






Assessment of Youth With Co-morbid Disorders  
Considering DSM 5 and IDEIA Criteria

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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)

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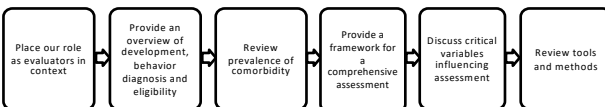
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**Learning Objectives**



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    A[Place our role as evaluators in context] --> B[Provide an overview of development, behavior diagnosis and eligibility]
    B --> C[Review prevalence of comorbidity]
    C --> D[Provide a framework for a comprehensive assessment]
    D --> E[Discuss critical variables influencing assessment]
    E --> F[Review tools and methods]
    
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## The Bus Test



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## I Had a Revelation in St. Augustine

The world operates along a normal curve!



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

- Diagnosis
- Eligibility Determination




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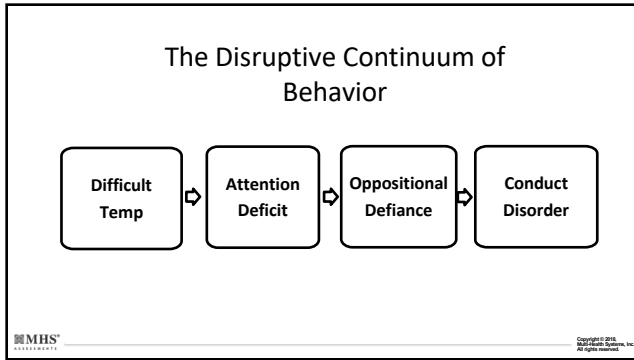
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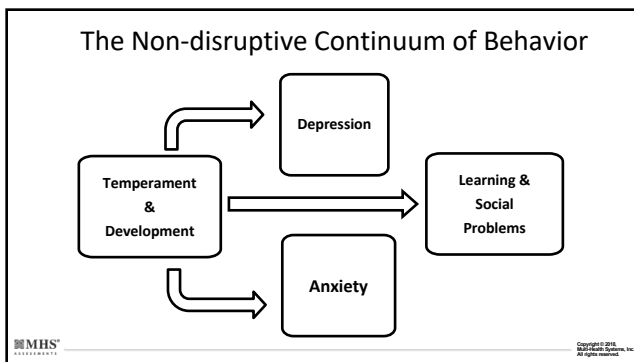
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### How Shall We Understand, Define and Categorize Mental Illness and Developmental Problems?



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

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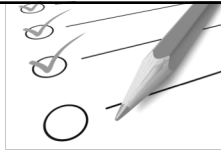
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## Diagnosis

*Medicine/Medical.*

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

The decision reached from such an examination.



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## 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*



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

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How distinct are these disorders from each other?

Much less so than makes me comfortable!



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## Co-Occurrence/Comorbidity

Dx	ASD	ODD	CD	Anx	Dep	LD
ADHD	59%	47%	22%	35%	41%	45%
ASD		4% to 37%	1% to 10%	42%	1.4% to 38%	70%+
ODD			42%	62%	39%	55%+

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*Comorbidity is the***RULE***not the Exception*

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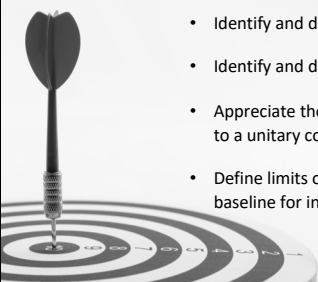
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## What is the Goal of a Comprehensive Evaluation?



- Identify and define symptoms?
- Identify and define strengths and weaknesses?
- Appreciate the relationship of a set of symptoms to a unitary condition?
- 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)**
- **Impairment, Risk, Executive Functioning**
- **Narrow Spectrum Questionnaires (Parent and Teacher)**
- **Self report Questionnaires**
- Ability Assessment
- Achievement Assessment
- Interview with student

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## General Guidelines for a Comprehensive Evaluation

- A distinction should be made between acute vs. chronic problems.
- Person and environment protective factors need to be understood.
- Assessment should be strength and risk 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.

