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CONFIDENTIAL PSYCHOLOGICAL EVALUATION

Name: Thomas "Tom" Doe

Age: 15

Date of Birth: Any date

Date of Evaluation: Any time

Parents: Ben Doe
Mary Doe

Placement: Program X

Treating Clinician: Psychologist X, PhD

Consultant: Consultant X

Ed/Voc Status: Ninth Grader

EVALUATION SOURCES

Montreal Cognitive Assessment (MoCA)

The Rey 15-Item Memory Test (MFIT)

Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

Kaufman Test of Educational Achievement, Third Edition (KTEA-3) Version A
Kaufman Test of Educational Achievement, Dyslexia Index
Wide-Range Assessment of Memory and Learning, Third Edition (WRAML3)
The Rey-Osterrieth Complex Figure Test (RCFT)
Subtests of the Delis-Kaplan Executive Function System (DKEFS)
Behavioral Rating Inventory of Executive Function-Second Ed., Self-Report (BRIEF-2)
Behavioral Rating Inventory of Executive Function-Second Ed., Parent (BRIEF 2-PR)
Minnesota Multiphasic Personality Inventory, Adolescent Edition (MMPI-A)
Millon Adolescent Clinical Inventory, Second Edition (MACI-II)
Rorschach Inkblot Test (Rorschach)
A Finishing Game (sentence completion exercise)
The VIA Character Strengths Survey (VIA)
University of Rhode Island Change Assessment Scale (URICA)
Adolescent/Adult Substance Questionnaire (ASQ)
Substance Abuse Subtle Screening Inventory-Third Edition Adolescent (SASSI-A3)
Mental Status Examination
Review of available Treatment records
Review of available Treatment records
Clinical Interview with Tom
Collateral Interview with Mr. X, a former teacher of Tom's
Collateral Interview with Psychologist X, PhD, Tom's home therapist
Collateral Interview with Ben Doe and Mary Doe
Collateral Interview with Consultant X

REASON FOR REFERRAL/PRESENTING PROBLEM

Tom is a fifteen-year-old male of biracial male of Polynesian and European-American descent, currently receiving treatment at Program X, in Anyplace, USA. He was splitting time between his father and mother's homes in Anytown, USA, prior to enrolling at Program X, where he had been for three weeks at the time of interview.

This psychological evaluation was requested by Tom's treatment team in order to provide a more detailed conceptualization of his strengths, weaknesses, and psychological functioning. It is also hoped that this information will inform the selection of his current and sustained treatment. **This report represents Tom's functioning at a specific point in time. As things change and he develops, the conclusions and recommendations will need to be updated.**

When asked why he thought he was in treatment, Tom said "I don't know the exact order of how I got here, but I do know the reason of why I am here." He said that things took a turn for the worst after, in the ninth grade, he had a knee problem (which his father insisted was not the case) and started to self-medicate with cannabis. He said it helped with the pain, but also liked how it felt. This year, he also "found out I could take a huge amount of weed, so I started getting

known for going to parties and being the freshman going to senior parties and taking or drinking anything people would put in front of me. It got to the point where [in the winter of ninth grade] I would isolate from my family and would treat my friends like I didn't even know who they were." He said he avoided my friends "because they told me to stop, and I didn't want to." He said he still has two best friends that stick with him and continued to encourage him, despite his behavior. Nonetheless, he said this isolation "led me to doing more drugs, which led me to spiraling downwards." *As will be described below, Tom's father does not believe Tom's reported substance abuse history is accurate.*

In addition to abusing substances and sneaking out of the house, Tom said he was isolating and disrespecting authority. He said he has long been dishonest and prone to steal as early as he can recall. He recalled early on being afraid of getting in trouble for his impulsive behavior and that it became a compulsion. Even today, he said "I don't even think," about his behavior or the consequences much of the time. He said when he was young, he did not feel bad for his behavior, but that today he does. As he looks back, he said "back then I didn't really get the impact."

Tom said he struggles to identify and understand his emotions and that he has long tended to be avoidant and hold back from opening up. He said he used to be one of the people his friends came to talk to and has long felt isolated and constricted, "putting on a fake smile," and even convincing himself that he was happy. He said it is hard to put his thoughts and feelings to words and to express himself clearly, insisting this has always been the case. He also said that once he started struggling, he felt ashamed and worried about what others would think, which pushed him deeper into isolation. He said his family expresses anger and big emotions, but that otherwise not emotionally expressive and prone to process emotions otherwise, from his perspective.

Tom said he does feel like he needs to get help and to "work on being self-aware, lying, opening up, finding out who I am [and] how I treat my family and friends." When asked about his relationship with substance abuse, he said he wants to stop because he was "destroying my body and hurting my ability to be an athlete." He also said he found himself in a spiral with increased problems associated with attention and executive functioning and that "I wasn't myself...I want to be liked for who I am."

Mr. Doe and Ms. Doe said Tom is adaptable and able to go with the flow, that he makes friends easily, and has good manners when around adults. He said he is a talented athlete and is especially good at golf.

His parents expressed concern about Tom's untreated and severe ADHD, as well as learning deficits that impact reading comprehension and perhaps more. They expressed concerns about his memory and the quality of his organization, as well as severe impulsivity. They added that he is "oppositional defiant, but not always in a hostile way."

Tom's parents said it is hard to identify a turning point when things took a turn for the worst, but that they certainly noticed it in 2014, when they divorced. Tom was seven years old and in the first grade, and they said the divorce was "terrible for him." It was in the second grade when his behavioral issues in the school became more of a concern, rather than just impulsivity and shortsightedness.

Tom loves sports and is very athletic and coordinated. He has been on the school football, wrestling, and golf teams. Out of nowhere, he quit the football team this year and told his father he wanted to wrestle. He was on the wrestling team for two weeks and then quit unexpectedly. Mr. Doe asked why he quit, and Tom was not able to give a reason.

Mr. Doe sees Tom as "self-sabotaging" and noted that his follow-through and commitment are non-existent. Tom is "disrespectful towards his mom" and father when he talks to them. His father said he is also "disrespectful to the places he lives." Tom lies compulsively and from a young age. He will lie about schoolwork, saying he reached out to his teachers, that he doesn't have homework, etc. He steals things from his parents and lies about it to cover it up.

Mr. Doe has connections throughout the community that allowed Tom to "live a pretty good life socially;" worrying that he may have an unhealthy sense of entitlement.

His father added that "everyone outside of the house thinks that Tom is amazing and has it all together" when in reality, he does not. They do not see what goes on in their home and Tom's struggles.

Mr. Doe and Ms. Doe noted that "It has been three years of subpar performance at school, both academically and behaviorally. He also has issues at home (lying, disrespectful to parents and property, and smoking weed)." His parents noted that in addition to starting puberty, he also started at a private school with wealthy students "who can get any drug" and who were more focused on image and partying. They noted that being a child who is learning disabled, especially as the course load stepped up a great deal in middle school, may have increasingly triggered his insecurities.

The last straw came when Tom "was placed on academic probation after getting an F in English and Ds in other classes at the end of semester one of 9th grade. He was formally made aware that if he gets one D- or lower in the 2nd semester, he may not be allowed to return to School X [High School] for 10th grade. Within the first few months of the semester two, he was failing multiple classes, mostly due to not turning in the homework. We decided that something different needed to be done."

Mr. Doe and Ms. Doe "have been wondering how much of his poor school performance (and maybe other behaviors) were due to his learning deficits and the school programs that he has been experiencing, or due to his lack of maturity, or perhaps it was more due to being entitled or unmotivated." They added that "when we ask Tom what he thinks, he says that the school he is

in is fine, and he can handle the work; and yet he does not do well. So, we were going to have him tested again and then look at different education programs. However, it occurred to us that Tom has always resisted the testing that we do and has not really taken responsibility for helping us figure out the best solutions.”

Tom and his parents have been working with a psychologist for many years. Tom has never resisted going to the sessions, but at the same time has not made much improvement. His parents have worked with their educational consultant to intervene, fearing that Tom is stuck and unable to make a positive shift without such support.

Tom’s home psychologist expressed concerns about Tom’s capacity for insight and noted that his dishonesty and denial go hand in hand and are compulsive. He said Tom folds into avoidance and has a poor sense of mastery and competency, as well as cause and effect. Equally, Tom struggles in making good decisions and particularly struggles to generalize what comes up in therapy to his life, noting a significant disconnect in this regard. He does not see Tom as conduct disordered, but certainly having some failures in regard to his ability to express empathy or give back.

Tom’s treatment team at Program X described him as a young man who has lost his sense of self and confidence. They see a negative and blustery persona that he has created for himself as tough, the partier, and as having nothing to do with school. They noted that he holds back in regard to being vulnerable with his peers, but that in therapy he is opening up and taking ownership more. His treatment team agrees that Tom’s insight is certainly limited, but that he does better one on one; again, being somewhat guarded with his peers. They noted a long history of being dishonest and also out of touch with what he is capable of, noting that he can be blustery and embellish a good deal.

There is a great deal of anger and aggression directed toward his mother, who holds boundaries and limits. Tom’s treatment team said there is a good deal of rejection-sensitivity that comes up for him.

BACKGROUND INFORMATION

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

Developmental/Social History: Tom was born on time and healthy following a normal pregnancy and delivery. At age six or seven, Tom was hospitalized for having low oxygen levels associated with pneumonia and spent three days in the hospital, but no concerns in regard to long-term impact was shared by his care team.

Otherwise, over the course of his development, Tom has never had a significant head injury or other neurological problem that might have impacted his ability to think, learn, and remember. Nor did he experience significant medical problems as a child. Tom has seemed to be sensitive to sugar.

Tom met gross motor milestones on time, if not early, including crawling and walking, however, he struggled somewhat as compared to his peers in learning new skills and catching a ball. Fine motor milestones were also met on time, but Tom struggled somewhat with buttoning or zipping. He spoke early and well. Toilet training was accomplished by age three and without event.

Tom loves sports and is very athletic and coordinated. He has been on the school football, wrestling, and golf teams. Out of nowhere, he quit the football team and told his father he wanted to wrestle. He was on the wrestling team for two weeks and then quit unexpectedly, as noted above.

Tom was described as a happy and easy going infant, who was easily pleased and soothed. He initiated and responded positively to loving and soothing gestures. He slept and ate well. He presented with stable mood throughout his childhood and his mother recalled that he “was the funniest and smartest person I knew when he was two years old. No joke.”

Tom was never observed to present with symptoms of chronic irritability or agitation. Nor was he described as presenting with any symptoms of mood disorder. That being said, he has never been well able to identify and express his emotions. His parents said he avoided emotional content or expression from a young age, and it is unclear whether or not and to what degree this reflects an inability versus defensiveness. They also noted a consistent lack of emotional depth throughout his history.

Tom was described to be extremely impulsive “and has not been able to regulate this or think beyond the immediate consequence. He also loved to get a rise out of his family members by doing something “Stupidly impulsive.” His parents said Tom has “ZERO” risk-aversion; “run[ning] into the fray” and very much sought stimulation and excitement. He did not well learn from experience “and enjoyed the negative attention.” His parents described him as having a high amount of energy and as hyperactive at times, especially when bored.

