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Dr. Elizabeth Manley, PsyD Clinical Psychologist
Dr. Kendyl Bahri, PsyD Clinical Psychologist
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Dr. Christopher Tappel, PsyD Resident Psychologist
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CONFIDENTIAL PSYCHOLOGICAL EVALUATION

Client:	Mary Doe
Age:	16:10
Birthdate:	
Date of Evaluation:	08-18-2020
Parent:	Julie Doe
Placement:	Any Academy
Treating Clinician:	Clinician X, LCSW
Consultant:	Consultant X, PsyD
Grade:	Tenth grade

EVALUATION SOURCES

Wechsler Adult Intelligence Scale- Fourth Edition (WAIS-IV)
Select Subtests of the Kaufman Test of Educational Achievement, Third Edition (KTEA-3) Version A
Subtests of the Delis-Kaplan Executive Function System (D-KEFS)
The Rey-Osterrieth Complex Figure Test (RCFT)
The Montreal Cognitive Assessment (MoCA)
The Rey 15-Item Memory Test (MFIT)
The Adolescent/Adult Sensory Profile (AASP)
Wide Range Assessment of Memory and Learning-Second Edition (WRAML-2)
Minnesota Multiphasic Personality Inventory-Adolescent Edition (MMPI-A)
Millon Adolescent Clinical Inventory-Second Edition (MACI-II)
A Finishing Game (sentence completion exercise)
Rorschach Inkblot Test (Rorschach)
The Roberts 2 (Formerly the Roberts Apperception Test)
Behavioral Rating Inventory of Executive Function-Parent Report (BRIEF-PR)
University of Rhode Island Change Assessment Scale-Psychotherapy Version (URICA)
The VIA Character Strengths Survey (VIA) Youth Form

Adolescent/Adult Substance Questionnaire (ASQ)
Substance Abuse Subtle Screening Inventory-Adolescent Second Edition, (SASSI-A2)
Children's Nonverbal Learning Disabilities Scale-Parent Report (NLDS)
Social Communication Questionnaire – Lifetime Form (SCQ)
Social Responsiveness Scale-Second Edition (SRS-2)
Orion's Pragmatic Language Skills Questionnaire-Parent
Orion's Pragmatic Language Skills Questionnaire-Staff
Childhood Psychopathology Scale: Self-Report Version (CPS)
The Antisocial Process Screening Device (APSD)
Hare Psychopathology Checklist: Youth Version (PLC:YV)
Trauma Symptoms Checklist
Child PTSD Symptom Scale (CPSS)
Adverse Childhood Experience (ACE) Questionnaire
Mental Status Examination
Review of available Treatment records
Clinical Interview with Mary
Collateral Interview with Clinician X, Mary's therapist and Clinician Z, Mary's treatment coordinator
Collateral Interview with Julie Doe
Collateral Interview with Consultant X

REASON FOR REFERRAL/PRESENTING PROBLEM

Mary is a sixteen year-old, female of European-American descent, currently receiving treatment at Any Academy, a residential treatment program in Anywhere, Oregon. She was living with her mother in Anyplace, prior to enrolling in treatment. She completed wilderness therapy prior to enrolling at Any Academy, where she had been for eight months at the time of interview.

Mary was given a comprehensive psychological assessment by Dr. H in November of 2019, while attending Any Wilderness Program. This assessment was requested by Mary's Educational Consultant and treatment team at Any Academy, in order to provide an addendum to Dr. X's report and in order to explore questions that have surfaced over the past few months. This assessment is to be treated as an addendum; furthering the report of Dr. X and not to be considered exclusive.

This report represents Mary's functioning at a specific point in time. As things change and she develops, the conclusions and recommendations will need to be updated.

When asked why she thought she was in treatment, Mary said it is because she was using unhealthy coping skills and that her art was consuming and taking too much energy, if not becoming a fixation. She also understands her mother has been afraid of her and her dark artistic ideation. She said she had been isolating from her mother, and that things reached

a final straw after she made a false report of abuse against her mother; overcome with a desire to be anywhere but home and admittedly in an extremely shortsighted reaction.

Mary sees things taking a turn for the worst in her life at age 13, after she caught her father smoking cannabis and "finally realized he was not a good guy," after insisting he did not abuse drugs all of her life. Mary felt betrayed, went to her mother, and at this point, shared the fact that she had been molested at age eight and 12 by her father and while under his care.

Mary said that the morning after her first attempted molestation, at age eight, her father was dismantling a rabbit he had shot and "playing with it," from her perspective to scare or shock her. She reported feeling confused and as she shared, expressed great paradox, and mixed thoughts and emotions about this incident. Mary said her father made soup with the rabbit and pressed her to eat it; shaming her for "wasting its life," etc. Upon interview, Mary expressed confusion as to whether or not this was an attempt to scare her or her father attempting to teach her; in fact, her thoughts and emotions were extremely paradoxical and fit with confusion as she looked back at her relationship with her father in general.

Mary also noted that on another occasion, her father hit a rabbit with the car and made her hold it outside the window because he "couldn't leave it there to die, although it was long ago dead." They took it home and her father put it out in the yard to be eaten by other animals and reportedly made Mary watch. Looking back, she was again uncomfortable and unclear why. Her memory was that it was disrespectful and gory.

When asked if perhaps he was trying to teach her about the life cycle, she said it was possible, but it was not her first impression. Again, Mary expressed a great deal of paradox and struggle in terms of her relationship with her biological father, saying, "I was constantly confused and guilt tripping myself; afraid that if I left him, he would do what he said he would and kill himself." She said her father was "drunk all of the time" and would at times give her alcohol. She admitted to covering for her father on regular occasion to protect him "and not get taken from him;" again, fearful that if she abandoned him, he would not be able to go on living but admittedly experiencing a great deal of neglect and abuse. Mary, on frequent occasion, expressed confusion and even possible regret after having reported her father and that this was a point of great stress that persisted.

Just prior to entering treatment, a 30 year old family friend took Mary for a short drive where they smoked cannabis together and she reported that he "strangled me for pleasure" and said they should be together, etc. Because she knew he had guns, Mary was terrified, but able to get him home. He admitted he was obsessed with her and she expressed fear that she had told her mother she would be gone only ten minutes. Mary came home several hours later and woke up the next morning alone in the home, before calling a friend to come get her. Mary felt triggered that her mother was not protecting her and left her alone with this man, although she did not admit it until much later. Mary said it took her back to early feelings of being left in risky positions and of the molestation by her biological father. Ms. Doe expressed regret and concern, but confusion against competing claims of Mary and this friend of the family; especially given her false claim of abuse against her mother.

On this note, Ms. Doe noted that Mary has long tended to perceive others and her experiences differently than others; a tendency more and more evident as she looks back at Mary's texting and communication history. She said Mary is both impulsive and has a tendency to make claims that could harm others, for example, falsely claimed that a teacher referred to himself as 'daddy.' Ms. Doe noted regular occasions where Mary seemed to interpret her mother or volition in a way that was clearly misguided and false; she is unclear if it was clouded by emotion or a clear misunderstanding, but noted that Mary has always been quite single-minded and rigid. She also noted that Mary can be obsessive and perseverative, only to drop things and move on as if they did not happen.

Ms. Doe observed that Mary began to have panic attacks around the seventh grade and from then on "she just wasn't quite herself. She was diagnosed with depression and we started medication about the same age. She came forward with the sexual abuse about a year later and then our whole world crashed down." Ms. Doe noted that after Mary came out about the abuse, her depression worsened significantly. Ms. Doe divorced her second husband a year after this and May and her mother lived with her grandparents for a summer.

The second divorce was very hard on Mary as she struggled to understand and to deal with the second loss, regardless of conflict with her stepfamily. Her mother was also going through a long court battle to save a family business at this time and as Mary was starting high school.

Since the accusation of abuse, Mary's biological father has had no contact with her and gave up his parenting rights. Looking back, she agrees that her father was very neglectful, did not support a healthy schedule, and exposed her to drug and alcohol use. She was also often left alone for long periods of time unsupervised and unsupported. It is also known that he drove drunk with her in the vehicle.

Mary's mother described her as intelligent and as having "enormous amounts of empathy for certain people in her life, although at times it's misplaced." She is very good with her pets and "loves art, but has become a way to 'checkout' over the last few years."

Ms. Doe expressed that her daughter puts effort into things that she is interested in and otherwise struggles. She expressed concern about Mary being limited by her lack of self-worth, confidence, and depression; noting that she is easily discouraged.

She described her daughter as having always been asocial and an introvert, but that things are getting somewhat better. She has poor follow through and gets obsessive "about how something should be, according to her." Ms. Doe noted that by age ten, Mary was spending a lot of time focused on art and often anime art and that by this age, there was even sexual and very dark themes to her art. By age 12 or 13, there was a predominant theme of death and anatomy. A great deal of concern was shared by Mary's therapist and program coordinator about the nature of her art and that was observed by this evaluator. There are predominant themes of dismemberment and anatomy, as well as being shrouded in darkness, etc. They shared concerns about the potential of Mary having a gross empathetic

failure, noting that not only has she engaged in fairly dark artistic expression, but that there have been a few incidences that raised concern about mistreatment of animals. For example, Mary was noted to have cut the wings and feet off of several birds, as well as in the past, stretching dead animals to view anatomically and prior to entering wilderness, requesting a dissection kit. They also noted an incident where she killed a ground squirrel she found in the garbage.

Mary's treatment team expressed concerns about what they described to be a flat and disconnected or even unfeeling affect and instead, an effort to search for what others want to hear. They noted that she struggles to learn from experience and to connect cause and effect, but also that she seems to have problems with non-verbal navigation including reading the room, unsure if she is ignoring or missing things.

Although Mary has always insisted that her art is a way to process dark emotions and not a reflection of sociopathic ideation, they expressed concern about the artistic themes and history with animals. They also expressed concern about her capacity for insight; worrying that she looks out for herself first, does not have strong loyalty to her peers, and that she is not connected and not craving connection from their perspective.

As described in greater detail below, Mary has been very clear that she has been interested in forensic science and anatomy and that she does not experience ideation to harm others or animals. For example, Mary cut off the wings of birds because she thought they were beautiful and wanted to preserve them and that she killed the squirrel in order to put it out of its misery as it was showing signs of having been poisoned (also having been pressured to by a peer). She insisted that her interest is forensic and biological.

It should be noted that this evaluator, along with her art, reviewed a very carefully detailed and sophisticated notebook reflecting her self-study of forensic science and that it was purely academic and quite carefully and thoughtfully crafted, suggesting purely anatomical/biological interest. Mary's mother said her art, as observed by this evaluator, has often shown disconnected limbs and an obsession with body parts; especially when she was going through trauma therapy.

