**Setting**

The setting for the interview with Mr. P was a small outpatient private practice specializing in neuropsychology assessments. The office is located in a large metropolitan city in the Southwestern US. The psychologist on site is licensed to conduct neuropsychology examinations and supervises three graduate students in clinical training. The supervising psychologist specializes in the assessment of brain injury and disorders of brain development, which usually involves assessing individuals with objective tests in order to make better informed diagnostic decisions or to help make determinations for worker's compensation, vocational rehabilitation, forensic reasons, competency, or eligibility for social services or academic support.

The office has three rooms and a small waiting area on the lower level of an office complex. One room in the office is used as the testing room where the students administer the tests, one room is the psychologist's office, and the other room is a meeting room with comfortable chairs and sofa. The interview with Mr. P was conducted in the meeting room on the sofa. The room was quiet and for the most part free of distractions. The office is below ground level and it does not have any windows other than in the front waiting room. The only sounds that usually occur are an occasional muffled sounds of a phone call in another room for an incoming fax or brief conversation, the sound of the air conditioner, or another client coming in for an appointment. There is usually only one client in the office for each day of testing. There were not any interruptions or unusual distractions during the interview with Mr. P; therefore it was an ideal setting for a casual relaxed discussion.

The clientele in this setting are either self-referred or referred by social service agencies, attorneys, general practitioners, schools, family members, or by other private practice clinicians. The clientele include individuals over the age of five from all racial and ethnic backgrounds. The services provided are only available in English at this time. Clients can pay for services out-of-pocket or use insurance.

**Identifying Information**

Mr. P is a 40-year-old heterosexual multiracial male of mixed Spanish, French, English, Native American (Maya and Apache) descent who self-identifies as his race and ethnicity as "white" (C15). Mr. P was previously married twice but is currently divorced and single after recently breaking up with his girlfriend of seven months (C167). Mr. P has lived in the same area of the southwestern US most of his life since his birth (C29). Mr. P's primary and only language is English (C31), but he stated that he had exposure to Spanish in the home through his paternal grandparents as a child (C245) and he grew up in a predominantly Latino neighborhood (C242). Mr. P's paternal grandparents who were a mix of Spanish and Maya Indian decent immigrated to the US from Mexico as adults and his grandparents on his mother's side were a mix of Apache, French, and English (C245). Mr. P reported that he is the father of two children, a boy four years of age and a boy two years of age with whom he shares joint custody with his most recent ex-wife (C145). Mr. P identifies himself as a "Deist" (C24). He stated that he does not currently follow or practice any particular religion, but that he believes in a higher power creator of the universe who intervenes in and has a plan for his life (C25). He stated that he attended the Catholic Church as a child (C252).

Mr. P. currently lives with his 68-year-old father who is a retired electricians helper (NHQ, C223). Mr. P also stated that his mother helps with taking care of his children and he has regular contact with her, although she normally lives in another area of the state (C290). Mr. P stated that his parents were divorced when he was two years old and were unable to care for him throughout his childhood after the age of four due to problems with drug and alcohol use, although they remained involved (C185, C203). He reported that his paternal grandmother raised him and his two half brothers (23 and 32 years old) and one half sister (33 years old), all of whom currently live in other areas of the country (C204, C206). He reported that he was also raised with two of his first cousins (C179). He stated that he has not had direct contact with his cousins or siblings in many years (C292, C293). He stated that he had a great relationship with his two sons and that he viewed himself as a good father (NHQ).

Mr. P's current occupation is a truck driver, but he also works as a part-time musician, which is his main passion (NHQ, C33). Mr. P reported that he had a sporadic work history (C43), but that he is currently employed 60 hours a week and paying child support (NHQ). He stated that prior to separating from his ex-wife seven months ago, he was a stay-at-home dad for several years and that he has had difficulty readjusting to the demands of full-time employment (C11). According to his self-report, he competed 10th grade before dropping out of high school, but stated that he later completed a GED (C13, C126).

**Behavioral Observations/Mental Status Exam**

Mr. was six feet tall and weighed approximately 200 pounds (C12). He was wearing a black heavy metal T-shirt (untucked) and worn black jeans cut open at the knees with stings hanging down. He had shoulder length wavy black hair and a neatly trimmed goatee on his chin. He had light and somewhat hirsute skin. He had numerous tattoos visible on his arms and neck. He appeared to have a muscular build. His clothing, teeth, and hair appeared to be clean. He reported that he has normal hearing and vision (NHQ) and he was not wearing any contacts, glasses, or hearing aids. He reported that he was left-handed. His gait appeared steady and he did not appear to have any difficulties with fine motor movements. He denied any visual or auditory hallucinations, although he acknowledged that he had experienced some hallucinations and delusions many years earlier while under the influence of illicit drugs (C276-C278). He did report some unexplained phenomena in his house that he attributed to paranormal activity, but it did not appear to be excessive, interfering, unusual (C274). Mr. P reported that he has never had any desire or plan to hurt himself or end his life (C9). He did not make any threats during the interview and said that he did not have any plans to harm others (C9).