Tom’s parents endorsed having observed the following pre-academic behaviors suggestive of Attention-Deficit/Hyperactivity Disorder (ADHD) or other executive functioning impairments:

Mild/Partially True:

Avoided, disliked, or was reluctant to engage in things that took a lot of mental effort, time, and/or are considered boring

Moderate/Often True:

Was unable to play or engage in leisure activities quietly

Severe/Always True:

Often tapped hands or feet when sitting; or fidgets and squirmed in seat
Often left seat in situations when remaining seated was expected
Had difficulty waiting in line or taking turns
Talked excessively
Ran or climbed in situations where it was inappropriate
Often made impulsive decisions without considering the consequences
Became easily distracted by irrelevant things, like sights and sounds (or unrelated thoughts)
Could not listen or comprehend instructions in crowded or noisy places
Interrupted or intruded on others
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)
Struggled to listen when spoken to directly
Often struggled sustaining attention on tasks or during activities
Seemed restless, as if ‘driven by a motor’
Failed to pay attention to instructions and made careless mistakes
Lost or forgot things needed for a task, like pencils, books, assignments or tools
Was often forgetful in daily activities (e.g., doing chores, regular hygiene, keeping appointments)
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

Tom struggles with multi-step instructions both at home and at school. He struggles to break things down into categories to improve structure and comprehension (story problems, math, etc.). When things get difficult for Tom, he will ‘check out.’

From an early age, Tom would get in trouble for his impulsive behavior and for acting without thinking, for example, throwing a banana peel at a peer. He was suspended for one week in the 2nd for these types of behaviors. His father said Tom’s behavior was not over the top, but enough to get him in trouble.

In the 7th grade, Tom kept getting detention for dress code violations. The students were required to wear “placards” and Tom would not wear his or wear sweatpants, which weren’t allowed. This happened enough that he received a formal letter, advising that he was to follow the dress code. During the last couple weeks of school, he was dismissed and told he would be allowed to graduate, but that he could not return to school, due to his violations.

In 8th grade, Tom went to Our Lady of Las Vegas private school and of the sixty kids in his grade, was the only one who was not allowed to attend their class trip because of behavioral

problems. Again, his father said they were not horrible behavioral problems, but Tom could not seem to stop getting in trouble for little things; “it is like he just apologizes” or will not own up to his behaviors.

Teachers expressed concern over Tom’s ability to participate or learn effectively in the classroom, as early as five years old and consistently. He was first diagnosed with ADHD in 2016 and at age eight. He began taking medication after this diagnosis and responded well, especially with focusing, tracking, project completion, etc. Not long after starting however, Tom “started verbally resisting, then refusing to take meds; period.” Tom is currently prescribed, “but refuses to take them. He will also lie about taking them and I’ll find them later.” He has been prescribed Methylphenidate since he was in the third grade and currently takes 40mg ER, with an optional 5mg as needed in the afternoon; again, rarely taken.

Tom met social milestones within a normal range. He modulated eye contact and demonstrated good social reciprocity. He demonstrated a clearly intact capacity for empathy, although at times he could be selective; tending to be more attuned to female peers/friends. He also failed much of the time to express regret if he hurt or offended another as a consequence of his impulsivity. His parents suspect this was more a reflection of a struggle understanding the impact he had on others.

Tom was attached to caregivers and discriminated well between strangers and those familiar to his family, but over the years and since he was very young, according to his mother, “prefers to engage with strangers; not understanding the risks involved with trusting drug dealing pedophiles. He loves/hates his family and has full buy in and trust with complete strangers.” Mr. Doe does not believe Tom has expressed hate, but disrespect.

Tom had very low separation anxiety when starting school or subsequent schools and was also comfortable with different nannies over the years. They said his anxiety became most present when his parents divorced.

Socially, Tom has always been a very personable person and precociously. He is “outgoing and loves people.” He is also socially adaptive and does well. He has always had a large group of friends, and everyone likes him. However, he does not have a ‘close friend’ outside of school from his parents’ perspectives. Tom has always been involved in team sports and thrived socially and physically in that setting. He spends a lot of time with family and adults due to his parents’ lifestyle and being an only child.

Starting at a private middle school, he said he had friends, but his parents only met a few. He only had three sleepovers during that period, but his friends were increasingly older, prone to conflict, and not prone to repair or mend.

This last year, Tom started high school in a big campus with 1400-1500 kids (350 per grade) and seemed to adjust well socially. He “went out for football and was going to do wrestling, but then

quit. The group of boys that he did connect and do things with did seem to be troublemakers (not athletes, did drugs, drink and stay up late).” His mother added that his friends “all act like junkie rock stars and I’m not sure there are any good influences in these kids’ lives that they are going to respect or attach to. They are assholes and they do not care about repairing conflict-they thrive on it.” It is not believed that Tom was ever bullied; however, this last year he was disciplined for bullying another boy in one incident.

Tom has been sexually active since he was 12 years old; however, relationships have tended to be very shallow and transactional. He had a girlfriend in 2022 and they broke up shortly after the school year started. His mother said that after the breakup, “his engagement and interest in being human dropped from a ten to two.” Ms. Doe said he is not afraid of getting caught and almost arrogant about it. Both she and Tom’s father said that Tom is confident in himself, but at the same time, very clearly not in this regard.

Family Information: Tom is an only child born to now divorced parents. Mr. and Ms. Doe divorced in 2014, when Tom was seven years old and in the first grade. Shortly after the divorce there was some parental blaming and acrimony/conflict between his parents, but also between Ms. Doe and Mr. Doe’s mother and sister.

Ms. Doe said this was especially the case as Tom was struggling and they began to blame one another and their parenting approaches. Ms. Doe said that Mr. Doe’s family admitted to her of doing the opposite and “with no respect for boundaries,” from her perspective. Mr. Doe acknowledged that there was conflict and some undermining, but did not witness outright sabotage. By age nine or ten, Tom’s parents were more and more able to work together and move past their acrimony; rarely arguing since and having realized that Tom was struggling and needed them to come together. Nonetheless, Tom has, from his mother’s perspective, blamed her and that this still plays out. Mr. Doe does not believe Tom said or would think his mother was at fault, however. Tom put his mother in a headlock on one occasion in 2020 and she said he often threatens or reminds her of this when she attempts to hold a boundary.

Only recently has Tom talked about the divorce and its impact. His parents do communicate and work to maintain consistent approaches and rules, but are very different people so there have been inconsistencies. Ms. Doe said she and Mr. Doe “aligned on the parenting spectrum, but our lives could not be more different, and I do think Tom is unable to comprehend and show any amount of understanding, respect, or empathy to that difference.” Tom said his parents have gotten a lot better over the years and that he does not have any memories of time prior to the divorce.

Tom said his parents are very different from one another. He said his father “thinks too much of me and my mom just yells at me.” Tom said his father holds high expectations and that he feels setup for failure because his father does not appreciate how much he struggles. Mr. Doe said he holds the expectation that his son be honest and moral and work hard, but disagrees that they have been unfair. Both parents agree that Tom has pushed back on being held accountable and

treating that as an unfair expectation or mistreatment. His parents also noted that because he is so dishonest about how he is doing and with such an unwillingness to receive help, it makes it difficult to know where he really stands and what he really goes through.

When asked about his mother, Tom said his mother has anger issues and that “I do the smallest thing and she will scream at me.” He also said as a parent, she blows things off and grounds him only to “moments later take it back.” Ms. Doe said this is not true and that she has been quite worn down by the years and due to his consistent oppositionality. She also said that more and more she feels intimidated by his size and precipitous behavior and that it has been quite a struggle. When asked about his mother, Tom said “on and off we are really good or bad...most of the time not good.” He said he feels put down at times, although “it was always true,” in regard to her frustrations and that “she is just brutally honest.” Nonetheless, he does not feel he can talk honestly to his mother or father “but that is something I am working on.”

He said he used to be close to his mother, but he is less and less, mostly because of what he describes as her anger, saying he instead avoids it and therefore, her. Ms. Doe said she “used to be his rock, and the closest person to him. He has absolutely no respect for me or anything I do for myself, for us, for our home or for him directly. He doesn’t want to hear any words that come out of my mouth, including I love you and he’s an absolute dick to us because we express and actively show love.”

When asked about his father, Tom said they like many of the same activities and that he used to look up to him and want to be like him, saying “my dad got a 4.0 and was also ‘the party boy.’” More and more over the years, and because of his father’s work schedule, Tom “realized that he wasn’t really there for me.” He said there has been a resentment over the years that has grown and that their relationship is somewhat up and down today. Mr. Doe does not believe that he was absent and in a way that had a significant impact in Tom’s life; however, his mother very much does.

Mr. Doe said his relationship with Tom “is ok, although it has been strained in recent years as we have been dealing the challenges mentioned in this document. Tom is with me for one week and then he spends one week with his mother. On the weeks he is with me, we see each other a lot. I drive him to school and pick him up each day. And in the evenings, we are always together. There are frequent conversations about challenges with school and behavior. There are also casual conversations that take place as well. There are few deeper conversations because Tom deflects or shuts down when these topics are brought up.” He added that “I intentionally let him know I love him by saying it and doing things to help him. He says, ‘I love you’ back, but seldom shows appreciation back.”

Family Psychiatric History: Tom’s paternal grandfather struggled with alcoholism. An aunt struggles with depression and PTSD. Tom’s maternal grandfather struggled with alcoholism. An aunt also struggled with untreated addiction. An uncle struggled with ADHD.

Academic History: Tom started preschool at age three and started kindergarten a little later than is typical due to his age. He attended Any Day School (ADS), a private school K to 8. However, “rather than just have him do another year at Any preschool we wanted him to have a more academic experience, so we moved him to a private elementary school, for one year before he started at ADS. Tom started PreK at ADS school and attend from PreK, K, 1st and 2nd grade. In 2nd grade Tom started to have some behavior issues that resulted in detentions, and was suspended for one week. We were told that additional issues would result in expulsion. So, we assumed that the school was not a good fit for him, and we decided to move him Any Elementary School.”

Tom’s grades “have always been below average. Most of the time it is because he does not turn in the work, and also because he chooses not to study before exams.”

Tom said he does not like any subjects, but especially reading. There was a time when he was doing poorly in math, and he received a great deal of tutoring before turning it around and doing quite well. Over the years, teachers have expressed several concerns about executive functioning, saying that he is easily distracted and does not do his work to his potential, despite seeming to be capable.

In the second grade, he was suspended for behavior issues and out of risk of being expelled, moved to a different school in the third grade, where he continued to have minor behavior issues, but did better overall.

Tom was given accommodations from the third to seventh grade and used them in the third to fifth but stopped in the sixth grade. The accommodations typically included extra time for test taking and exams, taking tests in a private room, preferential seating, and support in breaking projects down into smaller components. His parents worked with his elementary school to get accommodations and also got outside tutoring.

In middle school, his grades remained below average and he never, despite behavioral issues, had problems with attendance, but always wanted to go to school.

