

ASSESSMENT OF STUDENTS WITH CO-MORBID DISORDERS AND MULTIPLE ELIGIBILITIES UNDER IDEIA/ADA (1.0)

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Disclosure

- My expenses for this talk are supported by Multi-Health Systems.
- I have developed tests marketed by Multi- Health Systems, Pro-Ed and Western Psychological Services.
- I have authored books marketed by Springer, Wiley, Guilford, Double Day, McGraw Hill, Brookes, Kluwer and Specialty Press.
- I am Editor in Chief of the Journal of Attention Disorders (Sage) and Co-Editor of the Encyclopedia of Child Development (Springer)

The Future



The purpose of life is to prepare
the next generation for their
future.

Survival of the Species

- Salmon and snakes are born with sufficient instincts to survive.
- Bear cubs require at least one or two years with their mother to insure survival.
- Higher primates require three or four years.
- Humans require at least ten years.

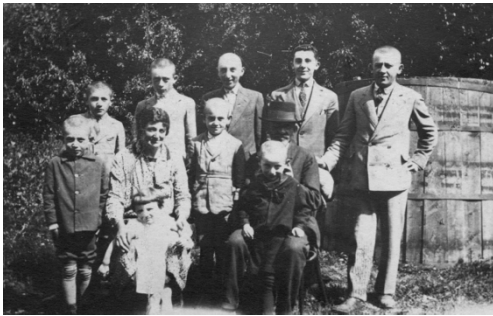
My Grandparent's Future



My Grandparent's Future



My Grandparent's Future



My Parent's Future



My Parent's Future



My Future



Preschool Graduation Part I



Preschool Graduation Part II



Goals for This Session

- Place our role as evaluators in context.
- Provide an overview of development, behavior diagnosis and eligibility.
- Discuss role of impairment in assessment.
- Discuss critical variables influencing assessment.
- Provide a framework for a comprehensive assessment.
- Review tools and methods.

I Had a Revelation in St. Augustine

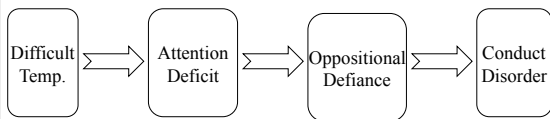
The World Operates Along a Normal
Curve!

Not surprisingly all but two things we
do as school psychologists are
dimensional!

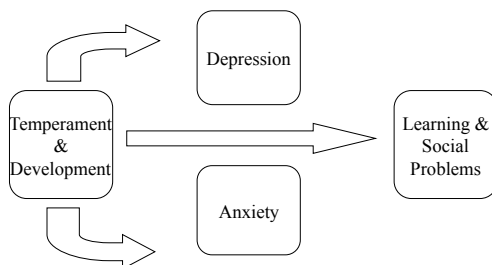
Diagnosis

Eligibility Determination

The Disruptive Continuum of Behavior



The Non-disruptive Continuum of Behavior



How distinct are these disorders from each other?

Much less so than makes me comfortable!

Attention Deficit Hyperactivity Disorder

- 44.3% of children with ADHD were also diagnosed with ODD (Cuffe et al., 2015); Kessler et al. (2014) found a lifetime prevalence of 47% for ODD.
- 13.5% of children with ADHD were also diagnosed with CD (Cuffe et al., 2015); Kessler et al. (2014) found a lifetime prevalence of 22% for CD.
- In a recent study by the CDC, 59% of children with ASD were also diagnosed with ADHD (Stevens, Peng, & Barnard-Brak, 2016)
- 2% of children with ADHD were also diagnosed with Major Depressive Disorder (Cuffe et al., 2015); Kessler et al. (2014) found a lifetime prevalence of 41% for MDD/Dysthymia. For youth with MDD, researchers have found an odds ratio for an ADHD diagnosis of *2.58 (Avenevoli, Swendsen, He, Burstein, & Merikangas, 2015).

ADHD

- In a review of the literature, researchers found prevalence estimates of LD in youth with ADHD between 8% and 76%, with a median of 47% and a mean of 45.1% across studies (DuPaul, Gormley & Laracy, 2013). In a sample of youth with SLD, Margari et al. (2013) found that 33% had comorbid ADHD.
- 6.4% of children with ADHD were also diagnosed with Generalized Anxiety Disorder, 10.2% with Separation Anxiety Disorder, and 7.6% with Social Phobia (Cuffe et al., 2015); Kessler et al. (2014) found a lifetime prevalence of 35% for any anxiety disorder

*An odds ratio (OR) is a measure of association between an exposure and an outcome. The OR represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure.

Oppositional Defiant Disorder

- For individuals with ODD, researchers have found a lifetime prevalence of 42% for Conduct Disorder (Nock, Kazdin, Hiripi, & Kessler, 2007)
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- For youth with ASD, a systematic review revealed prevalence estimates for ODD from 4% to 37% (Kaat & Lecavalier, 2013).

ODD

- For individuals with ODD, researchers have found a lifetime prevalence of 39% for Major Depressive Disorder
- (Nock, Kazdin, Hiripi, & Kessler, 2007) In a study of Finnish adolescents with ODD/CD, researchers found that 55% of girls and 65% of boys had either a reading or math disorder (Lehto-Salo, Närhi, Ahonen & Marttunen, 2009).
- For individuals with ODD, researchers have found a lifetime prevalence of 62% for any anxiety disorder (Nock, Kazdin, Hiripi, & Kessler, 2007)

Conduct Disorder

- 13.5% of children with ADHD were also diagnosed with CD (Cuffe et al., 2015); Kessler et al. (2014) found a lifetime prevalence of 22% for CD.
- For individuals with ODD, researchers have found a lifetime prevalence of 42% for Conduct Disorder (Nock, Kazdin, Hiripi, & Kessler, 2007)
- For youth with ASD prevalence estimates for CD range from 1% to 10% (Kaat & Lecavalier, 2013).

CD

- For youth with MDD, researchers have found an odds ratio for a behavior disorder (ODD or CD) diagnosis of 4.20 (Avenevoli, Swendsen, He, Burstein, & Merikangas, 2015).
- In a study of Finnish adolescents with ODD/CD, researchers found that 55% of girls and 65% of boys had either a reading or math disorder (Lehto-Salo, Närhi, Ahonen & Marttunen, 2009).
- Youth with CD are at elevated risk for anxiety disorders, with odds ratios of 3.54 for phobias, 3.27 for social anxiety, and 3.46 for generalized anxiety disorder (Marmorstein, 2007).

