View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by ePrints@TNMGRM (Tamil Nadu Dr. M.G.R. Medical University)

PSYCHOLOGY CASE RECORD

Submitted to
The Tamil Nadu Dr. MGR Medical University in partial fulfilment of the requirements for the Diploma in Psychological Medicine Examination 2017

By
DR. DEEPTHY ANN MATHEWS

ACKNOWLEDGEMENTS

I am very much indebted to Mrs.Sushila Russell, Mrs. Merlin Alwinesh, Mr.Joseph Noel and Mrs.Nandini Kathale, Clinical Psychologists, Department of Psychiatry, for their valuableguidance and supervision.

I express my gratitude to our Head of Department, Dr. Mary Anju Kuruvilla, and to Dr.K.S.Jacob, Dr.Deepa Braganza, Dr. Anna Tharyan and Dr. Priya Mary Mammen for allowing me to administer tests tothe patients under their care.

I would like to thank my parents, family and colleagues for their support.

I would like to express my sincere thanks to all the patients and their families who kindlyco-operated with me even though they themselves were suffering.

Most of all, I would like to thank The Almighty God for all His blessings.

CERTIFICATE

This is to certify that this Psychological Case Record is a bonafide record of work done by **Dr. Deepthy Ann Mathews** during the year 2015-2017. I also certify that this record is an independent work done by the candidate under my supervision.

Dr. Mary Anju Kuruvilla
Professor and Head
Department of Psychiatry
Christian Medical College
Vellore 632 002.

CERTIFICATE

This is to certify that this Psychological Case Record is a bonafide record of workdone by **Dr. Deepthy Ann Mathews** during the year 2015-2017. I also certify thatthis record is an independent work done by the candidate under my supervision.

Mrs.Sushila Russell, M.Phil,
Reader in Clinical Psychology
Department of Psychiatry
Christian Medical College
Vellore 632 002.

INDEX

S No	Case Record	Page No
1.	**Personality Assessment** UNDIFFERENTIATED SCHIZOPHRENIA SCHIZOTYPAL DISORDER MALINGERING	6-15
2.	**Diagnostic Clarification** ACUTE POLYMORPHIC PSYCHOTIC DISORDER ADJUSTMENT DISORDER MIXED PERSONALITY TRAITS	16-26
3.	**Diagnostic Clarification** ANANKASTIC PERSONALITY DISORDER OBSESSIVE COMPULSIVE DISORDER	27-38
4.	**IQ Assessment** ATTENTION DEFICIT HYPERACTIVITY DISORDER SUBCLINICAL SEIZURES UNSPECIFIED INTELLECTUAL DISABILITY WITH BEHAVIOURAL PROBLEMS	39-45
5.	**Neuropsychological Assessment**	46-51

CASE RECORD 1: Personality Assessment

Name	: Ms. SR
Age	: 19 years
Gender	: Female
Marital status	: Unmarried
Religion	: Hindu
Language	: Tamil, English
Education	: BE 1st year
Occupation	: Student
Socio-economic status	: Middle
Residence	: Semi Urban
Informant	: Ms. SR and her parents

Presenting complaints

Hearing non-existent voices	-	thirteen years
Frequent change of schools	-	six years

History of presenting illness

Ms. SR presented with history of hearing non-existent voices since the age of six, frequent school changes secondary to her inability to cope well with friends at hostel, pseudo-philosophical ideas, vivid odd dreams, déjà vu and depersonalization experiences, irritability and sleep disturbance. She claims to have remained preoccupied in classes as she used to reply to the voices in her mind. She explains her experiences to have been like her guide as she felt unsatisfied with the care provided by her parents. She says that she might not be the child of her parents as her religious outlook is entirely different from theirs but agrees that it is very unlikely. She goes on to explain that she can visualize seven lights which depict different gods and goddesses, and that she is able to differentiate between them by the types of conversations held. She also had altercations with friends who apparently saw her either attempting to jump from a height or coming late to hostel or leaving her hostel room early in the morning; but she says that all these times, she was sleeping inside her room and explains it to be the action of a dead girl's spirit, to which she had to finally request to leave her alone. Her parents came to know about her odd beliefs and practices only two months back, when she was expelled from a college hostel. She was caught chatting with a man whom she reported to be monk, allegedly in her quest to know more about mystical experiences. There is an alleged history of sexual misbehavior by a workman at their fields, which she apparently did not feel comfortable to report to her parents then. However, her parents completely denied any possibility of such an event to have occurred without their

knowledge. There is history of self-injurious behavior such as injuring her fingertips with stapler, when irritable. There is also history of a deliberate self-harm attempt as reported to the family by the hostel warden. No further details could be obtained from her parents regarding the attempt. In spite of her odd experiences, her academic performance was good through her school and college. Her self-care was also adequate. There was no history of organicity or substance use. There was no history suggestive of head injury, loss of consciousness, automatisms, pervasive mood syndrome or obsessive compulsive symptoms or generalized anxiety disorder.

