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PSYCHOLOGICAL EVALUATION WITH A PARENTING COMPONENT

Name: Jane Doe

Age: 29

DCFS Caseworker: Michelle Mattingly

Dates of Assessment: 10/5/17, 10/23/17, 1/11/18, 1/22/18, 2/10/18

Location of Testing: Examiner's office (Collateral information was gathered by phone.)

Examiner: Rick Biesinger, Psy.D., NCC

REASON FOR REFERRAL:

Jane, a 29-year-old female, was referred for testing by the Division of Child and Family Services (DCFS) in order to evaluate and determine her psychosocial functioning, degree of psychopathology, diagnoses, and appropriate treatment recommendations. DCFS also requested that a parenting component be added to the evaluation.

TESTING INSTRUMENTS:

Clinical/Diagnostic Interview

Wechsler Abbreviated Scale of Intelligence: Second Edition (WASI-II)

Minnesota Multiphasic Personality Inventory: Second Edition (MMPI-2)

Millon Clinical Multiaxial Inventory: Fourth Edition (MCMI-IV)

Beck Depression Inventory: Second Edition (BDI-2)

Adult ADHD Self-Report Scale (ASRS-v1.1)

Child Abuse Potential Inventory: Form VI (CAPI)

Substance Abuse Subtle Screening Inventory: Fourth Edition (SASSI-4)

Parenting Stress Index: Fourth Edition (PSI-4)

Parent-Child Relationship Inventory (PCRI)

Current Difficulties:

At the time of her interview, Jane reported having some difficulties with anxiety. She stated that she feels anxious, feels nervous around other people, and talks fast. She also stated that she has a difficult time with change, that her heart pounds at times, and that she worries excessively.

When asked about her reported nervousness around other people, Jane stated that she feels nervous in "a big group of people or people that I don't know." Overall, she stated that being in crowds causes a lot of anxiety for her. She also stated that getting up in front of people causes her a lot of anxiety. She stated, for example, that she has to stand up and present something in her "MRT" class (moral reconnection therapy), "and I haven't been able to pass it off." She also stated, "I don't really go out...rarely." When asked about her report of worrying excessively, she stated that she is generally always worried about something. She stated that it has been that

way since she was a child. When asked to be more specific about what she worries about, she stated that she worries about "money" and "getting things done...the tasks...being on time...work....my kids...I worry about a lot of things."

The examiner asked Jane if she has ever had any panic attacks (She had a mild panic attack in the examiner's office, which is why the examiner asked her if she has had them in the past.). She stated that she was not sure what those were, but when the examiner explained them to her, she stated that she has had them. "I have had them in the store," she stated. She stated that she has them "a few times a month."

Jane also reported having some difficulties with inattentiveness. She stated that she has a difficult time concentrating at times, "depending on what it is," does not seem to pay attention to "certain details," has a difficult time focusing, and does not seem to listen when people talk to her at times. She also stated that she is easily distracted, has poor follow through, is forgetful, becomes bored easily, "depending on what it is," and has disorganized thoughts. She stated that she has experienced those symptoms since she was a child. She also stated that when she reads something, "I have to keep rereading it."

Jane also stated that she has had an increase in her appetite or weight and feels sad. When asked to rate her reported level of sadness on a scale from 0 to 10, Jane stated that it is generally "like a 2 or 3." Overall, she stated that she does not experience a lot of sadness. "I've been depressed," however, she then stated. She stated that she has struggled with "postpartum depression after "every child" was born. Overall, she stated that she has struggled with depression "since I was young."

Treatment History:

Jane stated that she went to therapy for the first time "whenever I was a child...I don't remember what age." She stated that she went to therapy for "maybe a month or two; I'm not sure." She stated that she then stopped going to therapy and did not receive any additional form of therapy until "2011 or 2013...I can't remember what year really." She stated that she went to therapy (in 2011 or 2013) "off and on" for "maybe six months; maybe a year." She stated that she then stopped and did not go again until about October of 2017. She stated that she had "an assessment" and that some "classes" were recommended, so she has been participating in intensive outpatient treatment. She stated that she went to individual therapy six or eight times and then started "group classes." She stated that she has been participating in an "MRT" class, a "women's" class, and a class on "relationship and matrix." She stated that she also takes a "bridging or something like that" class. In addition, she stated that she has continued to see an individual therapist.

Family History:

Jane stated that she lived with her mother and father when she was a baby. She stated that her parents separated "probably a couple months after I was born; maybe a year." She stated that she then lived with her mother and had some visits with her father. She stated that she lived with her father for about a year during 3rd grade. When asked why she lived with her father during that year, she stated, "probably cause my mom wasn't there to take care of me." She stated that

she returned to her mother's home after about a year and remained with her until she was 18. She also stated that she has lived with her mother at times as an adult. She stated that she was never removed from her mother and never lived in foster care.

When asked to describe her childhood, Jane stated, "I was often outside playing with friends or by myself." When asked how discipline was handled in her home, she stated, "I don't feel I was disciplined. If I had gotten spanked, it was rare." When asked what she would change about her childhood or family, if she could change anything, she stated, "I wish I could have had both parents in my life while growing up."

When asked to describe her mother, Jane stated, "She is a hard worker" and "provider." When asked about her relationship with her mother, she stated, "I wish we were closer like we used to be." When asked for more information, she stated, "We just don't get to talk as much...I just wish we talked more." Overall, she remained somewhat vague about her relationship with her mother.

