Client: Gallegos, Matthew T #14767 **DOC ID:** #21127446

Date: 04/02/2015 **DOB:** 04/19/1997 **Age:** 17 **Department:** Residential - Mallett

DATES OF TESTING: March 18 - 30, 2015
AGE AT TESTING: 17 years, 10 months

REASON FOR REFERRAL:
Matthew Gallegos was referred for psychological testing by his treatment team at the Children's Farm Home. At the time of this evaluation, he was at a sub-acute level of care. He was admitted to the Children's Farm Home after a supposed suicide attempt. Specifically, he was found on a railroad trestle complaining of memory loss for all prior events. He had sent some concerning text messages to friends before this. Reportedly, a CT and MRI were normal. There were some unusual discrepancies in his memory loss and it was hypothesized that his amnesia may be related to dissociation or a conversion disorder. His treatment team requested assessment of his cognitive and personality function, as well as self-report questionnaires measuring dissociative symptoms.

ASSESSMENT PROCEDURES:
Chart review
Clinical interview with Matthew
Adolescent Dissociative Experiences Scale - II (A-DES)
Child Behavior Checklist for Ages 6-18 (CBCL)/ Youth Self Report for Ages 11-18 (YSR)
Conners' Continuous Performance Test - 2nd edition (CPT-II)
Delis-Kaplan Executive Function System (D-KEFS): Verbal Fluency, Design Fluency, and Color-Word Interference Tests
General Behavior Inventory - Parent Version (P-GBI)
Minnesota Multiphasic Personality Inventory - Adolescent (MMPI-A)
Rey Complex Figure Test (RCFT)
Rorschach Inkblot Test
Thematic Apperception Test (TAT)
Trauma Symptoms Checklist for Children (TSCC)
Wechsler Adult Intelligence Scale - 4th edition (WAIS-IV)

CHART REVIEW:
I have reviewed Matthew's available records and will provide a brief summary here. This information has not been independently verified, and the reader is referred to the chart for a full account.

Matthew is the son of Scott Gallegos and Adrienne Thomas. Scott and Adrienne divorced when Matthew was about 4 months old, and he spends about sixty percent of his time with his mother and forty percent with his father. He has an older brother, a younger half-brother, and a stepsister. There is a reported family history of anxiety, OCD, depression, and ADHD. There is also a reported family history of bipolar disorder and schizophrenia in second-degree relatives. Matthew denied a history of trauma at intake. No problems in his developmental history were noted, although he has been treated for anxiety since the age of 7.

Matthew was admitted to residential treatment at the Children's Farm Home after he was hospitalized for a supposed suicide attempt. On February 1, Matthew was found on a railroad trestle reporting that he had no memory of who he was or anything that had occurred before. He underwent a number of brain scans and an outpatient neurology consultation, none of which suggested a medical reason for his memory loss. The neurologist noted, "I was struck by the subtle recognition of items of interest to him," such as names of famous singers and Matthew's treating professionals. It is assumed that Matthew made a suicide attempt by jumping off a railroad trestle, but landed on a lower trestle which broke his fall. Notes from the emergency department describe, "Pt's mother reports a friend called her concerned about him due to some text messages he sent them saying he loved them and goodbye. She looked for him at home and found that he was gone. She called PD to look for him. PD also received a call from the patient stating he was on a pole near the railroad tracks and needed help. PD found the patient 40ft up on a pole over MAX tracks that was approximately 15ft from road. Unclear if pt fell 15ft or climbed down. Pt could not have climbed up per PD. Pt confused and has poor memory." He

