CH. 12 – SAMPLE ANNOTATED REPORT

Report Text	Comments

PSYCHOLOGICAL EVALUATION

Name:	Monique	**Testing Date:**	May 6, 8, & 10, 2024
Age at Evaluation:	17 years, 6 months	**Report Date:**	May 20, 2024
Grade:	10th	**Psychologist:**	Sam P.

Reports typically include identifying information at the top, the dates of the testing and report, and the person/people who conducted the evaluation.

PURPOSE FOR EVALUATION:

Monique D. is a 17-year-old biracial (Black, White) adolescent who resides in a residential treatment facility. She was referred for a psychological evaluation by her therapist, Jane Doe, LPC to assess her current emotional, personality, and cognitive functioning. Her legal guardian consented to the evaluation and Monique assented. The results will assist Monique's treatment and transitional team in determining directions for interventions and after care planning.

Here we learn the reason for referral and goals of the evaluation.

RELEVANT HISTORY:

Family & Social History:

When Monique was first born, she reportedly lived with her 14-year-old mother and her maternal grandparents. Records indicate that she was sexually and physically abused during this living situation, with custody revoked when Monique was 7. Monique lived with a maternal aunt for 1.5 years but was later placed into foster care at age 9, as her aunt stated that she could not manage her aggression and sexualized behaviors at the time. According to medical records. Monique reportedly has poor interpersonal boundaries and has displayed sexualized behaviors within her social relationships since age 5. She also has expressed homicidal ideation towards peers and others she feels have harmed her in the past.

Next, a brief background history is presented. It is common for the background to be separated by domains with headings to ensure ease of reading.

Consider how details are distilled into these statements. What are you attuning to as you read the report?

Developmental & Medical History:

Information pertaining to Monique's prenatal, birth, infancy, and toddler years was not available for this assessment. Monique has a severe allergic reaction to peanuts for which she has an EpiPen. She also has asthma. She denied any history of major head injuries or seizures. Monique was seen in the emergency department two months ago for a complaint of dizziness and headaches. She received a neurological workup, but no physical cause was identified. Monique has been diagnosed with obesity and has a history of soothing herself with food.

Note that the information source is indicated in most cases (self-report, records, collateral report). This is important for clarity.

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Substance Use History: Monique has a history of using alcohol, cannabis, and unprescribed Percocet (an opioid). She apparently used alcohol and cannabis on a regular basis in her previous community, and reported to the examiner that she was placed at the residential treatment facility due to her drinking and "weed" use. Per school records, Monique would leave classes to use alcohol and cannabis and then would return intoxicated.	*Because the psychologist is not in a position to independently confirm this information, they specify that this information is per reports through language such as "reportedly." Note that the source of the information is referenced in many places.*
Educational History: Monique is currently in the 10th grade at a Level V Special Education School within the residential treatment center. She has an Individualized Education Program with the primary disability of Emotional Disturbance. Monique's behavior problems in school included aggression, defiance of adult authority figures, and truancy. Monique reportedly has performed well academically in the past and "has been able to maintain a B-C average when she focuses." However, Monique has been selective about which classes she would attend at her previous high school.	*Is there any jargon in this report that is unfamiliar to you? What will you need to get further information on?*
Legal History: Monique has no known legal history.	
Psychiatric History: Monique has an extensive psychiatric history that includes severe mood instability; non-suicidal self-injurious behaviors; physical aggression; exposure to trauma and trauma-related symptoms (including flashbacks, nightmares); oppositional behaviors; binge eating; school refusal; running away; high-risk sexual behaviors; borderline intellectual functioning; substance use (marijuana, alcohol, opioids); and suicidal thoughts and behaviors. These concerns have resulted in more restrictive levels of care (e.g., out of home placement, intensive outpatient services, acute psychiatric hospitalization).	*Many concerns are noted here. What will you be looking for in the psychological testing results?*
Monique was referred to residential treatment by her social worker. She was most recently placed before she was supposed to be enrolled at a community therapeutic foster care program. She has been removed from seven placements due to concerning behaviors, including physical aggression. It was determined that she could not be safely maintained in the community at this time and she was referred to residential treatment.	*What are you thinking about as you read Monique's case?* *What stands out to you?*
On screening forms, Monique endorsed mood fluctuations and depressive symptoms, sleep difficulties, nightmares, flashbacks, and auditory hallucinations.	

