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NEUROPSYCHOLOGICAL EVALUATION

Name: Jonah Mostyn

Gender: Male

Date of Report: 08/20/2018

DOE: 06/27/2018: 08/14/2018

Age: 12 years, 5 months DOB: 01/07/2006

Reason for Evaluation

Jonah is a 12-year-old, right-handed male brought for a neuropsychological evaluation due to parent concerns regarding Autism, concerns regarding Attention-Deficit/Hyperactivity Disorder (ADHD), anxiety, and depression. Jonah's mother reported he was previously diagnosed with Autism Spectrum Disorder (ASD) at 4 years of age. She reported he experiences dizziness, poor balance, irritability, low energy, lack of interests, fatigue, concentration difficulties, difficulty with verbal expression, poor impulse control, poor sleep, crying, moodiness, anxiety, and disruptive behavior. Jonah will be entering seventh grade and his mother reported he makes good grades.

Developmental History

Jonah's mother reported he was born in Toronto, Canada from a normal, full-term pregnancy. No pre- nor post-natal health concerns were reported. Jonah's mother reported Jonah began walking and speaking his first words around 10 months of age and speaking in short sentences at 4 years of age. Jonah's mother reported his language began to regress at 12 months of age and he made up his own language. He began speech therapy at 3 years of age and continues to receive services. His mother reported he received occupational therapy from 3 to 6 years of age. No physical therapy services were reported. Jonah has two brothers (7 and 2 years) and sister (9 years) and resides with parents and siblings.

Jonah will be entering seventh grade at Avalon Middle School in Orange County. His mother reported he has an Individual Education Plan (IEP). No grade retentions were reported. Jonah's mother reported he has difficulty socializing with children his age and gets along better with younger children. She reported he has issues with coordination and poor fine-motor skills. No behavioral problems at school were reported.

Jonah's mother reported Jonah gets good dietary intake and adequate exercise. She reported minimal caffeine consumption. Jonah's mother reported he takes Adderall (10 mg) and Fluoxetine (40 mg) daily. Jonah's mother reported Jonah receives group social skills training and she believes it to be beneficial. No serious medical conditions, injuries, surgeries, nor inpatient psychiatric treatment were reported. Jonah's mother reported a family history of Autism and ADHD.

Sources of Data

Clinical Interview, Wechsler Intelligence Scale for Children-V, Children's Memory Scale, Wechsler Individual Achievement Test-III, NEPSY-II (Design Copying), Conners Continuous Performance Test-3, Behavior Assessment System for Children-3 (Parent & Self), Delis-Kaplan Executive Function System (Phonemic Fluency-FAS, Color-Word Interference), Trail Making Test, Grooved Pegboard, Vineland Adaptive Behavior Scales-3, Autism Spectrum Rating Scales

Behavioral Observations

Jonah presented with neat dress and good hygiene. He appeared of average height and weight for her age. He ambulated independently, with steady gait. His speech and voice volume appeared within normal limits. His eye contact and motor movements appeared within normal limits. He displayed anxious affect on tasks he appeared to find difficult and poor frustration tolerance on a test of sustained visual attention. He was cooperative and showed good effort. He appeared to work to the best of his ability. Results appear to be a valid and reliable representation of his abilities and current level of functioning.

Test Results and Findings

The WISC-V was administered to measure Jonah's intellectual functioning compared to his same-age peers. Jonah's Full-Scale IQ of 87 falls within the below-average range at the 19th percentile. His working memory index score was significantly greater than his processing speed index score.

Jonah achieved a Verbal Comprehension Index score of 86, which falls within the below-average range at the 18th percentile. Jonah performed within the below-average range (25th percentile) on a subtest of abstract verbal abilities. He performed within the below-average range (16th percentile) on a subtest of word knowledge/language development.

Jonah achieved a Visual Spatial Index score of 84, which falls within the below-average range at the 14th percentile for his age. He performed within the below-average range (25th percentile) on a subtest of abstract visual construction. He performed within the impaired range (9th percentile) on a subtest of visual problem-solving ability.

Jonah achieved a Fluid Reasoning Index score of 88, which falls within the below-average range at the 21st percentile for his age group. He performed within the below-average range (25th percentile) on a subtest of visual-spatial fluid reasoning. He performed within the below-average range (25th percentile) on a subtest of quantitative and analogical reasoning.

Jonah's Working Memory Index score was 97, which falls within the average range at the 42nd percentile for his age. He performed within the above-average range (84th percentile) on a subtest of immediate verbal recall of numbers. He performed within the impaired range (9th percentile) on a subtest of recalling and sequencing a series of pictures.

