

The purpose of this example is to illustrate our reporting process and style, the interaction of personal history and traumatic stress can led to debilitated performance, and without appropriate agency intervention the continuation and acceleration of agency costs. The information enclosed is to be considered confidential and solely used for educational purposes.

INTERACTION DYNAMICS

Name:	Miss Pam
Date of Birth:	
Chronological Age:	47
Social Security No:	
Date of Incident & Site:	
Date of Evaluation:	2003
Examiner:	Robert M. Heller, Ph.D.

Reason for Referral: Miss Pam was referred by the management to assess her current ability to perform her duties at full capacity. On August her manager of the agency, observed that Miss Pam was not performing at her full capacity, and due to this concern, requested this evaluation.

Background Information:

Information provided includes dated request for evaluation, chronologically ordered data, correspondence and administrative actions taken to date.

Background: Miss Pamela Pam is a 47 year old white female who was escorted to our offices for this evaluation. Her nervousness was presented through giddy laughter, sarcastic comments and a presented helpfulness. Miss Pam is 5'5" and weighs approximately 250 pounds. Her hair is red, and was dressed quite appropriately by wearing a green-colored pants suit. While she is ambulatory, she prefers the wheelchair due to stability and can only walk for short distances by hanging on to walls. She clearly presents her inability to walk as a psychological issue, and refers to her difficulty as is a conversion disorder. She views it as a by-product of anxiety and depression. She further hypothesized that the triggering effect was being shot at on October xth, 199x.

Her work history includes 27 years with the public school system. Her starting position was as a lunch room attendant and has been a compliance coordinator for the last 14 years. Her primary responsibility: are for the Regional Schools and insuring that, according to Miss Pam, that the principal's office and cafeteria meet state, federal, and board rules for federal reimbursements. Currently, she is responsible for covering x"feeding sights." Additionally as of this year, she has a partner which is to assist her in the inspection activities. According to Miss Pam, her job

function includes: (1) reviewing each child's application to insure it meets guidelines; (2) review the work performance of the cafeteria staff with regard to personal hygiene and cleanliness of work site, sufficiency of food, and appropriate storage of supplies; (3) taking corrective action such as writing up non-compliance and notify health inspectors; and (4) the staffing and hiring of cafeteria employees. However, it is noted that she has been recently removed of her responsibilities.

Miss Pam provided a rather detailed account of the incidences in her life requiring her to be overly vigilant, compliant to meet the needs of her family origin rather than meeting her needs. She also indicated numerous incidences of "terrible things happening to her."

She was born in Chicago, moving around a lot because of her salesman father before the age of eight. Then they settled in the northwest area of Chicago with her two parents, grandmother, and four siblings. She indicated she started working at age eleven due to her father's alcoholism and full time since the age of fourteen. She stressed the need to give money to her mother to make things work. Her parents had in difficulties managing the family and as the middle child she felt she took on the parenting responsibilities. In particular around the age of seventeen and eighteen she incurred numerous deaths in her family and over this year period her mother, father, and brother all died, leaving her quite depressed and in the position, according to her, to be the parent to her younger brother and sister. She dropped out of M University and took care of the home by working two jobs. When the youngest brother moved out, she fell into deep depression, leaving her lonely and with few other things in her life beside work. She was unwilling to leave the house and came into further depression and panic. This led to what she calls a conversion disorder that by either being touched or a startled her legs would give out and she would fall. She mentioned numerous incidences of falling and breaking her hip, her wrists, and leg. She began staying in a wheelchair, which she has for the last six years. She claims that she swims three or four times a week to minimize any atrophy of her lower extremities.

She states being shot at on October 5, 1995 by a twelve year old. Four shots were fired at her, three hitting her car and one grazing her across the back of her neck. She claims that there was no police report made per the principal's office, and school security identified the perpetrator (later stating it was not the perpetrator but a brother). She stated traveling from school to school, she has been mugged eight times. Currently she is seeing a psychiatrist once every three months for medication and psychotherapy twice a month through the York Behavioral Health program. Other support in the past has included attending an AA group for her "conversion disorder", which she felt was not effective, and a group therapy on an occasional basis. She stated through Weight Watchers, she has lost forty four pounds in the last three months. She admitted to having growing difficulties in accessing schools and the cafeterias. This led to her literally crawling up the stairs and banging her knees, which resulted in an injury

incident report.