Ms. Doe again, said that Mary becomes obsessed with things and that she can also retaliate by lashing out in an obsessive manner. This often happened with peers, who she would become very close with and then lash out and want to get back at them if she felt betrayed or rejected. She also said that Mary is stubborn and that she is often working to "angle things in a particular way. Mary seems angry deep down," and works hard to present as well-adjusted and to get out of treatment.

Mary is quick to throw in the towel and often gets halfway before giving up. She has never been evaluated for ADHD, but reportedly struggles quite a bit with organization and other executive functions.

Mary Insists has finished her work and is not in need of therapy or support; ready to break maladaptive patterns and move forward. She believes her relationship with her mother has

greatly improved over the last year in treatment and that she "genuinely feels love from her," instead of isolating due to self-hatred.

BACKGROUND INFORMATION

This information was provided by a clinical interview, review of available records, as well as supporting interviews with Mary's mother, therapist, educational consultant, and staff.

Developmental History: Mary was induced and born following a low stress delivery but a high stress pregnancy that included her mother being a sole provider and experiencing an episode of pleaursey in the third trimester that was effectively treated.

Over the course of her development, Mary has never had a significant head injury or other neurological problem that might have impacted her ability to think, learn, and remember. However, she experienced precocious puberty at age six and required hormone treatment. She also suffered one severe ear infection at four or five.

Mary met all motor milestones on time, if not early, including crawling and walking. She spoke on time and well. Toilet training was accomplished by age three and without event.

Mary was described as a "serious" and "melancholy" infant, who did not respond to efforts to stimulate or arouse her and "who wasn't very excited about many things." She was easily pleased and soothed, but "high maintenance;" needing to be held a lot and struggling significantly with sleep. She initiated and responded positively to loving and soothing gestures. She was a picky and fickle eater. She presented with stable mood throughout her childhood.

Mary was described to be more sensitive than is typical to touch (preferring soft material, no tags on clothing) and to the texture of food. She was also easily overwhelmed by sound and crowds in particular.

Mary was described to be impulsive at times and was as risk-averse as is typical. She did not well learn from experience. Her mother described her as having a below average level of energy and not as interested in being physical and active.

Ms. Doe endorsed having observed the following pre-academic behaviors suggestive of Attention-Deficit/Hyperactivity Disorder (ADHD) or other executive functioning impairments:

Mild/Partially True:
Had difficulty waiting in line or taking turns
Struggled to listen when spoken to directly
Often struggled sustaining attention on tasks or during activities

Moderate/Often True:
Ran or climbed in situations where it was inappropriate
Often made impulsive decisions without considering the consequences
Failed to pay attention to instructions and made careless mistakes
Struggled to understand, remember, and/or learn when in a group setting or in a noisy place
Often did not finish work, chores, or duties
Was easily overwhelmed by multiple tasks

Severe/Always True:
Became easily distracted by irrelevant things, like sights and sounds (or unrelated thoughts)
Could not listen or comprehend instructions in crowded or noisy places
Struggled to do more than one thing at a time
Did not give close attention to details, and made careless mistakes in schoolwork, tasks, or other activities
Often had trouble organizing tasks and activities, frequently skipping from one uncompleted activity to another (e.g., not finishing or turning in homework; disorganized room)
Lost or forgot things needed for a task, like pencils, books, assignments or tools
Avoided, disliked, or was reluctant to engage in things that took a lot of mental effort, time, and/or are considered boring
Was often forgetful in daily activities (e.g., doing chores, regular hygiene, keeping appointments)

Teachers expressed concern over Mary's ability to participate or learn effectively in the classroom, including that she needed to participate in class more and to follow through with work and assignments. She was also noted as putting in less effort on projects she was not interested in. As school became more demanding, Mary struggled to check work, to track, and to maintain effort/drive.

As far as social milestones, Mary modulated eye contact, although she was shy and very much an introvert; disinterested in more than one or two friends and although not believed to have fundamental problems with reciprocity, she could be difficult or slow to engage. Even though Mary modulated eye contact well, she needed to be encouraged to listen in conversations and to pay attention to her environments.

Early on, Mary showed a clear capacity for empathy and has been sensitive to others feelings, but her mother believes she struggled to maintain an awareness at times. There were also times where she seemed to lack empathy for others; again, it was unclear why there seemed to be a disconnect on occasion. Mary has always expressed empathy toward animals. Her mother said she never said she misses her or "says I love you first." Her mother said she could at times be hyperaware and sensitive to other people's feelings.

As a baby, Mary would mirror laughing and smiling, but less than other children. She engaged in imaginative play, but tended to be physically repetitive and at times obsessive. That being said, Mary was not described as overly-literal or rigid. She had difficult with transitions and unexpected change.

Mary's hygiene was described as being below typical. She did not have a strong sense of how she was seen; however, she did describe to this evaluator that as a young child, she sought to remain unattractive to ward off her father's sexual advances. Her mother said she was clumsy and had a poor sense of her body in space, often "bumping into things and falling."

Mary was described as not always well able to read non-verbal gestures or to pick up on subtle cues in the interpersonal and social sphere. She demonstrated less than typical mind reading or a sense of theory of mind. Her ability to take perspective seemed to be within normal limits and she was able to generalize from one situation to another. That being said, she has always struggled with small talk and her mother recalls that she at times did not know what to talk about, both out of a sense of interpersonal comfort and because she struggled to connect outside of interests to a degree. Mary can get very into her interests, but was not described as having overly-narrow interests or as being single minded in a manner that would suggest an Autism spectrum disorder. Her mother also added that she was clearly exhausted by social interaction as a child who was very introversive.

Mary has always been able to put her thoughts to written word and her reading comprehension was within normal limits.

In regard to attachment, her mother is confident that she was well attached, but that "from day one our relationship was challenged," due to Ms. Doe working full time for the first two years and by a long history of sabotage from both her biological father and stepfather.

Social/Family Information: As discussed in Dr. X's report, Mary has experienced a great deal of stress and struggle as a reflection of her family's greater struggles, including abuse, emotional stress, instability, and neglect, as well as exposure to substance abuse and sexual abuse. Ms. Doe divorced Mary's biological father when she was three years old and this was obviously very hard for Mary who "always viewed me as the one who pushed him away." Mary split time between her parents and said that her biological father "never really showed up for me when I needed him. He would consistently be late or forget to pick me up from school as I grew up…he would leave me alone in the house for the whole day," while abusing substances. Mary also said that she always slept in the same bed with her father and recalled being scared and paranoid when alone, but after the incident of abuse at eight, she reported being very frightened and again, even decreasing her hygiene to ward him off.

Mary had many recollections of her father that were hurtful, including making fun of her overweight grandmother, having a girlfriend who was suspected of selling drugs out of the home, and important people who came and went as a reflection of his instability in relationships. She also described a great deal of neglect and that her father put his needs first and although he gave her the material goods she wanted and "would say I was his everything," he was not described as emotionally available. In fact, Mary said she took care of her father and there was little room for her emotions due to his instability. She also described her father as very permissive "like he wanted me to hate my mom." He regularly

talked negatively of Ms. Doe in front of Mary and had very poor boundaries. Mary said her father regularly failed to fulfill promises and was often intoxicated. He also exposed her to adult content including movies and games that were inappropriate for her age.

When asked about the impact of the relationship and the loss after she reported her father and he disappeared from her life, she tended to intellectualize and seemed very disconnected and divorced from affect.

Mary also noted that after reporting her father, his family turned against her and "told me I was tearing apart the family…the restraining order was filed, and I never saw them again." Mary feels that she was disowned by the family because she reported the abuse and described this as a point of great pain and loss.

Ms. Doe remarried when Mary was four years old to a man who was also a substance abuser and described as verbally abusive, cruel, and insensitive not only to Ms. Doe and Mary but to their animals. She also added that her stepfather worked hard to keep Mary from her mother and to paint her as "the bad guy." Mary also described her stepfather as duplicitous and again, blaming Ms. Doe when things went wrong. Ms. Doe described a very negative ten year relationship that ultimately resulted in another severance and as Mary expressed, "another family lost." Mary described her stepfather in a very negative light, but also noted that she lost a relationship with her stepsister.

At the time Mary said that she colluded and did blame her mother for a lot and that as a consequence, she failed to be as close and intimate and trusting as she now wishes she had. She noted that things between her and her mother got so bad that they bounced off and triggered one another perpetually; stuck in an unsafe place and unable to process the trauma they had faced.

In fact, she said that even when her mother filed the restraining order to protect her from her father, Mary felt Ms. Doe "took him away, even though I know it wasn't true." When Ms. Doe left her second husband, she was so angry over the loss that she remembered resenting her mother, even though much later she realized that it was inappropriate for her mother to share why it was that she left her second husband including his abuse of cocaine, his constant cheating, and him not only embezzling from Mary's college fund but also the family business to buy drugs and prostitutes, as well as due to verbal abuse of Ms. Doe.

Please see Dr. X's narrative of the family history for more details regarding Mary and her mother's relationship prior to entering treatment.

Socially, Mary has always been very much an introvert and quite shy, although liked by her peers. She has always seemed to stand up for the underdog and has never cared about being popular. She has tended to have one or two friends at a time and has always struggled very much with losing friends with an increased anxiety over being rejected. At a young age she struggled to make friends and tended to focus on the negative or to anticipate rejection. Her mother noted that "if one thing goes wrong, she starts spiraling on the

negative and it becomes debilitating." Her mother noted that has always had a best friend and that "her relationships were few, but strong."

Mary currently has two close friends, but has struggled with romantic relationships; attracted to 'bad boys' and with a tendency to find her worth in fixing others who are broken. Her mother is concerned about her sense of a healthy relationship and lack of self-respect. Mary agreed and admitted that she has tended to be attracted to others who needed her, but also who were not in a healthy way reciprocal. She has had a couple of online relationships that involved texting and sending sexual content online, but did not report having had a sexual relationship to date.

Midway through her freshman year, Mary's schoolwork began to slip, and she began to spend time with friends who were more negative influence and experimenting with drugs and alcohol.

As Mary started high school, she was attracted to high risk behavior and struggling peers, but never felt like she fit in, "saying things that weren't true about her teachers." She started showing interest in goth fashion by age nine.

Family Psychiatric History: Mary's grandmother has struggled with anxiety and depression and her paternal grandmother also struggled with anxiety and depression. A paternal aunt struggles with an eating disorder and her biological father with drug and alcohol dependence. Ms. Doe was diagnosed with ADHD as an adult.

