

**Clinical Neuropsychology**

**Seminar:**

**An Introduction to Assessment**

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**I. Pre-seminar Test**

A. Read Sbordone Scenarios (JCEN)

B. Choices

1. Diagnostic Issues

a. Diagnosis - neurological or other

b. Referral - neurologist, psychiatrist, or other  
physicians

c. Assessment

2. Psychotherapeutic Issues

Choices - group, individual, couple,  
relaxation or biofeedback

C. Sbordone Results

1. 566 mailed ~ 206 returned

2. 91.7% correctly referred to neurologist

D. Issues

1. Role of neuropsychologist?

2. Problems of Differential Diagnosis

**II. Differential Diagnoses and Problems for Neuropsychologist**

A. Schizophrenia: Promising Results

1. Type

a. Positive = O ct, np; and behavior, good  
response to drugs, good prognosis

b. negative = T ct, np; O behavior, no response  
to drugs, poor prognosis

2. Paranoid

- a. left hemisphere and schizophrenia
- b. paranoid = use left hemisphere
- c. non paranoid = don't effectively use left hemisphere

B. New Problems

- 1. Initial Attempts - patterns of performance
- 2. Newer Efforts - statistical cluster analyses
- 3. Reasons -
  - a. Heterogeneity of behavior
  - b. Psychiatric diagnoses = neuropsychological performance (too much variability)

C. Alternatives - Focus on good/accurate clinical assessment

D. Purpose of this Seminar

- 1. Purpose = better be able to recognize and assess NP disorder
- 2. Outline = . . .

III. Brief Review of the Brain

A. Anatomy

- 1. Subcortical
- 2. Cortical

B. Function

- 1. Subcortical
- 2. Cortical

#### IV. Conceptualizing Human Neuropsychology

##### A. Definition

1. Pxy of Brain - Behavior
2. Specialties
  - a. clinical neuropsychology
  - b. experimental neuropsychology
  - c. behavioral neurology
  - d. behavioral neuropsychology

##### 3. Concepts

- a. brain damage vs. cerebral dysfunction
- b. organicity

##### B. Diagnoses

1. DSM III-R
  - a. syndrome vs. etiology
  - b. dementies
  - c. substance abuse

##### C. Human Neuropsychology and Other Health Fields

1. Neurology - CNS vs. PNS
2. Neurosurgery
  - a. surgical - pre and post
  - b. rehabilitation
  - c. chronological (e.g. Tumor) growth
3. Psychiatry
  - a. differential diagnoses
  - b. deficits vs. strengths

D. Human Neuropsychology and Other Psychology

1. Clinical - clinical --> <-- neuropsychology
2. Health - branch of health
3. Educational
  - a. subfields
  - b. habilitation and psychometric approaches
4. Vocational
  - a. real world issues
  - b. applications

V. Development of Neuropsychology as a Professional Specialty

A. Introduction

B. Historical Perspectives

1. Pre-modern - from Greeks to Broca
2. Modern
  - a. Russian - case
  - b. British - mix
  - c. North American - psychometric

C. Journal and Book Publications

1. Journals

- a. pre-neuropsychology (e.g., JCPP)
- b. total = 161 journals
- c. most popular = JCPP, ACN, TCN

2. Books

- a. pre - 1970 = 0
- b. initial - Lezak, Golden
- c. current
  - i. introduction
  - ii. general
  - iii. series

D. Professional Organizations

- 1. INS
  - a. initial history
  - b. current efforts
- 2. NAN
  - a. initial history
  - b. current efforts
- 3. Division 40 - theory of melting pot

E. Health Care Personnel and Practice

- 1. Totals
- 2. Trends
  - a. away from academic and into practice settings
  - b. less research, more practice
- 3. Practice
  - a. types of problems
  - b. types of services
- 4. OBS - as a common clinical problem

F. Professional Practice and Geography

1. Hartlage Survey

- a. procedures (e.g., time)
- b. tests
- c. preparation for practice

2. Seretny et al Survey

- a. sample (large)
- b. location of work
- c. procedures
- d. tests
- e. miscellaneous (money, etc.)

3. Ryan et al Survey

- a. geographical distribution
- b. metropolitan = increase NP services

4. Sladen et al survey - same as above

5. Molloy - practice outside the US

G. Certification and Credentialing

1. Historical trends

- a. early formal/non-recognition
- b. foundations for credentialing

2. ABCN

- a. dates
- b. requirements
- c. ABPP

3. ABPN

- a. dates
- b. requirements
- c. status

4. Educational Guidelines

- a. outline
- b. problems

5. Problems

- a. lack of training tracks
- b. problem with novelty - homogeneity
- c. undesirable by product
- d. alternative to credentialing
- e. "throwing rocks and living in glass houses,"  
who is excluding?

