My Theory

- When a person decides that a permanent solution to their temporary problems is their only option.
- When a path to fame can no longer be envisioned and a path to infamy is embraced.
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 am Editor in Chief of the Journal of Attention Disorders (Sage) and Co-Editor of the Encyclopedia of Child Development (Springer)

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

Difficult Temp
Attention Deficit
Oppositional Defiance
Conduct Disorder

The Non-disruptive Continuum of Behavior

Temperament & Development
Depression
Learning & Social Problems
Anxiety
How distinct are these disorders from each other?

Much less so than makes me comfortable!

### Co-Morbidity

<table>
<thead>
<tr>
<th>Disorder</th>
<th>ADHD</th>
<th>ODD</th>
<th>CD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADHD</strong></td>
<td>44.3% of children with ADHD were also diagnosed with ODD (Cuiff et al., 2013). Kessler et al. (2014) found a lifetime prevalence of 47% for ODD.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ODD</strong></td>
<td>13.5% of children with ADHD were also diagnosed with CD (Cuiff et al., 2013). Kessler et al. (2014) found a lifetime prevalence of 22% for CD.</td>
<td>For individuals with ODD, researchers have found a lifetime prevalence of 42% for Conduct Disorder (Nock, Kanin, Hiripi, &amp; Kessler, 2007).</td>
<td></td>
</tr>
<tr>
<td><strong>CD</strong></td>
<td>In a recent study by the CDC, 59% of children with ASD were also diagnosed with ADHD (Streissl, Peng, &amp; Bernard-Link, 2016).</td>
<td>For youth with ASD, a systematic review revealed prevalence estimates for ODD from 4% to 37% (Kaut, Lecavalier, 2013).</td>
<td>For youth with ASD, prevalence estimates for CD range from 1% to 10% (Kaut &amp; Lecavalier, 2013).</td>
</tr>
<tr>
<td><strong>ASD</strong></td>
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<td></td>
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</tr>
</tbody>
</table>
Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (ED). Section 504 provides: “No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . .”

The Section 504 regulations require a school district to provide a “free appropriate public education” (FAPE) to each qualified student with a disability who is in the school district’s jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student’s individual educational needs as adequately as the needs of nondisabled students are met.
Section 504 prohibits discrimination on the basis of disability in programs or activities that receive Federal financial assistance from the U.S. Department of Education. Title II prohibits discrimination on the basis of disability by state and local governments. The Office of Special Education and Rehabilitative Services (OSERS), also a component of the U.S. Department of Education, administers the Individuals with Disabilities Education Act (IDEA), a statute which funds special education programs. Each state educational agency is responsible for administering IDEA within the state and distributing the funds for special education programs. IDEA is a grant statute and attaches many specific conditions to the receipt of Federal IDEA funds. Section 504 and the ADA are anti-discrimination laws and do not provide any type of funding.

Six Foundations of IDEA

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

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.
<table>
<thead>
<tr>
<th>Eligibilities Under The School Psychologist’s Direct Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Emotional Disturbance (depression/anxiety related conditions, social impairments, schizophrenia)</td>
</tr>
<tr>
<td>• Autism</td>
</tr>
<tr>
<td>• Language</td>
</tr>
<tr>
<td>• Intellectual</td>
</tr>
<tr>
<td>• Specific Learning Disorder</td>
</tr>
<tr>
<td>• Other Health Impairment (ADHD)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibilities Under The School Psychologist’s Indirect Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Other Health Impairment (e.g. diabetes)</td>
</tr>
<tr>
<td>• Orthopedics</td>
</tr>
<tr>
<td>• Hearing</td>
</tr>
<tr>
<td>• Vision</td>
</tr>
</tbody>
</table>

Determining eligibility is an outcome best understood and obtained by a through assessment.
### 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
Ability
Knowledge
Skill

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.
- Helpful.

* 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?

An exhaustive review of the literature demonstrates that the relationship between symptoms and functioning remains unexpectedly weak and often bidirectional (McKnight and Kashdan, 2009).
Impairment is the reduced ability to meet the demands of life because of a psychological, physical, or cognitive condition.

**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.

**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)
Adaptive Behavior vs. Impairment

Skill vs. Performance

Do you know HOW to do it?

Do you ACTUALLY do it?

Adaptive Behavior vs. Impairment

Using utensils vs. Not using utensils to eat

Child with a Disability: IDEA 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, another 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)(ii) 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.

Symptoms vs. Impairment

Inattention vs. Difficulty completing homework

Rating Scale of Impairment (RSI) Forms

- RSI (5-12 Years)
  - Parent Form: 41 items
  - Teacher Form: 29 items

- RSI (13-18 Years)
  - Parent Form: 49 items
  - Teacher Form: 29 items

Total Score

RSI Scales
- School
- Social
- Mobility
- Domestic
- Self-care
Relationship Between The RSI And Other Measures

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

Content: Scales & Subscales

Emotional Distress → Upsetting Thoughts; Worryings; Upsetting Thoughts/Physical Symptoms; Social Anxiety

Defiant/Aggressive Behaviors

Academic Difficulties

Social Problems

Separation Fears

Hyperlactivity/Impulsivity

Perfectionist & Compulsive Behaviors

Physical Symptoms

* Within Emotional Distress scale as Conners CBRS-P.  ** Within Emotional Distress scale as Conners CBRS-T.  *** Subscale of Academic Difficulties scale; Scale on Conners CBRS-P & CBRS-T forms only; Scale on Conners CBRS-T Form only.
DSM Scales