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Prior diagnoses have included: Posttraumatic Stress Disorder; Major Depressive Disorder; Attention Deficit Hyperactivity Disorder (ADHD); Oppositional Defiant Disorder; Cannabis Use Disorder; Alcohol Use Disorder; Reactive Attachment Disorder; Developmental Learning Disorder; and Borderline Intellectual Functioning. Monique has been prescribed Trazodone, Zoloft, Focalin, and Risperidone in the past. However, Monique has a history of not taking her medication consistently. Monique is currently prescribed Zoloft, Focalin, and Risperidone.	*Next, previous evaluation results are provided. Psychologists formulate these differently, with some providing scores and others providing descriptors. Here we see a mix, with standard scores provided for the IQ with descriptors of their meaning and descriptors only for the emotional/behavioral health measures.*
PREVIOUS ASSESSMENTS AND RESULTS: <u>Public Schools – Age 16:</u> *Wechsler Abbreviated Scale of Intelligence (WAI)*: Full Scale IQ = 92 (Average); Verbal IQ = 110 (Average); Nonverbal IQ = 75 (Borderline). *Achenbach Teacher Report*: Externalizing Problem Behaviors = Clinically Significant; Internalizing Problem Behaviors = Average; Clinically Significant Problem Behaviors: Attention Problems, Rule-Breaking Behaviors; At-Risk Problem Behaviors: Social Problems, Withdrawn/Depressed. *Achenbach Guardian Report*: Externalizing Problem Behaviors = Clinically Significant; Internalizing Problem Behaviors = Average; Clinically Significant Problem Behaviors: Withdrawn/Depressed, Thought Problems, Attention Problems, Rule-Breaking Behaviors; At-Risk Problem Behaviors: Anxious/Depressed, Social Problems, and Aggressive Behavior.	*Recall that clinically significant means two or more standard deviations above the mean of the norming population. Per Monique's teacher's perception, then, Monique has greater externalizing problem behaviors than at least 97.8% of the group to whom she was compared. We have no information about the comparison provided here, but you could research the measures.*
PRESENT ASSESSMENT PROCEDURES: Review of Records Clinical Interview Wechsler Adult Intelligence Scale, Fifth Edition (WAIS-5) Woodcock Johnson Tests of Achievement, Fourth Edition (WJ-IV) Bender Visual Motor Gestalt Test II Children's Color Trails Test (CCTT) Developmental/Projective Drawings	*Here the psychologist details all of the procedures used for this evaluation. Which are you familiar with?* *Based on what you have learned in this chapter (or knew previously), what do these tests measure?* *Do they seem appropriate for Monique's age and other individual characteristics?*

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Roberts Apperception Test, Second Edition (Roberts-2) Rorschach Inkblot Test Millon Adolescent Clinical Inventory, Second Edition (MACI-II) Reynolds Adolescent Depression Scale, Second Edition (RADS-2) Behavior Rating Inventory of Executive Functioning, Second Edition (BRIEF 2) Trauma Symptom Checklist for Children (TSCC)	*How will they help the psychologist to answer the referral question?* *Who are all of these measures administered to? Why do you think the psychologist chose not to administer any collateral report measures? Would you want to involve others in the assessment?*
BEHAVIORAL OBSERVATIONS AND MENTAL STATUS:	
Monique presented for testing over multiple sessions. In each session, Monique was oriented to person, place, time, and situation. She appeared as an adequately groomed teenager who looked her stated age of 17. Her clothing comfortably fit her and was appropriate for her age, weather, and situation. She appeared to have an accurate understanding of the testing procedures and what she was being asked to accomplish. There were no overt signs of significant sensory or perceptual deficits, nor was there any evidence of hallucinations or delusions. She did not endorse current suicidal or homicidal plans or means, but did report a history of self-injurious behaviors and suicidal thoughts and behaviors, as well as aggression. She denied engaging in self-injurious behaviors since admission to this residential treatment facility two weeks ago.	*Next, the psychologist shares their observations of Monique. Sometimes psychologists use particular measures to determine mental status and other times their determination of mental status is based on behavioral observations.*
Monique's affect was generally depressed and anxious. She stated that her current mood is usually depressed and that she has difficulty in her interpersonal relationships with peers on her unit. She indicated that her relationships with staff are much more positive because she feels supported. Monique mentioned that she is generally able to manage her behaviors effectively but is easily emotionally stimulated. She did not suggest issues with her appetite, but mentioned that she is frequently hungry, especially late at night and in the early morning. She indicated poor sleep maintenance as a result of thinking and noise on her unit. Monique often seemed tired during testing. Her fatigue suggests that she exerts considerable mental energy coping with demands placed on her.	*This information helps us to understand how Monique engaged in the evaluation process, to provide context for the results. It also can be used to triangulate findings - do observations match with what Monique and others report? Do they match results on test procedures?*
Rapport was easily established with Monique and there were no indications of her falsifying or withholding information. Monique was able to complete the testing battery with few distracting behaviors. She seemed to put forth appropriate effort and was engaged in tasks, but demonstrated fatigue. She appeared to enjoy some of the tests and one-on-one interactions. When she encountered difficulties, her confidence wavered and she occasionally became tearful. However, she always persisted to completion. It appears that she is prone	*Here we see the psychologist presenting both their observations and explaining what they make of those observations.*

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to becoming overwhelmed by challenging problem-solving situations, although she does not verbalize her difficulties, thus potentially undermining her performance in the classroom and on standardized tests. Thus, the following scores may be an underestimation of her potential.

How can you use these observations to contextualize and expand on the test results you will read in the remainder of the report?

TEST RESULTS:

Cognitive Functioning

Wechsler Adult Intelligence Scale, Fifth Edition (WAIS-5).

Next we get into the test results. This section is usually organized test by test. Here we see the psychologist also include headings for the domain the tests are measuring. The psychologist likely administers a WAIS-5 because of Monique's age.

Monique was administered the WAIS-5, which is an individually administered test of cognitive abilities. The Composite Scores have a mean of 100 and a standard deviation of 15. The Subtest Scores have a mean of 10 and a standard deviation of 3. Monique completed the WAIS-5 in one session and put forth good attention and effort throughout the task.

The Full-Scale Intelligence Quotient (FSIQ) is the aggregate of all of the cognitive abilities assessed by the WAIS-V and is considered to be an accurate evaluation of general intellectual functioning. Monique's FSIQ of 62 was in the Extremely Low range of cognitive skills and knowledge and was above the scores obtained by only 1% of her same-aged peers. There is a 95% chance that Monique's true FSIQ score lies between 59 and 67. However, there was a wide range of scores, indicating specific strengths and weaknesses. Lower scores occurred mainly in areas of abstract reasoning, working memory, and processing speed, while somewhat higher skills were displayed on aspects of the testing related to vocabulary and verbal comprehension. Details of these variable abilities are discussed below.