was noted to have a hematoma on his temple and dirt on his face, but no swelling or other injury. Matthew's parents have described some discrepancies around his memory loss, noting that although he claimed no recognition of them in the hospital, he went with them willingly at discharge. Similarly, his mother stated that although he initially asked where the bathroom was in the house, she discovered later that he had gotten into her hidden candy supply. Matthew's parents also reported that he did not seem confused around his friends and appeared to recognize them. Matthew has not expressed much concern about his memory loss. It is presumed that the supposed suicide attempt was prompted by a number of accumulating stressors, including Matthew learning that he had not gotten a highly desired role in the school play and that he would be unable to graduate high school and walk with his classmates. Apparently, Matthew's disorganization and poor follow-through in school was negatively impacting his academic performance. Over the past year, Matthew's parents described him as sleeping for only 3-4 hours per night, although no other symptoms of hypomania such as increased speech or grandiosity were observed. It seems that Matthew has struggled to fall asleep and stay asleep and that he feels groggy in the morning. He has a history of hoarding food and binging. At one point when Matthew was fighting with his mother, he told her about talking to a person who was not actually there who he called "Warren". It seems he later told her this was not true. He has described auditory hallucinations of single words. He has demonstrated other odd and disorganized behaviors over the six months leading up to the supposed suicide attempt, such as stabbing the furniture and walls with a knife. Matthew also has a history of depression over the past year, including a suicide attempt via overdosing on Prozac in November 2014. He apparently did not tell anyone about this attempt until a week later, and his mother later found suicide notes. Matthew's parents have described that he minimized this suicide attempt, although they also described him as having a tendency to be dramatic. The ER records describe prior hospital notes documenting incidents in which "he would tell tall tales, and even when confronted with proof of their lack of veracity, he would continue to maintain them." Benjamin Adler, M.D., Matthew's admitting psychiatrist at the Children's Farm Home, noted that "Matthew seems to have a pattern of emotional avoidance which may place him at risk for dissociative disorders."

CURRENT DSM-IV-TR DIAGNOSES:
Matthew's diagnoses were most recently updated by Cindy Smith, M.D., Matthew's treating psychiatrist at the Children's Farm Home, on 3/18/2015. They are as follows:

Axis I: Generalized Anxiety Disorder
Conversion Disorder
Major Depressive Disorder, Recurrent, Severe without Psychotic Features
Dissociative Amnesia
Attention-Deficit/Hyperactivity Disorder NOS (by history)

Axis II: No diagnosis

Axis III: 1) History of Pneumonia 2) Possible recent concussion (with reportedly normal CT/MRI)

Axis IV: Difficulties in school, may not graduate on time.

Axis V: CGAS = 38

BEHAVIORAL OBSERVATIONS AND CLINICAL INTERVIEW:
Matthew is a handsome young man with dark hair, dark eyes, and freckles who appears about his chronological age. He arrived to testing dressed fashionably in a leather jacket and jeans. He wore a pair of sunglasses on his head and had a wristwatch that he removed before testing. He explained to me later that his sunglasses, jacket, and wristwatch were all part of his self-soothing skills and that he wore them to keep them nearby should he need them. He noted that he likes the feel of the leather jacket, the ticking sound of his clock, and how he can see his eyes reflected in his sunglasses. He seemed a little nervous as first, and he frequently bounced his leg. At one point, he straightened books and other items on a nearby shelf in an anxious-seeming way. Still, he engaged extremely well in testing and appeared to become more comfortable as time went on. His speech was normal in rate, tone, and volume, and his eye contact was very good. He tended to give brief answers and not to spontaneously elaborate much during social conversation, but still chatted with me as we walked to and from testing appointments. He completed a much greater length and amount of testing per meeting as compared to most children in this setting, and he seemed to give his best effort on all tasks.

Matthew engaged well in the interview process. He stated that he has started to regain some "small fragments" of his memory, such as remembering walking outside and yelling, but not really anything else. He described, "I know how to do math, but I don't remember doing it". He stated that his memory loss concerned him at first but no longer worries him. He believes that there is no medical reason behind it and has been told that "it was a lot of things piling up", like not getting the role he wanted in the school play. He described the events leading up to his hospitalization as "most likely a failed suicide attempt", but also discussed how frustrating it is to him when people talk about it with certainty as a suicide

attempt, since there is no real way of knowing what happened that day. He did agree that it seemed most likely that he attempted suicide given the circumstances and context. I asked Matthew if he wanted to regain his lost memories, and he said, "I don't not want to, but I don't care if I do." He denied that loosing his memory has caused many problems in his life. He noted that he doesn't know many of his friends anymore, but has been able to call a few. He described the process of re-connecting with his friends as "weird but comfortable". He stated that his family has been supportive, although it seems to him that they are trying not to talk about it. When I asked him about his goals for the future, he said he would like to go to college and make a lot of money, but he was not sure of anything more specific. He was unsure if he would return to his previous theatrical pursuits.