Treatment history

At the time of her index visit to MHC, she was drug naïve. She was treated with a trial of Aripiprazole for one month with minimal improvement in her symptoms.

Family history

She was born out of a third degree consanguineous marriage. She was the eldest of two siblings. She has a younger brother who is 13 years old and is in eighth grade. There is family history of suicide in paternal grandfather and maternal aunt as well as probable mental illness in mother's step-sister.

Developmental history

The antenatal period was supervised and uneventful. Delivery was full term normal vaginal; with no birth asphyxia or neonatal seizure. Postnatal period was uneventful. The developmental milestones were reported to be normal.

Educational history

She was described as average in academics in school. She has had frequent changes in school since class VIII, secondary to her odd experiences and explanations. Currently, she is doing her first year Bachelor's degree in Civil Engineering.

Sexual development

She did not have any gender identity problems and her sexual orientation was heterosexual. She denied any high risk behaviour. Her menstrual cycles were regular.

Marital history

She is unmarried.

Premorbid personality

Premorbidly, she has been described as a person who preferred lesser social interaction, was adamant, and had a great interest in fantasy thinking.

Physical examination

The body mass index was 17.7. Her vitals were stable. Her systemic examination was within normal limits.

Mental status examination

Ms. SR was thin-built, moderately nourished and well-kempt. Rapport was established gradually. She was alert and lucid. There were no fluctuations in consciousness. She could follow simple and complex orders. She was defensive with regard to her symptoms. Her posture was erect, with normal level of activity. Her goal-directed movements were appropriate, purposeful and smoothly coordinated. There were no non-adaptive movements. Her speech was spontaneous, fluent, and audible, with normal reaction time and speed. Her comprehension was good. Her mood was dysphoric but affect was reactive. She denied any suicidal ideas. There were no abnormalities in the form and stream of thought. Her thought content revealed odd explanations for her experiences. She expressed auditory hallucinations, déjà vu phenomenon and depersonalization. She did not have any obsessive compulsive symptoms. She was oriented to time,

place and person. Her memory was intact. Her general information was adequate, and clinically, intelligence was average. She had poor insight and impaired judgment.

Differential diagnosis

1. Undifferentiated schizophrenia – continuous course
2. Schizotypal disorder
3. Malingering

Aim for psychometry

1) To clarify the diagnosis
2) To identify and explore significant personality factors influencing the psychopathology

Tests administered and Rationale

1. **Sack's Sentence Completion Test:** It is a projective test developed by Dr Sacks and Dr Levy. It consists of 60 partially completed sentences, to which the respondent adds endings. The respondent projects the attitudes towards a personal experience of life. It helps to elicit ideas of self-perception.

2. **Thematic Apperception Test:** It is a projective test intended to evaluate a person's patterns of thought, attitudes, observational capacity, and emotional responses to ambiguous test materials. It elicits information about a person's view of the world and his attitudes toward the self and others.

3. **Neo Five Factor Inventory Questionnaire:** The NEO-FFI is a 60-item test. It provides a quick, reliable and accurate measure of the five domains of personality and is particularly useful when time is limited and when global information on personality is sufficient.

Behavioural observation

Ms. SR was extremely cooperative during the assessment. Her comprehension was adequate and she was able to understand the instructions easily. There was no performance anxiety observed and she did not report of any fatigue.

Test findings

Sentence Completion Test

She feels that she is still considered as a young child by the family. Though she describes her father as hardworking, she expects him to be more affectionate. She feels that her mother is caring and is a person with similar interests as her.

There seems to be certain conflicts in her ideas about sexual life. She also considers women as capable of being perfect but still lives as slaves. She expects friendships to be sincere. She is anxious when it comes to superiors but prefers to have religious leaders to have authority over her. She also seems to be kind to her subordinates but wishes to have like-minded people as acquaintances. In areas of self-concept, her fantasy thinking, along with its religious intonations, was revealed.

Thematic Apperception Test

The stories are very detailed in their description and well-structured. The length and range of her stories were reality oriented. The language of the stories are appropriate. The predominant needs seen in the stories are those for need for achievement, nurturance, harm avoidance, affiliation, and recognition. Conflicts between need for harm avoidance and aggression; deference and autonomy can be seen in the themes of the stories. The stories have been mostly written from a third person's perspective and the she has not identified herself with the hero of the story. In a majority of the stories, the female characters are portrayed as weak and submissive and not being able to pursue their goals and desires. The male characters are portrayed as dominant and aggressive in most of the stories which may be seen as a reaction to a threat to their masculinity. She expresses that her plans and desires are prevented from being fulfilled by her parents and therefore her way of achieving them is through fantasy. Her preoccupation with

philosophy is evident as each of the stories portray a moral and philosophy. The predominant presses seen in the stories include higher power, nature and significant others. The outcomes of the stories vary from being optimistic, pessimistic and ambivalent. Defence mechanisms of reaction formation and fantasy are evident from the stories.