The psychologist explains the test's purpose and the standard score scale so the reader can understand the scores. The psychologist also describes how Monique engaged in the test, lending credence to the scores. We see the overall score (62) and an accompanying description. Note also that there is some comparative information.

Indexes

Scale	Score	95% Confidence Interval	Percentile Rank	Range
Verbal Comprehension	74	69-81	4	Borderline
Perceptual Reasoning	67	63-74	1	Extremely Low
Working Memory	66	61-75	1	Extremely Low
Processing Speed	62	57-74	1	Extremely Low
Full Scale IQ	62	59-67	1	Extremely Low

The psychologist next presents a table of results. We can see the score, the 95% confidence interval (where we believe with 95% confidence her true score falls in), the percentile rank (which you can interpret at "Monique scored at or above #% of her same-aged peers") and a description in prose (labeled as range) of the meanings of those numbers.

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Subtests

Verbal Comprehension	Score		Perceptual Reasoning	Score
Similarities	5		Block Design	6
Vocabulary	6		Matrix Reasoning	3
Information	5		Visual Puzzles	4
Working Memory	**Score**		**Processing Speed**	**Score**
Digit Span	3		Coding	5
Arithmetic	5		Symbol Search	1

We then also are presented with scores on the subtests. No comparative data is presented here. Do you recall the mean (average) and standard deviation of these subtests? Take a look back at the chapter if you don't remember off-hand to interpret these.

The Verbal Comprehension Index (VCI) is a measure of word fluency, abstract verbal reasoning, language development, and independent functioning. On this Index, Monique achieved a standard score of 74, which falls in the Borderline range of functioning. Her scores on the subtests that contribute to this index were uniformly low and were all significantly below her same aged comparisons. This index was consistently higher than her other ability realms, but they still reflect struggles within abstract reasoning and general knowledge that could be attributed to missed educational opportunities.

After the tables, the psychologist goes into great detail describing each scale, Monique's performance, the meaning of the scores obtained, and how the results may translate in Monique's daily life.

Monique achieved a standard score of 67 on the Perceptual Reasoning Index (PRI), which is a measure psychomotor integration, pattern recognition, and nonverbal reasoning. This score is in the Extremely Low range. Monique's scores on the subtests that comprise the PRI were similar, suggesting that her abilities in areas associated with perceptual analyses, reasoning, and mental flexibility are consistently underdeveloped considering her age. These weaknesses in her nonverbal skills are likely impacting her confidence in educational settings and contribute to her daily frustrations. Monique did perform somewhat better on a task requiring fine motor coordination and concept formation (or the ability to learn from new information); thus, her potential to absorb and integration novel experiences in the classroom may be better than her everyday performance would predict.

Is there anything that surprises you in the results?

The Working Memory Index (WMI) is a measure of sustained attention, as well as the ability to mentally manipulate increasingly complex verbally presented information. On this index, Monique achieved a standard score of 66, which falls in the Extremely Low range of functioning. Monique demonstrated significant difficulties with sustained attention and high levels of distractibility. Monique performed somewhat better on tasks that involved her past knowledge and skills (such as arithmetic), showing she can perform better when problems are familiar.

What do you make of the results?

On the Processing Speed Index (PSI), a measure of processing speed, scanning, and encoding abilities as well as psychomotor integration, Monique achieved a standard score of 62. This score is also in the Extremely Low range. Her scores

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on these subtests indicated cognitive rigidity and uncertainty in her abilities. She performed significantly better on a subtest that required her to draw symbols as opposed to one that required her to cross out items. She appeared to have difficulties clearly distinguishing between symbols that are similar to one another. It is likely these difficulties undermine her performance in the classroom.	*How do the results fit with the behavioral observations and history reported earlier in the report?*
Woodcock Johnson Tests of Achievement, Fourth Edition (WJ-IV).	
To assess Monique's educational achievement, she was administered the WJ-IV. This battery measures knowledge obtained in school. Unlike an IQ evaluation, achievement does not necessarily measure academic potential, but progress up to that time.	*Next we learn how Monique performed on a measure of educational achievement.*
Monique's grade equivalent is 6.2 and her performance is represented by her overall academic achievement levels, again suggesting that she has missed many educational and cultural opportunities for her age. The Total Achievement scale is computed by the combination of Broad Reading, Broad Math and Broad Written Language clusters. Monique scored within the Low Average range and above 7% of her same aged peers. Examining Monique's subtests individually can be helpful in terms of determining areas of personal strength and weaknesses.	*Here we see an example of equivalences (grade equivalent) and percentiles along with their meaning.*
Broad Reading is a measure of reading achievement, including decoding, comprehension and reading speed. Monique's score is in the Low Average range and above 11% of her same aged peers. Monique demonstrated a strength in comprehending what she was reading and supplying missing words.	*How does performance on this battery fit with the results of the WAIS-5?*
Broad Written Language is a measure of written language achievement. Monique's score was within the Low Average range and above 12% of her peers. She demonstrated strength in spelling.	
Broad Math is a comprehensive measure of math achievement. Monique's score is in the Borderline range of achievement and above only 3% of her same age peers. Monique showed the greatest difficulty on a timed task computing simple mathematic equations quickly. Monique stated, “I'm not good at fractions” and had difficulty telling the difference between dimes and nickels. Although these tasks were more challenging for her, Monique used strategies such as counting on her fingers and talking aloud to assist her.	*Note the behavioral observations included here. How do they flesh out the testing data?*

