

Individual Appraisal Final Examination

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ECHD 7010

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Reason for Referral

Tanya is a 16 year-old African American student at Rockdale County High School. Tanya lives with her biological parents and sister Tiffany in their Conyers home. She is currently a sophomore in college prep courses and is very active in extracurricular activities. This assessment was initiated by Tanya's self report of feeling sad much of the time, feeling overweight coupled with a stringent diet and the decline of her grades.

Clinical Interview

Upon permission of her parents, I interviewed Tanya at length to get a better understanding of her perceptions of the problem. She came into the office a bit disheveled, wearing baggy jeans and a sweatshirt with dark bags underneath her eyes. She was very candid during the interview, however she was uncomfortable maintaining eye contact. She reported gaining "at least 20 pounds" since last March and has been subjected to taunting by her classmates since the start of the school year. She feels pressure to lose weight and feels inferior to her friends on the cheerleading team who aren't "huge". She told me that she has lost the energy to maintain her friendships and has preferred to stay at home by herself. She feels as if her friends are "constantly judging her on her appearance." She was very uncomfortable when asked about her diet and would not give any details except to say that she was eating less and restricting "bad" foods. She reports being tired all the time and can't remember the last time she was really happy. She is finding it hard to be motivated to do anything, and feels that her lack of motivation coupled with her tiredness is resulting in the decline of her grades.

After completing my interview with Tanya, I felt it was important to interview her parents to get a more detailed family background, their perspective on Tanya's behaviors and a medical history. Tanya's family has lived in the same home since Tanya was three and has close knit extended family nearby. They describe their family as very loving and supportive and Tanya's relationship with her 12-year-old sister Tiffany as close. Her parents conveyed developmentally appropriate milestones for Tanya and no significant medical history. There is however, a family history of depression (Tanya's maternal grandmother and maternal aunt). They note no significant family changes or adjustments in the last year.

Tanya's parents are concerned about her slipping grades. During their interview they stated that Tanya has always been a consistent A/B honor roll student who enjoys school. When they approach Tanya on the subject she tells them, "she has it under control." Tanya's mother states that her behavior has changed in the last few months. She cries more, isolates herself in her room, complains of being sick or won't talk to anyone for days at a time. She has attributed it to "teenage hormonal behavior" and feels it is a stage that will pass. They concur that Tanya has gained weight in the past year but has also grown 3 inches and believe that this is her "growth spurt". They have noticed a loss in weight in the last few weeks, but have not given it much thought since Tanya is usually so active. They report she often claims to eat with friends after practice.

Assessment of Records

Upon completing the family interview, I reviewed Tanya's school records to obtain more information on her past placements and achievements and to ascertain a pattern of behavior. Tanya has been a consistent student with no academic or behavior problems noted. Her attendance has been excellent up until the last five weeks where she has been averaging at least one day absent per week. She has a 3.2 cumulative GPA in college prep courses and has consistently scored within the range of the 78th-90th percentile in achievement testing. Her freshman year teachers described Tanya in her file as a "vibrant and bright child who contributes meaningful discussion within the classroom".

Since her records showed such academic achievement and social adjustment I interviewed her current 10th grade teachers to get their perceptions. They report that they have seen a steady decline of Tanya's grades and self esteem since the beginning of the year. The "vibrant" Tanya of last year has become more withdrawn and has begun to skip homework assignments and feign sickness to get out of class. Her teachers believe that her class placements are appropriate for her ability and have been trying to work with her on getting her work done. When Tanya does hand in work it is often not up to standard for her abilities. They have also noticed Tanya's separation from her peers. She often sits by herself and engages in little interaction, often scribbling in a notebook to avoid conversation.

I obtained a release of medical records from her parents and spoke directly with Tanya's pediatrician in regards to her weight gain. Dr. Byron has been Tanya's pediatrician since the age of three. He reports that Tanya has been a very healthy child with no significant medical history. Tanya weighs 135 lbs and has gained 26 pounds in the last 12 months. She has also grown 3 ½ inches, making her 5' 6". She is in the 67th percentile for both height and weight on the growth chart for her age, which is slightly above the average, but not necessarily indicative to being overweight. Her pediatrician is not concerned with Tanya's weight gain, since Tanya has grown proportionately with her height and is extremely active.

Observations

I observed Tanya in multiple settings over a week's time. I chose to observe her in the classroom, the lunchroom and during extra curricular activities. I was immediately struck by her isolation. This once very outgoing involved girl now chose to sit off by herself. She made minimal conversation with friends and busied herself in a notebook or "busywork" during free time. She was extremely fidgety, constantly shifting in her seat, tugging at her clothes and twisting her hair. I observed her twice at lunch and each time she quickly grabbed a soda and headed off to the student council room, where lunchroom monitors report she spends many of her lunch hours. Tanya did not buy a lunch either day. I finally tried to observe her during cheerleading practice twice that week, however, she never showed up.

Formal Assessment

After examining her records and analyzing the observation and interview data, it is my belief that Tanya's stringent diet may be an indication of a bigger problem, possibly an eating disorder. Research has shown that depression is the most common comorbid diagnosis in adolescents with eating disorders. This may be a possibility in Tanya's case since her academic, social and family life seemed very solid prior to the beginning of the school year, when her added weight became an issue and the diet and depression began.

Based on these findings, her parents agreed to move forward with a formal assessment and I obtained written permission to administer the battery of tests. The MMPI-A, Beck's Depression Inventory and the Eating Disorder Inventory - 2 were administered. Her past school achievement has been exemplary and there is no indication from teachers, parents or Tanya that her recent academic difficulty is due her cognitive abilities. Therefore, I felt no need to test Tanya in the area of intelligence or aptitude. I chose the MMPI-A because it is derived from the original MMPI assessment, which is the most researched and useful psychological test available for assessing the degree and nature of emotional upset. The MMPI-A preserves many of the features of the MMPI assessment, such as validity indicators and clinical scales, while introducing new scales and features particularly appropriate for adolescents, one of which being eating disorders. I also chose the Beck Depression Inventory because it is designed to assess the severity of depression in adolescents and adults. The symptoms and attitudes assessed appropriate to Tanya include: mood, pessimism, sense of failure, self-dissatisfaction, guilt, self-dislike, self-accusations, crying, irritability, social withdrawal, indecisiveness, body image change, work difficulty, fatigability and weight loss. Finally, I chose the Eating Disorder Inventory – 2 (EDI-2), which is a norm-referenced inventory used for clinical evaluation of symptoms associated with eating disorders. It is not a diagnostic test but can provide information regarding symptoms and psychological themes that are relevant for individuals and can be used with patients as young as 11 years of age and can be completed in approximately 20 minutes.

Conclusions and Recommendations

Tanya's results from this assessment indicate a preoccupation with weight or body shape and excessive concern with dieting. Her scores are consistent with dissatisfaction of overall shape and/or with the size of specific regions of the body. Her responses suggest that her social relationships are somewhat tense, disappointing, unrewarding, and of poor quality. Her MMPI scores showed significance in the areas of depression, low self-esteem and social introversion. Based on these findings, it is recommended that Tanya be referred to Hampstead Hospital's Eating Disorders Treatment Center for further assessment and treatment. Hampstead can provide an intensive, multidisciplinary approach for treatment, with services available for eating disorders and depression. The treatment team consisting of Psychiatrists, a Program Coordinator, Social Workers, a Registered Dietician, Mental Health Counselors and Registered Nurses can assess the unique needs of Tanya and develops an individualized treatment plan to address each of those needs.