By the time he was in 7th grade, Tom “ received 18 detentions; one for cheating and many for dress code violations and not wearing name badge. We had multiple meetings with their staff, and we were told that Tom says he will follow the rules, but then does not, and the staff there felt Tom was very disrespectful to them. Tom was placed on formal probation. The one final incident was dress code violation and his disrespectful response that resulted in the school asking us to withdraw Tom with one week left in his 7th grade school year. And we were told that he could not return the following year.”

He started off the 8th grade fairly well, “but then started to perform poorly in certain classes. He got caught cheating (plagiarism), lied to his teacher and there were multiple times that he was

considered disruptive to the class. He was the only 8th grade student (out of 60) that was not allowed to go on the 8th grade graduation trip to Disney Land.”

Going into high school, Tom’s grades remained below average, and he was getting an F in English and D- in math and biology, a D+ in Spanish and theology, and was put on academic probation for the second semester, which left him vulnerable, if his grades dropped to not be able to return to the school. Unfortunately, he ended up getting an F in algebra and is not allowed to return. His GPA for the full year ended up being 1.65.

Tom was placed on behavioral probation in 9th grade, after “throwing dodge balls at a kid in PE in Oct 2022. He lied to the Dean about notifying his parents and falsified a document with parent contact information. Tom found a fellow student’s electronic lunch card and used it multiple days in Jan 2023. The school considered this stealing and as a result Tom was suspended for a day and put on behavior probation. He then got caught plagiarizing some computer science work in Mar 2023 and as a result had his probation extend to next year.” His parents worked to help him and always, but it was never very well accepted. Eventually, he refused to even work with a tutor.

Mr. Doe and Ms. Doe said Tom “is forgetful and does not make the effort to stay organized (or it is just too hard for him, and he gives up). He does not like to read, so much so that he will skip reading the directions and just try to do it how he thinks it should be done.” Tom has mentioned that he will know what the words mean, but that the sentence will not make sense to him.

They added that “he seems to do better when connected to the teacher. For example, he got an F in English in Semester one of this year. One of the specialists he works with at his high school is also a 9th grade English teacher. Tom and her get along well and she helped him get into her Semester two English class. Tom currently got a B in her class. So, it appears that relationships or connections help his performance.”

Mr. Doe Ms. Doe also noted that short-term and long-term memory seems to be a concern, unless it is in regard to things that are interesting to him.

Despite accommodations, Tom continued to refuse. He has always talked about going to college and has even talked about playing golf in college, but seems to very much be disconnected when it comes to his interests versus potential.

Substance Abuse History: Tom’s parents said that as far as they know, he has smoked cannabis a couple of times over the past year. He has taken randomized drug tests at his father’s home, but Mr. Doe has reasons to believe that Tom cheated the test. He is reported to sneak in an occasional drink, but has never been intoxicated from his father’s observation.

That being said, Tom provided a very extensive substance abuse history. Specifically, he said that at age 13, he started to abuse cannabis on occasion, but it became nightly and to the point where he felt he could not sleep without it, and he felt he was getting addicted, so he pulled back for all of eighth grade. The summer before ninth grade, he started abusing cannabis four or five times per week and sometimes three times per day. As the ninth grade started, and as described above, he said he began to self-medicate a knee problem and also associating with juniors and seniors; going to parties and as noted above, becoming popular for being willing to push the limits and often to blackout from his report. He said he began drinking and also tried MDMA and cocaine on one occasion. Often times he was mixing substances and said “this got so bad that I would blackout and people would show and send me videos of me doing crazy things, which built up my reputation of severe drugs and partying. I was doing this multiple times a week for around two to four months.”

Tom said he was consuming alcohol five or six times per week after school at home and moderately, but that at parties, sometimes three times per week, he would abuse to intoxication. He believes he has experienced sixteen to eighteen blackouts and that there were many times where he woke up unsure of where he was. He reported abusing cannabis at his peak during school and after school every day, all day and felt “majorly addicted.” For a period of three months, he said he was abusing MDMA two or three times per week and admitted to pushing himself around dosage and endorsing a few ‘brownouts.’ He reported trying cocaine on one occasion, but unintentionally. Tom described finding himself in a pattern of escalating substance abuse and partying, as he tried to “prove to the older people that I could hang...I was just happy to be known.”

Tom’s parents struggled to hear this narrative. Mr. Doe insisted Tom has never been observed to be intoxicated in his home over the past year, but his mother said that she has seen him high on multiple occasions and that he has also consistently stole alcohol from her, which she has found in his room many times. Especially over the past six months, Tom has not come home from school when at his mothers until late at night. She said this happens every night. However, she insisted he has not been gone over night at any point over the years.

Tom’s parents both noted a long history of dishonesty and that since he was young, he has gone to great lengths to embellish and present a persona; more and more as being above the rules or as a wild partier and the last three years in particular.

Current Medications/Allergies: Tom currently takes 40mg of Methylphenidate ER and an optional 5mg for the afternoon. He has no known allergies.

Previous Assessment Results: Tom was given a psychological assessment in July of 2016 and at age eight. This assessment offered the diagnoses of ADHD, Combined presentation, an adjustment disorder with mixed disturbance of emotions and conduct associated with the emotional stress associated with his parents’ separation and divorce, and academic problems associated with academic fluency and very much with executive functioning deficits and self-

regulation. Tom was described as experiencing a high degree of aggravation and irritability, as well as propensity to act out as a primary coping mechanism either to vent frustration or get the attention of others. It was stated very clearly that he was seen as experiencing remorse and brooding, which fueled problems with self-esteem.

Associated with ADHD was not only the highlighting of severe impulsivity but poor connection with cause and effect, as well as fluid reasoning skills. Tom's cognitive performance sat solidly in the average range with the exception of just high average verbal comprehension ability against fluid reasoning that fell in the borderline range and ahead of only eight percent of same-aged peers.

	7-2016	7-2021
Verbal Comprehension	111	98
Visual Spatial Index	102	82
Fluid Reasoning	79	94
Working Memory	97	97
Processing Speed	89	103

Tom received a brief psychoeducational assessment in July of 2021. This assessment carried on the diagnosis of ADHD and also offered the diagnosis of Oppositional Defiant Disorder and a specific learning disability associated with reading comprehension. The evaluator noted deficits associated with broad writing ability and organization of material, as well as organization of and structuring of thoughts in the service of written communication. He was found to have cognitive scores ranging in the solidly average range with the exception of perceptual reasoning, which fell in the low average range and ahead of 12 percent of same-aged peers. Associated with this deficit was particular weaknesses in abstract categorical reasoning and visually.

Tom was given achievement testing in July of 2022, by the same evaluator and this echoed continued deficit associated with reading comprehension, with a score falling ahead of only five percent of same-aged peers and against otherwise average academic performance.

Previous Treatment: In 2015 and when Tom was eight years old, Tom and his family participated in individual and family therapy. Family therapy stopped after one year and Tom continued to meet individually until 2020. In 2021, Tom began to meet with his current psychologist who he continues to see. They initially met monthly, but increased this to every other week about six months ago. Tom's parents said he has not resisted participation, but always "bides his time," acts like takes advice, and says what want others want to hear; "going through the motions." It is unclear to them, as also stated by his psychologist, how much this

reflects intentional defensiveness, versus deficit associated with insight, his ability to generalize, and apply what learns.

Tom enrolled at Program X on the 26th of May.

OBENECTIVE ASSESSMENT RESULTS

Mental Status Examination: Tom is a fifteen-year-old biracial male of Polynesian and European-American descent, seen for a psychological evaluation at Program X. He was about average height and weight for his age with a fit build. He was appropriately dressed and kempt for interview.

At the time of assessment, Tom was being prescribed medication for ADHD, but was not taking it at Program X. He said that medication helps and very clearly, but that he has never been able to stay on it for more than five days, insisting he felt like a zombie, nauseous, and that he found himself overfocusing at times on the wrong thing, which was problematic.

Tom presented with normal gait and posture and with no noted deficits in fine or gross motor skills. His speech was typical in terms of rate, tone, prosody, and volume. He was cordial and cooperative with this evaluator, completing all tasks within a reasonable time and without protest. He modulated eye contact and communicated with reciprocity as is typical of a young man his age.

Tom's mood presented as euthymic, and his affect was appropriate throughout administration. His thinking presented as conventional in terms of process and content; however, he was markedly distractable, struggled to focus, and consistently struggled to express his thoughts in a clear and concise manner; often with poor structure and organization. He presented as having clearly impaired capacity for insight and with notably immature social and interpersonal judgment. He presented as a poor historian, sharing a narrative at times inconsistent with his parents and suggesting limits to reality testing. Tom's general fund of information was below average. He presented as alert and oriented to person, place, time, and context.

Tom demonstrated notable and broad executive functioning deficits throughout administration. He said his appetite is within normal limits. Tom said that he struggles to settle into sleep but that once he is down, he sleeps fairly well. He also noted that over the past one to two years, he has very "weird sexual dreams...they are very real and always like a memory." He said there is always something off or strange about these and that they include places he has never been or sexual practices he would not otherwise engage in. He insists there are no reoccurring content/theme patterns or trends in these dreams, but that they are more and more frequent and bizarre. He did not describe any content that raises concerns about abuse or otherwise dark ideation.

Tom also said that over the past two or three years, his ears ring from three to 30 seconds, two to three times per day. He said that they seem to be triggered by long periods of talking, but that otherwise they sometimes show up untriggered. He said the ringing goes away slowly and he believes at times, triggers a migraine headache.

Tom denied having struggled with anxiety and said he was feeling depressed prior to entering treatment. He said his depressive symptoms seem to be decreasing at Program X.

Tom did not describe having experienced hallucinations, delusions, or otherwise unusual thoughts. He also denied having experienced symptoms suggestive of a hypomanic or manic mood state. Tom denied a history of self-harm or suicidal/homicidal intent. Tom's parents however, noted that on one occasion in the 4th grade, he was found to have cut on his leg and to experiment with self-harm.

The **Rey 15-Item Memory Test (MFIT)** is a performance validity test or measure of effort. Tom's score on this measure fell below the expected cutoff score, suggesting he 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. Tom demonstrated deficit associated with executive functioning, memory, and visuomotor integration in completing this measure.

In order to evaluate Tom's intellectual capacities, he was administered the **Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V)**. Tom reported that he was not familiar with any of the information on this test. He also presented as alert and oriented during administration. On this test, he obtained the following standard scores (mean= 100, standard deviation= 15):

Composite Score Summary

Composite	Sum of S c a l e d Scores	Composite Score	Percentile Rank	9 5 % Confidenc e Interval	Qualitative Description
V e r b a l Comprehension	VCI 14	84	14	78-93	Low Average

Visual Spatial	VSI	23	108	70	100-115	Average
Fluid Reasoning	FRI	23	109	73	101-116	Average
Working Memory	WM I	9	69	2	64-79	Extremely Low
Processing Speed	PSI	20	100	50	91-109	Average
Full Scale IQ	F S I Q					

Scores across subtests measured significant variability. Therefore, his Full-Scale IQ score is not a fair representation of his overall strengths. Instead, scores should be considered individually.