Neo FFI

In the NEO FFI, she scores high on neuroticism and low on extraversion, agreeableness and conscientiousness. It indicates that she is susceptible to psychological distress with a tendency to experience anger, fear, sadness and guilt. She has a tendency for irrational ideas and deals poorly with stress. She prefers to be alone most of the time and does not particularly enjoy talking to others although she does not shy away when she needs to. She tends to be reserved and independent. She has a tendency to be disagreeable, egocentric and sceptical of others' intentions. She also tends to be competitive and is less cooperative. She tends to be lackadaisical towards achieving her goals.

Summary of test findings

The test results were suggestive of a personality disorder rather than Schizophrenia or malingering. So a diagnosis of Schizotypal disorder was made and further management of the same was done.

Management

Pharmacological management included a trial of Olanzapine with which her auditory hallucinations reduced. Rapport was established with her. An activity schedule was initiated to regularize her activities of daily living. Anger management techniques were taught and discussed with her. Cognitive strategies such as reflection and providing alternative explanations were employed to address her odd experiences. Her distress, while attempting to make changes in her lifestyle, was acknowledged. She was encouraged to engage in fruitful conversations with other people. The difference between 'like' and 'advantageous' was discussed with her.Her parents were psychoeducated about her personality disorder, the treatment and prognosis. They were allowed to ventilate and support was provided. Plans regarding her academics were also discussed prior to discharge.

CASE RECORD 2: Diagnostic Clarification

Name	: Mr. YB
Age	: 22 years
Sex	: Male
Marital status	: Unmarried
Religion	: Hindu
Language	: Tamil
Education	: BE Mechanical
Occupation	: Technical field employee
Socio-economic status	: Middle
Residence	: Urban
Informant	: Mr YB, his mother, uncle

Presenting complaints

Reduced sleep and irritability - fifteen days

History of presenting illness

Mr YB initially presented with fifteen days' history of symptoms characterised by irritability towards family members, decline in his social interaction with both, his family members as well as he friends. He began to keep to himself and responded only when spoken to. His sleep was disturbed at night and he reported to having difficulty in falling asleep. His appetite decreased and he was needed prompts to eat his meals. He also wandered away from home often at night but came back on his own within the same night or the next day. Once, while travelling with his grandmother, he left her at a bus station and reached home after double the usual time. The above symptoms were reported to be following a rejection of his proposal by a girl, despite which he pursued her and was later warned by her family to stay away. Following his index visit, he was lost to follow up for a month. He was brought back to the outpatient clinic with history of having wandered away to Goa on the pretext of wanting to meet a friend. He had destroyed a grotto in front of a church, allegedly under intoxication, and attempted to rationalise his act by saying that God did not help him to get married to the girl whom he loved. He was admitted in a government hospital there by the police and discharged after a couple of days. He was then brought back by his relatives. His family members reported that the legal issues with regard to his vandalism had been resolved.

There is no history of any organicity around the time of onset of his illness.

There is no history of any psychoactive substance use in a dependence pattern in the past.

There is no history of clear first rank symptoms.

There is no history of any pervasive mood symptoms in the past.

There is no history of any anxiety spectrum symptoms in the past.

There is no history of any other specific personality traits or primary sleep problems or sexual dysfunction in the past.

Treatment history

After the index visit, he was involuntarily admitted by police in a government hospital at Goa for two days following destructive behaviour in public. He was discharged on Olanzapine 10mg and benzodiazepines.

Family history

He is the only son born to his parents from a non-consanguineous union. His father died in a road traffic accident 20 years back. His mother is 44 years old and works as a teacher. There is no family history of neuropsychiatric illness.

Developmental history

The antenatal period was supervised and uneventful. Birth was full term normal vaginal delivery with no birth asphyxia or neonatal seizure and the postnatal period was uneventful. His developmental milestones were reported to be normal.

Educational history

He completed his Bachelor’s Degree in Mechanical Engineering from a private college in Chennai six months ago. He is reported to be an above average student from his school days. His interaction with his teachers and peers was good.

Occupational history

His selection as a technical officer in a private automobile manufacturing company was confirmed two days prior to his index visit to the outpatient clinic.

Sexual development

He had male gender identity and heterosexual orientation. There was no masturbatory guilt. He denied any sexual dysfunction or high risk sexual behaviour.

Marital history

He was unmarried but reported to be in a one-sided romantic relationship.

Premorbid personality

Premorbidly he is described to have been adamant and had low frustration tolerance. There was no impulsivity or self-injurious behaviour reported. He was a sociable individual who had many friends.

Physical examination

His vitals were stable and his systemic examinations were within normal limits.