Mr. P's rate of speech was within normal limits and he did not sound overly expansive or grandiose during the interview, although he showed a slight elevation on grandiosity measures on the Personality Assessment Inventory on a later date. Mr. P's speech followed logically and was appropriate to the situation and his culture. Mr. P did state that things had been "started to come up roses" the past couple of months for him after a two-year period of things not going very well for him (C10). His description of his current mood did indicate that it might have been somewhat elevated (C325). Later in the interview he also stated that he felt a little "bummed" about a recent breakup with his girlfriend and described as he described history of turbulent relationships with women (C166).

For the interview and testing he appeared to be in a positive goal-oriented mood and ready to make some positive changes in his life. He appeared to be optimistic about his future prospects and seeking solutions to his perceived barriers. His goals were not entirely unrealistic or grandiose, although potentially challenging (C259, C260). He planned to go back to school for more training and eventually own his own small business and make more money from his music. His affect appeared calm and approachable. He was able to laugh, smile, and engage appropriately during the interview. His eyes gaze seemed appropriate and breathing appeared appropriately relaxed and measured.

As evidenced by his being on time for his appointment and correctly knowing what he was doing there (C4), his statements regarding his hair appointment following the interview and awareness of the current time (C335), his correctly naming the people in the office (C57), his correct identification of himself and his age (C12), his correct identification of the city and timeframe of events (C29), Mr. P appeared to be correctly oriented to time, person, place, and body. He also did not make any statements or demonstrate any behaviors that would indicate that he was disoriented.

There were a two occasions during the interview where Mr. P had difficulty with word finding and completing his train of thought (C213-C215). However, Mr. P was able to sit still in his chair during the interview and testing and focus on the task at hand without apparent difficulty. He was able to sustain eye contact while speaking and he did not appear to be distracted by other things inside or outside the room. His comprehension of the conversation appeared to be good. The examiner noted that Mr. P was able to follow instructions during testing without difficulty.

The tests (see appendix) were selected for the purpose of the assessment of brain injury or possible ADHD (discussed below) and were determined to be appropriate to use with individuals with Mr. P's cultural background, primary language, and high level of acculturation to mainstream US culture. Mr. P's overall intelligence as measured by the Wechsler Adult Intelligence Scale Fourth Edition (WAIS-IV) was in the average range. Mr. P did not show any deficiencies in verbal abilities compared to other individuals his age. Mr. P did not demonstrate any signs of dysnomia, dyslexia, central dysarthria, dyscalculia, auditory verbal dysnosia, visual number dysnosia, visual letter dysnosia, body dysnosia, spelling dyspraxia, right left confusion, or dysgraphia on the Reitan-Indiana Aphasia Screening Examination, although he did show some signs of mild constructional dyspraxia.

On the Speech Sounds Perception Test and Seashore Rhythm Test, two measures that are part of the Halstead Neuropsychological Test Battery for Adults sensitive to impairments in attention, Mr. P performed within normal limits. However, his scores on the Trail Making Test Part B were in the mild to moderately impaired range, which is evidence of a difficulty with multi-tasking and thought flexibility.

On the Memory Assessment Scale, which is a formal measure of memory abilities, Mr. P performed in the 28th percentile on short-term memory, the 63rd percentile on verbal memory, the 53rd percentile on visual memory, and in the 61st percentile in overall memory ability. Mr. P demonstrated a relative weakness in working memory on the WAIS-IV, scoring in the low average range compared to his peers. His perceptual reasoning and processing speed as measured by the WAIS-IV were in the average and high average ranges respectively compared to his peers.

On the WRAT-4, a measurement of reading ability, spelling, and math computation, Mr. P was found to have average word reading ability and sentence comprehension (12.9 grade equivalent and above), below average spelling (8.9 grade equivalent), and low math computation abilities (4.3 grade equivalent). Evidence of malingering was not found on the Victoria Symptom Validity Test (VSVT). Impairments were not detected the tests sensitive to the biological integrity of the brain. There was some evidence of differences between abilities in the right and left hemisphere, with some impairment found in the right hemisphere, but this may be attributable to a motorcycle injury to the left wrist (discussed below). Overall, Mr. P's cognitive abilities appear to be intact and he appears to be capable of learning and responding positively to treatment. His insight and judgment appeared fair during the interview.

**Precipitating Factors and History of the Problem**

Mr. P stated that he was referred for testing by a local counseling agency in order to help make a determination whether he had Attention Deficit Hyperactivity Disorder (NHQ, C3). He had recently watched a documentary about ADHD on television called "ADHD and Loving It" and he wondered if he had it (C330). He reported that he was held back in the first grade and received special education classes through high school due to a problem with reading retention (C6, C38, C154, C331).

