015 - Psychological Assessment Report Summary My Findings

Summary

What I got from the report is that CLIENT has a much more complex presentation than I initially thought, which actually gives us more to work with.

The key finding is that her brain is absolutely fine intelligence-wise - she's right in the average range. But her processing speed is significantly impaired - 5th percentile, which means 95% of children her age process information faster than she does. This explains why she appears 'sleepy' or behind at school.

What's really important is the anxiety component. The assessment shows clinically significant anxiety with some concerning features - intrusive thoughts that bother her, checking behaviours like asking people to check locks, and catastrophic worries about family safety. To me this isn't just mild anxiety.

The pattern that stands out most to me is how differently she presents at home versus school. At school, she holds it together beautifully - no emotional outbursts, no defiance. But at home, she has severe emotional dysregulation. This tells me she's using enormous energy to mask her struggles at school, then completely falling apart in her safe space. From a naturopathic perspective, this makes perfect sense. When the brain's processing system is working this hard, and when there's significant anxiety, it often points to underlying factors like inflammation, gut-brain imbalances, or nutrient deficiencies that we can actually address.

The good news is that her core intelligence is intact, she has amazing strengths, and many of the factors affecting processing speed and anxiety can be supported naturally. This report actually validates why medication didn't work and why our holistic approach could be so beneficial.

What this means for treatment is that we need to address both the processing speed support AND the anxiety, while looking at what might be driving both issues underneath

Assessment Tools Used

- **WISC-V** (Wechsler Intelligence Scale for Children 5th Edition)
- **WIAT-III** (Wechsler Individual Achievement Test 3rd Edition)
- YARC (York Assessment of Reading for Comprehension Australian Edition)

- **WRAML-2** (Wide Range Assessment of Memory and Learning 2nd Edition)
- Conners 4 (ADHD Rating Scales Parent & Teacher)
- Beck Youth Anxiety Scale (Self-report)

Cognitive Assessment (WISC-V) Overall Profile:

- **Full Scale IQ**: 94th percentile (Average) Not meaningful due to significant score differences
- **General Ability Index (GAI)**: 50th percentile (Average) *True intellectual ability*

Cognitive Strengths (All Average):

- **Verbal Comprehension**: 100-115 (70th percentile)
- **Visual Spatial**: 92-108 (50th percentile)
- Fluid Reasoning: 84-99 (27th percentile)
- Working Memory: 100-113 (68th percentile)

Significant Weaknesses:

- Processing Speed: 69-88 (5th percentile) VERY LOW 1
- Cognitive Proficiency Index: 81-95 (19th percentile) Low Average

Key Findings:

- Area of significant weakness in processing speed
- Struggles with auditory working memory tasks
- Markedly lower cognitive proficiency affects learning efficiency
- Pattern consistent with ADD (inattentive type)

Academic Assessment Results

Reading Profile:

- Reading Accuracy: Low Average
- **Reading Comprehension**: Average (when focused)
- **Reading Rate**: Low Average
- Patterns: Loses concentration, loses place, skips complex words

Writing Profile:

- **Spelling**: Low Average (2 years behind)
- **Sentence Building**: Low Average (2 years behind)
- **Essay Composition**: Average (good ideas, poor organization)

Language Profile:

- Oral Expression: Average
- Receptive Vocabulary: Low Average
- Oral Discourse Comprehension: Low Average
- Struggles with listening comprehension tasks

Mathematics:

- Written Math: Average
- Oral Math Problem Solving: Low Average
- Difficulty with auditory processing of math problems

Behavioral Assessment (Conners 4)

ADHD Confirmation:

- ADHD Probability: Parent 99%, Teacher 93% (Very High)
- Inattentive Symptoms: Parent 6/9, Teacher 8/9 (Meets Criteria)
- Hyperactive/Impulsive: Parent 4/9, Teacher 5/9 (Below Threshold)

Behavioral Patterns by Environment:

DomainHome RatingSchool RatingInattention/Executive FunctionElevatedVery Elevated

Hyperactivity Elevated Average

Impulsivity Average Slightly Elevated

Emotional DysregulationVery ElevatedAverageDepressed MoodSlightly Elevated ElevatedAnxious ThoughtsSlightly Elevated AverageSchoolwork ProblemsVery ElevatedElevatedFamily Life DisruptionElevatedN/A

Home vs School Differences:

- Emotional regulation: Severe issues at home, none at school
- Oppositional behavior: Present at home, none at school
- Pattern suggests: School masking with home emotional overwhelm

Mental Health Assessment

Beck Youth Anxiety Scale - Clinically Significant Results:

- Overall anxiety: Elevated/Clinically Significant Range
- Specific anxiety symptoms:
 - Anticipatory anxiety (worries about getting scared)
 - Intrusive thoughts/images (bothered by thoughts/pictures in mind)
 - Separation anxiety (worries about being away from parents)
 - Checking behaviors (asks others to check doors/windows)
 - o Catastrophic thinking (something awful will happen to family)
 - Sleep fears (scared to sleep alone)
 - Test anxietv

OCD Indicators Identified:

- Intrusive thoughts and images
- Checking behaviors and reassurance seeking
- Catastrophic thinking patterns
- Sleep-related fears and rituals

Assessment Observations

During Testing:

- Positive: Friendly, polite, completed all tasks, worked hard
- **Challenges**: Lost concentration frequently, especially with verbal instructions
- Processing: Required information to be repeated and explained further

Teacher Observations:

• **Academic**: Forgetful, trouble starting tasks, avoids effortful work

- **Behavioral**: Appears tired and sad, but no emotional regulation issues at school
- Attention: Problems seriously affect schoolwork, doesn't check for mistakes

Parent Observations:

- **Emotional**: Not impulsive but severe emotional dysregulation
- **Behavioral**: Defiant, deliberately annoying, disruptive to family
- Anxiety: Bedtime worries, doesn't like being alone

Recommendations Made

Medical/Professional Referrals:

- 1. **Pediatrician referral** for attention and concentration assessment
- 2. **Psychologist referral** for anxiety and separation anxiety support
- 3. Parent strategy support regarding behavior management
- 4. **GP/School counselor consultation** for local psychology services

Educational Interventions:

- Intensive literacy program for reading accuracy, rate, spelling, written expression
- 2. **Speech/Language therapy** if school support insufficient
- 3. **Specific learning disorder assessment** if no improvement after 6-12 months

Classroom Accommodations:

- **Instruction delivery**: Maintain eye contact, be precise, check understanding
- **Communication**: Simple language, one thing at a time, repeat as needed
- **Environment**: Seat away from distractions, provide quiet workspace
- **Time**: Extra time for written work, individual vs group activities
- **Routine**: Consistent meal/sleep times, prime for new activities

Clinical Significance

Primary Diagnosis Confirmed:

- ADD (Inattentive Type) with processing speed deficits
- Clinically significant anxiety with potential OCD features
- Academic underachievement secondary to processing challenges

Complex Presentation:

- Intact intelligence with impaired processing efficiency
- **Environmental masking** (functional at school, overwhelmed at home)
- **Anxiety-attention interaction** (worries may impair focus further)
- Multiple system involvement (cognitive, emotional, behavioral)

Treatment Implications:

- Processing speed is area of significant weakness requiring support
- Anxiety/OCD symptoms need addressing alongside attention issues
- Home-school differences suggest emotional overwhelm and masking

- Academic accommodations essential for success
- Family support needed for emotional regulation strategies