TEST RESULTS:

1. Cognitive functioning

Matthew performed very well on measures of cognitive functioning and neuropsychological screening measures. This does not fully rule-out the possibility of a brain injury, but is a good finding that there is no obvious organic impairment.

Matthew obtained a WAIS-IV Full Scale IQ of 122, placing him in the superior range at the 93rd percentile of his same-aged peers. This indicates that Matthew has strong cognitive skills overall. Closer examination of his index scores reveals some significant strengths and weaknesses. Matthew did extremely well on tasks involving verbal (Verbal Comprehension Index) and nonverbal reasoning abilities (Perceptual Reasoning Index), with scores falling in the superior range. His scores on the Working Memory Index, a measure of one's ability to hold and manipulate information in short-term memory, and on the Processing Speed Index, a measure of problem-solving speed and efficiency, fell in the average range. Although Matthew demonstrates intact skills in these areas, they are relative weaknesses for him as compared to his other scores. These indices are particularly sensitive to the impact of mental health functioning, and it could be that these scores will rebound when Matthew's symptoms have remitted and he is doing better.

Matthew also performed well on a measure of incidental visual-motor memory which required him to copy and recall a complex geometric shape (Rey Complex Figure Test [RCFT]). The RCFT was originally developed as a way to measure impairment in people with organic damage, and has been used as a screening device to indicate the possible presence of organic damage. Mathew's memory of the shape after 3 minutes and 30 minutes was within the average range, as was his ability to recognize component shapes from among distracters. Overall, his pattern of performance raised no concerns about organic damage or visual memory deficits.

Similarly, Matthew demonstrated no impairments on a number of executive function tasks selected from the Delis-Kaplan Executive Function System. His scores on all of these tasks fell at or above the average range, indicating at least intact, and in some cases excellent, executive functioning skills. Matthew also completed the Continuous Performance Test, a computerized measure of attention and concentration that was designed for diagnosis of attention-deficit/hyperactivity disorder but is also sensitive to organic brain damage. Although there were some mild signs of inattention, his performance was good overall, resulting in a 65% likelihood of a nonclinical profile. There were no findings that suggested organic brain damage.

2. Behavioral functioning/self-reported symptoms

Matthew completed a number of self-report symptom measures (i.e., Youth Self Report, Trauma Symptoms Checklist for Children [TSCC], and Adolescent Dissociative Experiences Scale). He did not endorse a significantly elevated level of problems on any of these measures. He was not reporting elevated levels of depression, anxiety, somatic complaints, thought problems, attention problems, rule-breaking behavior, aggression, anger, posttraumatic symptoms such as re-experiencing or intrusive memories, or sexual concerns, preoccupation, or distress. He also did not report many dissociative symptoms, and his score on a specific measure of dissociative symptoms for adolescents was about equal to the mean score for children with anxiety, depression, or no diagnosis. It was quite a bit lower than the mean score for children with dissociative disorders. The TSCC contains a validity scale designed to identify when a person is seems to be over- or under-reporting symptoms, and Matthew's score on this scale was within the normal range. This does not entirely rule-out the possibility of underreporting, particularly with a sophisticated and intelligent individual such as Matthew, but it does lend support to the idea that Matthew may not be consciously experiencing much distress either in general or about his memory loss.

In contrast, behavior ratings collected from Matthew's mother and a cottage skills trainer on the Child Behavior Checklist highlight some potential problems. His mother's ratings resulted in elevations on the anxious/depressed scale, the withdrawn/depressed scale, and the thought problems scale. On the thought problems scale, she noted that Matthew often has repetitive thoughts and worries, bounces his leg repetitively, has sleeping problems, sleeps less than other children, and stores up things that he does not need. She noted that he sometimes hears and sees things that others do not, repeats behaviors, and sleepwalks. Although the cottage staff did not observe many thought problems, they did endorse a number of items related to withdrawal and depression.