Jane stated that her father passed away when she was 18 or 19, as a result of a heart attack. When asked what he was like, she stated, "I never really got a chance to get to know him," but she stated that he "made me laugh." When asked what her relationship was like with him, she stated, "I wish he was more involved when I was a child."

When asked about siblings, Jane stated that she has two younger half-sisters from her father and "different women." She stated that she does not have any biological siblings. When asked about her relationship with her half-sisters, she stated, "I don't really know them." She stated that they "live far away."

Jane stated that she has been married one time. She stated that she married her husband in 2012 and that they are still married. When asked about her relationship with him, she stated, "There is room for some improvement." She stated that she and her husband "need better communication." Overall, however, she stated that they get along.

When asked about children, Jane stated that she has three sons. She stated that she has a 4-year-old son named Darren, a 3-year-old son named Alex, and a 2-year-old son named Adam. When asked about her relationship with her children, she stated, "My relationship with our [three] boys is great. We enjoy our time with each other. We love being near one another."

When asked if there were any divorces, deaths, or other family tragedies growing up that may have contributed to her current difficulties, Jane stated that her parents' divorce and her father's passing "probably did" contribute to her difficulties. When asked how, she stated, "I didn't have a normal life growing up. My dad was never around." She also stated, "I just wish I had a normal childhood." In addition to the divorce and her father's passing, she stated that her mother "drank a lot."

When asked if any mental health difficulties run in her family, Jane stated that her mother struggles with depression and anxiety. No additional difficulties were reported.

Developmental History:

Jane denied having any history of developmental delays. No collateral information was available to verify whether or not that is true.

Abuse History:

Jane stated that she was neglected when she was a child. When asked about it, she stated that she had food and shelter etc., but was "maybe" neglected emotionally. "There was a party every day in my house," she stated. She stated that her mother did not pay attention to her at times. "She was partying a lot," Jane stated, referring to her mother. "I was on my own a lot," she then stated.

When asked if she was ever verbally abused, Jane stated, "not really." When asked if she was ever physically abused, she stated, "not really, no; no." No additional information was provided.

When asked about sexual abuse, Jane stated that she was sexually abused by "my cousin" when she was in about 6th grade or 7th grade. When asked for more information, she told the examiner that she did not want to talk about it because she did not want the examiner writing about it in the report.

Jane also stated that she was sexually abused by a coworker. "I can't remember how old I was," she stated. When asked for more information, she stated that she did not want to talk about it. "I don't want everyone knowing about that," she stated, so she stated that she did not want to share any details. When asked if she feels affected by the sexual abuse, she stated, "I don't know how it affects me." She stated that she is discussing it in therapy. The examiner respected her request to not discuss her reported sexual abuse and did not ask any additional questions. Overall, she did not report symptoms of trauma.

Legal History:

Jane stated that in 2011, "I got charged with underage drinking...I was in jail for...a week almost." She also stated that in 2016, "I got a ticket...for assault." When asked what happened, she stated that a 17-year-old male "was texting and driving" and hit Jane while driving. She described it as "a fender bender." She stated that she was frustrated because her children were in the car and she was expecting a child. "It just made me mad," she stated, so she stated that she hit him. She also stated that she was "charged with domestic in front of a child" in either 2016 or 2017. When asked for more information, she stated that she and Paul "were arguing in front of the kids." She then stated, "I ended up calling the cops on Paul...We had probably pushed each other around a little bit...I didn't tell that truth in the beginning, so the cop actually arrested me for not telling the truth." She denied having any additional history of legal difficulties. She stated that she has an upcoming court hearing related to the assault charge in 2016.

Academic/Work History:

Jane stated that she graduated from high school and attended one year of college. When asked how she did in elementary school, she stated, "I think I did pretty good." When asked

about junior high, she stated, "maybe Bs, Cs...I don't know; [a] couple As...I guess I would have a B somewhere in there...I hardly got Fs." When asked how she did in high school, she stated that she did not remember her GPA, but had mostly "Bs and Cs."

Jane also stated that she attended some resource classes for "language, math, and I don't know if it was science. There [were] three of them I think." She stated that she was in resource classes for those subjects "basically all throughout junior high." No additional information was provided. She stated that she disliked school and had a difficult time concentrating in school. She also stated, "I was kind of a slow learner. It needed to be put more simpler." When asked if she had a difficult time paying attention in class, she stated, "at times yes, but mostly no."

The examiner attempted to gather information about Jane's work history, but she had a difficult time with timelines, and it was very difficult to obtain concrete information from her. The following is what the examiner was able to gather. She stated that she works between 20 and 35 hours per week, calling people to complete surveys. She stated that she has had that job for "at least a year" and makes \$8 per hour. She stated that she and her husband do have the financial ability to provide for their children. She stated that prior to that job, she worked as "a maid" in "I'll say 2016." She stated that she worked as a maid for "two to three months" that year. She stated that prior to that, she worked as a maid at another hotel. She stated that her current job "is the longest job that I've had. I don't have a very good work record." When asked why, she stated, "We didn't always have babysitters available." The examiner attempted to obtain more information from her about her previous work history (e.g., dates etc.), but she stated that she had a difficult time remembering details and dates.

