

Confidential Psychological Report

Patient: [REDACTED]
Date of Birth: [REDACTED]
Date of Report: [REDACTED]
Testing Clinician: Jordan Hazzard, Psy.D.
Registered Psychological Associate
License #: PSB94026408

[REDACTED]

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Licensed Clinical Psychologist
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Referral Information

[REDACTED] was self-referred for psychological testing in order to confirm or rule out a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD). [REDACTED] was informed of psychological testing and assessment services by his psychotherapist after completing a brief screening measure for ADHD, the results of which indicated that he may have ADHD. During the semi-structured clinical interview, [REDACTED] explained that he has experienced attentional difficulties that have interfered with his academic, occupational, and interpersonal functioning throughout his lifespan, but had previously attributed those difficulties to anxiety and depression. However, after receiving psychotherapeutic and psychiatric treatment for anxiety and depression, [REDACTED] continues to experience attentional difficulties and a reduced quality of functioning in multiple life domains. The persistence of his attentional difficulties after treatment for anxiety and depression initially prompted [REDACTED] to consider that he may have ADHD, eventually leading him to undergo psychological testing as outlined in the present psychological evaluation report.

Evaluation Procedures

1. Semi-Structured Clinical Interview
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. [REDACTED]
10. [REDACTED]

1. Preoccupation with and fear of losing things necessary for tasks or activities;
2. Frequently losing items necessary for tasks or activities;
3. Difficulty organizing items within physical space, tendency to be messy;
4. Difficulty starting and completing tasks;
5. Difficulty sustaining attention and focus while working on tasks or activities;
6. Difficulty listening when attending talks, lectures, or group discussions;
7. Difficulty completing forms or paperwork.

██████ provided several examples of ways in which these difficulties were associated with a reduction in his daily functioning, including washing only half of the dishes that he needed to wash, losing his keys when leaving the house, and difficulty listening to or remembering information conveyed in classroom discussions. ██████ attributed his anxiety about these symptoms to the ways in which his parents would punish him for their behavioral effects, including frequently shaming or criticizing him.

Academic History

██████ reported that he attained high grades consistently throughout his elementary school years. As a bright individual, ██████ found his schoolwork to be easy, though he often completed assignments at the last minute or made small errors when completing his schoolwork.

██████'s grades began to fall when he reached middle school. As he transitioned into middle school, he received his first failing grades on assignments. ██████ explained that he was talented in humanities subjects, but struggled with mathematics, which required attention to detail, consistent completing of homework and math problems, and sustained effort on assignments and tasks. ██████ reported that he felt a high level of anxiety about his difficulty in mathematics courses, as his parents often punished him for receiving lower grades.

When ██████ reached high school, his grades improved again. He explained, "I did reasonably well, I wasn't as good as elementary school, but I wasn't terrible." ██████ explained that he continued to experience anxiety about his academic performance, and continued to experience difficulty with procrastination and distractibility.

In college and graduate school, ██████ maintained grades in the A and B ranges. He attained a 3.8 grade point average (GPA) during his undergraduate years. He explained that he put forth significant effort to attain high grades, rarely took breaks from his studies, yet continued to experience difficulty with procrastination, sustaining effort and attention when working on assignments, distractibility, and making small mistakes on assignments. ██████ reported that he occasionally took pass/no pass grading options during graduate school in order to avoid affecting his GPA or progression in his degree trajectory.

Occupational History

██████ worked as a research assistant for a behavioral economist for two years while living in ██████. He reported that he found the work to be difficult due to the high level of attention to detail that was required. Additionally, he experienced ongoing difficulty in sustaining attention,

focus, and effort while working on projects, often requiring frequent breaks after approximately 30 minutes of sustained effort. He explained that he felt high levels of anxiety associated with these difficulties, which appeared to further impair his occupational performance. [REDACTED] described his experience of this role as both stressful and boring, due to the slow and detailed nature of the work.

After working as a research assistant, [REDACTED] transitioned into contract work that involved managing research and data analysis projects. He explained, "I think that sort of work was less revealing of my problems, because I just had to come up with some designs, do some of the data, and get some feedback." In more technical aspects of his contract work, which required some technical skills and tasks, [REDACTED] reported that he again experienced noteworthy difficulty in sustaining attention, effort, and beginning and completing tasks. [REDACTED] added that he often felt both anxious and restless or bored during tasks that required sustained focus and attention.