Academic History: Mary started public kindergarten on time and entered treatment shortly after starting her sophomore year. Her mother said her interest in school was always just average and that she often complained of being bored at school. She did fairly well in elementary school but as the demands on organization and homework increased, she struggled managing her work, maintaining organization, and asking for help when she needed it.

Mary has been strong in art and language. She has struggled consistently with math. Teachers described Mary as pleasant in class but that she struggled to engage and participate, that she had many missing assignments or that were turned in late, and that she does not go back and fine tune and improve her work.

Mary has not been diagnosed with a formal learning disability or received any formal accommodation.

Although Mary was described as impulsive at times and struggling to learn from experience and despite a clear history of moderate to severe pre-academic symptoms of ADHD, she was never assessed for ADHD or an executive functioning disorder.

Substance Abuse History: Mary first started vaping nicotine last summer and soon after it became a daily habit. She felt addicted for five weeks until enrolling in treatment. She

abused cannabis on a few occasions when offered and socially, but said it did not interest her otherwise; "reminding me too much about my dad."

Current Medications/Allergies: Mary currently takes Sertraline 75 mg, 2000 IU D3, a multi-vitamin, Clonidine 0.15mg, Doxycycline 100mg, Aripiprazole 1 mg and Ondansetron 4 mg as needed. She is suspected to be allergic to OTC Benadryl.

Previous Assessment Results: Mary was given a psychological evaluation by Dr. Quinten X in November of 2019 and while in treatment at Second Nature Wilderness program. This evaluation diagnosed Mary with an attachment related disorder marked by disorganized reaction to caregivers and insecure interpersonal attachment, a generalized anxiety disorder, an other specified depressive disorder, oppositional defiant disorder, and a history of psychological abuse in childhood, as well as a parent-child relational problem.

Mary was found to have high average verbal comprehension performance against solidly average fluid reasoning. Her processing speed was high average and working memory was solidly average. Her academic performance fell solidly in the average to high averages without an area of significant relative deficit.

Previous Treatment: Mary first started meeting with a therapist at age six, to help process her parents first divorce. She began meeting with a therapist to support her with trauma, as well as a psychiatrist when she was 13 years old. Although Mary said this treatment was helpful, her mother disagreed. Mary participated in wilderness therapy treatment prior to attending Any Academy. She reportedly responded fairly well and engaged, noting that she found it to be beneficial and as having a positive relationship with her therapist.

OBJECTIVE ASSESSMENT RESULTS

Mental Status Examination: Mary is a sixteen year old female of European-American descent seen for a psychological evaluation at Any Academy. She was above average height and weight for her age with a fit build. She was appropriately dressed and kempt for interview.

Mary presented with normal gait and posture and with no noted deficits in fine or gross motor skills. Her speech was typical in terms of rate, tone, prosody, and volume. She was cordial and cooperative with this evaluator; completing all tasks within a reasonable time and without protest.

Mary's expression of reciprocity was well within normal limits and she bridged with this evaluator and expressed interest. She clearly put effort into presenting with her best foot forward and as well-adjusted, but seemed comfortable and at ease. At times, she was clearly putting in mild effort to convince this evaluator of her readiness to go home, but seemed, despite her clear efforts, to believe this was the case.

Mary presented with flattened affect and decreased affective arousal. She said, "I didn't get excited about a lot of things growing up," insisting this has always been the case. She also said she has always felt somewhat low energy and a low pull toward stimulus. That being said, despite her flattened affect, Mary's emotions were congruent, and she expressed tears on two occasions, when talking about her falsely reporting her mother and also when talking about being disowned by her father's family.

Otherwise, Mary presented as intellectually defended and with a compulsive tendency to override emotion with intellect. She expressed a fair ability to speak to her emotions, but as clearly distant from her internal landscape and affect.

When asked what stimulated her, Mary said being with people she loves and cares about, gaming, horror movies, and music. She also reported being stimulated by skateboarding and art/video editing. She agreed that her art is quite dark and paradoxical and with marked juxtaposition, stimulated by provocation and confronting taboo. Early on she said her art acted as an emotional catharsis, and that "my brain was morbid and angry, I would rant through the paper and also try to get others to understand," her pain and confusion, as well as struggle, but said her art fell short again and again. She also felt she did not need the catalyst and that although her ideology has been dark in the past, it is not currently. She also said there was a period of "externalizing to articulate what I was feeling so people can see it" but today she feels more centered. Looking back, she said she has been quite sensitive to others not understanding her art and that it had a negative impact on her self-esteem, but also left her feeling more misunderstood and alienated.

Mary is clearly a non-conventional thinker, but did not present as falling outside of the norms in regard to process and content. She presented as having a fairly typical degree of insight and judgment, although clouded by severe emotional constriction. Responses to questions requiring social judgment were rather typical of a young woman her age, but reflected a degree of insecurity and rejection sensitivity. She presented as a fairly unreasonable historian, as there were several memories experienced differently than her mother and other reporters. Mary's general fund of information was just below average. She presented as alert and oriented to person, place, time, and context.

Mary did not present with observed impairment in long or short-term memory. She presented with moderate impairment in her ability to attend, concentrate, and self-monitor; present in periods of low structure and novelty. She said her appetite is within normal limits.

When asked about being described as obsessive and tending to perseverate at times, Mary agreed, saying she can become hyperfocused on interests and ideas; struggling to refocus, but that this tendency has felt more recent for her.

Mary reported having struggled to settle into sleep all of her life and until the past two years, when she started taking Clonidine for sleep. Specifically, she reported being unable to shift sets; although as a young child, she reported being anxious and fearful of something

bad happening and that this kept her from settling into sleep. She reported feeling rested most days and since starting the medication.

For a period during childhood, Mary reported being "a very paranoid kid and my fear came out in my reality…my mind playing tricks on me." Around age four to six, she recalled seeing flashes or small perceptual differences; no delusions, formal hallucinations, or thought disorder endorsed otherwise. She also denied having experienced symptoms suggestive of a hypomanic or manic mood state.

This evaluator observed a significantly deep six or seven inch cut on her arm that she made two years ago "because I couldn't stop crying." She also reported having made small cuts on her skin on two occasions, but that she would not put her family through it again. She also insisted she does not want to hurt herself in general. Mary first experienced suicidal ideation around thirteen, but denied a history of earnest intent or planning.

The **Rey 15-Item Memory Test for Malingering (RMT)** is a performance validity test or measure of effort, used to detect deficits in effort and/or the exaggeration of pathology. Mary's score on this measure fell below the expected cutoff score, suggesting she placed earnest effort into completing measures given during administration.

COGNITIVE ASSESSMENT RESULTS

The **Montreal Cognitive Assessment (MoCA)** is a screening measure used to evaluate gross indicators of cognitive impairment across a wide spectrum of domains. The MoCA briefly evaluates visuospatial/executive functioning, naming, language, abstraction, and delayed recall. Mary did not demonstrate any areas of significant weakness or clinical concern in completing this measure.

In order to evaluate Mary's intellectual capacities, she was administered the **Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)**. Mary reported that she was not familiar with any of the information on this test. She also presented as alert and oriented during administration. On this test, she obtained the following standard scores (mean= 100, standard deviation= 15):

IQ	Standard Score	Percentile
Verbal Comprehension	112	79
Perceptual Reasoning	104	61
Working Memory	97	42
Processing Speed	111	77
Full Scale IQ	**106**	**65**

Scores across subtests did not reflect significant variability. Therefore, her Full Scale IQ score can be considered a reliable representation of her overall strengths.

The Verbal Comprehension Index is a general measure of ability to perform language-based reasoning tasks. Many of the subtests that form this index load heavily on information about the world usually first learned in school and emphasize vocabulary, verbal reasoning, and knowledge acquired from one's environment. Because most school subjects draw heavily on verbal skills, abilities in this area have a significant impact on academic performance. Mary's standard score of 112 places her in the High Average range of functioning, ahead of approximately 79 percent of same-aged peers.

The Perceptual Reasoning Index is a general measure of ability to mentally organize visual/spatial information and use it to solve problems. This index is comprised of more complex and abstract subtests that are nonverbal rather than language-based and measure skills such as perceptual and fluid reasoning and spatial processing. Mary's standard score of 104 places her in the Average range of functioning, ahead of approximately 61 percent of same-aged peers.

The Working Memory Index is a general measure of ability to attend, concentrate, and exert mental control. Mental control refers to the ability to hold information in working memory while manipulating or performing an operation with it. Working memory is an important component of other higher order cognitive processes and is closely related to achievement and learning. Mary's standard score of 97 places her in the Average range of functioning, ahead of approximately 42 percent of same-aged peers.

The Processing Speed index is a general measure of one's ability to perform simple, speeded visual/spatial processing tasks. Mary's standard score of 111 places her in the High Average range of functioning, ahead of approximately 77 percent of same-aged peers.

Mary obtained the following WAIS-IV subtest scores (mean=10):

Verbal Comprehension Index		**Perceptual Reasoning Index**	
Subtest:	Scaled Score:	Subtest:	Scaled Score:
Similarities	16	Block Design	11
Vocabulary	13	Matrix Reasoning	11
Information	8	Visual Puzzles	10

Working Memory Index		**Processing Speed Index**	
Subtest:	Scaled Score:	Subtest:	Scaled Score:
Digit Span	11	Symbol Search	13
Arithmetic	8	Coding	11

Summary of Cognitive Testing: Mary's cognitive scores ranged from the solidly average to high average. When considering a score that was dragged down by relatively low scoring on the information subtest, which is a better reflection of her knowledge base rather than verbal ability, verbal comprehension is an area of relative strength for Mary that is better understood as falling in the superior range. She also presented with fairly good rote memory, but that was challenged with increased complexity and attention.

ASSESSMENT OF ACHIEVEMENT

The **Kaufman Test of Educational Achievement, Third Edition (KTEA-3)** consists of a set of individually administered subtests designed to measure scholastic aptitude and academic achievement in reading, mathematics, and written language. On this battery of tests, Mary obtained the following standard scores (mean= 100, standard deviation= 15):

Subtest/Domain	Standard Score	Percentile
Reading Comprehension	100	50

Her score of 100 fell in the Average range on the Reading Comprehension subtest and ahead of 50 percent same-aged peers. In this task Mary was required to read a short passage and subsequently answer a series of questions about that passage; this provides for the measurement of both literal and inferential comprehension.