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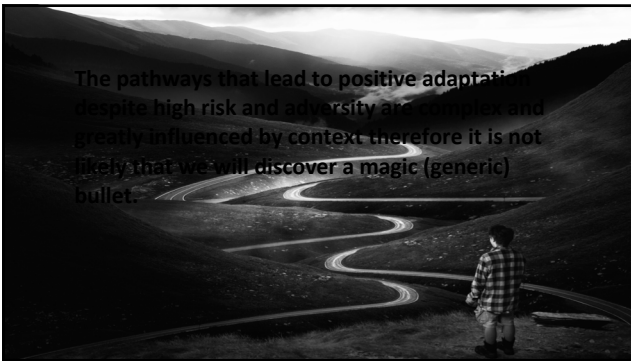
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The pathways that lead to positive adaptation despite high risk and adversity are complex and greatly influenced by context therefore it is not likely that we will discover a magic (generic) bullet.




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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).

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### 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

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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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### California

#### § 3030. Eligibility Criteria.

#### 5 CA ADC § 3030BARCLAYS 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.

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## 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

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## 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.

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## 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.

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## Oregon

"Children with disabilities" or "students with disabilities" means children or students who require special education because of: autism; communication disorders; deafblindness; emotional disturbances; hearing impairments, including deafness; intellectual disability; orthopedic impairments; other health impairments; specific learning disabilities; traumatic brain injuries; or visual impairments, including blindness.

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

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Well Defined  
Guidelines



### POLICIES GOVERNING SERVICES FOR CHILDREN WITH DISABILITIES

Amended – July 2014



THE PUBLIC SCHOOLS OF NORTH CAROLINA  
North Board of Education | Department of Public Instruction | Exceptional Children Division

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[illegible]

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### 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



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### 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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### Ability, Knowledge and Skill

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## Components of a Thorough Assessment



- Step 1:** History
- Step 2:** Assess Impairment (RSI), EF (CEFI) and Risk (RISE)
- Step 3:** Broad Spectrum: Conners CBRS or Conners EC
- Step 4:** Decide on Narrow Spectrum Questionnaires:
  - Disruptive Problems: Conners 3
  - Non-Disruptive:
    - ASRS
    - MASC 2
    - CDI 2
    - CAS Teacher Questionnaire
- Step 5:** Achievement & Ability Testing
- Step 6:** Resilience
- Step 7:** Personality

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## Step 1: 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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## Step 2: Evaluate Impairment, Risk, Strengths & Executive Function




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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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**Need**

- 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.

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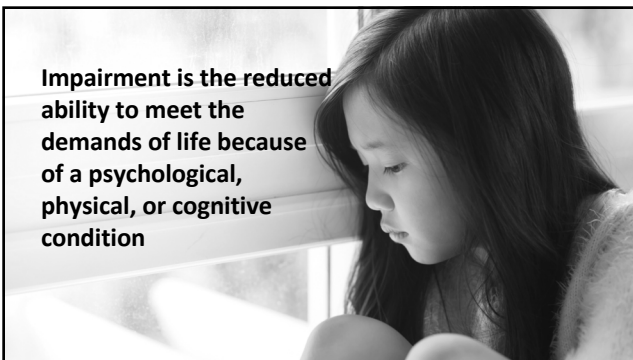
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### Symptoms vs. Impairment


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

VS.



Difficulty completing homework



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#### 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)

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#### 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)

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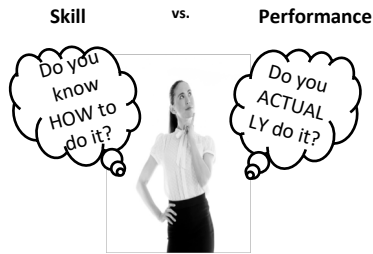
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### Adaptive Behavior vs. Impairment




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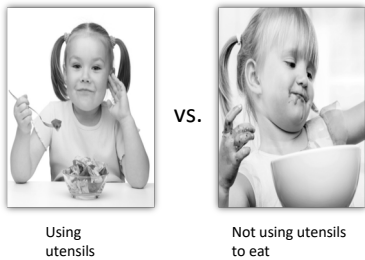
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### Adaptive Behavior vs. Impairment