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VI. Initiating the NP Exam

A. Referral

1. Sources

- a. psychologists
- b. medicine
  - i. neurologist
  - ii. neurosurgeon
  - iii. psychiatrists
  - iv. other - internal medicine, etc.

c. attorneys

i. SS/WC (vocation)

ii. Personal injury

d. educational + criminal

2. Questions

a. diagnostic

b. abilities vs. deficits

c. treatment

d. compensation

B. Background Information

1. Range

2. Desirable

a. medical records (neuroradiological, summary reports)

b. educational records (e.g., high school)

c. military discharge, etc.

d. vocational and job evaluations

e. accident or injury reports

f. legal documents

3. Study

a. before pt arrives

b. develop hypotheses

c. clarify with referral sources

C. Clinical Interview

1. Presenting Problem
2. Medical History
3. Psychiatric History
4. Substance Abuse
5. Legal Issues
6. Education
7. Military
8. Everyday Function
9. Motor/Sensory Limitations
10. Vocational
11. Social
12. Religious

D. Planning the Evaluation

1. Hypothesis of Problem
2. Test selection
3. Battery vs. Individual Tests
  - a. norms                    a. possibly more sensitive
  - b. reliability    b. certainly most interesting

VII. LNNB

- A. History
- B. Difference
  1. Theory - Luria
  2. Actuarial vs. qualitative

C. Description of Scales, General

1. Basic Scales

2. Derived Scales

D. Description of Scales, Specific

1. Motor

- a. motor speed
- b. kinesthetically based movements
- c. optic - spatial limitations
- d. bilateral RAM
- e. dipapraxia
- f. motor selectivity

2. Rhythm

- a. nonverbal auditory perception and expression
- b. tracking
- c. motor imitation

3. Tactile

- a. simple cutaneous
- b. graphesthesia
- c. proprioception
- d. stereognosis

4. Visual

- a. perception
- b. orientation
- c. spatial reasoning

5. Receptive Speech

- a. auditory perception
- b. simple commands
- c. logical grammatical relationships

6. Expressive Speech

- a. repetition
- b. pronunciation
- c. sentence repetition
- d. confrontation naming
- e. automatic series repetition
- f. spontaneous/generative speech

7. Writing

- a. phonetic analyses
- b. copying
- c. dictation
- d. generative writing

8. Reading

- a. phonetic syntheses
- b. confrontation reading
- c. generative reading

9. Arithmetic

- a. number writing/reading
- b. spatial numerics
- c. numeric operations
- d. numeric reasoning
- e. numeric control

10. Memory

- a. span/learning avenue
- b. interference
- c. semantic organization

11. Intellectual

- a. thematic pictures
- b. abstraction
- c. problem solving

12. Derived

- a. Pathognomonic
- b. Hemisphere
- c. Impairment
- d. Profile Elevation

E. Scoring

- 1. Single items
- 2. t scores
- 3. Derived scores
- 4. Pattern Analyses

F. Interpretation

- 1. Localization
- 2. Function
- 3. Rehabilitation

G. Alternatives Forms

- 1. Satz-Mogel
- 2. Decision tree

**VIII. HRNB****A. Brief Introduction****B. Potential Problems**

1. Standardizations?
2. Learning the test
3. Test Manuals - Arizona, Wisconsin, Topeka
4. Test Administration - especially category test
5. Test Stimulus Materials and Equipment - finger tapping test
6. Short Forms - Boll, Golden, etc.

**C. What Does it Measure?**

1. Cognitive
2. Language
3. Sensory
4. Motor

**D. HRNB/LNNB Comparisons**

1. Summary Scores
2. Hit Rates
3. Correlation
  - a. Summary
  - b. Scales

**E. Summary**

1. Preference/Orientation
2. Problems (with both)

**IX. Flexible Approach****A. Advantages**

1. Sensitivity

**B. Disadvantages**

1. Knowledge of Tests, Brain Function & Patient
2. Normative (whole) Data

**C. Examples**

1. Kaplan - language
2. Lezak - comprehensive
3. Benton - behavioral neurology

**D. Essential Neuropsychological Tests**

1. Language
2. Non-Verbal
  - a. reasoning/problem solving
  - b. visico-spatial and constructural performance
3. Motor
4. Memory
5. Attention, concentration, and conceptual tracking

