

## MENTAL HEALTH ASSESSMENT EXECUTIVE FUNCTIONING BRIEF SUMMARY REPORT

CLIENT: Jane Doe (female)  
DOB: 1992-01-03 (age 31 years 2 months)  
Date of Summary Report: March 20, 2017

### Introduction

This brief summary report provides an overview of the mental health assessment and executive functioning evaluation conducted for Jane Doe, a 31-year-old female diagnosed with Autism Spectrum Disorder (ASD). The assessment, performed on March 20, 2017, aimed to understand Jane's social responsiveness and executive functioning abilities. The report includes findings from standardized assessments, including the Social Responsiveness Scale, Second Edition (SRS-2), and the Comprehensive Executive Function Inventory (CEFI). Additionally, proposed treatment strategies tailored to address Jane's specific needs in social skills enhancement and executive function improvement are outlined. This report serves as a guide for treatment planning and intervention implementation to support Jane's overall well-being and functioning. Further collaboration with healthcare professionals and ongoing assessment is recommended for optimal treatment outcomes.

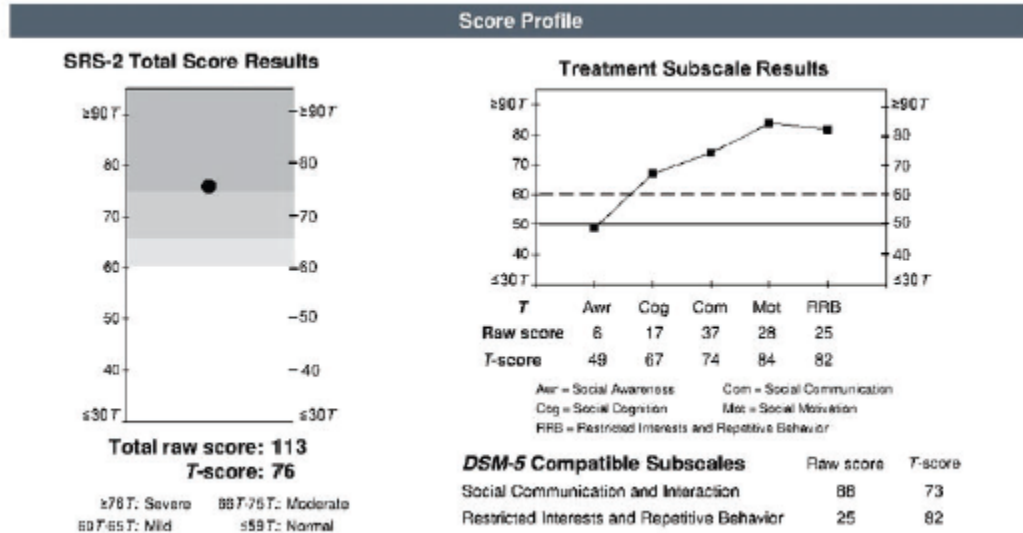
### Autism Spectrum

- Social Responsiveness Scale, Second Edition (SRS-2) Total Score: 76 (T-score)
  - Total raw score: 113
  - Severity Level: Severe (66 T - 75 T)
- Score Profile:
  - Treatment Subscales:
    - Social Awareness: 49
    - Social Cognition: 67
    - Social Motivation: 74
    - Autistic Restricted Behaviors: 84
    - Total: 82
  - DSM-5 Compatible Subscales:
    - Social Communication and Interaction: 88 (Raw score), 73 (r-score)
    - Restricted Interests and Repetitive Behavior: 25 (Raw score), 82 (r-score)

Note: This report aids in diagnosis and treatment planning. Further confirmation from independent sources is recommended before making diagnostic or treatment decisions.

*This report is designed to aid in diagnosis and treatment planning, but it does not provide any specific coaching recommendations. No diagnostic or treatment decisions should be made solely on the basis of this report without confirming further information from additional independent sources.*

Figure 1 - SRS-2 results in graphical form.



These scores are supported by high scores in Monotropism Questionnaire, Ritvo Autism & Asperger Diagnostic Scale (RAADS-14), Autism Spectrum Quotient (AQ) assessments.

**Monotropism** However, if a monotropism assessment uses a scoring system where higher scores indicate a stronger tendency toward monotropism (i.e., a stronger focus on narrow interests or activities), then a score of 172 would suggest a significant degree of monotropism. This could imply that the individual has a strong tendency to focus intensely on specific interests or activities to the exclusion of others, which is a characteristic trait often associated with autism spectrum disorders.

**RAADS-14** A score of 27 on the RAADS-14 suggests that the individual may have significant autistic traits. However, similar to the Autism Spectrum Quotient (AQ), it's essential to understand that the RAADS-14 is not a diagnostic tool on its own. It can provide an indication of the presence of autism-related traits, but a comprehensive evaluation by a qualified healthcare professional, such as a psychologist or psychiatrist, is necessary for a formal diagnosis.

**AQ** A score of 23 on the AQ typically suggests that the individual may have some autistic traits, but it doesn't necessarily mean they have an autism spectrum disorder. Scores on the AQ can range from 0 to 50, with higher scores indicating a higher likelihood of autism-related traits.