Mr. P stated that he remembered that as a child he difficulty focusing and following through on tasks (C155). He remembered that he was frequently daydreaming and unmotivated to do his schoolwork (C156). He stated that these problems with procrastination and lack of motivation have persisted into adulthood. He stated that he often looses his train of thought and has difficulty focusing on and retaining what he reads or following instructions. He stated that he has difficulty with his attention frequently shifting (C156). He also stated that he sometimes does not feel motivated to go to work and does not call in to inform his supervisor that he will be absent; even though he knows that he could jeopardize his source of income (C43). Mr. P stated that he did not have any other psychiatric problems or concerns at this time (C9). He expected that if he were to have ADHD that he would be placed on medication to help him focus better (C330).

Mr. P reported that he had received numerous blows to his head over his life span (C103-C124). The first major blow to his head occurred when he was an infant less than a year old (C104). He stated that he was in a car accident and was not strapped in. He was being held on his mother's lap in the passenger seat on the way back from his christening and hit the dashboard on impact, causing a bloody nose (C104). He was not sure whether he sustained a loss of consciousness, because he does not remember it. Mr. P recalled another blow to the head occurred while fighting with another man when he was 18 years old. He stated that he received a roundhouse kick to his head, which nocked him unconscious for a minute or two (C119).

According to Mr. P, he suffered another blow to the head occurred during a motorcycle accident when he was twenty-five years old, which resulted in a loss of consciousness for several seconds (C106). Mr. P recalled numerous other blows to his head while he was a professional wrestler between the ages of 31 and 34 years old (C118). He recalled one incident from wrestling in particular where a blow to the head caused severe tunnel vision for several seconds (C115). According to Mr. P stated that he believes he was concussed one time he knows about, but reported that he has never been hospitalized (NHQ, C119).

Mr. P reported that he currently does not use alcohol or illicit drugs, but recounted an extensive past history of abusing alcohol and other illicit substances prior to 35 years of age (C43, C89, C148, C136, C263). Mr. P reported a family history of Alcohol Dependence and illicit drug abuse (C58). His own drug and alcohol use started at a young age and was a significant factor in his life until he was 31 years old (C89). He reported heavy use of marijuana starting when he was 12 years old up until he was 23 years old, with his last use being seven years ago at a concert (C65). According to his self-report, he used methamphetamine regularly 2-3 times a week between the ages of 16 and 18 years old, with some sporadic use into twenties (C66-C70). He reported that his last use was 10 years ago (C70). He reported that he used LSD regularly "every few weeks" between the ages of 15 to 18, with last use when he was 23 years old (C71-C75). He reported that he used heroin one time when he was 24 years old. He reported that he also tried psilocybin twice when he was seventeen years old (C85, C86) and also took some prescription pills that were given to him during that time, but he was not sure what kind of pills they were (C84). He also reported that he used amphetamines during his 20s (NHQ).

Mr. P reported that he abused alcohol heavily for 17 years between the ages of 14 and 31 years old (C76). He recalled how it started with parties in high school and sneaking it from his parents liquor cabinet to drinking it "all the time" (C80, 81) and "towards the end there for three, four, five-day benders" (C78). He described how he would frequently miss work without calling in (C81) and how he made poor decisions while intoxicated that led to several arrests for driving under the influence (C95, C98, C102, NHQ), assault, and aggravated assault (C98, NHQ). Mr. P answered "false" to the item on the PAI that stated, "My drinking has never gotten me into trouble." Mr. P reported that he has never received treatment other than 12-step Alcoholics Anonymous program, but that he had been very actively involved in the AA program, had a sponsor, and had even led groups, but that he had not been to his groups in a few months (C90, C91, C190, C196, C300).

Mr. P also reported that he used black market Anabolic Steroids for four years between the ages of 31 and 35 years old that he started while he was a professional wrestler (C130-C136).

Problems with Aggression and Criminal History

As mentioned above, Mr. P reported that he has a criminal record that has included several stays in locked confinement and supervised probation stemming from acts of violence and endangering himself and others. Mr. P also admitted that he hit his first wife on at least one occasion (C308). He reported that in the most recent assault he seriously injured his friend of 23 years (NPQ) because he believed his friend had been making advances on his girlfriend (C95-C97). Mr. P is currently under supervised probation for the next two years stemming from that incident (C95, NHQ). Mr. P endorsed three critical items PAI indicating a potential for aggression (items 21, 61, 181), including, "people are afraid of my temper"; "sometimes my temper explodes and I completely loose control”; and "I've threatened to hurt people." Therefore, he would have medium to high risk for acts of aggression or violence if he were to become frustrated.

