

Evaluation 2:

Identifying Information: The member, Brad, is a 20 year old, Caucasian, male who resides in CRR with his foster family. The member's foster parents are named Charlene and Dave. Currently there are two children whom the family has legal guardianship and three other foster children residing at the residence. The ages of the other children in the household are 21,18,17,15, and 14. The member has had no contact with his biological mother, Crystal. The member has no contact with his biological father, Butch, who is in jail. The other foster children are receiving out-patient services.

The member attends an ungraded class at The Autism School. He receives speech and occupational therapy. The member continues to receive out-patient therapy as part of his CRR treatment.

Child Serving Systems: The member is in the custody of Westmoreland County Children's Bureau.

Reason for Referral: The member was referred for a psychological evaluation to assess current emotional and behavioral functioning and to determine his need for continued community residential rehabilitation services.

Relevant Information:

Child Family and Community Strengths: The member was described by his family as "pleasant, outgoing, caring and polite." He tends to be energetic and curious. The member can be outgoing, fun, and helpful. The member was described as enjoying being part of the family and liking to cook. The member stated that the thing that he likes best about himself is that he is able to get along with peer and that he is smart. He has also written that he believes that he is polite, respectful, caring, considerate, well mannered, good looking, imaginative, and very dedicated. He reported having a strong spiritual base. The member and his family have strong connections with their church. The member is in good physical health and he stated that his appetite is good. The member described his CRR family as intelligent and supportive.

Current Concerns: The family reported that the member displays low frustration tolerance when he does not get his way or he tries to complete a task incorrectly and he is corrected. When Brad is corrected or he does not get his way, he will have emotional outbursts or become physically aggressive. When the member becomes physically aggressive, he will punch walls and in the past has overturned pieces of furniture. The physically aggressive behaviors were occurring weekly however, he has now decreased the physically aggressive behaviors to approximately one time every 2 weeks. The member indicates that he is able to do this through walking away or listening to music. The member's family expressed deficits in social skills (poor eye contact, limited interest in others, difficulty in peer interactions, difficulty establishing and sustaining age appropriate peer relationships, and communication skills (difficulty sustaining appropriate conversations). The member's family reported that he tends to become preoccupied with certain topics and activities. The family members reported that the member will become rigid and inflexible with routines and if these are disturbed this will often initiate behavioral issues.

The member's family reports that the most troubling behavior has been impulsive behaviors such as running away from the household on several occasions and inappropriate behaviors toward female peers. The member's family reported that these behaviors do not occur all the time and he tends to have "bad periods" which include an increase in irritability, increased oppositional and defiant behaviors and increased inappropriate sexually suggestive behaviors. The member's family reported that this generally occurs when there are changes that are occurring in the environment or it is a period of increased stress overall (such as holiday times). The family and the member are in agreement that periods when routines are rearranged are very difficult for the member.

History of Concerns: The member's CRR family reported that the member was originally placed with them due to his sexual offending behavior. The member in the past has displayed poor social skills, such as poor eye contact, inability to have reciprocal conversations, and inappropriate sexually suggestive behaviors. The member has in the past had verbal and physically aggressive outbursts which included at times punching walls or throwing furniture. The outbursts generally occur when there are changes in routines or when he does not get his way.

Development: The member was a full term pregnancy without complications at birth. The member met most developmental milestones within normal limits, however, he started to exhibit deficits in his social skills (for example poor eye contact, limited interest in others, difficulty in peer interactions, difficulty establishing and sustaining age appropriate peer relationships) and communication skills (difficulty sustaining appropriate conversations). The delay in social skills was noticeable by age 2.

As a child, the member reportedly exhibited hyperactivity, impulsivity, and difficulty complying with simple directions. Over the years the member tended to focus on limited numbers of topics and activities. The member has at times, when experiencing significant amounts of anxiety, self-injurious behaviors, such as pulling out his hair. The member has not had any self-injurious behaviors for the past 3 years.