## Medications

Here are the potential mental health side effects associated with each of the medications you listed:

1. **Valacyclovir HCL (Valtrex):**

- Common side effects may include headache, dizziness, and nausea.

*This report is designed to aid in diagnosis and treatment planning, but it does not provide any specific coaching recommendations. No diagnostic or treatment decisions should be made solely on the basis of this report without confirming further information from additional independent sources.*

- Less common side effects may include mood changes, such as depression or confusion, but these are rare.
2. **Pantoprazole SOD (Protonix):**
    - Pantoprazole is a proton pump inhibitor used to reduce stomach acid. While it primarily affects gastrointestinal function, some users may experience mood changes or mental health effects such as depression or anxiety, although this is not very common.
  3. **Escitalopram Oxalate (Lexapro):**
    - Escitalopram is an antidepressant in the selective serotonin reuptake inhibitor (SSRI) class. Common side effects may include nausea, headache, and insomnia.
    - More concerning side effects include worsening depression or suicidal thoughts, especially in young adults. It's important to monitor mood changes closely when starting or adjusting the dose of escitalopram.
  4. **Bupropion HCL (Wellbutrin):**
    - Bupropion is an antidepressant that works by affecting the levels of neurotransmitters in the brain, particularly dopamine and norepinephrine. Common side effects may include insomnia, headache, and dry mouth.
    - Bupropion is less likely to cause sexual side effects compared to other antidepressants, but it may increase anxiety or agitation in some individuals. It can also increase the risk of seizures, especially at higher doses.
  5. **Pregabalin (Lyrica):**
    - Pregabalin is an anticonvulsant medication used to treat nerve pain and certain types of seizures. Common side effects may include dizziness, drowsiness, and weight gain.
    - Pregabalin can also cause mood changes, including depression or anxiety, in some individuals. It's important to monitor for any changes in mood or behavior while taking this medication.

It's important to note that individual responses to medications can vary, and not everyone will experience the same side effects. If you have concerns about the potential mental health side effects of any medication you're taking, it's crucial to discuss them with your healthcare provider. They can provide personalized guidance and monitor your progress to ensure the best possible treatment outcomes.

## Executive Functioning

Full Scale Executive Functioning:

- Jane Doe's full-scale executive functioning score is 40, indicating below-average performance across various domains.

Individual Executive Functioning Domains:

- Attention: Average (Standard Score: 99)
- Emotion Regulation: Average (Standard Score: 101)
- Flexibility: Very Superior (Standard Score: 113)
- Inhibitory Control: Average (Standard Score: 102)
- Initiation: Below Average (Standard Score: 87)
- Organization: Average (Standard Score: 100)

*This report is designed to aid in diagnosis and treatment planning, but it does not provide any specific coaching recommendations. No diagnostic or treatment decisions should be made solely on the basis of this report without confirming further information from additional independent sources.*

- Planning: Average (Standard Score: 107)
- Self-Monitoring: Very Superior (Standard Score: 112)
- Working Memory: Below Average (Standard Score: 83)

Comparison to Normative Sample:

- Jane Doe's scores compared to the normative sample reveal strengths and weaknesses in executive functioning.
- Significant differences from average scores are noted, indicating executive function strengths or weaknesses in specific domains.

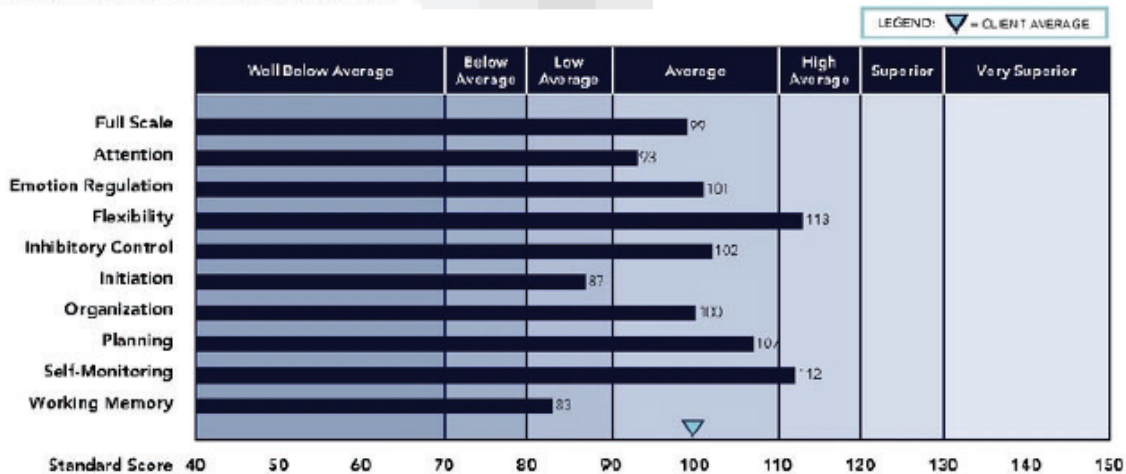
Analysis of Specific Executive Functioning Domains:

1. Initiation: Found to be a weakness, ranking in the Low Average range.
2. Organization: Falls within the Average range.
3. Planning: Falls within the Average range.
4. Self-Monitoring: Identified as a strength, falling within the High Average range.
5. Working Memory: Identified as a weakness, ranking in the Low Average range.