**E. Sweet - et al Screening Battery**

1. Motor - finger tapping - trail making test
2. Attention - digit symbol - trail making test
3. Memory - WMS
4. Cognitive - Stroop
5. Spatial - Greek cross

**F. Benton**

1. Memory
2. Language
3. Perception
4. Intelligence

**G. Tests in Neuropsychiatric Settings**

1. Established Learning
2. Information Processing
  - a. attention, concentration
  - b. learning and memory
  - c. problem solving
3. Problem Solving
  - a. abstraction
  - b. flexibility
  - c. reasoning
  - d. executive function
  - e. judgment

**H. More Comprehensive - San Diego**

1. Self Rating
2. Sensory
3. Attention
4. Language
5. Intelligence
6. Memory
7. Learning
8. Motor

**X. WAIS-R****A. Introduction to WAIS-R****B. Identification of Brain Dysfunction with WAIS****1. Basic Approach**

- a. premarked
- b. clinical significance
- c. P vs. V

**2. Problems with Etiologies**

- a. chronic lateral damage - digit span (left)
- b. acute lateral damage - P vs. V IQ
  - i. P = block design and object assembly
  - ii. V = more left even with no aphasia info, comprehensive, and vocal

**C. WAIS vs WAIS-R**

- 1. Scores - 7 to 9 points lower
- 2. Test - 20% of items substantially different
- 3. Factors - level of subtest scores
- 4. Results
  - a. overall lower summary IQ scores (9 to 10 points)
  - b. overall lower test scores (range for 1 -3 points)
  - c. overall pxy with IQ .93 to .97
  - d. overall pxy with test .77 to .97

D. Premorbid Indices

1. History

a. Wechsler, 1958

2. Definition

a. Estimate of Premorbid Intellectual Functioning

b. Estimate of Deterioration in

Neuropsychological

3. Vocabulary and Reading Skills

a. Classic interpretations

i. stable despite brain injury

b. Limitations

i. assumption = vocabulary is not affected

ii. difficulty - vocabulary is affected

4. Hold - Don't hold/Deterioration Quotient = DQ

a. Wechsler, 1958

b. Assumption

i. Brain dysfunction is a uniform/unitary phenomenon

c. Formulas DQ

i. Wechsler (1955)

- Hold = vocabulary, information, object assembly, picture

- Don't Hold = Block Design, Digit Symbols, Digit Span, Similarities

- DQ = Hold - Don't

ii. Other early

- Russell

iii. Fuld (1982) Alzheimer's

- WAIS A = 1/2 (info and vocabulary)

- WAIS B = 1/2 (similarities and  
digit span)

- WAIS C = 1/2 (digit symbol and block  
designs)

- WAIS D = object assembly

- Pattern = A > B > C < D + A < D = AB

- Problems = correct classification of  
AD = 60%

iv. Mahan (1979) Psychiatric

- use WAIS manual conversion to estimate:

o verbal IQ from vocabulary test score

o Performance IQ from vocabulary test  
score

o Verbal IQ from Picture Completion

test score

o Performance IQ from Picture  
Completion test score

- Residual = actual IQ - predicted IQ for  
each of above

- Convert Residual to Residual IQ in  
scoring both problem = ? good for  
psychiatric population = =80%

### E. Regression Formulas

#### 1. Original

a. Wilson (1978)

i. Assessment = IQ on age, ed, sex, race, and  
occupation

ii. 50% accuracy

#### 2. Revised/WAIS-R

a. see page 7 of Premorbid Article

b. most powerful = education, race, occupation

i. education - 0 - 7 = 1                    12 = 4

8                    = 2                    13-15 = 5

9-11                    = 3                    16 = 6

ii. occupation -

- professor            = 6      not working            = 3

- manager/            = 5      semi-skilled            = 2

- crafts                    = 4      laborer                    = 1

c. difficulties - with normal only

### F. Summary

#### 1. Single Premorbid

a. 0

#### 2. DQ

a. stick to specific population

b. modest

#### 3. Regression

a. modest +

## XI. Memory

### A. General Memory Processes

#### 1. Length of Memory

a. Short = 20 - 30 seconds (time critical factor); total items is  $7+2$  (STM)

b. Long = starts .5 seconds --> (LTM)

#### 2. "True" (large) Memory

a. Consolidation =

i. What

- STM to LTM

- Consolidation into storage

ii. How

- organization (practice)

