



Individual Score Report - Collateral Rating Form

D-REF Adult
Delis Rating of Executive Functions, Adult
Dean C. Delis, PhD

Examinee Information

Examinee ID: 1982
Examinee Name: Client B
Date of Birth: 09/05/1982
Date of Rating: 04/05/2021
Age at Rating: 38 years 7 months
Gender: Female
Referral Source: Neurologist

Collateral Provided Information

Rater's Name:	Rater A
Relationship to the Person Being Rated:	Husband/Wife/Long-term partner
How Long Have You Known the Person Being Rated:	More than 10 years
How Well Do You Know the Person Being Rated:	Extremely well
Is Person Being Rated Currently Employed:	No
Person Being Rated Current Living Situation:	Independent

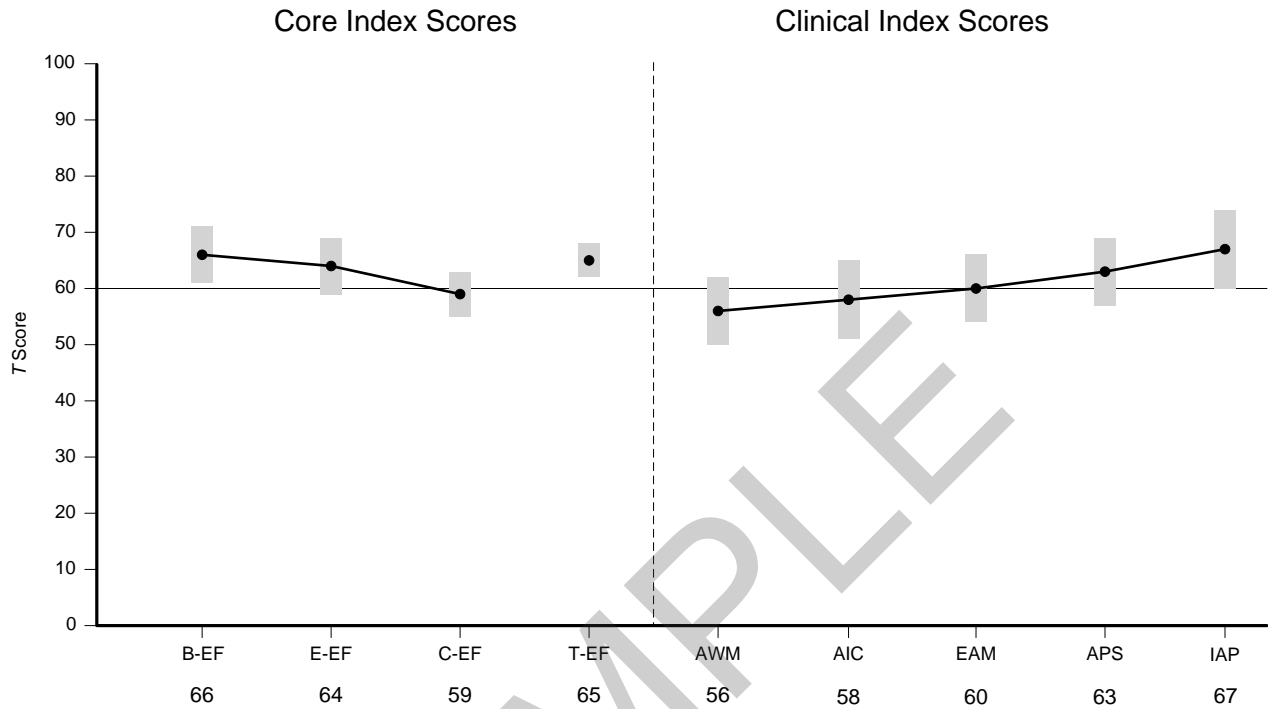
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[1.0 / RE1 / QG1]

D-REF ADULT CORE AND CLINICAL INDEX SCORE PROFILE



B-EF = Behavioral Executive Functioning; E-EF = Emotional Executive Functioning; C-EF = Cognitive Executive Functioning; T-EF = Total Executive Functioning; AWM = Attention/Working Memory; AIC = Activity Level/Impulse Control; EAM = Emotional Control/Anger Management; APS = Abstract Thinking/Problem-Solving; IAP = Initiation/Apathy

Note. Shaded bar represents confidence interval.

