

NORTHEAST GEORGIA PSYCHOLOGICAL SERVICES

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McAllister

COMMENTS:

PSYCHOLOGICAL EVALUATION

☐ Urgent

☐ Please review

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We don't treat a diagnosis; we treat individuals. Hopebridge autism therapy centers are committed to providing personalized therapy for kiddos touched by behavioral, physical, social, communication and sensory challenges. The goal of our care is to help them blossom into their best selves.

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Autism Diagnostic Evaluation

NAME: Deron Mcallister
GENDER: Male
DATE OF BIRTH: 01/01/2017
AGE: 3 years, 8 months
DATE OF EVALUATION: 09/02/2020
LOCATION: Snellville, Georgia
PSYCHOLOGIST: Heather C. Futral, Psy.D.
PSYCHOMETRIST: Mollie N. Luallen, M.A.

Reason for Evaluation

Deron Mcallister, a 3-year-old male, was seen at Hopebridge for an Autism Diagnostic Evaluation on September 2, 2020. His mother, Kenyetta Powell, and his grandmother, Shannon Mustafa, accompanied him.

Method of Assessment

Deron was evaluated with the following assessments:

- Clinical interview with Deron
- Collateral interview with Deron's mother, Kenyetta Powell and grandmother, Shannon Mustafa
- Behavioral Observations
- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)

Background Information

The following information was obtained via clinical interview with Deron, Ms. Powell, and Ms. Mustafa.

Family History

Deron presently resides with his mother.

Developmental & Medical History

Deron is the product of a normal pregnancy. He was delivered vaginally at full term. He has no current medical diagnoses. In October 2019, Deron had a tubes surgically placed in his ears due to excessive fluid. Deron has no history of head injury, seizures, and has never been hospitalized. Deron is not prescribed any medications. It was reported that he passed his most recent hearing and vision test.

Deron started walking independently at 12 months of age. He began using phrase speech at age 3. Deron has mastered daytime toilet training and is making progress towards mastering nighttime toileting.

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Deron's mother relayed that she began having concerns about his delayed speech and development when he was 1 year old and was observed to be sitting alone in a corner at daycare. She reported concern that he was not engaging with other children his age. Deron's delayed speech acquisition was also reported as a concern, he used mostly single words that were difficult to understand until age 3 and has slowly begun to incorporate phrase speech. Deron has not received therapeutic services for speech, or development at this time.

Educational History

Deron attended daycare until this year and stays home with his mother or grandmother due to concerns with COVID-19.

Mental Health History

Deron has never received psychotherapy, nor has he ever received a mental health diagnoses. A history of abuse and trauma was denied for Deron. A history of suicidal ideations, self-harming behaviors, and hallucinations were also denied. He has family history of depression and intellectual disability. Deron's mother relayed that he usually presents as happy and energetic.

Behavioral Concerns

SYMPTOM	NONE	MILD	MODERATE	SEVERE
Physical Aggression		X		
Verbal Aggression		X		
Noncompliance	X			
Weight Loss	X			
Food Avoidance	X			
Excessive Drooling	X			
Pocketing of Food		X		
Conduct Problems	X			
Depressed Mood	X			
Toileting Changes	X			
Mood Dysregulation		X		
Fatigue	X			
Generalized Anxiety	X			
Hyperactivity		X		

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Irritability	X			
Obsessions/Compulsions	X			
Oppositional Behavior	X			
Self-injurious Behavior	X			
Sleep Disturbance	X			
Social Isolation	X			
Impulsivity	X			
Tantrums		X		
Communication Challenges			X	
Difficulty Transitioning	X			
Inattentiveness		X		
Clumsy	X			
Difficulty with Self Care	X			
Over/Under Sensitivity to Touch	X			

Social Functioning

Ms. Powell reported that Deron may initiate games with peers but will occasionally not want to share which leads to conflicts with peers. If peers initiate a game with Deron, he is likely to respond. Deron responds in a friendly manner to adults he is familiar with, such as his grandmother. With unfamiliar adults he is sometimes friendly and occasionally shy. Ms. Powell relayed that he will share food or toys occasionally if she asks. However, if it is a preferred food, Deron is not likely to share. When Deron is interested in an item, he will show his mother by pointing or physically bringing her to the item. Ms. Powell reported that if others are in distress, Deron will lean in and ask if they are okay as a way of offering comfort. Deron's eye-contact was described as "not as good" by both Ms. Powell and Ms. Mustafa. To communicate his wants and needs, Deron will nod his head for yes, shake his head for no, and reach for items or point. Occasionally Deron will vocalize his wants and needs. Ms. Powell reported that it is sometimes difficult to understand his words, which leads to frustration and upset. Deron engages in pretend play with cars and will invite others to join him in play.

Restricted and Repetitive Patterns of Behavior

Deron displays some repetitive patterns of behavior, including turning light switches on and off, turning water on and off repeatedly, and running up and down steps. Ms. Powell reported that he struggles to start a new task but once a routine is established he is more successful. Ms. Powell reported no peering,

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sniffing, or tasting non-edible items. Deron does not engage in specific routines/rituals, stereotyped speech, and repetitive use of objects or repetitive full body movements. Ms. Powell did note that in the past he would flick his hands occasionally.

