

Karen Crane, Psy.D.
Licensed Psychologist

WILLIAMS, LEONARD CLINTON*
CSN: 6423273588 FAC: H
MRN: 000642056 Adm Date: 5/10/2018
DOB: 11/10/1980 (37 yrs) Male
Alt Prov: 27815 CASTRO MANUELA

CONFIDENTIAL PSYCHOLOGICAL EVALUATION

Client Name: Leonard Williams
Date of Birth: 11/10/1980
Age: 35 years
Date of Evaluation: 02/09/2016; 02/18/2016
Date of Report: 03/03/2016

Reason for Referral:

Mr. Williams was self-referred for a psychological evaluation to provide diagnostic clarification and treatment recommendations.

Sources of Evaluation:

Behavioral Observations
Clinical Interview
Behavior Rating Inventory of Executive Function - Adult (BRIEF - A)
Conners Adult ADHD Rating Scale (CAARS)
Millon Clinical Multiaxial Inventory - III (MCMI-III)
Personality Assessment Inventory (PAI)

Relevant Background Information:

Mr. Williams reported that he experiences depression symptoms often with irritability, a low frustration tolerance, and thoughts of suicide. He denied current suicidal plan and intent. Mr. Williams reported that he made a suicide attempt when he was 18 years old when he was abusing drugs and had his first manic episode. He reported that he was hospitalized for 72 days and has received outpatient mental health services since. Mr. Williams denied current symptoms of a manic or hypomanic episode. He reported that he feels anxious when trying new things. Mr. Williams has a history of trauma and denied current problems with flashbacks and nightmares.

Mr. Williams reported that he feels different compared to other people and believes that he "weirds people out." He described himself as eccentric, often living "in my own head and world." He believes others see him as odd. Mr. Williams explained that he knows a lot about certain topics and wonders if he comes across as too intense and technical when talking to others. In general, he lacks interest in making friends and does not feel motivated to socialize with others.


Mr. Williams described having a "dysfunctional family." He reported a family history of substance abuse, bipolar disorder, and concerns about autism. Mr. Williams is single and has no children. He stated that he has one close friend. He prefers to spend his time learning and engaging in his interests. Mr. Williams reported that he can be friendly and interact with people at work, but he is not motivated to build relationships with others. He also explained that he feels like he is a "performing actor" around people and has been slow to learn social skills. He tends to steer conversations to "technical" subjects and has trouble with flexibility in his thinking. He enjoys reading nonfiction books and was overly interested in billiards as a teen.

Mr. Williams recalled that he was a behavioral problem in school. He moved around a lot in elementary school and by middle school, he noted that he was rude toward teachers, was the class clown, picked on other children, and was breaking rules at school. He reported that he was "kicked out" of high school for bringing alcohol to school. Mr. Williams later earned his GED. Mr. Williams is currently employed at Wells Fargo in commercial lending. He earned a Bachelor's degree in finance. He stated that he performed well academically and did especially well in math.

Mr. Williams stated that he can be "absent minded," and he has some difficulty focusing. He has trouble with directions and has a fear of driving. Mr. Williams denied a history of a speech and language delay. He stated that he is a picky eater and had difficulty with food textures as a child. He was also sensitive to loud sounds as a child. Mr. Williams reported that he is not physically coordinated.

Behavioral Observations:

Mr. Williams was seen by the psychologist for the clinical interview and one testing session. Rapport was established and maintained throughout testing. Mr. Williams arrived on time for both appointments. He appeared to be both motivated and interested in the tasks presented to him. He was pleasant, polite, and cooperative during the testing tasks. He made minimal eye contact. Mr. Williams spoke quickly, was tangential, and had trouble directly answering interview questions. He seemed to have some difficulty focusing. He was not fidgety or restless. Mr. Williams denied having hallucinations and did not appear to be responding to internal stimuli. He endorsed suicidal thoughts and denied suicidal plan and intent. He denied homicidal ideation/plan/intent.

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Testing Results:

Personality:

Mr. Williams completed the Personality Assessment Inventory (PAI) and the Millon Clinical Multiaxial Inventory - III (MCMI-III), objective measures of general personality functioning. The results were valid. Individuals with his profile show clinically significant symptoms of anxiety, including feelings of tension, apprehension, and nervousness. Their anxiety tends to be free-floating rather than attached to specific objects or events, and is persistent and trait-like. In general, individuals with this profile have a dispositionally low threshold for the experience of events perceived as dangerous or threatening. High scorers experience a great deal of tension, have difficulty relaxing, and tend to be easily fatigued as a result of high perceived stress. Mr. Williams also endorsed items consistent with depression symptoms, including thoughts of suicide, a sense of hopelessness, a lack of energy, and irritability.

Moreover, individuals with Mr. Williams's testing results are impatient and easily frustrated. Such individuals are quick to believe that they are being treated inequitably and may have strained working and social relationships. They experience paranoia, feel picked on and mistreated, and have unusual thinking.