VALIDITY INDEX SUMMARY

Index	Raw Score	ADHD Sample Cumulative Percentage (Base Rate)
Inconsistency Index	8	>=98
Infrequency Index	13	>=98

CORE INDEX SUMMARY

Index	Raw Score/ Sum of T Scores	T Score	Percentile Rank	90% Confidence Interval	Descriptive Classification
Behavioral Executive Functioning	35	66	92	61 - 71	Mild Elevation
Emotional Executive Functioning	26	64	88	59 - 69	Mild Elevation
Cognitive Executive Functioning	43	59	79	55 - 63	Average Elevation
Total Executive Functioning	189	65	91	62 - 68	Mild Elevation

CLINICAL INDEX SUMMARY

Index	Raw Score	T Score	Percentile Rank	90% Confidence Interval	Descriptive Classification
Attention/Working Memory	14	56	73	50 - 62	Average Elevation
Activity Level/Impulse Control	15	58	83	51 - 65	Average Elevation
Emotional Control/Anger Management	17	60	83	54 - 66	Mild Elevation
Abstract Thinking/Problem-Solving	17	63	88	57 - 69	Mild Elevation
Initiation/Apathy	18	67	93	60 - 74	Mild Elevation

CORE INDEX COMPARISONS

Comparison (Index 1 - Index 2)	Index 1	Index 2	Difference	Critical Value .05	Significant	Base Rate
Behavioral Executive Functioning - Emotional Executive Functioning	66	64	2	8.76	N	37.4%
Behavioral Executive Functioning - Cognitive Executive Functioning	66	59	7	7.84	N	13.2%
Emotional Executive Functioning - Cognitive Executive Functioning	64	59	5	7.84	N	24.4%

CLINICAL INDEX COMPARISONS

Comparison (Index 1 - Index 2)	Index 1	Index 2	Difference	Critical Value .05	Significant	Base Rate
Attention/Working Memory - Activity Level/Impulse Control	56	58	-2	10.91	N	42.6%
Attention/Working Memory - Emotional Control/Anger Management	56	60	-4	9.80	N	32.6%
Attention/Working Memory - Abstract Thinking/Problem-Solving	56	63	-7	10.37	N	13.8%
Attention/Working Memory - Initiation/Apathy	56	67	-11	10.91	Y	10.7%
Activity Level/Impulse Control - Emotional Control/Anger Management	58	60	-2	10.73	N	36.5%
Activity Level/Impulse Control - Abstract Thinking/Problem-Solving	58	63	-5	11.25	N	23.4%
Activity Level/Impulse Control - Initiation/Apathy	58	67	-9	11.75	N	16.2%
Emotional Control/Anger Management - Abstract Thinking/Problem-Solving	60	63	-3	10.17	N	32.3%
Emotional Control/Anger Management - Initiation/Apathy	60	67	-7	10.73	N	20.4%
Abstract Thinking/Problem-Solving - Initiation/Apathy	63	67	-4	11.25	N	27.4%

MOST DISTRESSING SYMPTOMS

Item	Rating
36. Has difficulty adjusting to changes in his/her routine.	Seldom/Never
37. Hurts others' feelings without meaning to.	Monthly
53. Argues with others.	Seldom/Never
54. Focuses on small details and misses the main point.	Daily
55. Keeps trying to solve problems the same way, even if it doesn't work.	Daily

PERCENTAGE OF DIFFERENT RATINGS BY THE COLLATERAL

Rating	Percentage
Seldom/Never	34.0%
Monthly	34.0%
Weekly	8.5%
Daily	23.4%
Unanswered	0.0%

PERCENTAGE OF DIFFERENT RATINGS IN NORMATIVE SAMPLE BY AGE GROUP

Rating	Age Group			
	19-24	25-39	40-64	65-79
Seldom/Never	67.9%	63.4%	72.0%	66.2%
Monthly	20.4%	23.1%	19.4%	22.3%
Weekly	7.5%	8.9%	5.9%	6.9%
Daily	4.2%	4.6%	2.7%	4.7%