Autism Spectrum Disorder

- In a recent study by the CDC, 59% of children with ASD were also diagnosed with ADHD (Stevens, Peng, & Barnard-Brak, 2016)
- For youth with ASD, a systematic review revealed prevalence estimates for ODD from 4% to 37% (Kaat & Lecavalier, 2013).
- For youth with ASD prevalence estimates for CD range from 1% to 10% (Kaat & Lecavalier, 2013).

ASD

- A review of the literature revealed wide variation in the estimated rates of depression in children with ASD, ranging from 1.4% to 38% (Magnuson & Constantino, 2011).
- In a sample of children with ASD, Stacy et al., (2014) found that 75% of girls and 72% of boys had a current co-morbid learning disorder.
- Simonoff et al. (2008) found that, among children with ASD, 13% had co-morbid generalized anxiety disorder and 42% had any type of anxiety disorder.

Depression

- 2% of children with ADHD were also diagnosed with Major Depressive Disorder (Cuffe et al., 2015); Kessler et al. (2014) found a lifetime prevalence of 41% for MDD/Dysthymia. For youth with MDD, researchers have found an odds ratio for an ADHD diagnosis of 2.58 (Avenevoli, Swendsen, He, Burstein, & Merikangas, 2015).
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Depression

- A review of the literature revealed wide variation in the estimated rates of depression in children with ASD, ranging from 1.4% to 38% (Magnuson & Constantino, 2011).
- In a sample of youth with SLD, Margari et al. (2013) found that 9% had a co-morbid mood disorder.
- For youth with MDD, researchers have found an odds ratio for an anxiety disorder diagnosis of 3.96 (Avenevoli, Swendsen, He, Burstein, & Merikangas, 2015). A review indicated that 25% to 50% of youth with depression have a co-morbid anxiety disorder and 10% to 15% of youth who have an anxiety disorder have co-morbid depression (Garber & Weersing, 2010)

Learning Disorders

- In a review of the literature, researchers found prevalence estimates of LD in youth with ADHD between 8% and 76%, with a median of 47% and a mean of 45.1% across studies (DuPaul, Gormley & Laracy, 2013). In a sample of youth with SLD, Margari et al. (2013) found that 33% had co-morbid ADHD.
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- In a sample of youth with SLD, Margari et al. (2013) found that 9% had a co-morbid mood disorder.
- In a sample of youth with SLD, Margari et al. (2013) found that 29% had a co-morbid anxiety disorder.

Anxiety

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Anxiety

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Special Education Legislative History

- 1975 — The Education for All Handicapped Children Act (EAHCA) became law. It was renamed the Individuals with Disabilities Education Act (IDEA) in 1990.
- 1990— IDEA first came into being on October 30, 1990 when the "Education of All Handicapped Children Act" (itself having been introduced in 1975) was renamed "Individuals with Disabilities Education Act." (Pub. L. No. 101-476, 104 Stat. 1142). IDEA received minor amendments in October 1991 (Pub. L. No. 102-119, 105 Stat. 587).
- 1997— IDEA received significant amendments. The definition of disabled children expanded to include developmentally delayed children between three and nine years of age. It also required parents to attempt to resolve disputes with schools and Local Educational Agencies (LEAs) through mediation, and provided a process for doing so. The amendments authorized additional grants for technology, disabled infants and toddlers, parent training, and professional development. (Pub. L. No. 105-17, 111 Stat. 37).

Special Education Legislative History

- 2004— On December 3, 2004, IDEA was amended by the Individuals With Disabilities Education Improvement Act of 2004, now known as IDEIA. Several provisions aligned IDEA with the No Child Left Behind Act of 2001, signed by President George W. Bush. It authorized fifteen states to implement 3-year IEPs on a trial basis when parents continually agree. Drawing on the report of the President's Commission on Excellence in Special Education,[46] the law revised the requirements for evaluating children with learning disabilities. More concrete provisions relating to discipline of special education students was also added. (Pub. L. No. 108-446, 118 Stat. 2647).
- 2009— Following a campaign promise for "funding the Individuals with Disabilities Education Act", [47] President Barack Obama signed the American Recovery and Reinvestment Act of 2009 (ARRA) on February 17, 2009, including \$12.2 billion in additional funds.
- 2009— Americans with Disabilities Amendments Act was signed into law in September 2008 and became effective on January 1, 2009

IDEA

The Individuals with Disabilities Education Act (IDEA) is a four-part piece of Federal legislation ensuring students with a recognized disability are provided with Free Appropriate Public Education (FAPE) tailored to their individual needs.

IDEA was previously known as the Education for All Handicapped Children Act (EHA) from 1975 to 1990. In 1990, the United States Congress reauthorized EHA and changed the title to IDEA (Public Law No. 94-142). Overall, the goal of IDEA is to provide children with disabilities the same opportunity for education as those students who do not have a disability.

IDEA

IDEA is composed of four parts:
Part A covers the general provisions of the law.

Part B covers assistance for education of all children with disabilities.

Part C covers infants and toddlers with disabilities which includes children from birth to age three.

Part D is the national support programs administered at the federal level. Each part of the law has remained largely the same since the original enactment in 1975.

Six Foundations of IDEA

- Individualized Education Program
- Free Appropriate Public Education
- Least Restrictive Environment
- Appropriate Evaluation
- Parent and Teacher Participation
- Procedural Safeguards

IDEA

The first legislation which provided relief was the Rehabilitation Act of 1973. Congress then enacted the Education for All Handicapped Children Act to alleviate the financial burden created by litigation pursuant to the Rehabilitation Act.

Public schools were required to evaluate handicapped children and create an educational plan with parent input that would emulate as closely as possible the educational experience of non-disabled students.

IDEA

Students should be placed in the least restrictive environment-one that allows the maximum possible opportunity to interact with non-impaired students.

Separate schooling may only occur when the nature or severity of the disability is such that instructional goals cannot be achieved in the regular classroom.

Finally, the law contains a due process clause that guarantees an impartial hearing to resolve conflicts between the parents of disabled children to the school system.

IDEA

Children are placed in special education services through an evaluation process. If the evaluation is not appropriately conducted, or does not monitor the information that is needed to determine placement it is not appropriate.

The goal of IDEA's regulations for evaluation is to help minimize the number of misidentifications, to provide a variety of assessment tools and strategies, to prohibit the use of any single evaluation as the sole criterion of which a student is placed in special education services, and to provide protections against evaluation measures that are racially or culturally discriminatory.

Overall, the goal of appropriate evaluation is to get students who need help, extra help that is appropriate for the student and helps that specific student to reach his or her goals set by the IEP team

Eligible

adjective

having the right to do or obtain something; satisfying the appropriate conditions.