Jonah achieved a Processing Speed Index score of 75, which falls within the impaired range at the 5th percentile for his age. He performed within the impaired range (5th percentile) on a subtest of visual scanning ability and within the impaired range (9th percentile) on a subtest of visuomotor processing speed.

Children's Memory Scale

The Children's Memory Scale was administered, which assesses memory, attention and concentration, and learning. On visual memory tests, Jonah performed within the impaired range on tests requiring immediate recall, and he performed within the impaired range on tests requiring immediate recall, and he performed within the impaired range on tests requiring immediate recall, and he performed within the impaired range on tests requiring delayed recall. He performed within the average range on tests of attention and concentration. He performed within the impaired range on tests of learning. Jonah's General Memory composite of 57 falls within the impaired range at the <1st percentile.

Primary Indexes	Index	Percentile	Description
Visual Immediate	66	1	Impaired
Visual Delayed	75	5	Impaired
Verbal Immediate	66	1	Impaired
Verbal Delayed	69	2	Impaired
Attention/Concentration	103	58	Average
Learning	66	1	Impaired
General Memory	57	<1	Impaired

Conners Continuous Performance Test-3rd Edition

The CPT3 involves maintaining visual attention to a dull and repetitive stimulus over an extended period. The CPT3 assesses inattention to the stimuli (omission errors), impulsive responses to the stimuli (commission errors), response time, and variability in response time over trials. Jonah's profile of scores and response pattern is associated with a very high likelihood of having a disorder characterized by attention deficits and is indicative of issues related to inattentiveness and vigilance.

Measure	T-Score	Percentile	Description	Interpretation
Omissions	65	94	Elevated	Above-average rate of missed targets.
Commissions	60	84	Elevated	High rate of incorrect responses to non-targets.
Hit Reaction Time (HRT)	65	94	Atypically Slow	Very slow mean response speed.
Variability	66	95	Elevated	High variabilty in reaction-time consistency.

Executive Functioning

Jonah's performance on tests of higher-order cognitive functions was variable. He performed within the below-average range (25th percentile) when required to quickly access his verbal lexicon. He performed within the impaired range (<1st percentile) on a task requiring him to attend to multiple complex stimuli. He demonstrated impaired verbal inhibition (5th percentile) when presented with color and word choices.

Visuomotor Integration

Jonah performed within the average range on a test of visuomotor integration. On the NEPSY-II Design Copying subtest, Jonah scored between the 51st and 75th percentiles for his age.

Motor Functioning

On a test of fine-motor speed and coordination, Jonah performed within the below-average range when using his dominant hand (14th percentile) and the impaired range when using his non-dominant hand (<1st percentile). Visual and auditory modalities appeared intact.

Language Functioning

The language battery of the WIAT-III was administered to assess Jonah's receptive and expressive language skills. Jonah performed within the below-average range on the Listening Comprehension subtest and the average range on the Oral Expression subtest. Jonah's Oral Language composite score of 90 falls within the average range at the 25th percentile.

Subtest	Standard Score	Percentile	Description
Listening Comprehension	88	21	Below Average
Oral Expression	95	37	Average

Subtest Component	Standard Score	Percentile	Description
Receptive Vocabulary	88	21	Below Average
Oral Discourse Comprehension	91	27	Average
Expressive Vocabulary	89	23	Below Average
Oral Word Fluency	95	37	Average
Sentence Repetition	104	61	Average

Psychological Functioning

Clinical Interview

Jonah's mother described him as empathetic, kind, gentle, caring, and intelligent. She reported he has an amazing memory. She expressed concerns regarding Jonah's poor frustration tolerance, rigidity, impulsivity, tendency to intrude on others, odd speech patterns, and reported sadness. She reported he has poor social skills and struggles holding basic conversations with peers. She reported he is very emotional, impulsive, perfectionistic, and anxious. She reported he becomes very frustrated when he makes mistakes. She reported he needs reminders to maintain his personal hygiene and not engage in socially inappropriate behaviors. During testing, Jonah was cooperative and appeared motivated to perform well. He displayed anxious affect and poor frustration tolerance. His thought processes appeared coherent and goal directed. There was no evidence of bizarre nor morbid ideations. Jonah did not present as a danger to himself nor others.

