

# ADHD/OHI & SLD/Attention Processing

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## Assessment & Eligibility Considerations



Psychological Services ~ LAUSD

# “Attention problems” in children

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- ❑ One of the main reasons for referral to Special Education.
- ❑ Seen in multiple eligibilities:
  - OHI (ADHD)
  - SLD
  - ED
  - Autism
  - ID

# Introduction to SLD

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- Specific Learning Disability (SLD)
  - As many as 1 out of every 5 people in the United States has a learning disability (20%). Almost 1 million children (ages 6 through 21) have some form of a learning disability and receive special education in school. In fact, one-third of all children who receive special education have a learning disability (U.S. Depart. of Education, 2010).
  - In Schools SLD: 49.7% of LAUSD SP/ED population.

# Introduction to ADHD

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- ❑ A behavioral disorder that affects 11 percent of the general population (6.4 million school-age children: 2011). In 1997, it was 3 percent. In schools/LAUSD 9.7% of Special Education population.
- ❑ Genetic/Hereditary, environmental, and neurobiological factors likely play a primary causal role, but no one cause is known.
- ❑ No single procedure will reliably diagnose AD/HD.
- ❑ A variety of conditions may co-exist with and/or cause AD/HD symptoms.
- ❑ Diagnosis is time consuming:
  - Multi-procedure
  - Multi-source
  - Multi-disciplinary

# Legal Issues and ADHD

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## □ IDEA '97 Regulations:

- ADHD added as a disorder under the eligibility of OHI
- Specifies that diagnosis by a medical doctor is **not** required
- Reaffirms that children must be assessed in all areas related to the suspected disability

# Education Code - OHI

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## **Other Health Impairment (OHI)**

56339. (a) A pupil whose educational performance is adversely affected by a suspected or diagnosed attention deficit disorder or attention deficit hyperactivity disorder and demonstrates a need for special education and related services by meeting eligibility criteria specified in subdivision (f) or (i) of Section 3030 of Title 5 of the California Code of Regulations or Section 56337 and subdivision (j) of Section 3030 of Title 5 of the California Code of Regulations for the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 and following) categories of "other health impairments," "serious emotional disturbance," or "specific learning disabilities," is entitled to special education and related services.

# Education Code - SLD

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## **Specific Learning Disability (SLD)**

56337. (a) A specific learning disability, as defined in Section 1401(30) of Title 20 of the United States Code, means a disorder...

1. A pupil has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning.
2. The discrepancy is due to a disorder in one or more of the following basic psychological processes:
  - Attention
  - Visual Processing
  - Auditory Processing
  - Sensory-motor skills
  - Cognitive abilities including association, conceptualization and expression.

# Education Code – SLD cont.

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## **Specific Learning Disability (continued)**

3. The discrepancy is not primarily due to limited school experience or poor school attendance.
4. The discrepancy is not the result of environmental, cultural, or economic disadvantages.
5. The discrepancy cannot be corrected through other regular or categorical services offered within the regular instructional program.



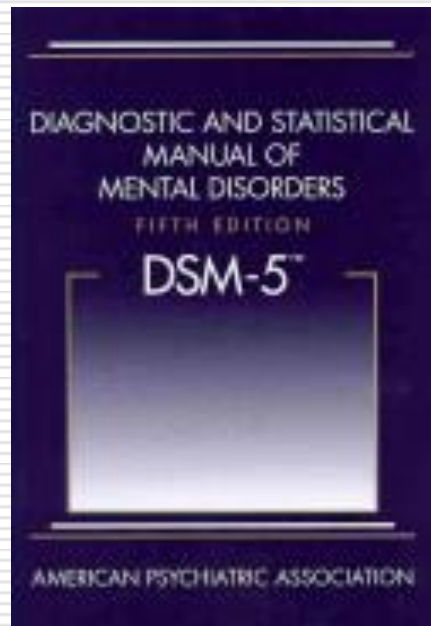
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# LAUSD Informational Memo No. 2, Revised Guidelines for Comprehensive Assessment of Students Referred for Attention Difficulties

February 8, 2000

# ADHD Characteristics in DSM-V

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# ADHD Characteristics

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- ❑ **Note the behaviors, especially school-related across settings.**
  - **May not be evident in one-on-one testing free of distracters.**
- ❑ **Careful attention to age of onset (symptoms present before 12 y.o. not 7) and the need for multiple settings remains the same.**
- ❑ **Comorbidity**
  - **ODD/Conduct Disorder, Depression, Anxiety Disorder, and now autism spectrum disorder (DSM-V).**

# ADHD Characteristics (cont.)

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- ❑ DSM-V
- ❑ Confusion about the terminology because name has changed as criteria has over last century (ADD, Hyperkinetic Reaction of Childhood, etc.)
- ❑ DSM V retains types from DSM-IV. It specifies the following, all called ADHD
  - Predominantly Inattentive type
  - Predominantly Hyperactive-Impulsive type
  - Combined type (most common)

# Inattention Characteristics

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- ❑ **Symptoms of inattention for children; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:**
  - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
  - Often has trouble holding attention on tasks or play activities.
  - Often does not seem to listen when spoken to directly.
  - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).