- ADHD Inattentive
- ADHD Hyperactive-Impulsive
- ADHD Combined
- Conduct Disorder
- Oppositional Defiant Disorder
- Major Depressive Disorder
- Manic Episode
- Mixed Episode
- Social Phobia
- Separation Anxiety Disorder
- Obsessive-Compulsive Disorder
- Autism Spectrum Disorder
- Generalized Anxiety Disorder
- Panic Attack
- Post-Traumatic Stress Disorder
- Specific Phobia
- Tics
- Trichotillomania

Other Clinical Indicators

- Bullying Perpetration
- Bullying Victimization
- Enuresis/Encopresis
- Panic Attack
- Pica
- Pervasive Developmental Disorder
- Separation Anxiety Disorder

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

Autism Spectrum Rating Scales

- Total Score
- Treatment Scales
  - Peer Socialization
  - Adult Socialization
  - Social/Emotional Reciprocity
  - Atypical Language
  - Stereotypy
  - Behavioral Rigidity
  - Sensory Sensitivity
  - Attention/Self-Regulation

DSM-5
Scale Structure: Parent and Teacher

Total Score
Parent: 17 items
Teacher: 12

Emotional Problems
Parent: 9 items
Teacher: 5 items

Functional Problems
Parent: 8 items
Teacher: 7 items

4-point Likert-type rating: 0="Not at All" ; 3="Much or Most of the Time"

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 (8 items)

CDI-2 Self-Report

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

**CEFI Scales**
- Attention
- Emotion Regulation
- Flexibility
- Inhibitory Control
- Initiation
- Organization
- Planning
- Self-Monitoring
- Working Memory
Group Differences: ADHD (Naglieri & Goldstein, 2013)

<table>
<thead>
<tr>
<th>Form</th>
<th>ADHD</th>
<th>Matched Gen. Pop.</th>
<th>t</th>
<th>df</th>
<th>p</th>
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<tbody>
<tr>
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<td>M</td>
<td>99.1</td>
<td>109.9</td>
<td>1.09</td>
<td>&lt; .005</td>
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<td>SD</td>
<td>33.9</td>
<td>30.8</td>
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<tr>
<td></td>
<td>W</td>
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<td>Teacher</td>
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<td>107</td>
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<td>.919</td>
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<td>Self-Report</td>
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<td>.536</td>
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<tr>
<td></td>
<td>W</td>
<td>75.7</td>
<td>70.2</td>
<td>0.62</td>
<td>.536</td>
</tr>
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</table>

Group Differences: ASD (Naglieri & Goldstein, 2013)

<table>
<thead>
<tr>
<th>Form</th>
<th>ASD</th>
<th>Matched Gen. Pop.</th>
<th>t</th>
<th>df</th>
<th>p</th>
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</thead>
<tbody>
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<td>57</td>
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<td>Teacher</td>
<td>M</td>
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<td>90.9</td>
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<td>.325</td>
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<tr>
<td></td>
<td>W</td>
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<td>47</td>
<td>0.01</td>
<td>.997</td>
</tr>
</tbody>
</table>

Group Differences: Learning Disabilities (Naglieri & Goldstein, 2013)

<table>
<thead>
<tr>
<th>Form</th>
<th>LD</th>
<th>Matched Gen. Pop.</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
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<tr>
<td>Teacher</td>
<td>M</td>
<td>89.7</td>
<td>90.7</td>
<td>0.10</td>
<td>.928</td>
</tr>
<tr>
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<td>15.4</td>
<td>0.01</td>
<td>.997</td>
</tr>
<tr>
<td></td>
<td>W</td>
<td>47</td>
<td>46</td>
<td>0.01</td>
<td>.997</td>
</tr>
<tr>
<td>Self-Report</td>
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<td>25.3</td>
<td>0.21</td>
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</tr>
<tr>
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<td>SD</td>
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<td>64</td>
<td>0.01</td>
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<td></td>
<td>W</td>
<td>25.5</td>
<td>25.3</td>
<td>0.21</td>
<td>.835</td>
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</table>
Group Differences: Mood Disorders

(Naglieri & Goldstein, 2013)

Parent Teacher Self-Report

<table>
<thead>
<tr>
<th>Group</th>
<th>Mood</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>88.0</td>
<td>134.3</td>
</tr>
<tr>
<td>Teacher</td>
<td>82.6</td>
<td>138.9</td>
</tr>
<tr>
<td>Self-Report</td>
<td>80.0</td>
<td>140.9</td>
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</table>

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

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).
Ability and Achievement

PASS Theory

- **PASS** theory is a modern way to define ‘ability’ based on measuring neurocognitive abilities
- **Planning** = THINKING ABOUT THINKING
- **Attention** = BEING ALERT
- **Simultaneous** = GETTING THE BIG PICTURE
- **Successive** = FOLLOWING A SEQUENCE

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

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

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
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

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

Ability Profiles

PASS Processing Scores

- ADHD
- ASD
- SLD
Organizing the Data

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

Multiple Handicap or Primary/Secondary?

ADOPT A LEARNING TO SWIM MINDSET!