Jane stated that she has been fired "at least four" times. "I think it's four," she then stated. When asked why, she stated, "I wouldn't have a babysitter" or she stated that her car would not work. She also stated that she missed work at times without calling in to tell them. "No call, no show," she then stated.

Substance Use History:

As with her work history, the examiner had a very difficult time obtaining Jane's substance use history. She struggled with timelines and it was difficult to follow the conversation with her (She was tangential and would talk about things in a confusing manner at times.). The following is what the examiner was able to gather from her, but it may need to be adjusted as more clarifying information becomes available.

Jane stated that she drank alcohol for the first time when she was in 7th or 8th grade. When asked how much she was drinking it and how often she was drinking it, she stated, "once in a while; rarely; I don't know how often...whenever it was there." She stated that that continued until "maybe 9th or 10th" grade. She stated that she then quit and did not have any additional alcohol until she was 18. She stated that when she was 18, she drank "a few times a month maybe," getting drunk at times. She stated that that continued until she was 21. She stated that when she was 21, she started drinking "once a week, getting drunk every time." When asked how much she was drinking, she stated, "let's say a bottle." She stated that that continued until she was 22 (2012). She stated that she then quit because she was pregnant. She stated that she began drinking again in 2013, and drank "once a month," getting drunk "sometimes." She stated that that continued until June of 2017. She stated that she then quit, but relapsed in either September or October of 2017. She denied any additional history of alcohol use.

When asked about illicit substance use, Jane stated that she smoked marijuana for the first time when she was in 8th grade. She stated that she smoked it "once a month, I think" during that time. She stated that that continued "off and on" until July of 2017. When asked to be more specific about how often she was smoking it, she stated, "I can't calculate all that." She then told the examiner that she smoked it "a few times a day" from age 18 until June of 2017. She then stated, however, that she quit "for a few months...at times." Overall, it was nearly impossible to get a specific timeline from her about her marijuana use. She stated that she last smoked it in July of 2017.

Jane also stated that she started using meth when she was 18. She stated that she used it "a couple times a week, maybe, but that was not consistent." She stated that that continued until she was 20. She denied any use since she was 20.

Jane also stated that she used crack for the first time when she was "probably 19." She stated that she used it "a few times a week" for "a couple months; maybe six months." She denied any additional use of crack. She also stated that she used cocaine two times when she was around age 19. She denied any additional use of cocaine.

Jane stated that she also used spice when she was 20 or 21. She stated that she used it a "couple times a week" for about a year. She denied any use since that time.

Jane stated that she started smoking cigarettes when she was 18. She stated that she smoked "like two a day; maybe more" until she was 19. She stated that she then "increased" her use. She stated that from age 20 to 26, she smoked about three to four cigarettes per day. She also stated that she smoked "sometimes" during her pregnancies. She then stated that she generally smoked one cigarette per day when she was pregnant. She stated that she quit smoking about two months ago.

When asked if she considers herself to be addicted to any substances, Jane stated, "no." She also stated that she has never experienced any withdrawal symptoms. In addition, she stated that she has never dealt drugs or acted as a middle man. When asked how she obtained drugs, she stated, "friends." When asked why she thinks she used drugs, she stated, "boredom." When asked what the worst thing is that ever happened to her because of her drug use, she stated, "lack of communication" with her husband and "loss of children."

Suicide/Self-Harm History:

Jane originally denied having any history of suicidal ideation; however, when discussing it, she stated that she did feel suicidal "once as a teenager" in "7th or 8th grade." She also stated that she overdosed at that time. She stated that that is the only time she has ever felt suicidal. She denied any additional history of suicidal ideation or suicide attempts. She also denied any history of self-harming behaviors, such as cutting or burning etc.

Medical History:

Jane stated that she has a "heart murmur." She denied having any additional medical ailments. She stated that she does not currently take any medication.

DCFS Involvement:

Jane stated that this is "probably the second" time she has been involved with DCFS. She stated that the first case was open around 2016 (She stated that she could not remember the month.). She stated that a caseworker "just came to our house one day and was asking for Paul." She stated that the caseworker wanted the children to have "a welfare check...We ended up being fine." When asked why DCFS came to their home, she stated, "accusation of Paul doing drugs...She asked him to go and test," but it never happened because "he wanted to get a court order." She stated that they then ended up moving and nothing really happened with the case.

Jane stated that DCFS became involved again around July of 2017. When asked why, she stated that they were getting evicted, so they ended up staying in a hotel. "I don't know how they were called," she stated, referring to DCFS, but she stated that DCFS showed up to the hotel. "They just checked on us. We were fine," she then stated. She stated that Paul was arrested, however, and went to jail for a warrant. She stated that they then asked DCFS for money to stay in the hotel. She stated that DCFS declined their request and removed the children "the next day," claiming that they were "environmentally unstable or something." She stated that DCFS has been involved ever since that time. She stated that the children are currently in foster care.

In addition to interviewing Jane, the examiner interviewed her DCFS caseworker, Michelle Mattingly. When asked about DCFS' involvement, she sent the following e-mail to the examiner (The examiner cut and pasted the wording from the e-mail below.).

“Children were removed for physical neglect by Jane Doe and Paul Doe with Darren, Alex, and Adam. Alcohol abuse, drug abuse, inadequate housing, inadequate parenting skills and inadequate social supports were contributing factors.