The member was sexually molested around age 7 by his biological father. The member was abused for 10 months. During that period of time, Brad's verbal and behavioral aggression escalated. Over that 10 month time period, Brad would lash out at his family. Brad hit a family member and punched several walls. The member's hyperactivity increased along with impulsivity and attentional problems. The member reported having flashbacks of the abuse to his teacher approximately 11 months after the abuse started. The teacher contacted CYS. CYS conducted an investigation and charges were filed. This has resulted in Brad's biological father is incarcerated with a 10-30 years sentence.

The member remained with his biological mother for several years, however, he started to engage in inappropriate sexual behaviors with his biological sister in 2005 when Brad was 12 years old. At that point in time he was hospitalized in in-patient psychiatry. After the Brad's hospitalization, he was referred to an RTF which he remained for 6 months. After he was released from the RTF he was then referred to a CRR as he could not return to his mother's house due to his perpetrating sexual behaviors towards his biological sister.

Service History: The member began out-patient counseling in 2001 at age 7. The member then received BHRS. The member was hospitalized at age 8 for increased physically aggressiveness towards his younger sister. After Brad's hospitalization he returned home with increased amounts of BHRS services.

Brad was remained with his biological mother until 2005. During 2005 he engaged in inappropriate sexual behaviors with his biological sister. After the incidents were reported by the member's mother, Brad was hospitalized. After the hospitalization, the member was referred to RTF for 6 months. The member noted that he did not believe that the RTF placements were of assistance to him. After the RTF placement, Brad was placed in a CRR. Brad remained there less than three months due to punching of family members and running away from the house. Brad was hospitalized again and once again referred to another CRR. This CRR did not work well as Brad stated that they were "mean" so he ran away. Brad was placed in another in-patient setting and sent to RTF after he completed in-patient psychiatry. After RTF, he was then placed with his current CRR. The member has been involved with out-patient counseling, family based therapy, and strength based services. He has been with his current family for the past 3 years.

The member has continued to receive individual weekly therapy. In individual therapy, it is reported that the member struggles seeing other's perspective and having empathy. However it is stated that he has made some progress in discussing age appropriate concerns. In addition, it is noted that the member is taking increased responsibility for his actions. The member is also showing some forward thinking and researching placement options after he has reached the age of 21. Brad has been exploring job openings. The member is focused on finding employment where he could cook, which is an area of interest for him. The member has felt that his school has been extremely helpful for him in learning to deal with others and learning how to work.

The member reports that he feels that he is doing better at school and he is learning to control some of his impulses. The member stated that he believes that the previous BHRS services, his current CRR, and his individual therapy is assisting him in learning to deal with getting frustrated. The member stated that he has learned to leave situations or listen to music and this can help him calm down so that he does not "do something bad".

The member was receiving therapy from 2/2012- 10/2012 around his sexually suggestive behaviors by a licensed social worker. The member did not see his behaviors as problematic. It was mutually agreed between Brad and his therapist the therapy should be discontinued at that time due to lack of progress. The member continues to believe that his behaviors are appropriate, however, they are concerning, as he generally targets lower functioning females peers and they do invade personal space and may make the females uncomfortable.

The member has attended the summer therapeutic activities program since 2010. Within the STAP setting, the member tended to be controlling and bossy. At times, the member would stare inappropriately at the female staff during the camping experience. During the most recent STAP program the member was found inappropriately touching some female campers. It was also found that

the member was touching a female inappropriately on her thigh while being transported to camp. Eventually the member was not allowed to sit with females during the duration of the camp.

The member has been diagnosed with Oppositional Defiant Disorder, Mood Disorder NOS, and Aspergers syndrome with a rule out of PTSD. The member's current CRR family has been very involved in treatment and will engage with him in school and community activities.

Psychotropic Medication: The member is engaged in the medication management. The member is currently prescribed Concerta ER -54mg, Seroquel-40mg, and Depakote ER- 1000mg in the evening. He is currently following with psychiatry. The member has in the past been prescribed Metadate, Concerta, Ritalin, Adderall, Lexapro, Dextroamphetamine, Clonidine, and Remeron. The member and his CRR family feel that the medications are of benefit to him.