Being a stoic individual, she never asked for medical leave, nor ADA accommodations. She feels that she has been successful in her job until recently where accessibility has been a problem. She also acknowledges that she has used a two-by-four piece of wood to assist her in pushing the gas pedal in her car going from site to site in case her legs would go out. She seemed to have little insight relative to the potential for an accident and endangering others. Likewise, she has never adapted her car in a manner that would assist somebody with impaired leg movement.

Evaluation Procedures:

Diagnostic interview

SCL-90R

MMPI2

Wechsler Abbreviated Scales of Intelligence

Multi-dimensional Anxiety Questionnaire

Mental Status Evaluation

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Test Results:

On the SCL-90, she presents significantly with depression, and phobic anxiety. Intellectually, her verbal functioning placed her at the average range in the 57th percentile. Her performance skills, which include visual reasoning and visual-motor integration, place her at the very superior range in the 99th percentile. Overall, the estimated intellectual functioning is at the above average range in the 94th percentile. While she has not gone to college, she is very concise and quick in her information process. She presented herself not only oriented to time, place and person, but was quite perceptive with regard to cause and effect and analyzing consequences of behaviors. She is able to work and solve problems on a step by step basis and taking previous information and utilizing it in new situations. Ms. Pam tries to provide very succinct answers and often provides very abstract responses.

On the SRA Verbal Skills Test:, she scored in the 90th percentile in comparison to individuals in similar positions. This includes both the logical thinking as well as quantitative skills. Thus the results of the WASI and the SRA are compatible. This further indicates that intellectually she is very capable of superior performance. However results based on the MMPI-2, further confirm the existence of anxiety, depression, and somatic concerns which develops physical symptoms in response to stress. While she intellectually recognized that nature of her difficulty ambulating as a psychological problems and was quite fluent in the terminology, she is not willing to deal with the issues. There is social withdrawal and social distancing between her identifying symptoms and her concern for such. She often looks for simplistic and concrete solutions that do not require in-depth self-examination. She emphatically stated that if she could only deal

with her fears she would be able to walk again. However, this was done in almost a dissociative state. She experiences alienation and social withdrawal, feeling she has no friends, and finds her life generally dissatisfying.

Diagnostic Impressions: DSM IV:

Axis I: 300.4 Depressive Disorder with anxiety (anxiety-depressive disorder),
300.11 Conversion Disorder with motor symptoms,
300.21 Panic Disorder with Acrophobia ,in remission
Axis II: 301.9 Personality Disorder NOS traits of dependency and passive-aggressive
Axis III: weakness of extremities
Axis IV: Psycho-Social stressors with regard to occupation, social support
Axis V: GAF=60, previous best=80

Estimated Level of Risk is high for recitivism. She is not fit for duty due to her conversion disorder and the level of risk to herself and meeting her job demands.

Estimated Time to Return to Work: 6 months if she aggressively seeks psychological support and medication management. She should be reevaluated within this 6 month period.

Treatment Recommendations:

Long-term goals would include:

1. Relaxation and stress-reduction skills such as progressive muscle relaxation.
2. Behavioral therapy focusing on assertiveness training, self-esteem and developing social resources.
3. It is highly recommended that she engage in a partial day program for approximately 30 days to assist her focusing on her conversion disorder. Given her previous regime of medication and therapy, a more intensive or quite stepped-up process would be more effective.
4. Giving her resolve and following through with treatment recommendations, it is expected that she would be able to work. At this time it is recommended that she attend a partial program and work or go on medical leave from work. While she is intellectually capable of performing her job, she currently makes judgement that she would endanger herself or others due to her conversion disorder of immobilizing her legs. It is to her overall benefit to focus on this treatment.

Robert M. Heller, Ph.D.
Licensed Clinical Psychologist
Ill. Lic.# 071-002999

Raw Data on

Name: Pam

Date of Birth:

Social Security No:

Date of Incident & School:

Date of Evaluation:

Significant MMPI Scores profile 1-6 (8)

L 86	Hs 74	Pa 74
F 72	D 66	PT 73
K 69	Hy 70	Sc 74
	Pd 60	Ma 46
	Mf 62	Si 52

WASI

Verbal IQ 108

Performance IQ 133

Full Scale IQ 123