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. Tom's standard score of 84 places him in the Low Average range of functioning, ahead of approximately 14 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. In the WISC-V, this index has been divided into the **Visual Spatial** and **Fluid Reasoning** Indices.

The **Visual Spatial Index** measures one's ability to evaluate visual details, use visual spatial reasoning, and to understand visual spatial relationships. It also measures attention to detail, visual-motor integration, and the ability to integrate and synthesize parts of a whole. Tom's standard score of 108 places him in the Average range of functioning, ahead of approximately 70 percent of same-aged peers.

The **Fluid Reasoning Index** measures one's ability to detect underlying conceptual relationships among visual objects and to use reasoning to identify and apply rules to problems. It measures broad visual intelligence, simultaneous processing, abstract thinking, and inductive and quantitative reasoning. Tom's standard score of 109 places him in the Average range of functioning, ahead of approximately 73 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. Tom's standard score of 69 places him in the Very Low range of functioning, ahead of approximately 2 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. Tom's standard score of 100 places him in the Average range of functioning, ahead of approximately 50 percent of same-aged peers.

Tom obtained the following WISC-V subtest scores (mean=10):

Subtest Score Summary

Subtest Name		Total Raw Score	Scaled Score	Percentile Rank	Age Equivalent	SEM
Similarities	SI	23	5	5	9:2	1.16
Vocabulary	VC	34	9	37	14:2	0.99
(Information)	IN	-	-	-	-	-
(Comprehension)	CO	-	-	-	-	-
Block Design	BD	41	11	63	16:10	1.12
Visual Puzzles	VP	22	12	75	>16:10	0.85
Matrix Reasoning	M R	19	8	25	10:6	1.12
Figure Weights	FW	31	15	95	>16:10	0.73
(Picture Concepts)	PC	-	-	-	-	-
(Arithmetic)	AR	-	-	-	-	-
Digit Span	DS	20	5	5	7:6	0.85
Picture Span	PS	18	4	2	6:6	1.20
(Letter-Number Seq.)	LN	-	-	-	-	-
Coding*	CD	78	12	75	>16:10	1.12
Symbol Search*	SS	28	8	25	12:2	1.08

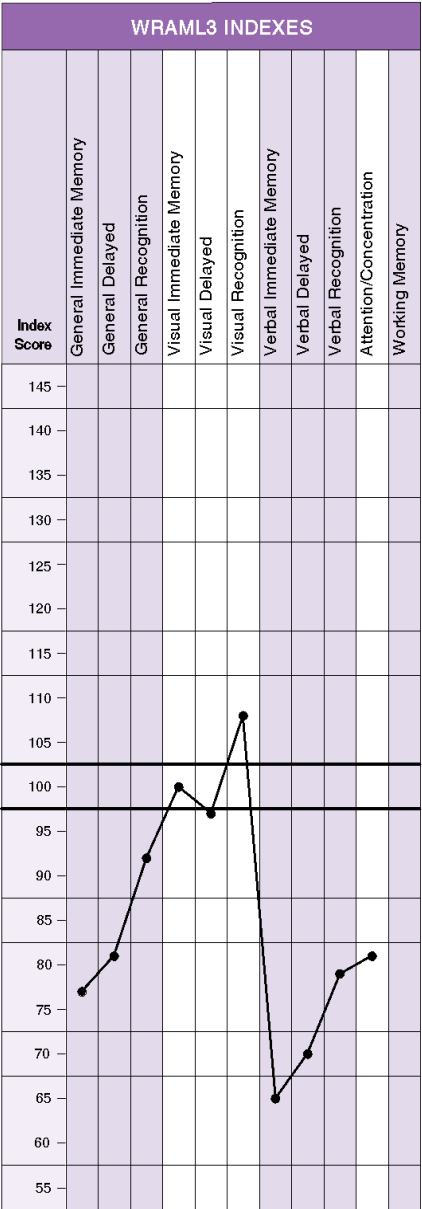
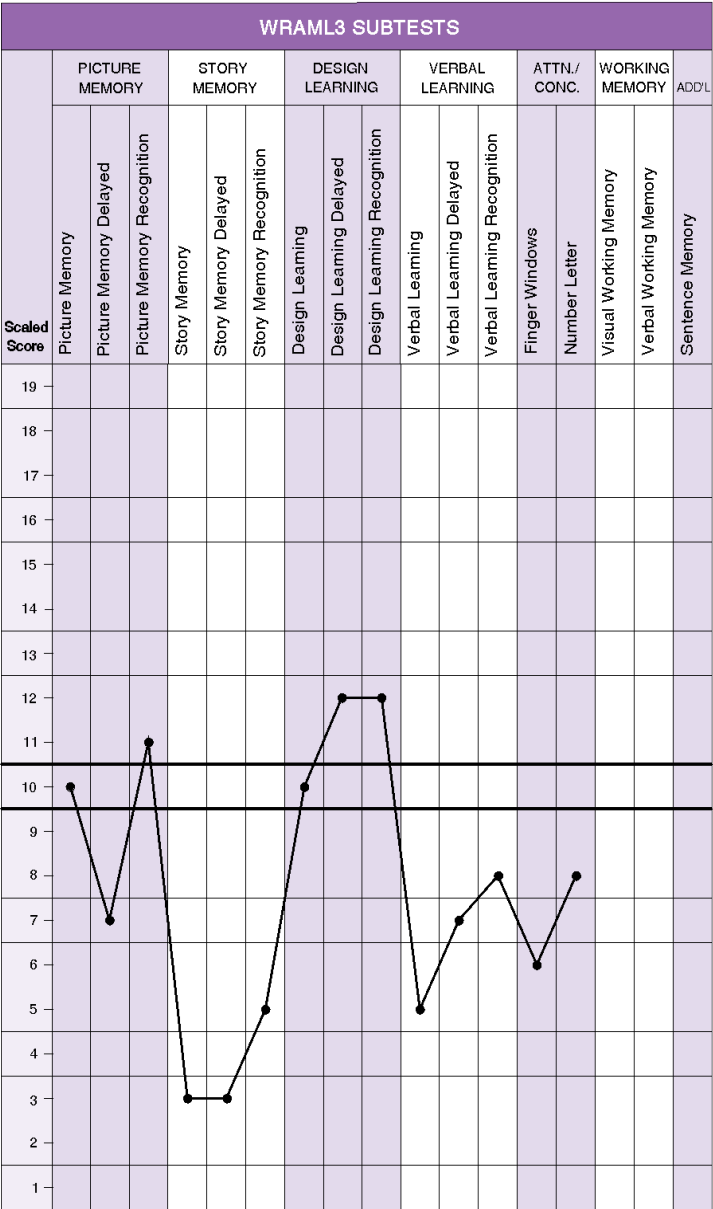
Summary of Cognitive Scores: Tom's verbal comprehension performance falls at the low end of low average; however, this masks what stood out to be notable deficits associated with his ability to see abstract and even literal connections between concepts. Although he often provided a correct answer, it was poorly crafted and reflected a difficulty in this regard. Tom demonstrated, against otherwise average performance, notable deficits associated with working memory and with a score that fell ahead of only two percent of same-aged peers.

ASSESSMENT OF MEMORY AND LEARNING

The **Wide Range Assessment of Memory and Learning, Third Edition (WRAML3)** was administered as a means to evaluate Tom's memory and ability to learn. Tom obtained the following scores (mean = 100, standard deviation = 15):

Index Score Summary

Index	Sum of Scaled Scores	Index Score	Percentile Rank
Visual Immediate Memory	20	100	50
Verbal Immediate Memory	8	65	1
Attention/Concentration	14	81	10
General Immediate Memory	42	77	6
Screening Memory	28	80	9
Visual Delayed	19	97	42
Verbal Delayed	10	70	2
General Delayed	29	81	10
Visual Recognition	23	108	70
Verbal Recognition	13	79	8
General Recognition	36	92	30



Summary of Memory and Learning: Tom’s broad memory performance ranged notably between the very low range or first percentile to solidly average. His visual performance rests solidly in the average range; however, whereas individuals typically experience improvements in

performance when working with contextual versus non-contextual information, for example, a scene versus novel shapes, Tom's performance dips notably. In the verbal sphere, Tom's performance ranges from again, the first percentile to very low end of average. As is the case with the visual sphere, his otherwise borderline to low average rote visual memory dips into the first percentile with even mild to moderately complex and even contextual information, capturing a significant area of deficit.

VISUAL-MOTOR INTEGRATION

The **Rey-Osterrieth Complex Figure Test (RCFT)** evaluates a student's ability to reproduce a complicated line drawing. This measure is known to assess visuospatial abilities, visual memory, attention, planning, and working memory. On this measure Tom demonstrated performance in the Extremely Low range (<1%) on the initial Copy, capturing a profound absence of a sense of 'gestalt' or ability to understand how a whole is composed of its pieces and vice versa. Instead, his approach was haphazard, and he became confused and lost in the form.

ASSESSMENT OF EXECUTIVE FUNCTIONING

Tom's parents completed the **Behavior Rating Scale of Executive Functioning, Second Edition (BRIEF 2-PR)** as a means to measure his 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 nine aspects of executive functioning grouped into three sections:

Behavioral Regulation Scales

- *Inhibit*: The ability to control impulses (inhibitory control) and to stop one's own behavior at the appropriate time.
- *Self-Monitor*: The ability to keep track of the effect of one's own behavior on others.

Emotional Regulation Scales

- *Emotional Control*: The ability to regulate emotional responses appropriately. Poor emotional control can manifest as emotional lability or explosiveness.
- *Shift (or shifting sets)*: The ability to move freely from one activity or situation to another; to tolerate change; to switch or alternate attention.

Metacognition Scales

- *Initiate*: The ability to begin an activity and to independently generate ideas or problem-solving strategies.