- meaning

b. Retrieval =

i. direct (exact)

ii. indirect (idea)

#### 3. Memory Loss

a. Functional =

i. time

ii. interference

iii. misuse/lack of use

b. Structural = brain changes

**B. Examples of Memory Tests****1. Established****a. Benton****b. Bender Recall****2. New****a. Luria Wisconsin =****b. Denman = 11 subtests verbal vs nonverbal****c. Vermont = 5 subtests attention, learning,  
delayed recall****3. Variations****a. Buschke = 10 words; only reminded of words  
forgotten****C. Wechsler Memory Scale****1. Original tests****a. Information****b. Orientation****c. Mental control - counting + alphabet + adding****d. Passages - 2 stories/24 memory units****e. Digit span - foward + backward****f. Visual reproduction - 3 drawing****g. Associate Learning - 10 words x 3, easy + hard****2. Results****a. MQ = deviation, age corrected**

### 3. Problems

- a. Inadequate norms
- b. Assumption that memory is unitary
- c. Measures non-memory items (orientation)
- d. Pxy with IQ
- e. Low inter-scorer reliability (passages)
- f. Overestimates MQ (e.g., Korsahoff's 75;  
Huntington = 79)
- g. No learning - feedback
- h. Delayed recall not there - focus on  
immediate recall

### 4. Revisions

- a. Russell
  - i. how = factor analyse
  - ii. what =
    - verbal --> logical memory
    - nonverbal --> visual reproduction
    - delayed recall - 1/2 hour
- b. Boston
  - i. general = similar to original
  - ii. specific
    - Logical memory
      - o specific recall instructions
      - o verbal prompts
      - o delayed recall

- Visual Reproduction
  - o recognition (including multiple choice)
  - o construction after recognition
  - o delayed recall
- Paired Associate
  - o second word is presented 1st in a 4th trial

5. 1987/1988 Revision

- a. History
- b. Construction
  - i. personal + current information (including motor and sensory)
  - ii. orientation
  - iii. attention =
    - mental control
    - digit span - fowards and backwards
    - visual memory span - forward and backwards
  - iv. verbal
    - logical memory I + II
    - verbal paired associate I + II
  - v. visual =
    - visual paired associates I + II
    - visual reproducts I + II
    - figural memory

c. Scoring

i. floor effect = 50

ii. general - delayed = attention (down)

iii. delayed - immediate = savings/retention

score

iv. attention - general memory = if + normal,

if - abnormal

d. Norms - (see table 1)

e. Plus/Minus

i. Strength

- more accurate MQ

- can differentiate between groups

ii. Problems

- recognition test (down)

- MQ still over-estimated

- no norms over 70

- learning

D. Learning

1. Rare in memory tests

2. Suggestions

a. Rey auditory learning task

b. California verbal learning task

**XII. Personality****A. Personality disorders - Classical****B. Brain Damage/Dysfunction and Personality****1. Post-traumatic psychoses (1%)****a. Types****i. schizophrenic (27%)****ii. paranoid (26%)****iii. depressive (12%)****- suicide - 10% of all deaths 20 years****past injury****2. Post-traumatic anxiety/stress****a. Types****i. fatigue****ii. headaches****iii. re-experience of trauma****3. Depression****a. Amotivation****b. Avoidance and withdrawal****4. Other****a. Emotional lability****b. Egocentricity****C. Rorschach****D. MMPI (566)****1. Validity Scales****a. F - typical revised explanation (also look at  
repression scale)**

- b. K (also look at repression scale)
- c. F - K - possible additional due (also look at repression scale)

## 2. Clinical Scales

- a. potential scales - 1-10, 1-4
- b. Useful
  - i. 1 + 3 hypochondriasic + hysteria
  - ii. 2 + 10 depression + social withdrawal
  - iii. MacAndrews substance abuse/control

## 3. Derived Scales

- a. Pseudoneurological (inpatient VA)
- b. P-O - psychiatric vs organic (inpatient VA)
- c. Sc - O - schizophrenic vs organic (inpatient VA)
- d. Sc - schizophrenic

## 4. MMPI Subscales Efficacy

## 5. Potential Problems

- a. Agnosia
- b. Education
- c. Tracking
- d. Time (up to 6 hours)

