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]

Referral Information

[redacted] was referred by her university counseling center for psychological testing identify diagnostic or other factors that contribute to her difficulties with time management and sustaining focus. [redacted] requested to be evaluated for Attention-Deficit/Hyperactivity Disorder (ADHD). When reviewing her presenting concerns in greater detail, she explained that she has experienced difficulties with sustaining attention and time management throughout her lifetime, beginning in childhood. She stated that she has intended to undergo psychological testing in order to confirm or rule out a diagnosis of ADHD for several years, but has decided to do so at the present time because her symptoms are beginning to interfere with her academic, occupational, and daily functioning in more substantial ways. Additionally, [redacted] reported that her sister received a diagnosis approximately one year prior to the present evaluation report, which further inspired her to pursue psychological testing as she and her sister experienced similar difficulties with sustaining focus and time management throughout their developmental years.

Evaluation Procedures

1. Semi-structured clinical interview.
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. [redacted]
7. [redacted]
8. [redacted]
9. [redacted]

Mental Status

Appearance: Casual attire and appropriate hygiene, appropriate for the testing situation.
Level of Consciousness: Alert.

Speech: Oriented to time, person, place, and situation.
Memory Impairment: None observed.
Motor Activity: Fidgeting behaviors.
Interpersonal Behavior: Cooperative, collaborative rapport with testing clinician.
Mood/Affect: Reported as "good" and "anxious" over the course of multiple testing sessions. Affect was congruent with mood.
Perception: Accurate, no hallucinations observed or reported.
Thought Content: Within normal limits.
Thought Process: Lucid, occasionally tangential.
Insight/Judgment: Within normal limits.

Identifying Information and Behavioral Observations

[redacted] is a [redacted]-year-old undergraduate student, enrolled at [redacted] ([redacted]). She has declared a double major in Media Studies and Middle Eastern Studies, as well as a minor in Journalism. Additionally, [redacted] is employed in a work-study capacity at [redacted] as both a Peer Advisor for The College of Letters and Sciences, and as an Intern at the SSWANA Initiative. After graduation, she plans to pursue a career in the fields of media and marketing. In her free time, she enjoys watching movies and spending time with her friends.

At the time of the present report, [redacted] is in the process of moving out of her current living situation – a shared apartment with a friend – and into her parents' home. She described living with her friend as occasionally chaotic, though quiet when needed.

Relevant History

During the process of reviewing [redacted]'s presenting concerns, identifying relevant symptoms, and clarifying their history and course, [redacted] reported the following symptoms:

1. Difficulty managing time (both organizing a realistic schedule and losing track of time)
2. Procrastination.
3. Difficulty sustaining focus.
4. Difficulty sustaining work on a single task or assignment; frequently shifting attention across multiple tasks, assignments, or other activities.
5. Mild impulsivity.
6. Anxiety.
7. Periods of insomnia, in which she may experience difficulty sleeping (falling asleep and staying asleep) for multiple days in a row.
8. Sudden bursts of energy associated with anxiety about deadlines.
9. Periods of low energy in which she experiences difficulty with productivity in multiple domains of functioning.
10. Chronic stress.
11. Overthinking projects, tasks, assignments, and other activities that involve planning, organization, and/or sustained focus.
12. Tightness in chest and sweating when anxious.
13. Periods lasting approximately two weeks in which she feels depressed, sad, and fatigued.

[redacted] stated that she has experienced these symptoms consistently throughout her lifespan, though they did not cause significant impairment in her daily functioning until she began her university studies. She speculated that she was able to manage these symptoms such that they merely caused a reduction in the quality of her functioning prior to beginning her university studies; however, at the present time, as she is managing multiple projects and assignments without as much structure as she had in previous academic and occupational settings, [redacted] stated that she feels less capable of managing her symptoms, resulting in possible impairment in her academic, occupational, and daily functioning. [redacted] appeared in the testing sessions to be an ambitious, interpersonally skilled, and intellectually gifted individual. Her description of the history and course of her symptoms resembles that of high functioning individuals who, due to their skill in managing their symptoms during their developmental years, did not receive appropriate diagnoses and/or treatment until adulthood.

