8<sup>th</sup> August 2019

## CONFIDENTIAL PSYCHOLOGICAL INFORMATION

This document details the results of psychological assessment using psychological tests together with clinical observations. The report has been prepared for clinical purposes and is not intended for medico-legal use.

## Re: ADAM GOLDFINE (DOB 8/10/2004)

Adam is a 14 year old boy, who was initially diagnosed with Attention deficit and Hyperactivity Disorder (ADHD) in 2010. He presented with challenging and impulsive behaviour. In November 2015, he was reassessed by Dr Karin Proudman and diagnosed with an Autism Spectrum Disorder (ASD) – Level 2. Adam currently attends The Joseph Varga School, an Autism Specialist School in Randwick, NSW.

Adam continues to present with ongoing social difficulties, he may not respond when people address him, experiences difficulties in seeing a situation from someone else's point of view (difficulties with Theory of Mind), prefers adults and animals to peers, has poorly integrated verbal and non-verbal abilities and restrictive interests. He seems to have good numeracy and literacy skills and is reported to willingly participate in class activities. However, Adam is easily distracted and he frequently requires one-on-one assistance from his teacher and prompting to stay on task and complete tasks. His social difficulties and lack of self-regulation skills severely impact his family, as Adam struggles to remain calm and abide by the social norms and expectations in different settings, wants things done his way and may argue and become aggressive towards his parents and sister. Adam has difficulty picking up on social and contextual cues and can be self-focused about reasons for a situation not being fair to him. He has difficulty interpreting other people's intentions and roles within specific settings and situations. Adam's emotional regulation depends highly on the support of his parents and current school, and his control of the types of activities he engages in.

In my professional opinion, Adam continues to meet the current DSM 5 diagnostic criteria for Autism Spectrum Disorder: Criterion A - Persistent Deficits in Social Communication and Social

Interaction across Multiple Contexts:

- 1. Deficits in social-emotional reciprocity and social communication
- 2. Deficits in nonverbal communicative behaviours used for social interaction
- 3. Deficits in developing, maintaining, and understanding relationships

Although Adam is a talkative boy, he mainly engages in conversations in topics that interest him and is very selective on the people he engages with. Conversations are not reciprocal as he tends to focus on his topics of interest. He also presents with fleeting eye contact and difficulties in his pragmatic skills. His ability to socially interact requires significant support as he may ask inappropriate questions or make inappropriate comments towards staff and his peers.

Criterion B. Restricted, Repetitive Patterns of Behaviour, Interests, or Activities:

- Stereotyped or repetitive motor movements, use of objects, or speech (e.g. Adam has history of repeating dialogues in movies)
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (Adam presents with black and white rigid thinking and if he sometimes gets something in his mind he remains hyper focused in it until he manages to have it)
- Highly restricted, fixated interests that are abnormal in intensity or focus and also money and activities to make money)

Adam also presents with severe differences in processing sensory stimuli in a context of difficulties with self-regulation that interfere with his mood.

## Current Diagnoses DSM-5:

- 299.00 (F84.0) Autism Spectrum Disorder with language impairment
  - Level 2 "requiring substantial support" for Social Communication
  - Level 2 "requiring substantial support" for Restricted, repetitive behaviours

Adam presents with oppositional behaviours - difficulty following instructions as he may tend to follow his own trail of thoughts and may only want to do what he wants to do. He has a fascination for power and seems to have developed an obsession with money and ways to make money and a genuine desire to help others to make money (Adam may look underneath a counter at a shop looking for coins others may have lost, he will ask people how much do they earn or be creative about ways to make money. He seems to be very attached to ideas on money and saving up, achieving discounts, and making judgements on different professions as according to his standards they may not be worth it in terms of income). This interest is high in intensity and unusual for his age and has turned into a preoccupation.

The student also presents with personality traits that need to be monitored as he can be unreasonable with demands, not be able to negotiate, present as argumentative, want to be heard but not hear others and to be given reason all the time.

On the other hand, Adam can be a lovely young man, who has an interest in playing the saxophone and has proven very talented in doing it. He has plenty of information on fish and dogs and is able to talk about them for long, presenting different facts that he has learnt. Adam is also an athletic, sporty boy who enjoys outdoor activities.

I would recommend an update on his Cognitive abilities so we can better understand his learning profile and tailor his learning towards it. Adam can be a friendly boy, engaging in interactions with the school staff and enjoying these on occasion. Adam has his family as a pylon in his life and they are supportive of him. It is my recommendation that Adam continues to engage with a Clinical Psychologist in supporting him gain more insight into other's points of view and improve his social skills while he develops his sense of self and his knowledge of his diagnosis.

The school will continue to work in partnership with both the family and the medical team.

Please do not hesitate to contact me in case you have any further queries. Yours sincerely,



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