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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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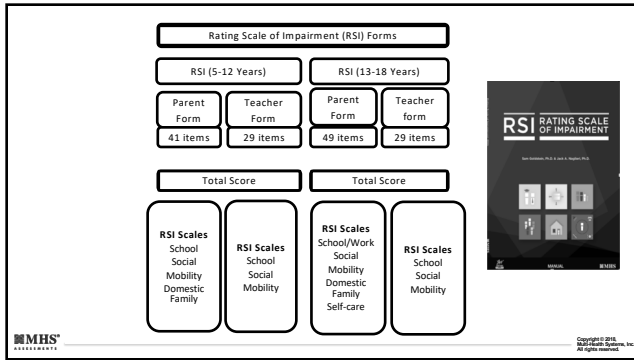
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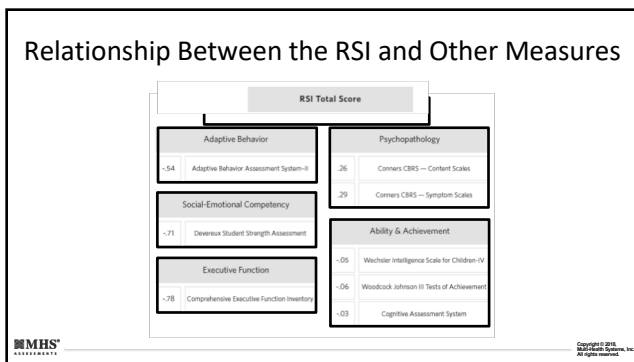
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## Why Does Executive Function Matter?

**EF is essential for success in daily living including:**

- Academic & occupational functioning**
  - For more information see: Best et al., 2009; Miller et al., 2012; Valiente et al., 2013
- Interpersonal problems**
  - For more information see: Sprague et al., 2011; De Panfilis et al., 2013
- Physical health**
  - For more information see: Hall et al., 2006; Falkowski et al., 2014
- Mental health**
  - For more information see: Willcutt et al., 2005; Bora et al., 2009; Meshulam-Gatey et al., 2009; Snyder, 2013



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## Comprehensive Executive Function Inventory (CEFI)

- A comprehensive behavior rating scale of executive function strengths and weaknesses in children and youth aged 5 to 18 years.
- Executive function is important for problem solving and reasoning, and difficulties with executive function can often make simple tasks challenging.





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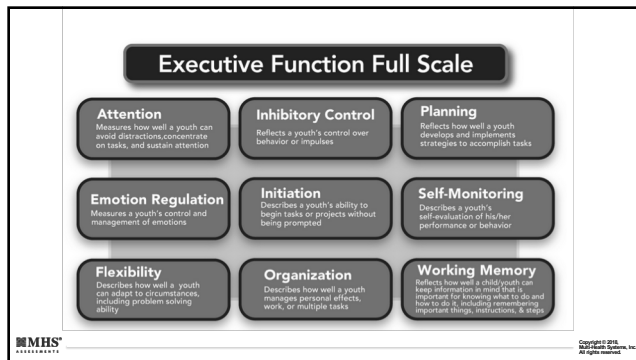
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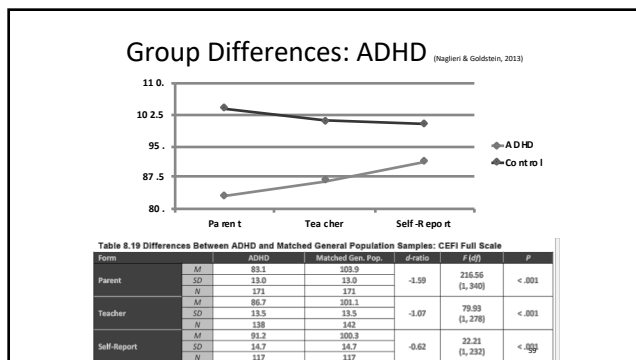
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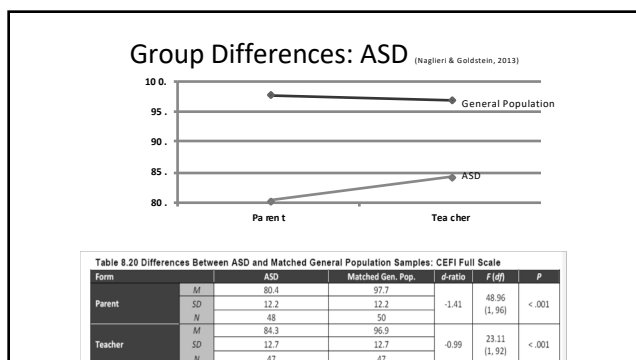
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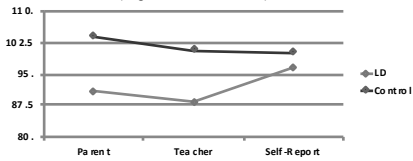
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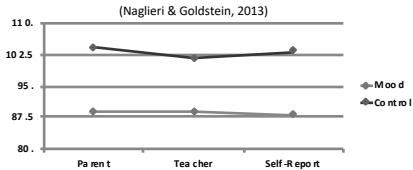
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### Group Differences: Learning Disabilities (Naglieri & Goldstein, 2013)



