



Psychological Evaluation

Anthony Kapinos

Date of Birth: 9/29/1977

Date of Evaluation: 4/7/2025

REASON FOR REFERRAL:

Anthony was referred for an evaluation of his current psychological functioning.

SOURCES OF INFORMATION:

Information was obtained from Anthony during a clinical interview on April 7, 2025, as well as the additional measures as described below:

Assessment Measures

Beck Depression Inventory-II

Conners' Continuous Performance Test-3rd Ed.

Wechsler Adult Intelligence Scale-5th Ed.

Adult ADHD Self-Report Scale

Millon Clinical Multiaxial Inventory-4th Ed.

BRIEF HISTORY AND CLINICAL INTERVIEW:

Anthony presents with a variety of executive functioning concerns including; poor listening skills, losing things, being easily sidetracked by external stimuli, a short attention span, and an inability to complete work tasks. He also reports previous struggles with anxiety, mood swings, and obsessive-compulsive thinking. During today's assessment, Anthony is talkative, and somewhat tangential at times.

Family History: Anthony does not recall a happy childhood. His parents divorced, and his father, who reportedly abused alcohol and narcotics, and was emotionally and verbally abusive, died at age forty-six. His relationship with his mother is improving. Anthony has one younger brother, two stepsiblings from his stepfather, and one other stepbrother. Family history of mental health concerns is positive for alcohol abuse, bipolar disorder, schizoaffective disorder, and obsessive-compulsive disorder. Anthony currently lives with his wife twenty-six years. He has eight children, seven with his current wife, and a daughter with a college girlfriend.

Medical/Mental Health History: Other than issues with his shoulder, Anthony is healthy, with no acute or chronic physical concerns. Anthony was hospitalized twice at the age of nineteen due to 'nervous breakdowns,' and diagnosed with paranoid Schizophrenia. Anthony is currently participating in any individual therapy at Granite City Counseling. His prescribed medications include; Concerta, Fluoxetine, Buspar, and Trazodone, although he has not taken his Concerta in three days.

Educational/Occupational History: Anthony graduated from high school, where there were no significant academic concerns; however, he does recall getting in trouble for talking during class, struggling listening to instruction, and having difficulty following those instructions. He went to earn a degree in piano performance and musical composition from St. John's University. Anthony then applied for a master's program fellowship to study piano performance; however, mental health issues made things difficult. He later earned another degree in computer networking from the Minnesota School of Business. Anthony's work history includes; working part-time with an uncle developing software applications, at technology companies, and teaching piano and music composition. For the last six years, Anthony has worked as a senior systems administrator at the College of St. Benedict. He also continues to play music for a church.

Chemical Use: Anthony acknowledges heavier alcohol use in the past; however, he denies any significant substance use or abuse concerns, and no current substance use.

ASSESSMENT RESULTS

Cognitive Assessment

In order to determine his current level of intellectual functioning, Anthony was administered the Wechsler Adult Intellectual Scale—Fifth Edition (WAIS-V), a standardized test of intelligence. Anthony was cooperative throughout the testing process, and it is believed that the results of the WAIS-V below are an accurate estimate of Anthony's overall level of intellectual functioning. The composite and subtest scores that Anthony earned on the WAIS-V are shown below:

WAIS-V Index Results

Index	Standard Score	95% Confidence Interval	Percentile Rank	Classification
Verbal Comprehension	119	110-125	90	Above Average
Perceptual Reasoning	127	118-132	96	High
Fluid Reasoning	110	103-116	75	Above Average
Working Memory	115	107-121	84	Above Average
Processing Speed	141	129-146	99.7	Extremely High
Full Scale IQ	123	117-127	94	High

WAIS-V Subtest Scores

	Scaled Score		Scaled Score
Vocabulary	14	Visual Puzzles	16
Similarities	13	Digit Symbol Coding	17
Digits Forward	13	Block Design	14
Digit Sequencing	11	Matrix Reasoning	15
Running Digits	14	Symbol Search	18
		Figure Weights	9

Anthony was administered 11 subtests of the Wechsler Adult Intelligence Scale—Fifth Edition (WAIS-V). His composite scores are derived from these subtest scores. The Full Scale IQ (FSIQ) composite score is derived from 10 subtest scores and is considered the most representative estimate of global intellectual functioning. Anthony's general cognitive ability is within the very high range of intellectual functioning, as measured by the FSIQ. His overall thinking and reasoning abilities exceed those of approximately 30% of individuals his age (FSIQ = 123; 95% confidence interval = 117-127). He performed just as effectively on non-verbal reasoning tasks compared to verbal reasoning tasks. Anthony's ability to reason with the use of words appears as equally developed as his ability to reason without the use of words.

Verbal Comprehension:

Anthony's verbal reasoning abilities as measured by the Verbal Comprehension Index (VCI) are in the above average range and above those of approximately 90% of his peers. The VCI is designed to measure verbal reasoning and concept formation. Anthony's performance on the verbal subtests contributing to the VCI is comparable.

Visual Spatial:

Anthony's nonverbal reasoning abilities as measured by the Perceptual Reasoning Index (PRI) are in the high range and above those of approximately 96% of his peers. The PRI is designed to measure fluid reasoning in the perceptual domain with tasks that assess nonverbal concept formation, visual perception and organization, visual-motor coordination, learning, and the ability to separate figure and ground in visual stimuli. Anthony performed comparably on the subtests that make up the PRI.