Given Matthew's sleeping problems and his family history of bipolar disorder, his mother's ratings on the General Behavior Inventory - Parent Version (P-GBI) were used for a statistical method of calculating the probability of a bipolar disorder diagnosis (Youngstrum, Freeman, & Jenkins, 2009). With this method, a child in psychiatric residential treatment who has a second-degree relative with bipolar disorder and a Hypomanic/Biphasic score on the P-GBI similar to Matthew's is estimated to have about a 65-78% probability of being diagnosed with bipolar disorder. Although this is not a strikingly high probability, Matthew's treatment team may want to consider this diagnostic possibility. This information is included in this report to provide Matthew's psychiatrist with additional information to aid in diagnosis.

3. Personality functioning
The Minnesota Multiphasic Personality Inventory - Adolescent (MMPI-A), Thematic Apperception Test (TAT), and Rorschach Inkblot Test were used to gather information about Matthew's personality functioning.

Matthew's results suggest that he is currently overwhelmed by stressors to the point where he is not seeing things very clearly. He may show faulty reality testing, or in other words, he may struggle to perceive situations accurately and may have a hard time distinguishing between what is real and what is in his imagination. This could lead him to make poor choices that he later regrets. Interventions designed to improve the clarity of his thinking, including medication, are recommended. Although Matthew is an intelligent young man with good psychological resources, he does not seem to be able to effectively apply these resources currently given how overwhelmed he is and how inaccurate his perceptions have become. It could be that Matthew's thinking will become clearer when he is not dealing with so much stress, or it could also be that his deteriorated thinking is part of a larger progression that will become more notable over time. Either way, I expect that he will do best in structured, low-pressure situations in which he knows what to expect. It may be tempting to push Matthew back to his previously high level of functioning, but reducing the level of pressure and expectations on him for a while may ultimately help him to do better in the long run.

Matthew seems to be working hard to avoid his emotional experience, instead pushing his feelings down with a sort of "emotional cork" until they become so overwhelming that they explode, likely in ill-advised and maladaptive ways such as his presumed suicide attempt. He seems to rely heavily on repression and denial to deal with negative and threatening emotions. Matthew will benefit from learning to better recognize and acknowledge his feelings and to let them out in small, controllable ways rather than pushing them away until they become overpowering. This is likely to be very difficult for him, however, given his high need to present positively to others and to be liked. Matthew depends heavily on other people for positive feedback, validation, and praise and he may experience even mild constructive feedback or minor disappointments as harsh blows to his ego. When working with Matthew, try to balance small pieces of constructive feedback with ample amounts of praise for the things that he does well. Additionally, Matthew may be prone to minimize or deny thoughts, feelings, or behaviors that he thinks others will disapprove of. His therapist will want to be carefully attuned to this tendency and be quick to normalize and validate any vulnerable expressions.

The TAT is a projective storytelling test in which the client is shown a series of pictures and asked to tell a story about what is happening. Often times, the stories contain elements that either directly, metaphorically, or thematically connect to the client's experience. Matthew told one story that very strikingly seemed to describe his current situation. It was a story about a young detective in Chicago who is investigating the disappearance of local children. The detective follows the clues to a warehouse, where he finds nothing but some debris and a tray of knives. When he goes to leave the warehouse, he hears a creak in the floorboards and discovers that the warehouse floor is a "false bottom". Underneath, he finds garbage bags filled with the dismembered remains of the missing children. The murderer is eventually arrested and brought to court, but there is not enough evidence to convict him and he goes free. The detective, feeling that he has let down the children and their families, goes "to the highest bridge in Chicago". He finds himself unable to jump and is eventually pulled back by his partner. The story ends with the detective being forced to retire from the police force and becoming a lawyer, working to ensure that no more criminals get away with their crimes. Later, Matthew and I discussed this story and how it might metaphorically describe his memory loss. We talked about the garbage bags of murdered children possibly reflecting the presumably painful and overwhelming thoughts and feelings that led to his possible suicide attempt, with the "false bottom" of his amnesia keeping these threatening thoughts and feelings at bay. I asked Matthew what he though it would take for him to remove the false bottom and get in touch with these feelings, and he stated, "It's more that I'm waiting for the floor to break and I'll fall into it."