## E. Children

### 1. Brain Damage vs Non-Brain Damage

- a. Inferences are more difficult to draw
- b. Add considerations of age of child and timing of the insult to the brain
- c. Inferences should be made from the broadest informational base possible
- d. The interaction of level of performance with developmental influences renders level of performance a less satisfactory base for drawing NP inferences in children than in adults
- e. A clinical synthesis
- f. Acquired information
- g. Impairments in language
- h. Critical to development an independent base Savings in the areas of language and achievement
- i. Are not motor performance, especially with non-dominant hand, non-dominant Sensory deficit, tests of integrated visuo-spatial ability, as well as the performance IQ on the WISC

### 2. Indicators of Laterality

- a. Savings on tasks dependent on the damaged hemisphere

- b. The types of inferences hold for children
- c. The WISC performance IQ may be more differentially sensitive
- d. Motor performance appears to be a more reliable measure of laterality than simple sensory tasks

### 3. Localizing Indicators

- a. Valid localizing signs of damage are less apparent

## F. A Premorbid Children (modest at best)

### 1. DQ

- a. Selz and Reitain (1979)
- b. WISC-R
  - i. Lagent subtest scaled score - smallest subtest = P1
  - ii. P1 <.99 = adequate
  - iii. P1 1.00 - 1.40 = intermediate
  - iv. P1 1.41 - 1.75 = abnormal
  - v. P1 1.76 - 3.00 = distinctly abnormal

### 2. Regression

- a. Reynolds and Gutkin (1978)

### 3. Overall Analyses

- a. poor - modest
- b. no single measure is acceptable
- c. more research needed

## XIII. The Neuropsychological Report

- A. The neurological Report
- B. The Psychological Report
- C. The Neuropsychological Report
  - 1. Identifying information
  - 2. Referral
    - a. source
    - b. question
  - 3. Background/Historical Information
    - a. general
    - b. confounds
  - 4. Tests
    - a. Limitations on interpretation
    - b. IQ
    - c. Sensory
    - d. Attention
    - e. Problem solving
    - f. Learning
    - g. Personality
  - 5. Limitations
  - 6. Recommendations and Implications

#### XIV. Neuropsychology in the Courtroom

- A. Introduction
  - 1. Science accepts by validation

2. Psychology's attempt at validation

a. Psychometric - criterion

b. Laboratory

c. Elsewhere - industry + classroom + clinic

B. The Courtroom as Validation

1. Ultimate criterion = Life

2. Money

3. Self\* (Knowledge, worth, confidence)

C. Advice for the Practitioner

1. Psychology and Science

a. Psychiatrists (examples)

b. Neurologists (examples)

2. Knowledge

a. Yourself - limitations and abilities

b. Psychology

c. Neuropsychology

i. principles

ii. tests

iii. implications

d. Courts

i. how attorney's works (both sides)

ii. how court system works

iii. how juries think

D. Preparation

1. Premordid analyses (records)

2. Problem analyses

3. Consultation with attorneys

4. Review of literature

5. Examine personal abilities

E. Protocol for Assessment

1. Extensive History taking (many sources)

2. Examination of potential confounds

3. Established symptom checklist (serial eval,  
no techs)

4. Established battery (serial eval, no techs)

5. Pursue with flexible for comprehensiveness

6. Discuss with appropriate others

7. Write several drafts

8. Have attorney review

9. Revise and resubmit

F. Courtroom Appearance

1. Preparation

a. Self (behavioral rehearsal)

b. Attorney (ask + and - questions) (behavioral  
rehearsal)

c. Client

2. Experience

a. Time

b. Questions

c. Responses

d. Problems - staying close to data

G. Experience

1. Forensic w/o court
2. Careful hierarchy (SS)
3. Supervision/support

XV. Social Security Disability

A. Disability

1. US Workman's Compensation
2. Total number = 15 million
3. Definition = loss of function

B. SS Disability

1. Number = of 2.5 million 300,000 = mental + 41% organic
2. levels =
  - a. initial = 6 million
  - b. State = 1.3 million
  - c. Reanalyses = .3 million
  - d. ALJ = .1 million

C. Listings

1. General = schizophrenia, paranoid, affective, anxiety, personality, drugs, somatoform
2. Organic = MR, OBS

D. Rule of NP

1. Qualifications = reflective of 1990's APA model licensing law
2. Tests
3. Functional Capacity

4. Malingering
  - a. Accident neurosis
  - b. Premorbid history
  - c. MMPI
  - d. Pattern analysis on NP tests
    - i. Benton - quality (exaggerated)
    - ii. LNNB - pattern
  - e. Consistency (especially overtime)