MEMORY AND LEARNING ASSESSMENT

The **Wide Range Assessment of Memory and Learning-Second Edition (WRAML-2)** was administered as a means to evaluate Mary's memory and ability to learn. Mary obtained the following scores (mean = 100, standard deviation = 15):

Subtest/Index	**Scaled Score** (mean=10; SD=3)	**Standard Score** (mean=100; SD=3)	**% Rank**
VERBAL MEMORY		***100***	***50***
Verbal Immediate			
Story Memory	13		
Verbal Learning	7		
Verbal Delayed Recall			
Story Memory Recall	9		
Verbal Learning Recall	9		
Verbal Recognition		**99**	**47**
Story Recognition	10		
Verbal Learning Recognition	10		
VISUAL MEMORY		***82***	***12***
Visual Immediate			
Design Memory	8		
Picture Memory	6		
Visual Recognition		**93**	**32**
Design Recognition	9		
Picture Memory Recognition	9		
ATTENTION/CONCENTRATION		**97**	**42**
Finger Windows	8		
Number Letters	11		
GENERAL RECOGNITION INDEX		**96**	**39**
GENERAL MEMORY INDEX		**90**	**25**

Summary: Mary's broad performance in regard to memory ranges from the solidly average to low end of low average, although her verbal memory is solidly average, her visual memory is quite a bit lower, falling at the low end of low average and ahead of only 12 percent of same-aged peers. A closer look shows highly discrepant verbal memory performance with significantly improved scores for information held in context (for example, a story versus a list of words). In fact, when verbal information is highly structured, Mary's performance falls in the high average range, whereas it otherwise falls at the low end of low average and ahead of only 16 percent of same-aged peers. Although Mary's broad performance in regard to attention is solidly average, her visual attention is much lower than her auditory attention, but otherwise at the low end of average.

Mary was administered the **Adolescent/Adult Sensory Profile (AASP)** to assess sensory processing and the degree to which she is sensation seeking or avoiding. On the AASP Mary's results revealed scores "Similar to Most People" in relation to Sensory Sensitivity, and Sensation Avoiding. Her scores were in the "Less than Most People" range in relation to Low Registration, and Sensation Seeking.

Less than Most

Individuals who score in the "Less than Most People" range for Low Registration tend to miss or take longer to respond to stimuli that others notice. In general, they may have trouble reacting to rapidly presented or low-intensity stimuli. They may not detect a small that bothers everyone else in the room or may be the last one in the room to understand a joke. On the other hand, such individuals find it easier to focus on tasks of interest in distracting environments. These individuals do not miss sensory stimuli; however, this does not necessarily mean that they are sensitive; they are not likely to overlook stimuli in their environment. These individuals can profit from more familiar surroundings, and learn how to screen out background stimuli so that their noticing does not interfere with their daily experiences. With more familiar sensory input, these individuals can continue to pay attention to a task and stay with an activity for a longer period of time before moving on to another activity or task.

Individuals who score in the "Less than Most People" range in Sensation Seeking avoid additional stimuli and environments that provide sensory stimuli. They are not interested in exploring the environment and generally regard sensory experiences as causing them distress. These individuals prefer low-stimulus environments. These individuals can benefit from employing strategies that support exploration of and interaction with the sensory environment. It is important not to force these individuals into situation that may overwhelm them, rather, encourage them to identify new yet satisfying sensory experiences.

ASSESSMENT OF EXECUTIVE FUNCTIONING

Mary's mother completed the **Behavior Rating Scale of Executive Functioning (BRIEF-PR)** as a means to measure her executive functioning ability in real life situations. The term 'executive functioning' refers to the sorts of guiding, planning, inhibiting, and directing of mental capacities that is critical in everyday functioning and that is often impaired with individuals suffering from ADHD or other learning/cognitive problems. The BRIEF examines eight aspects of executive functioning grouped into two sections:

Behavioral Regulation Scales

- *Inhibit:* The ability to control impulses (inhibitory control) and to stop one's own behavior at the appropriate time.
- *Shift (or shifting sets):* The ability to move freely from one activity or situation to another; to tolerate change; to switch or alternate attention.
- *Emotional Control:* The ability to regulate emotional responses appropriately. Poor

emotional control can manifest as emotional lability or explosiveness.

Metacognition Scales

- *Initiate:* The ability to begin an activity and to independently generate ideas or problem-solving strategies.
- *Working memory:* The ability to hold information in one's mind while manipulating and working with the information and in order to complete a task, when encoding information, following directions, or when generating goals/plans in a sequential manner. Integral to working memory is the ability to sustain performance and attention.
- *Plan/organize:* The ability to anticipate future events; to set goals; to develop steps; to grasp main ideas; to organize and understand the main points in written or verbal presentations.
- *Organization of materials:* The ability to put order in work, play, and storage spaces (e.g., desks, lockers, backpacks, and bedrooms).
- *Monitor:* The ability to check work and to assess one's own performance; ability to keep track of the effect of one's own behavior on others.

Mary's mother completed the Parent form of the Behavior Rating Inventory of Executive Function (BRIEF) and are no missing item responses in the protocol. Responses are reasonably consistent. The respondent's ratings of Mary do not appear overly negative. In the context of these validity considerations, ratings of Mary's executive function exhibited in everyday behavior reveal some areas of concern.

The overall index, the Global Executive Composite (*GEC*), was elevated (*GEC T* = 77, %ile = ≥ 99). Both the Behavioral Regulation (*BRI*) and the Metacognition (*MI*) Indexes were elevated (*BRI T* = 69, %ile = 96 and *MI T* = 80, %ile = ≥ 99).

Within these summary indicators, all of the individual scales are valid. One or more of the individual BRIEF scales were elevated, suggesting that Mary exhibits difficulty with some aspects of executive function. Concerns are noted with her ability to adjust to changes in routine or task demands (Shift *T* = 75, %ile = ≥ 99), modulate emotions (Emotional Control *T* = 70, %ile = 96), initiate problem solving or activity (Initiate *T* = 74, %ile = ≥ 99), sustain working memory (Working Memory *T* = 84, %ile = ≥ 99), plan and organize problem solving approaches (Plan/Organize *T* = 82, %ile = ≥ 99), and organize her environment and materials (Organization of Materials *T* = 65, %ile = 92). Mary's ability to inhibit impulsive responses (Inhibit *T* = 52, %ile = 70) and monitor her own behavior (Monitor *T* = 60, %ile = 87) is not described as problematic by the respondent.

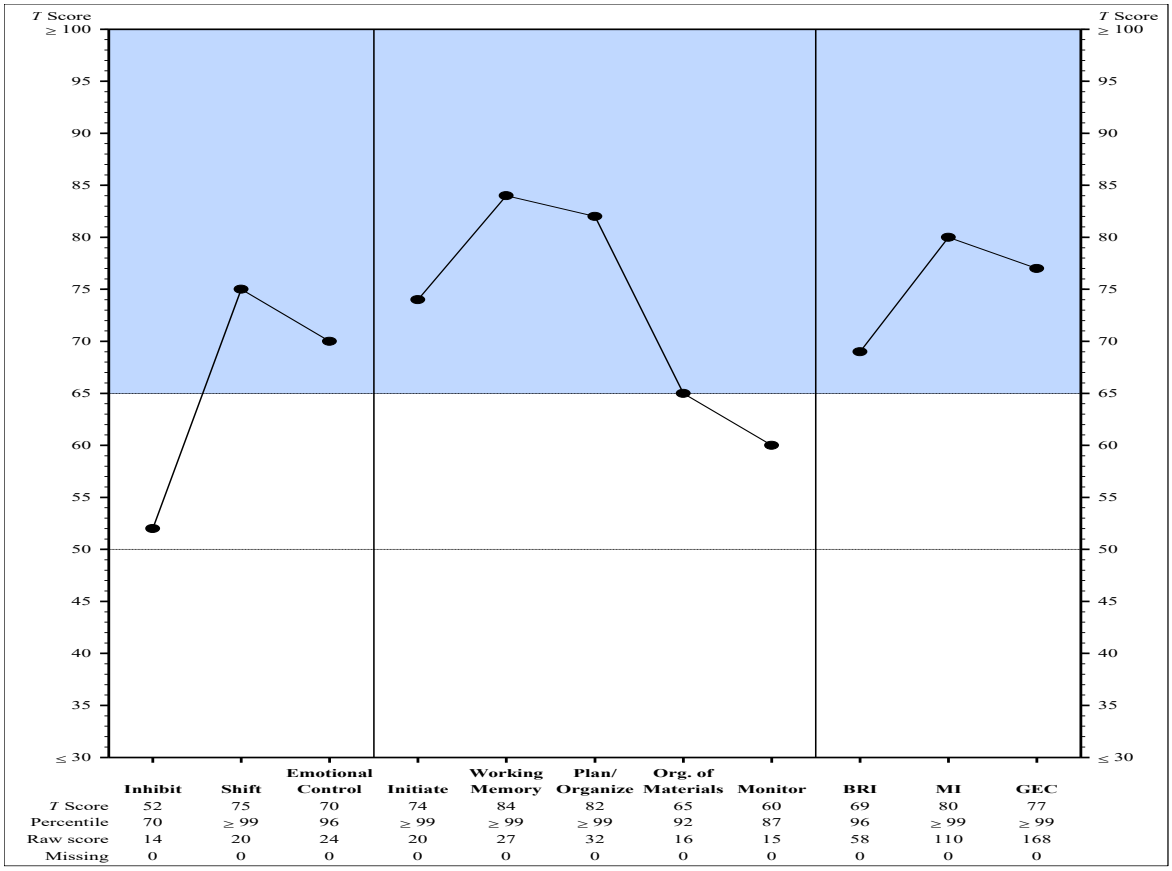
Mary's scores on the Shift scale and the Emotional Control scale are significantly elevated compared to age- and gender-matched peers. This profile suggests significant problem-solving rigidity combined with emotional dysregulation. Children with this profile have a tendency to lose emotional control when their routines or perspectives are challenged and/or flexibility is required.