"customers who are eligible for discounts"

synonyms: entitled, permitted, allowed, qualified, able

"those people eligible to vote"

(of a person) desirable or suitable as a partner in marriage.

"the world's most eligible bachelor"

synonyms: desirable, suitable;

Diagnosis

Medicine/Medical.

the process of determining by examination the nature and circumstances of a diseased condition.

the decision reached from such an examination.

Eligibilities Under The School Psychologist's Direct Consideration

- Emotional Disturbance (depression/anxiety related conditions, social impairments, schizophrenia)
- Autism
- Language
- Intellectual
- Specific Learning Disorder
- Other Health Impairment (ADHD)

Eligibilities Under The School Psychologist's Indirect Consideration

- Other Health Impairment (e.g. diabetes)
- Orthopedics
- Hearing
- Vision

California

§ 3030. Eligibility Criteria.

5 CA ADC § 3030 BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
Title 5. Education
Division 1. California Department of Education
Chapter 3. Individuals with Exceptional Needs
Subchapter 1. Special Education
Article 3.1. Individuals with Exceptional Needs

(7) Multiple disabilities means concomitant impairments, such as intellectual disability-blindness or intellectual disability-orthopedic impairment, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. "Multiple disabilities" does not include deaf-blindness.

(6) Intellectual disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

Colorado

A child with Multiple Disabilities shall have two or more areas of significant impairment, one of which shall be an intellectual disability. The other areas of impairment include: Orthopedic Impairment; Visual Impairment, Including Blindness; Hearing Impairment, Including Deafness; Speech or Language Impairment; Serious Emotional Disability; Autism Spectrum Disorders; Traumatic Brain Injury; or Other Health Impaired. The combination of such impairments creates a unique condition that is evidenced through a multiplicity of severe educational needs which prevent the child from receiving reasonable educational benefit from general education

New Jersey

"Multiply disabled" corresponds to "multiply handicapped" and "multiple disabilities," and means the presence of two or more disabling conditions, the combination of which causes such severe educational needs that they cannot be accommodated in a program designed solely to address one of the impairments.

Multiple disabilities includes cognitively impaired-blindness, cognitively impaired-orthopedic impairment, etc. The existence of two disabling conditions alone shall not serve as a basis for a classification of multiply disabled. Eligibility for speech-language services as defined in this section shall not be one of the disabling conditions for classification based on the definition of "multiply disabled." Multiply disabled does not include deaf-blindness.

Maryland

"Multiple disabilities" means concomitant impairments, such as intellectual disability-blindness or intellectual disability-orthopedic impairment, the combination of which causes such severe educational problems that the student cannot be accommodated in special education programs solely for one of the impairments. (b) "Multiple disabilities" does not include students with deaf-blindness.

Determining eligibility is an outcome best understood and obtained by a through assessment.

We Are the First Congress on Defining Mental Illness (circa 1820)



How Shall We Understand, Define and Categorize Mental Illness?

- By etiology or cause?
- By emotions, behaviors and thoughts?
- By impaired function in activities of life?

What is the Goal of a Comprehensive Evaluation?

- Identify and define symptoms?
- Identify and define strengths and weaknesses?
- Appreciate the relationship of a set of symptoms to a unitary condition?
- Meet eligibility criteria?
- Define limits of functional impairment to set a baseline for intervention?

Components of a Thorough Assessment

- History
- Broad Spectrum Questionnaires (Parent and Teacher)
- Narrow Spectrum Questionnaires (Parent and Teacher)
- Self report Questionnaires
- Ability Assessment
- Achievement Assessment
- Clinical Assessment (e.g ASD, personality, etc.)
- Interview with student

General Guidelines for a Comprehensive School Psychology Evaluation

- A distinction should be made between acute vs. chronic problems.
- Assessment should be strength focused.
- Test results should be presented in ways that are useful to consumers (e.g. family, school, etc.).
- The least amount of assessment needed to answer referral questions should be completed.

Person Attributes Associated With Successful Coping*

- Affectionate, engaging temperament.
- Sociable.
- Autonomous.
- Above average IQ.
- Good reading skills.
- High achievement motivation.
- Positive self-concept.
- Impulse control.
- Internal locus of control.
- Planning skills.
- Faith.
- Humorous.
- Helpfulness.

* Replicated in 2 or more studies

Environmental Factors Associated With Successful Coping*

- Smaller family size.
- Maternal competence and mental health.
- Close bond with primary caregiver.
- Supportive siblings.
- Extended family involvement.
- Living above the poverty level.
- Friendships.
- Supportive teachers.
- Successful school experiences.
- Involvement in pro-social organizations.

*Replicated in 2 or more studies.

The pathways that lead to positive adaptation despite high risk and adversity are complex and greatly influenced by context therefore it is not likely that we will discover a magic (generic) bullet.

Critical Issues

- Demographics
- Symptoms vs. consequences
- Categories vs. dimensions
- Eligibility vs. diagnosis
- Developmental pathways: accept a moment in time
- There are no shortcuts
- Assess the environment

Critical Issues

- Assess for intervention
- Understand positive and negative predictive power
- Understand sensitivity vs. specificity
- Begin with the disruptive/non-disruptive continuum
- Keep low incidence problems in mind
- Consider resilience (protective) factors
- Measure impairment



Why is the assessment of impairment critical to a comprehensive evaluation?

RSI UNIVERSITY MHS

Why is direct observation (e.g. FuBA) so critical for school based assessment?

An exhaustive review of the literature demonstrates that the relationship between symptoms and functioning remains unexpectedly weak and often bidirectional (McKnight and Kashdan, 2009).

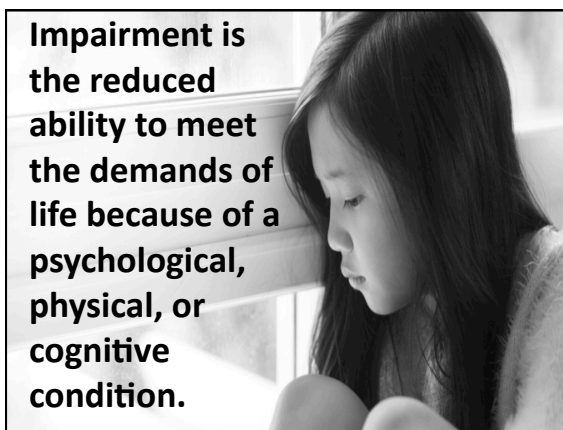
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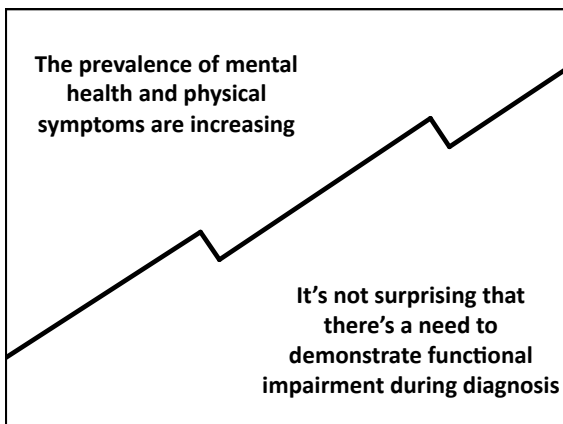
- Clinicians are required to demonstrate the impact psychological and psychiatric diagnoses have on children and adults.
- There is a clear need to measure "impairment" when using the IDEIA, Diagnostic and Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Diseases (ICD) as a guide to eligibility determination and/or diagnosis.
- The need to measure impairment is increasing.

