehension, perceptual reasoning, and processing speed; an index of working memory comprised a significant relative weakness, falling in a moderately impaired range. Compared with pre-surgery assessment results from 2002, these scores represent a significant decline in both verbal and visual intellectual function. Moderate to severe deficits were noted in Ms. Deaunym's sensory-motor function, and occasional neglect was evident in her left visual field. There were no indications of hyperkinesia, although Ms. Deaunym's attention processes were shown to be moderately impaired, and impulse control was

moderately to severely deficient. Naming skills were moderately problematic, while Ms. Deaunym's visuospatial perception and visual-motor production were mildly deficient. In most respects, her memory was shown to be severely impaired, in both auditory and visual sensory domains, with impairments of both initial storage and subsequent retrieval; this compares unfavorably with 2002 results showing but mild deficits of visual memory. Albeit mildly to moderately impaired, Ms. Deaunym's higher order reasoning skills comprised a relative strength. An objective measure of mood, ideation, and personality revealed significant psychopathology accompanying Ms. Deaunym's neuropsychological impairments, with disturbed reality testing, confusion, agitation, symptoms of anxiety and depression, and significant socioemotional constriction and dysfunction.

Chronic and refractory seizures, in combination with adverse neurosurgical and medication effects, are thought to be primary in the etiology of Ms. Deaunym's neuropsychopathology, although there is some evidence of premorbid cognitive disorders which have been significantly exacerbated. The left visual field neglect and visual memory deficits may be attributable, in part, to the 2003 neurosurgical procedure resecting the right temporal lobe; these (and her moderate attention deficits and severe impulsivity) should preclude any operation of a motor vehicle indefinitely, regardless of her seizure status. In fact, it is possible that she failed to report seizures post-surgery, despite repeated automobile accidents, partly because she was amnesic for them and partly because she feared she would never regain her driver's license. Her emotional distress and maladaptation have likely worsened her cognitive and memory functions to a significant degree, manifesting as anxiety and depression with additional adverse effects upon her personality function. Overall, it appears Ms. Deaunym's neurosurgery of eight years ago (addressing somewhat mild seizures) ultimately worsened her quality of function (with current symptoms of apparent delirium including moderate/severe attention/concentration, impulse-control and memory deficits accompanied by mood disturbances). In view of the chronicity and organic etiology of Ms. Deaunym's neuropsychopathology, the prognosis for significant improvement in her capacity for independent function is considered poor. She would require assistance in managing disability funds, if awarded.

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



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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

WAIS-IV Indices

Verbal Comprehension = 70
 Perceptual Reasoning = 77
 Working Memory = 58
 Processing Speed = 74
 Full Scale = 65

