CONFIDENTIAL

Patient: Louis Alexander
DOB: 08/21/1978
Age: 46 years

Date of Interview: 08/15/2024
Date of Testing: 10/16/2024
Date of Report: 10/18/2024

This psychological evaluation consisted of clinical measures designed to address presenting concerns regarding the patient's current psychological status. Therefore, this assessment may not be deemed a forensic nor disability evaluation as it is focused primarily on the patient's current psychological status.

Reason for Referral

Mr. Louis Alexander is a 46-year-old man, who indicated he was referred for psychological testing by his medication management provider, Arun Paul, MD, to be evaluated for attention-deficit/hyperactivity disorder. Mr. Alexander indicated he struggles with focus and concentration, forgetting conversations, and losing things. He expressed these symptoms have been present his whole life and impact his functioning at work, at home, in his relationships, and also impact his mood (without medications). Mr. Alexander noted his symptoms improve with music. He indicated his symptoms worsen with distractions, children, work pressure, deadlines, changes, and airports.

Relevant Background

Mr. Alexander indicated he was not exposed to any substances in utero, his mother did not experience any birthing complications with him, and he exhibited a typical development. He expressed he was an only child. Concerning his academic functioning, Mr. Alexander noted he was a "C," "D" student and lost his syllabi and assignments. He indicated he earned his MBA in business administration from New York Institute of Technology around 2005. Mr. Alexander expressed he works as a software architect. He noted he divorced in 2017. Mr. Alexander indicated he lives with his two sons (10, 13) half the time. Mr. Alexander identified his hobbies/interests as board games, CrossFit, learning guitar, being a dad, building models, and games. He identified his strengths as being creative, kind-hearted, compassionate, and funny. Mr. Alexander identified his areas for growth as listening, not losing things, and being less selfish. He indicated he does not feel it is easy for him to make and keep friends, noting anxiety meeting new people. Additionally, any legal history was denied.

Mr. Alexander indicated he has attended psychotherapy since 2018. He expressed he is diagnosed with bipolar II disorder. Mr. Alexander noted he has not participated in psychological testing prior, has not been hospitalized for a psychiatric illness, does not experience homicidal ideation, and does not engage in self-injury. He indicated he has not experienced suicidal ideation in two years. Mr. Alexander denied having any family psychiatric history. He expressed he does not suffer from any chronic medical issues and does not have any history of serious head injuries. Mr. Alexander noted he is prescribed lamotrigine (200) and Latuda (40). His reported family medical history includes high blood pressure.

Behavioral Observations

Mr. Alexander was dressed and groomed appropriately for his testing appointment, while appearing his stated age. Mr. Alexander's attitude appeared cooperative, and his behavior was appropriate for the test setting. His speech was normal and did not include any obvious abnormalities in rhythm, rate, nor intonation. Mr. Alexander's mood was euthymic with congruent affect. He reported feeling irritated at the beginning of the testing session due to his relationship and not drinking coffee that morning. The examiner allowed Mr. Alexander to go get coffee then come back (he did not drink it prior to testing because he was concerned about caffeine being a stimulant, examiner reminded him as long as coffee is part of his norm it will be fine). Rapport was easily established with the examiner. Psychomotor activity was within normal limits.

Mental Status

Mr. Alexander was well oriented to person, place, time, and situation. His self-perception was appropriate and there was no indication of any hallucinations or delusions throughout the testing process. Mr. Alexander's thought processes were logical and his thought content appropriate. Mr. Alexander's judgment and insight both seemed age appropriate. His memory appeared sufficient to serve as his own historian.

