Psychological Evaluation

Identifying Information:

Name: John Standard

Date of Birth: 08/31/1975

Age: 34

Name of Examiner: Jaclyn Cervo, PhD Student in Counselor Education and Supervision, M.Ed

Date of Evaluation: 06/08/2010

Date of Report: 06/09/2010

Procedures:

Shipley Institute of Living Scales

Minnesota Multiphasic Personality Inventory- Two (MMPI-2)

Sentence Completion Series- Adult

Behavior and Symptom Identification Scale- Thirty Two (Basis- 32)

Substance Abuse Subtle Screening Inventory (SASSI)

**Reason for Referral and Agreement to Evaluation:**

John Standard is a volunteer client who agreed to participate in taking a battery of psychological assessments for me, the examiner, as a project for my Advanced Assessments class at Regent University.

The examiner met with John at a neutral location with a private conference room for his evaluation. The examiner informed John that the evaluation would be for educational purposes only and that the results of the assessments would likely not be shared with him but rather would be viewed only by the examiner and her professor, Dr. Underwood at Regent University. John was advised that some of the assessments would ask very personal questions and that he was to please answer these to the best of his ability. The limits of confidentiality in regard to the evaluation were explained to John and fact that the information gathered during the evaluation was for strictly educational, rather than clinical, purposes was reemphasized. John verbally agreed to participate in the evaluation and confirmed that he understood the nature of the evaluation was for educational purposes.

**Current Situation:**

John, self-reportedly, does not currently have any areas of concern related to his mental health and is not currently being seen by any mental healthcare providers. John shared with the examiner that he has in the past volunteered at a local university to take psychological assessments and serve as a volunteer client for graduate level students training to become counselors and psychologists. John communicated that all of his experiences volunteer to be a client have been positive and he would not be opposed to volunteering again in the future.

**Family History:**

John chose not to share any detailed information regarding his family history but stated that he maintained a positive report with all family members.

**Interpersonal Relationships:**

John currently lives in a home with his wife of two years. John describes a very loving and supportive relationship between him and his wife. John states that he is able to enjoy participating in a variety of activities with his wife as well as maintain a balanced social life with his male friends.

**Academic, Employment & Legal History:**

John has completed school to the level of a Bachelor of Arts and is currently enrolled in classes in a program to earn a license in nursing. In addition to taking nursing classes John also works several part-time jobs including working as a member or a pit-crew at a semi-professional race track. John says that he enjoys being a nursing student and that although he looks forward to one day having a full-time job as a nurse he is content with his part-time jobs while he works on finishing his degree.

**Behavioral Observations:**

John presents as an ambitious and excitable gentleman; he happily participated in all elements of the evaluation. John was fully aware of his surroundings and accurately reported information regarding the date, time, situation, his birth date and other related questions. John maintained appropriate conversation with the examiner and exhibited appropriate body language and eye contact throughout the session. He illustrated a desire to please and remained focused on putting his full effort into each assessment that was administered to him. John made attempts to use light hearted humor in between taking assessments and while his comments were always appropriate they sometimes bordered on the level of bizarre and quirky. The only time that John showed any emotion other than happiness or contentment was when he saw that he had incorrectly answered an item on one of the assessments. John initially acted shocked and then resentful of the mistake he had made but was shortly there after able to use humor and move past his disappointment at having incorrectly answered the item.

**Summary of Test Results:**

**Cognitive**

John completed the Shipley Institute of Living Scale which is an assessment designed provide information regarding the general intellectual functioning of adults and adolescents. This assessment can also be used to help reveal cognitive deficits “in individuals with normal original intelligence” (Zachary, 1986, p. 1). John scored a T-score of 65 on the Vocabulary scale which placed him in the 93rd percentile and in the Above Average range. He scored a T-score of 61 on the Abstraction scale while equated with the 86th percentile, also in the Above Average range. John’s combined T-score on the Vocabulary and Abstraction scales was a 63, which placed him in the 90th percentile again in the Above Average range. John achieved a Conceptual Quotient(CQ) score(a score derived from the ration of his Abstraction score to his Vocabulary Mental Age) of 102, which means that his is within the Normal CQ range and that his intellectual functioning is “roughly equal” to his abilities in vocabulary skills and abstract thinking (Zachary, 1986, p. 21). John received an Abstraction Quotient (AQ) score of 93 which is less than one standard deviation from the mean of 100 within the normal limits. John’s estimated WAIS IQ, found using a derivation of his total raw scores, is 122 which is approximately 1.5 standard deviations above the mean. The reliability of this IQ estimate is threatened because it is more than one standard deviation from the mean and therefore affected by floor and ceiling effects (Zachary, 1986).