Hand Dynamometer

right = 15.33, -2.49z
 left = 14.00, -2.39z

Finger Tapping

right = 22.00, -2.61z
 left = 20.33, -2.91z

Grooved Pegboard

right = 87", 5.43z
 left = 98", 4.37z

Trailmaking

A = 40", 1.06z
 B = 66", 0.80z

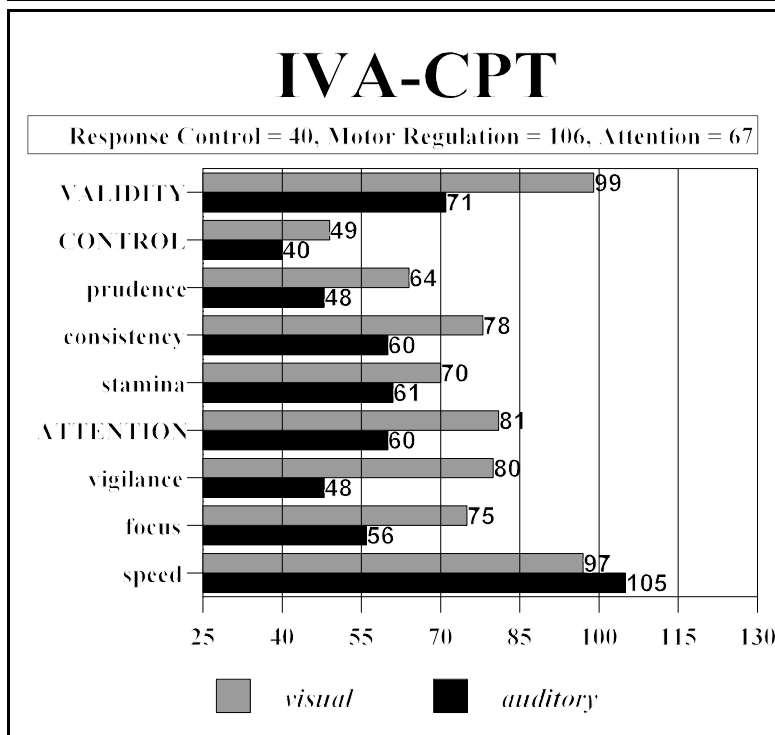
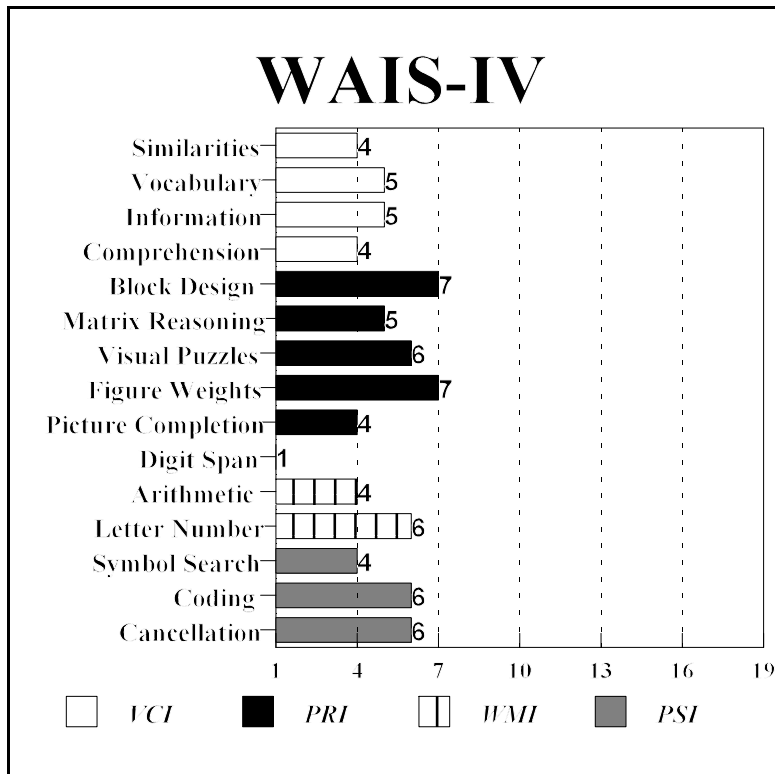
Boston Naming = 43/60, -3.21z

Key Complex Figure

copy = 32, 2-5%
 immediate = 14, 34t
 delayed = 15, 35t
 recognition = 16, <20t

WCST

trials = 128
 errors = 55, 34t
 perseverative responses = 32, 35t
 perseverative errors = 28, 35t
 non-perseverative errors = 27, 36t
 conceptual responses = 56, 34t
 categories = 3, 6-10%
 trials to first = 13, 6-10%
 set failure = 2, 6-10%
 learning to learn = -15.8, 2-5%



Controlled Word Search = 23,
18%

5-point Test = 15, -2.02z

Plan of Search = 6/7

Cognitive Estimates = 17, 2.49z

Sequencing Span

visual = 3, -2.7z

auditory = 4, -2.9z

CVLT

list A = 24, 5t

trial 1 = 4, -3z

trial 5 = 6, -5z

list B = 3, -3z

short/free recall = 0, -5z

short/cued recall = 0, -5z

long/free recall = 0, -5z

long/cued recall = 1, -5z

perseveration = 1, -1z

intrusions = 0, -1z

recognition = 4, -5z

false positives = 0, 0z

discriminability = 72.73, -3z

response bias = 1, -3z

MMPI-2

VRIN = 61t

TRIN = 42t

F - K = 9

FBS = 72t

O/S index = 241

