

PSYCHOLOGICAL EVALUATION
Confidential Report

Name: Tanesha Jackson
DOB: 12 -13 --1987
Age: 30
Evaluation date: 8 -- 29 -- 2018
Referred by: Kendyl Jones - VRS

Reason for referral:

Tanesha Jackson was referred for a psychological evaluation by her vocational counselor at the Department of Vocational Rehabilitation Services. She was evaluated to determine her level of vocational and intellectual functioning, identify appropriate diagnostic classification, vocational support needs, impediments or limitations to employment, and capacity to work independently in the community. She was evaluated at the examiner's office in Charlotte, North Carolina. Marilyn, a behavioral specialist from the group home accompanied her and served as respondent for the Vineland Maladaptive Scales.

Procedures:

Wechsler adult Intelligence scale -- fourth edition (WAIS4)
Vineland Adaptive Behavior Scale -- third edition (VABS3 -- maladaptive scales only)
Clinical interview with mental status/observations
Review of records

Background information:

Tanesha Jackson is a 30 year old single, African-American female who was born and raised in Charlotte, North Carolina by her mother. She is the middle child of three children. She had some developmental delays and received services through Watkins Center. She completed high school despite years of special education, speech therapy and learning difficulties. Previous records indicate Intellectual deficits and various diagnoses ranging from Asperger's and anxiety, to Schizophrenia, OCD, and seizures. She denied any health problems, and her behavioral specialist did not know of any health problems, behavioral disturbances, or changes in mood or self-control, despite records that indicate a history of agitation, mood changes, ritualistic behavior and language problems. She was identified as Intellectually Disabled and began to receive disability income at some point in her adult life. She worked cleaning a fast food restaurant and also cleaned at the Howell Center for several years. She was uncertain why she no longer works at these places but has been unemployed the past few years. She expressed interest in cleaning or stocking items in a store on a part-time basis. She stated that she worked with a job coach in the past when she cleaned. She is residing in a group home and has been in other group homes. She visits with her family on occasion, enjoys shopping at the mall, going to the movies, and enjoys socializing at the group home with one female companion where she resides. She does chores that are written on the board, is cooperative, but can be stubborn and get upset on occasion when she feels criticized or makes a mistake. She was hospitalized for psychiatric care in 2015 after an acute episode of agitation, aggression and poor self-control, and threatening others. She stated that she did not like how others were speaking to her and it upset her and she did not handle it well. She takes various psychiatric medications including Depakote, Hydroxyzine, Omeprazole, Ezetimibe, and Trazadone. She is sleeping well but overeats and occasionally avoids people. She is learning to eat better and receives guidance from the group home staff. She has lived in previous group homes, and DSS is her legal guardian. She has had out of home placements periodically since childhood and a history of oppositional behavior, acting out and aggression. She is seeing a therapist for in-home therapy on a weekly basis and sees a psychiatrist through New Hope Clinic on a quarterly basis. She has no history of substance abuse or addiction. Despite records indicating above average adaptive behavior, a review of her daily life and habits indicates she cooks with supervision but does not handle complex cooking tasks on her own, cannot budget or handle large sums of money but can make a simple purchase, is friendly but does not initiate activities, friendships or social interactions, has notable trouble communicating, lacks practical reasoning and judgment, lacks coping skills, has trouble when routines change, has a guardian, does not make appointments, access healthcare or take medicines on her own, nor would she refill them if she was out. She is neat and tidy and cleans her room in an orderly fashion. She is told what chores to do

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but does them. Her work history is consistent with very simple, routine and repetitive jobs with supports. She cannot apply for work on her own, set up her own schedule or transport herself and does not drive. It is likely that the results from the previous evaluation are not valid or reliable and that she has very low adaptive behavior skills for her age level.

Mental status and behavioral observations revealed a casually dressed and adequately groomed, African-American female who appeared her stated age. She was average in stature, well nourished, and had braided dark brown hair. She wore pants and a tee-shirt and was appropriately dressed. She was cooperative, but she did not make eye contact very much or initiate conversation. She exhibited a notable stutter and stammer, and had trouble finding words to express herself. Her affect was bland but she occasionally smiled, and mood was mildly anxious. She was alert and oriented in all spheres. Her thought process was organized, coherent, linear and appropriate in content, and there were no perceptual disturbances or impairments in reality testing. She has fair judgment and poor insight. There was no suicidal or homicidal ideation or intent. She exhibited lapses in attention and concentration, but recent and remote recall was intact. Psychomotor movement was within normal limits with no impairment in gait, station, balance or coordination. Her pace, level of stamina and persistence was poor. Her attention level and ability to follow instructions consistently was poor. She completed all required testing and left the office with her behavior specialist from the group home. See test results below.