SAMPLE

ITEM RESPONSES

Item	Response
1. Says things before thinking.	Monthly
2. When working on something, will get distracted and won't finish what he/she started.	Monthly
3. Gets mad easily.	Daily
4. Forgets what he/she is supposed to do.	Monthly
5. Is not interested in going places.	Weekly
6. Has trouble reading words he/she could read before.	Weekly
7. Can't sit still for very long.	Seldom/Never
8. Has trouble completing things.	Seldom/Never
9. Doesn't think before acting.	Seldom/Never
10. Should be watched because he/she might do things like leave the stove on.	Monthly
11. Can't control his/her anger.	Daily
12. Sits around doing nothing.	Weekly
13. Can't help doing things that he/she shouldn't do.	Seldom/Never
14. Needs to listen and pay attention better.	Monthly
15. Can't control his/her crying or laughing.	Daily
16. Has missed his/her mouth when eating or drinking.	Seldom/Never
17. Gets frustrated when people say he/she does things wrong.	Daily
18. Doesn't feel motivated to do things.	Weekly
19. Has trouble following directions.	Seldom/Never
20. It's hard for him/her to keep doing boring things.	Monthly
21. Is too hyper.	Daily
22. Gets confused when ordering food at a restaurant.	Seldom/Never
23. Can't concentrate on something for very long.	Seldom/Never
24. Makes mistakes because he/she is in a hurry.	Seldom/Never
25. Annoys or irritates others.	Daily
26. Randomly jumps from one topic to another when talking.	Weekly
27. Has trouble making decisions.	Monthly
28. Can't remain quiet when expected.	Seldom/Never
29. Gets off task when doing things.	Daily
30. People tell him/her to calm down.	Seldom/Never
31. Makes simple addition or subtraction mistakes even when using a calculator.	Seldom/Never
32. Spends a lot of time trying to find things he/she needs.	Monthly
33. Takes foolish risks.	Weekly
34. When he/she has a lot of things to do, doesn't know where to start.	Seldom/Never
35. Talks too much.	Daily
36. Has difficulty adjusting to changes in his/her routine.	Seldom/Never
37. Hurts others' feelings without meaning to.	Monthly
38. Has trouble planning things.	Monthly

39. Forgets to look both ways when crossing a street.	Monthly
40. Is disorganized.	Seldom/Never
41. Messes things up because he/she doesn't read the instructions.	Daily
42. Mood changes from happy to sad or mad quickly.	Monthly
43. Has a hard time getting started on things.	Weekly
44. Makes poor decisions when spending money.	Monthly
45. Little setbacks make him/her upset.	Monthly
46. Doesn't get excited about things.	Monthly
47. Uses poor judgement.	Seldom/Never
48. Has trouble coming up with ideas to solve problems.	Monthly
49. Takes risks even when he/she might get hurt.	Monthly
50. Has to be reminded to do basic things like brush his/her teeth or bathe.	Weekly
51. Spends money recklessly.	Monthly
52. Loses track of what he/she is doing because of noise or other things going on.	Seldom/Never
53. Argues with others.	Seldom/Never
54. Focuses on small details and misses the main point.	Daily
55. Keeps trying to solve problems the same way, even if it doesn't work.	Daily
56. Gets frustrated easily.	Seldom/Never
57. Misses meals if they're not prepared for him/her.	Weekly
58. Has trouble multitasking.	Monthly

INTERVENTION STRATEGIES

The following interventions are suggestions to consider when planning treatment recommendations for the client. The suggested interventions are derived from the general literature on cognitive rehabilitation and psychotherapy, on evidence-based research of treatment interventions, and/or on the clinical experience of the D-REF Adult author. The specific interventions suggested are based on the client's profile of T scores on the D-REF Adult clinical indexes; however, before deciding on the most appropriate recommended interventions for an individual, incorporate information from other sources as well, including a clinical interview, record review, validity findings, and performance-based cognitive tests.