Behavior Assessment System for Children 3-Parent Rating Scale

Jonah's mother completed the parent version of the BASC-3 to provide information regarding his emotional/behavioral functioning compared to same-age peers. Within the clinical domain, the Hyperactivity, Anxiety, Depression, Attention Problems, Atypicality, and Withdrawal scales fell within the clinically significant range, and the Somatization scale fell within the at-risk range. Within the adaptive domain, the Functional Communication scale fell within the clinically significant range, and the Adaptability, Social Skills, and Activities of Daily Living Scales fell within the at-risk range.

BASC-3 Domain	Parent Rating	
Externalizing Problems	At-Risk	
Hyperactivity	Clinically Significant	
Aggression	Average	
Conduct Problems	Average	
Internalizing Problems	Clinically Significant	
Anxiety	Clinically Significant	
Depression	Clinically Significant	
Somatization	At-Risk	
Behavioral Symptoms Index*	Clinically Significant	
Atypicality	Clinically Significant	
Withdrawal	Clinically Significant	
Attention Problems	Clinically Significant	
Adaptive Skills	At-Risk	
Adaptability	At-Risk	
Social Skills	At-Risk	
Leadership	Average	
Activities of Daily Living	At-Risk	
Functional Communication	Clinically Significant	

^{*}Includes Hyperactivity, Aggression, Depression, and Attention Problems scales

Behavior Assessment System for Children 3-Self-Report of Personality

Jonah completed the self-report version of the BASC-3. Within the clinical domain, the Atypicality, Locus of Control, Social Stress, Anxiety, Depression, Sense of Inadequacy, Somatization, and Attention Problems scales fell within the clinically significant range, and the Hyperactivity scale fell within the at-risk range. Within the adaptive domain, the Interpersonal Relations scale fell within the clinically significant range, and the Self-Reliance scale fell within the at-risk range.

BASC-3 Domain	Self-Rating	
School Problems	Average	
Attitude to School	Average	
Attitude to Teachers	Average	

Sensation Seeking	Average	
Internalizing Problems	Clinically Significant	
Atypicality	Clinically Significant	
Locus of Control	Clinically Significant	
Social Stress	Clinically Significant	
Anxiety	Clinically Significant	
Depression	Clinically Significant	
Sense of Inadequacy	Clinically Significant	
Somatization	Clinically Significant	
Inattention/Hyperactivity	At-Risk	
Attention Problems	Clinically Significant	
Hyperactivity	At-Risk	
Emotional Symptoms Index	Clinically Significant	
Personal Adjustment	At-Risk	
Relations with Parents	Average	
Interpersonal Relations	Clinically Significant	
Self-Esteem	Average	
Self-Reliance	At-Risk	

Autism Spectrum Rating Scale-Parent Report

Jonah's mother completed the ASRS, a scale designed to assess behavioral symptoms associated with Autism Spectrum Disorder (ASD). Parent ratings suggest he has difficulty developing and maintaining relationships; using language that may be repetitive, unstructured, or unconventional; engaging in apparently purposeless and repetitive behaviors; tolerating change; overreacting to certain sensory experiences; and focusing attention while ignoring distractions.

ASRS Scales	T-Score	Percentile	Classification
Social/Communication	59	82	Average
Unusual Behaviors	67	96	Elevated
Self-Regulation	71	98	Very Elevated
Total Score	69	97	Elevated
DSM-V Scale	69	97	Elevated

ASRS Treatment Scales	T-Score	Percentile	Classification
Peer Socialization	77	>99	Very Elevated
Adult Socialization	69	97	Elevated
Social/Emotional Reciprocity	56	73	Average
Atypical Language	63	91	Slightly Elevated
Stereotypy	66	95	Elevated
Behavioral Rigidity	67	96	Elevated
Sensory Sensitivity	71	98	Very Elevated
Attention	64	92	Slightly Elevated

Adaptive Functioning

Jonah's mother completed the Vineland-3 to provide information regarding Jonah's adaptive functioning compared to same-age peers. Within the Communication domain, Jonah received a standard score of 81, which falls within the below-average range at the 10th percentile. Within the Daily Living Skills domain, he received a standard score of 62, which falls within the impaired range at the 1st percentile. Within the Socialization domain, he received a standard score of 54, which falls within the impaired range at the <1st percentile. His overall Adaptive Behavior Composite score of 66 falls within the impaired range at the 1st percentile.