BRIEF® Score Summary Table

Index/Scale	Raw Score	*T* Score	Percentile	90% C.I.
Inhibit	14	52	70	46 - 58
Shift	20	75	≥ 99	68 - 82
Emotional Control	24	70	96	65 - 75
Behavioral Regulation Index (BRI)	58	69	96	65 - 73
Initiate	20	74	≥ 99	66 - 82
Working Memory	27	84	≥ 99	78 - 90
Plan/Organize	32	82	≥ 99	77 - 87
Organization of Materials	16	65	92	59 - 71
Monitor	15	60	87	52 - 68
Metacognition Index (MI)	110	80	≥ 99	76 - 84
Global Executive Composite (GEC)	168	77	≥ 99	74 - 80

Scale	Raw Score	Cumulative Percentile	Protocol Classification
Negativity	4	≤ 90	Acceptable
Inconsistency	4	≤ 98	Acceptable

Profile of BRIEF® *T* Scores



Mary was administered selected subtests from the **Delis-Kaplan Executive Function System (D-KEFS)**, a comprehensive assessment of higher-level thinking and cognitive flexibility often referred to as 'Executive Functioning.' Mary obtained the following scaled scores *(Mean =10, standard deviation= 3 +/-)*:

Subtests	Scaled Score
Trail Making Test	
Visual Scanning	14
Number Sequencing	14
Letter Sequencing	13
Number Letter Switching	10
Motor Speed	14
Verbal Fluency Test	
Letter Fluency	13
Category Fluency	16
Category Switching Fluency	16
Design Fluency Test	10
Filled Dots Fluency	10
Empty Dots Fluency	10
Switching Fluency	9
Composite Design Fluency	10
Color-Word Interference	
Color Naming	9
Word Reading	13
Inhibition	12
Inhibition/Switching	12

The Trail Making Test (TMT) evaluates attention, mental processing speed, and visual-motor tracking across five separate conditions, but in regard to executive functioning assesses set shifting. On this measure Mary demonstrated processing speed and an ability to visually scan for simplistic information in the High-Average range to Superior range, suggesting that when Mary is focused on a desired object, she is well able to locate it.

The Verbal Fluency Test (VFT) evaluates fluent productivity in associations to specified letters (phonemic, e.g., C, F, and L) or categories (semantic, e.g., vehicles). In regard to this task Mary demonstrated High-Average to Superior functioning on the phonemic measure, Letter Fluency and High Average functioning on the semantic measure, Category Fluency.

Design Fluency involves creating novel geometric designs according to rules which change between three different conditions. The first condition requires the student to connect dots

in a simple manner (i.e., solid to solid). Mary scored in the Average range of functioning. The second condition requires the student to connect dots in a simple manner, but with increased difficulty (i.e., introduction of empty dots). She scored in the Average range on this condition. On the third and final condition students are required to switch between connecting empty and filled dots. Here, Mary scored in the Average range.

The Color-Word Interference is a Stroop-type task that evaluates attention, mental speed, and mental control (inhibiting one response for another), Mary performed in the Average range on Color Identification. She performed in the High-Average range on Word Identification. On Inhibition, her score was in the High-Average range of functioning. On the next task, Inhibition/Switching, Mary was again within the High-Average range. Such performance suggests that when having to shift between complex tasks, Mary's performance is rather strong.

VISUAL-MOTOR INTEGRATION

The **Rey-Osterrieth Complex Figure Test (RCFT)** evaluates a student's ability to reproduce a complicated line drawing; first by copying the figure and then recreating the figure from memory after a time delay. This measure is known to assess visuospatial abilities, visual memory, attention, planning, and working memory. On this measure Mary demonstrated performance in the just Average or better range on the initial Copy. Her performance on Immediate Recall fell in the Average range. Her performance on the Delayed Recall subtest placed her in the just in the Average range.

Subtest	T Score (mean= 50)	Percentile
Copy	N/A	<16 percent
Immediate Recall	53	62
Delayed Recall	41	18

Overall, Mary's performance fell in the just average range or better. Her approach to visual spatial construction fell well within normal range.

ASSESSMENT OF SOCIAL/INTERPERSONAL COMMUNICATION

Mary's mother completed the **Social Communication Questionnaire – Lifetime Form (SCQ)** in order to provide information about her daughter's social functioning currently and over the course of her life. Her responses generated a score falling well below the published cutoff score and not suggesting a developmental-based impairment or Autism Spectrum Disorder.

Mary's mother completed the **Social Responsiveness Scale-Second Edition (SRS-2)** in order to assess different dimensions of current interpersonal behavior, communication, and repetitive, stereotyped behavior that are characteristic of social and developmental disorders.

	T Score (Mean= 50)
Social Awareness	66
Social Cognition	82
Social Communication	67
Social Motivation	82
Restricted Interests and Repetitive Behavior	88
SRS-2 Total Score	**80**

Social Awareness refers to one's ability to pick up on social cues or the sensory aspects of reciprocal social behavior. Social Cognition refers to one's ability to interpret social cues once they are picked up, or the cognitive-interpretive aspects of reciprocal social behavior. Social Communication includes expressive social communication or the 'motoric' aspects of reciprocal social behavior. Social Motivation includes the extent to which one is motivated to engage in social/interpersonal behavior. Elements of anxiety, inhibition, and empathetic orientation are included among these items. Finally, Restricted Interests and Repetitive Behavior includes stereotypical behaviors or highly restricted interests, characteristic of autism. It will also elevate when there is a strong presence of cognitive rigidity.

Across the five summary scores of the SRS, all presented elevations suggestive of some presence of developmentally-based social impairment and ranging in the moderate to severe range. Most significant was the identification of problems with social cognition and social motivation. Elevations were also found associated with restricted interests/repetitive behavior; however, this is more a reflection of rigidity, singlemindedness, and restricted affect, rather than the kind or restricted interests typical of ASD.

The **Children's Nonverbal Learning Disabilities Scale** is an informant report used by mother to account for developmental markers and signs/symptoms of a Non-verbal Learning Disability (NLD) in their children. Mary's mother completed the CNLDS and described Mary as at times being confused when entering a new situation and remembering faces. She often is slow to become familiar with new physical locations and can be unusually clumsy at times. Mary was described to have unusually strong verbal skills. She sometimes does not read non-verbal cues and often struggles to generalize what she learns in social situations.

The **Orion's Pragmatic Language Skills Questionnaire** is an informant report questionnaire used by mother and professionals to evaluate the current skill level of an individual in terms of his/her use of language skills on a day-to-day basis. In the current assessment, this tool was used to identify Mary's strengths and weaknesses in seven pragmatic areas in order to determine if programming is necessary and what skills might be targeted. On the questionnaire, individual skills in each of seven areas are rated as to frequency of occurrence (almost always, usually, about half the time, rarely, never.)

The Orion's was completed by three of Mary's support staff.

Nonverbal Communication: Two of Mary's staff did not note significant concerns with non-verbal communication, aside from the occasional struggle understanding the emotions of others; however, one noted that she very regularly fails to recognize spatial relationships between objects and herself including taking the appropriate distances from others and that she about half the time fails to read the facial expressions of others or to use appropriate facial expressions.

Expressive Skills: Two of Mary's staff did not endorse problems with expressive skills aside from a minor reference to struggling to take perspective; however, a third staff noted that about half the time she struggles to understand sarcasm and to use metaphors appropriately.

Conversational Skills-Topic Maintenance: One of Mary's staff noted that she struggles to choose an appropriate topic for the setting and how to tailor her conversations to her audience, whereas her other staff did not.

Conversational Skills-Turn Taking: One staff noted that Mary at times struggles knowing when it is appropriate to interrupt.

Speech Conventions: One staff noted that Mary struggles to make herself available for conversation and to be approachable and another noted that about half the time she fails to introduce herself appropriately and to use appropriate conversational pleasantries, as well as to initiate original conversation.

Peer Skills: One of Mary's staff noted some deficits associated with peer skills including that she about half the time she demonstrates empathy, whereas the other did not note problems. One staff noted that she struggles to offer and accept criticism appropriately, as well as compliments. That about half the time she struggles to respond to verbal conflicts appropriately and to compromise and that about half the time she struggles to take another's perspective.

Otherwise, staff noted that she can blame others about half the time for her own issues or feelings and that she about half the time fails to assertively deal with peer pressure.

PERSONALITY ASSESSMENT

To evaluate Mary's personality functioning and mental health issues, she was administered the Minnesota Multiphasic Inventory, Adolescent Edition (MMPI-A), the Rorschach Inkblot Test (Rorschach), the Roberts- Second Edition (Roberts 2), the Millon Adolescent Clinical Inventory (MACI), the VIA Character Strengths Survey (VIA), the University of Rhode Island Change Assessment Scale (URICA), and a brief sentence completion exercise.

The **Rorschach Inkblot Test (Rorschach)** is a projective measure designed to assess personality traits, thinking style, and coping techniques/ability. Mary provided more than enough responses needed to generate a valid protocol, and these results most likely describe her well.

The Rorschach described Mary as an introvert by temperament, who is socially withdrawn and interpersonally isolated. As a consequence, it is not easy for her to establish and sustain meaningful interpersonal relationships. This is worsened by a deficient empathetic capacity, fueled by compulsive overcontrol over her emotions. Beneath the surface, Mary experiences considerable emotional stress that interferes with her ability to experience pleasure in life and increases her susceptibility to anxiety and depression.

Mary seeks to pay attention to others and is more cautious and hypervigilant in her thinking style; however, she is extremely escapist when confronted with challenging or uncomfortable emotions or situations; preferring to subjugate reality to fantasy. She is also a young woman who is prone to distort certain aspects of reality and to choose to see the world in unconventional ways at times. This includes rumination about aspects of herself and actions that she regards as undesirable and that include feelings of regret, shame, or remorse.

As a consequence of the above-mentioned, Mary demonstrates impairment not only in her ability to perceive the attitudes, intentions, and actions of others, but interactions and this is clouded by not only painful internal emotions that she is not well aware of, but feelings of anger and resentment.

Mary is interested in other people as is expected; however, she struggles to identify with real people in her life and due to a degree of interpersonal wariness, tends to maintain a degree of emotional distance, rather than be as close as she would prefer.

The **Minnesota Multiphasic Personality Inventory- Adolescent Edition (MMPI-A)** is a lengthy personality test with excellent norms and reliability. According to validity indicators, Mary responded to this measure with a clear and purposeful effort to present as more well-adjusted and adapted than she is. As a consequence, there are some limits to the findings; however, those below are considered reliable and describe aspects of her functioning well.

Again, Mary attempted to present in an overly-positive and well-adjusted light, but the MMPI also described her as a young woman who places an extreme degree of control and suppression on her affect. She has a tendency to intellectually override her emotions and emotional experience and this is worsened by a reliance on denial and avoidance. This presentation as unfettered masks her anxiety and a high degree of sad and dysphoric emotions, as well as anger and resentment that she may very well be out of touch with.

The MMPI described Mary as very much an introvert; not prone to aggression or aggressive ideation.

The **Millon Adolescent Clinical Inventory-Second Edition (MACI-II)** is another personality test administered as part of this assessment. It purports to measure a variety of well-entrenched personality traits and dispositions. Mary responded to this measure putting her best foot forward and, in an effort to present as more well-adjusted than is likely the case. As a consequence, there are some limits, but the findings below likely describe aspects of her functioning well.

