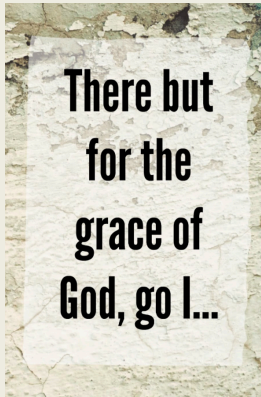


**ASSESSMENT OF STUDENTS MEETING  
MULTIPLE ELIGIBILITIES UNDER IDEIA AND ADA**

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**NASP 2018**  
**ANNUAL CONVENTION**



**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 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)

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## 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.

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## I Had a Revelation in St. Augustine

The World Operates Along a Normal Curve!

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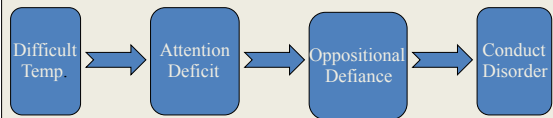
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Not surprisingly all but two things we do as school psychologists are dimensional!

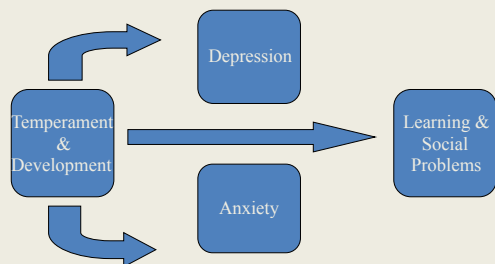
Diagnosis

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!

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Co-Morbidity

	ADHD	ODD	CD
ADHD			
	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.		
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.	For individuals with ODD, researchers have found a lifetime prevalence of 42% for Conduct Disorder (Nock, Kazdin, Hiripi, & Kessler, 2007)	
CD			
	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			

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Co-Morbidity

	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).				
Depression	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 & Laney, 2013). In a sample of youth with SLD, Margul et al. (2013) found that 33% had comorbid ADHD.	For individuals with ODD, researchers have found a lifetime prevalence of 39% for Major Depressive Disorder (Nock, Kazdin, Hiripi, & Kessler, 2007)	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).	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).	
Learning Disorders		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).	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).	In a sample of children with ASD, Stacy et al., (2014) found that 75% of girls and 72% of boys had a current comorbid learning disorder.	In a sample of youth with SLD, Margul et al. (2013) found that 9% had a comorbid mood disorder.

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Co-Morbidity

ADHD	ODD	CD	ASD	Depression	Learning Disorders
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 (Cuffie et al., 2015); Kessler et al. (2014) found a lifetime prevalence of 35% for any anxiety disorder	For individuals with ODD, researchers have found a lifetime prevalence of 62% for any anxiety disorder (Nock, Kazdin, Hiripi, & Kessler, 2007)	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)	Simoneff et al. (2008) found that, among children with ASD, 13% had comorbid generalized anxiety disorder and 42% had any type of anxiety disorder.	For youth with MDD, researchers have found an odds ratio for an anxiety disorder diagnosis of 3.96 (Jensen-Ustad, Swendsen, Ho, Barstein, & Merikangas, 2015). A review indicated that 25% to 50% of youth with depression have a comorbid anxiety disorder and 10% to 15% of youth who have an anxiety disorder have comorbid depression (Garber & Weering, 2010).	In a sample of youth with SLD, Margari et al. (2013) found that 29% had a comorbid anxiety disorder.

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.

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## Six Foundations of IDEA

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

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## 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

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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)

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Eligibilities Under The School Psychologist's  
Indirect Consideration

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

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

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### 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?

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### 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?

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### 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

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## Ability Knowledge Skill

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### 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.

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### 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

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## 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

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



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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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**Impairment is the reduced ability to meet the demands of life because of a psychological, physical, or cognitive condition.**



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## 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

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## 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)

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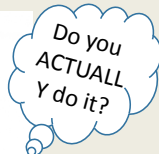
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## Adaptive Behavior vs. Impairment

Skill

vs.

