

Clinical Interview: Background Review

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Clinical Interview: Background Information**CHILD:****PARENT/GUARDIAN:****DATE OF BIRTH:****SCHOOL:****AGE:****GRADE:****REASON FOR REFERRAL:**

Client was referred for a psycho-educational assessment by his mother and father, (Parents), due to concerns related to learning and memory, specifically in the areas of reading and overall comprehension, spelling and mathematical skills. Client's parents wish to determine if a learning disability could be impacting his learning, as well as intervention and strategy options to assist Client, his parents, and his teachers.

BACKGROUND INFORMATION:

Background information about Client and his family was obtained from his mother, (Parent), in a semi-structured interview on November 7, 2012.

Family Functioning and History

Client is an 11-year old boy, who resides with his mother, father, and one older sister (age 14 years). (Parent) reported that Client participates in several family activities and has a good relationship with all family members. Client enjoys creating and building things with his hands, often determining how to do so without any diagrams or instructions. (Parent) reported having no difficulties with learning; however her husband struggled in high school and graduated with modified programming. (Parent) reported that both she and her daughter are diagnosed with anxiety.

Developmental and Medical History

(Parent) reported having smoked less than 10 cigarettes per day throughout her pregnancy with Client. She indicated that her pregnancy with Client was normal, and he was born at 38 weeks (6 lbs, 11oz). Client met all his gross motor developmental milestones on time. Though Client met his speech milestones initially, he discontinued talking around the age of 18 months, upon which he began to make grunts and point to communicate. When Client was 3 ½ years old he had tubes put in for a year and began speech therapy which continued until grade three; however, the school's Speech and Language Pathologist continues to monitor his progress. (Parent) reported that though his speech is clear he struggles with the pronunciation of longer words and has a tendency to be quiet in school and with people he is not familiar with. In grade two Client was diagnosed with Central Auditory Processing Disorder by the school's Speech and Language Pathologist.

Client has Severe Chronic Asthma, which is triggered by environmental and seasonal factors, and is monitored by his specialist. In October 2012, Client's medication was changed to now include Symbicort, Singular, Ventolin, and Aeries every day, Pulmicort and Ventolin Nebules when he is sick, and Nasonex during the fall and spring. When Client was 8 years old he had his adenoids and tonsils removed. Client wears glasses for reading; however, on his last eye appointment on November 27, 2011, his eyesight seemed to be improving and his prescription

was reported by (Parent) as being minimal. Client's last hearing appointment was when he had his tubes put in, and no reported concerns regarding his hearing have been noted since that time.

Educational Information

Client is currently in grade 5 with accommodations, such as small group instruction in ELA and math and instructions read to him during exams. (Parent) reported that an FM system is to be provided for Client within the classroom, but has not yet been installed this school year. Client was retained in grade one, on an IPP for both years, and his programming focused mainly on reading, writing, and math skills. Though Client has not received any interventions during grade 5, he received assistance in decoding, reading comprehension and math in the previous grades. (Parent) reported that Client had a cognitive and academic assessment done in grade two and will bring the reports from those assessments to be viewed. Client receives tutoring out of school once a week for math and band. (Parent) reported that though Client is passing all his subjects, his marks are lower in comparison to previous years. Client often has homework three nights a week, which is done with his mother after supper, and structured in 20 minute intervals. (Parent) noted that Client struggles with both visual and verbal instructions both at home and at school, and requires each step to be given to him one at a time in order to complete the task requested of him. She also reported that he struggles with organizing his materials both at home and at school.

Social/Emotional/Behavioural Information

(Parent) did not note any concerns about Client's social development and described Client as a happy, social child who wears his heart on his sleeve and enjoys a variety of outdoor activities. She reported that Client does worry at times about how he is performing at school or when exams are coming up. When he is upset, he does not show his friends or teachers, but will discuss how he is feeling with his mother.

DIAGNOSTIC HYPOTHESIS:

Based on the interview with (Parent), my initial investigation would focus on a possible Learning Disorder, Language Disorder, and anxiety. My reasoning at this time is based on the following information: history of language difficulty and therapy, history and continual struggle in academics, history of paternal academic struggles, difficulty with following both oral and written instructions, and expressed distress over academics and school performance, and confirmed maternal and sibling anxiety disorder. Information gained from school work and records, previous cognitive, academic, and speech and language assessments may add to the differential.

FOLLOW-UP:

My initial follow-up upon confirming continuing with the assessment process with Client and his family is to review the school records and previous assessments, would be to conduct an interview with Client himself. If a CELF-4 had not been conducted by the school SLP, I would request a meeting with them to determine if one should be conducted and by whom (themselves or myself). I would also begin with the WISC-IV, WIAT-II, WRAML-2/CMS, and BASC-2 Parent/Teacher/Self to investigate the above mentioned diagnostic hypothesis. Any further testing or observations would be determined after the above measurements were conducted.