Psychology Research & Training Clinic

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Pseudonym: Richard Vanmeter, MBA
Age: 29 **Sex:** Male

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Neuropsychological Assessment

REASON FOR REFERRAL

Mr. Richard Vanmeter is a 29-year-old, white, cisgender gay man referred by a community agency to the training clinic to be assessed for Attention Deficit/Hyperactivity Disorder (ADHD). The referral was made on the basis of difficulties Richard reported experiencing over the last few years, including mood swings, attention concerns, and trouble at work (e.g., "job burnout"). Client denied testing for ADHD as a child and reported excelling as a student despite his "quirks," which became more impairing over time, interfering with completion of daily tasks, professional satisfaction, and management of mental health at present. Thus, the purpose of the evaluation was differential diagnosis, and based on the results, to inform Mr. Vanmeter of targeted skill-building approaches, sustainable coping strategies, and tailored mental health services.

PROCEDURES

Clinical Interview with Mr. Vanmeter
Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)
Wechsler Memory Scale- Fourth Edition (WMS-IV), selected subtests
Wisconsin Card Sorting Task-64, Computer Version (WCST-64)
Structured Clinical Interview for DSM-5 Disorders-Clinician Version (SCID-5-CV)
Personality Assessment Inventory (PAI)
Alcohol Use Disorders Identification Test (AUDIT)

BACKGROUND INFORMATION

Clinician conducted extensive semi-structured and structured clinical interviews to inform differential diagnosis and answer Mr. Vanmeter's referral question. Thus, for purposes of brevity and clarity, only the background information most relevant to this psychodiagnostic evaluation is presented below.

Developmental and Medical History

In terms of Richard's early development, client reported that his mother was bedridden for some time before his and his twin sister's birth, and that an emergency Cesarean section was performed due to a breech presentation. In terms of developmental milestones and language difficulties, Richard reported attending instructional speech therapy for a few years because of difficulty producing the letters 'R' and 'S'. Medically, client reported syndactyly, treated with surgery to remove excess skin between joined fingers and surgical wisdom teeth extraction. Richard reported no relevant medication or recreational drug use, with the exception of caffeine at 2-4 servings/day without experiencing a "jolt of energy or huge crash."

Family History

Richard reported being one of three siblings conceived by their mother and father through sperm donation. Of note, Richard learned from his aunt that he was donor-conceived and subsequently connected with his half-siblings all fathered by the same donor. Client shared that he has a twin sister, and that their older sister died from cervical cancer when they were 16 years old. Richard's mother also died from lung cancer 6 years later. Richard's

father was responsible for raising his two grandchildren until he forfeited guardianship in custody proceedings requiring Richard's testimonial, which placed Richard under a great deal of stress.

Psychological and Social History

Richard shared that his best friend since elementary school is someone with whom he remains incredibly close. This friend was diagnosed with ADHD about two years ago, at which time Richard was struck by how her clinical presentation of ADHD sounded like his own lived experience. The client reported experiencing symptoms consistent with ADHD since he was four years old, including impatience, time blindness, "object impermanence" (out of sight, out of mind; struggles to maintain an active representation of what's unseen in conscious awareness), and difficulties with short-term memory, emotion regulation, and redirecting his attention.

Richard sought and received an adult ADHD screener in 2022, which included an ADHD self-report measure and the Conners Continuous Performance Test-Third Edition (CPT 3). The results of this screening were inconclusive. Richard also reported past experiences with cognitive behavioral therapy (CBT) during which clinicians tried to draw connections that attributed certain tendencies or characteristics to lived experiences; however, Richard said he found this unhelpful.

Academic History

Richard reported few behavioral problems in the context of primary school, with exceptions related to reading (ahead or unrelated materials) during class, disorganization, tattling, and impatience with classmates or the pace of progress through course material. The organizational issue concerned Richard's handwriting, which began as scribbling until he received negative feedback, after which point Richard course-corrected to achieve impeccable penmanship. Richard was identified as a gifted student during childhood and excelled academically. He attended a public research university for his undergraduate studies, where he studied history, archeology, and French. Richard noted that college was the first time he was challenged intellectually while having the autonomy to choose classes that he found interesting. As such, Richard recalled dropping a few classes when he was bored. He went on to receive his MBA from a large public university and completed this degree program in French.

