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CLINICAL EVALUATION
Report ID: PSY-2026-0814
Date: August 2, 2026
Status: CONFIDENTIAL

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1 Demographic Data & Evaluation Overview

Patient Demographics

Name:	Julian Mercer
DOB:	May 14, 1989
Age / Gender:	37 / Male
MRN:	304-982-A
Occupation:	Systems Administrator

Evaluation Details

Evaluator:	Dr. Alistair Apex, Psy.D.
Referring MD:	Dr. Clara Synapse, MD
Dates of Exam:	July 18 & 25, 2026
Date of Report:	August 2, 2026
Facility:	Apex Diagnostics Suite

1.1 Reason for Referral

Mr. Julian Mercer is a 37-year-old male who was referred for a comprehensive psychological and neuropsychological evaluation by his primary care physician, Dr. Clara Synapse, MD. The primary clinical indications for this assessment include persistent difficulties with attentional control, executive functioning deficits, work-related stress, and recurrent depressive symptoms that have significantly impacted his occupational performance and interpersonal relationships over the past twelve months. The purpose of this evaluation is to clarify his diagnostic profile, rule out adult Attention-Deficit/Hyperactivity Disorder (ADHD), assess his cognitive and emotional functioning, and provide evidence-based treatment recommendations.

1.2 Assessment Methods

To address the clinical referral questions, a multi-method assessment battery was administered over two testing sessions:

- Clinical Interview and Behavioral Observations
- Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV) [4]
- Minnesota Multiphasic Personality Inventory - Third Edition (MMPI-3) [2]
- Beck Depression Inventory - Second Edition (BDI-II) [1]
- Conners' Continuous Performance Test - Third Edition (CPT-3) [3]

2 Relevant Background History

2.1 Developmental & Educational History

Review of developmental records and developmental recall suggests that Mr. Mercer met early motor and language milestones within normal limits. In primary school, he was described as a bright but "disorganized" and "easily distracted" student. Although he demonstrated strong academic capabilities, particularly in mathematics and computer sciences, his report cards frequently noted that he "failed to meet his potential due to poor homework completion and lack of focus." He completed a Bachelor of Science degree in Information Technology at Meridian Technical College, though he reported that it took him five years due to difficulties managing long-term projects and maintaining consistent focus during lectures.

2.2 Occupational History

Mr. Mercer is currently employed as a Systems Administrator at Nexa Solutions, where he has worked for the past three years. While he is highly regarded for his technical troubleshooting skills, he has recently received formal warnings regarding chronic lateness, missed deadlines, and administrative disorganization. He reports feeling increasingly overwhelmed by the executive demands of his role, which has led to high levels of anxiety and a subsequent decline in his self-efficacy.

2.3 Medical & Psychiatric History

Mr. Mercer reports no history of significant head trauma, loss of consciousness, or neurological illness. His medical history is notable for mild hypertension, which is well-managed with lisinopril. Psychiatric history is significant for a previous diagnosis of Major Depressive Disorder (MDD) in his mid-twenties, which was treated with a brief course of psychotherapy and selective serotonin reuptake inhibitors (SSRIs). He discontinued treatment after experiencing partial symptom remission, but reports that depressive symptoms and chronic executive challenges have resurfaced and worsened over the past year.

3 Behavioral Observations & Mental Status

Mr. Mercer arrived promptly for both evaluation sessions. He was dressed in clean, casual attire and exhibited appropriate personal hygiene. He was fully cooperative with all testing procedures and appeared motivated to perform to the best of his ability. He maintained good eye contact and established rapport easily with the examiner.

3.1 Attentional and Cognitive Presentation

His speech was normal in rate, rhythm, and volume, though at times his verbal descriptions became overly detailed and tangential. His thought processes were logical and goal-directed, with no evidence of loose associations or psychotic symptoms. Mr. Mercer exhibited noticeable physical restlessness throughout both sessions, frequently shifting in his chair, tapping his foot, and adjusting his testing materials. When working on complex or timed tasks, he demonstrated a tendency to make impulsive errors, frequently beginning tasks before instructions were fully articulated, and expressing frustration with minor errors.

3.2 Affective Presentation

His mood was self-reported as “stressed” and “sluggish,” and his affect was congruent, presenting as somewhat constricted and anxious. No suicidal or homicidal ideation was endorsed during the evaluation. He demonstrated good insight into his cognitive strengths and weaknesses, noting: “I know my brain works fast, but I can’t seem to keep it on the right track.” The results of this evaluation are considered a valid and reliable representation of his current psychological and cognitive functioning.

4 Cognitive Assessment (WAIS-IV)

The Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV) was administered to evaluate Mr. Mercer’s intellectual functioning and cognitive profile. His performance across the four index areas yielded a Full Scale IQ (FSIQ) of 101, placing him in the Average range (53^{rd} percentile). However, a significant discrepancy was observed between his verbal capabilities and his working memory capacity.