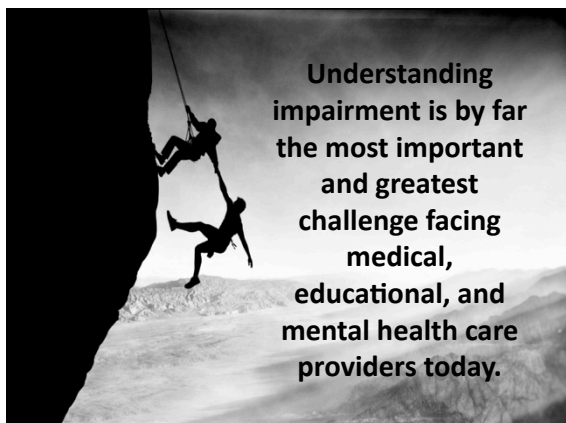
Given trends demonstrating an increased incidence of mental health and physical symptoms across the population (Castle, Aubert, Verbrugge, Khalid, & Epstein, 2007), it is not unexpected that there is an increasing need to demonstrate functional impairment as part of a diagnostic process for medical, mental health and even educational conditions.

Understanding impairment is by far the most important and greatest challenge facing medical, educational, and mental health care providers today.











SYMPTOMS VS. IMPAIRMENT
 Impairment is not the same as symptoms

- ☐ Symptoms are physical, cognitive or behavioral **manifestations** of a disorder.
- ☐ Impairments are the functional **consequences** of these symptoms.



Inattention



Difficulty completing homework

SYMPTOMS VS. IMPAIRMENT

Impairment can exist absent of formal diagnosis.
 (Balazs et al., 2013; Wille et al., 2008)

In one study 14.2% of a sample of children were significantly impaired without a formal diagnosis.
 (Angold et al., 1999)



IMPAIRMENT VS. ADAPTIVE BEHAVIOR

A skill deficit occurs when a person does not know how to perform an everyday task, whereas a deficit in performance occurs when an individual has acquired a skill, yet does not seem to use it when needed.

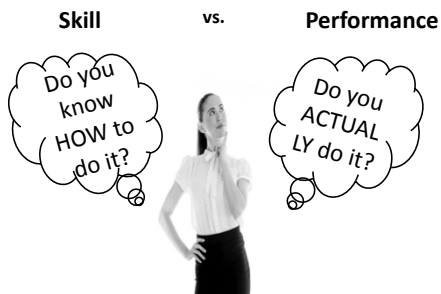
(Ditterline & Oakland, 2009)

IMPAIRMENT VS. ADAPTIVE BEHAVIOR

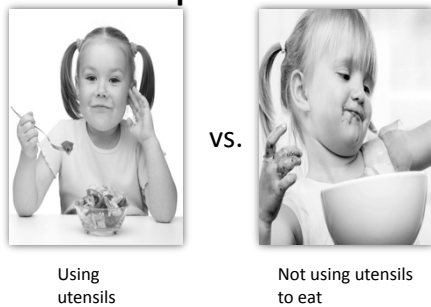
Thus, while measures of adaptive behavior emphasize the presence of adaptive skills in daily functioning, measures of functional impairment tend to emphasize the outcome of a behavior or the performance of an individual rather than the presence or absence of the skill.

Ditterline & Oakland (2009);
Dumas et al. 2010);
Gleason & Coster (2012)

Adaptive Behavior vs. Impairment



Adaptive Behavior vs. Impairment



IMPAIRMENT VS. ADAPTIVE BEHAVIOR

- Adaptive behavior is a collection of social, practical and conceptual knowledge needed for daily functioning.
- Main difference is between **knowledge** and **performance**.
- Adaptive behavior is often linked with intellectual disability.
- RSI validity studies find minimal relation with intellectual ability.



Holding a fork



Not using fork to eat

Child with a Disability

IDEIA defines this term as follows:

- (a) **General.** (1) Child with a disability means a child evaluated in accordance with §§300.304 through 300.311 as having an intellectual disability**, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

Child with a Disability

IDEIA defines this term as follows:

- (2)(i) Subject to paragraph (a)(2)(ii) of this section, if it is determined, through an appropriate evaluation under §§300.304 through 300.311, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is not a child with a disability under this part.

Americans With Disabilities Act

January 05, 2012 ADA Regulations: What is a Mental Impairment?

How can you be sure you’re meeting ADA regulations for workers with mental conditions? Medically speaking, the term “mental illness” describes a plethora of mental and emotional disorders ranging from mild anxiety to more serious conditions that significantly interfere with major life activities such as learning, working, and simply communicating with others. Legally speaking, “mental illness” isn’t quite as easy to define, yet under the ADA, employers are expected to reasonably accommodate employees who fall into this ambiguous category.

Vocational Impairment

The individual has a significant **vocational impairment**; that is, a significant **impairment** of the ability to prepare for, obtain, or keep employment in an occupation consistent with his or her abilities, aptitudes, and interests, considering the factors described in §21.50 and paragraph (b) of this section.

§21.52
www.benefits.va.gov/.../s21_5... United States Department of Veterans Affairs

Symptoms vs. Impairment

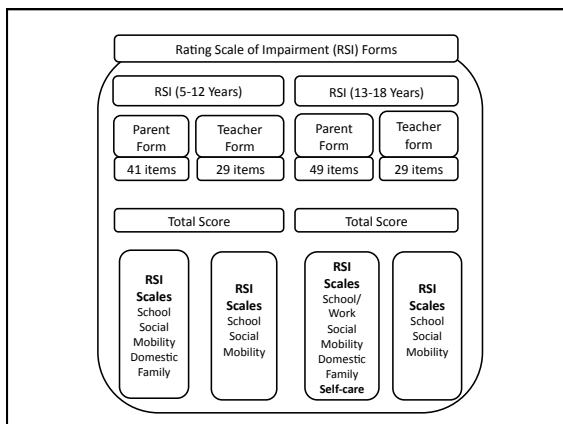


Inattention

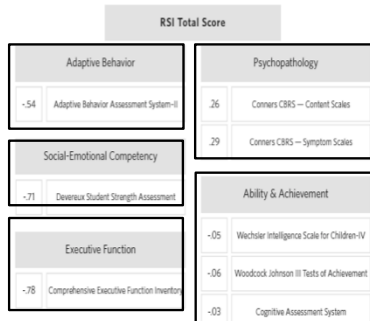
VS.