Psychiatric History

[REDACTED] began attending therapy while enrolled as an undergraduate at [REDACTED], and has continued in therapy throughout his adulthood. He reported that he has worked with approximately 8 therapists in his lifetime.

Four years prior to the present psychological evaluation, [REDACTED] began working with a psychiatrist, and received psychiatric medication.

Approximately two months prior to the present psychological evaluation, [REDACTED] began working with a clinical psychologist and a psychiatric nurse practitioner. At the time of the present evaluation, [REDACTED] takes [REDACTED] and receives weekly psychotherapy services.

Medical History

[REDACTED] does not have noteworthy medical concerns.

Legal History

[REDACTED] has not had noteworthy legal difficulties during his lifetime.

Substance Use History

[REDACTED] takes nicotine gum to help with concentration, though he is attempting to reduce his use of this substance. He explained that [REDACTED] has assisted him in reducing his use of nicotine gum. He consumes alcohol moderately and socially.

Driving History

[REDACTED] abstains from driving. He explained that he found it difficult to learn to drive, found the process to be stressful, and completed half of his driving courses.

- Feeling hopeless about the future.
- Feeling tense or keyed up.
- Feeling very self-conscious with others.
- Feeling everything is an effort.
- Feeling so restless you couldn't sit still.
- Feelings of worthlessness.

Attention-Deficit/Hyperactivity Disorder Assessment

[REDACTED]

The [REDACTED] is a self-report screening measure that is frequently used in the diagnosis of adult ADHD. In the present assessment, the testing clinician read the items to [REDACTED] and recorded his responses, taking time to discuss those items that required additional attention to nuance. The measure consists of 18 items, which are rated in order of severity. The first 6 items are correlated with the diagnostic criteria of ADHD, and the remaining 12 items are included to assist in specifying presentation type and severity level. Respondents who report experiencing 4 or more of the first 6 items at a high level of frequency (“often” or “very often”) are expected to meet diagnostic criteria for ADHD.

[REDACTED] rated all of the items on the [REDACTED] at a high level of frequency. His responses were suggestive of difficulties with both inattention and hyperactivity/impulsivity, though further discussion of his responses suggested that he experiences greater difficulty with inattention than with hyperactivity/impulsivity.

[REDACTED]

The [REDACTED] is an empirically validated self-report measure consisting of a collection of rating scales that are used to detect and evaluate impairment in executive functions associated with ADHD. The measure can be administered to individuals aged 3 or older; adults complete a self-report measure comprised of 58 items. Completed protocols produce T-scores (m=50; sd=10) for the following scales: [REDACTED] (organization, prioritizing, activating to work); Focus (focusing, sustaining and shifting attention to tasks); [REDACTED] (regulating alertness, sustaining effort, and adjusting processing speed); [REDACTED] (managing frustration, modulating emotions); [REDACTED] (utilizing working memory and accessing recall); and Action (monitoring and self-regulating action).

Summary of Scores

Scale	T-score (%ile at 90% confidence interval)
[REDACTED]	

[REDACTED]

[REDACTED]'s protocol indicates that he experiences high levels of difficulty in all areas of executive functioning outlined in the [REDACTED]. Scores above 70 are associated with a qualitative description of significant difficulty. These difficulties are expected to manifest behaviorally in difficulty beginning tasks that require sustained mental effort; sustaining attention and focus in daily activities; sustaining effort once work has begun on a task; and recalling information necessary for completing a task.

[REDACTED] the following items, which may be relevant to providers:

Cluster 1. [REDACTED]

- I have trouble getting started on projects, assignments, or other tasks.
- I have trouble switching from one activity to another.
- I have trouble organizing my work and doing the most important things first without wasting time.
- I tend to be disorganized and forget due dates for projects, assignments, or bills.
- My work is rushed, incomplete, or late because I don't plan enough time to do things well.
- I wait until the last minute to do things.
- I have excessive difficulty starting tasks I should do, like running errands and paying bills, unless the task is interesting.

Cluster 2. [REDACTED]

- I need to be reminded to keep working or to pay attention.
- I find it hard to focus on one thing for a long time unless it's something I'm really interested in.
- I lose focus easily when I have to listen to or read something that isn't very interesting.
- Because I speak too quickly or keep changing topics while talking, others have trouble understanding me.
- I try to pay attention in conversations, but my mind wanders and I miss out on important information.
- When I'm reading something that isn't very interesting, I have to read it more than once to remember it.