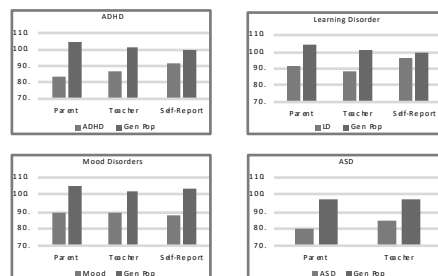
Form	LD	Matched Gen. Pop.	d ratio	F(df)	p
Parent	M	103.9	-0.92	19.89 (1, 93)	< .001
	SD	14.4			
	N	47			
Teacher	M	100.6	-0.91	37.29 (1, 178)	< .001
	SD	13.4			
	N	90			
Self-Report	M	100.0	-0.21	1.45 (1, 126)	0.231
	SD	15.9			
	N	64			

### Group Differences: Mood Disorders (Naglieri & Goldstein, 2013)



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

### Group Differences (Naglieri & Goldstein, 2013)



		Corrected <i>r</i>	<i>N</i>	CEFI Full Scale		CAS, WISC-IV, or WJ III ACH	
Other Measure				<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
WISC-IV	Full Scale	.39*	41	93.1	12.0	95.5	18.1
	Working Memory	.30	42	93.0	11.9	92.6	17.5
	Verbal Comprehension	.44**	42	93.0	11.9	96.8	14.7
	Perceptual Reasoning	.27	42	93.0	11.9	101.5	17.5
	Processing Speed	.34*	42	93.0	11.9	90.7	19.4
CAS	Full Scale	.45**	60	91.4	13.2	95.8	17.1
	Attention	.37**	60	91.4	13.2	96.5	15.1
	Planning	.49**	60	91.4	13.2	92.4	14.5
	Simultaneous	.43**	60	91.4	13.2	101.6	17.0
	Successive	.32*	60	91.4	13.2	98.0	14.6
WJ III ACH	Total Achievement	.51**	40	93.4	12.1	96.6	16.8
	Broad Reading	.48**	54	91.9	12.4	98.1	14.2
	Broad Math	.49**	53	92.0	11.9	97.7	16.9
	Broad Written Language	.47**	41	93.5	12.3	94.9	16.8

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### Assessment of Risks and Strengths Risk Inventory and Strengths Evaluation (RISE)

- Protective Behaviors
  - Emotional Balance
  - Interpersonal Skill
  - Self Confidence
- Risky Behaviors
  - Bullying
  - Delinquency
  - Health
  - Sexual
  - Substance Abuse
  - Suicide



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### RISE Overview

- The first tool to look at these concepts within the context of each other
- Ages 9 through 25 years; Parent, Teacher and Self Forms
- 15-20 minutes administration time
- Norm-referenced *T*-scores examine broad constructs of risk and strength
- Response validity scores also available
- For educational psychologists, counselors, clinical psychologists and other mental-health professionals working with children, adolescents and young adults (Level C)

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### Step 3: Broad Spectrum Measure

**Conners Early Childhood  
(Conners EC)**  
2 to 6 years



**Conners Comprehensive  
Behaviour Rating Scales  
(Conners CBRS)**  
6 to 18 years



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ASSESSMENT

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### Conners EC

- Innovative psychological instrument to assess the concerns of parents, teachers, and childcare providers about preschool-aged children.
- Aids in the early identification of behavioral, social, and emotional problems.
- Assists in measuring whether or not a child is appropriately meeting major developmental milestones (Adaptive Skills, Communication, Motor Skills, Play, and Pre-Academic/Cognitive).