Emotional Control/Anger Management Index

Recommended intervention strategies:

- Look for signs of stress build-up and anticipate overreactions.
- Use self-talk to reduce frustration.
- Provide emotional support during periods of growing distress.
- Identify common anger-triggering situations and teach ways to avoid or escape them.
- Model and encourage labelling of different emotions and reactions to increase self-awareness.
- Model and encourage verbalization of initial emotional reactions before they escalate.
- Encourage deep breathing techniques at the first signs of stress.
- Promote physical exercise to channel frustration and anger in positive ways.
- Teach diffusing techniques, such as identifying and countering catastrophic thoughts.
- Encourage meditation and mindfulness exercises (e.g., self-reflection) in daily routines.
- Teach use of calming apps (e.g., storytelling, guided meditation) on digital device.
- Model speaking in a calm, nonthreatening manner.
- Encourage use of a safe, time-out room to allow for venting of emotions away from others.
- Encourage use of a written log of overreactions with the goal of reducing their frequency over time.
- Praise increasingly longer periods of emotional stability.
- Encourage client to seek out supportive, calming people when emotions are starting to rise.
- Have client keep one or two supportive individuals on speed dial to call in situations that are starting to escalate.
- Establish firm, strict limits for angry outbursts that may turn aggressive.
- If possible, discourage socializing with individuals who often upset or irritate the client.
- Make an agreement with family or close friends and the client to audio-record daily conversations in order to increase self-awareness of when and how anger reactions arise.
- Consider a referral for an anger management therapy group.
- Consider a referral for individual psychotherapy with a focus on anger management.
- Consider a referral for family therapy with a focus on learning strategies to diffuse emotionally charged situations.
- Consider a referral to a psychiatrist or general practitioner for possible medication management of mood swings.

Abstract Thinking/Problem-Solving Index

Recommended intervention strategies:

- Encourage use of a highlighter to mark key ideas in books, instruction manuals, and other documents.
- Encourage use of reference materials like online dictionaries, searches, and encyclopedias to better understand a subject.
- Teach use of sticky notes to formulate and organize conceptual ideas.
- Provide examples of using obvious versus novel, outside-the-box solutions for the same problem.
- Model writing down different possible solutions to a problem and rating them in terms of likelihood of working.
- Make arrangements for mentors or tutors to give guidance and feedback with difficult tasks.
- Encourage use of online video tutorials to learn how to complete tasks and solve problems.
- Teach how to breakdown solutions into smaller steps to achieve them.
- Identify areas of disorganization (e.g., paying bills, filing of important papers), and illustrate how to accomplish those tasks in a more efficient and organized manner.
- Promote the use of weekly or monthly planners to help organize short- and long-term goals.
- Teach how to identify less obvious motivations and meanings when receiving advice (e.g., from a salesperson).
- Consider retaining a trustworthy and competent financial advisor to assist with major financial decisions.
- If client is attending college, consider a referral to the school's learning services program for assistance and accommodations.
- Consider a referral for individual psychotherapy to improve insight and assist with problem-solving.
- Consider a referral for cognitive rehabilitation to learn strategies for enhancing abstract thinking and problem-solving skills.

Initiation/Apathy Index

Recommended intervention strategies:

- Consider a referral for a multidisciplinary evaluation to determine if the initiation problem is due to a psychiatric condition (e.g., depression), neurological condition (e.g., Parkinson's disease), and/or a medical condition (e.g., anemia), and encourage compliance with recommended treatments.
- Establish a routine of daily activities.
- Alternate mental tasks (e.g., reading, paying bills) with physical activities (e.g., exercise, yoga).
- Identify favored activities from the past (e.g., painting, fishing), and include them in a regular routine.
- Teach use of reminders and notifications on digital devices (e.g., smartphone) to start and remain on a regular schedule.
- Provide close monitoring of daily activities initially and gradually relax the supervision if consistent follow-through is achieved.
- Praise self-initiation and completion of tasks.
- Use an enjoyable activity (e.g., watching a favorite show or sports program) as a reward for starting and completing a difficult task.
- Plan a major reward (e.g., having friends over, dining at a nice restaurant, planning a vacation) for starting and completing a series of difficult tasks.
- Increase socialization with friends and family to improve motivation and activity level.
- Consider a referral for individual psychotherapy that provides behavioral strategies to enhance interest, motivation, and follow through.
- Consider a referral to a psychiatrist or general practitioner for a possible trial of medication to improve activation and energy level.

End of Report