



SCHOOL OF APPLIED HEALTH AND EDUCATIONAL PSYCHOLOGY
Counseling and Counseling Psychology Clinic

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Confidential Psychological Report
COUNSELING AND COUNSELING PSYCHOLOGY CLINIC

Client: Roger Bennett
Date of Birth: 06/09/1999
Age: 18 years, 9 months
Dates of Evaluation: 03/15/2018, 03/29/2018, 04/05/2018
Examiner: Mark D. Taracuk, M.S.Ed, NCC
Supervising Psychologist: Thomas R. Berry, Ph.D., LHSP

Reason for Referral

Roger Bennett is an 18-year-old white male who presents to the Oklahoma State University Counseling and Counseling Psychology Clinic for an assessment regarding a possible diagnosis of dyslexia. The purpose of this evaluation is to clarify diagnostic status, establish current level of functioning, and inform treatment recommendations.

Assessment Techniques

Clinical Interview and History
Mental Status Examination
Behavioral Observations
Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)
Woodcock Johnson Test of Achievement, Fourth Edition (WJ-IV)
Personality Assessment Inventory (PAI)
Mood Disorder Questionnaire (MDQ)
Bipolar Spectrum Diagnostic Scale (BSDS)
Beck Anxiety Inventory (BAI)
Beck Depression Inventory, Second Edition (BDI-II)
Connor's Adult ADHD Rating Scale (CAARS)
Barkley Deficits in Executive Functioning Scale-Long Form (BDEFS)
Connors Continuous Performance Examination, Third Edition (CPT-3)

All tests were administered according to standard procedures, and diagnostic and other inferences were derived from tests with scientifically adequate psychometric properties. Inferences drawn from the interview and other aspects of the interaction are based on clinical experience and judgment, but they are consistent with more objective test data, unless otherwise noted.

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Relevant History

Roger Bennett is an 18-year-old white male who currently resides in Edmond, Oklahoma. Roger currently has freshman standing at Oklahoma State University where he is pursuing a bachelor's degree in mechanical and aerospace engineering.

Roger reports feeling tired when reading, a history of dislike for English classes over his academic career, and experiencing insertion and removal of words while reading. He stated that he used to read for fun, but stated that he does not anymore, and dislikes reading on computers. He reported struggling with reading comprehension at times. He reported that sometimes he switches numbers when working on math related materials. Roger reported that he often struggles with word problems in mathematics. He stated that his brother was diagnosed with dyslexia approximately two years ago.

History of Past Psychiatric Treatment

Roger reported no past history of psychiatric inpatient treatment. He reported going to the local emergency room almost two years ago for a panic attack. He reported no past outpatient psychological or counseling services. He reported no past history of IEPs, MFEs, or 504s. He reported that he received additional services in elementary school related to reading skills to supplement classroom instruction. He reported no current or past history of suicidal ideation. He reported no current or past history of homicidal ideation, self-harm behaviors, and auditory or visual hallucinations.

Developmental History

Roger stated he was born in Magnolia, Texas and lived there until he completed first grade. He and his family moved to The Woodlands, Texas in between his first and second grade years. He reported no issues with his mother's health during pregnancy that he was aware of, but stated that she was later diagnosed with a brain tumor that could've been present while she was pregnant with Roger. Roger reported that he "died for 5 seconds" right after birth, but is not sure of the details around this. Roger reported no issues or delays with developmental milestones. He reported no past history of speech therapy or speech language services. He reported no past history of setting fires, animal cruelty, and/or running away from home. He reported no past history of emotional, sexual or physical abuse. Roger reported a past traumatic event as being in the car with his father who pulled over to assist a woman being sexually assaulted; he reported no other past trauma events or history of trauma. Roger reported that English was the only language spoken at home.

Roger stated that his mother and father are both in their late 40s and still reside in Woodlands, Texas. Roger reported that his father is a former police officer and retired approximately three years ago while his mother owns an accounting firm. He reported that his parents both have bachelor's degrees. Roger stated that he has a younger brother, age 10, who resides with his

parents in Texas. Roger reported having a maternal half-sister, age 23, who lives in Texas and works at their mother's accounting firm. Roger reported positive relationships with all family members, but stated that his relationship with his father can be strained at times as they "butt heads a lot."