Strengths and Interests

Deron enjoys playing with cars, trucks, and balls. He also enjoys acting out paw patrol during play, specifically being "Chase".

Barriers to Service Delivery

No barriers to service delivery were noted.

Summary of Test Results

Autistic Diagnostic Observation Schedule, Second Edition (ADOS-2)

The ADOS-2, Module 2 was administered to Deron to assist in determining a clinical diagnosis. The ADOS-2 is a semi-structured, standardized assessment instrument designed to obtain information in the areas of communication, reciprocal social interaction, and restricted and repetitive behaviors. Module 2 of the ADOS-2 is designed specifically for children who are 31 months of age and older and who are using phrase speech to some sentences. It includes a number of play-based activities that are used to assess specific aspects of the individual's social functioning, as well as restricted and repetitive patterns of behavior and/or interests.

Using the Module 2 algorithm (for children who speak in phrases to sentences), Deron's Overall Total score fell within the classification range of *Minimal-to-no-evidence* on the ADOS-2 for his age and language level.

The Overall Total score is calculated by adding the scores of the Social Affect (SA) and the Restricted and Repetitive Behavior (RRB) scales. The SA scale emphasizes certain behaviors, including eye contact, verbal and nonverbal communication, and social interest. The RRB scale includes behaviors such as unusual sensory interests, unusual interests in specific topics/objects, and stereotyped/idiosyncratic language.

Some behaviors included in the SA scaled that were observed include eye contact, verbal and nonverbal communication and social interest. Deron displayed appropriate eye contact meshed with other communication throughout the evaluation. He responded verbally and nonverbally when the examiner attempted to gain his attention on multiple occasions. Additionally he showed definite pleasure when interacting with the examiner during multiple activities.

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Deron initiated interactions by offering the examiner a toy to play with and suggesting ideas for play. He maintained a back-and-forth conversation and was able to help tell a story from a book using simple phrases. Deron used multiple descriptive, conventional and instrumental gestures including raising hand with eye-contact and vocalization, shrugging, turning key, gesturing swimming and cooking food. Occasionally it was difficult to understand the word or phrase Deron was trying to say.

The RRB scale includes behaviors such as unusual sensory interest, unusual interest in specific topics/objects, and stereotyped/idiosyncratic language. Deron was not observed using any stereotyped vocalizations. No unusual sensory interests were apparent. He did not display any hand, finger or other complex mannerisms. Deron occasionally moved around or fidgeted during play.

Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)

The Vineland-3 is an individually administered measure of adaptive behavior. It is the latest revision of an instrument that has been widely used in the assessment of individuals with intellectual, developmental, and other disabilities. The Parent/Caregiver Form is completed by a parent, caregiver, or other respondent who describes the examinee's adaptive behavior using a rating scale format. Ms. Powell's responses for Deron are presented below:

Domain	Standard Score	Percentile	Classification
Communication	86	18	Strength
Daily Living Skills	70	2	Weakness
Socialization	81	10	Strength
Motor Skills	62	1	Weakness
Adaptive Behavior Composite	77	6	Moderately Low

Subdomain	v-Scale Score	Age Equivalent	Strength/Weakness
Communication Domain			
Receptive	13	2:9	Strength
Expressive	15	3:10	Strength
Written	11	<3:0	
Daily Living Skills Domain			
Personal	12	2:11	Strength

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Domestic	8	<3:0	Weakness
Community	8	<3:0	Weakness
Socialization Domain			
Interpersonal Relationships	10	1:4	
Play & Leisure	12	1:11	Strength
Coping Skills	12	<2:0	Strength
Motor Skills Domain			
Gross Motor	8	1:5	Weakness
Fine Motor	7	1:4	Weakness

Based on Ms. Powell's endorsements, Deron's Adaptive Behavior Composite (ABC) score is 77, which is considered moderately low. The ABC provides an overall summary of Deron's adaptive functioning. His score falls at the 6th percentile, meaning that his score was greater than or equal to 6% of individuals in his age group in the Comprehensive Parent/Caregiver normative sample.

Deron's **Communication** domain standard score is based on his scores on three subdomains: Receptive, Expressive, and Written. The Receptive subdomain assesses attending, understanding, and responding appropriately to information from others. Deron's Expressive score reflects his use of words and sentences to express himself verbally. The Written subdomain score conveys an individual's use of reading and writing skills. His Communication standard score is 86. This corresponds to a percentile rank of 18. This domain is a relative strength for Deron.

Deron's **Daily Living Skills** domain standard score is derived from his scores on three subdomains: Personal, Domestic, Community. His Personal subdomain score expresses his level of self-sufficiency in such areas as eating, dressing, washing, hygiene, and health care. His Domestic score reflects the extent to which he performs household tasks such as cleaning up after himself, chores, and food preparation. The Community subdomain measures an individual's functioning in the world outside the home, including safety, using money, travel, and rights and responsibilities. His standard score for Daily Living Skills is 90, which corresponds to a percentile rank of 2. The subdomain for person is a relative strength and the subdomains for Domestic and Community are relative weaknesses for Deron.