Assessments Administered/Reviewed

Clinical Interview of Louis Alexander
Test of Memory Malingering (TOMM)
Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV)
Conners Continuous Performance Test – 3rd Edition (CPT-3)
Delis-Kaplan Executive Function System (D-KEFS)
California Verbal Learning Test, 3rd Edition (CVLT-3)
Wechsler Memory Scale, 4th Edition (WMS-IV)
Minnesota Multiphasic Personality Inventory – 3 (MMPI-3)
Rotter Incomplete Sentences Blank (RISB)

Results

Effort

Patients who provide less than optimal effort may generate results which represent findings inconsistent with his or her true abilities/qualities. Therefore, an evaluation of a patient's effort is an important part of a standard psychometric assessment. Mr. Alexander appeared to appropriately engage with the testing process and provided sufficient effort on cognitive measures administered. Therefore, cognitive data appears to be valid and likely reflects his true abilities. Personality assessment indicated reasonably appropriate engagement as well. Therefore, emotional functioning and self-report results also appear valid and likely reflect his current functioning.

Intellectual Functioning

Intelligence represents an individual's potential or his or her ability to acquire and apply knowledge and skills. Mr. Alexander's overall intellectual capacity was measured to be in the superior range (WAIS-IV Full Scale IQ = 126, 96th percentile), although given some variability in his scores, an investigation of each of the four indices within overall intellectual functioning is likely to provide a better understanding of his abilities. These include the verbal comprehension index (WAIS-IV Verbal Comprehension Index = 130, 98th percentile, very superior range), perceptual reasoning index (WAIS-IV Perceptual Reasoning Index = 129, 97th percentile, superior range), working memory index (WAIS-IV Working Memory Index = 111, 77th percentile, high average range), and processing speed index (WAIS-IV Processing Speed Index = 105, 63rd percentile, average range).

Attention & Concentration

Attention and concentration refer to an individual's ability to maintain focus for a continuous period of time. Mr. Alexander's working memory was measured to be in the high average range (WAIS-IV Working Memory Index = 111, 77th percentile). On a computerized task of attention, he had difficulty differentiating targets from non-targets, high variability in reaction time consistency; and a substantial reduction in response speed in later blocks (CPT-3 d' T-Score = 64; CPT-3 Variability T-Score = 65; CPT-3 HRT Block Change T-Score = 61).

Learning & Memory

Learning is the acquisition of skill or knowledge, and memory is the expression of that acquired skill or knowledge. Mr. Alexander's aptitude to learn and remember verbal information indicated some potential difficulty when attempting to learn a list of sixteen words over five readings (CVLT-3 Trial 1 SS = 11, 63rd percentile; CVLT-3 Trial 5 SS = 7, 16th percentile, CVLT-3 Trials 1-5 Raw Scores = 7, 8, 10, 10, 9). His recall of the information was in the average range following a brief delay and in the average range following a longer delay (CVLT-3 Short Delay Free Recall Correct SS = 11, 63rd percentile; CVLT-3 Long Delay Free Recall Correct SS = 11, 63rd percentile) with good recognition (CVLT-3 Yes/No Recognition Total Hits SS = 13, 84th percentile). His memory for stories was measured to be in the low average range immediately after being presented with the stories and was measured to be in the average range after a delay (WMS-IV Logical Memory I SS = 7, 16th percentile; WMS-IV Logical Memory II SS = 10, 50th percentile) with good recognition (WMS-IV Logical Memory II Recognition = 26th-50th percentile). Mr. Alexander's ability to learn and remember visual information was measured to be in the high average range immediately after being presented with the designs and was measured to be in the high average range after a delay (WMS-IV Visual Reproduction I SS = 14, 91st percentile; WMS-IV Visual Reproduction II SS = 14, 91st percentile) with good recognition (WMS-IV Visual Reproduction II Recognition = >75th percentile).

Language Abilities

Language abilities refer to the effective expression, communication, and understanding of words and verbal knowledge. Mr. Alexander's language abilities were measured to be in the very superior range (WAIS-IV Verbal Comprehension Index = 130, 98th percentile).