Roger reported no past history of psychiatric or mental health issues in any family members that he is aware of. Roger reported that his brother was diagnosed with dyslexia. Roger reported no current or past history of substance abuse in family members that he is aware of. He reported that his mother was previously diagnosed with a brain tumor, his father had both knees replaced, and his brother has a history of kidney issues. Roger reported no other medical or physical health issues in family members that he is aware of.

Medical History & Physical Functioning

Roger reported previously receiving surgery on his esophagus to address chronic vomiting that he experienced as a child. He reported no other surgeries. He reported no past history of severe illnesses. He reported no past history of seizures. He reported a history of migraines that began during senior year of high school; he stated that minor migraines can occur daily while more significant ones are every few weeks. He reported receiving a concussion his senior year of high school. Roger reported being diagnosed with an arrhythmia during his junior year of high school. Roger stated that he wears glasses and contacts. He reported no issues with hearing. He reported that he is right handed. He reported being allergic to cats. He reported no past history of strangulation. He reported no current prescription medication. He reported no use of vitamins, supplements or diet pills.

Roger stated that he goes to bed around 11:00 PM or 12:00 at night. He stated that he sleeps approximately 7 to 8 hours per night, and generally wakes up anywhere between 7:00 AM to 10:00 AM depending on the day. He reported no issues with staying asleep, but reported some difficulty with falling asleep.

Roger reported that he often skips breakfast, but will eat one to two meals during the day. He stated that he recently gained approximately 15 pounds this academic year. He reported no regular exercise, but has been trying to run more often.

Roger reported previous consumption of soda, but reported sporadic consumption now. He reported infrequent consumption of coffee; he stated he's only had 3 coffee drinks this academic semester. He reported past consumption of energy drinks and reported none now.

Substance Use History

Roger reported no use of tobacco or cocaine. He reported no past history or current use of THC, cocaine, heroin, methamphetamines, psilocybin or LSD. He reported previously trying alcohol with his parents. He reported infrequent consumption of alcohol; he stated his last drink was a

shot on New Year's Eve. He reported no issues with gambling.

School and Social History

Roger stated that he attended a public elementary, middle, and high school. He reported being on the "stoplight system" while in elementary school, and would frequently lose recess time for being on red. He stated that he joined band in middle school which he continued throughout high school. In high school, he reported a 2.9 GPA and stated he did not like English classes in high school, but liked math classes. He reported doing a lot of review of material to prepare for tests.

He stated that he currently has a 2.3 GPA at Oklahoma State University, and lives on campus in a dorm. He stated he sometimes sleeps through class, but generally attends regularly. He reported that lectures are difficult for him to focus on. He reported not studying for classes if they are boring, but might attempt to do practice questions to prepare for tests. He reported struggling with organization and not using planners. He reported forgetting homework assignments. He stated that he learns best by engaging in hands-on activities and learning in a lab setting. He reported difficulty with chemistry class because doesn't know "how to study" for that subject. Roger reported that he receives a legacy scholarship for attending OSU. He reported that he is currently involved in the high powered rocket club. He reported taking 15 credit hours this semester and completed 12 last semester. Roger reported watching Netflix and playing intramural football in his free time.

Relationship/Sexual History

Roger stated he identifies as straight. He reported no current romantic relationship; he stated he had a significant relationship while in high school. He reported no past marriages. He reported having no children.

Vocational History

Roger reported that he is a full-time student at Oklahoma State University. He reported previously working for 7 months at Five Guys in The Woodlands, Texas. Roger stated he would ultimately like to work in the rocket industry as a career.

Legal History

Roger reported no major legal history or previous involvement with the criminal justice system. He stated he previously receiving some speeding tickets.

Behavioral Observations and Mental Status

During the clinical interview, Roger was oriented to time, place, person and situation. Roger was appropriately dressed and his speech was clear, coherent, and rational. The rate, volume, and tone of Roger's voice were appropriate and he demonstrated an average level of articulation. He

persisted with difficult tasks, and he was careful in responding to difficult items; he was very cooperative and easily engaged verbally. He quickly established a comfortable rapport with the examiners. Throughout the assessment, Roger did not show any apparent indications of severe psychomotor agitation. His mood was appropriate. His reality testing appeared intact. No material of a disordered or delusional nature was observed nor elicited during the interview. His memory for recent and remote events was intact. During test administration, he demonstrated appropriate comprehension of test directions, and complied promptly. Overall, it appears that this assessment is valid and accurately represents Roger's current cognitive, academic, and personality functioning.