**Personality**

Based on the scores that John earned on the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), he had elevated scores in the clinical range on only one of the ten scales. John’s scores spiked on Scale 9, Hypomania, with a T-score of 69 which placed him at just less than two standard deviations from the mean of 50. His elevated score on the Hypomania scale suggests that he is impulsive and may have a history of criminal or interpersonal problems (Green, 1991). Typically, clients with an elevated scale 9 are extraverted and sociable but lack real depth and intimacy in their relationships (Green, 1991). John’s score on scale 9 also reflects that he may be rebellious and hostile and my display difficulty with impulse control (Green, 1991). Clients with an elevated scale 9 “believe that they have good memory, judgment, and concentration” and can be grandiose, hyperactive, talkative, but are not normally depressed (Green, 1991, p. 20). John’s score suggests that he is most likely in good health and energetic. Although John shared during the clinical interview that he had some major health problems during adolescents he is no in good health and leads an active lifestyle.

**Projective**

John completed 50 unfinished sentences from the Sentence Completion Series- Adult version. On the first page of the assessment John completed sentences about his interpersonal relations with such phrases as: “my personality is mine, and mine alone” and “the me that others see matters little to my sense of well-being”. In response to the sentence stem “the me that others may not see” John wrote that he is “shy and reclusive”. John referenced his ability to take risks with such sentences as “My greatest asset is that I am willing to try just about anything, at least once”. He reflected some level of comfort with his emotionality by writing that “being emotional is part of a healthy life”.

**Behavioral**

The Behavior and Symptom Identification Scale (Basis-32) was designed to gauge significant symptoms and difficulties in functioning in people due to mental illness. The Basis-32 is comprised of five scales as well as a total scale score. On the Relation to Self and Others scale John scored a .29, which equates close to No Difficulty in that area. On the Depression and Anxiety scale John scored a .17 which also falls in the No Difficulty range. John did not score on either the Impulse and Addictive Behaviors scale or the Psychosis scale meaning he had No Difficulty in those areas. On the Daily living Skills/Role Function Rating John score a 1 indicating that he does have A Little Difficulty in that area. John’s overall score for the Basis-32 was a .17 demonstrating close to No Difficulty.

John also completed the Substance Abuse Subtle Screening Inventory (SASSI-3) adult version, however the examiner does not have the computer software required to score the assessment at this time.

**Summary:**

John is a 34-year-old Caucasian man of above average intelligence who agreed to participate in this evaluation for educational purposes. The results of this psychological evaluation indicate no significant clinical problems with the exception of a spiked score on scale 9 of the MMPI-2 which indicates some hypomanic tendencies in his personality.

**Recommendations:**

The following are recommendations in light of this evaluation:

1. *Current Treatment:* John is not currently receiving any therapy or mental health services and functions in his day-to-day life without any major struggles. Based on the results of this evaluation there does not appear to be a need for the addition of any mental health services at this time unless a change in John’s mental health occurs or he desires them.
2. *Impulsivity:* One area to revisit if John participates in any future evaluations is his score on scale 9 of the MMPI-2. Any increase in the score on the Hypomania scale should be considered cause for further evaluation.

References

Green, R.L. (1991). *The MMPI-2/MMPI: An interpretive manual*. Boston: Allyn and Bacon.

Zachary, R.A. (1986). *Shipley Institute of Living Scale: Revised Manual*. Los Angeles, CA: Western Psychological Services.