Mental status examination

He was thinly built and nourished. He was well kempt and maintained good eye contact. Rapport was superficial. He was alert and lucid. There were no fluctuations in consciousness. He could follow simple and complex orders. He did not have depersonalization or derealisation experiences. His posture was erect with normal level of activity. His goal-directed movements were appropriate, purposeful and smoothly coordinated. There were no non-adaptive movements. His speech was spontaneous, fluent, audible, with normal reaction

time and speed. His comprehension was good. His mood was euthymic and affect was reactive. He denied any suicidal ideations. The thought content revealed concerns about his failed romantic relationship. There were no abnormalities in form or stream of thought. He denied perceptual abnormalities. No obsessive compulsive phenomena were observed. He was oriented to time, place, person. His memory was intact. General information was adequate and clinically, intelligence was average. He had partial insight and impaired judgement.

Differential diagnosis

1. Acute polymorphic psychotic disorder without symptoms of schizophrenia with associated acute stress
2. Adjustment disorder – brief depressive reaction
3. Mixed personality traits

Aim for psychometry

To clarify the diagnosis

Tests administered and Rationale

1. **Sack's Sentence Completion Test:** It is a projective test developed by Dr. Sacks and Dr. Levy. It consists of 60 partially completed sentences,

to which the respondent adds endings. The respondent projects the attitudes towards a personal experience of life. It helps to elicit ideas of self-perception.

2. **Thematic Apperception Test:** It is a projective test intended to evaluate a person's patterns of thought, attitudes, observational capacity, and emotional responses to ambiguous test materials. It elicits information about a person's view of the world and his attitudes toward the self and others.

3. **Rorschach Ink Blot Test:** It is a projective test which provides an understanding of structure of the personality, probable psychosis if any, affectional needs and the ego strength. It also indicates degree of psychopathology.

Behavioural observation

Mr. YB was cooperative during the assessment. His comprehension was adequate and he was able to understand the instructions easily. There was no performance anxiety observed.

Test findings

Sentence Completion Test

The SCT reveals conflicts in the areas of family, self concept and interpersonal relationships. His attitude towards mother as well as mothers in general was found to be negative. He expresses that he does not have a deep emotional relationship with her and is therefore unable to have a meaningful conversation with her. He also considers most mothers as incapable of handling their children. He avoided commenting about his father who expired when he was very young. He feels that his family is not something he is proud of as they treat him like a child and do not give him the independence that he thinks he deserves. He feels that most families do not know how to rear children in the right manner. There is a strong desire for independence and autonomy which he fears he will able be given or attain. He feels that he will be able to achieve his full potential only if he is given the freedom and choice to do so. There is guilt and regret about his use of foul language in the past. He does not seem to have any close friends. He respects his superiors and finds them to be good people. He also prefers to be considerate to his juniors and he himself dislikes criticism. He has a very positive attitude towards women and considers to be good at heart. However, there is frustration that they do not get along well with him. No clear conflicts are seen in his attitude towards heterosexual relationships.

Thematic Apperception Test

The stories were short but well written. The dominant needs are a need for autonomy, achievement, harm avoidance. He identifies himself with the hero of the story and stories are a reflection of his life. The stories portray interpersonal issues between the hero and his mother with the hero often rebelling against the mother and abandoning her, initially, but later returning back to her. He perceives him mother as not understanding of his need for freedom and being protective. However, the nature of the stories shows that there is guilt regarding his autonomy. Some of the stories also portray the absence of the father figure due to an accident which is a reflection of his life again. His main conflicts centre around need for achievement and autonomy versus need for deference ad harm avoidance. He has a strong need to be appreciated by others which may indicate a low ego strength. The major press seen misunderstandings, lack of warmth in relationships and neglect.

Rorschach Ink Blot Test

On the Rorschach protocol, he has given average number of responses with quick and hurried mentation. The protocol indicates that he tends to repress his impulses as he considers them a threat to his stability. There is an underdeveloped need for affection which may result in adjustment difficulties. High need for affection where fear of rejection results in inhibition of his overt reaction to others. It indicates a neurotic constriction. He tends to retreat from

situations that may be emotionally challenging. He tends to have an extremely high need for achievement but lacks the capacity to fulfil it. He tends to stick to a practical way of looking at things and lacks the ability to look at things in an integrated manner. However, variation in content indicates adequate intellectual capacity.

Content analysis reveals high percentage of anatomical responses indicative of a preoccupation with the body. Human detail responses indicate anxiety regarding interpersonal relationships and a tendency towards social isolation. There are adequate numbers of popular responses indicating adequate ties with reality. However, the low number of D responses, fluctuation in form quality, low human responses are indicative of an underlying psychotic process.

Summary of test findings

The test results were suggestive of psychosis rather than adjustment disorder or personality traits.

Management

At the time of index visit, as a diagnosis could not be reached, and as the patient refused medications, only a brief psychotherapy session was held. He was started on an Olanzapine trial once he was brought back from Goa, after diagnosis being clarified from history and with the help of psychometry. His family members were allowed to ventilate, their distress was acknowledged, and were supported and psychoeducated. The need for treatment adherence was stressed. Vocational and marriage plans are also to be discussed later.