C. Keith Conners, PhD

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ASSESSMENT

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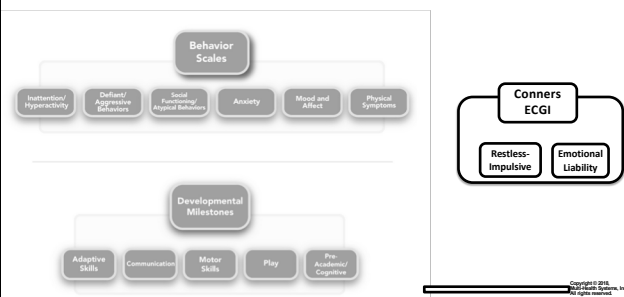
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### Conners EC



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## Conners CBRS

- Comprehensive assessment tool for behavioral, emotional, social, and academic concerns and disorders.
- Common and rare but critical issues.



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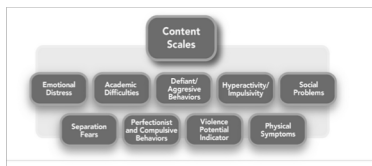
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## Conners CBRS



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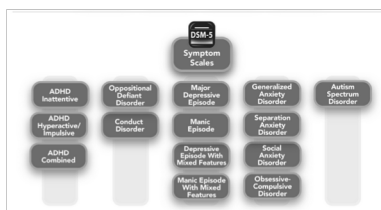
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### Other Clinical Indicators



<input type="radio"/> Bullying Perpetration	<input type="radio"/> Pica <sup>2</sup>
<input type="radio"/> Bullying Victimization	<input type="radio"/> Post-Traumatic Stress Disorder
<input type="radio"/> Enuresis/Encopresis <sup>1</sup>	<input type="radio"/> Specific Phobia
<input type="radio"/> Panic Attack	<input type="radio"/> Tics
<input type="radio"/> Pervasive Developmental Disorder <sup>3</sup>	<input type="radio"/> Trichotillomania

1 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.

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### Step 4: Decide on Narrow Spectrum Questionnaires

**Disruptive Problems:**  
Conners 3

**Non-Disruptive:**  
ASRS  
MASC 2  
CDI 2  
CAS Teacher Questionnaire

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### Disruptive Problems

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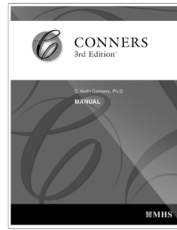
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### Conners 3rd Edition (Conners 3)

C. Keith Conners, Ph.D.

A thorough and focused assessment of ADHD and its most common co-morbid problems and disorders in children and adolescents ages 6 to 18 years.



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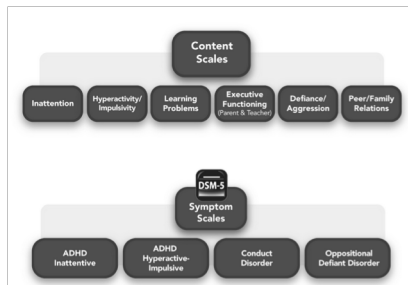
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### Non-Disruptive Problems




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## Autism Spectrum Rating Scales

- Multi-informant measure designed to identify symptoms, behaviors, and associated features of Autism Spectrum Disorder (ASD) in children and adolescents aged 2 to 18 years.



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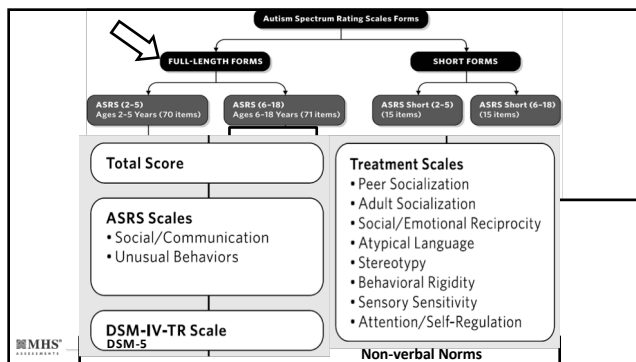
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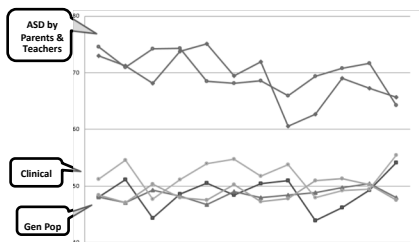
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## ASRS Validity for ages 2-5 Parents