5. Competing Diagnoses

- a. Depression
- b. Dissociative
- c. Somatization
- d. Schizophrenia

## XVI. Workmen's Compensation

### A. Introduction

1. Definition
2. Vs Social Security
  - a. no listing
  - b. money up
  - c. real court - 2 attorneys
  - d. different court system

### B. Basic Assessment Issues

1. Prediction of Everyday Function
  - a. Quality of life
    - i. severity of head injury
    - ii. motor impairment

- b. Everyday function
    - i. IQ = psy ADL
    - ii. Driving
  - 2. Prediction of Return to work
    - a. Analyses of job
    - b. Construction of test protocol accordingly
  - 3. General
    - a. More money on line = Up more evaluation
- C. Rating
- 1. Areas - IQ, thinking, behavior, personality
  - 2. Overall
    - a. return to ADL
    - b. assistance
    - c. likelihood of recovery
  - 3. Summary

#### XVII. Horne vs. Goodson

- A. What does it stand for
- 1. Credibility
    - a. Psychology.
    - b. Neuropsychology
  - 2. Assessment of Limitations
- B. Injury
- C. Assessment
- 1. Time = 15+ hour
  - 2. Protocol = history, serial evals, NP tests
  - 3. Report = 15 single spared, revised report

D. Initial Outcomes

1. Levels = 16 judge, full 16, state appeals
2. Issue = MD

E. Final Outcome

1. NCPA
2. APA
3. Decision

F. Implication

Table 1

Norms

	Young	Old	Huntington	Alzheimer's	Alcoholic
	Normals				
Verbal	117	111	68	62	72
Visual	120	112	62	70	78
General	121	114	61	59	69
Attention	104	109	67	76	100
Delayed	126	119	64	61	67

The patient's behavior seemed \_\_\_\_\_ for the occasion.

1. unremarkable

2. appropriate

3. inappropriate

The patient appeared \_\_\_\_\_.

1. manipulative

2. uncooperative

3. cooperative

4. warm

5. frank

6. charming

7. sincere

8. capable

9. conscientious

10. responsible

11. reliable

12. dependable

13. accessible

14. alert

15. trusting

16. enthusiastic

17. outgoing

18. lacking in perseverance

as well as \_\_\_\_\_.

1. asocial

2. intellectually provocative

3. guarded

4. suspicious

5. resentful

6. hostile

7. sullen

8. complaining

9. demanding

10. critical

11. fussy

12. fastidious

13. opinionated

14. stubborn

15. mischievous

16. negativistic

17. inaccessible

18. aggressive

19. arrogant

20. verbally assaultive

21. panicky

22. antisocial

23. destructive

24. withdrawn

25. bizarre

26. bewildered

27. preoccupied

28. seductive

29. eccentric

30. ritualistic

31. exhibitionistic

32. dramatic

\_\_\_\_\_ severe cloudiness of  
the sensorium

\_\_\_\_\_ fugue

\_\_\_\_\_ dream state

## 2. Orientation

The patient is \_\_\_\_\_.

1. not disoriented
2. disoriented for time
3. disoriented for place
4. disoriented for self
5. disoriented for another person
6. disoriented for present situation

## 3. Attention and Concentration

Attention is \_\_\_\_\_.

1. unimpaired
2. slightly impaired
3. moderately impaired
4. severely impaired

and concentration is \_\_\_\_\_.

1. unimpaired
2. slightly impaired
3. moderately impaired
4. severely impaired

Serial sevens were performed with \_\_\_\_\_ speed,

1. not done
2. slow
3. average
4. fast

with \_\_\_\_\_ errors,

1. no
2. few
3. many

and the patient was \_\_\_\_\_.

1. aware of errors
2. unaware of errors
3. concerned with accuracy
4. unconcerned about errors

## 4. Memory

Memory is intact

1. There is general impairment of memory for recent events
2. There is general impairment of memory for remote events
3. There is general impairment of memory for remote events
4. There is circumscribed impairment of memory for remote events

Impairment of immediate recall is noted

Confabulation was apparent

1. very superior
2. superior
3. bright normal
4. normal
5. dull normal
6. mentally defective
7. scattered

## 5. General Intellectual Evaluation

Intelligence is estimated as \_\_\_\_\_.

1. no cloudiness
2. continuous cloudiness of the sensorium
3. moderate cloudiness of the sensorium
4. fluctuating cloudiness of the sensorium
5. Patient seems inclined to intellectualize the problem of illness.