CASE RECORD 3: Diagnostic Clarification

Name	: Mr RPS
Age	: 32 years
Gender	: Male
Marital status	: Unmarried
Religion	: Christian
Language	: Malayalam, English
Education	: Bachelor's Business Administration
Occupation	: Unemployed
Socio-economic status	: Upper
Residence	: Urban
Informants	: Self and parents

Presenting complaints

According to Mr RPS

- Unable to live in the present
- Lacks confidence and initiative
- Pressure to do everything perfectly
- Gets hurt easily
- Gets repeated thoughts

According to his parents

- Irritability, abusiveness

- Blames family for every problem
- Inability to adjust with sister

Duration of illness: Since childhood

History of presenting illness

Mr RPS presented with complaints of a lack of confidence, getting upset easily, inability to adjust to others and situations and a tendency to be rigid. Since childhood, he reported that his parents, especially his father, were punitive and authoritarian. He reported that he was constantly criticised and expected to behave like an adult. He reported to be constantly put under pressure to perform well. He reported to be often compared to his sister resulting in a dislike towards her since childhood. His decisions were taken by his father and his choices were often not considered resulting in low self-confidence and self-esteem. Gradually, he began to compensate for his low self-esteem by attempting to be perfect in everything he did and seek reassurance from his significant others. This need to perfection resulted in his needing to check repeatedly and pay attention to minute details, which in turn resulted in him spending more time in completing his tasks. He complained that he felt other people scrutinized him constantly which resulted in significant anxiety, palpitations and increased perspiration. He also complained of recurrent thoughts about the present and future, which interfered with his daily functioning. He had preoccupations of being criticised and rejected in social situations, and preferred to avoid them. He reported to resorting to fantasising about success, power and wealth to overcome his

inability to achieve them in reality. Over the last six years, he blamed his parents for his shortcoming and accused them of not bringing him up well. He blamed his father for his lack of self-confidence and his anxiety about his future. He became rigid in his ideals and was unable to accept any other perspective apart from his as the right one. He felt that accepting his father's views as a weakness on his part. He displaced his anger from his workplace at his parents and often became aggressive towards them. He seemed to attach to himself a sense of self-importance, claiming to be superior to others. He also had difficulty in accepting criticism and being flexible in his functioning resulting in frequent changes in his jobs and being unemployed for the past two years. He reported to having a tendency to harbour grudges and being vindictive towards those whom he felt had hurt in the past. Over the past few years, he reported to being preoccupied often leading to completing his activities of daily living slowly and of poor attention and concentration.

There is no history of any head injury, seizures, high grade fever or any other organicity.

There is no history of any psychoactive substance use in the past.

There is no history of any first rank symptoms.

There is no history of any pervasive mood symptoms in the past.

There is no clear history suggestive of obsessions or compulsions.

There is no history of any other anxiety spectrum symptoms including generalized anxiety, specific phobias or panic disorder.

Treatment history

He had multiple treatment trials in the past but had never been treated as an inpatient. He has had trials of antipsychotics and antidepressants, along with psychotherapy sessions, with no major improvements. He was off all medications for around two years when he presented to us.

Family history

He was born of a non-consanguineous union. His father is sixty-six years old and retired as a lab technician in Al Ain. His mother is sixty-one years and retired as a nurse. He has a younger sister, who is twenty-six years old, is unmarried and works as an engineer in Dubai. His relationships with his parents and sister are poor. There is family history of alcohol dependence syndrome in paternal uncle.

Birth and Developmental history

The antenatal period was supervised and uneventful. He was born of a full term, normal vaginal delivery, with no postnatal complications. His developmental milestones were within normal limits. He underwent a surgery for inguinal hernia at the age of one and a half.

Educational history

He has completed Bachelor's degree in Business Administration in 2006. He was an average student in academics. He had a keen interest in English literature in school. His interaction with peers was minimal and he had difficulties in

maintaining friendships. He also reported to have been made fun of and bullied by his peers while in school.

Occupational history

There is history of frequent change of jobs, the maximum duration spent being six months. He is currently unemployed for the past eight months.

Sexual history

His orientation was heterosexual. He did not have any sexual misconceptions and he denied high risk behaviours.

Marital history

He was unmarried.

Premorbid personality

He was described to be passive aggressive in nature and under assertive. He had poor coping skills and was sensitive to criticism. He was rigid in his thinking pattern and behaviour. He harboured grudges against people easily and was distrustful and sceptical of people.

Physical examination

His body mass index was 22.9 kg/m^2. His vital signs were stable. His systemic examination was within normal limits.

Mental status examination

He was moderately built and nourished. He was well-kempt. He maintained eye contact. Rapport was superficial. He was alert and lucid. He was cooperative, attentive and interested during the interview. He was erect and tense, with appropriate, purposeful and smoothly coordinated goal-directed movements. His speech was spontaneous, with good comprehension, fluent, audible, and with normal speed and reaction time. His mood was anxious and his affect was appropriate and congruent with normal range and reactivity. He denied suicidal ideation. There were no abnormalities in the form and stream of thought. His content of thought revealed concerns about past, present and future. There were no perceptual abnormalities. No obsessive compulsive phenomenon was observed. He was oriented to time, place and person. His immediate, recent and remote memory was intact. His attention could be aroused and sustained. He had average intelligence. He had intellectual insight into his problems. His social judgement was impaired and his test judgement was intact.