Academic History

[redacted] attended preschool; elementary, middle, and high school; and community college prior to beginning her studies at [redacted].

When asked about her functioning during her early childhood and preschool-age years, [redacted] explained:

"My mom would brag that I was a great student, knew my numbers, how to write my name at a young age. I really don't know too much, but that's what she would say… that I was doing really well in class, certain abilities that I could do at that age."

[redacted] was able to recall more details about both her functioning and how she was perceived by her peers and teachers during her elementary school years. She explained that she continued to earn high grades during elementary school, and was enrolled in The Gifted And Talented Education (GATE) Program. However, she recalled that she would procrastinate, namely by way of completing her schoolwork on an inconsistent schedule. Additionally, her teachers frequently noted during parent-teacher conferences that she often appeared to be distracted in class or was distracting to other students. [redacted] explained that she often spoke in class during periods in which she was expected to remain silent. In some courses, her teachers would move her away from her friends because she had difficulty refraining from talking to them during lessons.

[redacted] began to experience a greater reduction in the quality of her functioning as she entered middle school. She explained, "There was definitely a shift when I transitioned to middle school. Now, I had to put in a lot more effort outside of school. You can't just pay attention in class and do well." She recalled that she often felt "stressed" during middle school because she had begun to procrastinate more, often putting assignments off until the last minute. She added, "But I would also put a lot more stuff on my plate," referring to the number of academic and other commitments she made for herself during her middle school years. During middle school, [redacted] received mostly B grades, though she also received some As and some Cs.

[redacted] explained that she began to lose motivation to earn good grades as she entered high school. She continued to experience difficulty with procrastination, time management, and

sustaining focus on assignments and other tasks. Additionally, [redacted] reported that she began to experience periods of anxious or depressed mood during her high school years, which further contributed to a reduction in the quality of her functioning. Her grades during high school ranged from Ds to As. She explained, "I still received As in the classes I was naturally good at."

[redacted] attended community college for four years, where she completed an associate's degree in Communications and French. She received one D, one B, and, otherwise, all As. She explained that she was highly interested in her studies and motivated to succeed academically, which contributed to her ability to earn high grades. However, [redacted] added that she changed majors multiple times while in community college and, at one point, felt a lack of motivation similar to that of her high school years. It was during this period that she received a D-letter grade.

[redacted]'s grades have remained in the A range, with two Bs. She explained that she continues to feel highly motivated, though she added, "My habits are definitely the worse they've ever been. I turned in my application a few minutes before the deadline. The habits are worse than ever, but somehow I'm doing okay."

Occupational History

[redacted]'s most relevant occupational experiences are her current jobs, wherein she works as a Peer Advisor for The College of Letters and Sciences, and as an Intern for The SSWASA Initiative. Although she has received praise at both jobs, she explained that she continues to procrastinate, and that she often finds that she is either unable to complete key responsibilities or that she is scrambling seconds before a meeting or deadline to prepare materials for presentations or tasks.

She provided examples: In her role as a Peer Advisor, she was instructed to watch training videos prior to beginning her work. Due to difficulties in sustaining focus, sustaining effort on one task at a time, and procrastination, she did not watch the videos. Nonetheless, she has been successful in her role. Similarly, in her work as an Intern for The SSWASA Initiative, [redacted] often finds that she is organizing presentations or materials seconds before a meeting begins, and that she is unable to complete data entry tasks in a timely manner, resulting in extensive backlogs of data entry. She explained, "I know I'll get it done, I'll have all this energy and will be able to get it done. But that's another reason I want to be able to deal with these symptoms. It's not just about passing classes, getting an A, but making sure I'm actually doing what I'm supposed to do. My lack of organization is definitely something that is coming up again."

