PSYCHOLOGICAL TESTING REPORT

Name: K.A.
DOB: 7/12/2004
Date of Evaluation: 3/23/2022
Evaluator: D. A. Fy, Ph.D.

Reason for Referral: K.A. was referred for psychological testing by her therapist, I.M. Canary to assist in clarifying diagnosis and rule out any psychotic thought processes. Specifically, Dr. Canary is concerned about K.A.'s anger and behavioral outbursts that appear extreme for her reactions. Psychological testing will help in ruling out if her reactions are trauma-related flashbacks/dissociations, or are from a psychotic thought processes.

Brief Relevant History: K.A. lived with her biological mother on and off for the first 4 years of her life. Biological father was already in prison at the time of her birth for selling illegal substances and has had no contact with K.A. Mother and K.A. moved in with mother's new boyfriend when K.A. was 6 months of age. K.A. was then removed from her home at age four due to parental neglect and sexual abuse by biological mother's boyfriend. SSA report indicated that the sexual abuse started when K.A. was 2 years old. Mother blamed K.A. for being "sexually promiscuous" and causing the family much trouble. Both mother and her boyfriend have a history of substance abuse and domestic violence. After a year of trying to reunify K.A. with her mother, mother's rights were terminated due to her inability to care and protect K.A. K.A. has had no contact with her biological mother; nor does she have contact with her younger biological half siblings, who were also placed in various foster care placements. Since that time, K.A. has been in multiple placements (37 total) since the age of 5. She has been in 4 group homes, 19 psychiatric hospitalizations, a 2 year stay in RCL Level 14 group home, and 7 different stays in Orangewood.

K.A. is 3 years behind in school due to multiple placements and refusing to attend school. She has been placed in special education and classified as ED. A majority of her class time was spent in a smaller classroom. Because of multiple placements, she was transferred from school to school multiple times within a 13 year period. Socially, she struggles to get along with peers, teachers and has been placed in a more restrictive class due to her anger outburst. Because of her poor school attendance, she was placed on home instruction as she failed to attend any classes since the beginning of this school year.

Previous School Testing: K.A. appears to be functioning in the average range of cognitive functioning as measured by the Wechsler Intelligence Scale for Children (WISC – 3). Her performance score is significantly higher than her verbal score suggesting that her highest level of functioning is in her nonverbal abilities. Her achievement test as measured by the Wide Range Achievement Test – fourth edition (WRAT 4), did not show any significant difference from her cognitive scores suggesting no learning or processing deficit. Her achievement score did show a low fund of knowledge, which could be attributed to her numerous changes and poor attendance to school over the years. She was placed in special education in the 2nd grade, under the designation of ED due to her significant behavioral and emotional difficulties that impeded her ability to benefit from her education.

Behavioral Observation: K.A. appeared anxious during the session. She needed much reassurance to complete the tests as she was hesitant to give her responses. She seemed cautious, but with encouragement was able to complete all tests. All measures appear to be a valid estimate of her current functioning.

Tests Administered:
Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A)
Rorschach Inkblot Test – Exner's Scoring System
UCLA PTSD Reaction Index for Children and Adolescents – DSM IV

Test Results: Regarding the referral question as to whether or not K.A.'s reactions are of a psychotic process, both the MMPI-A and Rorschach Inkblot test do not indicate that she is struggling with psychotic thought processes. Rather, she has some unusual and idiosyncratic thoughts; however, they are not of a psychotic nature. K.A.'s anxiety is elevated indicating that she worries about her unusual thoughts. This is a positive sign that she recognizes that her thoughts are unusual and unrealistic. She is quite reactive to stress and emotions and does not have adequate coping skills or cognitive controls to problem-solve her situation at this time. Presently, her stressors are beyond her cognitive and emotional resources to handle her conflicts resulting in her being quite reactive. It should be noted that her suicide constellation score was elevated, and that she has endorsed having thoughts of suicide. Although her ego strength and energy level are low that she might not act on her ideations, K.A. should be monitored closely for self-harm. Also, her addiction potential is elevated and suggest that she is susceptible to self-medicating.

Results from the UCLA PTSD Reaction Index are supportive of the PTSD diagnosis from Dr. Canary. The PTSD Severity Score = 49 (significant cutoff score is 38). K.A. endorsed significant items for: 1) Re-experiencing the trauma through intrusive thoughts and flashbacks; 2) Avoiding thoughts and events reminding her of the trauma; and 3) Increased arousal especially as demonstrated in her irritability, anger, concentration problems and hypervigilance. On the severity rating scale, K.A. reported that the domestic violence was the most bothersome trauma for her currently. This may explain why she is so reactive in conflict and becomes verbally and physically aggressive. She is also bothered by remembering being taken from her home and placed in unfamiliar settings. She also endorsed the question of being forced to have sex against her will; however, she indicated that she doesn't remember much between ages 2 to 4.

Diagnosis & Recommendations: Based on this evaluation, K.A. is not suffering from a psychotic process, but her difficulties stem from PTSD. She experiences flashbacks and intrusive thoughts, which seem to be triggered when she is in conflict with foster caregivers or peers. It is recommended that she receive Trauma Focus CBT therapy that will give her some relaxation tools to increase her coping resources to the stresses. She may need increased frequency of sessions due to her reactivity to stresses to help mediate ongoing conflicts. A re-assessment may be beneficial in two months to evaluate the effectiveness of treatment, and whether or not there needs to be an increase in frequency or other types of in-home services added to her treatment plan. Medication evaluation and treatment may help diminish the severity of her outbursts and decrease her sensitivity and reactivity. At this time, a substance diagnosis is not given since she does not quite meet the criteria; however, she has the history, recent behaviors and addiction potential that she would need to be monitored for future substance problems. Finally, it is important to monitor K.A. for suicide potential. History as well as current assessment indicates that she is vulnerable to deteriorating and inflicting self-harm if she is stressed beyond her coping resources.

ICD 10 Diagnoses:
Primary Diagnosis: F43.12 Post Traumatic Stress Disorder, Chronic
General Medical Condition: 00 – No General Medical Condition

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