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Norms Based on Age

Cluster/Test	Standard Score	Percentile Rank	Grade Equivalent
Total Achievement	**78**	**7**	**6.2**
Broad Reading	**82**	**11**	**6.7**
Letter-Word Identification	80	9	6.0
Reading Fluency	85	16	7.5
Passage Comprehension	89	24	7.0
Broad Written Language	**84**	**15**	**6.9**
Spelling	95	36	9.3
Writing Fluency	83	13	6.0
Writing Samples	82	11	5.4
Broad Math	**72**	**3**	**5.2**
Applied Problems	82	11	5.3
Calculation	78	7	5.5
Math Fluency	64	**1**	4.1
Academic Skills	**80**	**9**	**6.5**
Academic Fluency	**76**	**5**	**6.1**
Academic Applications	**78**	**7**	**5.8**

Here we see a brief description of the norms – that Monique's scores are compared to a norming sample that is the same age as her. The table is set up to allow up to see both her percentile rank and grade equivalent. Is the standard score mean and standard deviation noted anywhere?

With the exception of spelling, Monique's scores suggests that her achievement level is significantly lower compared to her current 10th grade level in all areas. Her Academic Skills and Academic Fluency are around a 6th grade level indicating that she likely becomes frustrated or overwhelmed by coursework required in 10th grade. Despite these vulnerabilities, many of her scores, especially in language areas were higher that what would be predicted from her FSIQ score of 62. Monique would continue to benefit from a small, structured academic setting that focuses on her individual educational needs. Also, special emphasis could focus on her weaker understanding of mathematical concepts.

Here we see the psychologist foreshadow recommendations that will come at the end of the report. Why do you think the psychologist chose to do that? Is this a choice you would make it in your own report-writing?

Bender Visual Motor Gestalt Test, Second Edition (Bender Gestalt-II).

The Bender Gestalt II is a measure of visual-motor integration skills. It includes a copy phase to assess an examinee's written coordination abilities and perceptual maturation, in addition to a recall segment to detect short-term memory problems. As part of this test, Monique was asked to use one sheet of paper to construct all 12 figures to assess her planning and organization skills. Monique's constructions were quite small, possibly indicating difficulties with planning and increased anxiety when confronting unknown tasks. Her willingness to engage in unfamiliar problem-solving activities requiring visual motor coordination is a strength; however, her slower speed of processing on untimed tasks seemed to undermine her efficiency. She had more difficulty reproducing complex figures and those that required her to integrate parts.

Here is the next cognitive test that was administered. Again, the test is followed by a description of Monique's engagement before the test results. Results are presented differently than in previous tests, with numerical information woven into the prose rather than presented in a stand-alone table.

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Standard scores on the Bender Gestalt-II test range from 40 to 160 with a mean of 100 and standard deviation of 15. Monique's ability to copy the shapes was within the Low Average range (standard score = 88), which is above the abilities of 21% of her same-aged peers. Her ability to recall and draw the shapes from memory during the recall phase was in the Average range (standard score = 98), placing her above 45% of her same-aged peers, though again her detailing of the figures was slow. Her performance indicates low average skills in perceptual maturation and fine motor coordination of visual tasks and average recall skills, but slow copying speed that is likely to interfere with her work output and create frustrations. Interestingly, Monique's ability to recall visual information stored in her short-term memory was much higher than her digit span score from the WAIS-5. This difference suggests that her auditory ability to recall and manipulate numbers is much lower than her ability to recall visual information, which may reflect auditory processing deficits or hearing obstructions. Sometimes, this difference in senses is seen in children who rely on a visually vigilant stance towards their environment and may lead to overreactions to perceived threats, no matter how minor.	*Why is it helpful to have multiple cognitive tests? How do the results of each converge and diverge?*
Children's Color Trails Test (CCTT).	
Monique completed the CCTT, an orthographic neuropsychological test. She scored in the Extremely Low range (Standard Score < 55) on the first task, a timed measure of visual attention involving perceptual tracking and simple sequencing. Her scores ranked in the <1st percentile, meaning that she scored worse than 1% of her same-aged peers. On the second task, which measures executive and frontal lobe functioning, Monique also scored in the Extremely Low range (Standard Score < 55) ranking her in the <1st percentile when comparing to same-aged peers. This task, which requires complex problem-solving and mental flexibility, necessitates abilities in perceptual tracking, sustained attention, grapho-motor coordination, inhibition-disinhibition, divided attention, and sequencing skills. Monique did not make any errors on either one of the trials, but her scores were exceedingly low due to the emphasis on speed of response. Thus, these scores reflect that she has difficulty completing tasks in a timely manner, which most likely undermines her everyday school performance.	*Another cognitive test is also included. Note how the psychologist explains the primary reason for the extremely low score and how it corresponds with other cognitive measures.* *As yourself again – Why is it helpful to have multiple cognitive tests? How do the results of each converge and diverge? What does that tell us?*
Developmental Drawings.	
Monique was asked to draw various pictures of common everyday objects and situations (house, tree, person, person in the rain, self before and after residential treatment). Most of her drawings were detailed, with much effort placed forth, but were developmentally similar to a younger child rather than an adolescent. They suggested immaturity in her perceptual maturation. Thus, written and copying expression may be tedious for her and add to her daily frustrations.	*The psychologist then also describes using drawings as a method of assessing cognitive functioning.*