Psychiatric History

[redacted] sought counseling for anxiety and stress shortly after transferring to [redacted]. She discontinued therapy because her therapist went on maternity leave shortly after they began working together. She intends to pursue counseling services again in the future.

Medical History

[redacted] denied a history of severe illness or notable medical procedures.

Legal History

[redacted] denied a history of legal difficulties.

Substance Use History

[redacted] denied a history of substance use.

Driving History

[redacted] stated that she becomes easily distracted when driving. She explained, "I know how I can be. I am very strict about certain things. I don't touch my phone. I start playlists before beginning driving. I will zone out. I'll be thinking about something. When I'm driving, I try to be overly conscious about what I'm doing."

Test Results

Although [redacted] was primarily interested in being evaluated for ADHD, she also reported symptoms commonly associated with anxiety or depressive disorders. Her general emotional functioning was assessed in order to identify comorbidities or other factors that may better explain her ADHD-like symptoms and associated functional impairments. Three standardized measures were administered: [redacted]

[redacted]

The [redacted] is a self-report screening measure designed to screen for the presence of anxiety or symptoms associated with an anxiety disorder. The [redacted] yields T-scores (mean = 50; standard deviation = 10), which allow for comparison with a normative sample. [redacted] received a T-score of [redacted], which is within the normal range and represents a minimal level of anxiety.

She endorsed the following panic-related symptoms:
4. Unable to relax. (Mild)
5. Fear of the worst happening. (Moderate)
10. Nervous. (Mild)
16. Fear of dying. (Mild)
17. Scared. (Mild)

[redacted]

The [redacted] is a self-report screening measure designed to screen for the presence of depression or symptoms associated with a depressive disorder. The [redacted] yields T-scores (mean = 50; standard deviation = 10). [redacted] received a T-score of [redacted], which represents a moderate range of depression. [redacted] diagnostic ranges are based on a reference group of outpatients; a moderate

level of depression may be considered as significant within the general population, and/or may be associated with subjectively experienced psychological distress.

[redacted]

The [redacted], authored by [redacted], is a standardized measure of adolescent and adult emotional and personality functioning. It was designed to assist in evaluating the unique challenges and treatment needs of young adults in college settings. Drawing from [redacted]'s extensive research in the field of personality functioning, the measure offers insight into the examinee's personality style and its potential contribution to her presenting concerns.

[redacted]'s [redacted] protocol suggests that she is experiencing a moderate level of psychological distress associated with feelings of insecurity about her future, both in professional and interpersonal domains. She may be overly self-critical, preoccupied with fear of rejection or abandonment, and undervaluing of her academic achievements. [redacted] also endorsed several items associated with moderate levels of anxiety and depression.

[redacted] endorsed the following noteworthy items:
6. I am sadder than other people seem to be. (frequently applies)
17. I can't shake the feeling that I'm worthless to others. (frequently applies)
46. I feel so poorly about myself that I avoid others. (always applies)
23. My moods seem to change a great deal from one day to the next. (frequently applies)
94. My mood is such that I really need mental help now. (occasionally applies)
63. I find distractions to avoid schoolwork. (always applies)
102. I waste my time much more than most students do. (always applies)

Attention-Deficit/Hyperactivity Disorder Assessment

[redacted]'s chief complaint and reasons for seeking psychological testing were primarily associated with ADHD-like symptoms, as well as to confirm or rule out a diagnosis of ADHD. The following measures were administered in order to evaluate [redacted] for ADHD: [redacted]. Additionally, performance-based data was gathered observationally during the administration of the [redacted], which is a comprehensive measure of cognitive ability. The [redacted] was administered because technical difficulties and limitations interfered with the reliable and valid administration of a continuous performance test more commonly used in the evaluation and diagnosis of ADHD, such as the [redacted].