The MACI described Mary as very much an introvert by temperament and as passive submissive; however, beneath the surface she holds onto a high degree of anger and resentment that contributes to internal dysregulation and conflict.

The MACI described Mary as an overly-conscious young woman who is serious-minded and emotionally constricted. Her self-constraint again, conceals anger and resentment that is likely denied.

Finally, the MACI described Mary as a young woman who presents with predominant symptoms of Post-Traumatic Stress Disorder and associated anxieties.

The **Roberts - Second Edition (Roberts-2)** is another projective technique used to assess personality functioning. In this measure, individuals are presented with several pictured scenarios and asked to construct stories based on how they perceive the images. Mary's responses were then coded and compared to same aged peers across a variety of empirically derived indices. Mary participated openly in this measure, providing thoughtful responses; therefore, the results likely describe her well.

Mary provided creative and rich narratives and did not seem to present an effort to sensor or to reframe narratives as more conventional. Instead, they were somewhat comedically dark, much more than not. There was one reference to sexual assault and sexually atypical or inappropriate behavior. Overall, her narratives were creative, but also supernatural and fantastic.

Otherwise, she demonstrated a reasonable awareness of non-verbal gestures and nuance, as well as the ability to read dynamics within the narratives. That being said, although there was a high intensity of dynamic interaction, the emotional and affective elements were quite disconnected and divorced. A predominant theme of interpersonal wariness when it came to emotion presented, as well as a belief that others have dark intentions presented.

Finally, her resolutions to conflict were somewhat simple and typically digressed to morbid comedy, rather than to be solved assertively. There was a theme of a lack of interpersonal accountability when it came to conflict and a preference to move on and forget.

Mary completed a brief sentence completion exercise, titled **A Finishing Game**. Her answers echoed many of the issues identified above, for example, Mary said her biggest trouble at school is "effort in classes I don't like," that she is afraid "of the pain of being

killed," that she hates "people who act like victims," and that lying "cost me everything." Mary said she likes herself when "I do the right thing."

Mary said she always worries about "my father appearing," and that her biggest trouble at home is "being engaged with my family." She said her mother "is trying her best," and that her father "sucks." Finally, Mary said love "is beautiful."

Mary completed the **VIA Character Strengths Survey (VIA)** to identify characterological strengths and assets. Character strengths are the psychological ingredients for displaying human goodness and they serve as pathways for psychological and relational wellness. While personality is the summary of our entire psychological makeup, character strengths are the positive components: the best in each of us. The VIA identifies 24 character strengths across six broad virtues (wisdom, courage, humanity, justice, temperance, and transcendence).

Mary approached this measure with a broad tendency to over-report or endorse areas of strength. At times, and in the case of students who are of limited insight and self-awareness, the findings of this measure do not well reflect character strengths, but those that an individual either aspires to embody or that she thinks are true of her personality. In this regard, the VIA is best viewed as a 'therapeutic measure;' to inform therapy and to reconcile the potential disparity between how one sees herself and how she presents to others. Nonetheless, her profile cannot be considered reliable, given this tendency.

Mary was administered the **Childhood Psychopathology Scale: Self-Report Version (CPS)**, the **Antisocial Process Screening Device (APSD**), and the **Hare Psychopathology Checklist: Youth Version (PLC:YV)** to better understand concerns about conduct-disordered and/or emerging psychopathic traits or tendencies. Mary's mother completed the **Childhood Psychopathology Scale: Caregiver-Report Version (CPS)**.

The **Childhood Psychopathology Scale: Self-Report Version (CPS)** examines risk factors and emerging conduct-disordered or antisocial traits across thirteen domains. Mary did not endorse a clinically significant profile, but did note impulsivity/problems with the delay of gratification, an ability to lie reliably (although not the proclivity), and a pull to engage in dangerous activity for fun at times.

The **Antisocial Process Screening Device (APSD)** is a self-report measure examining several dimensions of antisocial behavior in children and adolescents, including callous-unemotional traits, narcissism, and impulsivity. This measure did identify Mary as a young woman who can act without thinking of the consequences sometimes and who is easily bored. She at times has a pull to engage in risky behavior and hides her emotions or feelings from others, otherwise it did not endorse any presence of risk of psychopathic ideation or tendencies otherwise.

The **Hare Psychopathology Checklist: Youth Version (PLC:YV)** is a combined semi-structured interview and assessment of features related to a widely understood concept of

psychopathy across interpersonal, affective, behavioral, and emotional domains. The Hare did not note any clinically significant elevations associated with psychopathic ideation or risk. Mary presented with an intact sense of empathy and empathetic attunement and a healthy interpersonal reciprocity, although it was very much muted by emotional constriction and emotional avoidance, as well as a repeated theme of avoiding interpersonal interaction and connection to her intrapsychic world as a means to avoid stress. She did note holding onto a great deal of pent up rage and trauma and that she can be easily annoyed but not angry. She did not endorse any vulnerability of pent up rage and trauma playing out in terms of aggression or overlooking the rights of others.

Mary presented an intact sense of affect of awareness and sensitivity including an intact sense of love and relationship, although she did acknowledge seeking out 'bad boys' or those who tend to struggle with substance use or behavior. That being said, she said she wants to change this about her because "I don't want to suffer in relationship."

Mary can be somewhat impulsive and has engaged in some experimentation with substance abuse; however, it was driven by a desire to belong and to be in relationship also by more dominant others.

In the absence of any antisocial ideation, Mary presented a very clear visceral empathetic response, expressing interest in death and in general but not in killing. She also described her interest in death both in a forensic and biological/medical sense but also in an artistic sense.

Mary said, "I don't want emotional baggage or to be effected negatively if it doesn't affect me directly," fearing being pulled in and exhausted by letting empathy run wild. Instead, she said she keeps distance and that this is a central part of how she copes; something she said she has developed over the course of her life as a means to protect her homeostasis.

TRAUMA SYMPTOM ASSESSMENT

To assess Mary's history and current presentation of traumatic stress, she was administered the **Adverse Childhood Experience (ACE)** Questionnaire, and the **Child PTSD Symptom Scale (CPSS)**.

The **Adverse Childhood Experience (ACE) Questionnaire** is a brief self-report that identifies various adverse childhood experiences during the first 18 years of life. On this measure Mary scored a 7 out of 10, noting that a parent acted in a way that made her afraid she would be physically hurt, that she was slapped (by her stepfather), that she was sexually abused, that a parent neglected her due to intoxication or addiction, that she experienced divorce, that she lived with a drug and alcohol abuser, and individual who struggled with a mental illness.

She endorsed that a parent or other adult in her household often swore, insulted, put her down, humiliated her, or acted in a way that made her afraid that she might be physically

hurt and that a parent or adult in her household pushed, grabbed, slapped, or hit her so hard that she had marks or was injured. She also often felt that no one in her family loved her, thought she was important or special, or that her family didn't look out for each other, feel close, or support each other. Finally, her mother was divorced, and a household member was depressed or mentally ill.

The **Child PTSD Symptom Scale (CPSS)** is a 27-item assessment of symptoms and distress associated with a specific scary or upsetting incident that the individual identifies. Her overall scores place her in the moderate range of symptomology.

Mary endorsed the presence of post-traumatic stress symptoms including the presence of strong negative feelings, decreased interest, feeling disconnected or numb, struggling with emotional lability including experience of anger, being hypervigilant and interpersonally wary to a degree, and increased problems with paying attention and concentrating.

Finally, Mary was administered the **University of Rhode Island Change Assessment Scale (URICA)**, a self-report measure used to assess an individual's readiness to change when entering treatment. An individual's level of motivation for change and the information they reveal in the URICA can be used to guide treatment options. It has four subscales that measure the stages of change taken from the Transtheoretical Model (although only four of the six are used): Pre-Contemplation, Contemplation, Action, and Maintenance.

Mary's score placed her in the Contemplative stage of change, with strong movement toward the Action stage. *Contemplation* is the second stage of change. Individuals in this stage are considering that their issues are causing problems. They may be contemplating the costs of continuing to their behavior and how they might go about reducing the impact or getting help. In the *Action* stage, one has made significant changes to their lives to overcome their issue. Individuals in this stage are likely participating in treatment voluntarily or willingly. They have committed to making positive and long lasting changes to their lifestyle and relationships and want to stop maladaptive behavior patterns.

SUBSTANCE ABUSE ASSESSMENT

Mary was administered the **University of Rhode Island Change Assessment Scale (URICA)**, the **Adolescent/Adult Substance Questionnaire (ASQ)**, and the **Substance Abuse Subtle Screening Inventory- Second Edition, Adolescent (SASSI-A2)**; however, she does not have a history of or interest in substance abuse and therefore, the findings were not applicable. That being said, risk variables as measured by the SASSI-A2 did not identify Mary as being at more than the average risk of developing problems with substance abuse or dependency in her current state.

SUMMARY AND DIAGNOSTIC FORMULATION

Mary is a sixteen year-old female currently receiving treatment at Any Academy. She was cooperative during the interview portion of the assessment. Pairing the interview material with supporting information from her treatment records, therapist, mother, educational consultant, and staff, this report likely describes her current level of functioning well.

Mary's cognitive scores ranged from the solidly average to high average. When considering a score that was dragged down by relatively low scoring on the information subtest, which is a better reflection of her knowledge base rather than verbal ability, verbal comprehension is an area of relative strength for Mary that is better understood as falling in the superior range. She also presented with fairly good rote memory, but that was challenged with increased complexity and attention. Her scores are reasonably consistent with her testing in 2019.

Mary's visuomotor and visuospatial memory, integration, and constructional ability fell within normal limits. Her broad performance in regard to memory ranges from the solidly average to low end of low average. Although her verbal memory is solidly average, her visual memory is quite a bit lower, falling at the low end of low average and ahead of only 12 percent of same-aged peers. A closer look shows highly discrepant verbal memory performance with significantly improved scores for information held in context (for example, a story versus a list of words).

In fact, when verbal information is highly structured, Mary's performance falls in the high average range, whereas it otherwise falls at the low end of low average and ahead of only 16 percent of same-aged peers. Although Mary's broad performance in regard to attention is solidly average, her visual attention is much lower than her auditory attention, albeit only at the low end of average.

Mary's performance is quite contingent on both novelty and external structure. She is easily bored and struggles to internalize structure. On well-structured tasks and when novel or holding her interest, Mary performs in the average to superior ranges; demonstrating intact ability to shift sets, maintain dynamic thinking, and direct her executive efforts effectively. When bored or without needed structure, she presents with observable deficits in executive functioning The problem is, in the real world, tasks are not often novel or short.