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Emotional and Personality Functioning **Projective Drawings.** The drawings that Monique created were also used for their emotional value. Drawings used as projective techniques attempt to gauge aspects of an individual's personality through the style of their creations and responses to questions. Monique's drawings indicated that she is grounded in reality. Monique's drawings reflect a tendency toward impulsivity when faced with tasks, along with an avoidant coping style in response to confusion or unclear expectations. Her responses suggest that she often feels overwhelmed when demands are ambiguous or emotionally charged. Monique's self-concept appears to be shaped by earlier experiences she perceives as traumatic, and her emotional lability and low self-worth are likely to become more pronounced under stress – especially when she lacks the tools or support to navigate difficult experiences. These patterns may contribute to reduced effort and could hinder her from fully reaching her potential. Additionally, Monique seems to hold conflicted feelings about her social support system, which is not unexpected given her history of trauma and experiences with out-of-home placements. Trust appears to be a challenge in her interpersonal relationships, likely rooted in early relational disruptions and repeated experiences of instability.	*Now we transition to personality and emotional/behavioral health measures.* *The psychologist explains how these same drawings are used as a projective for their emotional content, explaining how the drawings described earlier were interpreted.* *Note that there is limited information about why the drawings are being interpreted this way. Would you want to know more about the constructions? How does this information align with what was presented in Chapter 8?*
Roberts Apperception Test for Children, Second Edition (Roberts-2). The Roberts-2 includes a series of 16 pictures depicting social situations that are part of children's and adolescents' everyday experiences. For every picture, the respondent is asked to create a complete story, which is scored for social cognitive competence, adaptive functioning, and clinical functioning. Monique's responses were limited and restricted to basic descriptions and feelings. She focused on the current situation pictured, usually providing only an antecedent for the characters' feelings and behaviors, and never providing a resolution. Monique appears to have difficulty identifying solutions to problems that require careful consideration. As a result, she probably feels fearful and helpless, which may lead to maladaptive externalizing behaviors as an expression of her frustrations. Based on her stories, Monique seems to have an accurate understanding of and grounding in reality, but may misinterpret events due to her narrow and negative focus that causes her to miss important interpersonal cues. This rigidity in her perceptions likely creates problems for her in everyday relationships and events and this confusion may interfere with her considering the consequences to her actions. As a result, she may impulsively react to situations that are not straightforward, which is bound to create conflict within her immediate world.	*Recall that the Roberts-2 is another projective measure.* *Notice how the psychologist explains the Roberts-2, observations made during the administration, how they interpreted the content produced by Monique, and what the results may indicate about Monique's daily functioning.* *How do these interpretations further develop your understanding of Monique?*

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Monique seemed to interpret the depicted situations in a particularly negative manner, suggesting that her view of her everyday experiences are significantly impacted by depressive themes, most likely precipitated by past trauma. For example, in describing a picture of a mother and daughter hugging, she reported that the daughter needed the hug because she was beat up at school and proceeded to provide a lengthy description of the daughter's injuries. Other stories contained intimate partner violence and peer altercations. Monique refused to create a story for a picture of a girl sitting up in bed with a frightened look on her face, shouting "Ahh!" continuing to stare at the picture for a good while, and finally declaring, "I can't do it! It's triggering me!" Monique was able to calm down after a soothing intervention and return to other cards. It appears that she perceives environment as very threatening, personalizes this distress, and is very reactive to what she considers potential harm.	*Note the descriptive language here that draws attention to data the psychologist found particularly salient. How is it helpful in better understanding Monique?*
Rorschach Inkblot Test.	
Monique was also administered the Rorschach Inkblots, a projective assessment of current personality characteristics and emotional resources. Overall, Monique's responses indicate an avoidant style that seems to be her attempt to simplify and control her environment. While she appears to function adequately in familiar situations that are highly structured and well defined, she is more likely to become impulsive and disorganized when demands become more ambiguous or complex. This tension, along with her inconsistent coping manner makes her more vulnerable to having difficulties with adjusting to daily challenges.	*One final projective measure was administered. Note here that the chosen scoring system has not been described and so you may wish to seek out this information from the psychologist.*
Results suggest that Monique tends to strive to accomplish more than her current capabilities. This tendency increases the probability that Monique experiences many failures and likely becomes quite frustrated with not understanding why she is unable to achieve her objectives. In general, Monique struggles to effectively process and interpret her environment, particularly when situations become complex. This difficulty may contribute to challenges adjusting in new or ambiguous contexts. Because of these difficulties in processing information, Monique likely prioritizes her immediate needs and feelings over external expectations. This independent thinking may lead to social rejection and makes it difficult for Monique to establish meaningful relationships over time.	*How do these results add to your understanding of Monique?*
, Monique has difficulty avoiding emotionally triggering situations, even though ıggles to regulate her emotional responses. This often leads to intense emotional ;ions, which can further strain her interpersonal relationships. As a result, Monique ɔ approach close relationships with caution – despite a strong desire for tion. Her limited social skills, combined with a tendency to question her actions in ;ettings, likely contribute to heightened feelings of inadequacy and self-doubt..	*Are results framed in a way that Monique and her support network can understand them? If not, how might they need to be translated into language that is more accessible and useful?*