Mr. P reported that he has been married twice, the first time for a year and a half (C311) and the second time for four and half years (C174). Mr. P reported that he had problems with aggression with his first wife (C308). He also reported that he was obsessed with his girlfriend and had problems trusting her (C161). He reported that he also called his recent ex-girlfriend at work and somehow caused a problem that led to her being suspended (C280). He stated that he completed the divorce paperwork for his second marriage two days prior to the interview and also finalized the breakup with his girlfriend the week of the interview, but was still talking to her (C280).

Mr. P reported that he had a high amount of debt and was struggling to keep up with his payments (C281, C318, C319, C326). He also reported that he was dealing with the courts related to child custody, divorce, and related to his recent assault charges (C95, C281, C100, NHQ).

Mr. P described being molested by a distant family member on one occasion when he was seven years old (C189). Mr. P stated that he had repressed the incident, but that it had come back to bother him later (C196). Regarding the incident, Mr. P currently feels that he has “put that in its place ” (C189). He also endorsed two critical items on the PAI (items 34 and 114) that stated, “I keep reliving something horrible that happened to me” and “I’ve been troubled by memories of a bad experience for a long time.”

Mr. P has engaged counseling for several sessions within the last year to help him to work out some goals for his life and gain perspective (C302). He reported that he has never had a psychiatric diagnosis in the past that he knows about and has never been hospitalized for a psychiatric episode (C55, C305). He stated that he has never felt that he was clinically depressed or wanted to heart himself (C9, C283).

Mr. P reported that he had a problem with libido that had interfered in his first and second marriages, but he stated that problem is currently in remission after successful hormone replacement therapy (C137).

**Developmental**

Mr. P described his childhood as having some “hiccups,” but for the most part being “alright” and “pretty cool” (C209). He stated that his mother did not use alcohol or illegal drugs during her pregnancy with him (C230). He recalled that his mother had told him that his pregnancy was normal; however, he believes his mother did have some complications related to a medication they gave her after or during his delivery (C228). He reported that his body developed normally throughout childhood and that he did not have any unusual problems learning to walk or speak (C225).

Mr. P. reported that he was a C and D average student throughout his childhood (C7). He reported that he was held back in the first grade, but he could not remember the reason. He recalled that he was told that he had a problem with retention, daydreaming in class, and following through on tasks. He recalled that he had several close friends in grade school and had many good friendships in high school and as an adult (C208). He had the same group of friends throughout grade school, but they later went their own ways in high school (C208). He reported that he had a relatively loving stable home life with his grandmother after the age of four. He reported that he experienced a few incidents of physical abuse from his mother’s second husband, but that it ended after his father “chased him out the back door with a .44 magnum” (C201).

As noted above, Mr. P described being sexually abused by his mother’s second husband’s cousin on one occasion when he was seven years old (C194). Mr. P stated that he repressed it as he was growing up and did not tell anyone. He reported that he felt it was repressed until he was in his twenties, when it started bothering him again (196). He stated that he has seen the perpetrator again as an adult, but has not confronted him about it yet (C197). Mr. P attempted to cope with his situation by using alcohol and drugs through his twenties. He reported that he has coped with the stressors in his life during his thirties though his belief in a higher power and the power of prayer, and by attending and being active with Alcoholics Anonymous groups.

Mr. P reported a family history of “alcoholism” and drug abuse by both his mother and father. He did not divulge any other family history of psychiatric diagnoses other than the problems with substance use (NHQ). He reported that family gatherings as a child usually involved heavy alcohol use (C251). He reported that his half brother (33 years old) was frequently in trouble with the law for serious offenses such as kidnapping, drug dealing, and evading arrest (C239).

Mr. P reported being incarcerated on a number of occasions throughout his adult life. He reported that he had convictions for Aggravated Assault when he was 21 years old (NHQ). He also had a conviction for Assault in when he was 25 and 26, and last year (NHQ, C95-T101). He reported that he also had convictions for DUI when he was 21 years old and 25 years old (NHQ).

Mr. P reported that he still continues to struggle with the development of his identity and finding his place in the world (C259). According to Hermans and Oles (1999), midlife is a time when many adults begin reassessing where they are in life and where they are going. Mr. P appears to be going though a transition phase into his midlife. His adult life appears to have been delayed in several areas, including his career and family, due to his problems with substance abuse and his reported lack of motivation. Mr. P acknowledged the significant impact that his alcohol and illicit had on his life (C87). As he recently turned 40-years-old, he may be entering a phase where he is attempting to form a new start with his career and life goals.

According to Erikson’s (1963) eight-stage model of human development, individuals usually begin to work out and resolve who they are and where they fit into the world during adolescence and early adulthood. In the Eriksonian model, as individuals enter middle adulthood, if earlier stages have been resolved successfully, they begin to be concerned about giving back to younger generations—the “Generativity versus Stagnation” phase. Mr. P appears to be still struggling earlier stages of development, namely, the “Identity versus Identity Confusion” and “Intimacy versus Isolation” phases, which typically begin in adolescence and early adulthood. Mr. P is entering midlife has yet to establish himself in his desired career (musician and business owner) and has struggled to form long-term intimate relationships.