Broadly, Mary's executive functioning presentation falls in the clinical range; with particular elevations associated with initiation, working memory, planning/organization, and organization of materials. In fact, her global composite falls in the first percentile against same-aged peers. Against a strong pre-academic history of signs and symptoms of ADHD; the majority in the severe range and with a long history of teachers expressing concerns, especially early on. This evaluator is confident that Mary meets the criteria for moderate ADHD.

Undoubtedly, the stress of her life and relationships had a significant negative impact on broad functioning and especially executive functioning. It also likely impacted her resilience and ability to maintain drive, especially as demands increased. Nonetheless, she presented with evidence of deficit prior to periods of high stress. This evaluator cannot predict to what degree ADHD is an issue when Mary is without secondary symptoms that clearly exacerbate her struggles; however, it is recommended that this diagnosis be given provisionally and that the rule out be furthered as her secondary symptoms of anxiety and depression decrease, as well as stress and symptoms associated with her traumatic experiences.

Mary has quite a strong temperament. As an infant, she was described as "serious and melancholy," with high sensitivity sensorially, but with low arousal registration and response. She is also very much an introvert and today she continues to be sensitive, but quite slow in regard to registration or arousal. That being said, she has always tended to be obsessive and hyperfocused at times, as well as impulsive and shortsighted.

There have been questions about the possibility of developmental-based social/interpersonal deficits, given some history of missing non-verbal gestures and subtle nuance interpersonally, not always doing well at small talk, and demonstrating as much reciprocity as is typical. After careful evaluation of her developmental history and current presentation, this evaluator is certain that Mary is not developmentally atypical, but that she has a long history of poor attention and tracking, stemming from not only being an introvert and having problems with general attention, but given the incredible degree of psychological energy consumed by her traumatic stress and the wariness associated with trauma she suffered as a child. Finally, and as discussed in greater detail below, Mary has become increasingly dissociative and this has undoubtedly had an impact on her social/interpersonal awareness, as well as her ability to be present and appropriately connected in relationship.

Mary faced a lot and during a very fragile period in her life. Her current profile is somewhat complex and not just the reflection of clear trauma experienced in childhood alone, but of a combination of traumatic emotional experiences that compound and work to impact many aspects of her development and social/interpersonal functioning.

Because a child's brain is still developing, trauma has a much more pervasive, insidious, and long-range influence on self-concept, on one's sense of themselves and the world, and on one's ability to regulate themselves in context of relationships effectively. Although it is a diagnosis that is not yet part of the taxonomy defined by the American Psychiatric Association, it seems appropriate that Mary be understood through the diagnosis of Developmental Trauma Disorder (DTD).

It is important for those working with Mary and for Mary herself to understand that her struggles have not only been a reflection of the fact that she is defended and very much an introvert, but that she has missed many of the formative years, where children are able to be children and to develop and intact sense of identity and social confidence.

As discussed above and in Dr. X's report, Mary has a long history of early and severe psychological, emotional, and sexual abuse. For example, she, at a very young age had to deal not only with two divorces, but associated loss of her father and stepfather, as well as a stepsister. Both her father and stepfather kept Mary from being able to develop a healthy trusting attachment to her mother as a reliable figure, due to duplicitous manipulation.

Mary's biological father, as detailed above, not only sexually abused her, but had extremely poor boundaries and exposed her to inappropriate content. He also insisted that Mary sleep in the same bed as him long into preadolescence. Her father could be extremely unpredictable and unreliable; to Mary he was both her everything and unpredictably unsafe. Mary began to express panic attacks and problems with anxiety by the seventh grade and emotionally, she took care of her father; fearful that she would not be able to keep him safe and that he would be harmed if she "abandoned him."

That being said, Mary's father did not show up for her emotionally, but instead, put her in the position of caring for him while neglecting, gaslighting, and manipulating her. With the second marriage came more emotional and psychological abuse, only to result in more loss.

As detailed above, at age 13 and on her birthday, Mary came out about the abuse from her father after feeling betrayed by discovering that he had been abusing cannabis. Unfortunately, her father not only gave up parental rights and disappeared, but his family rejected and disowned Mary because she admitted to the abuse. This has triggered increased problems with depression and anxiety, as well as increased emotional dysregulation and disfunction within primary figures, especially her mother.

It has further expanded to unhealthy relationships with male peers and increasingly desperate and reactive decisions that have at times been harmful to others, for example, falsely reporting abuse on the part of her mother and reaching a point of complete instability as far as her and her mother's ability to avoid chronic conflict and reactivity. Another traumatic event occurred when a family friend was very inappropriate with and threatened Mary.

As has been discussed in Dr. X's report, there are complex and likely colored memories in Mary's history that conflict with the memories and reports of others. This is not atypical for children who have experienced not only physical or sexual trauma, but emotional and psychological trauma; as their memories are clouded by complex and confusing emotions and fears, as well as paradox. For Mary, it certainly was impacted by the fact that she is prone to slip into fantasy as a reflection of her dissociative tendencies and also due to her being a nonconventional and imaginative thinker in general.

Children need to have a healthy sense of control, reliability, and predictability and to feel consistently safe and able to be nurtured by stable parents when afraid or hurt. Mary was unable to control and protect her father and herself and this has a substantial negative impact on children socially and interpersonally, but also in terms of their ability to trust their own emotions, intuition, and even thoughts.

It is likely that Mary, at a very young age, and filtered through the neurobiological changes that stem from her trauma, learned that in order to protect her attachment to close others, she must keep her emotions and needs to herself. Because she had a poor sense of control as a child and ability to predict or to protect against her fears, she likely began to see her intuition or 'gut' as a liability and something she would best override with intellect. Her father had no room for her emotions, and she was not only anxious about keeping him safe, but felt persistently unsafe. This occurred again with her stepfather as he turned her emotions against her.

Mary likely believes that close others will fail or betray her or use her emotional vulnerability against her. The rich, but also confusing narratives around her love of animals and even of her father and mother being eventually used against her mercuriously, is quite interesting, and regardless of what the truth is, it says something about how this young woman as a very young child experienced close others around her and in this light, there are predominant themes of vulnerability and destruction and unfortunately by people she should be able to predict and feel protected by. There is incredible paradox (mixed and competing thoughts and emotions) against an inability to rely on primary others, even her mother (from her perspective at the time).

Temperamentally, and again, Mary has fairly low affect and is an introvert who can be intellectual and prone to slip into fantasy at times. She is also obsessive and ruminative. She coped by shutting off to her internal world and relied on her intellect, which could protect her. Over time, she became more and more out of touch with her intuition and gut, and as traumatic stress and a difficulty silencing painful thoughts and emotions increased, her avoidance seemed to progress to dissociation.

Over time, she has become divorced from her inner world and this has had a substantial negative impact on her ability to perceive herself, others, and her experiences accurately. Her reality testing is worsened by anger and resentment, as well as emotional pain that clouds her thinking. This is worsened by her emotional impulsivity and shortsighted reactivity. This is by no means atypical for a young woman who has experienced early trauma. This evaluator is confident this is not a tactic, but a deeply entrenched means of psychological and emotional survival.

The above-mentioned emotional constriction was fueled further by weak attachment to primary others. Today, Mary does not well attach to others and that keeps her dissociated and detached, which she unfortunately sees as safe as contrast to the harm that comes from being vulnerable and unfortunately connected. This evaluator does not believe that she has an attachment disorder, but a vulnerability that is secondary to her developmental trauma. On that note, this evaluator believes that with improvements in her ability to cope in a healthy way with her trauma, Mary's capacity for attachment will improve and this is an important distinction.

This evaluator certainly understands concerns about the dark content of Mary's art. Mary notes that early on, her art acted as a catharsis (shifting around the time of greatest loss and

distress) and way to express and process pain, confusion, and even terror and fear. Again, Mary is not a conventional thinker, but very creative and unique. She is attracted to horror and gore movies and likely (as she insists) as a means to stimulate emotional charge, to feel, and to provoke arousal; certainly not atypical for a young woman who does not easily connect to her own emotions. Again, Mary experiences a great deal of overlapping emotions, despite struggling to connect with them directly and her art seems to be an expression of her conflict and the paradox she has had to confront.

Mary's art was admittedly at times used to solicit attention and to provoke, but this is not necessarily atypical or maladaptive; especially as the pull to be understood and 'seen' was not only typical, but perhaps adaptive, as she was a young woman who wanted others to understand her and to understand her pain, whereas she felt unsafe to express it otherwise. Unfortunately, she has again and again failed to have others understand or validate her art and this has contributed further to her feeling alienated and like an outsider.

Despite dark themes in her art, there is absolutely no history of antisocial, sociopathic, or even mercurial behavior in Mary's history, other than a tendency to react to rejection and the stress of relationships at times. This evaluator recommends that the therapist working with Mary lean into, with validation and affirmation, her art and allow Mary to work within this medium as a means to better understand her relationship with these duplicitous and paradoxical themes and emotions. It is also recommended that her interest in anatomy and forensic science, which were perhaps born of this, be nurtured, and encouraged, as these are areas of clear passion and even career interest.

Again, despite her presentation at times, this evaluator does not see any evidence of sociopathy or psychopathology, but that Mary is clearly sensitive, prosocial, and caring. She is however, dissociated, disconnected, and has a weak ability to connect and attach. Her temperament lends to low affect, arousal, and isolation/withdrawal; however, the primary liability for this young woman is her emotional constriction and dissociation. She attempts to intellectually override her emotions at times; however, this not only masks her anxiety and sad and dysphoric emotions, as well as her anger and resentment, but keeps her from appreciating them and being able to exert appropriate insight. It also interferes with her ability to confront and understand her emotions. Unfortunately, when we ignore our emotions, they continue to drive thinking and behavior and this, to a degree, accounts for why Mary can be so precipitously impulsive and dysregulated at times.

Unfortunately, Mary is stuck and unable to move into the kind of healthy orbit that she clearly wants and needs. With dissociation comes distance and alienation/isolation, as well as a lack of accountability and although this undoubtedly served her as a young child, Mary must step back and develop a more assertive means of getting her needs met and navigating the stress of life and relationships.

It is not always easy to see, Mary is sensitive, empathetic, prosocial, creative, and imaginative. It is also difficult to appreciate against her heavy dissociation and defensiveness, how resilient she is. It is notable that she has done as well as she has, given how much she has had to confront and carry through her childhood. Although again, it is

clear this way of coping is no longer effective, this does not take away from Mary's accountability for having survived and even thrived . This fuels a confidence in this evaluator that Mary is quite capable of working through her emotional pain, of developing more adaptive coping skills, and a more healthy trajectory.