Cluster 3. [REDACTED]

- I need extra time to finish my assignments or projects.
- If I can't understand something right away, I stop trying.
- My work is inconsistent; sometimes it's good, sometimes it's not.
- I need to be reminded to get started or to keep working on tasks that need to be done.
- It's hard for me to focus on a task unless it's interesting or I'm working with someone else.
- I have trouble finishing routine tasks that don't interest me.
- When I'm writing, I may have good ideas, but it takes me a very long time to put them into sentences and paragraphs.

- Soon after starting a project or assignment, I get bored and don't want to finish it.

Cluster 4. [REDACTED]

- I feel excessively stressed or anxious in situations that should be manageable for me.
- I worry too much about things that could go wrong and what others might be thinking about me.
- I spend too much time on little details trying to make my work perfect.

Cluster 5. [REDACTED]

- I have a hard time following instructions, especially when I have more than one thing to do at the same time.
- It's difficult for me to take notes and keep listening to what else is being said.
- I tend to forget to bring – or often misplace – things that I need, such as phone, keys, wallet, or purse.
- I plan to do things but forget about them (like running errands or paying bills).

Cluster 6. [REDACTED]

- I get restless and fidgety when I have to sit still or wait in line.
- I get restless and fidget with my fingers, hair, clothing, or jewelry too much.
- When working on projects or doing assignments, I tend to do them too quickly and make careless mistakes.
- It is hard for me to stop doing things I like to do, like watching TV or playing games, even when I know I should.

[REDACTED]

The [REDACTED] was the first empirically validated measure of adult ADHD, based on a normative sample of 2,000 adults. It produces multiple scaled scores that are descriptive of core features of adult ADHD and DSM diagnostic criteria for ADHD. The scales include: [REDACTED] (difficulty organizing and completing tasks; difficulty concentrating); [REDACTED] (difficulty sustaining focus while working on tasks; feeling overly restless or "on the go"); [REDACTED] (impulsive behavior; mood swings); [REDACTED] (interpersonal difficulties; low self-esteem); [REDACTED] (tendencies associated with inattentive subtype in DSM); [REDACTED] (tendencies associated with hyperactive-impulsive subtype in DSM); [REDACTED] (likelihood of meeting DSM diagnostic criteria for ADHD); and [REDACTED] (aides in differentiating clinical and non-clinical ADHD presentations).

Scale	T-score (%ile)
[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]'s [REDACTED] protocol is suggestive of difficulties with both inattention and hyperactivity/impulsivity. He attained scores in the above average range on a majority of scales, as well as a score in the "much above average range" on the ADHD Index Scale, which may be used to identify ADHD in individuals who present with comorbid diagnoses. [REDACTED]'s results on the [REDACTED] overall support a positive diagnosis of ADHD.

[REDACTED]

The [REDACTED] is a self-report inventory used to rate executive dysfunction in adults. The measure may be used in a range of applications, primarily pertaining to neuropsychological evaluation and assessment. The [REDACTED] is especially useful in the evaluation and diagnosis of adult ADHD, as it provides T-scores for areas of executive function that are commonly impaired in individuals who have ADHD.

The [REDACTED] yields T-scores for the following scales: [REDACTED] (ability to regulate behaviors to meet the demands of the environment); [REDACTED] (ability to regulate emotions relative to the demands of internal and external stimuli); [REDACTED] (ability to implement higher-level cognitive skills to solve problems and perform complex tasks); [REDACTED] (overall ability to regulate and integrate the behavioral, emotional, and cognitive aspects of executive functions to adapt to the demands of one's environment); [REDACTED] (symptoms of impaired sustained attention, poor working memory, deficient multitasking, forgetfulness, and distractibility); [REDACTED] (symptoms of impulsivity, hyperactivity, and poor self-monitoring); [REDACTED] (symptoms of poor frustration tolerance, emotional lability, sensitivity to criticism, and problems with anger control); [REDACTED] (symptoms of concrete thinking, cognitive rigidity, disorganization, and poor decision-making and problem-solving skills); [REDACTED] (symptoms of low activation, impaired initiation, passivity, and unconcern).

