PSYCHOLOGICAL REPORT

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Judit García Jiménez (Collegiate number: M-24608) psychologist at the Complutense University's Psychology Clinic, presents this clinical report of "Juanito", at the request of their parents, in order to inform on the assessment and treatment performed with the patient on the Unit for Research and Teaching of the Masters in Clinical Psychology and Health.

IDENTIFYING INFORMATION:

NAME: "Juanito" (not real name)
AGE: 7 years old at the time of the assessment.
FAMILY STRUCTURE: "Juanito" lives with his parents.
START DATE: October 2011.
FINALISATION DATE: In Treatment Today.

ASSESSMENT PROCEDURES:

To objectively assess problematic behaviors observed in the child, as well as ruling out pathologies, besides following the diagnostic interview guide with children and adolescents (Ezpeleta, L., 2001) and Interview guide for adults, (Muñoz, M. 1997), I also interviewed the tutor and the child's speech therapist in order to obtain a more complete view of the situation.

The assessment included the following questionnaires: **CDI** (Kobacs, M. 1992), **CBCL** Child Behavior Checklist (Thomas M. Achenbach., 1991), **EDAH** (Farré, A. Carbona, J. Madrid: TEA, 2003), **BASC** (C. R. Reynolds y R. W. Kamphaus), **CAS** (Guillis, J.S. Madrid: TEA, 1997**)**, **WISC-IV** (Weschler, D. TEA, 2005), **CARAS (**Thurstone, L.L. Yela, M. Madrid: TEA, 1979).

* 8 sessions of evaluation were required due to individual characteristics of the patient. The child had difficulties in maintaining attention focused on the same test, and got up from the table several times; increasing the time to complete the tests.

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REASON OF CONSULTATION:

The mother says, and insists, they come to consultation because the teacher has told them their child has a reading comprehension problem, staring off, and probably ADHD. Furthermore as we are told by the parents, the teacher textually says "is the kind of kid who is prepared for professional life. Your child is not like the others. "

The parents claim they are tired, and for that reason they come to consultation. After asking them, they admit his child may be "a little bit immature in the speech, and has difficulties to start making his homework." However, parents verbalize, they do not see his son different respect to other children of his age. They also insist on their dissatisfaction with the way the teacher treat them both (them and his child).

CASE BACKGROUND:

Parents mention that “Juanito” has had a normal development. Although we are told he had a series of illnesses as a child. They say his son was born with a very open fontanel, so they attended to the neurologist until “Juanito” was 6-7 months old. They also inform us that he was born with retractile testicles, so he had to undergo three operations: the first operation at 15 months, the second at 2 years, and the third at 3 ½ years. "Juanito" will undergo another operation because he probably has an atrophied testicle. Finally they mention his child suffered of several ear infections.

As the parents told us, at the nursery school, when “Juanito” was 2 years old, they suggested them to see a speech therapist for delayed language acquisition. Later on he began to talking, so they decided not to take him to a speech therapist. Currently, it appears that the child's fluency that we observe during the interviews is not appropriate for his age; that was subsequently confirmed with the assessment tests.

Parents tell us the behavior of “Juanito” became worse when he was 3 or 4 years old. At this age the child starts having tantrums, contradicts his parents, disobeys, does not want to go to school and seems to be always angry. From age 4 “Juanito” refuses to go to school, trying to make excuses for not going, so they have to "drag him”. They report that tantrums occur anywhere every time they deny something “Juanito” wants. They explain us in these situations his son yells, hits his parents, cry and slams into the wall until he achieves his objective.

Parents mention that since he moved to primary school at the age of 6, his child "still hits more" when going to school. They believe this occurs because the teacher scolds him much.

Precisely that year, they received the first complaints from the teacher about the behavior and school performance of his child. As we could observe in his school grades, the child had suspended four subjects that academic year.

Currently in 2nd grade, the parents express that complaints from the teacher, have increased. According to the mother, the teacher tells her that “Juanito” is lagging far behind his classmates; he has comprehension problems, staring off, hits other children and is very restless. As the mother informed us the professor textually said: "I don’t understand why Juanito isn't educated as a child with special needs, I believe he is below the children with special need of my class; if I had known how childish he is, I wouldn't let him pass to primary. Parents says they don't notice anything different in his child from other children; immaturity in the speech, and difficulties to start making his homework. However, because of the teacher's complaints, they decided to take "Juanito" to various specialits (psychologist, ENT specialist, pediatrician, oculist and neurologist).

Parents verbalize the school speech therapist tells them that "he believes Juanito presents ADHD and should take medication", but as they inform us, he didn't applied his son not one assessment test. Subsequently, they take his son to a Social Security psychologist. We asked them to bring us a report, but till the date this one hasn't been provided. The psychologist told them he “only detected a possible developmental delay, but he didn’t saw any other difficulty”, and gave them appointment within three months. The pediatrician told them “Juanito’s problems don’t seem to have an organic basis, so it may be a developmental delay”. According to the report of 17/10/2011 provided by the parents EEG results concluded that the bio-electrical brain activity is within the normal range for chronological age. Where problems were detected is in the oculist, who concludes, after the ocular evaluation, that “Juanito” should wear glasses because of a problem of farsightedness and astigmatism “AO” as indicated in the report dated 14/10/11. The first time the child comes with his glasses to the consultation was the 11/11/11.