# Inattention Characteristics (cont.)

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- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.

# Hyperactivity/Impulsivity Characteristics

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- ❑ **Symptoms of hyperactivity-impulsivity for children; symptoms have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:**
  - Often fidgets with or taps hands or feet, or squirms in seat.
  - Often leaves seat in situations when remaining seated is expected.
  - Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
  - Often unable to play or take part in leisure activities quietly.

# Hyperactivity/Impulsivity Characteristics (cont.)

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- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games).



# Differentiating Characteristics-

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## Best Practices in School Psychology

# Other ADHD Attributes

*[Barkley, 1998]*

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## ☐ Situational variation of symptoms

Examples:

### ■ ADHD students **behave better in:**

- ☐ one-to-one situations
  - ☐ enjoyable activities
  - ☐ an immediate pay-off situation
  - ☐ when they are supervised
  - ☐ early day work activities
  - ☐ when they are with their fathers compared to their mothers (children)
  - ☐ not in group settings
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# Other ADHD Attributes (cont.)

*[Barkley, 1998]*

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## ☐ Relatively chronic course

Examples:

- Stable symptoms
- Lags behind age peers in ability to:
  - ☐ inhibit behavior
  - ☐ sustain attention
  - ☐ control distractibility
  - ☐ regulate their activity level

# Developmental Attributes

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- “Age Level Attributes” (Barkley, 1998) – *Refer to Handout*
  - Preschool ADHD Children
  - ADHD Children in Middle Childhood
  - Adolescents with ADHD

# Differential Diagnosis: Conditions That **Look Like** ADHD

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- ☐ Depression
- ☐ Bipolar Disorders
- ☐ Anxiety Disorders
- ☐ Child Abuse or Neglect
- ☐ Stress
- ☐ Schizophrenia
- ☐ Poor nutrition
- ☐ Sleep difficulties
- ☐ Pharmaceuticals
- ☐ Poor parenting (e.g. inconsistent, punitive)

# Conditions That Look Like ADHD (continued)

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- ❑ Symptoms resulting from trauma
- ❑ Medical conditions/disorders
  - Petit mal seizures
  - Impaired hearing
  - Vision problems
  - Head trauma
  - Acute or chronic medical illness
  - Anemia
  - Malfunctions of thyroid gland
  - Lead toxicity

# Comorbidity (AHRQ, 1999)

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- 66% of ADHD children have a comorbid condition
  - “the highest comorbidity is between ADHD and disorders related to aggression and learning problems, with much lower rates of comorbid internalizing problems” (Pelham, 2005)

# Comorbidity (continued)

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- ❑ Disruptive Behavior Disorders
  - Conduct Disorder (25%)
  - Oppositional Defiant Disorder (33%)
- ❑ Mood Disorders
  - Anxiety disorders (22%)
  - Depression (15%)
- ❑ Specific Learning Disability (27%)
- ❑ Emotional disturbance (overlap with first 2)



# Assessment Procedures – RIOT

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- ❑ Evaluation is not based on one instrument
- ❑ Evaluation is not based on one source for descriptors, characteristics, or attributes
- ❑ Sources of information should be:
  - Multimethod
  - Multiperson
  - Multisetting

# Assessment Procedures (cont.)

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- Review of Records
  - Length of problems; Pervasiveness
  - Effect on academic achievement
  - Interventions and results (RTI)
  - Second language acquisition effects
  - Amount of schooling
  - Physical or health problems
  - Environmental trauma

# Assessment Procedures (cont.)

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- ☐ Interviews
- ☐ Cum Records Examination (grades, interventions, SST info, etc.)
- ☐ Discipline History Data
- ☐ Utilization of Alternative Procedures for Cognition
- ☐ Psychological Processing
- ☐ Communication Skills Data
- ☐ Motor Functioning
- ☐ Academic Assessment/Portfolio Data

# Assessment Procedures (cont.)

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- ☐ Observations
- ☐ Rating Scales
- ☐ Standardized Tests
- ☐ Social Emotional Functioning
- ☐ Adaptive Behavior
- ☐ Health Data
- ☐ Second Language Acquisition/ELD Data
- ☐ Outside Agency Records

# More Assessment Considerations - OHI

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## □ Information that may assist:

- Normal Milestones (except for fine motor)
- Family History
- Impulsivity
- Problem with budgeting attention (may over focus on favored activities)
- Problem across settings
- Works well one-on-one (psych. testing)
- Inconsistent performance/grades
- Difficulty organizing
- Executive functioning is poor: poor planning and problem solving

# More Assessment Considerations - SLD

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## □ Information that may assist:

- Developmental Delays
- Family History
- Slowness in learning academic readiness skills and processing, such as phonological
- Behavioral issues occur when processing weaknesses are stressed (ex. too many instructions presented orally)

# Assessment Procedures – Broad/Narrow Band Measures

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- According to the Agency for Healthcare Research and Quality (AHRQ), ADHD-specific rating scales are more accurate in distinguishing between children with and without the diagnosis of ADHD, than global, nonspecific questionnaires and rating scales that assess a variety of behavioral conditions. (US Dept. Health and Human Services).

# Assessment Procedures – Rating Scales Considerations

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## ❑ NARROW BAND INSTRUMENTS

- ADHD Rating Scale-IV – DuPaul et al.
- ADHD Test (ADHDT) - Gilliam
- Conners' Rating Scale - 3rd Edition
- Disruptive Behavior Rating Scale- Barkley

## ❑ BROAD BAND INSTRUMENTS

- Behavior Assessment System for Children- Second Edition (BASC-2)

## ❑ PERVASIVENESS

- Barkley Home Situation Questionnaire (HSQ)
- Barkley School Situation Questionnaire (SSQ)



# Assessment Procedures – Testing Considerations

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The following instruments are useful when differentiating between auditory and attention processing:

- Cognitive Assessment System (CAS) - can yield valuable data and anecdotal information about attention
    - Planning scale – “allows examiners to evaluate a child’s ability to organize cognitive activity and demonstrate self-regulation”. Planning is critical to activities where the person has to determine how to solve a problem, which includes self-monitoring and impulse control as well as generation, evaluation, and execution of strategies for problem solving.
    - Attention scale – “allows examiners to evaluate how well the individual is able to selectively attend, detect relevant stimuli among irrelevant ones, and resists responding to distractors”. Attention is involved when a person selectively focuses on particular stimuli and inhibits responses to competing stimuli/distractions.
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# Assessment Procedures – Testing Considerations (cont.)

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## □ Children's Memory Scale

- Breaks down memory abilities with auditory & visual memory as well as attention and concentration
- Learning and memory are based on a foundation of attention. Thus, if this foundation is unstable then learning and memory may become unstable

## □ Wide Range Assessment of Memory & Learning-Second Edition (WRAML-2)

- Also, breaks down memory abilities with auditory & visual memory as well as attention and concentration (2 subtests each)

# Assessment Procedures – Testing Considerations (cont.)

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- Test of Auditory Processing-Third Edition (TAPS-3)
  - An optional Auditory Figure-Ground task was added to TAPS 3 as a supplemental subtest presented via CD to flag attention problems and give feedback about how the child's auditory processing system works in "real-world" situations
  - Memory subtests – again, attention is a component for memory
  
- Test of Information Processing Skills (TIPS)
  - Success on the TIPS requires that the person maintain effective attention and concentration for several minutes
  - Students performance relates to executive functioning, learning, retaining, organizing, and using new information

# Analysis & Interpretation

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- ☐ Information processing information
- ☐ Developmental History of ADHD characteristics
- ☐ Pattern of attention difficulties based upon all information obtained
- ☐ Analysis of ADHD characteristics, if present
- ☐ Relationship of behavior/characteristics to educational performance
- ☐ Degree of impairment related to age peers

# Analysis & Interpretation.. cont'd.

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- ❑ Pervasiveness at school in different settings
- ❑ Pervasiveness in the community/home
- ❑ Frequency, duration, and intensity of behaviors
- ❑ Significant impairment in social, occupational, academic functioning
  - All of the above mentioned, are compared to appropriate developmental behavior(s) in same age peers.
- ❖ Attentional factors/issues should be clearly identified & documented throughout entire body of report, not just the social-emotional section

# Analysis & Interpretation.. Final Considerations

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- ❑ Necessity for bilingual evaluation
- ❑ Other factors accounting for ADHD behaviors
- ❑ Other conditions producing ADHD characteristics
- ❑ Problems or conditions accompanying ADHD

# Points of Differentiation: SLD-attention vs. ADHD

[Source: *Critical Attributes of ADHD, Morris, 1998*]

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- ❑ With SLD (*attention processing*) there is a significant discrepancy between ability and achievement
- ❑ With SLD, the symptoms of ADHD are task and/or subject specific
- ❑ The SLD student needs a special curriculum to teach to the deficit academic skill(s)
- ❑ The SLD student lacks the history or consistency of hyperactivity and impulsivity