CONCLUSIONS AND RECOMMENDATIONS:
The results of testing suggest that Matthew's amnesia is related to repression and denial rather than an organic cause. Matthew is a bright, charming, and charismatic young man who yearns to be admired and praised by others. I suspect that the mounting stresses of being unable to graduate with his peers and not winning his desired role in the school play were so keenly painful and disappointing to Matthew that they sparked his suicide attempt, which also did not go as he had planned. His amnesia appears to be a defensive maneuver that protects Matthew not only from this accumulation of

blows to his ego but also from having to discuss the vulnerable, negative, and difficult feelings that seem to have led up to this incident and that he may fear will cause people to see him in a negative light. Another possibility is that Matthew's amnesia is a conscious attempt to avoid exposing and dealing with his vulnerability, but given his interest in my interpretation of his TAT story about the young detective, it seems more likely that this is truly outside of Matthew's conscious awareness and control. Diagnostically, Matthew's symptoms appear to meet criteria for Dissociative Amnesia, although it seems that ongoing dissociation is not really a problem for him. It may be helpful for Matthew and his therapist to explore what he thinks might happen if he is to regain his memory, challenging any maladaptive ideas that he may have that could be maintaining this repression and denial.

Possibly, Matthew's poor reality testing might signal the development of a chronic mental health condition, but it could also be that Matthew is simply so overwhelmed by recent stressors that he is not seeing things clearly. At this point, it will probably be helpful for him to share his perceptions and interpretations with others to make sure that he is seeing things accurately. This may be hard for him given his strong need to be seen positively, and it will be important that he identify a few people that he thinks he can trust to help him with this. He may be quick to gloss over thoughts, feelings, or experiences that he thinks others will see unfavorably, and those who work with Matthew will want to be quick to validate and normalize any vulnerable experiences that he shares. When constructive criticism is required, be sure that it is accompanied with a lot of praise and validation for the things that he does well. Mental health symptoms can change and fluctuate, particularly in adolescence and young adulthood, and it will be important that Matthew, his family, and his treatment team remain in consistent and open communication regarding any changes in his symptoms or presentation.

Thank you for the opportunity to work with this very complex and fascinating young man. I hope that these findings are helpful for Matthew, his family, and his treatment team. Please contact me at (541) 758-5911 if there are any questions about his report or if I can be of further assistance in Matthew's care. References discussed in this report are cited below:

Youngstrum, E. A., Freeman, A. J., & Jenkins, M. M. (2009). The assessment of bipolar disorder in children. Child Adolescent Psychiatric Clinics of North America, 18(2), 353-ix.

APPENDIX A: SCORES AND TEST DATA

1. Adolescent Dissociative Experiences Scale - II (A-DES)

The A-DES is a 30-item self-report scale on which the individual rates how frequently they experience dissociative symptoms. Possible scores range from 0 to 30. Matthew obtained a score of 2.5. Scores exceeding 4.8 suggest possibly problematic dissociation, which Matthew's score does not. Matthew's score was very close to the mean score of children who have been diagnosed with anxiety, depression, or no diagnosis (mean = 2.4). It should be noted that this test is designed as a screening instrument and cannot definitively confirm or rule-out a diagnosis.

2. Child Behavior Checklist for Ages 6-18 (CBCL)/ Youth Self-Report for Ages 11-18 (YSR)

The CBCL is a questionnaire by which parents or other individuals who know the child well rate a child's problem behaviors and competencies, and the YSR is the corresponding self-report questionnaire. In this case, Matthew completed the YSR. His mother and a member of his cottage staff each provided ratings on the CBCL. Borderline elevations are marked with one asterisk and clinical elevations are marked with two asterisks.