Difficulty completing homework

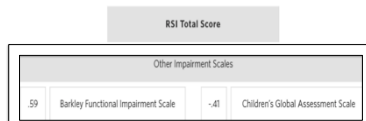


Relationship Between The RSI And Other Measures



Relationship Between The RSI And Other Impairment Measures

- RSI and the Barkley Functional Impairment Scale (BFIS-CA)
 - Child Sample corrected $r = .55$ to $.67$
 - Youth Sample corrected $r = .63$ to $.71$
- RSI and the Children's Global Assessment Scale (CGAS)
 - Corrected $r = -.34$ to $-.51$



Do Children Care What We Think?

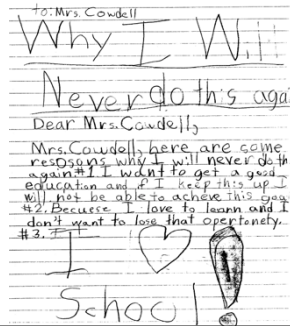
Part I

to Mrs. Cowdell
 Dear Mrs. Cowdell,
 I am writing you this letter
 I'm just asking if you
 can forgive me for talking back
 to you. I know what I did was very
 wrong and I wanted to ap-
 ologize. It's just that well, it's just that I
 just a kid and kids make mistakes but
 I'm sure you knew that Mrs. Cowdell
 what I'm trying to say is that I'm very
 very, very, sorry.

Sincerely
 Drew

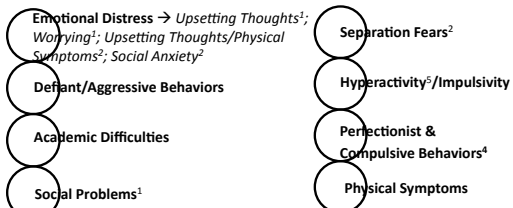
Do Children Care What We Think?

Part II



Begin with history, impairment measure and a broad spectrum rating like the Conners Behavior Rating Scale

Content: Scales & Subscales



¹ Within Emotional Distress scale on Conners CBRS-P; ² Within Emotional Distress scale on Conners CBRS-T; ³ Subscale of Academic Difficulties scale; ⁴ Scale on Conners CBRS-P & CBRS-T forms only; ⁵ Scale on Conners CBRS-T form only.

DSM Scales

ADHD Inattentive	Major Depressive Disorder	Generalized Anxiety Disorder
ADHD Hyperactive-Impulsive	Manic Episode	Separation Anxiety Disorder
ADHD Combined	Mixed Episode	Social Phobia
Conduct Disorder	Autism Spectrum Disorder	Obsessive-Compulsive Disorder
Oppositional Defiant Disorder		

*Scale on Conners CBRS-P & CBRS-T forms only.

Other Clinical Indicators

Bullying Perpetration	Pica ²
Bullying Victimization	Post-Traumatic Stress Disorder
Enuresis/Encopresis ¹	Specific Phobia
Panic Attack	Tics
Pervasive Developmental Disorder ³	Trichotillomania

* Scale Conners CBRS-P & CBRS-T forms only; ² Scales on Conners CBRS-P & CBRS-SR forms only; ³ Scales on Conners CBRS-SR form only.

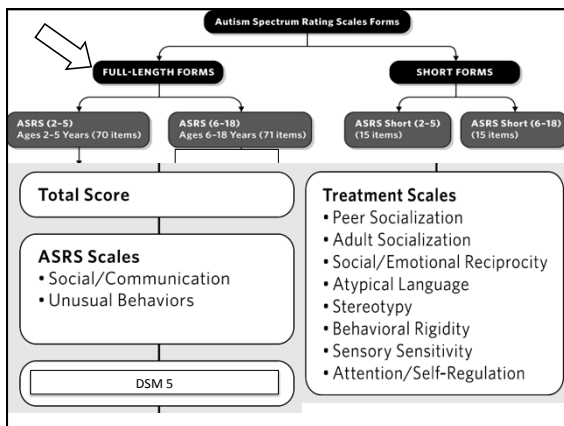
Obtain a Thorough History

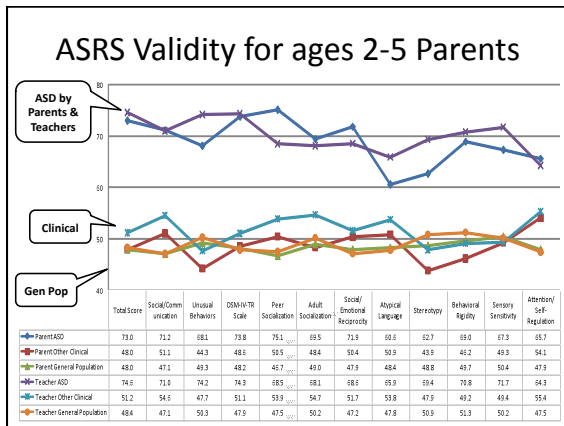
- Immediate and extended family risks.
- Pregnancy and delivery
- Infancy and toddlerhood (temperament)
- Preschool and school history
- Socialization
- Family relations
- Sleep, appetite and hygiene
- Past treatments or educational services
- Discipline
- Situational problems

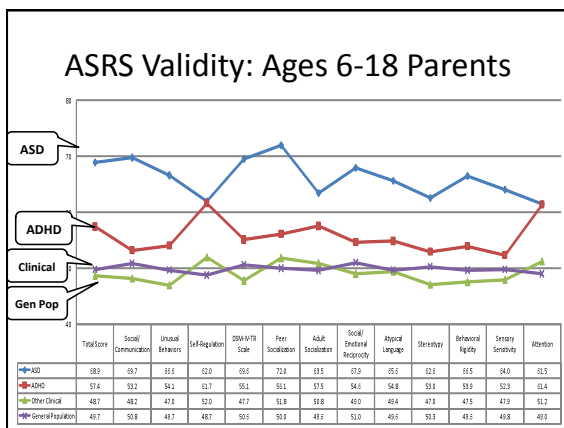
Decide on Narrow Spectrum Questionnaires