Work History

Richard's work history is significant for a number of reasons. He has held several positions for someone his age, sometimes concurrently, and each position left behind was of his own volition. While occupying professional roles with cyclical, repetitive, and/or redundant responsibilities, Richard's quality of life and mental wellbeing have suffered; in other words, in the absence of novelty, creativity, variety, critical-thinking challenges, and problem-solving tasks, Richard said he struggles to remain engaged in work. Client also reported the need to work on multiple workflows simultaneously in order to stay engaged and perform well without burnout. Richard stated he prefers working from home, since he struggles to focus on one project at a time or attend to the content of team meetings in an office environment.

MENTAL STATUS & BEHAVIORAL OBSERVATIONS

The client was oriented to person, time, and place. His mood was euthymic and he showed a range of affect appropriate to the situation (e.g., expressing frustration when tasks were difficult). Mr. Vanmeter seemed gracious and considerate, sometimes laughing nervously and fidgeting in his seat, both of which were expected during a lengthy and invasive psychological assessment. Richard denied homicidal ideation, suicidal ideation, and non-suicidal self-injury. Across all sessions, Richard's thought content appeared logical and linear and gross memory appeared intact. Based on observations of his behavior as well as the pattern of test scores, the current results appear to be a reliable and valid estimate of his current psychological functioning.

ASSESSMENT RESULTS

Cognitive Abilities

Richard was administered the ***Wechsler Adult Intelligence Scale-Fourth Edition*** **(WAIS-IV)** in order to assess his cognitive abilities. Cognitive ability refers to a person's ability to problem solve, reason, and learn. The WAIS-IV provides a general measure of cognitive ability and intellectual functioning (FSIQ), which is generated from four index scores described below. The *Verbal Comprehension Index* (VCI) measures verbal reasoning, verbal conceptualizations, and crystallized knowledge. The *Perceptual Reasoning Index* (PRI) measures perceptual reasoning, spatial processing, and visual-motor integration. The *Working Memory Index* (WMI) measures attention, concentration, and mental control. Lastly, the *Processing Speed Index* (PSI) measures the speed of mental and graphomotor processing. In addition, the *General Ability Index* (GAI) is a composite score generated from the three core Verbal Comprehension subtests (Similarities, Vocabulary, Information) and the three core Perceptual Reasoning subtests (Block Design, Matrix Reasoning, Visual Puzzles) and provides a measure of cognitive ability that is less sensitive to the working memory and processing speed components of the FSIQ.

The FSIQ, GAI, and index scores (VCI, PRI, WMI, PSI) are based on a mean of 100, with a standard deviation of 15. Average scores range from 85 to 115. The confidence interval indicates there is a 95% likelihood that a score representing Richard's true ability lays within that range. The FSIQ and index scores are standard scores and can be compared to each other. Individual subtest scores have a mean of 10, with a standard deviation (SD) of 3. Average scores range from 7 to 13. Subtest scores are standard scores and can be compared to each other, but not to index scores.

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

Verbal Comprehension Index = 145		***Perceptual Reasoning Index = 117***	
Similarities	16	Block Design	15
Vocabulary	19	Matrix Reasoning	11
Information	17	Visual Puzzles	13
Working Memory Index = 111		***Processing Speed Index = 127***	
Digit Span	11	Coding	17
Arithmetic	13	Symbol Search	13

Richard's performance on the WAIS-IV revealed a *Full Scale IQ* in the ***Very Superior*** range (FSIQ = 133, Percentile Rank = 99, 95% CI = 128-136) and a *General Ability Index* also in the ***Very Superior*** range (GAI = 135, Percentile Rank = 99, 95% CI = 129-139). As several of the comparisons between index scores were quite large (e.g., VCI-WMI difference = 34, a statistically significant difference at the .05 level, obtained by 0.60% of the individuals in the WAIS-IV standardization sample), Richard's global intelligence is best understood by examining his performance *within each index* (i.e., VCI, PRI, WMI, and PSI).