Medical: The member is receiving regular medical follow-up. The member has been diagnosed with hypothyroidism. He is receiving medication management and is seen regularly through his PCP. The member has no known allergies. The member has had no brain injuries or medical hospitalizations. The member has had no surgeries. The member is currently maintained on synthroid . The member has had developmentally appropriate physical sexual development.

Trauma: The member has a long history of trauma related issues. The member has a history of both the victim of sexual abuse and as a perpetrator. The member was victimized at approximately age 7 and the abuse was ongoing for a several months. The member reported the sexual abuse to his teacher who then reported the allegations to Brad's mother. Charges were filed and the perpetrator is currently in jail. The member has not been subject to neglect nor has he subject to any physical violence. The member has had multiple out of home placements including RTF, multiple CRR placements, and in-patient psychiatry.

Legal: The member is currently in the custody of CYS in Westmoreland County. Westmoreland County's CYS was involved after the member sexually assaulted his younger biological sister.

Family Composition and Relationships: The member is the older of two children. The member has a younger biological sister who is currently 11 years old. Brad had perpetrated sexual abuse towards his biological sister. Brad's was also a victim of sexual abuse. Brad was victimized at age 7 by his biological father. The member has had no contact with his biological mother since 2012. Brad's biological mother has attempted to visit Brad at his CRR and at previous RTF treatment facilities. The relationship appears to continue to be contentious with both members verbally escalating and calling each other names at most of the visitations. It was decided by both Brad and his mother that the visits were not helpful and they were terminated.

Family Economic Status: The member's biological mother is not employed. The husband and wife within the member's current CRR are both employed.

Family Medical and Psychiatric History: The member's biological mother had a history of depression and posttraumatic stress disorder. According to the member there is no other history of developmental

problems, speech problems, mental illness or alcohol/substance abuse concerns. The member did not report any significant family medical history.

Family Cultural and Spirituality: The member's family of origin is not involved in any spiritual organizations. The member's current CRR family has a strong involvement in church activities and this is a strong community support for the family.

Drug and Alcohol: There are no present or previous concerns with alcohol or substance use.

Current School/ Vocational Adaptation: The member continues to attend an ungraded class at the The Autism School. He receives speech and occupational therapy. He attends a work study program within his school. He also volunteers one day per week. The member has utilized his enjoyment of cooking into his work study program. The member has been able to make corrections when he misinterprets instructions. Initially if the member would complete a task incorrectly and he was asked to redo the task, this would result in verbal escalation and periodically walking off of the job. Over the past 4 months, the member has been able to take redirection and redo the task without physically escalating. Brad still verbally escalates 1-2 times per month and this has caused him to be docked in his pay from his work study at school. When asked how the member has been able to make this progress, he stated that he wants to help others and he counts to 10 and this has assisted him when he gets feedback. Brad stated that thinking to 10 sometimes thinks about what he would really like to do. Brad said that he likes "my money" and he does not like it when he does not "get paid". The member reports that he has been taking his i-pod to work to listen to music when he needs to calm down. This was a suggestion by his therapist. The member reports that having his music with him is helpful.

The member has consistently performed well academically in school. The member reports that his best class is gym and the one which he finds most difficult is math.

Educational History: The member reports that during the 2010-2011 school year he had several outbursts which would include yelling and knocking over chairs. The member reported that these outbursts stemmed from "certain situations with girls". The member reported that this has not been an issue this past year as he has not been interacting with "those girls". The member was found touching a female peer inappropriately during the 2010-2011 school year. This was addressed with the member.

Peer: According to the member's therapeutic foster family, the member has had a history of behavior problems within the community. Previously he would tend to wander off from adults. The member reportedly has considerable deficits in his safety awareness and this has resulted in him engaging in unsafe behaviors (for example being overly friendly to strangers). The member has struggled with appropriate social boundaries.

According to the member's foster family, the member's behavior in the community can still be problematic at times. She reported that he attended an outing with other members of his school. The member was heckling another member from his school and he needed to be removed from the situation. According to the foster family, the member continued yelling at the individual. The member was reminded about this incident the next outing and informed that if he did not engage in appropriate behavior he would

not be able to attend. The member was able to remain in control of behaviors during the next outing. The member reported that he took his music and this was helpful during the next outing.