Performance



## Adaptive Behavior vs. Impairment



Using  
utensils

VS.



Not using utensils  
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<sup>\*\*</sup>, 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.

## Symptoms vs. Impairment

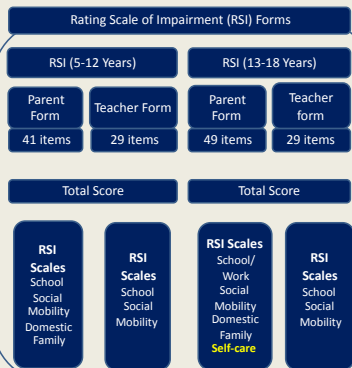


Inattention

VS.



Difficulty completing homework



## Relationship Between The RSI And Other Measures

RSI Total Score	
Adaptive Behavior	Psychopathology
-54 Adaptive Behavior Assessment System-II	26 Conners CBRS – Content Scales
	29 Conners CBRS – Symptom Scales
Social-Emotional Competency	
-71 Devereux Student Strength Assessment	
Executive Function	Ability & Achievement
-78 Comprehensive Executive Function Inventory	-05 Wechsler Intelligence Scale for Children-IV
	-06 Woodcock Johnson III Tests of Achievement
	-03 Cognitive Assessment System

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

## Content: Scales & Subscales



**Emotional Distress** → *Upsetting Thoughts*<sup>1</sup>;  
*Worrying*<sup>1</sup>; *Upsetting Thoughts/Physical Symptoms*<sup>2</sup>; *Social Anxiety*<sup>2</sup>

**Separation Fears**<sup>2</sup>

**Defiant/Aggressive Behaviors**

**Hyperactivity**<sup>3</sup>/Impulsivity

**Academic Difficulties**

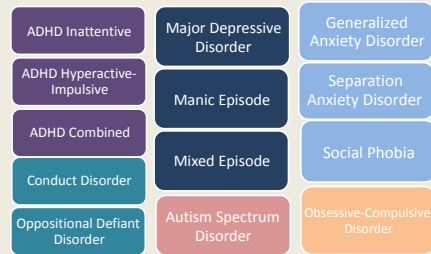
**Perfectionist & Compulsive Behaviors**<sup>4</sup>

**Social Problems**<sup>1</sup>

**Physical Symptoms**

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

## DSM Scales



<sup>1</sup>Scale on Conners CBRS-P & CBRS-T forms only.

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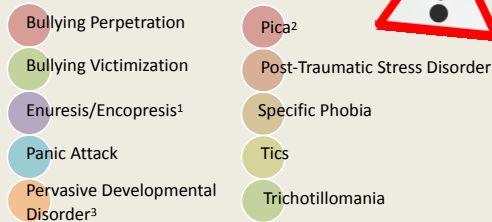
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## Other Clinical Indicators



<sup>1</sup>Scale Conners CBRS-P & CBRS-T forms only; <sup>2</sup>Scales on Conners CBRS-P & CBRS-SR forms only; <sup>3</sup>Scales on Conners CBRS-SR form only.

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## 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

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## Decide on Narrow Spectrum Questionnaires