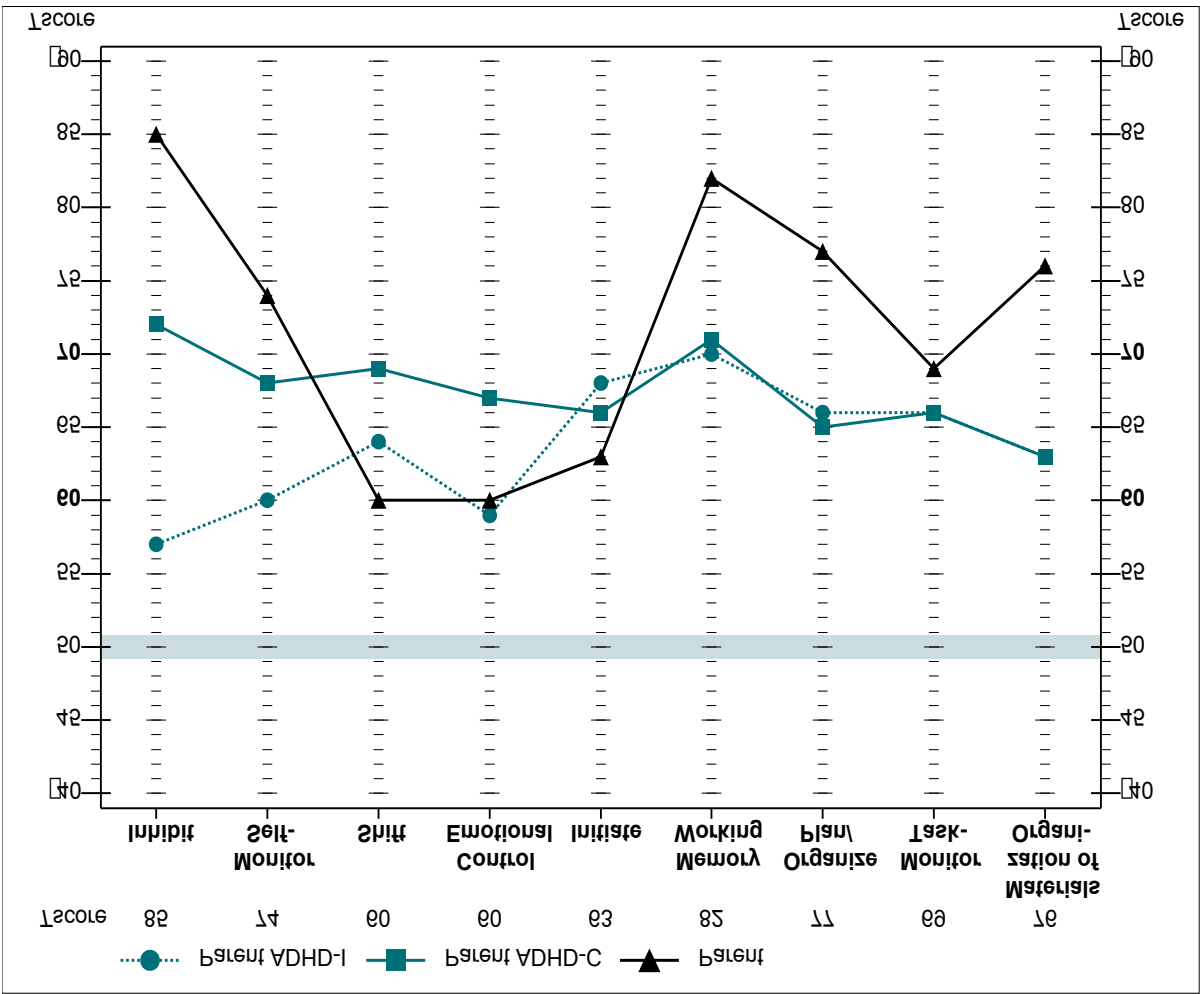
- *Working memory:* The ability to hold information in one's mind while manipulating and working with the information and in order to complete a task, when encoding information, following directions, or when generating goals/plans in a sequential manner. Integral to working memory is the ability to sustain 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).
- *Task Monitor:* The ability to check work and to assess one's own performance.

For all BRIEF-2 clinical scales and indexes, *T* scores from 60 to 64 are considered mildly elevated, and *T* scores from 65 to 69 are considered potentially clinically elevated. *T* scores at or above 70 are considered clinically elevated.

BRIEF-2-PR Score Summary Table

Index/scale	R a w score	<i>T</i> score	Percentile	90% CI
Inhibit	23	85	> 99	79-91
Self-Monitor	11	74	99	67-81
Behavior Regulation Index (BRI)	34	82	> 99	77-87
Shift	14	60	86	54-66
Emotional Control	15	60	84	55-65
Emotion Regulation Index (ERI)	29	61	85	57-65
Initiate	11	63	90	57-69
Working Memory	23	82	> 99	77-87
Plan/Organize	23	77	99	72-82
Task-Monitor	14	69	96	64-74
Organization of Materials	18	76	> 99	71-81
Cognitive Regulation Index (CRI)	89	77	99	74-80
Global Executive Composite (GEC)	152	78	98	76-80

Validity scale	Raw score	Percentile	Protocol classification
Negativity	3	≤ 98	Acceptable
Inconsistency	1	≤ 98	Acceptable
Infrequency	0	99	Acceptable



Tom 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.' Tom obtained the following scaled scores (*Mean =10, standard deviation= 3 +/-*):

<u>Subtests</u>	<u>Scaled Score</u>
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Verbal Fluency Test

Letter Fluency	7
Category Fluency	9
Category Switching Fluency	6
Category Switching Accuracy	6

Color-Word Interference

Color Naming	11
Word Reading	13
Inhibition	9
Inhibition/Switching	10

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 Tom demonstrated Borderline functioning on the phonemic measure, Letter Fluency and Average functioning on the semantic measure, Category Fluency. However, when switching between categories his performance fell into the Very Low range. These scores suggest that he has a limited ability to resource through his fund of information when forced to shift sets. This

indicates that for Tom he is likely struggle to find quick information to communicate his ideas and feelings.

The Color-Word Interference is a Stroop-type task that evaluates attention, mental speed, and mental control (inhibiting one response for another), Tom performed in the Average range on Color Identification. He performed in the High-Average range on Word Identification. On Inhibition, his score was in the low end of Average range of functioning. On the next task, Inhibition/Switching, Tom was in the Average range.

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, Tom obtained the following standard scores (mean= 100, standard deviation= 15):

<u>Subtest/Domain</u>	<u>Standard Score</u>	<u>Percentile</u>
Letter and Word Recognition	87	19
Decoding Fluency	99	47
Reading Comprehension	76	5
Reading Composite	80	9
Math Concepts and Applications	98	45
Math Fluency	116	86
Math Computation	97	42

Math Composite	97	42
Spelling	93	32
Writing Fluency	93	32
Written Expression	94	34
Written Language Composite	92	30
Academic Skills Batt. Composite	88	21
Academic Fluency Composite	103	58

Dyslexia Index Score Summary Table

Composite/Subtest	Subtest Raw Scores	Standard Scores	90% Confidence Interval	Percentile Rank
Dyslexia Index: Grades 2-12+	-	89	85 - 93	23
Nonsense Word Decoding	25	84	79 - 89	14
Spelling	54	93	87 - 99	32
Word Recognition Fluency	45 ¹	96	88 - 104	39

The **Reading Composite** consists of three main subtests assessing general reading skills: Letter & Word Recognition, Decoding Fluency, and Reading Comprehension. His score of 87 fell in the Low Average range and ahead of 19 percent of same-aged peers on the Letter & Word Recognition subtest. This task measures Tom's ability to connect speech sounds to letter patterns by requiring him to accurately read and pronounce words. He scored 99, which fell in the Average range and ahead of 47 percent of same-aged peers on the Decoding Fluency subtest. This task measures Tom's ability to read fluidly and accurately.

His score of 76 fell in the Borderline range on the Reading Comprehension subtest and ahead of 5 percent same-aged peers. In this task Tom 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.

Tom's overall **Reading Composite** score of 80 fell in the Borderline range of functioning and places him ahead of 9 percent of same-aged peers.

The **Math Composite** consists of three main subtests that evaluate basic math ability: Math Concepts & Applications, Math Fluency, and Math Computation. On the Math Concepts & Applications subtest, which appraises his ability to understand and complete word problems with visual stimuli, Tom's score of 98 places him in the Average range of functioning and ahead of 45 percent of same-aged peers. On the Math Fluency subtest, Tom's score of 116 fell in the High Average range of functioning and ahead of 86 percent of same-aged peers. Math Fluency requires students to solve a series of simple math problems quickly and accurately. On the Math Computation subtest, an untimed measure of learned math skills, he scored 97, which places him in the Average range of functioning and ahead of 42 percent of same-aged peers.

Tom's overall **Math Composite** score of 97 fell in the Average range of functioning and ahead of 42 percent of same-aged peers.

The **Written Language Composite** consists of three main subtests assessing how well Tom is able to communicate ideas through the use of written language: Spelling, Writing Fluency, and Written Expression. On the Spelling subtest, Tom scored 93, which places him in the Average range of functioning and ahead of 32 percent of same-aged peers. This subtest requires one to identify and then correctly spell a variety of common vocabulary words. On the Writing Fluency subtest, Tom's score of 93 places him in the Average range of functioning and ahead of 32 percent of same-aged peers. Writing Fluency requires one to write a series of simple sentences quickly and accurately. His score of 94 fell in the Average range and ahead of 34 percent of same-aged peers on the Written Expression subtest, which assesses writing ability, English usage, grammar/syntactic knowledge, verbal working memory, planning, and strategy use.

Tom's overall **Written Language Composite** score of 92 places him in the Average range of functioning and ahead of 30 percent of same-aged peers.

Tom's **Academic Fluency Composite** score of 103 placed him in the Average range of functioning and ahead of 58 percent of same-aged peers.

Tom's **Academic Skills Battery Composite** score of 88 placed him in the Low Average range of functioning and ahead of 21 percent of same-aged peers.

Academic Score Summary: Tom's broad academic performance ranges from the low end of low-average to average. His written language performance is solidly average, as is his math performance, with the exception of math fluency, which is an area of relative strength, falling in the high-average range. His reading performance presents some scatter. Although his fluency is average, his basic reading skills and phonetic understanding/ability fall just in the low-average range. When reading whole-words, his performance falls solidly in the average range, as does his spelling ability. His reading comprehension falls in the borderline range and ahead of only five-percent of same-aged peers.

PERSONALITY ASSESSMENT & PSYCHOLOGICAL FUNCTIONING

To evaluate Tom's personality functioning and mental health issues, he was administered the Minnesota Multiphasic Inventory, Adolescent (MMPI-A), the Rorschach Inkblot Test (Rorschach), the Millon Adolescent Clinical Inventory – Second Edition (MACI-II), 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. Tom provided more than enough responses needed to generate a valid protocol, however, he showed some degree of situational guardedness and reluctance to be forthcoming, which may have limited the full range of results. Nonetheless, those below can be considered reliable.

The Rorschach identified Tom as a young man who struggles to focus his attention with precision and to synthesize aspects of his experience at times and this suggests a somewhat unsophisticated or immature way of looking at the world that can be overly-simplistic.

This is furthered by Tom being a young man who works to maintain stability and psychological equilibrium by keeping stressful thoughts or emotions out of his conscious awareness. Although on the surface he may seem unfettered, he is 'hunkered down' and avoidant not only of uncomfortable thoughts, but a willingness to process emotional content and to face emotional discomfort or stimulation. This results not only in him withdrawn and perhaps superficial, but less able to deal with even ordinary levels of stress that others can manage and instead, becoming precipitated into shortsighted reactivity.

Associated with his high degree of emotional constriction, Tom also avoids self-focus as a reflection of poor self-worth and a tendency to compare himself unfairly to others and chronically.

As a result of the above-mentioned variables, Tom experiences impairment in the quality of his reality testing, or ability to see himself, others, and his experiences in an objective light.

Tom is susceptible to effective disturbance that contributes to dysphoria and perhaps even depressive symptoms. Although he may not identify as depressed, this dysphoria impacts his functioning.

Finally, Tom experiences oppositional tendencies that are associated with underlying feelings of anger and resentment, and this reflects a generalized disposition toward negativity in dealing with his experience versus an antagonistic reaction to being examined.