Fluid Reasoning:

The Fluid Reasoning Index (FRI) measures an individual's ability to detect underlying conceptual relationships among visual objects and to use reasoning to identify and apply rules. On the Matrix Reasoning subtest, Anthony viewed an incomplete matrix or series and selected the picture that completed the series. On the Figure Weights subtest, Anthony was shown a scale with missing weight(s) and selects the response option that keeps the scale balanced. Anthony obtained a FRI score of 110, which is within the above average range.

Working Memory:

Anthony's ability to sustain attention, concentrate, and exert mental control is in the above average range. He performed better than approximately 84% of his peers in this area.

Processing Speed:

Anthony's ability in processing simple or routine visual material without making errors is in the extremely high range. He performed better than approximately 99.7% of his peers on the processing speed tasks. Processing speed is an indication of the rapidity with which Anthony can mentally process simple or routine information without making errors.

Mood Assessment

Anthony completed the Beck Depression Inventory-II (BDI-II), a 21-item self-rated symptom-oriented scale used to measure depression in adults. Anthony's inventory resulted in a raw score of 37, indicative of a significantly elevated level of depressed mood. Anthony acknowledges difficulties with the following symptoms of depression: sadness, feeling discouraged, feelings of failure, guilt, and punishment, decreased enjoyment in things, self-disappointment, overly critical of herself, increased irritability and restlessness, problems with concentration and decision making, decreased interest, increased sleep and appetite, feeling worthless, less energy, and fatigue. Anthony acknowledges suicidal ideation; however, he denies any imminent plan or intent.

Functional Assessment

The Conners' Continuous Performance Test (CPT) is a vigilance or attention test for clinical or educational settings. Respondents are required to press a space bar when certain letters appear on a computer screen, and refrain from responding when an 'X' is presented. The test is presented in a game-like format and was developed by Dr. Conners. Based on his responding, Anthony made few errors. His reaction times were typical and just as consistent compared to the normative group average. The CPT discriminant function index is borderline; however, several measures were elevated significantly. Anthony's CPT performance was substantively affected by the Inter-Stimulus Interval. Specifically, there was a substantial decline in reaction time when the ISI was slowed from 1 second to 2 and 4 seconds. The failure to make the necessary adjustment to the change in tempo of stimulus presentation may reflect a diminished ability to adapt to changing task requirements.

Anthony completed the Adult ADHD Self-Report Scale and indicated eleven of eighteen symptoms as occurring 'Often' or 'Very Often,' and four symptoms as bothering him 'Sometimes,' including; problems initiating and completing tasks, problems organizing, difficulty concentrating, being easily distracted, difficulty sustaining attention, feeling fidgety, making careless mistakes, difficulty relaxing, and interrupting others.

Personality Assessment

Anthony completed the Millon Clinical Multiaxial Inventory-4th Ed. (MCMI-IV) to assess current personality functioning. He returned a profile that is likely valid.

Personality Patterns: Anthony's MCMI-IV profile signifies a sorrowful and chronically dejected state. He faces a conflict between his desire to withdraw from personal relationships, and his fear of having to function alone and isolated, stuck without the support of others. He wants to be close and affectionate with others but anticipates disillusionment from relationships. He lacks self-esteem, is pessimistic, and expects to be

humiliated. To restrain his disappointment and resentment, and protect himself against further isolation, he may turn his critical feelings inward.

MENTAL STATUS EXAM:

Anthony is a forty-seven-year-old male who presents in casual clothing, appropriate for the season. He is cooperative, fully oriented, and maintains consistent eye contact. His speech is of normal rate and rhythm. Recent and remote memory appear intact. His mood is depressed and his affect congruent. He denies any imminent suicidal or homicidal ideation.

DIAGNOSTIC IMPRESSION

F90.2 Attention Deficit/Hyperactivity Disorder, Combined Type

F41.1 Generalized Anxiety Disorder

F33.1 Major Depressive Disorder, Recurrent, Moderate

Compulsive and avoidant personality traits may also be present

SUMMARY AND RECOMMENDATIONS

Based on his current presentation and responses to the above assessment measures, while struggling with ongoing depressive, and anxious and worrisome concerns, Anthony also appears to meet the distinct diagnostic criteria of an Attention Deficit/Hyperactivity Disorder (ADHD). ADHD is a disorder of the executive functions, or the mental control processes necessary to coordinate complex tasks and independently manage changing environmental conditions. These functions include the ability to plan, initiate, organize, and monitor one's own behavior; hold and manipulate information in working memory; regulate one's emotions and attention; and problem-solve and think in a flexible manner. Anthony may have more difficulty than expected for his age and ability with planning, organizing, and managing his activity and attention levels. Individuals with delays in the development of these skills may also have trouble initiating activity and shifting from one topic or task to another and keeping track of details. They often do best when provided with clear, consistent schedules, and external structure and support.

Anthony may benefit from the following recommendations;

- Follow clear, consistent schedules, and seek out external structure and support when needed.
- Practice self-management skills (Improve organizational skills and reduce forgetfulness. Utilize organization applications on tablet or IPAD devices, or working memory practice on websites)
- Continued medication management visits to identify the most effective medication regimen.
- Ongoing participation in individual therapy aimed at gaining coping and overall emotional and self-regulation strategies.

Should you have any further questions, I can be reached at any of the methods listed below.

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