## II. SENSORIUM AND INTELLECT

### 1. Level of Consciousness

The patient exhibited:

1. no cloudiness
2. minimal cloudiness of the sensorium
3. moderate cloudiness of the sensorium
4. fluctuating cloudiness of the sensorium

1. Interviewer was unable to evaluate insight into the fact of illness.

2. Patient has good insight into the fact of illness — perhaps satisfactory for the purpose of insight psychotherapy.

3. Patient has very little insight into the fact of illness.

4. Patient has no insight into the fact of illness and denies illness or personal problems.

5. Patient seems inclined to intellectualize the problem of illness.

- Judgment seemed \_\_\_\_\_.
1. intact
  2. impaired in social relations
  3. impaired in financial matters
  4. impaired in family relations

### III. THOUGHT PROCESS

#### 1. Production of Thought

Rate of flow was:  
\_\_\_\_\_normal  
\_\_\_\_\_accelerated  
\_\_\_\_\_retarded

There was evidence for:

- pressured speech
- flight of ideas
- circumstantial thought
- tangential thought
- loss of goal-directed thought
- irrelevant thought
- incoherent thought
- blocking
- retardation
- loose associations
- vague
- neologisms
- clang associations
- stereotyped perseverations

#### 2. Continuity of Thought

The patient's thought was:

- normal
- tangential
- irrelevant
- incoherent
- blocked
- circumstantiality
- flight of ideas
- perseverations

### IV. THOUGHT CONTENT

#### 1. Relationship to Reality

Thought content revealed \_\_\_\_\_.

- 1. no other abnormalities
- 2. loose associations
- 3. clang associations
- 4. catatonia
- 5. coniunctival
- 6. blocking
- 7. circumstantiality
- 8. flight of ideas
- 9. perseveration
- 10. tangentiality
- 11. silliness
- 12. incorrect conclusions
- 13. religiosity
- 14. ideas of worthlessness
- 15. ideas of guilt
- 16. poverty of content
- 17. paleologic
- 18. punning
- 19. rhyming
- 20. word salad
- 21. lack of meaning
- 22. ennui
- 23. boredom
- 24. ideas of unreality
- 25. incoherence
- 26. thought stereotype
- 27. repetitive phrases
- 28. ideas of omniscience
- 29. ideas of omnipotence

Impairment in reality testing.

- 1. No
- 2. Mild
- 3. Moderate
- 4. Severe
- 5. Extremely severe
- 6. of reference
- 7. of a religious nature
- 8. of sight
- 9. of hearing
- 10. of sexual identity
- 11. of infidelity
- 12. of approaching death

- 4. of distorted body image
- 5. of grandeur
- 6. of persecution
- 7. of poverty
- and these are verbally expressed \_\_\_\_\_.
- 1. infrequently
- 2. often
- 3. frequently
- 4. constantly

These delusions seem \_\_\_\_\_.

- 1. systematized
- 2. not systematized
- 3. encapsulated
- 4. were noted.

Ideas of \_\_\_\_\_ were noted.

- 1. no paranoid ideation
- 2. influence of thought
- 3. reference
- 4. persecution

#### 2. Concept Formation/Symbolization

Patient seems to have a \_\_\_\_\_ self-concept.

- 1. no evaluation
- 2. realistic
- 3. slightly unrealistic
- 4. moderately unrealistic
- 5. severely unrealistic

Feelings of \_\_\_\_\_ are present.

- 1. superiority
- 2. inferiority
- 3. superiority and inferiority
- 4. none of these

: and patient \_\_\_\_\_ him/herself.

- 1. overevaluates
- 2. is inclined to underevaluate

\_\_\_\_\_ of blame is apparent.

- 1. Projection
- 2. Introjection

Patient's abstract thinking is:

- normal
- slightly impaired
- moderately impaired
- severely impaired

There is evidence for:

- autistic thinking
- concrete thinking
- impaired sense of conscience

#### 3. Characteristic Topics or Issues

#### 4. Morbid Preoccupations

Hypochondriasis is focused on \_\_\_\_\_ functions.