Considering the history of ear infections that had the child during the first years of life, we recommend to attend a hearing test to dismiss hearing problems. Parents report that the results of ENT "are positive, the child doesn’t present hearing difficulties."

The school referred "Juanito" to the orientation team (November 2011), who studied the case and consider, both tutor and the speech therapist, "they cannot provide support to Juanito, as to be considered a child with special needs, he should have a delay of more than 2 years, and this is not his case". Currently they have appointment to see the neurologist.

ASSESSMENT RESULTS:

To carry out a comprehensive assessment of the problem, different questionnaires were applied in addition to the interviews; which were conducted with the child, the parents, the tutor, and his school speech therapist. We requested a complete medical checkup of the patient, where the vision problem was detected. On the other hand we dismissed organic causes that

may be related to the present symptoms, as stated on the reports "Juanito" parents provided us, of the various specialists. The following table shows the results obtained in the different tests applied during different moments of evaluation. For a more detailed assessment of the results see Annex.

Data Sheet	Questionnaires	Results	Interpretation
Depression	**CDI**	Total: Pc 75	Not significant
		Esteem: Pc 90	Significant
Anxiety	**CAS**	Total: Pc 76	Significant
ADHD	**EDAH**	DA: PC 99	Significant
		H: PC 91	Not Significant
		TC: PC 98	Significant
		H + DA: PC 99	Significant
		H+DA+TC: PC 99	Significant
List of symptoms	**BASC**	Teacher: Hyperactivity, unusualness.	Clinically Significant
		Mother and Teacher: Aggressiveness, behavioral problem	Clinically Significant
		Fathers and Teacher: Attention problems.	Clinically Significant
		Mother: Social skills and leadership	Clinically Significant
		Mother: Depression, retreat and adaptability	At Risk
		Father and Teacher: Adaptative skills	At Risk
		Teacher: Learning disability	At Risk
		Fathers: F index	At Risk
		Teacher: F index	Extreme caution
Behavioral assessment	**CBCL**	Emotional problems	Pathological
		Anxiety problems	Limit
		Behavioral problems	Pathological

BEHAVIORAL OBSERVATION:

As part of the assessment, we asked the parents of "Juanito" to weekly register his son's tantrums (insults, yells, slams against the wall, etc.), as well as the antecedents and consequences of such conducts. When the behavioral observations began (in November 2011) we found the patient had at least two tantrums every week when something he wants was

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denied, getting finally what he wanted. We could observe these tantrums during the consultations when we asked him to do something he didn't want to do.

DIAGNOSE:

Based on data collected from interviews and questionnaires about symptoms presented, and in contrast with the diagnostic criteria of DSM-IV, we can make the following diagnosis to this patient according to DSM-IV-TR:

- AXIS I: F43.22 Adjustment disorder with mixed anxiety and depressed mood [309.28]. Chronic.
- AXIS II: Z03.2 No diagnosis [V71.09]
- AXIS III: Z03.2No diagnosis
- AXIS IV: Problems with primary support group; Educational problems
- AXIS V: EEAG: 60 (current)

LIST OF PROBLEMS:

Taking into account the results of the interviews, and the behavioral observation, we conclude "Juanito" had the following behavior problems: tantrums and swearwords, screams and hitting, high irritability, anxiety, low self-esteem, low mood and low frustration tolerance. Besides we found difficulty focusing, poor academic performance and social relationship deficits.

TREATMENT RECOMMENDATIONS:

After carrying out the assessment process and clinical case formulation, based on data collected from interviews and questionnaires about symptoms presented; we considered the need of treatment. The following therapeutic goals, and specific tasks to achieve them, were proposed and accepted by the family.

TREATMENT GOALS	TECHNIQUES USED
• Return information	- Returning information interview. - Psychoeducation.
• Improve mood • Regular activity levels	- Psychoeducation about depression. - Planning enjoyable activities. - Thermometer mood.
• Decrease physiological arousal.	- Diaphragmatic breathing training.

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• Identification of erroneous beliefs and dysfunctional thoughts	- Cognitive restructuring
• Encourage the development of coping skills: - Managing social situations. - Improve self- control - Anger Management . - Improve personal autonomy	- Turtle tecnique. - Social skills training. - Self-instruction training. - Semaforo anger. - Troubleshooting.
• Explanation and emotional management	- Psychoeducation emotions - Identification and emotional expression.
• Generalize what they learned • Maintain longterm achievements	- Relapse prevention. - Review of the techniques learned. - Identifying risk situations.

FINAL CONSIDERATIONS:

After carrying out the assessment process, we consider necessary that the patient begins the treatment process.

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