Individuals with Mr. Williams's testing results also lack social interest and tend to exhibit little interest in the lives of other people. They have a limited ability to interpret the normal nuances of interpersonal behavior that provide the meaning to personal relationships. They are un-invested in social interactions and may be viewed as cold, unresponsive, and unable to display affect. These individuals prefer social alienation with minimal personal attachments and obligations. They think tangentially and often appear to be self-absorbed and ruminative. Behavioral eccentricities are notable and these individuals are often perceived as strange and different. They also tend to have trouble conforming to social conventions and may have difficulty with authority figures.


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Executive Functioning:

Mr. Williams completed the Behavior Rating Inventory of Executive Function – Adult Version (BRIEF-A), a standardized self-report measure that captures adults' views of their own executive functioning in their everyday environment. Based on his ratings, he shows clinically significant problems with executive functioning. Mr. Williams obtained the following scores:

Scale/Index	T-Score	Classification
Inhibit	68	Elevated Score
Shift	74	Elevated Score
Emotional Control	74	Elevated Score
Self-Monitor	64	Above Average
Initiate	64	Above Average
Working Memory	71	Elevated Score
Plan/Organize	66	Elevated Score
Task Monitor	60	Average
Organization of Materials	77	Elevated Score

Mr. Williams showed a clinically significant elevation on the *Inhibit* Scale, suggesting that he has difficulty with the ability to inhibit, resist, and not act on an impulse. He also showed an elevation on the *Shift* Scale, which means he has difficulty moving freely from one task to another. He had a high score on the *Emotional Control* scale, suggesting he has a tendency to have overblown emotional reactions. Mr. Williams also had a high score on the *Self-Monitor* Scale, which measures the extent to which an individual keeps track of his own behavior and the effect of his behavior on others; and on the *Initiate* Scale, which measures the ability to begin a task or activity and independently generate ideas, responses, and problem solving strategies. He also showed an elevation on the *Working Memory* Scale, which measures the ability to hold information in mind for the purpose of generating a response; and on the *Plan/Organize* and *Organization of Materials* Scale, which describes his ability to organize himself and materials.

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Mr. Williams also completed the Conners Adult ADHD Rating Scale, (CAARS), a measure designed to help assess and diagnose ADHD in adults. Mr. Williams obtained the following scores:


CAARS-Self-Report		
Scale	T-Score	Classification
Inattention/Memory Problems	59	Average
Hyperactivity/Restlessness	51	Average
Impulsivity/Emotional Lability	59	Average
Problems with Self-Concept	49	Average
ADHD Inattentive Symptoms	56	Average
ADHD Hyperactive-Impulsive Symptoms	75	Above Average
ADHD Symptoms Total	69	Above Average
ADHD Index	48	Average

Based on these ratings, Mr. Williams endorsed that he shows signs and symptoms of the hyperactive/impulsive type of ADHD.

Summary & Recommendations:

Mr. Williams was self-referred for an evaluation to provide diagnostic clarification and treatment recommendations. He reported a long standing history of depression with a history of one manic episode that led to a psychiatric hospitalization. Mr. Williams endorsed current symptoms of depression, with suicidal thoughts, a low frustration tolerance, and irritability. He reported that he has often wondered if he has an autism spectrum disorder due to ongoing trouble socially. Mr. Williams reported that he lacks interest in making friends, prefers to spend time alone pursuing his own interests, and has trouble connecting with others. He described himself as eccentric and odd. Mr. Williams reported that he was a behavioral problem in school despite being bright, and he had some sensory sensitivities to noise and texture. Mr. Williams chose not to involve his mother in this evaluation, and therefore no collateral information about his developmental history was available, which unfortunately does make it difficult to fully understand if Mr. Williams has a neurodevelopmental disorder.

The results from the testing is consistent with symptoms of depression and anxiety, including ongoing suicidal thoughts. Mr. Williams endorsed having a low frustration tolerance and difficulty interpersonally. He is quick to believe that he is being treated inequitably, exhibits little interest in the lives of other people, and has a limited ability to interpret the normal nuances of interpersonal behavior. The results also suggest that Mr. Williams thinks tangentially and often appears to be self-absorbed and ruminative. He has trouble conforming to social conventions and may have difficulty with authority figures.

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Based on the results of this evaluation, Mr. Williams meets DSM-5 diagnostic criteria for the following:

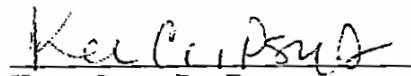
296.51 Bipolar Disorder, Current Episode Depressed, With Anxious Distress
299.00 Autism Spectrum Disorder, without intellectual impairment

Based on the results of this evaluation, the following recommendations are offered:

1. Continued medication management and psychiatric treatment is recommended to monitor and treat Mr. Williams for depression and anxiety symptoms, as well as the behavioral manifestations of a manic episode. It will be important to monitor his suicidal ideation.
2. Mr. Williams may also benefit from working with a psychotherapist to improve his coping skills, reduce symptoms of depression, and anxiety, and help him improve social skills. Mr. Williams may find it helpful to learn communication skills, increase awareness of his role in relationships, and reach a personal balance between solitary time and interpersonal interaction with others.

It was a pleasure to work with Mr. Williams. I could be reached at 704-458-8188 with any further questions.

Sincerely,



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