The division became involved with this family after a referral was made regarding environmental neglect. After going to the home several times (CPS) and not being able to get in touch with the family it was learned that the family was living in a motel nearby. The motel room appeared picked up and there did not appear to be any safety concerns.

After meeting with the family (CPS) at the motel, it was learned that Paul and Jane were struggling financially, have substance abuse problems, and domestic violence has been present in their home.

A few days after first meeting with the family, CPS learned that Jane was alone with the children and Paul had been arrested on a parole violation. Jane feared she would be homeless and she said she was almost out of food. The children were nonverbal at ages 2, 3, and 4. All of the children were in diapers. Jane and Paul have a history with the DCFS. In the last CPS case, the caseworker was going to petition for in home services when the family moved out of the area and their whereabouts became unknown. It appeared that Paul and Jane were not able to meet the needs of their children, the Division decided to remove the children due to the chronic physical neglect.”

The examiner also interviewed Michelle and asked her more about the case. She stated that Paul and Jane have been cooperative. She stated that they call in every day and that their drug

tests have been negative. She stated that towards the beginning of the case, Jane was testing positive for THC and Paul was testing positive for alcohol, but she stated that they have been clean for about six weeks. She stated that DCFS has approved unsupervised visits that last four hours.

Michelle stated that Paul's therapist did not come to the last team meeting, and did not provide any information, so she does not have up-to-date information about his treatment. She stated that Jane's therapist had indicated that she had not seen Jane in several weeks, so Michelle stated that there was some concern about follow-through with treatment; however, she stated that that has been worked out and is no longer an issue (The examiner is not sure what was worked out or if it was merely a misunderstanding. Michelle stated that it was not an issue so the examiner did not ask any additional questions.).

Michelle stated that she thinks Paul was recently promoted to a management position at Burger King, and she stated that Jane has been working 40 hours per week. As such, she stated that their financial situation has improved in recent months.

When asked about the visits, Michelle stated that she has supervised some of the visits, and she described them as "appropriate." She stated that someone in Moab has been supervising most of the visits. She stated that Paul and Jane show up on time, but that the worker in Moab has expressed some concerns about the visits. When asked for more information, Michelle stated that it has been reported that Paul and Jane sometimes forget to bring diapers etc. It was also reported that Paul spanked the youngest child during a family visit. The worker in Moab reportedly indicated that it was appropriate, however, and that there was nothing abusive about it (The child was reportedly quite irritable that day.). The worker in Moab also reported indicated that the child acted out again and Paul handled it well. In addition, Michelle stated that it has been reported to her that Jane was "quiet" during one of the visits. Overall, however, Michelle stated that there has been "nothing like too concerning" about the visits.

In addition to being interviewed, Michelle sent the examiner a copy of the court petition. The petition is too comprehensive to adequately summarize in this report; therefore, individuals needing more specific information should read the petition themselves (Some of the petition pertains to Paul, but that information is being included in this report. Because Paul and Jane live together, that information is relevant.).

According to the petition, "On January 12, 2017, the Division received a referral for physical neglect of the children...The referent reported that the parents were using drugs" and "that the father was injecting methamphetamine or heroin." The referent also reportedly indicated that the children "are rarely in anything other than diapers...The parents aren't paying their bills and the heat was shut off at the home." In addition, the petition indicates that DCFS asked Paul "to drug test...but he wouldn't agree to it." In a follow up appointment a short time later (still in January of 2017), DCFS asked both Paul and Jane to submit to drug tests the following day, but, according to the petition, neither one of them followed through with the testing.

According to the petition, in March of 2017, Jane “called the police complaining that the father had choked her.” The police officer who responded noted that Paul “smelled strongly of alcohol.” It was also reported that he “threw a plate of spaghetti at [Jane’s] face, and he reportedly told the police at the time that Jane “was hitting the children” (He reportedly indicated a short time later, however, that he did not witness her hit the children, but assumed it had happened because “it sounded like she did.”).

According to the petition, Paul “hit one of the children on the head” in July of 2017, and reportedly “stated that if police officers showed up to their home, he would kill the mother and children.” It was noted in the petition that when they police officers arrived, they “observed the home to be extremely unsanitary, with old food products and used diapers all over the floor...The children were only wearing diapers.” The petition states, “On July 25, 2017, the Division received a referral for chronic neglect, child endangerment, and domestic violence related child abuse against the parents, which will be supported.” The petition states that in August of 2017, DCFS asked Paul and Jane to “submit to drug tests,” but both refused.

The petition also provides some additional information about Paul’s and Jane’s legal history. The petition describes legal difficulties involving Paul that date back to 2002. Many of his legal difficulties are associated with substance use, and some involve violence, including one report in 2015 that notes that Paul was “choking” Jane to the point that “her vocal chords were strained, her neck was bruised, and she passed out...The mother asked for the protective order to be dismissed 11 days later,” however. The petition also provides some information about Jane’s incident in which she reportedly punched the adolescent who rear-ended her in a car.

According to the petition, “between April and August, 2016, the mother, father, and children were living in their car and sometimes stayed at the Road Home Shelter in Midvale...Multiple referrals were made by shelter personnel that the parents were yelling at the children and were physically abusive to the children...The parents denied physically harming the children and became defensive and angry at the allegations.”