Richard attained a *Verbal Comprehension Index (*VCI*)* of 145 (99.9th percentile), a score considered to be in the ***Very Superior*** *range*. The VCI measures verbal reasoning and concept formation. Inspection of the subtest scores comprising this domain revealed significant variability. Richard achieved his best performance among the verbal reasoning tasks on the Vocabulary (Critical Value = 1.58, p = .05) and Information subtests; his strong performances on these subtests were much better than that of most of his peers. The Vocabulary subtest required Richard to explain the meaning of words presented in isolation. As a direct assessment of word knowledge, this subtest is one indication of his overall verbal comprehension. Performance on this subtest also requires abilities to verbalize meaningful concepts as well as to retrieve information from long-term memory. The Information subtest required Richard to respond orally to questions about common events, objects, places, and

people. The subtest is primarily a measure of his fund of general knowledge. Performance on this subtest also may be influenced by cultural experience and quality of education, as well as his ability to retrieve information from long-term memory.

Richard earned a *Perceptual Reasoning Index* (PRI) score of 117, placing him in the ***High Average*** range and above those of approximately 87% 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. Richard presented with a diverse set of nonverbal abilities, performing much better on some nonverbal tasks than others. The degree of variability is unusual for individuals his age and may be noticeable to those who know him well. Matrix Reasoning emerged as a weakness relative to Richard's own overall mean score across the ten subtests (Critical Value = 1.92, p = .05). The Matrix Reasoning subtest required Richard to look at an incomplete matrix and select the missing portion from five response options. This subtest assesses fluid visual information processing and abstract reasoning skills.

Richard attained a *Working Memory Index* (WMI) score of 111 (77th percentile, ***High Average*** range), suggesting his immediate memory, auditory processing of verbal stimuli, and ability to use rehearsal strategies all fall within normal limits. Richard's score on the Arithmetic subtest was higher than his score on Digit Span, and may indicate specific strengths in arithmetic computational skills rather than a general proficiency in working memory. It should also be noted that the 16-point difference between WMI and PSI scores was statistically significant at the .05 level (and obtained by 13.50% of the individuals in the WAIS-IV standardization sample). Thus, Richard's abilities to sustain attention, concentrate, and exert mental control were a weakness relative to his processing speed abilities. However, his ability to exert mental control is still within the high average range and better than that of approximately 77% of his peers.

Finally, Richard's *Processing Speed Index* (PSI = 127) was in the ***Superior*** range, indicating strengths in processing visual material under time pressure relative to his peers (Percentile Rank = 96%). Inspection of the subtest scores comprising this domain revealed significant variability, as this amount of scatter was obtained by fewer than 15% of individuals in the WAIS-IV standardization sample. Although the subtests that comprise this composite are both measures of clerical speed and accuracy, they differ considerably in the content of the stimulus material. Upon examination between his performance on VCI and PSI (difference score = 18, critical value = 10.99, $p < 0.05$), processing visual material quickly is an ability that Richard performs less well than his verbal reasoning ability. Of note, individuals with superior reasoning ability often tend to perform less well, although still adequately, on processing speed tasks.

Overall, the results of this assessment suggest that Richard possess variable cognitive abilities, though all of them fall within average or above ranges.

Neuropsychological Measures

Richard was administered a subset of tests (Logical Memory, Verbal Paired Associates, and Designs) from the ***Wechsler Memory Scale-Fourth Edition (WMS-IV)***. Reason for administering only a subset of tests from the WMS-IV included (1) Richard's self-reported concerns with auditory memory, expressed as difficulty remembering content from conversations and sensitivity to sounds/noise; and (2) a high average WMI score on the WAIS-IV (relative to above average or very superior scores on the remaining indices).

The WMS-IV is an individually administered assessment of the strategies and processes involved in memory and recall, and it yields several useful scores. Primary subtest scores describe the main ability measured by the subtest and are used to compute index scores. Primary subtest scores are always scaled scores. Scaled scores range from 1-19, with a mean of 10 and a standard deviation of 3. Average scores range from 7 to 13. Subtest scores are standard scores and can be compared to each other, but not to index scores. Subtest scaled scores

are used to form Index scores representing broad areas of memory. Index scores range from 40-160, with a mean of 100 and a standard deviation of 15. Average scores range from 85 to 115. The confidence interval indicates there is a 95% likelihood that a score representing Richard's true ability lays within that range.

Additionally, subtest process scores describe specific abilities and skills measured within a subtest and are either scaled scores or cumulative percentages. A summary of Richard's scaled scores and Auditory Memory Index are presented below.