Differential diagnosis

1) Anankastic personality disorder
2) Obsessive Compulsive disorder

Aim for Psychometry

1. To clarify the diagnosis
2. To identify and explore significant personality factors influencing the psychopathology

Tests administered and Rationale

1. Sack's Sentence Completion Test: It is a projective test developed by Dr.Sacks and Dr.Levy. It consists of 60 partially completed sentences, to which the respondent adds endings. The respondent projects the attitudes towards a personal experience of life. It helps to elicit ideas of self-perception.

2. Thematic Apperception Test: It is a projective test intended to evaluate a person's patterns of thought, attitudes, observational capacity, and emotional responses to ambiguous test materials. It elicits information about a person's view of the world and his attitudes toward the self and others.

3. Rorschach Ink Blot Test: It is a projective test which provides an understanding of structure of the personality, probable psychosis if any, affectional needs and the ego strength. It also indicates degree of psychopathology.

4. Neo Five Factor Inventory: The NEO-FFI is a 60-item test. It provides a quick, reliable and accurate measure of the five domains of personality and is

particularly useful when time is limited and when global information on personality is sufficient.

Behavioural observation

Mr. RPS was cooperative during the assessment. His comprehension was adequate but he took more time to do the tests, than usual, due to his undue attention to the specifics. He had significant performance anxiety and required frequent prompts to complete the tests. He also requested for breaks in between the assessments.

Test findings

Sack's Sentence Completion Test

His attitude his mother and mothers in general is negative. He feels that his mother is discouraging and is unable to see his talents. There is a strong need for approval from his father, which he feels he has never received. Although his attitude towards his father in general is negative, he admires his father's strong mentality. He feels that he has never been accepted in the family and that he has never received praise for his perceived achievements. His self concept is low as indicative of his tendency to worry about his problems and misinterpret others' actions and words. While he considers his ability to be great, he lacks the confidence to use his perceived abilities during times of stress. He lacks belief in

his own abilities but likes others to believe that he is confident. While he shows a desire to be successful in the future, he has doubts about his ability to achieve them. He fantasises about the future rather than working to achieve reasonable goals. In friendships, he prefers to be understood always by the other person while he remains sceptical. He doesn't like being supervised and is ambivalent about performing his role as a supervisor. He feels that everyone should appreciate his work always.

Thematic Apperception Test

The stories were long and very detailed. He included unnecessary details and revolved around the same theme rather than progressing in the stories. The overall analysis was indicative of lack of control over decisions pertaining to his own life. He feels pressurized by the paternal figures to follow their demands. He feels that his opinions are seldom considered, that too after careful evaluation and weighing of options by his parents.

He identified himself with the hero in most of the stories. The need for approval from parents and justification of the son's mistakes were common themes in the stories. The dominant needs were that of need for dominance, autonomy, blame avoidance, defendance, counteraction and order. The conflicts brought out included dominance versus inferiority and counteraction versus blame avoidance. The presses include authority figures, financial constraints, lack of warmth in familial relationships and in capabilities of the female characters.

Rorschach Ink Blot Test

The protocol indicates average productivity and mentation. It indicates aa tendency for immediate gratification of needs. However, there is preoccupation with ego centric needs which may be manifested in the form of neurotic symptoms rather than as impulsive behaviour. His inner tensions are too strong for him to be able to handle day to day problems resulting in adjustment difficulties. There appears to be a basic deficit in the development of need for affection. However, the protocol also indicates that there is a fear of rejection resulting in an inhibition in his overt reaction to others. It indicates a neurotic constriction with a tendency towards inhibition through compulsive meticulousness and correctness. W cut responses indicate a tendency to be overcritical and perfectionistic which may inhibit his ability to integrate and generalize facts. There is a high level of aspiration with him unable to fulfil his creative potential for achievement. High animal percent indicates a stereotyped view of the world and a narrow range of interests. Colour avoidance is seen indicative of a tendency to retreat from situations involving an emotional challenge. The lack of human responses indicates a tendency to establish a wall between himself and others and tendency towards social isolation. There are adequate number of popular responses indicative of adequate ties with reality. However, there is rejection of some popular are imperfect.

Neo Five Factor Inventory

In the NEO-FFI, he scores very high in neuroticism, very low in extraversion and agreeableness and low in conscientiousness. His score in openness is average. This indicates that he tends to experience anxiety, depression, anger and frustration more. His emotions tend to disrupt and interfere with his adaptability and coping and hence make him prone to having irrational ideas. He tends to be less assertive and prefers to be in the background in social situations. His tendency to control his impulses is poor and his general ability to cope with stress is very low. He tends to be less exacting in applying moral principles in life. He tends to be lackadaisical in working towards his goals. He tends to be cynical and less trusting of others and their intentions. He tends feel that he is superior to others and appears arrogant to others and shows little modesty.