Mary desperately needs to step out of the corner she is stuck in (regardless of how comfortable she is) and to engage and nourish her sensitivities and empathy with new ways of coping that are more assertive and that support the kind of intimacy she deserves and desires. With an improved willingness to step back from this corner and face and process her emotions in the right clinical environment, this evaluator is confident that Mary has the potential for a much-improved prognosis.

However, this evaluator is concerned that with hindered insight and such great disconnect from her emotions, Mary believes she is capable of going home and doing well without continued treatment. Until she is willing to step back from her maladaptive compulsion and to trust in her treatment team, with improved insight, and improvements in the dynamic between her and her mother, her prognosis is guarded.

F43.10	Posttraumatic Stress Disorder, specifically, Developmental Trauma Disorder (DTD) or Complex Post-Traumatic Stress Disorder (C-PTSD), with associated Attachment Vulnerabilities
Z62.820	Parent-Child Relational Problem
F34.1	Persistent Depressive Disorder (Dysthymia), Early Onset
F90.9	Unspecified Attention-Deficit/Hyperactivity Disorder, with Rejection-Sensitive Dysphoria, Moderate, Provisional

RECOMMENDATIONS

1. It is recommended that Mary continue in residential treatment and that her treatment team and consultant assess her current placement to ensure the greatest fit. Regardless, Mary would best remain in a small program with a warm and 'family' feel. Such a program should have a strong track record of working with trauma and associated attachment vulnerabilities. This program should be highly relational and prone to frame conflict and struggles within the milieu through a dynamic and relational lens; considerate of her attachment vulnerabilities and need for strong interdynamic and relational attention. Such an environment should also be highly relational and attentive in order to effectively challenge and ensure that Mary does not fly under the radar and that compulsive avoidance is confronted and worked through not just in therapy, but in the milieu and home. This program must have a strong and engaged family therapy program. This program should also provide Mary with needed ADHD and compensatory skills, most of all, in regard to impulsivity, monitoring, and planning/organization. It is also important that Mary have the opportunity for regular activity and healthy outlets; ideally, outlets that are creative, expressive, and that engage her with healthy peers.

2. It is recommended that Mary's emotional safety and ability to work through her complex trauma be protected as the greatest priority going forward. Therefore, it is not recommended that she return home without marked shifts across many fronts; both on the part of her and her mother. Although it is the hope of this evaluator that Mary and her mother make strides in therapy and to create an environment that can be emotionally safe and harmonious for both, much work has to be done and this will inevitably take time under the best of circumstances.

3. Family therapy must continue to be essential and should occur with increased frequency. Special emphasis should be placed on exploring the past, but with care not to ruminate over what occurred and instead, focus on the changes Mary and her mother are making going forward. Special emphasis should be put on healthy protection of connection against stress, the ability to maintain and protect connection, and to build a culture of validation and emotional safety, as well as assertive communication.

4. Essential to Mary's progress, there must be changes in her relationship with her mother and as Ms. Doe has also history of psychological and emotional trauma, she must be willing to participate in parallel in her own individual therapy. Treatment should focus on working through her emotional trauma and associated reactivity. Without improvements in her struggle and reactivity, she is likely to find herself in old and maladaptive patterns with Mary almost certainly.

5. In addition to family therapy, it is strongly recommended that Ms. Doe receive parent coaching to not only improve her ability to avoid falling into negative and compulsive patterns with Mary (and especially given the likeliness that Mary will unconsciously regress under stress) but to ensure she and Mary are maintaining an emotionally safe foundation and alliance. Essential to this shift will be the development of a parenting plan informed by her learning disability and with a supportive coach who will be able to support Ms. Doe in fine-tuning and adapting her approach over time and as Mary and her grow and change.

6. When combined with added structure in the environment, the therapeutic relationship has the potential to provide Mary with a secure base from which she can begin to learn to cope with her self-doubt, insecurity, emotional defensiveness, and interpersonal issues. However, Mary has a narrow and limited threshold for emotional stress. She is overwhelmed quickly by emotions she is not willing or well-able to face and needs to be in a therapeutic orbit where the pace can be moderated to keep her engaged; stimulated/challenged, but not overwhelmed. In this regard, the Zone of Proximal Development, proposed by Vygotsky, is an important concept for her treatment team and mother to understand.

7. Given Mary's fractured attachment style, avoidance/dissociation, and interpersonal wariness, she is likely to continue to move slowly in treatment. Her treatment team would best continue to focus first on building trusting relationships, understanding that many of the tenants of traditional therapy are likely seen as a threat to Mary's sense of

safety and autonomy. Treatment would best focus on improving her ability to build trusting relationships, improving her coping skills, using her peers for emotional support, and developing a greater ability to build trust with important adults in her life. Of primary importance is that Mary work with a primary therapist who she has a strong and safe emotional alliance with.

8. As Mary is likely to either invest or disinvest in treatment based on whether she is stimulated, interested, and connected, it is recommended that future treatment be as dynamic as possible. In particular, Mary is likely to benefit from working with a therapist she connects well with, who moves slowly, and who supports the use of more active/engaged therapies such as drama therapy, art therapy, or other expressive outlets. Given Mary's aversion to looking within, such treatment is likely to pull her out indirectly.

9. Mary should continue individual therapy, supporting continued self-exploration and the development of a more realistic and balanced sense of not only who she is, but how she gets her needs met in relationships. Therapy should also continue to focus on helping Mary understand her own emotions, improve her ability to better understand how she is perceived by others, and to draw more effective lines between her perceptions, emotions, and behavior. Despite her disconnect, Mary is a highly sensitive and wary young woman who is prone to self-abatement and the testing of attachments. It is recommended that therapy move very slowly, that it hinge itself on a foundation of rapport and therapeutic 'holding' and that it first address and improve her ability to tolerate her emotions and feelings of vulnerability as well as assertively attacking her depressive symptoms and in particular, her sense of hopelessness and low self-esteem.

10. Individual therapy should assist Mary in exploring the impact of developmental trauma on her interpersonal relationships and perception of herself and others. Mary would benefit from exploring how the trauma she experienced influenced her beliefs about her safety, intimacy in relationships, trust, self-esteem, power and control. Mary's treatment also needs to focus on education and processing of healthy sexual and romantic relationships. She is at risk for victimization given her history of attraction to unwell partners and it will be important for her to develop better boundaries, understanding of dynamics, and values around these relationships.

11. Again, it is recommended that in addition to the opportunity to engage in art-based therapy as a primary catalyst, Mary and her therapist lean into dark and painful emotion/expression with a strong base of rapport and trust, and with great care to avoid fueling a sense of alienation and misunderstanding, which Mary is so sensitive to. Instead, treatment should seek to enter Mary's world and not only ensure that she is seen, but to not only affirm and validate what drives her art but to support her in evolving her relationship to her internal world through art, which is such a vehicle for her. That being said, great care must be given to ensure that this work is built on a strong foundation of relationship and within her threshold for distress and until it expands and increases.

12. Although medication currently seems to help, quality sleep must be considered imperative for Mary to function adaptively and effectively. Therefore, she should continue to address sleep problems, doing whatever it takes to achieve consistent and restorative rest. If her sleep problems are not effectively addressed while in treatment, it is strongly recommended that she consider participating in a sleep lab as a means to better understand and treat her condition.

13. Given Mary's continued struggle engaging in traditional treatment modalities, art therapy and nondirective Play Therapy may be beneficial in meaning making and processing her traumatic experiences without the expectation of verbal engagement or high levels of insight. Play therapy can be particularly helpful in allowing an individual to act out different (and often positive) outcomes to their traumatic experience.. Art therapy requires nonverbal expression of the self that often facilitates a connection with the self in an unexpected way. This may also help to address Mary's resistance to more traditional talk therapy modalities, as she will have much of the control in the therapy space.

14. Despite Mary's current disinterest in substance use, she is at increased risk of developing an abuse problem. She is more likely to self-medicate and should be carefully monitored in the future. Mary's resilience against substance abuse will undoubtedly be supported by continued treatment and involvement in healthy social and expressive pursuits.

15. Structure is very important for Mary and she does not do well in low structured environments. However, she needs help internalizing structure and being able to develop it for herself, as noted above it is recommended that she focus on learning one skill at a time and that she not move forward until she has developed a degree of mastery. That being said, skills should be stacked in a way that supports her being able to work effectively with her time, to better account for time, and the product of her efforts.

16. It is strongly recommended that Mary be empowered to continue to focus on not only areas of strength and passion without judgment, but especially the sciences and forensic science. Mary seems interested in science and has demonstrated a strong investment. Being able to follow her passions and accumulate a sense of mastery and success is also and undoubtedly a powerful support to her overall progress and confidence.

17. There are many resources available to support an increased understanding and management of ADHD; however, our understanding of this disorder is ever-evolving and it is recommended that care be given to choose the most up-to-date and reliable information. A good place to start is the Attention-Deficit Disorder Association (ADDA), www.add.org and Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD), www.chadd.org. The ADHD Coaches Organization (ACO) www.adhdcoaches.org is also a useful resource.

18. Mary is an introvert by temperament and therefore recharges her 'psychological batteries' by spending time alone and by indulging in solitary outlets. she does much better when she has the time and space to quietly reflect and be alone. Although care should be given to ensure that responsibilities are being fulfilled and that a healthy balance is being maintained, this time should be protected and be considered as important (to her overall well-being) as the time she spends with others. However, care should be given to ensure that this 'refueling' time is not spent solely in escapist or maladaptive pursuits until Mary is able to moderate her time independently and in a way that reflects balance.

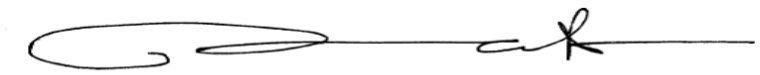
19. It is recommended that Mary and her mother take the time to better understand what it means to be an introvert. This is especially important, given the fact that Mary's temperament seems to be different than that of her mother. It is recommended that they consider the following books as a means to improve their understanding:

    Quiet: The Power of Introverts in a World That Can't Stop Talking by Susan Cain Herself

    How to Make Friends as an Introvert: Discover Introvert-Friendly Ways to Meet New People, Improve Your Social Skills, and Make New Friends by Nate Nicholson

    The Happy Introvert: A Wild and Crazy Guide for Celebrating Your True Self by Elizabeth Wagele

It has been a pleasure to work with you and to support Mary's treatment and care. If I can be of further assistance, do not hesitate to contact me.



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