[redacted]

The [redacted] is a self-report screening measure used in the diagnosis of ADHD in adults. 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. The remaining 6 items are included to aide in specifying presentation type and severity level in the event that a diagnosis of ADHD is appropriate.

Respondents who endorse 4 or more of the first 6 items at a high level of severity are expected to meet diagnostic criteria for ADHD. [redacted] endorsed 5 of the first 6 items at a high level of severity. The remainder of her ASRS-v1.1 protocol was suggestive of difficulties with inattention, or of an inattentive presentation of ADHD.

[redacted]

The [redacted] is a standardized measure of impairment in adult executive function. The test consists of self-report and informant inventories. This measure is used in a variety of neuropsychological and psychological assessment applications. The [redacted] is particularly useful in identifying impairment in those executive functions that pertain to neurodevelopmental disorders such as ADHD.

The [redacted] yields T-scores for the following scales: [redacted] (ability to inhibit or not act on an impulse); [redacted] (ability to regulate and modulate emotions); [redacted] (ability to track one's behavior and its impact on others); [redacted] ([redacted]) (ability to maintain appropriate regulatory control of behavior and emotions); [redacted] (ability to begin a task or initiate a problem-solving strategy); [redacted] (short-term storage and recall of information); [redacted] (ability to implement instructions or goals on the basis of anticipated future events, and to organize information, actions, and materials in the service of fulfilling a plan); [redacted] (ability to track problem-solving success or failure while engaged in a task over time); [redacted] (measure of organization in an adult's daily life); [redacted] ([redacted]) (ability to sustain task-completion efforts while utilizing planning and organization to solve problems); [redacted] ([redacted]) (a summary of executive function impairment).

[redacted] completed a self-report form; additionally, [redacted]'s sister completed an informant form.

Index/Scale	Self-Report T (%ile)	Informant T (%ile)
[redacted]		

The self-report and informant protocols were in agreement in their suggestion that [redacted] experiences difficulty in several areas of executive function commonly associated with ADHD. Difficulty in these domains of executive function is consistent with her self-reported ADHD-like symptoms and their possible impacts on her academic and occupational functioning.

[redacted]

The [redacted] was designed and published in the interim years between the publication of DSM-IV and DSM-IV-TR, at a time in which adult ADHD was receiving wider recognition within the psychiatric community. The [redacted] was created to fulfill the need for an empirically validated measure of adult ADHD. Since then, it has been widely used in the evaluation of ADHD in adults.

The [redacted] is based on a large normative sample of 2,000 adults. It yields multiple subscales that are correlated with core features of adult ADHD and DSM-IV ADHD criteria. The subscales include: [redacted] (difficulty organizing and completing tasks; difficulty concentrating); [redacted] (difficulty sustaining focus while working on a task; feeling overly restless or "on the go"); [redacted] (impulsive behavior; moods change quickly); [redacted] (interpersonal difficulties; low self-esteem); [redacted] (tendencies associated with inattentive subtype in DSM-IV); [redacted] (tendencies associated with hyperactive-impulsive subtype in DSM-IV); [redacted] (meet DSM-IV criteria for ADHD); and [redacted] (high scores are useful in differentiating clinical ADHD individuals from non-clinical ADHD individuals). Raw subscale scores are converted to T-scores, allowing for comparison across age and gender. T-scores of 60 or above are considered to be suggestive of clinical significance.

Review of collateral information is an essential component in the assessment and diagnosis of ADHD in adults. The [redacted] includes an empirically validated questionnaire that is completed by an informant. The [redacted] yields T-scores that can be compared with those produced by the [redacted] to enhance accuracy of diagnosis. [redacted]'s sister completed the [redacted] form.

	Self-Report	Informant
[redacted]		

[redacted]'s [redacted] protocol supports a diagnosis of ADHD. The self-report and informant forms are consistent in their elevations, and indicate that [redacted] likely has a predominantly inattentive presentation of ADHD.