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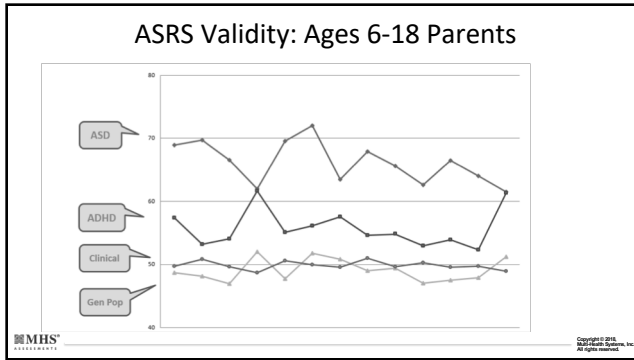
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### Multidimensional Anxiety Scale for Children 2nd Edition (MASC 2)

- Comprehensive multi-rater assessment of anxiety dimensions in children and adolescents aged 8 to 19 years.
- Distinguishes between important anxiety symptoms and dimensions that broadband measures do not capture.

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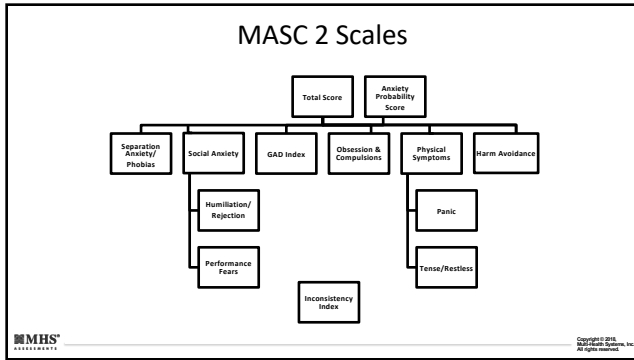
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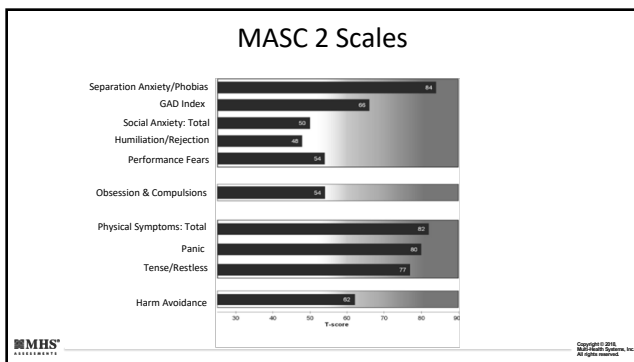
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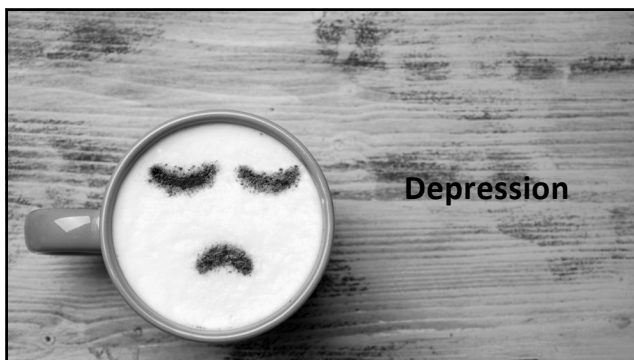
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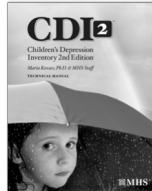
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## Children's Depression Inventory 2™ (CDI 2)

- Comprehensive multi-rater assessment of depressive symptoms in children and adolescents from ages 7 to 17, which offers the flexibility of application in either clinical or educational settings.



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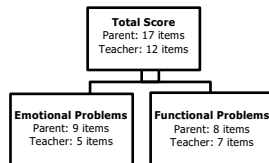
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## Scale Structure: Parent and Teacher



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

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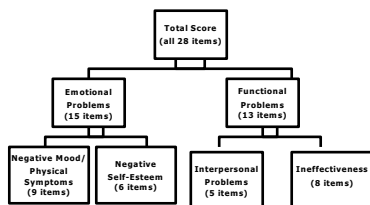
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## Scale Structure: Self-Report (Full Length)



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**CDI-2 SELF-REPORT**

Rate each sentence that describes you best in the past year.