Cognitive Functioning

Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV). The WAIS-IV is a standardized individual measure of cognitive ability, providing a measure of general intelligence, as well as a number of narrower dimensions that measure a different aspect of intellectual functioning. Standard scores for the WAIS-IV are summarized below. They are estimated based on the subtest scores that contribute to their measurement. Like IQ scores, index scores have a normative mean of 100 and a standard deviation of 15.

Only WAIS indices are reported in the following table. A complete list of subtest scores for the WAIS-IV is included in Appendix A.

Index/Overall Score	Standard Score	Percentile	Confidence Interval 95%
Verbal Comprehension	112	79	106-117
Perceptual Reasoning	107	68	100-113
Working Memory	105	63	98-111
Processing Speed	100	50	92-108
Full Scale IQ	108	70	104-112

The Verbal Comprehension Index measures verbal skills, including one's natural capacity for language, retention of "old knowledge" and general information, as well as the ability to reason and communicate with words. Roger's score of 112 on the Verbal Comprehension is in the high average range and at the 79th percentile. This suggests above average verbal skills, factual

knowledge, ability to perceive relationships, and to think abstractly and conceptually.

Roger's score of 107 on the Perceptual Reasoning Index is within the average range and at the 68th percentile. The Perceptual Reasoning Index measures fluid reasoning in the perceptual domain, nonverbal skills, the ability to think in terms of visual images and manipulate them with fluency, and the ability to form abstract concepts nonverbally. This index indicates that Roger has developed spatial and perceptual reasoning skills as well as the ability to use trial and error and respond adequately to novel problem-solving situations to a degree that is average compared to same-age peers.

The Working Memory Index measures skills such as attention, concentration, short-term memory, the ability to encode, rehearse, and carry out the mental manipulation of auditory information, and cognitive flexibility. Scores on this index are affected by the examinee's motivation and interest, natural capacity, attention span, and anxiety level. Roger's score of 105 is in the average range and at the 63rd percentile. Based on this score, Roger has average sequencing and short-term memory abilities.

The Processing Speed Index measures speed of motor operation, attention and concentration, short-term visual memory, as well as skills such as the ability to evaluate visual material quickly and the ability to organize and plan. Roger's score of 100 on the Processing Speed Index is within the average range and at the 50th percentile. Results within the Processing Speed Index suggest that Roger has the ability to work under time pressure, and maintain selective attention and mental alertness at a level that is average compared to his peers.

Lastly, the Full Scale IQ measures general intelligence. Full Scale IQ scores can be influenced by factors such as one's ability to process verbal and visual information, attention span, personal interests, and cultural opportunities. Roger's Full Scale IQ of 108 places his current level of intellectual functioning in the average range relative to same-age peers, and at the 70th percentile. Overall, it is believed that this is a valid estimate of Roger's general cognitive ability.

Academic Functioning:

Woodcock Johnson Test of Achievement, Fourth Edition (WJ-IV). The WJ-IV is a standardized and comprehensive measure of achievement. The WJ-IV is comprised of individually administered tests to measure educational achievement in the areas of reading, mathematics, written language, oral language, academic skills, fluency, and applications. The normative mean of cluster scores is 100 and a standard deviation of 15; the normative mean of subtests is also 100 with a standard deviation of 15.

Subtest Score	Score	Classification
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Letter-Word Identification	93	Average
Applied Problems	119	High Average
Spelling	95	Average
Passage Comprehension	107	Average
Calculation	113	High Average
Writing Samples	109	Average
Word Attack	81	Low Average
Oral Reading	86	Low Average
Sentence Reading Fluency	65	Very Low
Math Facts Fluency	87	Low Average
Sentence Writing Fluency	99	Average

Letter-Word Identification measures an individual's ability to identify words; this subtest does not require the individual to understand the meaning of the word. Roger's score on Letter-Word Identification is 93 which is in the average range.

Applied Problems measures an individual's ability to read and hear a word problem, recognize mathematical procedures, and perform the appropriate calculation. Roger's score of 119 is in the high average range.

Spelling requires the individual to write words which are presented orally; with each item, the difficulty of the word increases. While individuals are presented with the word along with a sentence using the word, the examinee is not required to know the meaning of the word. Roger's score on Spelling is 95 which is in the average range.