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Millon Adolescent Clinical Inventory, Second Edition (MACI-II).	
Monique completed the MACI-II, which is a self-report inventory designed specifically for assessing adolescent personality characteristics and clinical syndromes. There are 11 personality patterns scales reflecting the way that personality traits and features combine to form a clinical pattern of maladaptive behaviors. There are four expressed concerns scales that focus on feelings and attitudes about issues relevant to troubled teenagers. There are also nine clinical syndrome scales that assess disorders and manifest themselves in relatively specific symptomatology and clusters of well-defined clinical syndromes.	*Recall that the MACI-II is a self-report measure of personality.* *Based on what you have learned in this chapter, why might the psychologist have chosen to utilize both a self-report inventory and projective measure?*
Monique's highest elevation among the personality patterns was on the Discontented scale. Adolescents with similar scores may show unpredictable shifts in behavior, at times appearing warm and cooperative, and at other times more oppositional or withdrawn. She also showed elevated scores on Inhibited and Aggrieved scales, suggesting she may be shy, cautious in trusting, and sensitive to potential rejection. These patterns are often associated with feelings of loneliness, pessimism, and difficulty advocating for oneself.	
Monique's highest clinical personality elevation was on the Borderline Tendency scale. Youth with high scores on this scale may experience intense emotional fluctuations, challenges in relationships, fears of abandonment, and impulses toward self-harming behaviors.	*Note that the psychologist chose not to include scores here and instead simply talked about elevations in prose. Why do you think they made that choice? Would you have chosen to present results in the same way or differently? How come?*
In terms of expressed concerns, Monique showed a primary elevation on the Self-Devaluation scale, which is common among adolescents reporting low self-esteem and negative self-perceptions. She also elevated the Peer Insecurity scale, reflecting sadness related to perceived rejection and a tendency to withdraw socially.	
Among the clinical syndromes, Monique showed a significant elevation on the Depressive Affect scale. This pattern is associated with low energy, feelings of guilt, hopelessness about the future, and decreased self-confidence. She also elevated the Suicidal Tendency scale, indicating acknowledgment of suicidal thoughts and/or plans. Given this elevation and her history, ongoing risk assessment is recommended to monitor safety and ensure appropriate supports are in place.	
Monique’s responses reflect significant internal distress, which may be expressed through unpredictable or reactive behavior. Her low self-esteem and self-harm suggest she may be especially vulnerable to stress and impulsivity. These challenges may contribute to mood fluctuations and interpersonal difficulties in daily life.	*How do these findings further your understanding of Monique? How do they inform intervention planning?*

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Reynolds Adolescent Depression Scale, Second Edition (RADS-2).

The RADS-2 is a 30-item self-report questionnaire designed to assess adolescent depression symptoms. Monique reports more signs of depression than 98% of her same-aged peers. She scored highest on the dysphoric mood subscale, suggesting that she is sad, lonely, irritable, and anxious. She scored high on the somatic complaints subscale, suggesting she presents many of her mood symptoms in physical ways (e.g., fatigue, stomach aches, pains, fatigue, and sleep disturbances). Monique also scored high on the negative self-evaluation subscale, indicating that she has a low self-worth, denigrates herself, believes that others do not like or care about her, and feels hopeless to change her current situation. On critical items, Monique endorsed that she feels lonely, withdrawing from others, and feels like she is no good "most of the time," and she feels like hurting herself "sometimes." Her depressive symptoms appear to impact her functioning and increase her vulnerability to stress.

Now we turn to the final emotional/behavioral health self-report measures.

How does the RADS-2 add to our understanding of Monique?

What do you know about the population the RADS-2 was normed on?

Scale / Subscale	*T* Score	Percentile Rank
Dysphoric Mood	72	99
Anhedonia/Negative Affect	60	87
Negative Self-Evaluation	71	97
Somatic Complaints	67	98
Total Depression	*72*	*98*

Behavior Rating Inventory of Executive Functioning, Second Edition (BRIEF 2).

Monique was also administered the self-report version of the BRIEF 2, a scale to assess self-regulation in her everyday environment. Executive functions are cognitive processes responsible for guiding, directing, and managing intellectual, emotional, and behavioral functions, particularly during novel problem-solving situations.

The psychologist also implemented a self-report measure of executive functioning in addition to the cognitive tests administered.

What do you make of that choice?

Results from this measure indicated that Monique views herself as having many problems that stem from executive functioning issues. Monique's responses produced a *T* score of 86 on the Global Executive Composite, suggesting that she perceives herself as possessing more executive functioning deficits than 99% of her same-aged peers. She appears to have more difficulties in maintaining appropriate regulatory control of her behavior and her emotional responses (*T* score of 88) than systematically solving problems via planning and organization while sustaining her attention and putting forth effort to tasks (*T* score of 79). In general, though, both types of abilities are significantly impaired, as she indicated more difficulties than 99% of her peers on both indices. Specifically, Monique demonstrates significant difficulty inhibiting impulsive thoughts and actions, flexibly shifting her approach to problem-solving, and regulating her emotional

Recall that T scores over 70 are considered clinically significant; these scores are thus quite elevated.

Note how the psychologist makes some relative comparisons in spite of all scales being elevated, while still reminding the reader of consistent high elevations across the measure.

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responses. She also appears to have limited capacity for holding information in working memory, which affects her ability to plan, organize, and follow through on tasks. These vulnerabilities in attention and planning likely impede Monique's social and academic functioning.

How do the results of this measure add to test results?

Trauma Symptom Checklist for Children (TSCC).

Finally, a measure of trauma symptoms was administered.

The TSCC is used to identify potential traumatic events and how these events may impact a person's functioning over the past six months. Monique endorsed all critical items. She indicated feeling "afraid somebody will kill me" almost all of the time. She endorsed "wanting to hurt myself;" "wanting to hurt other people;" "feeling scared of men;" "feeling scared of women;" "not trusting people because they might want sex;" "getting into fights;" and to a lesser extent "wanting to kill myself."

What symptoms do you notice here?

How do they flesh out your understanding of Monique?