- Anxiety
- Depression
- Autism Spectrum
- Resilience
- Executive Functioning
- Personality

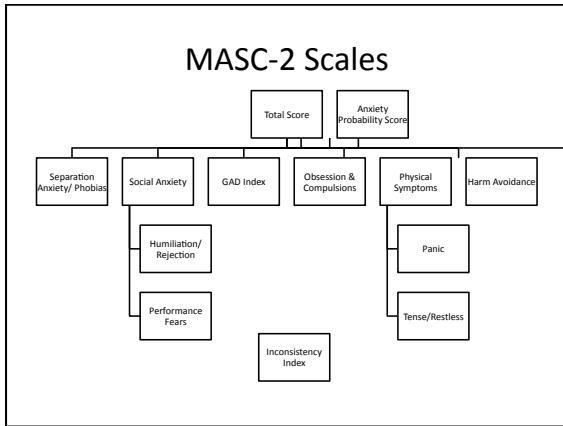
Autism Spectrum

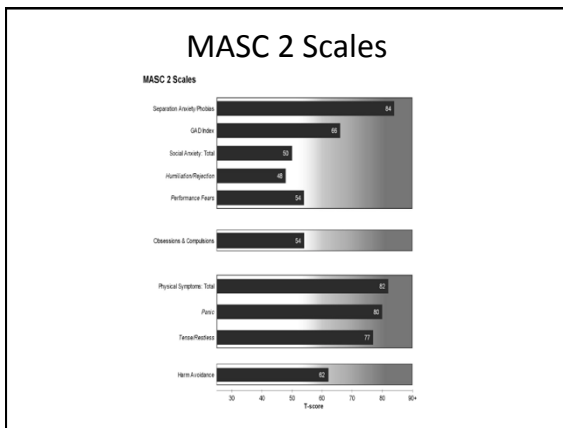






Anxiety



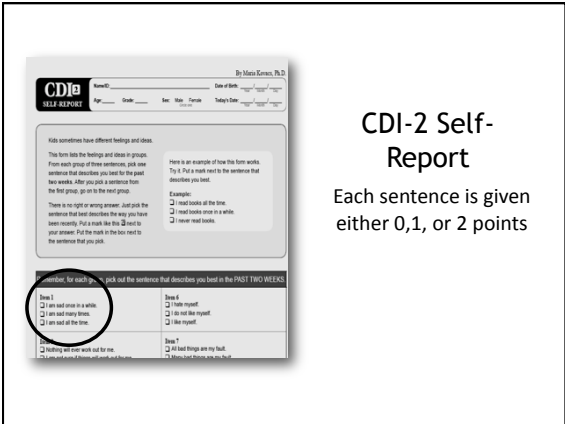


Depression

```
graph TD; A[Total Score  
(all 28 items)] --> B[Emotional Problems  
(15 items)]; A --> C[Functional Problems  
(13 items)]; B --> D[Negative Mood/  
Physical Symptoms  
(9 items)]; B --> E[Negative Self-Esteem  
(6 items)]; C --> F[Interpersonal Problems  
(5 items)]; C --> G[Ineffectiveness  
(6 items)];
```

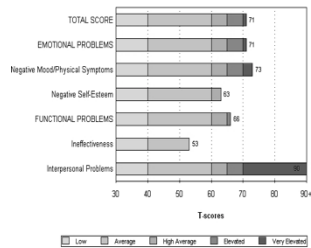
Scale Structure: Self-Report (Full Length)

- Total Score (all 28 items)
 - Emotional Problems (15 items)
 - Negative Mood/Physical Symptoms (9 items)
 - Negative Self-Esteem (6 items)
 - Functional Problems (13 items)
 - Interpersonal Problems (5 items)
 - Ineffectiveness (6 items)



Each sentence is given
either 0,1, or 2 points

CDI Profile



Executive Functioning

CEFI Scales

Each form yields a **Full Scale** score and 9 separate content scales which contain items as follows...

Consistency Index
Negative Impression Scale
Positive Impression Scale

Full Scale

CEFI Scales
Attention
Emotion Regulation
Flexibility
Inhibitory Control
Initiation
Organization
Planning
Self-Monitoring
Working Memory

Group Differences: ADHD

(Naglieri & Goldstein, 2013)

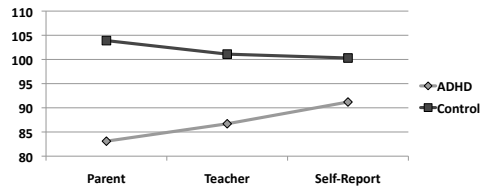


Table 8.19 Differences Between ADHD and Matched General Population Samples: CEFI Full Scale

Form		ADHD	Matched Gen. Pop.	d-ratio	F (df)	P
Parent	M	88.1	103.8	-1.59	216.56 (1, 340)	< .001
	SD	13.6	13.0			
	N	171	171			
Teacher	M	86.7	101.1	-1.07	79.93 (1, 278)	< .001
	SD	13.5	13.5			
	N	138	142			
Self-Report	M	91.2	100.8	-0.62	22.21 (1, 232)	< .001
	SD	14.7	14.7			
	N	117	117			

Group Differences: ASD

(Naglieri & Goldstein, 2013)

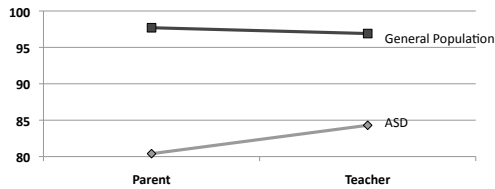


Table 8.20 Differences Between ASD and Matched General Population Samples: CEFI Full Scale

Form		ASD	Matched Gen. Pop.	d-ratio	F (df)	P
Parent	M	80.4	97.7	-1.41	48.96 (1, 96)	< .001
	SD	12.2	12.2			
	N	48	50			
Teacher	M	84.3	96.9	-0.99	23.11 (1, 92)	< .001
	SD	12.7	12.7			
	N	47	47			

Group Differences: Learning Disabilities

(Naglieri & Goldstein, 2013)

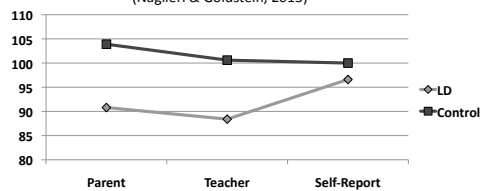


Table 8.22 Differences Between LD and Matched General Population Samples: CEFI Full Scale