Deron's **Socialization** domain standard score is based on his scores on three subdomains: Interpersonal Relationships, Play and Leisure, and Coping Skills. Interpersonal Relationships assesses how an individual responds and relates to others, including friendships, caring, social appropriateness, and conversation. Deron's Play and Leisure score reflects how he engages in play and fun activities

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with others. His Coping Skills score conveys how well he demonstrates behavioral and emotional control in different situations involving others. His Socialization standard score is 81. The percentile rank is 10. This domain is a relative strength for Deron.

Two subdomains--Gross Motor and Fine Motor--make up the **Motor Skills** domain. Gross Motor measures skills in using arms and legs for movement and coordination, and Fine Motor measures skills in using hands and fingers to manipulate objects. On the Motor Skills domain, Deron received a standard score of 62. The percentile rank is 1. This domain is a relative weakness for Deron.

DSM-5 Criteria for Autism Spectrum Disorder

DSM-5 Criteria	Meets Criteria (Yes or No)	Assessments Performed
Persistent deficits in social communication and interactions across multiple content, currently or by history	No	<ul style="list-style-type: none"> • Clinical interview • ADOS-2
Restricted, repetitive patterns of behavior, interest, and/or activities	No	<ul style="list-style-type: none"> • Clinical interview • ADOS-2
Symptoms must be present in early developmental period (but may not fully manifest until social demands exceed limited capacities)	Yes	<ul style="list-style-type: none"> • Clinical interview • ADOS-2
Symptoms may cause clinically significant impairment in social, occupational, or other important areas of functioning	Yes	<ul style="list-style-type: none"> • Clinical interview • ADOS-2
These disturbances are not better explained by intellectual disability or global developmental delay	No	<ul style="list-style-type: none"> • Clinical interview • ADOS-2

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Diagnostic Impressions

Based on this evaluation, Deron does not meet the criteria for Autism Spectrum Disorder. His current symptoms may be better explained by a speech/language disorder, or other developmental delay. Further psychological testing would be necessary to definitively diagnose these or any other mental health impairments.

Recommendations

ABA Therapy*	Not indicated at this time
Occupational Therapy	1 hour per week
Speech Therapy	1 hour per week
Physical Therapy	Not indicated at this time

Note: The number of hours per week could change based upon the treatment provider's recommendation.

Additional Recommendations

It is recommended that Deron receive a speech and language evaluation to determine whether speech therapy may be helpful in improving his language development.

It is recommended that Deron receive a full psychological evaluation to determine what developmental delays he may currently be experiencing.

Reciprocal play skills are important building blocks for language, conversation, and socialization skills. Consequently, developing age-appropriate play skills will assist in building positive relationships with other children. Some examples are:

- Teach to consistently engage in functional play skills while being in close proximity to another child who is engaged in their own play-based activity. This can be promoted by providing access to mutually enjoyable activities (i.e., activities that both and her peers enjoy).
- Teach to share and take turns with a common set of play materials.
- Teach to play collaboratively with peers. This is often accomplished by dividing the materials of a mutually enjoyable activity (e.g., a toy train and pieces of track) among and a peer. Adults can then facilitate the interaction of the two children with the goal of encouraging them to work together to accomplish a desirable goal (e.g., creating a train track).

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- It is also recommended to teach to successfully engage in-group play activities with multiple peers. This can be facilitated through a combination of priming (introducing an activity ahead of time in a low demand, high motivation context), prior practice with adults or a smaller group of peers, and whenever possible, incorporation of interests into the activity.

It is suggested that Deron's caregivers work with him to make lifestyle changes that lead to improved mood regulation. Light activity such as bicycling, walking or swimming can be beneficial. Scaling back obligations, keeping to a sleep schedule, meditating and socializing with other people are all important for controlling mood dysregulation. Getting enough sunlight is also helpful, as it aids with circadian rhythms.

Relaxation strategies, such as breathing and mindfulness strategies may help him cope when in stressful situations.

Deron will do best in a loving and caring environment where there are clear and firm structure, limits, and boundaries. He would benefit from the development and implementation of a behavioral management approach consisting of a clear, explicit, and consistent set of rules and expectations. Positive behaviors should be met with positive reinforcement. Negative consequences for breaking those rules and not meeting expectations should also be clear and consistent, and as immediate as possible.

It was a pleasure to work with Deron and his caregivers over the course of this evaluation. We hope that the information provided in this report is helpful in providing direction for his ongoing treatment and clinical interventions.

X Heather C. Futral, Psy.D.
Heather C. Futral, Psy.D.
GA Licensed Psychologist #3418

X Mollie N. Luallen, M.A.
Mollie N. Luallen, M.A.
Post-Doctoral Fellow

- Records signed electronically