Passage Comprehension measures an individual's ability to use syntactic and semantic cues to identify a missing word in text. Examinees will read a short passage and be asked to identify the missing key word that makes sense in the context of the passage. Roger's score on Passage Comprehension is 107 which is in the average range.

The Calculation subtest on the WJ-IV measures computational problems as well as numerical, geometric and trigonometric operations. Roger received a score of 113 on Calculation, which is in the high average range.

Writing Samples measures an individual's skill in writing a variety of responses; the results are evaluated for their quality including level of vocabulary and sophistication of content. Roger's score of 109 is in the average range.

Word Attack measures a person's ability to apply phonic and structural analysis skills to the pronunciation of unfamiliar printed nonsense words. Roger's score on Word Attack is 81 which is in the low average range.

Sentence Reading Fluency measures reading rate and cognitive processing abilities as the individual is required to read simple sentences, decide if the answer is true or false, then circle yes or no. Roger's score of 65 on Sentence Reading Fluency is in the very low range.

The Math Facts Fluency measures an individuals' ability to solve simple addition, subtraction and multiplication facts quickly. Roger received a score of 87 on this subtest, which is in the low average range.

Sentence Writing Fluency measures an individual's skill and ability at formulating and writing simple sentences quickly; this requires both reading, writing and processing speed. Roger's score of 99 on Sentence Writing Fluency is in the average range.

Cluster Score	Score	Classification
Broad Mathematics	107	Average
Broad Reading	83	Low Average
Broad Written Language	101	Average
Academic Skills	101	Average
Academic Fluency	76	Low
Academic Applications	114	High Average
Broad Achievement	95	Average

The Broad Mathematics cluster score is comprised of three tests: Applied Problems, Calculation, and Math Facts Fluency. This score is an estimate of an individual's overall mathematics level as it incorporates applied and practical skill, computational skills, and fluency. Roger's score of 107 is in the average category.

The Broad Reading cluster score is comprised of three tests: Letter-Word Identification, Passage Comprehension, and Sentence Reading Fluency. This score is an estimate of an individual's overall reading level as it incorporates identification and decoding, comprehension of text, and reading speed. Roger's score of 83 is in the low average category.

The Broad Written Language cluster score is comprised of three tests: Spelling, Writing Samples, and Sentence Writing Fluency. This score is an estimate of an individual's overall writing level as it measures spelling of single words, fluency of production of sentences, and quality of expression. Roger's score of 101 is in the average category.

The Academic Skills cluster score is comprised of three tests: Letter-Word Identification, Spelling and Calculation. This score approximates basic achievement skills. Roger's score of 101 is in the average range.

The Academic Fluency cluster score is comprised of three tests: Sentence Reading Fluency, Math Facts Fluency, and Sentence Writing Fluency. This score provides an overall index at academic fluency which includes academic processing speed. Roger's score of 76 is in the low range.

The Academic Applications cluster score is comprised of three tests: Applied Problems, Passage Comprehension, and Writing Samples. This score approximates the application of academic skills to problems. Roger's score of 114 is in the high average range.

The Broad Achievement cluster score is the combination of the nine main subtests of the Woodcock Johnson Test of Achievement. This includes Letter-Word Identification, Applied Problems, Spelling, Passage Comprehension, Calculation, Writing Samples, Sentence Reading Fluency, Math Facts Fluency, and Sentence Writing Fluency. The Broad Achievement cluster score represents an individual's overall general achievement ability. Roger's Broad Achievement score of 95 is in the average range.

Personality Functioning:

Personality Assessment Inventory (PAI). The PAI is a standardized self-report measure of personality characteristics and other important client variables. Scale (*T*) scores for the PAI are summarized below. The mean scale score for the normative population is 50 and the standard deviation is 10. By convention, a *T* score of 70 or greater is considered significantly elevated. Those *T* scores considered clinically elevated are noted in **bold***.

Validity scales and only those scores considered significantly elevated are reported in the following table. For reference, a complete list of PAI scores is included in Appendix A.

		T - Score
Validity Scales:		
ICN	Inconsistency	37
INF	Infrequency	44
NIM	Negative Impression	51
PIM	Positive Impression	43

There are no issues with any of the evidence for validity. All of Roger's PAI scores are in the non-elevated range.

