Coolidge Assessment Battery (CAB)
Summary - Narrative Report

Name: **Case 1**
ID Number: **1000**
Gender: **Female**
Age: **46**
Report Date: **January 4, 2024**

This report is based on the answers provided by Case 1 when completing the CAB, a measure designed to assess personality disorders, neuropsychological dysfunctioning, and psychopathological syndromes. Scores show how the individual compares with other people in terms of the characteristics measured by the CAB.

The CAB score interpretations contained in this report are based on psychological theory and actuarial research. Under no circumstances should they be used for clinical or policy decision-making in the absence of corroborating data such as behavioral observations, biographical information, clinical interview, current social and personal circumstances, and other psychological test results. As with any psychological test findings, they should be reviewed by a mental health professional trained in the use and interpretation of psychological test results. Use of this instrument by persons without such a background is clearly inappropriate.

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CAB Profile

		Scores			T Scores						
Scale	**Interpret**	**Raw**	**%**	**T**	**< 20**	**30**	**40**	**50**	**60**	**70**	**80 >**
Axis I											
Anxiety	Normal	57	58	52							
Depression	Normal	47	69	55							
Post-Traumatic Stress	ELEVATED	39	90	63							
Psychotic Thinking	Normal	19	58	52							
Schizophrenia	Normal	85	50	50							
Social Phobia	Normal	6	2	30							
Withdrawal	Normal	23	8	36							
Axis II											
Antisocial	Normal	84	62	53							
Avoidant	Normal	36	42	48							
Borderline	Normal	56	73	56							
Dependent	Normal	61	66	54							
Depressive	Normal	13	38	47							
Histrionic	ELEVATED	90	93	65							
Narcissistic	Normal	49	7	35							
Obsessive-Compulsive	Normal	66	21	42							
Paranoid	Normal	29	3	31							
Passive-Aggressive	ELEVATED	63	93	65							
Sadistic	Normal	20	5	34							
Schizoid	Normal	13	14	39							
Schizotypal	Normal	42	46	49							
Self-Defeating	Normal	48	79	58							

< 20   30   40   50   60   70   80 >

CAB Profile (continued)

Scale	Interpret	Raw	%	T	T Scores
Neuropsychological Dysfunction					
Overall Neuropsychological	ELEVATED	61	99	87	
Language Functions	ELEVATED	15	99	77	
Memory and Concentration	ELEVATED	26	99	82	
Neurosomatic Symptoms	ELEVATED	20	99	83	
Executive Functions of the Frontal Lobe					
Overall Executive Functions	ELEVATED	47	99	73	
Decision Difficulty	ELEVATED	22	96	67	
Planning Problems	ELEVATED	14	97	69	
Task Completion Difficulty	ELEVATED	18	97	69	
Personality Change due to Medical Condition					
Aggression	Normal	11	12	38	
Apathy	Normal	13	10	37	
Disinhibition	ELEVATED	22	98	71	
Emotional Lability	ELEVATED	24	93	65	
Paranoid	Normal	12	5	34	
Hostility					
Anger	Normal	28	38	47	
Dangerousness	Normal	26	24	43	
Impulsiveness	ELEVATED	22	97	69	
Other					
Apathy	Normal	47	31	45	
Emotional Lability	ELEVATED	35	90	63	
Indecisiveness	ELEVATED	32	98	71	
Maladjustment	Normal	131	54	51	
Introversion-Extraversion	Extraverted	77	73	56	

T Scores axis: < 20　30　40　50　60　70　80 >

Explanation of Profile Terms

Interpret　　This is a global interpretation of how a respondent relates to others on a given scale. If the respondent receives a T-score of 60 or above on a given scale, their score is considered **ELEVATED**, or above average. If a respondent receives a T-score of 59 or less, their score is considered **Normal.**

Raw Score　　This score is the number of statements the respondent endorsed for each scale. A high raw score indicates that the respondent endorsed many of the scale's statements.

% Score　　The percentile score indicates the percentage of people who completed the CAB and received a score lower than the respondent.

T Score　　This score (standardized using a mean of 50 and a standard deviation of 10) compares the respondent's raw score for each scale with those of a representative group.