Anxious/Depressed:
-Self 51T (54th percentile)
-Mother 70T** (>97th percentile)
-Cottage 60T (84th percentile)

Withdrawn/Depressed:
-Self 50T (<=50th percentile)
-Mother 66T* (95th percentile)
-Cottage 68T* (97th percentile)

Somatic Complaints:
-Self 52T (58th percentile)
-Mother 64T (92nd percentile)
-Cottage 54T (65th percentile)

Social Problems:
-Self 50T (<=50th percentile)
-Mother 54T (65th percentile)
-Cottage 61T (87th percentile)

Thought Problems:
-Self 60T (84th percentile)
-Mother 79T** (>97th percentile)
-Cottage 51T (54th percentile)

Attention Problems:
-Self 57T (76th percentile)
-Mother 64T (92nd percentile)
-Cottage 59T (81st percentile)

Rule-Breaking Behavior:
-Self 50T (<=50th percentile)
-Mother 60T (84th percentile)
-Cottage 60T (84th percentile)

Aggressive Behavior:
-Self 56T (73rd percentile)
-Mother 63T (90th percentile)
-Cottage 63T (90th percentile)

3. Conners' Continuous Performance Test II (CPT-II)
The CPT-II is a computerized test of attention and concentration in which an individual is asked to press a button as quickly as possible after each letter that appears on the screen except for occurrences of a specific target letter.

Non-clinical, 65.42% confidence

Omissions %: 42T (22nd percentile)
Commissions %: 53T (65th percentile)
Hit RT: 39T (15th percentile)
Hit RT Std. Error: 34T (6th percentile)
Variability: 4T (8th percentile)
Detectability (d'): 58T (79th percentile)
Response Style: 54T (69th percentile)
Perseverations %: 45T (32nd percentile)
Hit RT Block Change: 52T (61st percentile)
Hit SE Block Change: 45T (36th percentile)
Hit RT ISI Change: 48T (44th percentile)
Hit SE ISI Change: 46T (37th percentile)

4. Delis-Kaplan Executive Function System (D-KEFS): Verbal Fluency, Design Fluency, and Color-Word Interference Tests
The D-KEFS is a collection of tasks that measure executive functioning. Scores are presented in scaled scores, which have a mean of 10 and a standard deviation of 3. Matthew was administered the following tests:

The D-KEFS Verbal Fluency measures problem initiation and sustaining ability, simultaneous processing, multi-tasking ability and cognitive flexibility in a verbal context. In the first condition, the individual is asked to give as many words as they can that begin with a particular target letter. On the second condition, the individual is asked to give as many words as they can that fit into a particular category. On the third condition, the individual is asked to give as many words as they can that fit into two alternating categories.

Condition 1 - Letter Fluency Total Correct: 19
Condition 2 - Category Fluency Total Correct: 19
Condition 3 - Category Switching Total Correct Responses: 16
Condition 3 - Category Switching Total Switching Accuracy: 16

The D-KEFS Design Fluency Test is a measure of executive functioning in which the individual is asked to create as many unique designs as possible by connecting a several dots according to various rules.

Condition 1 - Filled Dots Total Correct: 13

Condition 2 - Empty Dots Only Total Correct: 15
Condition 3 - Switching Total Correct: 15
Composite Scaled Score: 16

Percent Design Accuracy: 12

The D-KEFS Color-Word Interference Test is a measure of executive functioning in which the individual is asked to either read a color name or name the color of ink a color name is printed in according to various rules.