The member exhibits inappropriate sexually suggestive behaviors towards females. Currently the foster family is not taking the member to church or other community activities because he continues to yell inappropriate comments at others and he does not respect other's boundaries. The member will attempt to touch females inappropriately. This has been discussed with the member, but he continues to engage in the behaviors. He reports that he struggles stopping himself and he "enjoys girls".

The member continues to struggle when routines are changed. He tends to have verbal outbursts when his daily routine is changed. During a period when a routine is changed, if he is asked to do something, he generally responds with yelling and at times not following through with the request.

Currently the member reports that he likes being part of the family and he is "trying very hard". The member's family admitted that there are times when the member wants things his way. The member and his family reported that he likes to feel involved and important. He enjoys assisting with the chores of the household including cutting wood and cooking. The member reports that he gets jealous because he feels that the family likes the other children more than him. The member reports that he when he starts feeling like he is getting too angry he will listen to music or leave the situation.

Leisure/Recreation: The member enjoys playing basketball, football, ice-skating, chess, collecting sports cards, playing computer games, listening to music, bowling, swimming, and watching television. The member reports that he enjoys activities that require a good imagination. The member enjoys cooking and enjoys assisting around the house and with any kind of cooking chores.

Sexuality: The member reports that he is not sexually active at this time. He has engaged in sexually inappropriate activities, such as oogling, making sexually explicit comments, touching, and rubbing females.

Interview: The member was seen with his case manager and his therapeutic foster family participated via phone. The member was interviewed individually after the group interview. The member was adequately groomed and appeared his stated age.

Child's Mental Status: Brad's speech tended to be logical, coherent, and goal directed. Brad was alert and oriented to all spheres. Brad's memory appeared to be grossly intact. The member actively participated in the interview and he responded appropriately to the examiner's questions. Brad was cooperative and pleasant throughout the interview. The member frequently minimized or denied his behavior problems and would blame others for misinterpreting the experiences or he would state that they were in a bad mood. The member appeared to have good impulse control during the session, however, he does not appear to have this level of impulse control in the community, especially in reference to females.

The member described his mood overall as good. The member's affect was bright throughout the interview. He denied any homicidal or suicidal thoughts, plans, or intent. The member's judgment

appears limited with limited insight. The member's thought content was logical and goal directed. There were no signs of hallucinations, delusions, or formal thoughts disorders. Brad's answers were quite concrete throughout the interview. Throughout the interview the member appeared attentive and he was cooperative. Brad is aware that he is easily distracted and sometimes has difficulty concentrating, especially in situations where there are multiple stimuli.

Key Issues/ Concerns: The member and family member agree that the problematic behaviors include verbal and physically aggressive outbursts which include at times include punching walls or throwing furniture. The member recognizes that these outbursts generally occur when there are changes in routines or when he does not get his way. The member and his family report concerns with social interactions including poor eye contact, limited interest in others, difficulty in peer interactions, difficulty establishing and sustaining age appropriate peer relationships and difficulty sustaining appropriate conversations. Brad's family report that his sexually suggestive behaviors are problematic however, Brad does not see those behaviors as an issue. In addition, all parties involved feel that additional goals include increase coping skills, impulse control skills, and social skills trainings. The member reports that his goals include being able to have a job and a home after he has aged out of the therapeutic foster placement. The member states that he would like to have friends and he believes that this is possible. To reach these goals the member reports that he needs to continue working at school and continue in therapy.

Results of Psychological Assessments: As part of the current evaluation, the members CRR family was given the CBCL to complete on 11/14/13. The member completed the Youth Self Report. Scoring on the test suggests clinically significant concerns in the areas of social problems and attentional concerns. In addition, test scores suggested concerns around rule breaking behavior, attentional problems, thought problems and social concerns.

Discussion: The member has significant amounts of strengths including a desire to be involved with this household and remaining within the household for 3 years. The member has some insight into his behaviors and coping skills. The member is willing to work on issues and has some long term goals.