Test results:

On standardized intelligence testing using the WAIS4, Tanesha earned a verbal comprehension (VCI) composite score of 66, perceptual reasoning (PRI) composite score of 67, working memory (WMI) composite score of 66, processing speed (PS) composite score of 58, and a full-scale IQ composite score of 58 (range of 55—63 at 95th% confidence level) placing her in the Very Low (Intellectually Disabled) range of cognitive ability. She displayed a relative balance between her verbal reasoning and non-verbal (spatial/perceptual) reasoning abilities, and both areas fell in the low end of the Very Low range. Her working memory and processing speed composite scores also fell in the Very Low ranges of ability respectively and did not significantly differ from her other composite area scores. She displayed a very narrow range of subtest scaled scores (range of 1-5). She struggled most on tasks requiring mental flexibility, visual discrimination and attention to visual details, and verbal concept formation. Processing speed was relatively weaker. Her full-scale IQ composite score of 58 places her below the 1st percentile relative to her same age peers in overall cognitive ability. She displayed good initial effort, but struggled to consistently follow instructions, displayed poor attention, concentration, stamina and persistence, and self-direction. Her full-scale IQ composite score fell in the Very Low range and supports classification of an Intellectual Disability consistent with previous test results. These results are felt to provide a valid and reliable measure of her cognitive ability. See scaled scores below.

<u>Subtest</u>	<u>Scaled score</u>	<u>Subtest</u>	<u>Scaled score</u>
Block design	3	Digit span	4
Matrix reasoning	5	Similarities	3
Symbol search	1	Vocabulary	4
Visual puzzles	5	Arithmetic	4
Coding	3	Information	5

On the VABS3 - Maladaptive scales, Marilyn (her group home behavioral specialist) responded to a variety of items that provide information on her level of behavior on the various behavior scales. Her Internalizing scale score was slightly elevated with evidence of occasional problems with overeating, avoidant behavior and irritability and moodiness. Her Externalizing scale score was within normal limits, and no items were endorsed. None of the critical or severe problem behaviors were endorsed. None of the items indicative of psychosis or impairment in reality testing, ritualistic or violent behaviors were endorsed. Despite her history of agitation, aggression, ritualistic behavior and intensive psychiatric treatment and group home placement, she appears to be doing well with her psychiatric treatment with only mild problems related to self-regulation in the areas of eating, social interaction and mood.

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Diagnoses: 1. Intellectual Disability Disorder – mild R/O Autism Spectrum Disorder

Summary/Recommendations:

Tanesha Jackson is a 30 year old female with a history of learning and cognitive delays and deficits, disability, specialized instruction, supported employment, limitations in intellect and adaptive behavior and agitation, aggression, rituals and poor coping and adaptation in situations requiring it. She has Very Low cognitive abilities and earned a full-scale IQ composite score of 58 placing her below the 1st percentile. These results support a classification of Mild Intellectual Disability consistent with prior test results. Her adaptive behavior is limited based on a review of her daily life and discussion with her behavioral specialist at the group home (staff), observations and other data, and she has difficulties with more complex communication, has limited social skills, coping skills, does not initiate tasks, lacks self-direction, judgment, and struggles to follow multi-step instructions consistently, organize and completing daily living and social oriented tasks without support and guidance, cannot handle money, drive or get around on her own, apply for services, access healthcare, medicine, or advocating for herself and avoid exploitation. She has some problems with persistence, stamina, attention, organization, pace and planning ability and lacks conceptual reasoning, spatial reasoning and processing speed. There was not enough information or a well-informed informant to respond to scales that would help determine if she has a neuro-developmental or Autism Spectrum Disorder even though it is suspected based on observations, historical information and records. There are no significant or major behavioral, emotional or psychiatric conditions that would undermine her ability to hold a job, but she can become upset, agitated and react poorly if others speak harshly, are overly critical or overly demanding and put her in situations she does not understand nor handle. She should continue to be treated and monitored by her psychiatrist and receive in-home counselling services to address her behavioral and emotional needs. She will require long-term, permanent one-on-one vocational supports, and is best suited for very slow-paced, routine and repetitive jobs that do not have more than one or two tasks or instructions and do not involve frequent change in roles, tasks and responsibilities or people supporting her and working with her. She will require occasional redirection, guidance and discussion when things do not go well, and may struggle if there are significant changes in her work routine, schedule or activities.

Jeffrey Lorence, M.A., L.P.A.

Jeffrey Lorence, M.A., Licensed Psychological Associate