The petition also indicates that in September of 2016, Paul and Jane “were in a physical fight,” and Paul was “choking” Jane. It was also noted that Paul “was highly intoxicated and agitated.” Jane had reportedly indicated at the time that Paul “began to destroy the car by breaking all the rear tail lights.” It was also noted that “the officers received notice that [Paul] was trying to commit suicide by jumping in front of cars, he was yelling at passing cars, and he threw a bottle at one car.”

BEHAVIORAL OBSERVATIONS:

Jane was oriented to person, place, time, and situation, and she appeared to be her given age. There were no apparent physical disabilities and the rate and content of her speech were normal. Her posture was appropriate, as were her gestures. Her grooming and hygiene were also appropriate. Her eye contact was poor. She related well to the examiner and there were no indications of hostility or bizarre thought content. Overall, she was cooperative and friendly

throughout the testing process. She did cancel two appointments, however (It is the examiner's understanding that the appointments were canceled due to transportation difficulties, but the examiner does not know that for sure.).

As was stated previously, Jane had a small panic attack in the examiner's office. When the examiner was explaining the purpose of the testing to Jane, she started gasping for air and then immediately asked to use the restroom. She then left the examiner's office and acted as if she was going to throw up. She returned to the office a couple minutes later, stating that she was feeling "anxiety."

As was stated previously, it was difficult for the examiner to obtain concrete information about Jane's work history and substance use history. It is also worth noting that when she filled out the history packet, she only reported that she had used alcohol and marijuana. She wrote "no" next to every other illicit substance the examiner asked her about in the history packet. It was not until the examiner specifically asked her about her substance use that she reported a history of meth, cocaine, crack, and spice use.

PSYCHOLOGICAL EVALUATION:

Wechsler Abbreviated Scale of Intelligence: Second Edition (WASI-II):

Verbal Subtest	T-Score	Perceptual Reasoning Subtest	T-Score
Vocabulary	41	Matrix Reasoning	57

The WASI-II is a screener that assesses an individual's estimated level of intelligence. The results of Jane's profile indicate that she received an estimated IQ score of 98, which represents the 45th percentile and falls in the average range of intellectual classification. Her test results suggest that her nonverbal skills may be better developed than her verbal skills, but more comprehensive testing would be needed to know for sure whether that is true. Either way, the examiner does not have any concerns about her cognitive functioning. She has the cognitive ability to understand the consequences of her behaviors and the associated court proceedings related to this case. She also has the cognitive ability to understand everyday parenting dynamics. In addition, she has the cognitive ability to benefit from a wide variety of treatment modalities, given the appropriate motivation.

Minnesota Multiphasic Personality Inventory: Second Edition (MMPI-2):

Validity Scales:

Scale:	VRIN	TRIN	F	Fb	Fp	FBS	L	K	S
T-Score	54	65T	55	66	65	77	66	54	46

Clinical Scales:

Scale:	1 Hs	2 D	3 Hy	4 Pd	5 Mf	6 Pa	7 Pt	8 Sc	9 Ma	0 Si
T-Score	65	53	61	58	50	78	68	79	53	60

The MMPI-2 is an empirically based measure of psychopathology, and it helps identify personal, social, and behavioral problems in adults. The results of Jane's profile are valid; however, the

validity scales suggest that he she responded to the questions with a partially acquiescent mindset. In other words, she tended to agree with the premise of the questions, regardless of what was being asked (at least at times). Her test results also suggest that she may be exaggerating some of her physical ailments at times.

Jane has some somatic complaints, and she is preoccupied with health problems. Her test results also suggest that she may develop somatic symptoms in times of stress (i.e., When she feels stressed, she may develop a physical symptom, such as a headache or stomachache etc.).

Jane describes the world as a threatening place, and she feels misunderstood and unfairly treated. Some individuals with her profile report delusions and ideas of reference. She feels mistreated, misunderstood, and unloved, and she may be experiencing some persecutory ideation. In extreme cases, she may believe that others are trying to harm her physically. Although she reports feeling lonely and empty, she also avoids social situations and interpersonal relationships whenever possible. She also tends to believe that life is a strain, and many people with her profile struggle with depression. She reports worrying excessively, and she responds to stress by withdrawing into fantasy and daydreaming. She also may wish at times that she was dead. In addition, she does not believe that she is in control of her emotions and impulses at times. She may report being restless and hyperactive, having periods of laughing or crying that she cannot control, and having episodes during which she does not know what she is doing and cannot later remember what she has done.

Jane is likely reporting a moderate amount of anxiety and depression at times. She feels fatigued and exhausted, and she may struggle with insomnia at times. She also may feel some guilt. In addition, she may be in denial, and she can be immature, self-centered, demanding, suggestible, and affiliative.

Jane is unconventional. She can also be self-centered, and she likely has superficial relationships. She can be extroverted and energetic at times, but her true nature is to be more shy and timid. She lacks self-confidence, but she does view herself as being reliable and dependable.

Jane tends to not respond to provocation appropriately most of the time. On occasion, she can display some exaggeratedly aggressive responses. Those are likely infrequent in nature, however.

Although the MMPI-2 is not a substance abuse test, the results of Jane's profile suggest that she acknowledges some substance abuse problems. She has a history of acting out and she likely has some family problems. She can also be impulsive, critical, angry, and perhaps aggressive.