Form		LD	Matched Gen. Pop.	d-ratio	F (df)	P
Parent	M	90.8	103.9	-0.92	19.89 (1, 93)	< .001
	SD	14.4	14.4			
	N	47	48			
Teacher	M	88.4	100.6	-0.91	37.29 (1, 178)	< .001
	SD	13.4	13.4			
	N	90	90			
Self-Report	M	96.6	100.0	-0.21	1.45 (1, 126)	0.231
	SD	15.9	15.9			
	N	64	64			

Group Differences: Mood Disorders

(Naglieri & Goldstein, 2013)

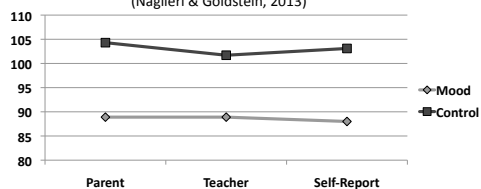


Table 8.21 Differences Between Mood Disorder and Matched General Population Samples: CEFI Full Scale

Form		Mood Disorder	Matched Gen. Pop.	d-ratio	F(df)	p
Parent	M	88.9	104.3	-1.11	22.66 (1, 71)	< .001
	SD	13.8	13.8			
	N	36	37			
Teacher	M	88.9	101.7	-1.01	14.9 (1, 57)	< .001
	SD	12.8	12.8			
	N	29	30			
Self-Report	M	88.0	103.1	-1.09	16.34 (1, 53)	< .001
	SD	13.9	13.9			
	N	27	28			

Resilience

Efforts to Measure Resilience in Clinical Practice

- Devereux Elementary Student Strength Assessment (81 item rating scale).
- Devereux Early Childhood Assessment. (45 items).
- Resiliency Scales for Children and Adolescents (60 + item rating scales).
- Psychological Resilience Scale (25 items).

Risk and Resilience Scales

RESILIENCE QUOTIENT
ADVERSE OUTCOMES QUOTIENT
ACADEMIC
SOCIAL
VOCATIONAL
MENTAL HEALTH
INTERNALIZING
EXTERNALIZING
PROTECTIVE FACTORS QUOTIENT
FAMILY
SOCIAL
COMMUNITY
TEMPERAMENT
TRANSITIONS
TIMING

RELATIONSHIPS
PEERS
ADULTS
SELF REGULATION
EXECUTIVE FUNCTION
RISK TAKING
MOOD REGULATION
ANTISOCIAL
SEXUAL
ALCOHOL
SUBSTANCE

Ability and Achievement

PASS Theory

- **PASS** theory is a modern way to define 'ability' based on measuring neurocognitive abilities
- **P**lanning = THINKING ABOUT THINKING
- **A**ttention = BEING ALERT
- **S**imultaneous = GETTING THE BIG PICTURE
- **S**uccessive = FOLLOWING A SEQUENCE

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What is a Neuropsychological Ability?

- We must assess ability, achievement (knowledge) and skill separately.
- Assess achievement with tests that adequately evaluate the domain of interest (e.g., reading, math, etc.).
- Assess neuropsychological abilities using tasks free of academic content and related knowledge.
- Assess skill in real world activities.

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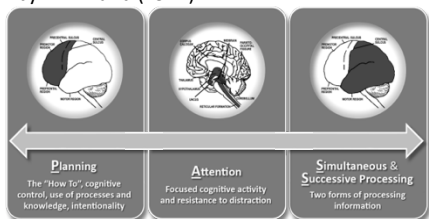
Ability or Knowledge?

- What does the student have to **know** to complete a task?
 - This is dependent on *instruction*
- How does the student have to **think** to complete a task?
 - This is dependent on the *brain* – **PASS**
- We must assess ability and achievement separately



The Brain as PASS

PASS: A neuropsychological approach to the Brain based on three Functional Units described by A. R. Luria (1972)



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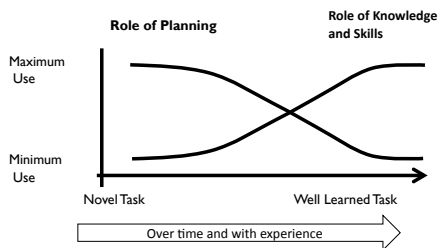
PASS Theory: Planning

- **Planning** is a neurocognitive ability that a person uses to determine, select, and use efficient solutions to problems
- problem solving
 - developing plans and using strategies
 - retrieval of knowledge
 - impulse control and self-control
 - control of processing

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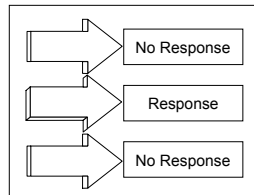
Knowledge and Planning Learning Curves

- Learning depends upon instruction and intelligence (PASS)
- At first, PASS plays a major role in learning
- When a new task is learned and practiced it becomes a skill and execution requires less PASS



PASS Theory

- **Attention** is a basic neurocognitive ability we use to selectively attend to some stimuli and ignores others
- focused cognitive activity
 - selective attention
 - resistance to distraction



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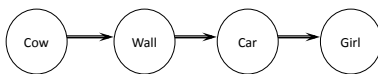
PASS Theory

- **Simultaneous** processing is a basic neurocognitive ability which we use to integrate stimuli into groups and solve problems
- - Stimuli are seen as a whole
 - Each piece must be related to the others

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PASS Theory: Successive

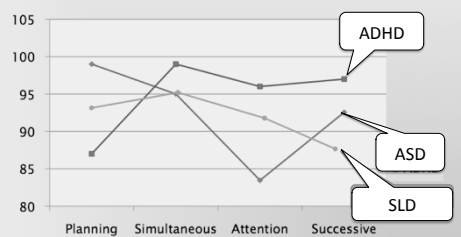
- ▶ **Successive** processing is a basic neurocognitive ability which we use to manage stimuli in a specific serial order
- Stimuli form a chain-like progression
- Stimuli are not inter-related