The member is a 20 year old male who has been in multiple placements since 2005. He has a long history of significant emotional and behavior problems (hyperactivities, impulsivity, irritability, sleep problems, verbal and physical aggression, attention problems, oppositional behaviors, and sexual offensive behaviors). Diagnostically, the member meets diagnostic criteria for ODD and Mood Disorder NOS, with a rule out of PTSD due to past abuse. The member has a long standing diagnosis of Aspergers Disorder. He would appear to continue to meet criteria for this disorder due to ongoing impaired social interactions, repetitive and stereotyped patterns or behavior, inflexible adherence to specific routines, and limited ability to have emotional reciprocity.

The member has received a multiplicity of services over the years. He continues to meet medical necessity for CRR. The member and his family members agree that the goals to be addressed include increase coping skills in dealing with situation where he does not get his way. The goals would be for the member to be able to reduce verbal and physically aggressive behavior episodes to 1 time every

month. Brad will work on improving impulse control skills so that he is able to remain on job functions rather than walking off the job when frustrated. Brad will be able to remain on the job for 1 month straight without walking off and not having his pay reduced. It is recommended that Brad receive social skills trainings so that he may reach his goal of having friends. It is recommended that Brad engage in reciprocal conversations for at least 30 minutes intervals twice per day.

The member reports that his long term goals are to find stable living arrangements after he is out of the CRR and to work. The member is able to see that he can work longer now than he could in the past. The member has noted that he is able to do things that he puts his mind to doing and he is very proud of himself. The member feels close to this family and is enjoying assisting others. He stated that he has learned that he can control some of his behaviors when he thinks about the potential negative outcomes, listens to music, or does something else. The member reported that he can sometimes think before he acts and this is one of his strengths along with being helpful. The member reports that his desire to help others will assist him in reaching his goals. The member stated that he needs to learn how to control his anger more of the time. He feels that if he continues to work on these skills he will be able to work as a cook.

Diagnosis:

Axis I: ODD, Mood Disorder NOS, Asperger's Syndrome, Rule out PTSD

Axis II: None

Axis II: Hypothyroidism

Axis IV: Primary support problems, ongoing issues with inappropriate sexually suggestive behaviors

Axis V: Current GAF: 50

Recommendations: The member continues to exhibit significant emotional and behavioral concerns. He is performing better than previously with the current structure at his CRR. The member wants to be involved with the family and he is showing better control due to his goal of wanting to be helpful to the family and be involved. He continues to struggle with controlling impulses but he has learned some coping mechanisms such as leaving a situation or listening to music.

The treatment team should continue to assist the member in finding appropriate supportive housing as he transitions to an adult. Encourage the member's input so that he is continuing to be motivated to do well and practice his coping mechanisms.

Continue psychiatric monitoring of medications to assist with mood regulation. It would be suggested that the member continue to have medication appointments.

Have family and staff supervise the member in prosocial activities and quickly discourage any inappropriate sexual behaviors. Encourage any prosocial interactions and assist member in social skills

training. It is recommended that the member follow with a specialist who treats sexual perpetrators to assist with the prosocial training. Begin to reintegrate to social settings while being mindful of the safety of the member and others.

Member has expressed a goal of working in the cooking field. Have the family and school continue to foster this and encourage opportunities for the member to practice skills that will assist him in obtaining some form of rewarding employment or volunteer work. Continue to encourage the member to foster appropriate coping skills in the settings so that he can work in structured settings with minimal verbal or aggressive outbursts.

Discharge Criteria: The member will be ready for discharge from services when he is able to utilize appropriate coping skills/ anger management skills and he is able to engage in appropriate social interactions. It would be expected that he is able to show impulse controls skills (not walking off of he job, not acting in an aggressive manner) at least 80% of the time and utilize problem solving skills to decrease physically aggressive outbursts to 1 time within a 6 month period. The member is considered ready for discharge when he is acting in a prosocial manner 100% of the time, especially around females. This would be evidence as Brad respecting the boundaries of others and acting in a socially appropriate manner.

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