

# Timmy Brown Psychological Assessment

## Part One

Timothy Brown

D.O.B. 8-14-84 (C.A. 1 year, 0 mo. 16 days)

Date of Assessment: 8-30-85

## REFERRAL

Timmy was referred for psychological evaluation by Brenda Jones, social worker for Washington County Children's Services. Ms. Jones was concerned about possible delays in Timmy's development and requested assistance in determining an appropriate treatment plan for him.

## BACKGROUND

Timmy is the youngest of four children. He lives at home with his parents and three siblings, age 4½, 3½, and 2½. The Brown family receives ongoing in-home protective and supportive services from Washington County Children's Services. The family was originally referred to the agency because of alleged serious neglect of the children. Short-term removal of the children and placement in foster care were necessary in 1984. The children's service agency reports that the condition of the home remains marginal and the children do not receive adequate stimulation. The agency reports that the parents have limited parenting skills and are often overwhelmed with the demands of caring for four preschool aged children. The parents are reported to be committed to the children and do appear to make attempts to improve child and home care.

## Medical

Timmy's mother reports that he has had chronic respiratory problems since early infancy, which have resulted in repeated illness and occasional hospitalization. Screenings for cystic fibrosis have been negative. At the time of the assessment, Timmy was congested and was having difficulty breathing. His mother indicated that the congestion was fairly typical. No other medical problems were reported.

## Developmental

There is limited information regarding Timmy's early development. No significant birth problems were reported by his mother. The children's service social worker who had been monitoring the family indicated she felt that Timmy was delayed.

## PRESENT ASSESSMENT

### Tests Administered

Denver Developmental Screening Test (DDST); Adaptive Behavior Scale for Infants and Early Childhood (ABSI); diagnostic clinical interview and play diagnosis.

### Test Results

On the DDST, Timmy exhibited moderate delays in the areas of motor, language, and personal-social development. Timmy's lower body gross motor development was significantly delayed, as he exhibited almost no ability to bear weight on his legs. While he did crawl, he did not pull to standing, did not cruise holding on, nor walk. He would not stand when assisted. Upper body gross motor development appeared to be within normal ranges; however, fine motor abilities were delayed. Timmy had developed finger-thumb opposition but did not demonstrate a good pincer grasp with either hand. He did manipulate objects using both hands and put objects into his mouth. In general, motor development was typical of an eight-month old child. The inability to bear weight on his legs is more typical of a one- to two-month old infant.

Timmy's language development on the DDST was also delayed. His verbalizations were very limited both in quantity and in quality. He occasionally babbled and elicited random sounds, but his verbalizations appeared to be nonspecific. He could not be engaged into reciprocal verbalization or imitation of sounds by the examiner during the testing situation. His language development appeared to be at approximately a 7-month level as measured by the DDST.

The ABSI was completed through an interview with Timmy's mother. Much of the information was corroborated by the examiner through observation during the testing situation, and the ABSI data generally appears valid. The ABSI indicates moderate delays in most areas of adaptive behavior. Timmy's area of greatest strength was independent functioning, which for a child of Timmy's age includes primarily feeding skills, including finger-feeding, and cooperation when being bathed or dressed. His physical development was significantly delayed, again primarily because of the inability to use his legs, which precluded any upright locomotion. Timmy's communication skills and personal-social development were also moderately delayed on the ABSI. There were no reports of significant maladaptive behaviors that would suggest emotional disturbance.

## **PART TWO**

### GENERAL IMPRESSIONS

Timothy is a 12-month old male infant who exhibited moderate delays in all areas of physical, cognitive, language, and interpersonal/social development. He was a compliant infant who participated in the testing situation without exhibiting any distress, despite the strangeness of the room and the examiner. He permitted the examiner to manipulate him physically, to take away objects, and to engage him in activities without protest or

exhibition of oppositional behavior. He appeared to be overly passive and lacked in age-appropriate autonomous behavior. Timmy did approach and manipulate objects in the room and showed mild interest in exploring, but he did not engage other persons in play or interaction, and he did little more with objects than visually explore and manipulate them with his hands.

Timmy's lack of use of his legs is of major concern. There is considerable discrepancy between his upper and lower body gross motor competence. His limited locomotion may contribute to limitations in his ability to explore the environment and to participate in certain types of play. While his inability to walk is consistent with his delays in other domains, the inability to bear weight on his legs may suggest hypotonia, cerebral palsy, or other physical deterrent to his motor development.

The reportedly poor home environment and limited skills of the parents have probably contributed to Timmy's delays. Inadequate stimulation, including verbal and social interaction, limited mobility, and limited access to toys and objects of interest to explore and manipulate have probably contributed to Timmy's general delay. The degree of his delay might, however, indicate more serious developmental problems and should be monitored on an ongoing basis.

## RECOMMENDATIONS

- 1) Timmy should be evaluated by a physician to rule out physical causes of lower body motor delays such as hypotonia, cerebral palsy, or orthopedic problems.
- 2) Timmy would benefit from an intensive infant stimulation program offered through the county program for the mentally retarded. A Head Start home trainer could also be considered. Mrs. Brown should be taught activities she can do with Timmy at home. Timmy should also be enrolled in protective day care for several hours each day. The caregiver should provide physical activities and exercises to strengthen muscle tone and encourage Timmy to stand and walk. Play activities should be structured to encourage exploration, appropriate interpersonal interaction, and to increase Timmy's exposure to language.
- 3) Timmy should be reevaluated after six months of remedial programming to assess his progress and to determine the need for additional intervention.