Table 1: WAIS-IV Index Scores Summary

Index Scale	Standard Score	95% Conf. Interval	Percentile	Qualitative Description
Verbal Comprehension (VCI)	112	106 – 117	79	High Average
Perceptual Reasoning (PRI)	98	92 – 104	45	Average
Working Memory (WMI)	88	82 – 95	21	Low Average
Processing Speed (PSI)	105	97 – 112	63	Average
Full Scale IQ (FSIQ)	101	97 – 105	53	Average

4.1 Cognitive Profile Analysis

As illustrated in Figure 1, Mr. Mercer’s cognitive profile is characterized by a significant relative strength in Verbal Comprehension and a relative weakness in Working Memory. The 24-point difference between his VCI (112) and WMI (88) is statistically significant ($p < .01$) and clinically meaningful, suggesting that his ability to hold and manipulate complex information in mind is underdeveloped relative to his verbal reasoning and conceptual skills.

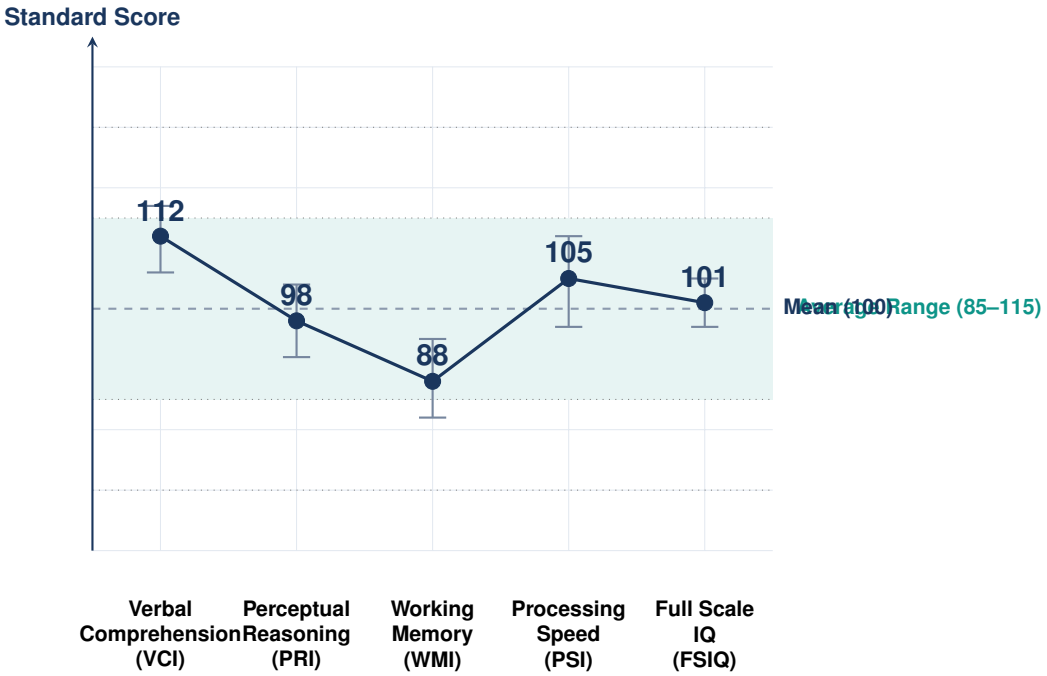

Figure 1: WAIS-IV Index Score Profile showing the standard score and 95% confidence interval for each index.

During subtest administrations, Mr. Mercer performed exceptionally well on tasks requiring verbal abstraction (Similarities = 13) and general knowledge (Information = 12). Conversely, he struggled on tasks requiring immediate auditory recall and manipulation of numbers (Digit Span = 7) and mental arithmetic (Arithmetic = 8). His processing speed was variable, showing strong visual scanning capabilities (Symbol Search = 12) but slower motor coordination and coding performance (Coding = 9).

5 Psychological & Symptom Inventories

5.1 Minnesota Multiphasic Personality Inventory - Third Edition (MMPI-3)

The MMPI-3 was administered to assess Mr. Mercer's personality structure and psychopathological symptoms. The validity scales indicated a consistent, cooperative, and valid profile, with no evidence of overreporting or underreporting.

On the Clinical Scales, Mr. Mercer demonstrated significant elevations ($T \geq 65$) on several scales:

- **Demoralization (RCd, $T = 68$):** Reflects general emotional distress, dysphoria, and dissatisfaction with current life circumstances.
- **Low Positive Emotions (RC2, $T = 66$):** Suggests lack of positive engagement, anhedonia, and vulnerability to depressive experiences.
- **Cognitive Complaints (COG, $T = 72$):** Indicates significant concern regarding memory, concentration, and cognitive efficiency, which is highly consistent with his executive difficulties.
- **Anxiety Sensitivity (ANX, $T = 64$):** Reflects heightened somatic anxiety and stress reactivity.