[redacted] [redacted]

The [redacted] is a self-report measure frequently used in the retrospective diagnosis of ADHD in adults who present with otherwise ambiguous psychopathology. When completing the measure, patients are asked to rate a variety of statements about beliefs, emotions, and behaviors that may have applied to them as children. The measure is comprised of 61 items, with a subset of 25 items that describe symptoms of ADHD and statements commonly endorsed by individuals who received a positive diagnosis of ADHD within the normative sample. Scores range from 0 to 100, with scores at or above 46 correlated with a positive diagnosis of ADHD in experimental settings. [redacted] received a score of [redacted]. Her score indicates that she endorsed a majority of statements commonly endorsed by individuals who were diagnosed with ADHD in the sample population. [redacted]'s results on the [redacted] support data gathered during the clinical interview, suggesting that she experienced ADHD-like symptoms prior to age 12.

[redacted]

The [redacted] represents an increasingly popular approach to the assessment of cognitive functioning. Based on the Cattell-Horn-Carrol model of cognitive functioning, the [redacted] consists of six core subtests, each adapted from more extensive cognitive batteries for efficient use in time limited settings. The normative sample includes both in-person and remote administration scores. The test yields T-scores, which allow for comparison of the examinee's scores with individuals of a similar age and gender within the general population. T-scores are calculated for both individual subtests and composite index scores.

The six subtests of the [redacted] include [redacted], in which examinees are presented with a series of questions, read by the examiner, and asked to provide their best answer based on prior learning and/or context; [redacted], in which examines are presented with slides consisting of six or more images or symbols, and are asked to identify the image or symbol that doesn't belong within the group; [redacted], in which an examinee is asked to provide the correct answer to a series of similes; [redacted], in which an examinee is presented with a series of visual images, and asked to identify what may be missing in each image; [redacted], in which an examiner reads a collection of stories aloud to an examinee, after which the examinee is prompted to recite the story from memory to the best of her ability; and [redacted], in which an examinee is presented with a series of pairs of slides, one with a single image, and another with the same image alongside other similar images. The examinee is asked to identify the image that had been shown in the preceding slide.

[redacted]'s scores generally fell within the average to high average range. Her lowest score was associated with her performance on [redacted], in which she earned a below average score. When reviewing her overall performance on the [redacted], [redacted] explained that she felt unmotivated and fatigued during the administration of the [redacted] subtest; similarly, the clinician observed that [redacted] requested that multiple items be repeated, and she appeared to be experiencing difficulty sustaining attention and focus as the items were being read to her.

In contrast, [redacted] attained superior scores on the [redacted], [redacted], and [redacted] subtests. The administration of these subtests is more active in nature, which, [redacted] explained, better held her attention. Her highest subtest score was associated with the [redacted] subtest. Surprisingly, and in

contrast to the results of her [redacted] protocol, [redacted] attained a very superior score on the [redacted] subtest. During the post-test interview, [redacted] explained that she found the fast-paced nature of the test engaging, and that she enjoyed the process of attempting to memorize increasingly complicated visual images.

Throughout the administration of the [redacted], [redacted] demonstrated several ADHD-like symptoms and behaviors, including difficulty sustaining focus, avoidance of tasks that required sustained mental effort, fidgeting behaviors, and inability to recall and make use of information provided orally by the examiner due to waxing and waning attention.

Summary, Interpretation, and Conclusions

[redacted], a [redacted]-year-old undergraduate student, was referred by her university counseling center for psychological testing to identify diagnostic and other factors that may be associated with lifelong difficulties sustaining attention and managing her time. In addition to other testing that may be appropriate, [redacted] requested to be evaluated for ADHD. She explained that she had considered undergoing an ADHD evaluation for several years, but has finally decided to do so as her ADHD-like symptoms have begun to cause her greater difficulty since beginning her university studies, and because her sister, who has experienced similar symptoms, received a diagnosis of ADHD approximately one year prior to the present evaluation.