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

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## Autism Spectrum

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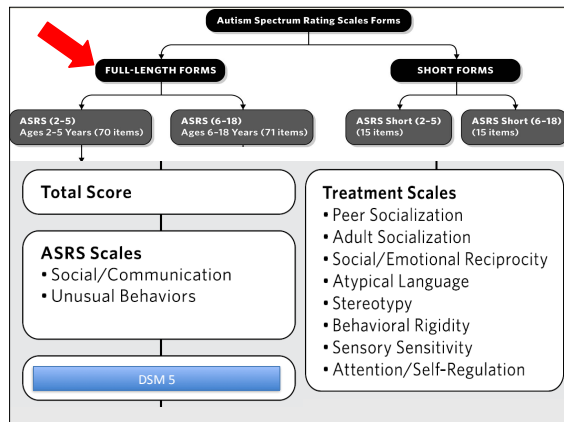
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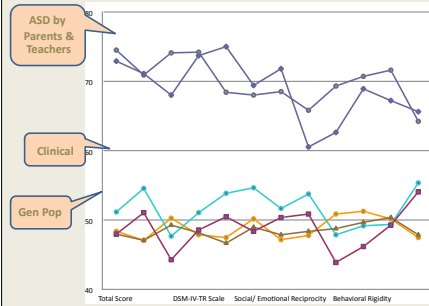
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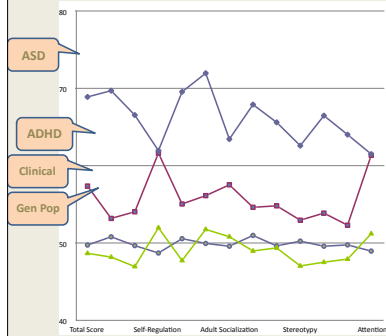
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## ASRS Validity for ages 2-5 Parents



52

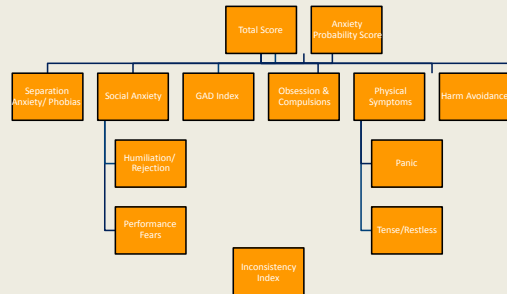
## ASRS Validity: Ages 6-18 Parents



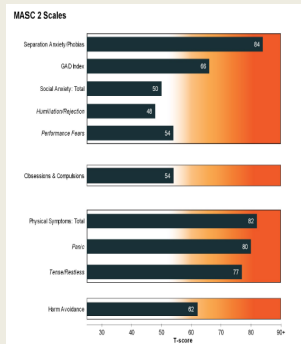
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Anxiety

## MASC-2 Scales

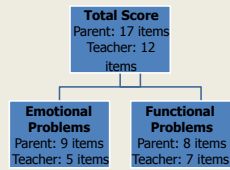


## MASC 2 Scales



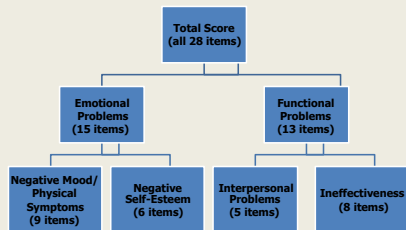
## Depression

## Scale Structure: Parent and Teacher



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

## Scale Structure: Self-Report (Full Length)



**CDI-2 SELF-REPORT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Kids sometimes have different feelings and ideas. This form has the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark next to the sentence to your answer. Put the mark in the box next to the sentence that you pick.

Example:

- ☐ I read books all the time.
- ☐ I read books once in a while.
- ☐ I don't read books.

For each group, pick out the sentence that describes you best in the PAST TWO WEEKS.

Item 1: ☐ I am not sure in a while. ☐ I am not many times. ☐ I am not at all the time.

Item 2: ☐ I feel sad all the time. ☐ I feel sad once in a while. ☐ I don't feel sad.

Item 3: ☐ I feel bad all the time. ☐ I feel bad once in a while. ☐ I don't feel bad.

Item 4: ☐ I feel good all the time. ☐ I feel good once in a while. ☐ I don't feel good.

Item 5: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 6: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 7: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 8: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 9: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 10: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 11: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 12: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 13: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 14: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 15: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 16: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 17: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 18: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 19: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 20: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 21: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 22: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 23: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 24: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 25: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 26: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

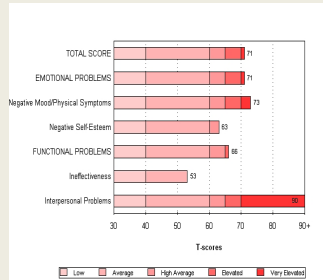
Item 27: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

Item 28: ☐ I feel like I am not good. ☐ I feel like I am not good once in a while. ☐ I don't feel like I am not good.