Millon Clinical Multiaxial Inventory: Fourth Edition (MCMI-IV):

<u>Modifying Indices</u>	<u>BR</u>	<u>Severe Personality Pathology</u>	<u>BR</u>
X-Disclosure	58	S Schizotypal	36
Y-Desirability	66	C Borderline	10
Z-Debasement	38	P Paranoid	60
<u>Clinical Personality Patterns</u>	<u>BR</u>	<u>Clinical Syndromes</u>	<u>BR</u>
1 Schizoid	34	A Generalized Anxiety	45
2A Avoidant	43	H Somatic Symptoms	20

2B Melancholic	29	N Bipolar Spectrum	60
3 Dependent	64	D Persistent Depression	20
4A Histrionic	75	B Alcohol Use	75
4B Turbulent	82	T Drug Use	60
5 Narcissistic	52	R Posttraumatic Stress	60
6A Antisocial	66	<u>Severe Clinical Syndromes</u>	<u>BR</u>
6B Sadistic	37	SS Schizophrenic Spectrum	9
7 Compulsive	67	CC Major Depression	0
8A Negativistic	40	PP Delusional	60
8B Masochistic	36		

The MCMI-IV was designed to help evaluate and diagnose individuals with emotional and interpersonal difficulties. The results of Jane's profile are valid and suggest that she maximizes the attention and favors she receives from others through a facile and enterprising manipulation of events. Her clever and often artful social behavior gives the appearance of inner confidence and self-assurance. Beneath this guise, however, lies a fear of genuine autonomy and a need for repeated signs of acceptance and near-constant approval. Because of that, she can be quite dependent on others.

Jane views herself as someone who is cheerfully buoyant and animated. She may begin to irritate others with what she perceives to be her persistently high-spirited behavior, intrusiveness, and mercurial temperament. Although she is passionate and enterprising, she is too readily bored and lacks the wherewithal and consistency necessary to complete her goals and plans. Unchecked, her behavior may become more extreme, reckless, and erratic. This can lead to depressive exhaustion. It can also result in a pattern of unpredictable behavior, scattered thinking, and brash and impetuous actions and moods, punctuated by outbursts of momentary anger and fearful anxiety.

Although the MCMI-IV is not a substance abuse test, the results of Jane's profile suggest that she probably has a recurrent or recent history of alcoholism, and has tried to overcome her problem with minimal success. As a consequence, she may experience considerable discomfort in family and work settings.

Jane can be temperamentally fickle, and she tends to be highly emotionally responsive, with positive and negative aspects coming forth with unusual ease and variation. She is as easily vivacious, animated, and enthusiastic as she is impetuous, angered, or bored. She possesses a high level of energy and activation, as well as a low threshold for autonomic reactivity.

Jane is forceful, driven, and emotionally excitable, as well as intensely zealous. She presents with a high degree of animation and she is often restless and indefatigable. Her tirelessness does not necessarily result in effective achievements, however, and, as a result, she may become socially obdurate, inappropriate, or potentially caustic and assaultive. She also sees herself as being ambitious, inspiring, and whose dynamic forces and ever-present energy activates and galvanizes others. She tends to have illusions of invincibility at times, and she tends to believe that she can undertake and accomplish more than is possibly realistic.

Jane has an undisciplined imagination and exhibits a preoccupation with immature and self-glorifying fantasies of success, beauty, or love. She is minimally constrained by objective reality, she takes liberties with facts, and she often lies to redeem illusions about herself.

Jane sees herself as being efficient, disciplined, meticulous, and industrious. She also sees herself as being devoted to work and to meeting responsibilities, and she tends to minimize the importance of recreational and leisure activities. She is fearful of being viewed as irresponsible and as someone who fails to meet the expectations of others, or as someone who is error-prone. Because of that, she may overvalue discipline, perfection, prudence, and loyalty.

Beck Depression Inventory: Second Edition (BDI-2):

The BDI-2 is an instrument designed to aid in the diagnosis of depression in adults. The results of Jane's profile indicate that she is reporting a mild amount of depressive symptomatology. She reported that she feels sad much of the time, believes that she has failed more than she should have failed, feels guilty over many of the things she has done or should have done, and believes that she is being punished. She also reported that she is disappointed in herself, cries more than she did in the past, feels more restless or wound up than normal, and finds it more difficult to make decisions than normal. In addition, she reported that she sleeps somewhat less than normal, that her appetite is somewhat greater than normal, that she finds it difficult to keep her mind on anything for very long, and that she becomes tired or fatigued more easily than normal.

Adult ADHD Self-Report Scale (ASRS-v1.1):

The ASRS-v1.1 is a screening instrument designed to aid in the diagnosis of ADHD in adults. The results of Jane's profile suggest that she is reporting symptomatology consistent with ADHD in adults. She reported that she sometimes has a difficult time wrapping up the final details of a project, once the challenging parts have begun, sometimes has a difficult time getting things in order when she has to complete a task that requires organization, often has difficulties remembering appointments or obligations, and often avoids or delays getting started on tasks and activities that require a lot of thought. She also reported that she often fidgets or squirms with her hands or feet when she is supposed to sit down for a long time, sometimes has a difficult time concentrating on what people say to her, even if they are speaking to her directly, is often distracted by activity or noise around her, sometimes finds herself finishing the sentences of people she is talking to, before they finish the sentences themselves, and sometimes interrupts others when they are busy.