Scale/Subscale/Factor	*T* Score
Validity Scale	
Underresponse	42
Hyperresponse	65
Clinical Scales/Subscales	
Anxiety	74
Depression	72
Anger	74
Posttraumatic Stress	69
Dissociation	57
Overt Dissociation	62
Fantasy	47
Sexual Concerns	72
Sexual Preoccupation	81
Sexual Distress	52

Note that the psychologist did not include percentile ranks here, but now that you can interpret T scores, you have a rough idea of the elevations. What is elevated? Does this match with other tests results and clinical interview findings?

Monique has clinically significant difficulty with symptoms related to anxiety, depression, anger, and posttraumatic stress. These symptoms indicate that Monique is likely experiencing considerable anxiety that may be related to fears associated with past trauma. She is likely preoccupied by traumatic events in the past and these thoughts are intrusive. In addition, these symptoms may impact her daily functioning, resulting in anxious distractibility or irritability. This style is consistent with Monique's history of engaging in self-injurious behaviors as a way to avoid her negative thoughts and feelings.

Have you paid close attention to the language the psychologist uses throughout the report? Information can be communicated in many ways. Some language may be clear and accessible, while other parts may be more technical.

Her responses indicate she is experiencing elevated levels of depressive symptoms, which may contribute to social withdrawal and feelings of disconnection. She may hold deeply negative self-beliefs, including perceptions of being unworthy or inherently "bad." These symptoms likely contribute to her reported suicidal ideation and engagement in self-injurious behaviors.

The tone of the language also vary: It may reflect a client-centered, strengths-based approach, or it may lean toward pathologizing, which

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In addition, Monique appears to be experiencing significant anger. Others may view her as irritable, hostile, or aggressive; however, it is also possible that she internalizes much of this anger, directing it toward past experiences of maltreatment, abandonment, or perceived injustice. This unresolved anger may sometimes be expressed indirectly through passive-aggressive behaviors. Monique also endorsed a clinically significant level of sexual preoccupation on this measure. This score suggests she may frequently think about or engage in sexualized behaviors that could appear precocious for her developmental stage. Such patterns are not uncommon among youth with histories of sexual trauma.	*can impact how the youth and their support network understand and engage with the findings.* *Are results framed in a way that Monique and her support network can understand them? If not, how might they need to be translated into language that is more accessible and useful?*
SUMMARY: Monique D. is a 17-year-old biracial (Black and White) female adolescent residing in a residential treatment facility with integrated special education services. She was referred for this evaluation to better understand her emotional, cognitive, and personality functioning in order to inform ongoing treatment and aftercare planning. Monique's placement follows a series of disrupted caregiving relationships and multiple treatment settings, reflecting both her significant behavioral health needs and the broader systems that have struggled to meet those needs with consistency and care. Monique has experienced extensive trauma throughout her development, including early abuse, loss of caregivers, frequent transitions, and institutional placements. These experiences have shaped how she engages with the world, often through guardedness, vigilance, and reactive behaviors that have been pathologized by past systems. At the same time, Monique shows remarkable persistence and relational insight. She was open and engaged throughout the evaluation process, established rapport easily, and demonstrated a strong desire to be understood and supported. Across cognitive testing, Monique's scores fell within the Extremely Low range overall, with variability suggesting both strengths and challenges. She exhibited stronger skills in verbal comprehension and familiar academic material, particularly in language-based tasks, and greater difficulty with processing speed, working memory, and abstract reasoning. These patterns likely reflect the cumulative impact of trauma, disrupted learning, and chronic stress rather than a fixed intellectual profile. Fatigue and emotional distress were evident throughout testing and may have further suppressed her performance.	*The summary is the most important part of the report. It seeks to tie all of the data together for a more comprehensive understanding of the case and to lead to the diagnoses and recommendations that follow.* *As you read the summary for Monique, note what data support the conclusions offered here. Note how data sources are brought together, compared, and discussed as a whole to make sense of Monique's experiences, strengths, and challenges.* *How does the summary consider the results within Monique's culture and context?*

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Monique's academic achievement fell within the Low Average to Borderline range, with a grade equivalency around 6th grade, several years below her current 10th grade level. Nonetheless, her stronger performance in certain areas (e.g., reading comprehension and spelling) suggests underutilized potential. Her difficulties in math and timed tasks appear especially discouraging for her. Given her educational history and cognitive profile, she would benefit from individualized supports, extra time, and structured learning environments.	*What more would you want to know about Monique to conceptualize her case?*
Projective and self-report measures revealed a young person navigating profound emotional distress. Monique is grounded in reality but struggles with rigid and negative self-perceptions shaped by past trauma and disrupted attachments. Her drawings, narrative responses, and testing behavior reflect a tendency toward avoidance and self-blame, as well as an underdeveloped capacity to regulate strong affect. These challenges are shaped by experiences of institutionalization and perceived rejection across multiple people and systems.	*What would you want to consult with the psychologist about?*
Monique reported significant symptoms of depression, anxiety, trauma-related distress, and suicidal ideation. She endorsed pervasive executive functioning difficulties, describing problems with attention, planning, emotion regulation, and flexibility. These experiences are consistent with the impact of complex trauma and likely reflect the overwhelming cognitive and emotional load she carries day to day. Her tendency to internalize blame, withdraw from peers, and feel unsafe around adults must be understood within the context of her early relational experiences.	*Now that you have reached the end of this evaluation, reflect.* *What are the strengths of this report?*
Taken together, Monique presents as a youth with significant emotional vulnerability, impacted by longstanding systemic and interpersonal trauma. Her personality structure reflects survival-based adaptations – including withdrawal, vigilance, and emotional reactivity – that interfere with trust-building and long-term relational security. Yet she also demonstrates engagement, insight, and effort, suggesting capacity for growth within consistent, attuned, and structured environments.	*What limitations do you see?* *How do you consider these results within Monique's culture and current context?*
Monique will likely benefit from treatment approaches that are trauma-informed, culturally responsive, and rooted in relationships. Her progress will depend not only on individual intervention, but on the ability of systems around her — educational, psychiatric, and residential — to provide safety, predictability, and genuine connection. Despite the severity of her symptoms, Monique shows signs of resilience and openness to change. With time, support, and a relational approach that embraces her full personhood, Monique has the potential to build a stronger, more coherent sense of self and future.	*How would you incorporate these results into your own assessment?*