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

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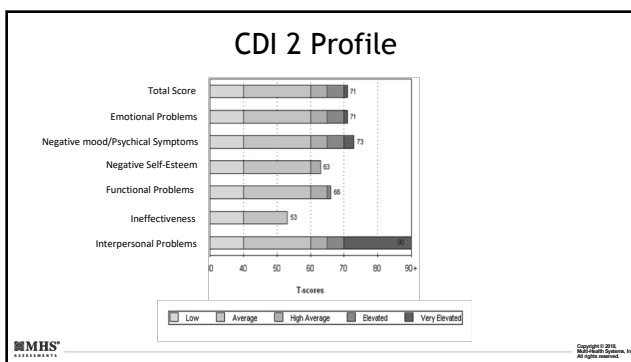
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**Cognitive Assessment System: Rating Scale (CAS2: Rating Scale)**

- Norm referenced measure of behaviors related to cognitive / neuropsychological theory called **PASS** (Planning, Attention, Simultaneous, and Successive).
- The scores from the **CAS2: Rating Scale** can be used to:
  - Support a referral, supportive services, or special placements.
  - Supplement a comprehensive evaluation.
  - Compare teachers' ratings with test results.
  - Help plan and design academic interventions.
  - Monitor the effectiveness of interventions.

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## CAS2: Rating Scale

- To Assess Neurocognitive Abilities
  - PASS Theory
- CAS -2 Rating scale is for teachers only




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## 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

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## CAS2: Rating Scale Planning

Directions for Items 1–10: These questions ask how well the child or adolescent decides how to do things to achieve a goal. They also ask how well a child or adolescent thinks before acting and avoids impulsivity. Please rate how well the child or adolescent creates plans and strategies to solve problems.

During the past month, how often did the child or adolescent ....

	Never	Rarely	Sometimes	Frequently	Always
1. produce a well-written sentence or a story?	1	2	3	4	5
2. evaluate his or her own actions?	1	2	3	4	5
3. produce several steps to solve a problem?	1	2	3	4	5
4. have many ideas about how to do things?	1	2	3	4	5
5. have a good idea about how to complete a task?	1	2	3	4	5
6. solve a problem with a new solution when the old one did not work?	1	2	3	4	5
7. use information from many sources when doing work?	1	2	3	4	5
8. effectively solve new problems?	1	2	3	4	5
9. have well-described goals?	1	2	3	4	5
10. consider new ways to finish a task?	1	2	3	4	5

Planning Raw Score

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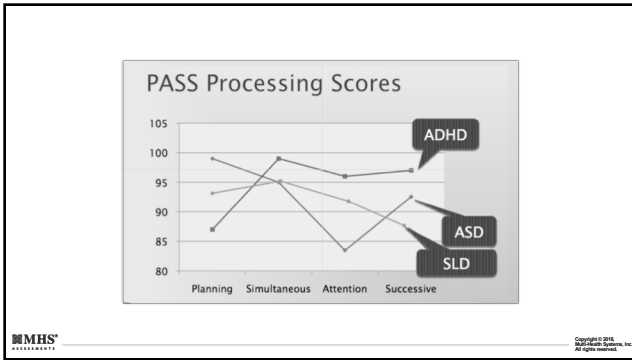
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- Organizing the Data**
- A day in the life
  - Ability/Knowledge/Skill
  - Take a chronological perspective.
  - Risk and Protective factors
  - Determining eligibility
  - Suggesting possible diagnoses
  - Recommending needs
  - Considering continuum of services
- MHS**  
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**Multiple Handicap or Primary/Secondary?**

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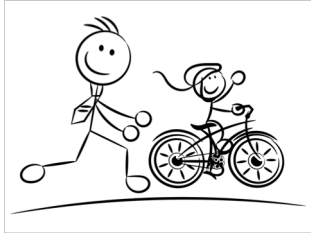
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ADOPT A LEARNING TO RIDE A BICYCLE  
MINDSET!



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[info@samgoldstein.com](mailto:info@samgoldstein.com)  
[www.mhs.com](http://www.mhs.com)  
<https://tinyurl.com/assessmentgoldstein>

**TEDx**

Sam Goldstein, Ph.D.  
[sam@samgoldstein.com](mailto:sam@samgoldstein.com)

**The Power Of Resilience**

[https://www.youtube.com/watch?v=istw6JJ-sWM&feature=youtu\\_be\\_gdata](https://www.youtube.com/watch?v=istw6JJ-sWM&feature=youtu_be_gdata)

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Questions?



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Thank You!

**Dr. Sam Goldstein, Ph.D.**



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