Child Abuse Potential Inventory: Form VI (CAPI):

The CAPI is a screening instrument designed to assess the potential for child physical abuse. It measures parents' self-perceptions of stress, rigidity, unhappiness, problems with their children and themselves, problems with their family, and problems with others. The results of Jane's profile are not valid because the validity scales suggest that she presented herself in a positive manner. Overall, her test results are suggestive of a fake-good profile. As such, the examiner is not interpreting her results.

Substance Abuse Subtle Screening Inventory: Fourth Edition (SASSI-4):

The SASSI-4 is a substance abuse screener designed to help identify individuals who have a high probability of having a substance use disorder. The results of Jane's profile are valid and suggest there is a high probability that she has had a substance use disorder in the past six months. Overall, the results of her profile contradict what she reported during her interview and raise

concerns about whether or not she was completely honest with the examiner during her interview (She told the examiner that she had not use any substances in the past seven months.). While no test is perfect, it is worth noting that the SASSI-4 correctly distinguishes between individuals who have a substance use disorder and those who do not 92% of the time.

Parenting Stress Index: Fourth Edition (PSI-4):

The PSI-4 is an instrument designed to evaluate the magnitude of stress in the parent-child system. It is comprised of two domains; one each for children and parents, which combine to help determine the total amount of stress in the parent-child system. Jane completed the PSI-4 three times; once for each of her children. The results of her profiles for all three children are in the normal range overall, and all of the subscales are in the normal range, suggesting that she does not perceive that parenting her children is a significant source of stress in her life.

Although Jane does not perceive that parenting her children is a significant source of stress, her test results suggest that she finds herself in a lot of stressful situational circumstances that may or may not be her fault (e.g., separation, marital reconciliation, pregnancy, substantial changes in income, moving, alcohol or drug problems, death of a close family friend, legal difficulties etc.). In other words, although Jane does not perceive that parenting her children is a significant source of stress, her test results suggest that she is experiencing a significant amount of stress in her life.

Parent-Child Relationship Inventory (PCRI):

Jane also completed the PCRI, which assesses parents' attitudes about parenting and about their children. She completed the PCRI twice; once each for Darren and Alex. The PCRI is designed for parents of children between the ages of 3 and 15; therefore, no profile is available for Adam.

The results of Jane's profiles for Darren and Alex are valid and all of the subscales for both children are in the normal range. Overall, her test results suggest that she has fairly healthy attitudes about her children and about parenting them.

DIFFERENTIAL DIAGNOSIS:

Jane meets the criteria for two anxiety disorders. She meets the criteria for generalized anxiety disorder. She also meets the criteria for social anxiety disorder. In addition, she meets the criteria for ADHD, predominantly inattentive presentation.

As was stated previously, gathering concrete information from Jane about her substance use history was difficult. Based on what she told the examiner, she meets the criteria for a cannabis use disorder that is severe in nature. If what she reported to the examiner is true, her cannabis use is in early remission (meaning that she has been clean for more than three months but less than 12 months). As was stated previously, however, the results of her testing suggest that she may not have been completely honest with the examiner about her substance use.

Jane has a reported history of abusing alcohol, meth, and crack, but she has reportedly not abused alcohol or used meth or crack in several years, so those diagnoses are not being listed below (since they are not a current focus of treatment.).

Jane has smoked cigarettes in the past, but gathering concrete information from her about the frequency of her smoking was very difficult. She was particularly vague about how much she has smoked in the past few years. Because she has reportedly quit, and because the examiner was not able to gather enough information from her about the frequency of her smoking, a tobacco use disorder is not being given at the present time.

Jane's test results suggest that she may be more depressed than she realizes or wants to admit as being true. Based on what she reported, she has perhaps experienced some depression after the birth of each of her children, but she did not endorse enough current depressive symptoms to warrant a diagnosis of depression. As such, while she is susceptible to depression, and she could experience depression in the future, no depression diagnosis is being given at the present time.

DIAGNOSIS:

F41.1 Generalized Anxiety Disorder
F40.10 Social Anxiety Disorder
F90.0 ADHD, Predominantly Inattentive Presentation
F12.20 Cannabis Use Disorder, Severe, in Early Remission

RECOMMENDATIONS:

- Continued substance use-specific treatment is recommended. When those who are working with Jane believe that she is ready to transition to a less restrictive level of care, she should do so (e.g., general outpatient treatment). Her current prognosis is fair.
- Jane could also benefit from working with an individual therapist to help her emotionally (e.g., helping her reduce her anxiety).
- The results of Jane's MMPI-2 and MCMI-IV need to be addressed as part of her therapy.
- Helping Jane gain more insight into her difficulties, and her contributions to those difficulties, needs to be a significant focus of therapy. Developing an internal locus of control will be essential for her to progress in treatment. It does appear that she has made improvements in this area. It should continue to be addressed.
- Jane also needs to be more honest about what has taken place. When she was discussing DCFS' involvement to the examiner, she made it sound like the only reason her children were removed was because she and Paul asked for money. While that may be related, she knows full-well that that was not DCFS' primary concern. If she cannot be honest about the past, it will worsen her prognosis.
- Jane's substance use needs to be clarified as part of her treatment. She needs to be completely honest and open about what she has used and when. It is possible that she told the examiner the complete truth, but her test results suggest that she may have withheld information from the examiner (Her vagueness when discussing her substance use is also a concern.).