Symptom Measures

Mood Disorder Questionnaire (MDQ). The MDQ is a brief self-report questionnaire designed to assess symptoms and screen for bipolar disorder. Roger endorsed 6 out of 13 items, and indicated that some have occurred at the same time. Roger reported that these issues have caused no problem with regard to personal functioning. Overall, these results do not indicate a positive screen for symptoms related to bipolar disorder.

Bipolar Spectrum Diagnostic Scale (BSDS). The BSDS is also a self-report measure that is designed to screen for bipolar disorder, including subtler bipolar spectrum disorder symptoms. The client is asked to read a short story describing symptoms of bipolar disorder and indicate if these characteristics are consistent with their personal experiences. Scores on this measure can range from 0 to 25. Roger's score of 9 on the BSDS suggests a low probability of a bipolar spectrum disorder.

Beck Anxiety Inventory (BAI). The BAI is multiple-choice self-report measure used to assess symptoms of anxiety, such as dizziness, sweating, inability to relax, nervousness, and fear of losing control. Scores on this measure can range from 0 to 63. Roger's score of 10 on the BAI suggests mild symptoms of anxiety in the past week.

Beck Depression Inventory, Second Edition (BDI-II). The BDI-II is multiple-choice self-report measure used to assess symptoms of depression, such as hopelessness and irritability, feelings of guilt or punishment, fatigue, weight loss, and loss of interest in activities. Scores on this measure can range from 0 to 63. Roger's score of 14 on the BDI-II suggests mild symptoms of depression in the past two weeks.

Connor's Adult ADHD Rating Scale (CAARS). The CAARS is a multiple-informant assessment with self-report and observer ratings that measures the presence and severity of symptoms associated with attention deficit hyperactivity disorder (ADHD). Scaled (*T*) scores for the CAARS are summarized below. The mean subscale and index scores for the normative population are 50 with a standard deviation of 10. *T*-Scores above 65 are considered significantly elevated, and noted by **bold***.

T-scores are categorized as: below 30 is very much below average; 30 to 34 is much below average; 35 to 39 is below average; 40 to 44 is slightly below average; 45 to 55 is average; 56 to 60 is slightly above average; 61 to 65 is above average; 66 to 70 is much above average; above 70 is very much above average.

	<i>T</i> - Score	Classification
Factor-Derived Subscales		
Inattention/Memory Problems	59	Slightly Above Average
Hyperactivity/Restlessness	56	Slightly Above Average
Impulsivity/Emotional Liability	37	Below Average

Problems with Self-Concept	51	Average
DSM-IV ADHD Subscales		
DSM-IV Inattentive Symptoms	72*	Very Much Above Average
DSM-IV Hyperactive-Impulsive Symptoms	51	Average
DSM-IV Total ADHD Symptoms	64*	Above Average
ADHD Index	53	Average
Inconsistency Index	Below Cut-off	-

The Inconsistency Index score is below cut-off suggesting evidence for consistent responding.

The DSM-IV ADHD scales are designed to identify symptoms of ADHD that are consistent with DSM-IV diagnostic criteria. Roger's score of 72 on the DSM-IV **Inattentive Symptoms** subscale is within the Very Much Above Average range. Individuals with a higher score on this subscale often behave in a manner consistent with the inattentive subtype of ADHD as described in the DSM-IV.

Roger's score of 64 on the DSM-IV **Total ADHD Symptoms** subscale is within the Above Average range. Individuals with a higher score on this subscale often meet the criteria for ADHD as described in the DSM-IV.

Roger's **ADHD Index** score of 53 suggests that he did not report clinically significant levels of ADHD symptoms.

Barkley Deficits in Executive Functioning Scale-Long Form (BDEFS). The BDEFS is a self-report measure used to identify behaviors that are associated with deficits in executive functioning as it relates to ADHD. The BDEFS has five domains: self-management of time, self-organization/problem solving, self-restraint, self-motivation, and self-regulation of emotions.

In the domain of Self-Management of Time, Roger reported frequent issues with procrastination, forgetting to do tasks, difficulty with motivating self. In the domain of Self-Organization and Problem Solving, Roger reported frequent difficulty with sustaining attention on work and with not comprehending reading material. In the domain Self-Restraint, Roger reported often experiencing difficulty remaining objective about things that affect him, and issues with speeding. In the domain of Self-Motivation, Roger reported often leaving situations early if bored. In the domain of Self-Regulation of Emotions reported no frequent difficulties.