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Ability Profiles

PASS Processing Scores

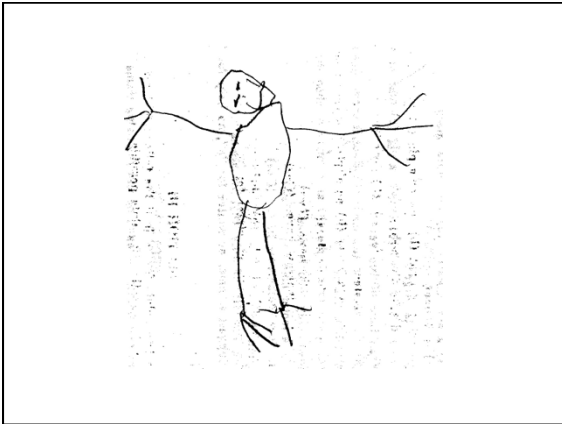


Examples of Planning, Successive and Attention Weaknesses

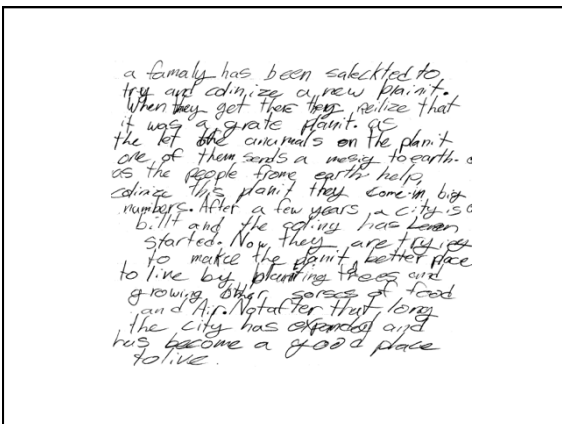
Gregory

Wnts ther was a big Spashutl
and > Mooru litl Spashutl and thay
Wr going to the Wrld.
and tha deestrod the Wrld.
but thar Wr Peepi trieing to Kill
the Xspashutl. tha Kamfon vtrspas.
they Wr > mor peepi and 2 anmls.
and thay Wr fottrax. thadedit ne
vtr. and thay bull the Sun. Dnd
all the vtrc plants. and thas >
peepi. Wvn dnd the vtrc anmb
a plg and rustic and all the
vtrc Spash. the spatseps Wr
Srea all vtr the plas. and
thay had to pck up evreethng.
and tha had to tak all the
alleen and Kleenup evreethng.

once a land time
then wes a spashut That flow
Down to erth and anemls
wr on it. PePol came to
see the anemls. tha dat
feen with thar. But ther
wes the teing is tas
anemls wr robots and
the robots cam down
to rth to grt kids
and fak them to torol planit
wer tha will be fastrom in
to robots. but the PePol didnt
no that. she serie later
all of the anemls wr gay
and the cabin
wer gom too. later das
later the bid weat
sick and the
sick didnt more
dnt the boat sick
didnt now about the
cabin and the
sick did baby
evrethng.







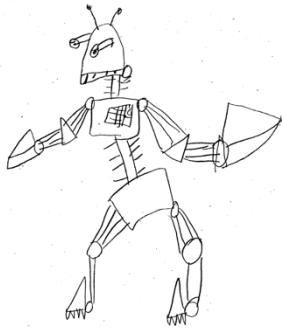
a family has been selected to
try and colonize a new planet.
When they get there they realize that
it was a great planet. As
the first colonists on the planet
one of them sends a message to earth
as the people from earth help
colonize this planet they come in big
numbers. After a few years a city is
built and the colony has been
started. Now they are trying
to make the planet better place
to live by planting trees and
growing other sources of food
and air. Not after that long
the city has expanded and
has become a good place
to live.

Examples of Simultaneous Weaknesses

Summary (25 lines)
 I have this Oxford guy learning
 Squeezing such a little bit of
 hit by a computer and blew
 of into billions of views and
 all the stuff was in it.
 Oxford is boring, it could
 be home creating homework
 done instead of this gay place
 I would be playing nintendo.
 Why can't I come at 5:00 pm.
 In the morning, and I could
 get my homework done and
 play with my friends. I don't
 don't have any food in the
 store. This is stupid. I
 only get 100 or 50 tons.
 I work so hard I think
 I should get 400 tons
 each. I should come
 here. The Manager or boss
 of Oxford learning crap should
 give all the money
 to me. I'm serious.

We have lots of pets we live
 at mars. One day we say "We've
 never even took one foot off
 this planet lets go on a trip
 and that means a long one. so
 everyone got in there one ship
 and decided to go to earth.
 They thought it was so great
 that they would live there but
 they still did miss the fact of
 being able to float.

I got the chance of for 1 week, it was a big change for me. On difference was that instead of a little puppy for a pet they would have a dog robot! Everything was electrified there. I even met an Alien, ~~ma~~ named Happy Alien! And I made a cool new best friend there, her name was Lacey. I know all of you would love it!



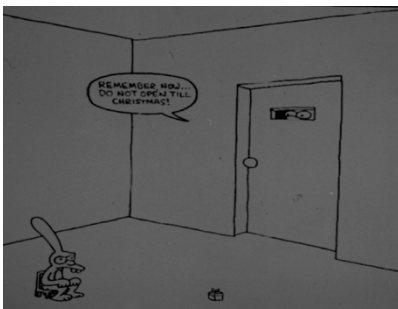
wrt out at
 5:45 PM to the
 in a room
 to 5:45 PM
 it was fun
 but sat
 with a yellow and
 sit was about to
 go there at 8:00 to
 be core as
 but the sun was mid!
 at 5:45 PM

Gregory
 Wnts ther was a big Spashutl
 and 7 Mooru lifl Spashutl and thay
 Wf going to the Wld.
 and tha deestrod the Wld.
 but thar Wf peepf trying to Kill
 the 7 Spashutl. tha Kamfon vtrspas.
 they Wf 7 mor peepf and 2 anmils.
 and thay Wf foftrax. thadedit no
 Wf. and thay bull the Sun. On
 all the vtrc plans. and thos 7
 peepf WfN and the vtrcannb
 a pig and rustic and all the
 vthe Spash. the Spashsps Wf
 Sred all vtr the plas. and
 thay had to pekup evreethng.
 and tha had to tak all the
 alleen and Kleenup evreethng.

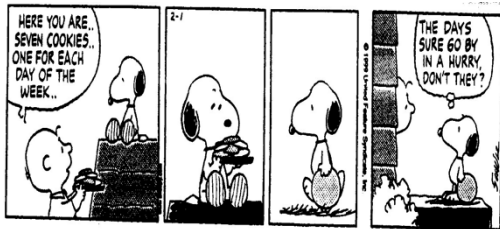
Organizing the Data

- A day in the life.
- Ability/Knowledge/Skill
- Protective factors
- Determining eligibility
- Suggesting possible diagnoses
- Recommending needs
- Considering continuum of services

Linguistic Competence, Self-control and a
 Resilient Mindset are the Keys to a Successful
 Life



Self-control is Important For All
Species!



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SWIM MINDSET!

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www.MHS.com

TEDx

Sam Goldstein, Ph.D.
sam@samgoldstein.com

The Power Of Resilience

https://www.youtube.com/watch?v=s1fw8JJ-eWM&feature=youtu.be_gdata

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— A —

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