Scale	T-score (%ile at 95% confidence interval)
[REDACTED]	[REDACTED]

[REDACTED]'s [REDACTED] protocol is suggestive of primarily cognitive executive dysfunction and impairment of attention and working memory, although all scales yielded elevated scores. His test results are descriptive of a primarily inattentive presentation of ADHD.

The test produces a composite score, which is referred to as the [REDACTED]. [REDACTED] is representative of the overall likelihood that the patient has ADHD. [REDACTED] attained a [REDACTED] of [REDACTED]. Scores above 50, on a range of 0 to 100, represent a high likelihood of having ADHD-like symptoms. Approximately 7% of the general population are estimated to display a similar level of ADHD-like symptoms.

The [REDACTED] is a composite score that is comprised of five scale scores: [REDACTED] (representative of movement detected by the webcam); [REDACTED] (representative of the frequency with which the patient pressed the spacebar when not prompted to do so); [REDACTED] (representative of the frequency with which the patient failed to press the spacebar when prompted to do so); [REDACTED] (representative of the overall speed with which the patient pressed the spacebar); and [REDACTED] (representative of the overall consistency or variability in the patient’s reaction time throughout the test administration period). Q-scores (m=0; sd=0.5) are generated for each scale score, allowing for comparison with individuals of a similar age and gender.

Summary of Scores

Scale	Q-score (%ile)
[REDACTED]	[REDACTED]

[REDACTED]’s performance on the [REDACTED] shared a high level of similarity with that of individuals in the sample population of a similar age and gender who received a diagnosis of ADHD. Notably, all scales were associated with elevated, ADHD-like scores. During the post-test interview, [REDACTED] reported strong feelings of restlessness throughout the testing process, which were associated with frequent fidgeting behaviors. [REDACTED] also attained a high level of [REDACTED] due to frequent lapses in attention, distractibility, and a tendency to forget the shape or color of the preceding image.

Summary Interpretation, and Conclusions

[REDACTED] was self-referred for psychological testing in order to confirm or rule out a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD). [REDACTED] was informed of psychological testing and assessment services by his psychotherapist after completing a brief screening measure for ADHD, the results of which indicated that he may have ADHD. During the semi-structured clinical interview, [REDACTED] explained that he has experienced attentional difficulties that have interfered with his academic, occupational, and interpersonal functioning throughout his lifespan, but had previously attributed those difficulties to anxiety and depression. However, after receiving psychotherapeutic and psychiatric treatment for anxiety and depression, [REDACTED] continues to experience attentional difficulties and a reduced quality of functioning in

multiple life domains. The persistence of his attentional difficulties after treatment for anxiety and depression initially prompted [REDACTED] to consider that he may have ADHD, eventually leading him to undergo psychological testing as outlined in the present psychological evaluation report.

The present psychological evaluation consisted of a semi-structured clinical interview, the administration of multiple inventories and self-report measures focused on both ADHD and general psychopathology, and a continuous performance test commonly used in the assessment of ADHD. In all measures and evaluation procedures, [REDACTED] presented with ADHD-like symptoms. Furthermore, he tested positive for ADHD across all relevant measures. Notably, [REDACTED]'s history resembles that of high functioning, bright individuals who typically receive a diagnosis of ADHD in adulthood due to their talent for attaining high grades during their primary school years in spite of the impact of their attentional difficulties on their daily functioning.

Diagnostic Impressions

DSM-5-TR Diagnosis

F90.0 Attention-Deficit/Hyperactivity Disorder

Predominantly inattentive presentation, moderate

Inattention:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities.
- Often has difficulty sustaining attention in tasks or leisure activities.
- Often has difficulty listening during lectures, group discussions, and one-on-one conversations.
- Often has difficulty finishing schoolwork, chores, or duties in the workplace.
- Often has difficulty organizing tasks and activities.
- Often avoids engaging in tasks that require sustained mental effort.
- Often loses things necessary for tasks or activities.
- Is often distracted by extraneous stimuli.
- Is often forgetful in daily activities.

Hyperactivity/Impulsivity:

- Often fidgets with or taps hands or feet or squirms in seat.
- Often feels restless when expected to remain seated for long periods of time.
- Is often “on the go”, as if “driven by a motor”.
- May interrupt others or finish others’ sentences.