Note: Jane Doe's executive functioning abilities vary across different domains, with strengths observed in self-monitoring and flexibility, and weaknesses noted in initiation and working memory. Further assessment and support may be beneficial to address areas of weakness and leverage strengths.

Figure 2 - Graphical view of executive functioning scores.

## Overview of Results for .



### Proposed Therapy Treatment Plan

Based on the assessment results provided, a therapy treatment plan for Jane Doe could be structured to address both social responsiveness deficits indicated by the SRS-2 results and executive functioning challenges highlighted by the CEFI results. Here's a comprehensive plan:

1. **Goal Setting:**

*This report is designed to aid in diagnosis and treatment planning, but it does not provide any specific coaching recommendations. No diagnostic or treatment decisions should be made solely on the basis of this report without confirming further information from additional independent sources.*

- Collaboratively establish short-term and long-term goals with Jane, focusing on improving social skills, executive functioning, and overall well-being.
2. **Social Skills Training:**
    - Implement interventions targeting social awareness, cognition, motivation, and reducing autistic restricted behaviors.
    - Utilize behavioral therapy techniques, role-playing exercises, and social scripts to enhance Jane's social interactions and communication skills.
    - Encourage participation in social skills groups or workshops to provide opportunities for practicing social behaviors in a supportive environment.
  3. **Executive Functioning Strategies:**
    - Develop personalized strategies to address specific executive functioning deficits:
      - Initiation: Teach techniques for task initiation, breaking tasks into manageable steps, and setting achievable goals.
      - Organization: Provide tools and strategies for organizing tasks, schedules, and personal belongings.
      - Planning: Teach planning techniques such as creating to-do lists, prioritizing tasks, and setting deadlines.
      - Self-Monitoring: Foster self-awareness and reflection through journaling, self-assessment exercises, and mindfulness practices.
      - Working Memory: Implement memory-enhancing techniques like visualization, mnemonic devices, and repetition.
  4. **Cognitive-Behavioral Therapy (CBT):**
    - Incorporate CBT principles to address cognitive distortions, anxiety, and emotional regulation difficulties.
    - Explore cognitive restructuring techniques to challenge negative thought patterns and promote adaptive coping strategies.
  5. **Social Support and Peer Integration:**
    - Facilitate opportunities for Jane to build social connections and develop meaningful relationships.
    - Encourage involvement in social activities, clubs, or interest groups aligned with her preferences and strengths.
    - Provide guidance on navigating social situations, interpreting social cues, and maintaining friendships.
  6. **Parent/Family Education and Support:**
    - Offer psychoeducation to Jane's family members on autism spectrum disorders, executive functioning challenges, and strategies for supporting Jane's development.
    - Provide resources and support for implementing therapeutic techniques and fostering a supportive home environment.

*This report is designed to aid in diagnosis and treatment planning, but it does not provide any specific coaching recommendations. No diagnostic or treatment decisions should be made solely on the basis of this report without confirming further information from additional independent sources.*

## 7. Regular Progress Monitoring and Adjustment:

- Conduct regular assessments to track Jane's progress towards treatment goals.
- Modify interventions as needed based on ongoing assessment results, feedback from Jane and her support system, and observed changes in behavior and functioning.

## 8. Collaboration with Other Professionals:

- Coordinate care with other healthcare providers, educators, and community resources involved in Jane's treatment and support network.
- Ensure a holistic approach to addressing Jane's needs across various domains of functioning.

By implementing a comprehensive treatment plan that addresses both social responsiveness deficits and executive functioning challenges, Jane can work towards improving her social skills, adaptive functioning, and overall quality of life. Regular communication, support, and collaboration among all stakeholders will be essential for maximizing Jane's progress and well-being.

## SUMMARY

The assessment of Jane Doe, a 31-year-old female diagnosed with Autism Spectrum Disorder (ASD), reveals significant findings in both social responsiveness and executive functioning domains. Jane exhibits severe social responsiveness deficits as evidenced by elevated scores on the Social Responsiveness Scale, Second Edition (SRS-2), particularly in autistic restricted behaviors. Moreover, her executive functioning profile indicates below-average performance across various domains, with strengths observed in self-monitoring and flexibility, and weaknesses noted in initiation and working memory. While this report provides valuable insights for treatment planning, it underscores the complexity of Jane's needs, necessitating further exploration and confirmation from independent sources. Collaboration with healthcare professionals and ongoing assessment is recommended to devise a comprehensive intervention strategy tailored to Jane's specific challenges and strengths.

Warm regards,

Linda Storm, MA, CCC, C.Hyp  
Canadian Certified Counsellor, CCPA 10010445  
Registered Psychotherapist (Qualifying) Ontario, CRPO 11526

*This report is designed to aid in diagnosis and treatment planning, but it does not provide any specific coaching recommendations. No diagnostic or treatment decisions should be made solely on the basis of this report without confirming further information from additional independent sources.*