**Differential Diagnosis**

Mr. P’s reported four of the six necessary symptoms of inattention that are criteria for a diagnosis of Attention Deficit Hyperactivity Disorder. He reported that he has difficulty sustaining attention in tasks (symptom b). He reported that he does not follow through on instructions and fails to finish work and/or chores (symptom d). He reported that he has difficulty organizing tasks and activities (symptom e). He reported that he has a history of avoiding tasks that require sustained mental effort (symptom f).

Mr. reported that these symptoms began in childhood, but he is now 40 years old and has not previously been given a diagnosis of ADHD despite being in special education program throughout his childhood where he reported having a difficulty with reading retention. Mr. P also did not report any family history of ADHD diagnosis. In formal testing, Mr. P demonstrated normal abilities to sustain his attention on the Speech Sounds Perception Test and The Seashore Rhythm Test, two tests sensitive to problems with sustaining attention. Behaviorally, Mr. P did not demonstrate any symptoms of hyperactivity, hypoactivity, difficulty with following instructions, or difficulty maintaining his attention during the observed interactions. Mr. P demonstrated low average abilities in mental arithmetic (scaled score 7), digit span (scaled score 8), and some mild impairment on the Trail Making Test Part B, which may be a noticeable weakness for him given that he otherwise showed cognitive abilities within normal limits. The above evidence alone is not sufficient to conclude a diagnosis of ADHD. Mr. P did not demonstrate any difficulties with reading ability or comprehension on the WRAT-4, verbal abilities on the WAIS-IV, or Aphasia on the Aphasia Screening Test; therefore, there does not seem to be sufficient evidence of a learning disorder in reading.

Mr. P also identified an occasional problem with word finding. Tip-of-the-tongue phenomena are often frustrating experiences where a person is unable to retrieve the complete phonology of a word during production, resulting in a feeling of knowing a word but not being able to fully retrieve it from the lexicon (Shafto, Burke, Stamatakis, Tam, & Tyler, 2007). Word finding abilities vary between individuals and the frequency of tip-of-the-tongue phenomena can increase with aging (Hough, 2006). Mr. P did not show impairment on the Aphasia Screening Test related to dysnomia and it is unclear whether these tip-of-the-tongue incidents are related to normal aging, his repeated brain injuries, or just a variability in his ability compared to others. As noted above, Mr. P sustained numerous blows to the head, which resulted in loss of consciousness. Given his history of head injuries and reported difficulty with attention and memory, Mr. P may be experiencing some symptoms of Postconcussional disorder following head trauma, although this disorder has not been fully established by research. Cognitive Disorder Not Otherwise Specified seems to be the best diagnosis as working hypothesis on Axis I.

Mr. P reported some symptoms of apathy, bad luck, and “funks” at times during the past two years in and throughout his life in response to things not working out as he would have liked, but that recently he had been feeling pretty well. He appeared to be hopeful, goal directed, and actively working towards solutions. Mr. P reported that he never felt like his mood was severely depressed or unable to cope with or continue with his life. Mr. P did not show any evidence behaviorally of depressed mood or affect. On the PAI, Mr. P scored depression index score of 42, which is within normal limits. However, given that he is potentially showing some symptoms elevated mood during the interview and a borderline high score on the grandiosity (MAN-G subscale score of 70) on the PAI, Bipolar Disorder II, most recent episode hypomanic is included as a possible diagnosis to rule out.

Mr. P reported a significant history of symptoms consistent with Alcohol Dependence. He reported that he spent a great deal of his time in activities necessary to obtain the alcohol and use of the alcohol, which interfered in his role obligations and resulted in significant social and occupational impairments. He also reported symptoms of tolerance and withdrawal and legal problems stemming from Alcohol use. The evidence he provided is sufficient for a diagnosis of Alcohol Dependence, and according to his report, it is in sustained full remission. As noted above, Mr. P also used marijuana, amphetamines, methamphetamines, hallucinogens, to a significant degree during his adolescence and early adulthood, which likely contributed to his ability to complete schoolwork and maintain employment. Therefore, Polysubstance Dependence, in sustained full remission is also included.

On Axis II, there was insufficient evidence to conclude a diagnosis of a personality disorder, although he did appear to display some narcissistic (grandiosity on PAI) and borderline features in the interview and on the PAI; therefore, a diagnosis of Personality Disorder NOS is included as a rule out.