Summary of test finding

The rigid succession, high number of S responses, rejection of some popular responses as imperfect are indicative of Anankastic traits. The high regard his achievements and a desire to be praised and the underlying low self-esteem is indicative of narcissistic traits. The tendency to misinterpret information and a constant state of apprehension suggests anxious traits. The test findings confirm the presence of anankastic, narcissistic and anxious traits.

Management

Mr. RPS was admitted for diagnostic clarification. Clinical interviews with him, his parents and psychometric tests revealed mixed personality traits. There was no evidence of psychosis, pervasive mood syndrome or obsessive compulsive symptoms. Hence management was through psychotherapy. He was psychoeducated about his personality traits and their role in his behaviour. Mr RPS was allowed to ventilate and his distress was validated. Cognitive and behavioural strategies were employed to address his maladaptive patterns of thinking and behaviour. Cognitive reframing was employed to change his cognitive distortions. Assertive training and problem solving skills were taught to him.

CASE RECORD 4: Intelligence Assessment

Name	: Master MAIA
Age	: 5years 10 months
Gender	: Male
Education	: Class 1
Informant	: Parents
Reliability	: Complete, Consistent, Competent

Presenting complaints

- Behavioural problems for the past one year, increased over the last six months.
- Inattention
- Restlessness

History of presenting complaints

MAIA was brought by his parents with one year history of behavioural problems, with significant worsening for the past six months. From childhood, he was reported to be inattentive and restless with behaviours like demanding

and throwing objects. However parents yielded to his demand. He started his schooling from 3 years of his age and they were getting complaints like inability to sit at a place in school. He also had irritability and assaultiveness, mostly with trivial antecedents. He became more and more adamant and demanding in nature. His academic performance was also poor. He would instead disturb other classmates, with inappropriate behaviour towards the opposite gender, like kissing them and calling them darling. He had features of inattention and hyperactivity. There is history of three episodes of staring look, not responding to call, which lasted for less than five minutes. The first episode was more than a year ago, and the last was one week back. There was no history of generalised tonic clonic seizures. There was no history of substance use, psychosis, syndromic mood, anxiety disorder or obsessive compulsive disorder.

Past history

He was treated with antiepileptics from outside.

Birth and development history

Prenatal – Planned pregnancy with nil relevant history.

Perinatal – It was a full term normal vaginal delivery, with a birth weight of 2.8kg. He had a delayed birth cry and was kept in NICU for 3 days due to respiratory distress and amniotic fluid gastritis.

Postnatal – he was immunised for age. He was breastfed upto 2 years of age.

The motor and speech developmental milestones were normal.

Emotional development and temperament

He was adamant and sought immediate gratification of demands.

School history

He started attending a play school at 3 years of age. Currently, he is in Class1 but his performance in school became poor when compared to the nursery classes. He is regular to school but has many behavioural issues like throwing objects, tearing books, pinching, biting, kissing and pushing others, climbing on chairs and tables, and losing stationary items at school.

Family history

He was born of a non-consanguineous union. He has a 1.5 year old sister. There is history of adjustment disorder in his father and hypothyroidism in his mother.

Physical examination

His vital signs were stable. System examination was within normal limits.

Mental status examination

He was moderately built and nourished. He was moderately kempt. He was alert and lucid. He was hyperactive. His speech was normal. His mood was euthymic. Higher mental functions were grossly intact.

Provisional diagnosis

1) ATTENTION DEFICIT HYPERACTIVITY DISORDER
2) SUBCLINICAL SEIZURES
3) UNSPECIFIED INTELLECTUAL DISABILITY WITH BEHAVIOURAL PROBLEMS

Aims of psychological testing

For diagnostic clarification, quantification of Intelligence Quotient was imperative.

Tests administered and rationale

1. **Binet-Kamat test of General Mental abilities:** To assess intelligence; standardised for the Indian population
2. **Vineland's Social Maturity Scale:** To assess social age and adaptation

Behavioural observations

The child was cooperative but required frequent breaks in between the tests. During the assessment, he was inattentive, hyperactive, fidgety, demanding, and required the instructions to be repeated. His attention could be aroused but could not be sustained. His eye contact was adequate. He could comprehend simple commands and instructions.

Test findings

Binet-Kamat Test of General Mental abilities

The test was administered with frequent breaks in between considering his inattention and hyperactivity.

Basal age: 4 years

Terminal age: 7 years

Mental age = 5years 6 months

Chronological age = 5 years 10 months

Function-wise classification of items adapted to the Binet-Kamat test of Intelligence:

Language	5 years
Meaningful memory	4 years
Non-meaningful memory	6 years
Conceptual thinking	NA
Non-verbal thinking	6 years
Verbal reasoning	NA
Numerical reasoning	6 years
Visuomotor	4 years
Social intelligence	6 years

The IQ of MAIA was 94, which indicated normal range of intelligence.