Vigilance Measures

Conners Continuous Performance Test, Third Edition (CPT-3). The CPT-3 is a computer-based vigilance task that assesses attention-related problems. During the 14-minute, 360-trial administration, respondents are required to respond when any letter appears, except the non-target letter "X." By indexing the respondent's performance in areas of inattentiveness, impulsivity, sustained attention, and vigilance, the Conners CPT-3 can be a useful adjunct to the process of evaluating attention-deficit/hyperactivity disorder (ADHD), as well as other psychological conditions related to attention.

Variable Type	Measure	T-score	Guideline	Description
Overall Response Style Analysis	C	39	-	A liberal style of responding that emphasizes speed over accuracy
Detectability	d'	66	Elevated	Difficulty differentiating targets from non-targets
Error Type	Omissions	48	Average	Average rate of missed targets
Error Type	Commissions	70	Very Elevated	Very high rate of incorrect responses to non-targets
Error Type	Perseverations	90	Very Elevated	Very high rate of random, repetitive, or anticipatory
Reaction Time Statistic	HRT	38	Atypically Fast	Very fast mean response speed
Reaction Time Statistic	HRT SD	67	Elevated	High inconsistency in reaction times
Reaction Time Statistic	Variability	51	Average	Average variability in reaction time consistency
Reaction Time Statistic	HRT Block Change	53	Average	Average change in response speed in later blocks
Reaction Time Statistic	HRT ISI Change	75	Very Elevated	Very substantial reduction in response speed at longer ISIs

There was no indication of issues with the evidence for validity.

The variable **C** represents an individual's natural response style in tasks that involve a speed-accuracy trade-off. Based on Roger's performance, his T-score of 39 suggests a liberal style of responding that emphasizes speed over accuracy.

Detectability (d') measures the ability to differentiate non-targets (i.e., the letter X) from targets (i.e., all other letters). Roger's score of 66 is in the elevated range. This result means that his ability to discriminate non-targets from targets was poor when compared to the normative group.

Omissions is an error-type variable; omissions result from a failure to respond to targets. Roger's score of 48 is in the average range. This result means that he missed an average percentage of targets when compared to the normative group.

Commissions is an error-type variable; commissions are made when responses are given to non-targets. Roger's score of 70 is in the very elevated range. This result means that he responded to a much higher percentage of non-targets when compared to the normative group.

Perseverations are an error-type variable. Perseverations are random or anticipatory responses. Roger's score of 90 is in the very elevated range. This means that he made many more perseverative errors when compared to the normative group.

Hit Reaction Time (HRT) is a reaction time statistic; HRT is the average response speed of correct responses for the entire administration. Roger's score of 38 is in the "atypically fast" range. This means that his response speed was much faster when compared to the normative group's response speed.

Hit Reaction Time Standard Deviation (HRT SD) is reaction time statistic; it is a measure of response speed consistency throughout the administration. Roger's score of 67 is in the elevated range. This suggests that Roger's response speed was slightly less consistent than the normative group.

Variability is also a measure of response speed consistency; however, Variability is a "within respondent" measure that shows the amount of variability Roger demonstrated in different segments of the administration compared to his overall HRT SD score. Roger's score of 51 is in the average range. This result means his response speed variability was average when compared to the normative group.

Hit Reaction Time Block Change (HRT Block Change) is a reaction time statistic; it is a measure of change in mean response speed across blocks. The CPT administration is divided into several

blocks for comparison across the administration. Roger's score of 53 on HRT Block Change is in the average range. This result means that he had an average reduction in response speed in later blocks.

Hit Reaction Time ISI Change (HRT ISI Change) is a reaction time statistic; it measures the change in mean response speed at various inter-stimulus intervals (ISIs). Roger's score of 75 is in the very elevated range. This result means that he had a substantial reduction in response speeds at longer ISIs.

Measures of Inattention: Indicators of inattention on the CPT include the Detectability variable, higher percentage of Omissions and Commissions, a slow HRT, and/or high levels of inconsistency in response speed based on the HRT SD and Variability. Roger's scores on these measures indicate a possible problem with inattentiveness.

Measures of Impulsivity: Indicators of impulsivity on the CPT include a faster than normal HRT as well as higher Commissions and/or Perseverations. Roger's scores on these measures do indicate a possible problem with impulsivity.