Wechsler Memory Scale- Fourth Edition (WMS-IV) Scores

Auditory Memory Index = 100		***Additional subtests***	
Logical Memory I	10	Designs 1	12
Logical Memory II	7	Designs II	14
Verbal Paired Associates I	10		
Verbal Paired Associates II	13		

Richard attained an *Auditory Memory Index (*AMI*)* score of 100 (50th percentile), placing him in the ***Average*** range compared to other individuals his age. The AMI is designed to measure the ability to listen to oral information, repeat it, and then recall the information after a 20- to 30-minute delay. Inspection of the subtests comprising the AMI reveals significant variability in percentile rank: Logical Memory I = 50%, Logical Memory II = 16%, Verbal Paired Associates I = 50%, and Verbal Paired Associates II = 84%. Verbal Paired Associates II, which measures delayed cued recall for word associations, emerged as a relative strength (Critical Value = 2.48, p = .05). On this subtest Richard was required to recall novel, semantically related words after a 20- to 30-minute delay. In contrast, the Logical Memory II subtest, which measures the ability to recall conceptually organized and semantically related verbal information after a delay, emerged as a relative weakness (Critical Value = 2.48, p = .05). On this subtest, Richard was asked to recall specific details of information presented orally in a story format in a single exposure after a 20- to 30-minute delay.

Comparison of WAIS-IV and WMS-IV (Ability/Memory Comparisons) – Comparing scores from the WAIS-IV and the WMS-IV can illuminate potential discrepancies between general cognitive ability (WAIS-IV general ability index) and memory (WMS-IV composite scores) and test specific hypotheses about an examinee's cognitive strengths and weaknesses. The differential diagnosis of specific memory impairment is always accomplished within the context of general intellectual capacity.

Comparison of Richard's scores reveals significant ability-memory discrepancies within auditory memory. Discrepancies occur when a WMS-IV score is significantly below or above what would be expected based on an examinee's WAIS-IV General Ability Index (GAI = 135). Richard's achieved score on the Auditory Memory Index was significantly below the expected score (predicted = 119, actual = 100, Critical Value = 5.99, p = 0.05). The discrepancy between the predicted and actual AMI is relatively rare, occurring in 5-10% of the population.

The ***Wisconsin Card Sorting Test - 64, Computer Version (WCST-64)*** is a neuropsychological test of set-shifting. The WCST-64 was originally developed to assess abstract reasoning and ability to shift cognitive strategies in response to environmental changes. These abilities are part of a larger construct know as executive function. The WCST provides objective measures not only of overall ability, but also of particular sources of difficulty—e.g., inefficient initial conceptualization, perseveration of unsuccessful strategies, failure to maintain a categorical set, and inefficient learning across stages of the test. The examinee is required to sort stimulus cards according to different rules which are not provided. Throughout the test unannounced shifts in the sorting principle require the examinee to alter his or her approach.

This report reflects a computerized administration of the WCST-64. It is important to recognize that normative data used in this report were developed using the standard 128-card version of the WCST-64. While research has demonstrated general equivalence between computerized administration and card administration, no definitive equivalence data are available for the computerized administration of this WCST-64. As such, normative scores must be interpreted cautiously.

Raw scores on the WSCT-64 are converted to *t*-scores, which have a mean of 50 and a standard deviation of 10. Percentile ranks are converted to the following performance levels: Very Superior (≥98), Superior (91-97), High Average (75-90), Average (25-74), Low Average (9-24), Borderline (2-8), and Impaired (<2).

Mr. Vanmeter produced an ***Average*** number of *Total Errors* (*t*-score = 55, 68th percentile), *Perseverative Responses* (t-score = 48, 42nd percentile), and *Perseverative Errors* (*t*-score = 47, 39th percentile), while his *Nonperseverative Errors* (*t*-score = 65, 93rd percentile) and *Conceptual Level Responses* (*t*-score = 57, 75th percentile) fell in the ***High Average*** range. These results suggest Mr. Vanmeter possesses average executive functioning as indicated by set-shifting ability.

Diagnostic Interview

The ***Structured Clinical Interview for DSM-5 Disorders, Clinician Version (SCID-5-CV)*** is a semi-structured diagnostic interview to assess current presence and history of DSM-5 disorders and symptoms. Richard completed interview modules assessing for mood episodes and disorders, psychotic symptoms and disorders, alcohol and substance use disorders, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder (PTSD), and ADHD.