- It is not the examiner's role to determine medication needs, but Jane needs to exercise caution with respect to her ADHD. While the treatment of choice for ADHD is often medication, she has to be realistic with herself about her past history of substance abuse. As such, she should talk with her therapist about alternative treatment options for her ADHD (e.g., tips to stay organized, methods to increase her ability to complete tasks etc.). She is in a difficult spot because regulating her ADHD will likely help her be more successful, but the treatment of choice for ADHD (medication) may not be a realistic option for her, given her propensity to abuse substances. If she has not done so recently, she should meet with a psychiatrist to discuss any pharmacological treatments that may be appropriate for her, to help with her ADHD.
- Those who work with Jane should also help her accept her feelings. She spends an inordinate amount of time analyzing her emotions, which only serves to make her more anxious. Helping her focus on the thoughts that led to her feelings should be an integral part of her therapy.
- Jane tends to view the world as a threatening place. That needs to be addressed as part of her treatment.
- Jane also needs to learn how her anxiety and fears affect the way she communicates and interacts with others.
- To the extent possible, Jane needs to develop the capacity to relate with others in a more connected manner. Those who work with her should focus on relationship development, and on using those relationships to help her in her interactions with others.
- When staff members who work with Jane believe that she is denying difficulties or blaming others, they should appropriately confront her and encourage her to be honest.
- It goes without saying that Jane needs to remain clean. She must change her old patterns of doing things. While she is reportedly committed to remaining clean, she is still at risk for relapsing.
- Continued frequent and random UAs are recommended. Any missed or diluted UAs should be considered dirty.
- As they generally do anyway, it will be important for DCFS and the court to explain things to Jane in concrete terms. Although her IQ is estimated to be in the average range, she struggles somewhat with vocabulary. It will also be important to check in with her regularly to make sure she is understanding the concepts that are being presented to her (That is also true for the therapists and clinicians who are working with her.).
- Paul and Jane have improved their financial situation significantly in the past few months. That is good progress. It needs to continue, however. They need to be able to demonstrate the need to meet their own financial obligations.

- Jane needs to continue to ensure that she forms and maintains relationships with individuals who will support her sobriety and be a positive influence for her and her children. If Paul relapses, the reality is, she may have to end her relationship with him in order to put her children's needs first. If Paul and Jane are willing to work hard, they can be a support for each other, but they can each other's' downfall if they are not careful.
- Jane has made a lot of improvements and is reportedly doing much better. The goal with DCFS is generally always reunification and the examiner supports that goal. That being said, she needs to be completely committed to parenting her children and she needs to change her previous mindset. She has only been stable for a few months. While that is certainly good, she needs to remain stable for many years, not merely months. She has some difficulties ahead and she needs to continue to focus on doing what is necessary for her children (She was primarily thinking of herself in the past.). But, as was stated previously, the examiner supports reunification as the goal. To her credit, she is reportedly working hard.
- If and when reunification occurs, a peer parent should work with Paul and Jane, to help ensure that the children's needs are being addressed adequately. Much of their past dysfunction can be accounted for by their drug use, but the examiner does have some concerns about their past parenting practices (e.g., not being structured, sleeping while their children were alone in the house, not clothing their children appropriately etc.).
- If and when reunification occurs, DCFS should continue to monitor the home for an extended period of time (perhaps six months) in order to ensure that the children's social, physical, and emotional needs are being met.

The following are additional goals that could be part of Jane's treatment plan:

1. Demonstrating purposeful, goal-directed activity
2. Displaying an active problem-solving approach
3. Exerting self-control
4. Demonstrating maximal independence (i.e., Being trustworthy enough to hold herself accountable, rather than blaming or trying to justify rule-breaking behavior)
5. Exhibiting reliable and consistent behavior and thinking
6. Demonstrating positive self-efficacy
7. Goal setting: An initial decision about or choice of a goal to pursue (What do I need to accomplish?)

8. Self-awareness of strengths/weaknesses: Recognition of her stronger and weaker abilities, and a decision about how easy or how difficult it will be to accomplish the goal (How easy or difficult is this task/goal? Have I done this type of task before?)
9. Organization/Planning: Development of an organized plan (What materials do we need? Who will do what? In what order do we need to do these things? How long will it take?)
10. Flexibility/Strategy use: As complications or obstacles arise while working towards the goal, planned or unplanned coaching of Jane in flexible problem solving/strategic thinking (When or if a problem arises, what other ways should I think about in order to reach the goal? Should I ask for assistance?)
11. Monitoring: A review of the goal, plan, and accomplishments at the end (How did I do?)
12. Summarizing: What worked and what did not work? What was easy and what was difficult, and why?
13. Teaching a goal-directed, problem-solving process
14. Implementing the process within positive, meaningful everyday routines
15. Providing real-world relevance and application of strategies and routines

*****It is important to note that a psychological evaluation with a parenting component is not the same thing as a comprehensive custody evaluation, and as such, should not be the sole determinant of custody.**

If you have questions regarding this report, feel free to contact me at 801-804-1028.



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Board Certified Counselor

Additional raw scores can be provided upon request.