Diagnosis

Axis I: 294.9 Cognitive Disorder Not Otherwise Specified

303.90 Alcohol Dependence, In Sustained Full Remission

304.80 Polysubstance Dependence, In Sustained Full Remission

R/O 296.89 Bipolar II Disorder, Most Recent Episode Hypomanic

Axis II: V799.9 Diagnosis Deferred on Axis II

R/O 301.9 Personality Disorder Not Otherwise Specified (with Borderline and Narcissistic Features)

Axis III: Low Testosterone

Axis IV: Problems related to the social environment, Educational Problems, Economic Problems, Problems Related to Interaction with the Legal System

GAF: 65

**Diversity**

Mr. P identified himself as “white” and his skin appeared light, but he is only two generations removed from full-blooded Apache tribes from the area and Spanish-speaking Maya Indigenous tribes from southern Mexico. In Mr. P’s current identity development, he appears to have identified more strongly with the dominant European (Spanish, French, and English) part of his background over his indigenous roots. He stated that he still struggles with understanding his racial identity, because he “looked white” but he had the Latino/Spanish last name and came from mixed descent. According to Choi-Misailidis (2010), people of mixed racial background often have trouble integrating all aspects of their racial identity. Mr. P may be in a stage where he has not fully integrated his racial identity and understand himself within his historical context. Placed within the context of the history of the European invasion, colonization, oppression, and genocide of the indigenous populations in North America, the conflicts between these cultural backgrounds may have passed down and continue to exist within Mr. P.

The interviewer’s family history included white settlers to the US southwest during the mid 1800s. This was a time of conflict involving violence between the native Apache tribes and the white settlers to the area. Considering the possible history conflict between some of the members of Mr. P’s family background and the historical background of the interviewer’s family, and the continued injustices and oppression that sometimes continue to exist in modern society between members of the majority white culture and minority cultures, it is possible that some underlying feelings could still exist as an unconscious or conscious unresolved presence between the two decedents.

Mr. P was raised in the US in the same area of the country as the interviewer, but from very different neighborhoods. Mr. P stated that he grew up in a “Hispanic” neighborhood and the interviewer grew up in a white middle class Jewish neighborhood, although he was raised attending Christian churches. Mr. P described celebrating Christian holidays, which involved barbecues and “Bud Light flowing.” Mr. P described his parents’ occupations as blue collar. The interviewer’s parents were more white-collar workers. The interviewer’s family did not usually involve alcohol very heavily in family gatherings. There was a difference in terms of social class and education. Mr. P and the interviewer also differed in sexual orientation, although this dynamic was not obvious or discussed during the interview. Mr. P may have assumed the interviewer had a heterosexual orientation, which is not an uncommon mistake.

Mr. P stated that he did not feel very connected with a sense of family history. He stated that he believed “it starts with us” when speaking of his few remaining family members. It is unclear whether Mr. P may have downplayed his Mexican heritage due to the current political climate in the southwest and US in general, which has been hostile to immigrants from South America—particularly in the past few years. Mr. P’s description of being a stay-at-home dad, while his ex-wife provided the income for the family, may have been a conflict for the Mexican value of *machismo*, which is a Latino cultural value that men provide for their families (Kohatsu, Concepcion, & Perez, 2010). It is unclear the degree to which these traditional values continue to influence Mr. P, but Mr. P appears to have been highly acculturated to the dominant culture in terms of dress, language, and attitudes and beliefs. Mr. P also appears to be heavily influenced by the culture of heavy metal music, therefore he may be resistant to plans that seem to pressure him into conformity or seem to circumvent his autonomy.

**Conceptual Formulation**

Mr. P’s complaints can be approached from a mainly social learning and behavioral theoretical orientation. Mr. P’s chief complaint revolved around a problem with “focus and following through” with his goals and a problem with organization. From a behavioral/learning perspective, physiological responses can be conditioned after repeated exposure/pairing with stimuli (classical conditioning); behaviors can also be elicited or inhibited based on the presence of conditional rewards or punishments (i.e., operant conditioning). Analysis of Mr. P’s problem behaviors would examine what antecedent events (e.g., prompts, settings) are occurring prior to the undesired behavior or lack of desired behavior/alternative behavior and what immediate consequences are following his behaviors. In Mr. P’s case, treatment may involve the teaching of new behaviors and skills that can lead to better organization, manipulating settings and prompts in order to improve his learning process, and working out goals from a behavioral perspective in order to maximize potential for success.

From a neuropsychology perspective, one hypothesis that may account for his apparent diminished ability to follow through with tasks and difficulty with motivation may be that he has less developed abilities or impairments in his neural circuitry of reward. According to Kelly, Scheres, Sonuga-Barke and Castellanos (2007), “rewarding stimuli are those an organism will work to maintain” (p. 215). Some individuals appear to have a preference for activities that involve immediate rewards over greater total or long-term rewards and will often avoid tasks that involve a delay in rewards (Kelly et al, 2007). This is one hypothesis that may apply to some of Mr. P’s reported problem behaviors. For example, Mr. P stated that he sometimes does not go to work because he just “does not feel like it” and because he feels he has “better things to do with his time” like browse the internet, watch T.V., and listen to music—even though he knows it could lead to numerous negative long-term consequences for him if he looses his job. He also may dislike his job so much that going in to work is akin to a severe form of punishment; therefore he attempts to avoid the undesirable experience in favor of more immediate rewards. This apparent preference could also account for his long history of substance abuse. Therefore, one hypothesis could be that developing treatments that target more immediate rewards and punishments following his behaviors may be more effective for him, perhaps by breaking tasks down into smaller steps.