- 1. absent
- 2. gastrointestinal system
- 3. cardiovascular system
- 4. cutaneous system
- 5. genito-urinary system
- 6. respiratory system
- 7. musculo-skeletal system
- 8. sight
- 9. hearing
- 10. taste
- 11. smell

1. Suicidal ideation was nonexistent.  
 2. Fleeting suicidal ideation seemed apparent.  
 3. Patient seemed preoccupied with suicidal ideas.  
 4. Suicidal ideation was present and accompanied by gestures.  
 5. Patient has strong suicidal intent.  
 6. Patient has attempted suicide.  
 7. Patient is preoccupied with dying.  
 \_\_\_\_\_was also present.  
 1. Phobias      4. Self-condemnation  
 2. Obsessions    5. Other  
 3. Compulsions
- 5. Values and Ideals**  
 There is \_\_\_\_\_ impairment in goal-directed behavior,  
 1. no information      4. moderate  
 2. no                5. severe  
 3. mild              with \_\_\_\_\_ disturbance in goal selection,  
 2. moderate        1. mild      3. severe  
 2. moderate        and \_\_\_\_\_ impairment in attainment of goals.  
 1. mild              3. severe  
 2. moderate  
 Moral/ethical standards appeared:  
 \_\_\_\_\_high      \_\_\_\_\_low  
 Patient appears:  
 \_\_\_\_\_idealistic    \_\_\_\_\_values absent  
 \_\_\_\_\_high values
- V. PERCEPTUAL DISTURBANCES**  
 \_\_\_\_\_was/were reported.  
 1. No perceptual distortions    11. Auditory illusions  
 2. Anesthesia          12. Olfactory illusions  
 3. Paresthesia          13. Tactile illusions  
 4. Misperception       14. Synesthesia  
 5. Jamais vu  
 6. Déjà vu  
 7. Depersonalization  
 8. Derealization  
 9. Distortion  
 10. Visual illusions  
 11. Time appearing to pass  
 rapidly  
 12. Time appearing to pass  
 slowly  
 13. Hypnagogic hallucinations  
 14. Hypnopompic hallucinations
- VI. EMOTIONAL REGULATION**
- 1. Subjective Evidence (patient's words)**  
 \_\_\_\_\_
- 2. Objective Evidence (interviewer's observations)**  
 \_\_\_\_\_dilated pupils  
 \_\_\_\_\_flushed face  
 \_\_\_\_\_clenched fists  
 \_\_\_\_\_gritting teeth  
 \_\_\_\_\_sweaty palms  
 \_\_\_\_\_glaring  
 \_\_\_\_\_restlessness  
 \_\_\_\_\_other

- The predominant effect exhibited during the interview was one of \_\_\_\_\_.
- |                          |                           |
|--------------------------|---------------------------|
| 1. no predominant affect | 14. anger and hostility   |
| 2. ambivalence           | 15. phobias               |
| 3. blandness             | 16. bitterness            |
| 4. panic                 | 17. la belle indifference |
| 5. depression            | 18. indifference          |
| 6. guilt/feelings        | 19. contentment           |
| 7. hopelessness          | 20. elation               |
| 8. unworthiness          | 21. euphoria              |
| 9. shamefulness          | 22. grandiosity           |
| 10. loneliness           | 23. friendliness          |
| 11. disappointment       | 24. emotional withdrawal  |
| 12. frustration          | 25. flatness              |
| 13. helplessness         | 26. shallowness           |
- This seemed \_\_\_\_\_.
- |                |                  |
|----------------|------------------|
| 1. appropriate | 2. inappropriate |
| and _____      | and _____        |
| 1. consistent  | 3. labile        |
| 2. variable    |                  |
- In addition, the patient's affective status also contained elements of feeling \_\_\_\_\_.
- |                       |                           |
|-----------------------|---------------------------|
| 1. unremarkable       | 12. hopeless              |
| 2. ambivalent         | 13. brooding              |
| 3. bland              | 14. bitter                |
| 4. no self-confidence | 15. la belle indifference |
| 5. apathetic          | 16. indifferent           |
| 6. anhedonic          | 17. contented             |
| 7. anxious            | 18. elated                |
| 8. fearful            | 19. euphoric              |
| 9. panicky            | 20. friendly              |
| 10. depressed         | 21. hostile               |
| 11. guilty            |                           |
- 3. Ambivalence:** \_\_\_\_\_Present \_\_\_\_\_Absent  
 Object: \_\_\_\_\_
- 4. Feelings of Depersonalization/Derealization:**  
 \_\_\_\_\_Present \_\_\_\_\_Absent  
 Circumstances: \_\_\_\_\_
- 5. Volition:**  
 \_\_\_\_\_High energy      \_\_\_\_\_Absence of will  
 \_\_\_\_\_Low energy      \_\_\_\_\_Spontaneous  
 \_\_\_\_\_Positive will      \_\_\_\_\_Not spontaneous