Visual-Spatial Skills

Visual-spatial skills refer to an individual's ability to effectively manipulate and conceptualize spatial relationships both in the physical world as well as within the mind. Mr. Alexander's visual-spatial skills were measured to be in the superior range (WAIS-IV Perceptual Reasoning Index = 129, 97th percentile), although there was some variability in the three subtests making up his Perceptual Reasoning Index. Specifically, his ability to manipulate visual information in the real world was in the high average range (WAIS-IV Block Design subtest SS = 14, 91st percentile), his ability to manipulate visual information within his mind was in the very superior range (WAIS-IV Visual Puzzles subtest SS = 18, 99.6th percentile), and his ability to identify visual patterns was in the high average range (WAIS-IV Matrix Reasoning subtest SS = 13, 84th percentile).

Executive Functioning

Executive functioning refers to the mental processes which allow an individual to plan, self-regulate impulses, and utilize flexibility in thought processes. Mr. Alexander's verbal impulse control was measured to be in the average range on one task and then in the average range on a similar task where a cognitive flexibility component was added (D-KEFS Inhibition SS = 9, 37th percentile; D-KEFS Inhibition/Switching SS = 11, 63rd percentile) with a number of errors similar to that of his peers (D-KEFS Inhibition Errors SS = 12, 75th percentile; D-KEFS Inhibition/Switching Errors SS = 11, 63rd percentile). His cognitive flexibility on a pen and paper task was measured to be in the average range (D-KEFS Number-Letter Switching SS = 11, 63rd percentile). Additionally, on a computerized assessment, he had a very high rate of incorrect responses to non-targets (CPT-3 Commissions T-Score = 79).

Processing Speed

Processing speed refers to an individual's efficiency in analyzing and responding to information during tasks. Mr. Alexander's processing speed included some variability and ranged from the borderline range to the average range (WAIS-IV Processing Speed Index = 105, 63rd percentile; D-KEFS Color Naming SS = 8, 25th percentile; D-KEFS Word Reading SS = 11, 63rd percentile; D-KEFS Number Sequencing SS = 5, 5th percentile; D-KEFS Letter Sequencing SS = 9, 37th percentile).

Emotional Functioning

Mr. Alexander's emotional profile indicates he has a tendency to internalize his emotional distress. He seems to experience feelings of demoralization, depressed mood, self-doubt, low self-confidence, stress, and worried thinking. Some of his written responses included, "back home I never fit in," "I regret losing my temper often," "at bedtime I can often feel lonely," "I feel alone lots of the time," "my greatest fear is being alone," "when I was a child I felt unseen," "my nerves can get he best of me over small things," "I suffer over small things and inconveniences," "the future can be scary," and "sometimes I let myself get obsessed with minor imperfections." Mr. Alexander may also engage in some impulsive behavior. Concerning potentially healthy thinking, he noted, "I have a lot of potential." Socially, Mr. Alexander may be a bit passive. Some of his written responses potentially related to social frustrations included, "men are aggressive," "people always need something from me," "other people don't understand me," "I need more friends in my life," and "I am very shy in medium sized crowds." Some

potential family problems were also indicated. Additionally, Mr. Alexander endorsed challenges with inattention and poor memory.

Impressions

Mr. Alexander's cognitive profile is consistent with some of the challenges sometimes observed in individuals diagnosed with attention-deficit/hyperactivity disorder, including limitations in attention, memory encoding, and impulsivity. He even shows some variability between his verbal/visual abilities and his working memory/processing speed. Therefore, he appears appropriate for the diagnosis. It is also important to note many things can impact a person's attention, including sleep, nutrition, food sensitivities, dehydration, stress level, environment, medical issues, medications, and this list goes on. Therefore, addressing a variety of concerns is likely to be the most effective way to manage symptoms of inattention. Concerning his emotional functioning, there appears to be some signs of emotional distress, which are recommended to be further explored in psychotherapy.

Diagnosis

F90.2 Attention-Deficit/Hyperactivity Disorder,
Combined Presentation, Mild

Recommendations

1. Psychotherapy: Given Mr. Alexander's potential challenges with emotional distress, psychotherapy is recommended.

2. Behavioral Therapy for ADHD: Given Mr. Alexander's challenges with inattention and impulsivity, behavioral psychotherapy is recommended. Specifically, treatment would be focused on managing habits and challenges related to attention-deficit/hyperactivity disorder. Psychotherapy would focus on implementing and reinforcing adaptive habits and increasing adaptive coping strategies. Additionally, readings by Russell Barkley, Ph.D., may also assist in better understanding and managing symptoms of attention-deficit/hyperactivity disorder.