The **Minnesota Multiphasic Personality Inventory, Adolescent Edition (MMPI-A)** is a lengthy personality test with excellent norms and reliability. According to validity indicators, Tom approached this measure in a consistent and straightforward manner, with a balanced self-view and willingness to admit both positive and negative aspects of his personality and behavior. Therefore, the findings likely describe aspects of his functioning well.

The MMPI described Tom as a young man who feels internally alienated and who struggles with authority. This is fueled by a great deal of internal tension and problems with self-esteem. He experiences not only a high degree of impulsivity, but fears that much of the time he is unable to control his thoughts and behavior. Tom not only associates with increasingly negative peers, but is impulsive and with poor risk-aversion, which worsens his sense of disconnection. As a consequence, he on one hand tends to brood and to see himself in a negative and regretful light, while on the other hand, exerts poor judgment and can be somewhat amoral at times, which can be seen as insensitivity or him being inconsiderate.

The self-reproach and tendency to brood captures a degree of dysphoria that at times steps up to a full depression for Tom.

Tom, in his current trajectory, is at a very much increased vulnerability of developing problems with substance abuse and without a significant shift.

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. Tom answered questions on this test in a way that presented a balance between the endorsement of problems and desirable traits. As there were no signs of profile invalidity, this measure likely represents him well.

Tom is very much an extrovert by temperament, although he seeks constant social interaction, attention, and affection through charm and ingratiating manner, he is at risk of giving off a false sense of imperturbability and confidence that masks a depressive affect and tendency to self-devalue and see himself as inferior.

Holding onto a great deal of anger and resentment, Tom overvalues autonomy and focuses on getting his own needs and wants met, even if it means disregarding social rules and overlooking the impact he has on others. This reflects impulsivity, a fear of being judged or rejected by others, and a 'live for the moment' approach to life, rather than antisocial ideation.

Tom notes a stressing degree of family discord and tension associated with primary relationships. He is at a very much increased risk of developing not only problems with substance abuse, but delinquency in his current state without a shift in trajectory.

Also of note, Tom noted having engaged in binge eating behavior and nowhere else was this shared. It is recommended that this be further explored in therapy.

Tom completed a brief sentence completion exercise, titled **A Finishing Game**. Tom's answers echoed many of the issues identified above, for example, Tom said it is hard to "find good influences," that fighting "is a good way to vent," that stealing "makes money," that his biggest trouble at home is "my anger/drugs," but that lying "hurts people."

Tom said if he fails at school "my life will be pointless," that his biggest trouble at school is "focus," and that in school he acts "like I don't care." Tom said he always worries about "where I'm going in life," that what he needs most is "discipline," and that when he fails or does things poorly, he "feels like I'm a disappointment." Tom said his mother "is always angry," that his father "annoys" him, and that he wishes his parents "could understand me." He said he hates "people who hurt other people." Finally, he said he is afraid "to fail."

Tom 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).

Tom's profile identified the following characterological traits as signature or within the top five in regard to presence and strength:

Humor or the ability to create an adaptive buffer from the stress and hassles of daily life. Individuals with humor tend to be more comfortable in social situations and to foster social and interpersonal connections.

Forgiveness or forgiving those who have done wrong. Individuals that possess forgiveness often accept the shortcomings of others and gives people a second chance without being vengeful.

Bravery or the willingness to stand up for what is right, even when others align in opposition or when one is intimidated. An individual who displays bravery is likely seen as someone who does not back down when threatened; often willing and able to push against popular opinion and able to face fear or personal struggle directly.

Spirituality or the ability to maintain and develop links to a higher power and a deeper sense of purpose in life. Spirituality is a strength that involves connecting with something greater than oneself. This type of strength can be an important factor that contributes positively to one's physical and mental health, relationships, personal growth, and sense of community.

Teamwork or citizenship, social responsibility, and loyalty. Individuals that possess teamwork can be prone to working well as a member of a group or team. They also tend to be loyal to the group and do their share.

Tom also demonstrated high elevations associated with kindness, creativity, and curiosity. A more comprehensive report of findings that identifies all 24 of Tom's identified character strengths and with a detailed description of how they impact his life will be included as an addendum to this report.

SUBSTANCE ABUSE ASSESSMENT

Tom 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 sub-scales 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.

Tom's profile described him as moving into the contemplative stage of change. *Contemplation* is the second stage of change. Individuals in this stage are considering that their substance abuse is 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.

The **Adolescent/Adult Substance Questionnaire (ASQ)** is a self-report inventory that carefully reviews substance abuse history, propensity for further issue, and motivation behind use. It also considers motivation for change.

Tom said he has stolen drugs and alcohol from others, that he used despite blackouts and memory loss, as well as friends encouraging him to stop using. He said he experienced both signs of tolerance and withdrawal and that he has engaged in behavior he regrets associated with substance use and abuse. He said he has sold or helped others sell drugs and that he got to a point where he would do anything to maintain his drug habit. He said that he used with others 85% of the time and alone 15% of the time. He said that he relied on drug abuse to self-medicate anxiety, sadness, or depression, and feeling numb or unexcited. He also said he relied on substances to improve social ability and to feel mentally stable.

The **Substance Abuse Subtle Screening Inventory, Third Edition, Adolescent (SASSI-A3)**, is a brief substance abuse screening instrument designed to measure an individual's relationship with substances, willingness to acknowledge substance related problems, propensity for relapse, and insight into triggers.

Tom's response to questions in this measure strongly support concerns about chemical dependency and a pattern of abuse that places him at high risk of self-harm. In particular, Tom admitted to spending spare time in drug-related activities, using despite health consequences and a negative impact on relationships, and using despite it keeping him from getting what he wants out of life. He also admitted to using alcohol or drugs as a means to improve his thinking and feeling and as a way to forget or feel better about school, work, or family problems.

His insight into problem areas was seemingly good, with a willingness to express both the positive and negative aspects and consequences of his abuse. However, Tom presents as having a strong tendency to self-medicate with drugs and alcohol as well as pattern of bingeing and lack of self-regard. This paired with poor self-control places Tom at a notably elevated risk for relapse, especially outside of a structured therapeutic environment.

SUMMARY AND DIAGNOSTIC FORMULATION

Tom is a fifteen-year-old biracial male of Polynesian and European-American descent, currently receiving treatment at Program X. He was cooperative during the interview portion of the assessment. Pairing the interview material with supporting information from his treatment records, therapist, parents, educational consultant, and staff, this report likely describes his current level of functioning well.

Cognitively, Tom's verbal comprehension performance falls at the low end of low average; however, this masks what stood out to be notable deficits associated with his ability to see abstract and even literal connections between concepts. Although he often provided a correct answer, it was poorly crafted and reflected a difficulty in this regard. For example, when asked to explain how ice and steam are similar, he said they are both used in science. Again, not incorrect per se, but certainly not well associated. Tom demonstrated, against otherwise average performance, notable deficits associated with working memory and with a score that fell ahead of only two percent of same-aged peers.

Tom's current cognitive profile, as demonstrated below, is quite inconsistent with scores captured in both 2016 and 2021.

	7-2016	7-2021	Today
Verbal Comprehension	111	98	84
Visual Spatial Index	102	82	108
Fluid Reasoning	79	94	109
Working Memory	97	97	69
Processing Speed	89	103	100

Not only are his scores inconsistent, but without interdomain consistency, ranging wildly in some cases from the 2nd to 40th percentiles. First of all, it important to note that individuals are not able to fake high performance and it therefore fair to assume that Tom's strongest scores capture his baseline capacities as presented below.

	Suggested Baseline Potential
Verbal Comprehension	111
Visual Spatial Index	108
Fluid Reasoning	109
Working Memory	97
Processing Speed	103

This suggests that Tom is capable of average to high average performance when he is at his best or at a solid baseline. The problem, however, is that the only consistency for Tom is inconsistency. These wide ranging scores capture the impact of not only his wildly variable executive functioning abilities, but that are further impacted by his capricious frustration, irritability/agitation, and exhaustion. Not only has Tom been chronically overloaded and always, but in an ever-fluid manner which is undoubtedly that much more exhausting and also confusing.

Individuals who are chronically overloaded find themselves experiencing frustration, irritability, agitation, and exhaustion that unfortunately worsens their overall performance and consistency. This decreased performance further worsens frustration and secondary struggles, keeping individuals in a cycle of consistently decreased performance and increased overwhelm.

There are a few important variables to identify that compound this overload. First of all Tom's broad memory performance ranged notably between the very low range or first percentile to solidly average. His visual performance rests solidly in the average range; however, whereas individuals typically experience improvements in performance when working with contextual versus non-contextual information, for example, a scene versus novel shapes, Tom's performance dips notably. In the verbal sphere, Tom's performance ranges from again, the first percentile to very low end of average. As is the case with the visual sphere, his otherwise borderline to low average rote visual memory dips into the first percentile with even mild to moderately complex and even contextual information, capturing a significant area of deficit.

Tom reaches a point where he becomes overrun and outright loses information when it becomes even mildly complex. This is certainly impacted by his profound lack of a sense of 'gestalt,' or the ability to recognize how the pieces of a thing contribute to the whole and vice versa. He struggles as a consequence to understand what is foreground and background, what is important and not, and to connect pieces of a narrative of a scene to the bigger picture and therefore able to not only track, but anchor information, especially when there is plenty of context with which to work. Third, memory performance cannot be separated from executive functioning as one is

only able to remember what they sufficiently attend to and organize and this evaluator is confident that there is a particularly strong association between these variables, as so much of Tom's memory deficit reflects poor organization, problems with selective attention, and not only his attention to detail, but again his ability to anchor details in the service of tracking and memory.

Tom's performance in regard to active executive functioning captured intact visual performance and average semantic performance verbally, but with poor performance with phonemic recall and very low verbal switching, or the ability to shift cognitive sets. He currently presents with extreme symptoms of ADHD and especially in regard to impulsivity, his ability to self-monitor, his working memory, and organization, against a pre-academic history of equally severe executive functioning deficits describing ADHD, Combined Type. In fact, his ADHD has been unusually severe throughout his life.

Tom's broad academic performance ranges from the low end of low-average to average. His written language performance is solidly average, as is his math performance, with the exception of math fluency, which is an area of relative strength, falling in the high-average range. His reading performance presents some scatter. Although his fluency is average, his basic reading skills and phonetic understanding/ability fall just in the low-average range. When reading whole-words, his performance falls solidly in the average range, as does his spelling ability. This suggests mild deficits with phonetic ability, but does not sufficiently describe dyslexia or account for why his reading comprehension falls in the borderline range and ahead of only five-percent of same-aged peers.

As is also the case with his executive functioning performance during this administration, it is important to note that academic measures were given in short, novel bursts that were stimulating and undoubtedly overestimate his current performance, especially in an environment where he is bored or understimulated. Instead, these scores are more likely a reflection of his baseline capabilities without the deeply interfering symptoms of ADHD. Despite mild reading deficits, it is clear that executive functioning problems are the reason behind Tom's longstanding struggles academically and this is much exacerbated by variables noted above and also by his chronic frustration, agitation, and exhaustion, as well as a notable degree of learned helplessness and avoidance born of his very long and unfortunately secret struggle.