Richard endorsed symptoms consistent with a current diagnosis of Attention Deficit/Hyperactivity Disorder, combined presentation, meaning that Richard displays significant inattentive and hyperactive/impulsive symptoms. In terms of inattentive symptoms, Richard described the following: (1) difficulty sustaining attention during meetings, conversations, repetitive tasks, and household chores; (2) mind wandering in the absence of any obvious distraction, even when spoken to directly; (3) difficulty following through on instructions without systems in place to provide reminders, such that challenges in this vein led him to create said systems; (4) needing elaborate systems in place to avoid losing items; (5) being forgetful in everyday activities; and (6) being easily distracted by extraneous auditory and visual stimuli. In terms of hyperactive/impulsive symptoms, Richard described the following: (1) answering questions before the asker has stopped talking or finished stating the question; (2) difficulty waiting in line or for his turn to initiate a task; (3) jumping in to take over what someone else was doing and completing other people's sentences; (4) being chronically "on the go" or juggling multiple projects simultaneously because his mind always needs to be busy; and (5) fidgeting, tapping his foot, or distracting himself as he is uncomfortable being still for extended time without effortful mental engagement or splitting his attention. These inattentive and hyperactive/impulsive symptoms are reportedly present in two or more settings (work, home, and relationships), negatively affect Richard's functioning across those settings, and were present prior to 12 years of age.

Client endorsed symptoms consistent with generalized anxiety (e.g., fatigue, difficulty concentrating or mind going blank, irritability, sleep disturbance), but (1) he did not describe excessive anxiety occurring more days than not for at least 6 months about a number of events or activities; (2) he denied uncontrollable worry or apprehension; and (3) the anxiety symptoms Richard reported were better accounted for by his ADHD diagnosis. Similarly, Richard reported experiencing symptoms consistent with PTSD and major depressive disorder (MDD) during specific time points. However, these experiences coincided with periods of hardship better explained by context-specific factors (e.g., grief, burnout, interfamilial conflict) as opposed to PTSD or MDD.

Richard denied experiences consistent with mania or psychosis. Finally, Richard did not meet diagnostic criteria for the following disorders: Agoraphobia, Obsessive-Compulsive Disorder, Social Anxiety Disorder, Panic Disorder, or a Substance Use Disorder (i.e., Alcohol or Cannabis Use Disorder).

Self-Report Measures of Personality & Psychopathology

The ***Personality Assessment Inventory (PAI)*** is a self-report, objective test of personality and psychopathology designed to provide information on critical aspects of adult clients. Scales yield T-scores with a mean of 50 and a standard deviation of 10. Scale scores greater than 70 are unusual in the general population and likely indicate problems of clinical significance. PAI scales do not, on their own, provide adequate evidence for specific diagnoses. Rather the symptoms and behaviors documented by the PAI can support diagnostic conclusions in the context of additional information.

Upon inspection of the validity scales, it appears that Richard's test data should be interpreted with caution. There may have been idiosyncratic responses that could affect test results (INF, T-score = 67) and the client's response pattern contains subtle indications that positive impression management may be evident (Defensiveness Index, T-score = 63; Cashel Discriminant Function, T-score = 64). Richard appears rather hesitant to endorse negative consequences that might be associated with his actions or behavior; this in turn might imply a tendency to minimize problems and the impact or disruptive effects that any such problems may have on his life or the lives of others. Individuals with this relatively guarded response style tend to play down areas of functioning that close associates might view as problematic. As such, the results of this inventory may underrepresent the degree of symptoms experienced or the extent of the clinical picture.

Richard's profile was marked by a significant elevation on the Mania clinical scale (MAN, T-score = 71), which measures features associated with aspects of a manic episode. His clinical picture is indicative of someone who exhibits heightened levels of activity (i.e., hyperactivity), as well as elements of grandiosity and irritability, though each in mild to moderate degrees. Richard's responses imply he may be somewhat overcommitted to a wide variety of activities, but not necessarily in a disorganized fashion. His thought content is likely marked by an element of expansiveness and with a focus on strategies for success. Collectively, this clinical picture aligns more so with traits self-reported by the client during his initial intake interview (than "true" mania).