CAB Responses

Item Number **Responses**

1 - 25:	4 1 4 3 3 2 1 4 3 1 1 3 3 4 1 2 1 1 4 4 2 3 1 2 4
26 - 50:	3 1 1 3 4 1 3 4 1 3 3 4 3 1 1 2 1 1 2 3 3 3 4 2 1
51 - 75:	3 1 1 1 2 1 4 2 4 3 1 3 4 4 2 4 2 3 4 1 3 1 2 2 2
76 -100:	1 1 1 1 2 1 1 2 1 1 2 1 1 3 4 3 1 2 2 1 3 4 1 1 1
101-125:	1 4 4 1 4 3 2 1 1 4 1 3 4 1 1 2 3 1 3 1 2 1 3 1 3
126-150:	4 1 2 4 3 1 4 3 2 1 1 4 4 1 3 4 4 1 1 4 1 4 2 1 3
151-175:	1 3 4 4 3 4 4 3 4 1 1 3 4 1 2 4 2 2 2 4 1 3 4 1 1
176-200:	4 1 1 4 3 2 1 1 1 3 1 3 1 2 3 3 3 2 3 1 1 1 3 1 4 2
201-225:	3 2 3 2 2 1 3 3 2 1 1 4 3 4 1 4 2 3 2 1 1 3 1 2 1

* = Unscorable Response

CAB Administrative Indices

Answer Choice Frequency	Score	T-Score	<20	30	40	50	60	70	80>
0 = No Response	0	44							
1 = Strongly False (SF)	85	60							
2 = More False than True (MF)	40	41							
3 = More Trun than False (MT)	52	51							
4 = Strongly True (ST)	48	63							

	Count	0 High
Unscorable Responses	0	

	Count	Normal	Random
Random Responding	3		

The random responding profile is within normal limits.

	Score	T-Score	Faking Bad	Normal	Faking Good
Tendency to Look Good or Bad	49	35			

The subject may be trying to look bad or may genuinely feel bad.

	Score	T-Score	Denial	Normal
Tendency to Deny Blatant Pathology	197	57		

The subject appears to be within normal limits on the Tendency to Deny Pathology scale.

Critical Items

ST   14.   I think my memory has gotten worse in the past few years.
MT   180.   I think there is something wrong with my mind.
ST   212.   I have a memory that bothers me.
ST   214.   I have many physical problems.

Drug and Alcohol Items

Drug and alcohol items were strongly denied.

Axis I - Interpretation

The following clinical issues should be addressed. The T-Score and percentile ranking next to each suggests the degree to which the person is endorsing associated symptoms and behavior.

Post Traumatic Stress Disorder   **T-Score**   **63**   **Percentile**   **90**

> The responses suggest that Case 1 experiences rapid mood changes, has trouble concentrating, has a troubling memory, feels unreal or as if in a dream, is emotionally unstable, has low frustration tolerance, is easily irritated and is easily bored.

Axis II - Interpretation

The following diagnoses should be considered. The person's T-Score and Percentile ranking is printed beside each possible diagnosis and DSM-IV code. The higher the T-score and percentile, the more likely the diagnosis.

301.50 Histrionic Personality Disorder   **T-Score**   **65**   **Percentile**   **93**

> The responses suggest that Case 1 enjoys social gatherings, likes to be perceived as sexually attractive, is dependent on others, likes social interactions, experiences strong emotional feelings, likes looking exotic, flamboyant, or dramatic, experiences rapid mood changes, likes adventurous activities, is physically affectionate, is difficult to understand, is emotionally labile, has a high need for approval, has been told that her speech is strange or vague, enjoys getting a lot of attention and admiration, craves attention, is easily influenced by others, is emotionally unstable, easily expresses emotions and tender feelings, is more emotional than others, has low frustration tolerance, places excessive importance on physical attractiveness and is emotional.

301.9 Passive-Aggressive Personality Disorder   **T-Score**   **65**   **Percentile**   **93**

> The responses suggest that Case 1 fails at tasks even when capable, works slowly or badly on unwanted tasks, is forgetful, rates personal performance higher than others do, resents other's helpful suggestions, avoids or postpones making decisions, seeks forgiveness after feeling angry, procrastinates, is occupationally irresponsible, lacks initiative, is easily irritated and is seen as not pulling her weight.

