

Evaluation Samples:

Identifying Information: The member is a 13 year old male who lives at home with his natural mother. His parents are divorced. The member has two siblings, aged 19 and 22. The one sibling, age 22, lives with the member's father and the other sibling has moved out of the house and lives in college. The mother has received treatment in the past for depression. The family's status is lower to middle SES, and there is no information about cultural, spiritual, or special needs. Today's evaluation was attended by the member, who refused to participate and left the evaluation, the member's mother, and the member's BCM.

Reason for Referral: The member was referred for a psychological evaluation to assist in treatment planning and programming. The member is currently receiving BHRS and medication management. The member's mother is concerned about possible diagnoses of autistic spectrum disorder, depression, anger management, and anxiety.

Relevant Information:

Strengths: The member's mother reports that the member enjoys sports and going outdoors. The member responds well to structure. According to the member's mother the member is intelligent.

Concerns: Low self esteem

Emotion dysregulation

No friends

Low frustration tolerance,

Non-compliance

Truancy

Argumentative

Poor social skills

Does not engage in reciprocal conversations

Limited interests

Controlling

According to the member's mother, the member does not see how his behaviors are dysfunctional and is in denial for his need for services.

The concerns previously were non-compliance, defiance, social skills problems, and difficulties in emotional regulation. The member was diagnosed with PDD 3 years ago and has been receiving BHRS services since.

Development: The member's mother reported no specific concerns.

Family: The member's parents divorced when the member was approximately 5 years old. The member's father has a history of drinking alcohol. The member does see his father periodically. The member's mother is involved with the BHRS services and participates regularly. The member's mother is working full time. There do not appear to be any significant cultural or economic problems within his family. The member is described as having no history of sexual, physical, or emotional trauma.

School: The member is currently in a regular seventh grade classroom with an IEP. The member participates in a learning support classroom for several subjects. According to the member's mother the member struggles socially within school. The member has been truant on occasion, especially if there are activities that will be going on that are outside the general routine. Overall the member's school performance is satisfactory.

Community: The member was described as having no friends, but no specific difficulties in his community. There is no legal history.

Drug and Alcohol: The member has had no substance abuse treatment. . The mother is unaware, as well as the BCM, of any substance use concerns at this time.

Services: In reference to behavioral health services, the member has been involved with BHRS services for the past 3 years. The member has been prescribed 3 hours of MT per week and a BCM. The member will often refuse to meet with the MT. However, according to MT notes, the member is more compliant with requests of his mother at home. He can still have the anger outbursts and has at times become aggressive. There have been no suicidal or homicidal ideation recorded.

The member is prescribed Prozac 40 mg/day by psychiatry. The member's mother reports that she believes that the medication is somewhat effective. The member's mother reports that he compliant with his medications.

Available or Untapped Resources: Not relevant

Medical: The member has received regular physical check-ups with his pediatrician. Ever since childhood, he has had multiple ear infections and he has now been diagnosed with unilateral hearing loss. No additional sensory limitations were noted. No sleep difficulties have been noted. The member does frequently complain of migraines. The member has been prescribed imitrex for migraines. The member has had no closed head injuries or concussions. The member has no allergies.

Interview: Participants in the interview included the member's mother, and his BCM. At the start of the evaluation the member stated that he is "sick of this" and stormed out. The member stated that he would wait in the car. According to the member's mother his insight and judgment is poor. The member's mother stated that he is defiant, and aggressive. No indication of homicidal or suicidal ideation present. The member is believed to be intelligent, based upon his satisfactory academic performance. The member appeared to be oriented to person, place, and time and aware of the purpose of the evaluation- however, the member chose to not attend and wait in the car. There appeared to be no evidence of a formal though disorder or psychotic features. Volume of speech was

elevated with his one comment that he was “sick of this” as he stormed out of the office and slammed the door, however, rate of speech was within normal limits.

Discussion: According to others, the member continues to display symptoms consistent with his diagnosis of ADHD, combined type, PDD NOS, and Anxiety Disorder NOS. The member currently receives MT, medication management, and BCM. The member appears to be non-compliant and resistant to services in general. In general he is in denial of his diagnosis and need for assistance. The member is quite argumentative and has low frustration tolerance. He engages in outbursts and tantrum behaviors. The member has difficulty in social settings and with reciprocal activities and conversations. Community involvement is minimal. The member meets medical necessity for BHRS.

Diagnoses: Axis I: PDD NOS

ADHD Combined

Anxiety Disorder

Axis II: None

Axis III: Unilateral hearing loss

Axis IV: Psychosocial Stressors: Severe

Problems with primary support, social deficits, educational deficits, family financial stressors

Axis V: GAF: 51

Recommendations: The member would benefit from 3 hours of MT along with BCM and medication management to address non-compliance, outbursts, and social skills deficits. It is hoped that BCM may assist the family in finding ways to make the member more compliant with rules. It is recommended that the member continue with his IEP through school. It is recommended that the member become involved in some community activity. The member’s prognosis is guarded due to his unwillingness to participate in services. The member may be discharged following a mastery of goals, transference of skills to other environments.