5.2 Beck Depression Inventory - Second Edition (BDI-II)

The BDI-II was administered to obtain a self-report measure of the severity of Mr. Mercer's depressive symptoms. His score of 24 places him in the **Moderate Depression** range. Significant endorsements included feelings of sadness, guilt, self-criticalness, irritability, difficulty concentrating, and fatigue. He denied any suicidal ideation on Item 9.

5.3 Attentional & Performance Testing (Conners' CPT-3)

The Conners' Continuous Performance Test (CPT-3) was administered to objectively evaluate attentional performance. The computerized assessment indicated a high number of commission errors (impulsivity) and significant variability in reaction times (inattentiveness), particularly during low-frequency stimulus blocks. These findings suggest marked deficits in sustained attention and response inhibition.

6 Diagnostic Impressions

Based on the clinical interview, review of historical records, behavioral observations, and objective psychometric assessment, Mr. Julian Mercer's clinical presentation is consistent with the following DSM-5-TR diagnostic criteria:

DSM-5-TR Diagnostic Formulation

- **314.01 (F90.2)** Attention-Deficit/Hyperactivity Disorder, Combined Presentation, Moderate
- **300.4 (F34.1)** Persistent Depressive Disorder (Dysthymia), with anxious distress, Moderate
- **V62.29 (Z56.9)** Other Problem Related to Employment (Occupational stress)

6.1 Diagnostic Formulation

Mr. Mercer's cognitive profile (low working memory relative to high verbal conceptualization) and performance on the CPT-3 are characteristic of adult ADHD. The developmental history corroborates that these attentional challenges were present in childhood, although his high verbal intelligence likely allowed him to compensate academically until the executive demands of his university studies and subsequent professional career exceeded his coping strategies.

His chronic executive difficulties and the resultant professional struggles have contributed to a secondary presentation of Persistent Depressive Disorder (dysthymia) with anxious distress. The MMPI-3 profile, elevated on Demographic and Cognitive Scales, indicates that his self-perception is heavily impacted by his cognitive inefficiencies, leading to high levels of demoralization and stress reactivity.

7 Treatment Plan & Recommendations

To address Mr. Mercer's cognitive, occupational, and psychological challenges, the following multi-modal treatment plan is recommended:

7.1 Pharmacotherapy & Medical Follow-Up

1. **Psychiatric Consultation:** It is recommended that Mr. Mercer consult with a psychiatrist to evaluate the appropriateness of pharmacological interventions for ADHD (e.g., stimulant or non-stimulant

medications) to improve working memory and sustained attention.

2. **Cardiovascular Monitoring:** Since Mr. Mercer is currently taking lisinopril for hypertension, any initiation of stimulant medication should be closely coordinated with his primary care physician, Dr. Clara Synapse, to monitor blood pressure and heart rate.

7.2 Psychotherapy & Executive Coaching

1. **Cognitive Behavioral Therapy (CBT) for Adult ADHD:** Engage in structured CBT specifically tailored for adult ADHD to develop organizational strategies, time-management protocols, and cognitive restructuring techniques to combat self-critical thought patterns related to performance.

2. **Acceptance and Commitment Therapy (ACT):** Utilize ACT to address dysthymia and work-related stress, focusing on values-clarification and psychological flexibility to reduce demoralization.

7.3 Occupational Accommodations

1. **Workspace Modification:** Minimize auditory and visual distractions in his workspace (e.g., using noise-canceling headphones, positioning his desk away from high-traffic office areas).

2. **Task Chunking and Digital Organizers:** Break down large, multi-step system administration projects into smaller, discrete tasks with intermediate deadlines. Utilize digital scheduling tools with automated reminders to manage chronic lateness.

Alistair Apex, Psy.D., ABPP
Clinical Neuropsychologist
Synapse Neurobehavioral Group

Clara Synapse, MD
Referring Physician
Meridian Primary Care

References

[1] Aaron T. Beck, Robert A. Steer, and Gregory K. Brown. *Beck Depression Inventory - Second Edition (BDI-II)*. The Psychological Corporation, San Antonio, TX, 1996.

[2] Yossef S. Ben-Porath and Auke Tellegen. *Minnesota Multiphasic Personality Inventory - Third Edition (MMPI-3): Manual for Administration, Scoring, and Interpretation*. University of Minnesota Press, Minneapolis, MN, 2020.

[3] C. Keith Conners. *Conners Continuous Performance Test - Third Edition (Conners CPT 3)*. Multi-Health Systems Inc., North Tonawanda, NY, 2014.

[4] David Wechsler. *Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)*. NCS Pearson, San Antonio, TX, 2008.