Several inattentive and hyperactive/impulsive symptoms are hypothesized to have been present prior to age 12, based on self-report and [REDACTED] test results. Several inattentive and hyperactive/impulsive symptoms are present in academic and occupational settings. These symptoms are associated with reduced quality of functioning. These symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder, nor are they better explained by another mental disorder.

Recommendations

- [REDACTED] is encouraged to continue to receive counseling and psychotherapy services. A cognitive-behavioral therapist who specializes in helping individuals who have ADHD develop behavior skills may be helpful to him. However, [REDACTED] is expected to continue to benefit from general supportive psychotherapy for anxiety and depression.
- [REDACTED] is encouraged to receive psychiatric care and medication management services. Appropriate medication may assist [REDACTED] in improving his capacity to sustain attention and focus, as well as to manage impulsive behavior.

Suggested Educational Accommodations

- [REDACTED] is expected to benefit from permission to audio record lectures and class seminar discussions. [REDACTED]'s test results suggested that he experiences a high level of inattention, distractibility, and restlessness, as well as difficulty utilizing working memory for purposes of short-term storage and recall of information. These symptoms are hypothesized to interfere with [REDACTED]'s ability to track and retain information conveyed during lectures and seminar discussions. Audio recordings of lectures and seminar discussions are expected to provide [REDACTED] with the opportunity to review information effectively after class, and while in environments in which he will be free from extraneous distractions. Audio recordings have the added benefit of capabilities such as rewinding and replaying sections, which will allow [REDACTED] to review key information even if he continues to lose attention and focus while listening to a given recording.
 - If [REDACTED] is not permitted to audio record lectures and discussions, then he is also expected to benefit from permission to receive notes from a dedicated notetaker. This accommodation will allow [REDACTED] to focus on continually restoring his attention and focus on lectures and class discussions, rather than attempting to shift between tasks of listening and taking notes. Such shifts in attention may be overly fatiguing or distracting for individuals who have attention-deficit disorders.
- [REDACTED] is expected to benefit from permission to complete tests, exams, and in-class assignments in a private room in which he will be free from distractions.
- [REDACTED] is expected to benefit from additional time on exams, tests, and assignments. Typically, individuals who receive accommodations for attention-deficit disorders benefit from an additional amount of time that is equal to half of the original amount of time. For example, if a test is to be completed within 60 minutes, [REDACTED] is expected to benefit from an additional 30 minutes. Provision of additional time in this manner is expected to provide [REDACTED] with the opportunity to effectively manage his periodic losses of attention, practice impulse control and behavioral regulation strategies, and manage feelings of boredom or restlessness that are thought to have historically interfered with his academic performance.

General Recommendations

- Shorten work periods or tasks to coincide with attention span.
- Use written reminder notes.

- Keep important personal objects (e.g., smartphone, keys) in the same, central location at home.
- Place visual reminder cues in helpful locations (e.g., a photo of smartphone by the front door).
- Break longer tasks into smaller parts.
- Ask for clear, concise instructions when assigned tasks.
- Write down instructions for longer tasks.
- Use a notebook to write down memories and reminders.
- Use a calendar, reminders, and notifications on digital devices (e.g., smartphone) to remember important tasks and appointments.
- Ask to receive assignments one at a time to avoid work overload.
- Keep written to-do lists and cross off each task as it is completed.
- Allow extra time to complete difficult asks.
- Use a timer to define periods of uninterrupted work.
- Turn off distracting stimuli (e.g., television, stereo) when working on tasks.
- Use earplugs or noise-cancelling headphones when working in a noisy environment.
- Use an enjoyable activity (e.g., watching a favorite show or sports program) as a reward for staying focused on a difficult task.
- Plan a major reward (e.g., having friends over, dinner at a nice restaurant, planning a vacation) for maintaining focus on a series of difficult tasks.
- Avoid self-critical behavior after becoming distracted or procrastinating.
- Avoid self-criticizing for minor behavioral slip-ups.
- Develop and stick to structured routines for completing tasks.
- Write out necessary steps to accomplish complex tasks.
- Verbalize the steps while completing tasks.
- Place more importance on accuracy (i.e., reducing the number of errors) than speed when completing tasks.
- Double-check work after completing a difficult task.
- Practice pausing and thinking before responding in conversations.