Mr. P also appeared to have learned through parental and other modeling that aggression and violence are appropriate and effective means of achieving desired results. Mr. P described with a smile on his face how physical abuse at the hands of his stepfather had terminated after his biological father chased his stepfather “out the back door with a .44 magnum.” These early learning experiences with violence as an effective and impressive means of solving a problem, in addition to other events in his adult life where violence and intimidation were effective in providing protection and/or achieving a desired result, likely shaped his propensity to use violence and act out aggressively when he becomes frustrated. Given the cultural models of masculinity to which Mr. P has been repeatedly exposed, these behaviors may be difficult to influence and change, but he may be able to learn better assertive skills that will lead to more effective outcomes and less frequent use of aggression and violence.

**Treatment Plan**

Following a mainly behavioral approach, the recommended treatment plan for Mr. P would involve first developing an operational definition of each of the target behaviors he wants to train or eliminate, working out a tracking system to measure the behavior, then gathering baseline data of the target behavior. It would involve using applied behavioral analysis to work out hypotheses of what is bringing about and maintaining his behaviors through an analysis of the antecedent conditions and the motivating consequences, and then systematically begin to manipulate them. It would involve working out a detailed task analysis, specifying precise measurable outcome goals, and specifying time frames to track the progress. It may also attempt to modify some of his beliefs and attitudes, which might make it also a Cognitive and Behavioral approach.

For example, it might involve targeting his problem of not going into work. If inadequate sleep is an antecedent for not going to work, the treatment might focus on analyzing his sleep schedule to make sure that he is getting adequate sleep the night before. This would involve developing a charting and tracking system to help modify his weekly sleep schedule, teaching him relaxation techniques (Behavioral techniques), in addition to some cognitive restructuring regarding sleep and sleep habits. It would follow evidence-based practice by using a Cognitive Behavioral Therapy for Insomnia model to help him develop a more regular schedule. The therapist and client would attempt break down the tasks into behavioral steps, including setting an alarm clock the night before, getting out of bed, getting ready (hygiene, dressing, etc.), eating breakfast, and being otherwise prepared. It might involve developing a reward or punishment for each behavior identified by the analysis. It also might look at his options to see if there were ways to find short-term goals that he could track and reward himself for achieving or have others monitor and provide consequences.

If it is just that he hates his job, it might involve working out a detailed realistic plan to achieve success in another job in a way that he could work toward those goals in an organized step-by-step manner. Mr. P is already in the process of pursing this goals and seems ready for change, so it would help provide support for his goals and help him to work out realistic expectations and options or alternatives for overcoming the challenges he will face. It might also involve some cognitive restructuring of his the things he tells himself as he is going to work and completing the tasks. According to Kazden (), behavior therapy may include a cognitive component. The recommendations would also include bibliotherapy on topics related to organization and keeping a schedule. The plan would also include assertiveness training to help him learn more effective ways of handling conflicts that do not involve unnecessary acts of aggression and violence.

**Ethical/Legal Considerations**

Mr. P was given the opportunity to make an informed choice to participate in the interview and testing process. He was informed that the interviewer was a practicum student and that the interview would be transcribed and used for training purposes. Mr. P was informed that his participation was optional. Mr. P signed a document giving his consent for the interview and the site supervisor signed an attestation form verifying that the consent had bee obtained. Mr. P was also informed about confidentiality and the limits of confidentiality at the start of the interview. The interviewer maintained appropriate boundaries with the client throughout the interview. Mr. P’s cultural background was considered in all phases of the interview and assessment process. Given Mr. P’s mixed racial and ethnic background the results of testing should be interpreted with some caution, as individuals with Mr. P’s mixed racial background may not have been accurately represented in the normative samples.

**Self-Critique**

My impression of the interview was that it was not great, but it was not completely terrible. It left a lot to be desired and I definitely have a lot of room for improvement. I do not believe it showed that I am unable to do it. As I was going through it and trying to pull out the information I needed for the report, I noticed a number of missed opportunities and places where an additional question would have helped. I seemed to have good rapport with the client and he seemed to trust me with sensitive details about his life. I was not given any information about the client before I went into the interview other than his name and this was my second interview of the year, so perhaps I should not be to hard on myself. I am working at a practicum site where we typically do not do these long intake interviews, so it was very difficult to find clients to record throughout the year. I can now see how my comment at the beginning of the interview that it seemed “straightforward” why he was there (i.e., for an ADHD determination) actually becomes very complex upon further analysis.