More and more, Tom has thrown in the towel and shut down, but also divested and avoided; fearful of being seen as unintelligent or "weak," where it is easier to be a person who does not care and to direct energy into areas of strength, such as his social world. Certainly, and is common, he fell in the above-mentioned cycle and the secondary consequences include increased emotional and behavioral dysregulation that (as is common) worsened in middle school and as structure decreased, as the curriculum became more comprehensive and production-based, and as the social milieu became much more critical. He also went through puberty and attended what seems to be much more demanding academic environments than he was able to thrive in; again, a reflection of just how well he has masked his struggles.

Tom very much struggles to focus his attention with precision and maintains an overly-simple and unsophisticated or immature way of looking at the world and this is further worsened by an active effort to keep thoughts and emotions out of his conscious awareness. Although this is also a reflection of difficulty accessing and making sense of his internal world, it nonetheless results in him being withdrawn and keeping relationships on the surface, while decreasing his ability to tolerate even moderate stress. This is worsened by the fact that he avoids self-reflection, due to negative self-worth and tendency to compare himself to others negatively. The above-mentioned variables have a profound impact on Tom's ability to see himself (including his emotions), others, and his interactions in a reliably objective manner.

Tom's poor reality testing is worsened greatly by his ADHD, but also by deficits associated with gestalt. For example, this disconnection in gestalt makes it difficult for him to understand the relationship between his thoughts and feelings or even to put his feelings into ordered language. It impairs his ability to understand how his feelings impact his thoughts, how his thoughts impact his behavior, how his behavior impacts others, etc. This includes understanding and expressing his emotions, reading and attuning to others, especially in regard to nuanced gestures and language, and importantly, in regard to cause and effect.

On a cognitive level, Tom struggles to connect the dots, and this has profound implications, not only on his ability to learn and learn from experience, but to perceive and read his internal and external worlds or to direct his efforts with intent and clarity. This includes something as simple as expressing care or empathy assertively or even realizing when he has slighted or hurt another. Another example of this dynamic is the disconnect he has between his goals and desires versus what it takes to accomplish them. This is again worsened and significantly by his compulsive emotional restriction and avoidance.

At this point, Tom is not only confused, but overwhelmed when looking inward and he needs care and time to expand not only his ability, but his tolerance for uncomfortable emotion, especially given how compulsively avoidant and out of touch with his emotions he has been. This will take time as he is not accustomed or well-equipped and until he is more comfortable and able to expand his tolerance.

There have been times throughout Tom's history and certainly looking at incidences in his life currently, where one might see a risk of conduct disorder. Tom certainly has oppositional tendencies that are associated with underlying feelings of anger and resentment, reflecting a more general disposition toward negativity, rather than a disregard for the emotions or rights of others. He has historically stolen and been dishonest. He certainly and increasingly overvalues autonomy and can focus on getting his own needs and wants met, even if it means disregarding social rules and limits. However, this is unambiguously a reflection of severe impulsivity and a 'live for the moment,' approach to life, in that he is focused on what is immediately in front of him, rather than looking at the big picture (again, very difficult for him cognitively) and because

of poor attention/tracking, ability to understand cause and effect, and against what is therefore a poor self-monitoring and an ability to control his thoughts and behavior.

This history of theft, minor behavioral issues, and early and chronic dishonesty is not terribly uncommon for a young man who experiences such great impulsivity against a feeling of little control. Not only are efforts haphazardly placed into mitigating stress and overload, but to “avoid getting in trouble;” becoming a compulsion. This was particularly easy for Tom, as he does not well connect with the impact he has on others. Over the years, as noted, has become more and more compulsive to avoid not only consequences, but feared judgment, rejection, etc. Unfortunately, because he is so compulsive in getting his needs met and because he is so poor at learning from experience, Tom has engaged in the same means of getting his needs met and navigating his world and that are even more maladaptive today. Unfortunately, as he has found himself ill-equipped to navigate and cope, he has simply upped the ante, becoming more precipitous, more reactive, and more prone to engage in tactics like intimidation or outright refusal.

Tom is also a young man who has long embellished and who puts a great amount of energy into putting on a persona that is full of bluster that masks a discomfort with vulnerability. This is quite evident in his narrative as a freshman who was partying with juniors and seniors and who in order to protect and image that brought him approval (albeit toxic and negative approval, if not self-destructive approval) put himself in harm’s way and quite clearly. Again, Tom believed it was better to get attention where he was strong and able and that it was better to have this attention and to seem uncaring about school, rather than to see himself as a failure or inferior. Tom’s avoidance has fueled dishonesty and kept him from being seen and helped and it has been very chaotic for his parents and caring teachers. It has undoubtedly been difficult for those supporting Tom understand not only the degree to which he struggles, but the difference between ‘can’t’ and ‘won’t.’

Beneath the surface, Tom is sensitive, broods over his actions, and with a great deal of self-depreciation and dysphoria. It is difficult for others and even him to tap into this; however, it certainly captures the core of this young man and again, without any sincere antisocial ideation at baseline. That being said, Tom is a young man who is unambiguously at a very clear risk of ‘growing into’ a conduct disordered profile without a shift in his trajectory going forward. Tom does meet criteria for Oppositional Defiant Disorder and even Conduct Disorder, based on his surface profile and history; however, this evaluator does not believe these diagnoses are clarifying, given the range of variables that are seeding and in turn, driving his behavior. Instead, it is recommended that a more thoughtful and considerate understanding of Tom be protected, rather than a diagnosis that will undoubtedly place him in an unfair diagnostic ‘box’ going forward.

Undoubtedly, and as described above, it has been very difficult for Tom’s parents to co-parent and support him. He is a young man who is poor at learning from consequences and experience, who struggles to see the impact he has on others, and to ‘connect the dots.’ Both parents are

exhausted, but most certainly his mother, who rightly so feels unsafe at times. Unfortunately, and as a reflection of his lack of dynamic ability to get his needs met, Tom has leaned in more and more to this unhealthy and distancing dynamic that has left his parents ill equipped to support and care for him as he so desperately needs.

Young men like Tom need an uncanny amount of predictability, structure, limits, and boundaries in their home environment and from their parents. This was profoundly difficult for his parents, given their early divorce and many years of struggle to co-parent. Things have improved, but it is clear that there is much work to do not only in regard to consistency, but setting and following through with shared limits and boundaries. In this regard, it is essential that Tom's parents not only continue to participate in family therapy, but parent coaching in order to support their son and themselves.

There is also a lot of pent-up anger and frustration in Tom, and this does not come out assertively, but haphazardly and in a way that threatens safety, while worsening his and his parents' estrangement and disconnection. This again, reflects not only his maladaptive coping repertoire, but problems with reality testing and disconnection from his internal landscape and behavior. It is essential that his parents not only participate in family therapy with their son, but take time, outside of the context of therapeutic discussion, to spend time with and reinforce their relationship as people while he is in treatment. Without significant shifts in co-parenting and their ability to protect their alliance with Tom, especially under stress, his ability to protect any gains in therapy are at high risk of being sabotaged.

Tom has a long history of dishonesty and embellishment, and his parents disagree with one another, based on their observations, about the substance abuse history he provided to this evaluator and his therapist. It is not suspected by this evaluator or Tom's therapist that he was being dishonest, but it is objectively uncertain if the history is accurate. However, as noted by Tom's therapist, if even fifty-percent of this story is true, it raises great concerns for this young man, capturing not only his desperation to be accepted and seen outside of his academic insecurities, but the degree to which his untreated impulsivity, poor judgment, etc., places him at risk of severe harm and neglect. It also speaks to his extreme need for self-medication and the degree to which he is able to engage in self-neglecting behavior.

This evaluator does not believe that Tom's substance abuse issues are primary, but regardless need to be taken very seriously in treatment and with great care to ensure not only active prevention relapse, but that he has the coping and self-soothing resources, as well as the self-confidence to navigate his own emotions, stressful life challenges, and relationships without substance abuse. As he experiences improvement in this regard, it will be easier for Tom to move in this direction.

Tom is socially tenacious, adaptable, and very much likeable. When he is focused, he is cordial, polite, and considerate. He is a strong athlete with great talent and potential broadly. He is very much off course today and at high risk of finding himself in a harmful trajectory that pulls him

further from his center; however, he is more and more opening up and taking accountability in treatment. As described in his history, it is difficult for Tom, regardless of his intent, to take what he learns in therapy and apply it to his life or generalize. He is likely doing better in wilderness because of the high structure and the fact that his entire day is fit with not only therapeutic experiences, but metaphors and analogies that help him make connections. He also has peers and staff that give him regular feedback that again, helps him draw connections between his actions and the impact they have on others.

This evaluator is confident that Tom is earnest in wanting to do better by himself and others, but he is working against deeply entrenched and longstanding compulsions. Tom wants to be authentic and have deeper relationships, but is very easily overrun and falls back on his persona and compulsive defenses. That being said, if willing to continue to take risks and to step back from these maladaptive and compulsive defenses and if willing to participate in treatment for as long as needed in order to ensure a successful transition back to his family and with active participation on the part of his parents in family therapy and parent coaching, his prognosis has the potential for substantial improvement. Without this willingness and certainly without significant changes in the family dynamic and parenting approaches, his prognosis is guarded, but confidently at threat. This is also very much the case, should he relapse and not seek help.

ICD-10 Diagnoses

F10.21	Alcohol Use Disorder, Moderate, Bingeing, in remission, in a controlled environment
F12.21	Cannabis Use Disorder, Moderate, in remission, in a controlled environment
F90.20	Attention-Deficit/Hyperactivity Disorder, Combined Presentation, with Rejection-Sensitive Dysphoria
Z62.820	Parent-Child Relational Problem
F32.90	Unspecified Depressive Disorder, chronic dysphoria and profound problems with self-esteem and confidence that at times steps up to include more major symptoms of depression
F81.00	Specific Learning Disorder, with impairment in Reading Comprehension

RECOMMENDATIONS

1. It is strongly recommended that Tom not return home after completing his time at Program X, but continue in residential treatment environment that includes regular individual therapy, family therapy, and with intensive parent coaching in parallel. Tom not only needs time away from his school and community of peers, but because his maladaptive compulsions are so deeply entrenched against a grossly underdeveloped

healthy coping repertoire, it will take time and a great deal of coordinated care to ensure he is able to build a foundation and shift course successfully. As is clear in wilderness therapy, he is doing much better with the rich support, positive peer environment, and regular feedback and metaphor that helps him bridge where he is typically not well able and this is essential to improve his ability to learn from experience and even from psychotherapy, as well as his ability to then generalize it into his own life upon leaving treatment. This program should include not only individual and group therapy, but strong academic support that can be appropriated to Tom and that includes the development of compensatory ADHD skills. There must be careful coordination between therapeutic and academic support teams and because so many of his academic struggles are in turn associated with psychological or emotional issues. In addition to the above-mentioned, he should have the opportunity to stay physically active and engage in healthy outlets and that bring him closer to healthy peers. He will also need support with the addressing of his substance abuse history and should leave treatment with a very strong relapse prevention plan and the ability to generalize it into his life. Even then, he should seek out continued coaching and oversight to support a healthy and successful transition back into the home environment when it is very clearly appropriate.