Condition 1 - Color Naming: 11
Condition 2 - Word Reading: 12
Condition 3 - Inhibition: 13
Condition 4 - Inhibition/Switching: 10

5. General Behavior Inventory - Parent Version (P-GBI)
The P-GBI is a 73-item questionnaire by which a child's parent or caregiver rates, on a scale of 0-3, the frequency of certain target behaviors over the past year. These ratings result in total scores on a Depression scale and a Hypomanic/Biphasic scale. Although no test can definitively confirm or rule-out a diagnosis, the P-GBI can be helpful in screening for mood disorders. In this case, Matthew's mother provided ratings. On the Depression scale, Matthew obtained a score of 78. This is a high score, above the mean for depressed youth (mean = 42.77, SD = 17.44), children with bipolar I (mean = 52, SD = 25.37), and children with other bipolar disorder (mean = 48.88, SD = 24.59). On the Hypomanic/Biphasic scale, Matthew obtained a score of 37. This is also a high score, within one standard deviation of the mean for children with bipolar I (mean = 41.63, SD = 15.86) and children with other bipolar disorder (mean = 36.93, SD = 15.49), and higher than the mean for depressed youth (mean = 17.52, SD = 10.33).

Using a statistical method of calculating the probability of a bipolar disorder diagnosis (Youngstrum, Freeman, & Jenkins, 2009), a child in psychiatric residential treatment who has a second-degree relative with bipolar disorder and a Hypomanic/Biphasic score on the P-GBI in this range has about a 65-78% probability of being diagnosed with bipolar disorder. Although this is not a strikingly high probability, Matthew's treatment team may want to consider this diagnostic possibility. This information is included in this report to provide Matthew's psychiatrist with additional information to aid in diagnosis.

6. Minnesota Multiphasic Personality Inventory - Adolescent (MMPI-A)
The MMPI-A is a 478-item true-false test that produces scores on a number of different scales that provide information about an individual's personality.

Welsh Code: 3+-596/2418:70# L-K/:F#

7. Rey Complex Figure Test (RCFT)
The RCFT is a test of incidental visual-motor memory that requires individuals to copy and recall a complex geometric shape.

Immediate Recall: 54T (66th percentile)
Delayed Recall: 54T (66th percentile)
Recognition Total Correct: 41T (18th percentile)

Memory profile pattern: Normal

8. Rorschach Inkblot Test
The Rorschach is a personality test that requires individuals to identify a series of ambiguous inkblots. Matthew provided 25 responses, yielding a valid protocol. The Exner Comprehensive System was used to score and interpret his responses. His index scores were:

PTI = 3, DEPI = 1, CDI = 2, S-CON = 5, HVI = No, OBS = No.

9. Thematic Apperception Test (TAT)
The TAT is a projective task in which the individual is asked to create stories for a number of ambiguous pictures. Matthew produced stories for seven pictures that I had chosen, and then gave a story for a picture of his choice. Matthews's stories were then examined for relevant themes and we discussed them later to explore his thoughts and ideas about their meanings. Where relevant, Matthew's stories are discussed in the body of the report.

10. Trauma Symptoms Checklist for Children (TSCC)
The TSCC is a 54-item self-report rating scale that measures different ways trauma can impact a child's functioning such as anxiety, depression, dissociation, etc. Clinically elevated scores are marked with an asterisk.

Underresponse: 50T
Hyperresponse: 47T

Anxiety: 54T
Depression: 41T
Anger: 46T
Posttraumatic Stress: 54T
Dissociation: 54T
Overt Dissociation: 58T
Fantasy Dissociation: 43T
Sexual Concerns: 41T
Sexual Preoccupation: 42T
Sexual Distress: 45T

11. Wechsler Adult Intelligence Scale - 4th edition (WAIS-IV)
The WAIS-IV is a widely used scale of intelligence comprised of a battery of different subtests used to calculate standard IQ and Index scores. IQ and Index scores have a population mean of 100 and standard deviation of 15, whereas subscale scores have a population mean of 10 and standard deviation of 3.

Verbal Comprehension Index: 127 (96th percentile, superior range)
Perceptual Reasoning Index: 125 (95th percentile, superior range)
Working Memory Index: 108 (70th percentile, average range)
Processing Speed Index: 105 (63rd percentile, average range)
Full Scale IQ: 122 (93rd percentile, superior range)

Similarities 15; Vocabulary 15; Information 14; Block Design 17; Matrix Reasoning 12; Visual Puzzles 14; Digit Span 10; Arithmetic 13; Symbol Search 11; Coding 11.

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