

Beth Ann Brown Psychological Assessment

PART ONE

Beth Ann Brown
D.O.B. 1-23-85 (C.A. 4 years 6 months)
Date of Assessment: 7-28-89

REFERRAL

Beth Ann was referred for psychological evaluation by Brenda Jones, social worker for Washington County Children's Services. Ms. Jones was concerned that Beth Ann was delayed in her development and possible emotionally disturbed. She had noticed during a home visit that Beth Ann often sat on the sofa and rocked back and forth for long periods of time. Ms. Jones was requesting assistance in educational and developmental planning for Beth.

BACKGROUND

Beth is the oldest of the four Brown children. She has three younger siblings, Patti, age 3½, Lisa, age 2½, and Timmy, age 1. The Brown family receives ongoing protective and supportive services from Washington County Children's Services. The agency reports that the parents have a history of limited parenting skill and are often overwhelmed with the demands of four children under the age of 5. The agency reports that the home environment is seriously deficient, and that ongoing protective intervention is necessary to maintain it at a minimum level of health and safety. In 1987 the children were placed into short term foster care by the agency until the home situation was corrected. The agency reports that there is very little stimulation for the children in the home. Beth has not been routinely involved in any educational or social activities outside the home.

Developmental/Medical

Beth is in generally good health, according to her mother, and there is no known history of health problems. Information regarding her early development is not known.

PRESENT ASSESSMENT

Tests Administered

Stanford-Binet Intelligence Scale (Stanford-Binet); Adaptive Behavior Scale for Infants and Early Childhood (ABSI); Clinical Interview.

Test Results

Beth was initially extremely shy and withdrawn in the testing situation. She remained in the examining room, sitting very close to her mother, while the examiner assessed her younger brother. During this time she did not make eye contact or interact with the examiner. When the examiner directed conversation toward her, she hid her face in her mother's arm and refused to respond. She did answer questions asked by her mother, but she initiated little interaction with her mother, and none with her brother or the examiner.

Beth approached the testing situation with considerable resistance and tears at first, but within a few minutes she became engaged and cooperated in the testing activities. As the testing progressed, Beth became increasingly more animated and involved, and she appeared to enjoy the interaction. Once involved, she protested when we had to stop. She was responsive to the examiner, she maintained good eye contact, and she laughed and smiled frequently. She appeared to be pleased with herself when she completed a task and was commended by the examiner. It is felt that the test results are a valid indication of Beth's present level of functioning.

Beth's performance on the Stanford-Binet was in the borderline range of intelligence. With a C.A. of 4 years 6 months, and a corrected M.A. of 3 years 0 months, Beth's IQ score was 76. She demonstrated inconsistent strengths and weaknesses in judgement and reasoning, comprehension, memory, and concentration throughout all the subtest levels. The inconsistent patterns of strength and weakness may indicate problems with attention or emotional problems.

On the ABSI Beth exhibited mild deficits in adaptive behavior. Her strengths were in the area of independent functioning, which includes feeding, toileting, and dressing skills. Her deficits in physical development appeared to be in the area of gross motor balance and stability. Beth's receptive language appeared to be better developed than her expressive language. Her speech was sparse, unelaborative, and often a whisper, making it difficult to understand her. Her mother indicated that she was unable to understand Beth approximately half the time. Beth did not routinely ask questions or initiate conversation with other people. Beth's greatest deficiencies were in concept skills and play behaviors. The ABSI results were generally consistent with the results of the Stanford-Binet.

There were indicators on the ABSI of emotional disturbance. According to her mother, Beth exhibits considerable teasing behaviors and physical aggressiveness toward her other siblings, in the form of kicking, slapping, pushing, and grabbing at the other children. She reportedly tears up books and magazines when she is angry, and she refuses to do what she is asked. She is also reported to cry excessively, refuse to talk to other people, cling to adults, particularly her mother, and rock back and forth.

PART TWO

GENERAL IMPRESSIONS

Beth is a four-year six-month old girl whose current cognitive functioning is in the borderline range, and who displays mild deficits in almost all areas of adaptive behavior. While the Children's Service agency reports no evidence of deliberate maltreatment of the children, the agency notes that Beth has been exposed to considerable and consistent deprivation and neglect in this home. Beth shows many behavioral indicators of emotional disturbance, including excessive shyness and a reticence to become involved with other people. When she does become involved with adults, she responds in a dependent style, craves praise and attention, and resists discontinuation of social interaction. It is possible that the reported absence of stimulation in her home and the lack of stimulating social and developmental contacts have contributed to her developmental delays. She appears to display a combination of aggressive, possible attention-seeking behaviors with significant emotional and social withdrawal. Her eagerness to become involved with adults once a relationship has been established can be used to help Beth become more socially competent, and to facilitate her development in other areas.

RECOMMENDATIONS

- 1) Beth should be enrolled in a structured preschool program, preferably through the County Board of Mental Retardation and Developmental Disabilities. If such a program is not available, placement in a Head Start program with special programming is recommended. A program that offers planned social interaction and a small student to teacher ratio is recommended. Beth should have several months of a positive preschool experience prior to starting kindergarten. Beth's progress in preschool should be evaluated at the end of the summer, 1990. If she has not made significant gains in both cognitive and social skill, an additional year in a preschool setting or placement in a special class in public school should be considered.
- 2) Beth can be expected to be reticent, shy, and withdrawn in any out-of-home activities, including preschool. She should be integrated slowly into such a program, and she should be monitored closely for signs of undue emotional stress from separation and from group involvement. Aggressive behavior should be dealt with using timeout and other non-punitive procedures. Adults will need to help Beth learn appropriate responses to gain attention.
- 3) Beth's parents should be actively involved in Beth's preschool experience to whatever degree possible. They should be taught how they can carry out similar activities with their children at home. Beth's parents should be provided with ongoing support and education to help them engage Beth in activities that can reinforce her mastery of skills learned in school.