The client's interpersonal style seems best characterized as involving strong needs for affiliation and positive regard from others, while his self-concept appears to involve a generally positive self-evaluation. Richard's responses are indicative of a relatively confident, resilient, and optimistic person whose self-esteem may be reactive to changes in his current circumstances. During times of stress, Richard may inwardly be troubled by more self-doubt and misgivings about his adequacy than is readily apparent to others. Reactive changes in self-esteem appear to be accompanied by uncertainty about goals, values, and important life decisions, also consistent with themes that emerged during the semi-structured intake interview (e.g., existential anxiety).

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item self-report screening tool designed to assess alcohol consumption, drinking behaviors, and alcohol-related problems in the past year. Scores range from 0 to 40, with a score of 8 or higher suggestive of an alcohol problem. Client's AUDIT score was an 8, suggesting that he may be at risk of encountering negative consequences from his alcohol use.

SUMMARY AND RECOMMENDATIONS

Based on information gathered through objective psychological and neuropsychological measures and clinical interview, it is determined that Richard meets DSM-5 diagnostic criteria for Attention-Deficit/Hyperactivity Disorder, combined presentation. Rationale and interpretation of Richard's clinical profile is as follows. Richard reported consistent difficulties with inattention, short-term memory, and patience that negatively affect his ability to function across multiple life domains, including work, home, and relationships. Richard's performance on selected subtests from the WMS-IV provides some support for his memory concerns, specifically auditory memory. His ability to remember organized and related verbal information after a roughly 30-minute delay was considered a personal weakness, which appears consistent with his self-report that he struggles to remember content of conversations with others.

Importantly, results from the WAIS-IV and WCST-64 suggest that Richard's symptoms of ADHD do not appear to be better explained by cognitive impairment. His full-scale IQ (FSIQ = 133, 99th percentile) was in the superior range for someone his age, and his performance on the WCST-64 suggested no difficulties with set shifting (a component of executive functioning). Moreover, throughout the testing process, Richard exhibited good insight into his experiences and expressed motivation to understand his current psychological functioning and directly confront these issues. He has also been a high-achieving student academically and self-directed entrepreneur.

That said, it is important to note that ADHD is a valid disorder in the context of high IQ, and there is evidence to suggest that individuals with high IQ scores are at increased risk of being "missed" diagnostically due to compensatory strategies (Rommelse et al., 2016). Richard may be an example of such a person, as he noted an extensive set of healthy, effective cognitive and behavioral strategies to manage his ADHD symptoms. In addition, some research has shown how patterns of scores on the WAIS-IV (such as Richard's, where there was considerable variability among the index scores) are thought to 'mimic' the symptoms of ADHD while functionally masking the diagnosis because significant impairment is not observed (Beljan et al, 2016; Webb et al., 2004).

Given Mr. Vanmeter's unique presentation, below are a series of specific recommendations for Richard to consider:

- Richard is encouraged to consider attending individual therapy on a regular basis. Therapy models that account for the unique emotional and cognitive complexities associated with high intelligence and ADHD may be helpful to him. For example, Richard may stand to benefit from Acceptance & Commitment Therapy (ACT), with a particular emphasis on meaning-making and values-based work to mitigate existential anxiety and anxious thoughts surrounding time management.
- Richard may want to consider engaging in other attention-improving interventions that aren't necessarily related to psychotherapy, such as self-directed mindfulness training and/or meditation. Research has shown these practices to be helpful to those with symptoms consistent with ADHD as well as for enhancing emotional awareness and self-regulation (Mitchell et al., 2015).
- Richard may want to consider a hearing evaluation with an audiologist to inform whether hearing loss may help to explain some of the observed deficits in auditory information processing. In addition, ongoing monitoring and evaluation may help both parties to remain aware of any additional changes in Richard's auditory memory abilities.
- It is recommended that Richard develop a set of encoding strategies that help him to remember organized and related information that is presented verbally, both in the short- and long-term. Examples of encoding strategies include segmentation (chunking), mnemonic devices, and self-referencing.
- Finally, Richard and his husband are encouraged to consider learning more about ways in which ADHD can affect an individual within and beyond their interpersonal relationships. There may be support groups available to them as well as self-help or educational books devoted to the topic.

It was a pleasure to work with Richard. Please do not hesitate to call our clinic with any questions or to discuss these results and recommendations in greater detail.

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Stephanie B. Ward, MS Date
Graduate Clinician

Christopher J. Gioia, PhD Date
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