## CDI-2 Self-Report

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)

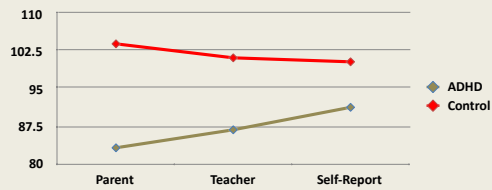


Table 8.19 Differences Between ADHD and Matched General Population Samples: CEFI Full Scale

Form		ADHD	Matched Gen. Pop.	d-ratio	F(df)	P
Parent	M	83.1	103.9	-1.59	216.56 (1, 340)	< .001
	SD	13.0	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	100.3	-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)

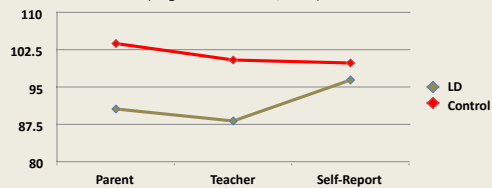


Table 8.22 Differences Between LD and Matched General Population Samples: CEFI Full Scale

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)

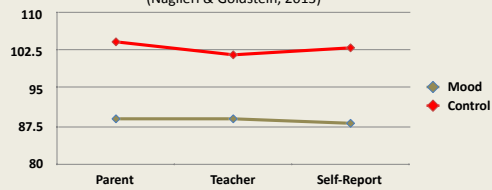


Table 9.21 Differences Between Mood Disorder and Matched General Population Samples: CEFI Full Scale

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).

## Ability and Achievement

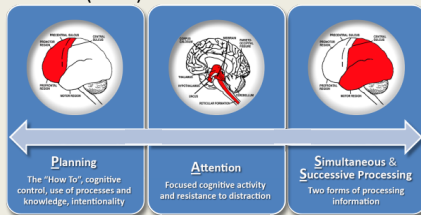
## PASS Theory

- **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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## 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

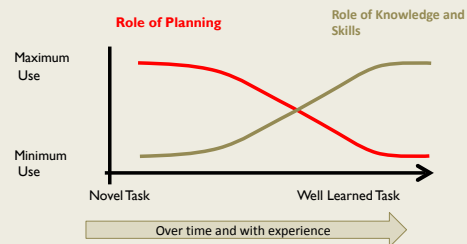
► **Planning** is a neurocognitive ability that a person uses to determine, select, and use efficient solutions to problems

- 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

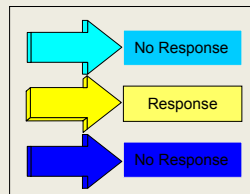
- Learning depends upon instruction and intelligence (PASS)
- At first, PASS plays a major role in learning
- When a new task is learned and practiced it becomes a skill and execution requires less PASS



## 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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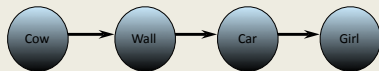
## PASS Theory

- **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

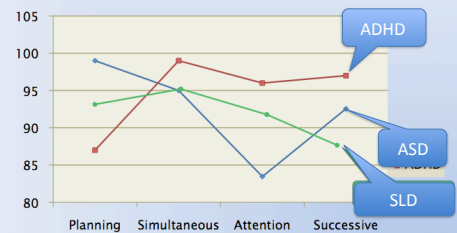
- ▶ **Successive** processing is a basic neurocognitive ability which we use to manage stimuli in a specific serial order
- Stimuli form a chain-like progression
- Stimuli are not inter-related



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## Ability Profiles

### PASS Processing Scores



### Organizing the Data

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

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Multiple Handicap or Primary/Secondary?

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ADOPT A LEARNING TO SWIM MINDSET!

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**TEDx**

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

**The Power Of Resilience**

[https://www.youtube.com/watch?v=istw8JJ-sWM&feature=youtu\\_be\\_gdata](https://www.youtube.com/watch?v=istw8JJ-sWM&feature=youtu_be_gdata)

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