3. Medication Management: Psychopharmacological intervention may be valuable in reducing Mr. Alexander's symptoms of inattention, impulsivity, and potential emotional distress. Therefore, continued medication management is recommended, although psychotherapy is still likely to be an important part of the treatment process. Decisions regarding medications for psychological symptoms are ultimately up to Mr. Alexander and the healthcare provider managing his medications.

4. Academic Services and Supports for ADHD: Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 are federal legislative acts designed to protect the civil rights of individuals with disabilities. Given Mr. Alexander's diagnosis of attention-deficit/hyperactivity disorder and challenges related to inattention and impulsivity, he is protected under these acts and should receive accommodations where appropriate. His cognitive challenges are likely to impact his performance in academic settings. Therefore, it is recommended he receive appropriate accommodations for his deficits. These accommodations apply to any non-religious academic institution, including primary, secondary, and post-secondary education. Some possible accommodations include:

a. Extended time on quizzes, tests, and exams
b. Distraction-free/sensory-friendly environments for quizzes, tests, and exams
c. Receive class notes from a designated note-taker
d. The option to record lectures
e. Priority seating away from windows, doors, and other distractions
f. Brief breaks between tasks and during long exams

5. Memory Encoding and Retrieval: As Mr. Alexander indicated some challenges with memory encoding and retrieval, the following strategies may assist in improving these areas:

a. Create visual representations, graphic organizers, flashcards, or other learning aids
b. Increase variety and engage in multiple styles of learning
c. Connect varying formats. Encode information together through the use of visual, verbal, and even experiential means when able
d. Create associations between concepts, terms, and ideas
e. Apply material to the real world, use examples, and engage in the use of mnemonics
f. Become an active reader: highlight, underline, and take notes
g. Thoroughly study material not only to the point of recall, but also 'over-studying' material to the point of being 'ad nauseam.' Then be able to recall information easily and without additional thought
h. Practice! This includes practicing on your own and taking practice tests
i. Slow down, relax, organize the material, visualize concepts, and repeat information
j. Review material just prior to going to sleep. This should assist in remembering content

6. Behavioral Management of Adult ADHD:

a. Cardiovascular activity for 30+ mins, 5 days/week, particularly in the mornings
b. Eat regular meals with plenty of whole foods, while avoiding processed sugars
c. Establish routine, maintain a structured environment, and keep an organized schedule
d. Make lists, set reminders, and avoid excessive multi-tasking
e. Create a work/school environment free of distractions
f. Take short breaks during tasks requiring sustained mental energy (ex: long reports)
g. Get 7-9 hours of sleep each night
h. Hydration is incredibly important for cognitive functioning, so drink plenty of water

7. Improved Sleep Habits:

a. Establish a consistent bedtime and waking time that is the same every day of the week
b. Your sleep environment should be quiet, dark, and a comfortable temperature
c. There should not be electronic devices in the bedroom, including televisions
d. The bed itself should only be used for sleep, no electronics or other habits
e. Avoid daytime napping
f. Try to wake up in between sleep cycles, which generally last about 90 minutes each
g. If you cannot fall asleep in 5-10 minutes, get out of bed until you feel very sleepy
h. Establish a consistent nighttime/bedtime routine
i. Avoid meals, beverages, and exercise starting two to three hours before bedtime
j. Avoid caffeine starting six to eight hours before bedtime

Thank you for involving us in your care and treatment,

_____

Justin R. Steele, Psy.D.
Clinical Psychologist 0810006262
LifeStance Health, Inc.
9202 Center Oak Court
Mechanicsville, VA 23116
(804) 730-0432

Psychometrist: Mary O'Toole