Executive Function Scales - Interpretation

Analysis of the executive function scales results in the following interpretation:

Executive Dysfunction   **T-Score**   **73**   **Percentile**   **99**

> Case 1 is reporting symptoms consistent with moderate to severe executive dysfunction.

Decision Difficulties   **T-Score**   **67**   **Percentile**   **96**

> The responses suggest that Case 1 requires others to make important decisions, is dependent on others, avoids or postpones making decisions, allows others to make important decisions, does not enjoy making decisions and lacks initiative.

Planning Problems   **T-Score**   **69**   **Percentile**   **97**

> The responses suggest that Case 1 procrastinates, dislikes making plans for vacation/leisure, is unconcerned with details, lists, and schedules and dislikes organizing.

Task Completion Difficulties   **T-Score**   **69**   **Percentile**   **97**

> The responses suggest that Case 1 fails at tasks even when capable, maintains unrealistic standards, avoids or postpones making decisions, fails to finish tasks because of organizational needs and procrastinates.

Neuropsychological Scales - Interpretation

Analysis of the neuropsychological scales results in the following interpretation:

Neuropsychological Dysfunction   **T-Score**   **87**   **Percentile**   **99**

> Case 1 is reporting symptoms consistent with a diagnosis of moderate to severe brain dysfunction. A neuropsychological evaluation may be warranted.

Language Dysfunction   **T-Score**   **77**   **Percentile**   **99**

> The responses suggest that Case 1 reports reading difficulties, reports dysarthria, is difficult to understand and has been told that her speech is strange or vague.

Memory and Concentration Impairment   **T-Score**   **82**   **Percentile**   **99**

> The responses suggest that Case 1 complains of memory problems, is forgetful, finds memorizing difficult, tends to lose her train of thought, has trouble concentrating and forgets recently learned material.

Somatic Concerns   **T-Score**   **83**   **Percentile**   **99**

> The responses suggest that Case 1 gets lost easily, has problems with balance, is concerned about her mental state, is prone to headaches and reports dizzy spells.

Personality Change Due to General Medical Condition - Interpretation

In the event that the person is showing a personality change that is the result of physiological changes related to a general medical condition, the diagnosis of Personality Change Due to a General Medical Condition (DSM 310.1) should be considered. CAB responses can be of assistance in specifying the appropriate subtype of the disorder.

If Case 1 meets the general criteria for this diagnosis, her responses suggest a subtype of: Labile.

Hostility Scales - Interpretation

The following scales may be clinically significant scores (one standard deviation or higher than the mean). T-Scores and Percentile rankings are printed beside each scale.

Impulsiveness   **T-Score**   **69**   **Percentile**   **97**

> The responses suggest that Case 1 is reckless, is assertive, quits jobs impulsively, shows low impulse control and considers herself bold.

Other Scales - Interpretation

This group of scales includes Apathy and Emotional Lability, which will only print if the scores are clinically significant (one standard deviation or higher than the mean). T-Scores and Percentile rankings are printed beside each scale.

Emotional Lability   **T-Score**   **63**   **Percentile**   **90**

The responses suggest that Case 1 has intense and unstable relationships, feels useless or helpless, experiences rapid mood changes, is emotionally labile, is emotionally unstable, is more emotional than others, has low frustration tolerance and is emotional.

Indecisiveness   **T-Score**   **71**   **Percentile**   **98**

The responses suggest that Case 1 requires others to make important decisions, fails at tasks even when capable, fears new activities, avoids or postpones making decisions, fails to finish tasks because of organizational needs, procrastinates, allows others to make important decisions, does not enjoy making decisions and lacks initiative.

Overall Maladjustment   **T-Score**   **51**   **Percentile**   **54**

Case 1 is within normal limits on this scale.

Normal Scales - Interpretation

Introversion - Extraversion   **T-Score**   **56**   **Percentile**   **73**

Case 1 is slightly extraverted.

Possible Therapy Issues

The CAB profile suggests that the following may be important issues to explore in therapy:

unstable emotions	unstable relationships
reckless	dependent
feels useless	easily frustrated
trouble concentrating	forgetful

Diagnostic Possibilities

The CAB profile indicates the following diagnostic possibilities:

Histrionic traits
Neuropsychological Dysfunction
Passive-Aggressive traits
Post-traumatic Stress Disorder