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DIAGNOSTIC IMPRESSIONS: F60.3 Borderline Personality Disorder F34.1 Persistent Depressive Disorder, severe with anxious distress F43.10 Posttraumatic Stress Disorder F10.21 Alcohol Use Disorder, in early remission, in a controlled environment, moderate F12.21 Cannabis Use Disorder, in early remission, in a controlled environment, moderate F90.2 Attention-Deficit/Hyperactivity Disorder, Combined Type	*Are these the diagnostic impressions you expected? What diagnoses would you expect that are not there, if any? Why might they be missing? What diagnoses are there that surprise you? How come? Diagnosing BPD in adolescents is controversial and complex, as emotional regulation and identity are still developing. However, delaying a diagnosis can also delay access to treatments.*
RECOMMENDATIONS: THERAPY *Group Therapy:* Monique may benefit from participation in a small, well-facilitated therapy group where she can safely practice social skills, explore relational patterns, and receive constructive feedback from peers. Role-playing and modeling can support her in building healthy communication strategies and navigating interpersonal conflicts in ways that feel empowering rather than threatening.	*Does the assessment report help lead you to these diagnostic conclusions?* *Before reading the recommendations further, consider what you might recommend based on what you know of Monique.*
Individual Therapy: Monique is likely to benefit from individual therapy that is direct, structured, and rooted in a strong therapeutic relationship. Building trust will be essential and may require additional time, consistency, and patience given Monique's history of disrupted attachments, abandonment, and trauma. Therapy should focus on developing adaptive coping skills that help Monique interrupt cycles of impulsive and self-defeating behaviors, while also fostering her sense of agency and emotional awareness. Having Monique journal would be a helpful way to express feelings. By providing this medium to express these emotions, Monique would be better able to postpone impulsively acting out and engaging in self-destructive behaviors. Cognitive-behavioral therapy (CBT) techniques should be modified to align with Monique's processing style, using repetition, modeling, and visual supports.	

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These may include simplified cognitive restructuring exercises to help Monique recognize unhelpful thought patterns and consider alternative perspectives. Skills training in emotion regulation and distress tolerance will be important, particularly when tailored to her cognitive and executive functioning profile. Activities drawn from the Emotion Regulation section of the *Skills Training Manual for Treating Borderline Personality Disorder* by Marsha Linehan, with appropriate adaptations, may be useful for structuring sessions and providing concrete tools for Monique to practice. Therapy to support Monique's strengths is recommended in order to help her to develop a higher level of self-esteem and self-worth. Given Monique's history of suicidal ideation and ongoing risk factors, suicide risk assessments should be conducted routinely. Clinicians are encouraged to engage Monique in direct, clear, and collaborative conversations about her safety, including co-developing a shared language or numerical scale for communicating distress. Safety planning should be strengths-based, incorporating her personal coping strategies and trusted supports. Monique should routinely be evaluated by a psychiatrist to manage her psychotropic medication regimen and judge its effectiveness. EDUCATION Monique’s Individualized Education Program (IEP) should be updated to reflect findings from this evaluation, particularly those related to processing speed, executive functioning, and emotional regulation. She is likely to thrive in smaller, structured classrooms that minimize ambiguity and allow her to learn at her own pace. Accommodations should include: Extra time on tests and assignments; step-by-step task breakdowns and visual schedules; clear, concrete instructions and consistent routines; support for transitioning between tasks and settings; opportunities to build academic confidence through strength-based learning Her learning environment should incorporate trauma-informed practices. Educators should be aware that emotional dysregulation or behavioral challenges may reflect overwhelm, fear, or unmet needs.	

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PLACEMENT/AFTER-CARE Planning for Monique's discharge should begin promptly to ensure a smooth transition into a living environment that is stable, structured, and emotionally safe. The setting should offer predictability, clear expectations, and adults who are able to respond with consistency and calm. Monique does best when routines are clearly communicated and the environment minimizes ambiguity. Given her history of trauma, disrupted placements, and emotional vulnerability, Monique will need close supervision and a relational approach grounded in trauma-informed care. Caregivers should understand that behaviors which may appear oppositional often reflect fear, confusion, or emotional overload. Supportive responses, rather than punitive ones, will help Monique feel safer and more connected. Wraparound services are strongly recommended. Monique will need a coordinated care team that can provide individualized, consistent supports across home, school, and community settings. These supports should include trauma-informed therapeutic services, academic and vocational planning, and life skills coaching. These services should be culturally responsive, rooted in her strengths, and provide opportunities to build identity, agency, and trust. As Monique nears adulthood, programs that promote vocational exploration, job readiness, and supported transitions to adulthood will be critical. These services should prioritize real-world skills and build on her interests and talents, helping her gain confidence and competence in navigating systems. Referral to the Developmental Disabilities Administration is recommended to determine eligibility for long-term supports that can help ensure stability and continuity of care. Cross-system coordination will be critical to prevent further fragmentation and support Monique's long-term success.	*Do these recommendations match what you anticipated?* *How do they match the context?* *Are they responsive to Monique's culture? How would you utilize them?*