A semi-structured clinical interview was conducted, followed by the administration of several self-report measures associated with emotional functioning, personality style, and the diagnosis of ADHD. Although technical difficulties interfered with the administration of a continuous performance test traditionally used in the evaluation and diagnosis of ADHD, performance-based data was gathered observationally during the administration of a test of cognitive ability. Finally, collateral data was gathered via the administration of informant questionnaires.

[redacted]'s test results consistently supported a diagnosis of ADHD. Additionally, her history was characteristic of high functioning individuals who, due to their skill in managing their symptoms during their developmental years, do not receive a diagnosis of ADHD until they are faced with less structure in later adolescence and early adulthood, at which time their symptoms often begin to cause more significant impairment or reduction in the quality of their functioning. Additionally, [redacted]'s test results suggested that she may be experiencing significant levels of depression and/or anxiety, and would benefit from supportive psychotherapy.

[redacted] presented as an interpersonally skilled, intelligent, talented, and ambitious individual. She is likely to be successful in her career and personal life as she completes her studies at [redacted] and begins her career. As she has expressed throughout the testing process, she would benefit from appropriate treatment and support. Although support in the area of ADHD symptom management is expected to be helpful to her in terms of both her functioning and her emotional wellbeing, supportive psychotherapy is also highly recommended, with encouraged focus on fostering healthy self-esteem and self-care, learning to take on an appropriate number of responsibilities and commitments, and in working through factors that may contribute to periods of depression or possible depressive episodes.

Although the present psychological evaluation indicates that [redacted] experiences elevated levels of depression and anxiety, the diagnosis of a diagnosis of a depressive or anxiety disorder would best be confirmed or ruled out within the context of a supportive psychotherapy setting. [redacted]. Supportive psychotherapy would ideally provide greater time and stability in which to explore these matters in appropriate detail.

Diagnostic Impressions

[redacted]

DSM-5-TR:

[redacted]

Recommendations

Referrals

1. [redacted] is encouraged to work with a psychiatrist or other prescribing provider in order to determine whether or not she would benefit from appropriate psychiatric medication.
2. [redacted] is encouraged to pursue adjunctive treatment with a cognitive behavioral therapist who specializes in ADHD symptom management.

3. [redacted] is encouraged to attend individual psychotherapy in order to receive support and assistance in resolving feelings of anxiety and depression, and in fostering healthy self-esteem.

Suggested Accommodations

[redacted] presented with distractibility; difficulty starting tasks; difficulty sustaining focus once she has begun a task; difficulty organizing her time; and difficulty preparing for tests, exams, and other assignments. As these areas of difficulty are associated with a reduction in the quality of her functioning, the following accommodations are expected to better assist [redacted] in her academic performance:

1. [redacted] would benefit from permission to use audio recorded materials in lieu of written materials when available. Reading requires sustained focus, and individuals who have ADHD often experience difficulty comprehending and retaining information when reading due to their global difficulties with inattention. They may re-read material several times before comprehending the information. In contrast, some individuals who have ADHD can accurately demonstrate their capabilities associated with the interpretation of arguments commonly expressed in written form when that material is made available in the form of audio recording.
2. [redacted] would benefit from permission to audio record lectures or seminar discussions in academic or occupational settings. This accommodation would allow her to refrain from managing multiple tasks simultaneously, thereby allowing her to be more focused in prioritized aspects of an activity or task.

General Recommendations

1. Maintain a stable, consistent daily routine that is supportive of self-care and regular sleep.
2. Practice good sleep hygiene to maximize sleep quality.
3. Avoid excess sugar and caffeine.
4. Practice mindfulness or another activity that assists in developing focus and attention.
5. Engage in regular exercise.
6. Break large projects into smaller parts.
7. Formulate milestones that are moderate and easily accomplished.
8. Take short, frequent breaks when working on assignments and projects.
9. When attention wanders during conversations or meetings, notice and gently remember to return attention to the task at hand.