Summary

Jonah is a 12-year-old, right-handed male brought for a neuropsychological evaluation due to parent concerns regarding Autism, concerns regarding Attention-Deficit/Hyperactivity Disorder (ADHD), anxiety, and depression. Jonah's mother reported he was previously diagnosed with Autism Spectrum Disorder (ASD) at 4 years of age. She reported he experiences dizziness, poor balance, irritability, low energy, lack of interests, fatigue, concentration difficulties, difficulty with verbal expression, poor impulse control, poor sleep, crying, moodiness, anxiety, and disruptive behavior. Jonah will be entering seventh grade and his mother reported he makes good grades.

Results indicate Jonah's general intellectual functioning fell within the below-average range, with a relative strength in working memory and relative weakness in processing speed. His general memory functioning fell within the impaired range. His performance on tests of visual and verbal memory ranged was impaired. His performance on tests of learning was impaired. His performance on brief tests of attention and concentration fell within the average range. His performance on a test of sustained visual attention was associated with a very high likelihood of having a disorder characterized by attention deficits and issues related to inattentiveness and vigilance. His performance on tests of higher-order cognitive functions was variable, with below average access to his verbal lexicon and impaired verbal inhibition and divided attention. His visuomotor integration was average. His fine-motor speed and coordination was below-average for his dominant hand and impaired for his non-dominant hand. His listening comprehension was below average and oral expression was average.

Parent ratings of Jonah's emotional/behavioral functioning suggest he demonstrates significantly more behaviors related to hyperactivity, anxiety, depression, attention problems, atypicality, and withdrawal, and moderately more behaviors related to somatization than other children his age. Ratings on this scale suggest significant difficulties with functional communication, and moderate difficulties with adaptability, social skills, and activities of daily living compared to same-age peers. On a self-report measure, Jonah reported significant difficulties with atypical behaviors, locus of control, social stress, anxiety, depression, sense of inadequacy, somatization, and attention problems, and moderate difficulties with hyperactivity compared to same age peers. He reported significant difficulties with interpersonal relation and moderate difficulties with self-reliance. Parent ratings on a scale designed to assess behavioral symptoms of Autism Spectrum Disorder (ASD) suggest Jonah demonstrates several behaviors consistent with ASD, including difficulties with peer socialization, adult socialization, atypical language, stereotypical behaviors, behavioral rigidity, sensory sensitivity, and attention. Parent ratings of adaptive behavior suggest below average communication skills and impaired socialization and daily living skills.

Impressions & Recommendations

Results are consistent with Jonah's previous diagnosis of Autism Spectrum Disorder (ASD), requiring support, due to elevated difficulties with socialization, unusual behaviors, and self-regulation, as well as impaired daily living skills. Results are consistent with a co-occurring diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD), Predominantly Inattentive Presentation, as evidenced by impaired performance on tests of processing speed, memory, learning, sustained visual attention, and divided attention. Jonah's performance on a test of fine-motor speed and coordination indicates a possible Developmental Coordination Disorder. Mood and behavioral difficulties appear secondary to the negative impact of his difficulties with socialization, unusual behaviors, behavioral rigidity, and inattention upon his daily functioning.

Jonah likely has difficulty with socialization and activities of daily living. He likely has difficulty with tasks requiring attention and concentration. He may be easily distracted when engaged in tasks and require increased time to complete tasks. He may have difficulty recognizing and understanding others' perspectives. He may have difficulty with tasks requiring fine-motor skills.

Jonah likely will benefit from receiving continued academic accommodations and supports at school through his Individual Education Plan (IEP). Continued speech therapy services are recommended. Academic accommodations may include: preferential seating, increased time to complete tasks, a testing environment with limited distractions, and prompting to initiate and review completed work. He may require increased structure in the organization of tasks and assignments and benefit from use of a daily planner. He may benefit from advanced notice of changes to his schedule, when possible.

Jonah will likely benefit from continued medication management and social skills training, as well as behavioral therapy. Applied Behavior Analysis (ABA) may help improve his attention, socialization, and activities of daily living skills. Services which assist his parents in developing behavioral interventions in the home to address issues related to inattention, functional communication, and activities of daily living may be beneficial.

An occupational therapy assessment is recommended to further assess Jonah's fine-motor skills.

Diagnosis

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F84.0	Autism Spectrum Disorder, requiring support, without accompanying intellectual
	impairment, without accompanying language impairment
F90.0	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Presentation
F43.25	Adjustment Disorder with mixed disturbance of emotions and conduct

Thank you for referring Jonah to our office for an evaluation. Counseling and parent behavioral training services are available in our office. Please contact us for any additional assistance.

Margie Lastice-Pitoniak, Psy.D.

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