Measures of Sustained Attention: Indicators of decreased sustained attention include a slower HRT and HRT Block Change, as well as increases in Omissions and Commissions in later blocks of the administration. Roger's profile of scores on these measures do not indicate a possible problem with sustained attention.

Measures of Vigilance: Indicators of vigilance, which is the respondent's ability to maintain performance level even when the task rate is slow, include HRT ISI Change as well as Omissions and Commissions at various ISIs. Roger's scores on these measures indicate a possible problem with maintaining vigilance at varying levels of stimulus frequency.

Diagnostic Impressions

Roger Bennett is an 18-year-old white male who presents to the Oklahoma State University Counseling and Counseling Psychology Clinic for an assessment regarding a potential learning disorder diagnosis. The purpose of this evaluation is to clarify diagnostic status, establish current level of functioning, and inform treatment recommendations.

Based on the results of this evaluation including the results of the WAIS, Roger does not meet criteria for an intellectual or developmental disability. While Roger's report of past history of challenges and his scores on the CPT indicate some current possible issues with attention and concentration, he is not reporting a level of impairment that would suggest a diagnosis of ADHD. As such, he does not meet criteria for ADHD.

Roger reports feeling tired when reading, a history of dislike for English classes over his academic career, and experiencing insertion and removal of words while reading. Roger's scores on the Word Attack and Oral Reading are in the low average range. While neither are timed, both require reading items out loud to the examiner. Additionally, his score on the timed subtest Sentence Reading Fluency is in the Very Low range which is substantially lower than that expected for his chronological age. Both of these highlight an issue with reading rate and fluency. Roger's score on Passage Comprehension is in the average range; this highlights his ability to be successful with reading material in tasks without a timed or out-loud performance component. Based on the results of this evaluation, Roger meets criteria for **Specific Learning Disorder with Impairment in Reading**, which is commonly known as *dyslexia*.

Roger does not meet criteria for any other mental health disorder including bipolar disorder, anxiety, or depression.

DSM-V Diagnosis

V62.3 (Z55.9)	Specific Learning Disorder with Impairment in Reading Reading Rate and Fluency, Mild
V62.3 (Z55.9)	Academic or Educational Problem

Recommendations

- 1) Roger is recommended to share a copy of this report with Student Disability Services at Oklahoma State University; this office assists students in obtaining academic accommodations. Student Disability Services can be contacted at 405-744-7116, and they are located at 315 Student Union, Stillwater, Oklahoma, 74078.

Based on the results of this evaluation, Roger should receive the following accommodations:

- a. Time and a half on exams, tests and quizzes
- b. Completion of exams, tests and quizzes in a room with reduced distractions
- c. Ability to take a break during an exam or test; the break should not be included in the overall extended time for testing.
- d. Audio book versions of all textbooks
- e. Permission to record classroom lectures

- 2) To assist with increasing reading skill, Roger is encouraged to utilize a blank piece of paper to guide her reading. By using the paper to guide reading, Roger can slide the paper down the page as he reads. This helps reduce distraction of other words by narrowing the visual field, and will reduce feelings of being overwhelmed at the amount of material. After reading one or two paragraphs, Roger is recommended to write down key points to summarize what he read.
- 3) Roger is encouraged to utilize additional visual and audio support in self-organization whenever possible. This includes making lists, sticking post-it notes in obvious places as a reminder, leaving notes on the doors, having a large calendar available for planning out the month, school assignment due dates, etc. Technology can also assist in managing schedules and assignments. Electronic reminders, such as an app on a smart phone, can be used to set reminders and plan out the day and week. Brightspace also has a smart phone app called Pulse that Roger can use to access course calendars and to track assignments.
- 4) Roger is encouraged to set up individual academic coaching appointments at the LASSO Center; their staff is able to assist with identifying additional learning styles, helping to improve study skills, and create positive academic habits. The LASSO Center is located in 021 Classroom Building and the phone number is 405-744-3309. Additional information is available at <https://lasso.okstate.edu/tutoring>
- 5) Roger is encouraged to utilize the Oklahoma State University Writing Center to assist with writing papers for courses. The Writing Center is available to assist with all aspects of the writing process including brainstorming ideas, generating outlines for assignments, and polishing a finished product. Their website is <https://osuwritingcenter.okstate.edu>
- 6) Should Roger ever desire individual counseling services, the following are available in the Stillwater, Oklahoma area:

On Campus

University Counseling Services	405-744-5472
Counseling and Counseling Psychology Clinic	405-744-6980
Center for Family Services	405-744-5058
Psychological Services Center	405-744-5975

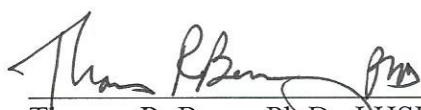
Off Campus

Stillwater Interfaith Counseling	405-624-5840
Creoks Behavioral Health Services	405-372-7791
Connecting the Pieces, LLC	405-564-3408
Grand Lakes Mental Health	405-372-2202

- 7) Roger is encouraged to try out different apps that assist with minimizing distractions, such as the Flipd app or StayFocused browser extension. Both of these tools lock phones or web browsers for a set amount of time to reduce use of distracting technology.

It has been a pleasure to work with Roger. If I can be of further service, do not hesitate to contact me. I can be reached at 405-744-6980.


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APPENDIX A

Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV). The WAIS-IV is a standardized individual measure of cognitive ability, providing a measure of general intelligence, as well as a number of narrower dimensions that measure a different aspect of intellectual functioning. Standard scores for the WAIS-IV are summarized below. The normative mean of the scale scores is 10 and the standard deviation is 3. Standard index scores are shown in boldface type. They are estimated based on the subtest scores that contribute to their measurement. Like IQ scores, index scores have a normative mean of 100 and a standard deviation of 15.

	Standard Score
Verbal Comprehension:	112
Similarities (Si)	15
Vocabulary (Vc)	13
Information (In)	9
Perceptual Reasoning:	107
Block Design (BD)	12
Matrix Reasoning (MR)	12
Visual Puzzles (VP)	10
Working Memory:	105
Digit Span (DS)	10
Arithmetic (Ar)	12
Processing Speed:	100
Symbol Search (SS)	13
Coding (Cd)	7
Full Scale IQ:	108

Personality Assessment Inventory (PAI). The PAI is a standardized self-report measure of personality characteristics and other important client variables. Scale (*T*) scores for the PAI are summarized below. The mean scale score for the normative population is 50 and the standard deviation is 10. By convention, a *T* score of 70 or greater is considered significantly elevated. Those *T* scores considered clinically elevated are noted in **bold***.

		T - Score
Validity Scales:		
ICN	Inconsistency	37
INF	Infrequency	44
NIM	Negative Impression	51
PIM	Positive Impression	43
Clinical Scales and Subscales:		
SOM	Somatic Complaints	48
SOM-C	Conversion	49
SOM-S	Somatization	57
SOM-H	Health Concerns	64
ANX	Anxiety	48
ANX-C	Cognitive	45
ANX-A	Affective	47
ANX-P	Physiological	42
ARD	Anxiety Related Disorders	55
ARD-O	Obsessive-Compulsive	46
ARD-P	Phobias	45
ARD-T	Traumatic Stress	67
DEP	Depression	55
DEP-C	Cognitive	58
DEP-A	Affective	58
DEP-P	Physiological	48
MAN	Mania	50
MAN-A	Activity Level	35
MAN-G	Grandiosity	56
MAN-I	Irritability	48
PAR	Paranoia	48
PAR-H	Hypervigilance	57
PAR-P	Persecution	42
PAR-R	Resentment	47
SCZ	Schizophrenia	53
SCZ-P	Psychotic Experiences	46
SCZ-S	Social Detachment	49
SCZ-T	Thought Disorder	61
BOR	Borderline Features	52
BOR-A	Affective Instability	45
BOR-I	Identity Problems	56
BOR-N	Negative Relationships	59
BOR-S	Self-Harm	45
ANT	Antisocial Features	61

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ANT-A	Antisocial Behaviors	55
ANT-E	Egocentricity	59
ANT-S	Stimulus Seeking	64
ALC	Alcohol Problems	41
DRG	Drug Problems	42
Treatment Scales and Subscales:		
AGG	Aggression	44
AGG-A	Aggressive Attitude	39
AGG-V	Verbal Aggression	54
AGG-P	Physical Aggression	42
SUI	Suicidal Ideation	47
STR	Stress	57
NON	Nonsupport	56
RXR	Treatment Rejection	38
Interpersonal Scales:		
DOM	Dominance	56
WRM	Warmth	56

END OF APPENDIX

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