I was able to hit the main areas we discussed in Basic Assessment class, but it could have been more concise and focused to move things along more quickly. My style was relaxed and conversational, which led to good rapport and perhaps led the client to be more frank and open about some things, but again it took longer to complete the interview and I could have asked a few more important questions. I could have done better with asking more questions about his family history of mental illness and family medical history during the interview. I attempted to have him fill out the Multi-Modal Life History Inventory, but he did not return it. I also had difficulty contacting him after the interview. Given his history of violence, I also could have done better if I had asked more about his relationship with his children to assess for risk of abuse. He did indicate on the questionnaire that he thought he was a good father and that he has a good relationship with his children. He also stated that he did not know of anyone in any danger of being harmed, but with a few more targeted questions I might have uncovered something important.

I worry about relying so heavily on his self-report about his history. I could also have asked him more questions about why he felt that things were “coming up roses” and felt like “Joe Montana” when he also reported a number of unfortunate recent events (the break up with his girlfriend and divorce); his description could indicate elevated or possibly hypomanic symptoms or that he is not fully facing his current situation. There was also an inconsistency about his mood because he also stated that he felt bummed about the break up with his girlfriend. I could have commented about the inconsistency with his other statements.

I could have asked him more about what he meant by the “obsession” with his girlfriend. The interview was an hour and 40 minutes, and I still felt like I was only just scratching the surface of most of the areas in question. I did do fairly well with getting the drug history and history of brain trauma, but I could have probed more about how he was able to cope after giving up alcohol (if that is true). He stated that he was able to cope with just the “power of prayer.” I also could have asked him more questions about his sleep patterns. He reported on the questionnaire that he gets enough sleep, but on the PAI he indicated that he has some difficulty falling asleep, which could be another symptom of elevated mood or obsessive thinking.

When I think of the way I was interpreting the client during the interview and possible issues of countertransference, I recall being a little skeptical about the client’s story as I was listening to it. I liked the client, although I did not see myself as having that much in common with him. He seemed friendly and fairly genuine. My impression was that he was trying to make positive changes in his life and looking to improve himself after not being very productive for a long period of his life, becoming stuck in an occupation he does not enjoy, and being unhappy about it. Perhaps I was more skeptical due to his dress and reported background with drug abuse. I may have been accepting his story about his assaults and pictured them as bar fights or fights over lover’s triangles and quarrels. I may have pictured these incidents as being common types of masculine/macho reactions that seems common with teenagers from tough urban neighborhoods and in prison populations, but I should not assume that without more information. This type of attitude toward violence by the client may be normative or adaptive in neighborhoods or environments where there is a greater threat of violence.

I may have been thinking in the back of my mind that he perhaps should take more responsibility for his actions. I may have been wondering if the story he was telling was completely accurate or whether he was reporting what he needed to because was seeking stimulants or other medications for an extra boost.

Behavior therapy seemed to be a good choice for finding ways to overcome specific problem behaviors he was concerned about relating to his organization and following through. There are many options he could take for self-improvement and to help him with various problems he is having. He even stated toward the end of the interview that he felt that interview itself was therapeutic for him. I asked him whether there were any other concerns or areas that he wanted to improve and stated that he was “just here to get focused.”

My interview was hitting the main points covered in Basic Assessment but it did not seem to use or follow a specific orientation or focus *during* the interview. I might have asked more specific questions to operationalize his problem behaviors to look at what might be contributing to or maintaining his problem behavior. I struggled with getting finding that during the interview. I attempted to gain some information about his thoughts or negative self-talk and the he made several statements that seemed to be irrational beliefs, but I need to develop better skills for approaching the interviews from a theoretical perspective.

I believe the exercise was very helpful in increasing my awareness what I need to be thinking about during these interviews. There are so many things to consider and I believe this practice helped me to better hone in on what is most important. Listening to the transcript and trying to hear what I needed after the interview, helped me to gain insight into what I was blind to during the interview. I feel that I did a fair job for my second interview, but I will definitely need to continue to practice these skills in the future.

Appendix

**Sources of Information**

Clinical Intake Interview (1/13/2012)

Neuropsychological History Questionnaire (NHQ) (12/29/2011, 1/13/2012)

Tests Administered (3/20/2012):

Halstead-Reitan Neuropsychological Test Battery for Adults (HRB-A) including:

Halstead Neuropsychological Test Battery for Adults

Trail Making Test (Parts A and B)

Reitan-Klove Lateral Dominance Examination

Reitan-Indiana Aphasia Screening Examination

Reitan-Klove Sensory-Perceptual Examination

Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)

Wide Range Achievement Test--4th Edition (WRAT-4)

Memory Assessment Scales (MAS)

Personality Assessment Inventory (PAI)

Victoria Symptom Validity Test (VSVT)