2. In one measure, Tom endorsed having engaged in binge eating; however, it did not present otherwise in the narrative. It would be prudent for Tom and his therapist to discuss this and in order to ensure there is not something more here.
3. When Tom eventually returns home, great care must be given to ensure that the school he attends is not too rigorous but instead allows him to avoid being at the bottom of his class and therefore is overwhelmed and frustrated as he can be. This should include a specialized academic environment not only from the perspective of accommodation, but customization to his unique learning profile and needs.
4. Tom's ADHD and associated mood dysregulation, frustration, and chronic overload has an extreme negative impact on his ability to manage his emotions, thoughts, and most importantly, his behavior. Although he needs to develop a repertoire of reliable and effective self-management and self-control skills, it is essential that he work with his family and a prescriber who specializes in complex/severe ADHD to continue to explore an optimal regimen of medication. It regularly takes some time and a few trials before an optimal medication and dose is discovered. Therefore, it is strongly recommended that Tom work closely with this prescriber, who should also be in regular communication with the treatment team. Tom should take ADHD medication regardless of whether or not he is in school.
5. Although he is willing and able to acknowledge his drug dependence, Tom lacks the emotional stability, confidence, and coping skills necessary for sustained sobriety. Given the severity of his dependence on drugs, he will not go forward unless he is able to maintain sobriety. Relapse prevention should eventually be a primary focus of treatment;

however, this will be a more reasonable proposition once Tom is better able to cope with and manage his insecurity, depression, and interpersonal/behavioral problems.

6. As Tom shows greater stability and meets the major goals of his treatment plan, a slow reduction in the intensity of therapeutic services is recommended. It is important to emphasize, however, that he will probably require at least some degree of therapeutic support over the next few years to ensure that improvements are maintained.
7. In therapy we work to keep clients at a point of being challenged and stimulated, but not overwhelmed and in this regard, Tom's threshold is extremely narrow and very quickly 'tipped over.' He reaches a point of diminished returns when overloaded with verbally complex material or abstraction, but most importantly, emotional stress. His treatment team and therapist should take care to ensure that he stays in an optimal emotional threshold in treatment and that he does not become overrun. In this light, moving slowly and ensuring comprehension will prove essential and the emphasis should remain on quality versus quantity in this regard. Once he has developed fundamental areas of mastery, only then should new skills be introduced and with the hope that he will slowly build a foundation of skills and resources that will then improve his ability to participate more effectively and perhaps with insight in treatment. In Tom's case, 'slow is fast.'
8. Tom should also continue to participate in group therapy as an opportunity to learn about himself and develop greater self-awareness and comfort in an emotional setting. Learning to be transparent and vulnerable in a group of emotionally safe peers is likely to be a strong catalyst for Tom as he considers stepping back from his compensatory defenses.
9. Tom should continue to engage in family therapy with his parents. Effort should be made to help Tom to understand the impact that his behaviors have on those around him, particularly his family members. The family should work with the therapist to set and define clear rules around behavior within the home. This will support reconciliation and most importantly the opportunity for Tom to communicate more effectively with his parents and siblings. Tom will move through life more effectively once able to not only express himself to his parents more openly, but to rely on them as a caring source of social and emotional support. Family therapy should include the addressing of past events, but care should be taken to avoid ruminating on Tom's mistakes and impairment and instead, focus on acknowledging the changes he is making and on affirming his and the family's successes.
10. It is strongly recommended that care be given to ensure Tom's issues are not inappropriately framed outside of the dysfunction within the greater family system. In this light, the next step must have a strong and active family therapy component and both Mr. Doe and Ms. Doe must be willing to not only participate in family therapy, but their own to address these greater systemic issues. Such a shift opens the door to Tom not only

bringing down his defenses, but will hopefully lead to collaboration and mutual accountability and understanding between he and his parents.

11. As a support to their own individual therapy, it is recommended that Mr. Doe and Ms. Doe work actively with a ‘parent coach’ and with a focus on being able to put their conflict and contempt to the side while working collaboratively to co-parent their children. Being an effective co-parent does not depend on ‘liking’ or even agreeing with the other; it does however, mean learning to communicate and put children first, even if that means biting your tongue. These are skills that, when paired with a commitment to support their son first and foremost, are certain to support Mr. Doe and Ms. Doe in being effective, unified, and consistent in their parenting. Because there are such significant problems associated with co-parenting, this should be treated as an essential element to Tom’s and the family’s success. It is also recommended that Mr. Doe and Ms. Doe read “Putting Children First” by J. Pedro-Carroll as a primer to the development of more effective co-parenting skills.
12. It is recommended that Tom eventually work with an ADHD coach or mentor to improve his executive functioning skills as well as to improve overall problem solving skills. It is not recommended that his parents seek to provide this coaching, but that he instead works with a neutral figure with whom he has a strong rapport and relationship. This coach should communicate carefully with Tom’s therapist to ensure that therapeutic goals are well pairing with coaching goals as these aspects of his overall profile are closely connected.
13. It is recommended that Tom’s treatment team continue to communicate with him about his distressing dreams going forward.
14. Tom, like many young men who have struggled with ADHD and chronic overload, is not only chronically exhausted and overwhelmed, but prone to marked self-reproach and a tendency to focus (if not perseverate) on his failures and the worst features of his personality; all the while taking blame for his inability to meet unrealistic expectations. It is essential to remember that Tom’s issues do not alone stem from an unwillingness to change, but an inability to rely on intrinsic skills and abilities most others take for granted. In this light, it is strongly recommended that Tom’s caregivers and treatment team work to understand the difference between “won’t” and “can’t” and that his treatment include not only a great deal of positive affirmation and reframing, but that his progress be measured only against himself.
15. Tom should stay active, either working out or being involved in athletics as this has proven to be a potent way to decrease anxiety, depression, and drug cravings.
16. Tom is a poor learner and misses a great deal. It is recommended that his academic work move very slowly and build on the basics and that his therapeutic and academic treatment

planning are carefully coordinated to ensure against overload. While Tom learns to articulate his needs, his support network should help him identify when he begins to disengage and explore how he can work through that discomfort.

17. As described in detail above, Tom is poor at sorting through and differentiating between foreground and background and often misses the whole as a product of the parts. He needs direct coaching and structure to learn how to pick up and sort through important themes from his environment and even expectations. This includes intensive rudimentary support around cause and effect, etc.
18. Tom needs intensive support with memory and developing strategies for improved encoding and recall. It is important that emphasis be placed on developing compensatory strategies that improve efficiency and accuracy as well as improved attention to detail.
19. Tom presents with impairment associated with memory and will do much better if his school is able to help him develop compensatory skills and tools. Until he is able to cope more effectively, he should have the opportunity to work at a comfortable pace, avoiding overload.
20. Tom will be more successful in environments that are highly structured and well supervised, with frequent prompts and feedback for appropriate performance. Because Tom struggles with rule-governed behavior, he will benefit when (a) expectations are reviewed before activities begin, (b) behavioral prompts are provided while performing tasks, (c) rules and directions are posted, (d) reminders are presented for potential earned reinforcers, and (e) differential positive or negative reinforcement for behaviors is administered.
21. Tom has the cognitive ability to better in high school; however, his diagnosis of Attention-Deficit Hyperactivity disorder and associated liabilities impact his ability to be succeed without important modifications to the structure and content of the school day. The following recommendations are suggested to help improve his academic performance:
 - a. Provide advanced organizers and help his develop effective ways to summarize class material without excessive note taking during lectures.
 - b. Actively encourage/teach cognitive flexibility by helping Tom generate multiple solutions to different problems whenever possible.
 - c. Reduce distractions in class and allow preferential seating.
 - d. Provide ongoing help with organizational strategies and planning.

- e. Reduce the quantity of homework and focus on quality.
 - f. A smaller class size where Tom is encouraged to ask questions and clarify issues may also be helpful.
 - g. Extended time on tests is recommended.
 - h. A Functional Behavior Assessment (FBA) is strongly recommended as a way of identifying and managing triggers for stress in the environment.
 - i. Checking in with a special education teacher or well-trained aide several times throughout the day is strongly recommended.
 - j. Provide written descriptions of steps to take in order to aid in assignment completion.
22. To address Tom's difficulties with working memory, some of the strategies below may be implemented. First it is important that Tom develop an understanding of his memory difficulties and the potential consequences of not attending to this area of difficulty.
- a. Simplify tasks by breaking overly complex activities into simple step-by-step job tasks, keep these steps written down on a story board or notebook and then check them off as they are completed and make sure the task is completed.
 - b. Develop standard operating procedures for all tasks. These should be clear step-by-step instructions of how to carry out a specific task. They should be complete and include all steps even if they appear obvious. This is because it only takes one missing step to derail an activity. Also include a list of all materials that are needed to complete a task. You can create a single notebook that contains the "operating procedures" for the tasks you need to master. Create a table of contents or use dividers with labels for quick reference.
 - c. Structure each day, week, and month. Use a day-timer or PDA for everything and complete work in uncluttered environments.
 - d. Memory performance is improved with additional learning trials. Plan extra rehearsal or practice to better encode and consolidate the information to be learned (REHEARSE/PRACTICE).
 - e. Employ strategies in which you organize (CHUNK) information to be learned in meaningful associations. Try to learn information deeply rather than just superficially, by elaborating on the information in such a way as to understand its

full meaning.

- f. We learn by VERBALIZING (putting information into words or verbal concepts) or by VISUALIZING (putting information into mental pictures). The best way for you to learn is to employ both strategies, that is, both verbalize and visualize the information to be learned and remembered. For example, try to verbalize visual material and visualize verbal material.
- g. Increase reliance on memory techniques such as: 1. Mnemonics - a meaningful acronym or sentence to remember a series of items, 2) Flash cards - recording individual facts on separate index cards that can be reviewed periodically is recommended to facilitate learning and retention, 3) A Memory journal - to record continuous pieces of information, 4) Link Technique - making a link or association between pairs of words to be remembered by visualizing in one's mind an unusual or ridiculous association between the pair, and 6) Time allocation - because it takes Tom longer to complete tasks, he will need to allow whatever additional time is necessary to complete those tasks.

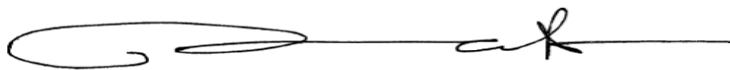
Resources

Books and Articles

It is recommended that Tom's parents read books such as "The Manipulative Child: How to Regain Control and Raise Resilient, Resourceful, and Independent Kids" by Ernest W. Swihart Jr., MD and Patrick Cotter, Ph.D. to help them to address and better manage Tom's manipulative behaviors.

The book "Setting Limits, Revised and Expanded 2nd Edition: How to Raise Responsible, Independent Children by Providing Clear Boundaries" by Robert J. Mackenzie, Ed. D. may also be helpful in setting limits and avoiding power struggles with Tom.

It has been a pleasure to know and support you and Tom. If I can be of further assistance, do not hesitate to contact me.



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