On VSMS, his social adaptive functioning was at 6.10 years level.

Management

In view of his average intelligence,inattention,hyperactivity and behaviour problems his parents were psychoeducated about Attention Deficit Hyperactivity Disorder and behavioural issues. The importance of behavioural therapy was emphasized. Attention enhancement tasks and behavioural strategies were explained and asked to be followed consistently. The concept of regularising daily routine with the help of a pictorial schedule was discussed. Consistency of rule settings and positive practices were suggested. A reward menu was given. Neurological investigations were suggestive of complex partial seizures, and Oxcarbazepine was started. With the addition of stimulants also from outside, his ADHD reduced by 50%. Parents were encouraged to attend the inpatient training programme if symptoms persisted.

CASE RECORD 5: Neuropsychiatric Assessment

Name	: Mr. AFMA
Age	: 44 years
Sex	: Male
Marital status	: Married
Religion	: Muslim
Language	: Tamil, Singala
Education	: Class 10
Occupation	: Business (Rice mill)
Socio-economic status	: Middle
Residence	: Rural (In Sri Lanka)
Informant	: Patient reported alone (no reliable informant to corroborate)

Presenting complaints

'Forgetfulness' - 10 years

History of presenting illness

Mr. AFMA presented with 10 years history of forgetfulness, which has apparently led to financial losses in the family business. He also finds it difficult to remember the details of distant relatives whom he rarely sees. He was unable

to give any other history suggestive of cognitive deficits. The information is limited as he himself gave the history.

There is history of being treated for pituitary adenoma recently.

He denies any substance use.

There is no history suggestive of any first rank symptoms.

There is no history of any manic or hypomanic symptoms in the past.

There is no history of any melancholic features in the past.

There is no history of any obsessive-compulsive symptoms or panic symptoms in the past.

There is no history of any other specific personality traits.

There is no history of any sexual dysfunction.

Past history

He has been under treatment from CMC for the past 5 years. He was detected to have pituitary adenoma, and he was treated with surgery and radiotherapy. He is also on Thyroxin supplementation.

Family history

There is family history suggestive of obsessive compulsive disorder in one of his sisters, probable psychosis in another sister, and history of seizures in his niece.

Birth and development history

Unavailable, though patient himself reports it as normal.

Educational history

He completed class 10. He describes himself to have been an average student.

Occupational history

He runs the family business – rice mill – with his brothers. Earlier, he had been working in Qatar as a data entry worker.

Sexual history

He had heterosexual orientation. He denied any high risk behaviours.

Marital history

He reports problems in the marital dyad but was unwilling to elaborate further on the same.

Premorbid personality

Premorbid personality could not be commented upon due to limited information.

Test Conducted

PGI-BBD (Post Graduate Institute Battery of Brain Dysfunction)

Reason for testing

Continued memory deficits hindering his functioning

Behaviour during testing

Mr. AFMA was conscious, lucid, attentive & cooperative during the interview. Certain instructions had to be repeated due to language difficulties.

INTERPRETATION

The results need to be interpreted cautiously due to language difficulties and cultural differences in the standardisation of the test.

Memory

Subtests	Raw Score	Converted Score	Dysfunction Rate
Remote memory	8	5+	0
Recent memory	5	5+	0
Memory balance	6/6	5+	0
Attention & Concentration	10	5	0
Delayed recall	9	5	0
Immediate recall	10	5	0
Verbal retention of similar pair	4	3	2
Verbal retention of dissimilar pair	15	5+	0
Visual retention	11	5+	0
Recognition	8	3	2

Impression:

He did not have any dysfunction in remote memory, recent memory, mental balance, attention & concentration, delayed and immediate recall, verbal retention of dissimilar pairs & visual retention. He had a mild dysfunction in verbal retention of similar pairs which could be due to language problems. In recognition, he could score only 8 out of 10, amounting to mild dysfunction.

Performance Intelligence Tests

The test quotients on Koh's block design test & Pass-a-long tests were 91 & 95 respectively. The performance quotient was 93, which corresponded to no dysfunction.

Verbal Intelligence Tests

There was no dysfunction in Digit span, Arithmetic & Comprehension. Information could not be assessed as he is from Sri Lanka, while the questions are based on Indian data. His Verbal IQ is 97.

Nahor Benson Test

With respect to copying designs, his dysfunction rating score was zero.

Bender Visual Motor Gestalt Test

There was no rotation, overlap, perseveration or closure sign in the drawings.

INTERPRETATION

The results need to be interpreted cautiously due to language difficulties and cultural differences in the standardisation of the test. But overall, his memory seemed to be intact and so his cognitive disturbance could be part of his anxiety. This needs to be corroborated with reliable informants during subsequent reviews. Also, history of any possible psychopathology is to be clarified from family members when possible.

Management

The patient was psychoeducated based on the test results. Suggestions were given to improve his memory and to regularise his daily routine, specific tips like focussing on one thing at a time, identifying and prioritising his problems, listing out activities and learning new skills were discussed.