# Points of Differentiation: SLD-attention vs. ADHD.. cont'd.

*[Source: Critical Attributes of ADHD, Morris, 1998]*

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- ❑ With the SLD student there is a late onset of ADHD type symptoms (e.g. learned avoidance behavior due to frustration rather than a real attention deficit)
- ❑ With the learning disabled student the ADHD-like symptoms arise from the frustration and anxiety caused by specific memory problems that inhibit the learning of basic academic skills (e.g. to read and/or write)
- ❑ In general, the SLD student is not typically socially aggressive or disruptive
- ❑ The SLD student is **not** typically impulsive or uninhibited, as with ADHD



# Points of Differentiation: SLD-attention vs. ADHD.. cont'd.

*[Source: Critical Attributes of ADHD, Morris, 1998]*

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“While both SLD and ADHD students can have problems across several areas, the SLD student will always have academic skill deficits. On the other hand, the ADHD student will always have work habit deficits. If a student does not have significant work habit problems, we can usually rule out the possibility of ADHD; however, the presence of significant work habit problems as rated by the teacher does not mean that the student does have ADHD. Work habit deficits usually means that behavior strategies should be tried...”.

# Points of Differentiation: SLD-attention vs. ADHD.. cont'd.

*[Source: Critical Attributes of ADHD, Morris, 1998]*

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“A Specific Learning Disability (SLD) is caused by “processing” problems that lead to delays and disruption in learning basic academic skills in reading, writing.. The student with SLD is often an inattentive, frustrated learner and impulsive. The student with SLD may demonstrate the ADHD characteristics of distractibility, restlessness and impulsive behavior but this is not true ADHD. The frustrated LD student represents the most common form of pseudo ADHD”.

# Points of Differentiation: SLD-attention vs. ADHD.. cont'd.

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- With SLD, there is generally erratic/variable performance on processing tests & skill deficits are evident in an academic area(s)
- With ADHD, the student may or may not exhibit delays on standardized measures & does not evidence academic skill deficits. But student is unable to function across settings (school/work, home, community)
  - Unable to complete work, sit still, etc.

# Points of Differentiation: SLD-attention vs. ADHD.. cont'd.

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- In a one-to-one setting, the ADHD student may demonstrate improved attention, but still generally displays some restlessness/impulsivity/distractibility and requires prompting/re-direction, etc.
- In a one-to-one setting, the SLD student will have less difficulty with maintaining attention, but may become easily frustrated/anxious (which can look like inattention) due to the challenge of the task/test presented

# OHI/ADHD

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**...The results of this evaluation indicate that Student exhibits a heightened alertness to environmental stimuli that may be due to ADHD and adversely affects Student's educational performance.** Based on these findings, Student meets the eligibility criteria of other health impaired and in need of special education services.

Assessment results are not primarily due to environmental, cultural, or economic disadvantage, unfamiliarity with the English language, limited school experience, poor attendance, social maladjustment, mental retardation, visual, hearing, or motor impairment.

# Specific Learning Disability/ADHD

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...The results of this evaluation indicate that a severe discrepancy may exist between Student's cognitive ability and academic achievement in the areas of (identify areas here). This discrepancy is primarily due to a psychological process disorder (identify areas here), **compounded by behaviors associated with ADHD**. Based on these findings, Student meets the eligibility criteria for specific learning disability and may be in need of special education services.

Assessment results are not primarily due to environmental, cultural, or economic disadvantage, unfamiliarity with the English language, limited school experience, poor attendance, social maladjustment, mental retardation, visual, hearing, or motor impairment.

# Emotionally Disturbed/ADHD

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...The results of this evaluation indicate that Student exhibits (identify specific areas here) demonstrated in several situations and **compounded by behaviors associated with ADHD**. These behaviors have existed over a long period of time and to a marked degree, which adversely affect educational performance. Based on these findings, Student meets the eligibility criteria of emotional disturbance and may be in need of special education services.

These assessment results are not primarily due to environmental, cultural, or economic disadvantage, unfamiliarity with the English language, limited school experience, poor attendance, social maladjustment, mental retardation, visual, hearing, or motor impairment.

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# Not Eligible for Special Education/ADHD

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- If the student **does not** appear to meet eligibility as SLD, ED, or OHI, explain specifically in terms of eligibility criteria why this is so.

Example **Not Eligible** for OHI:

- The results of this evaluation indicate that Student exhibits some characteristics associated with ADHD. However, these characteristics are not adversely affecting Student's educational performance at this time. Special education services may not appear to be needed. Student's general education program, however, may need to be modified to accommodate Student's needs and to provide for continued educational success.



# Final Thought

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- "He told me that his teachers reported that . . . he was mentally slow, unsociable, and adrift forever in his foolish dreams."
- Hans Albert Einstein, on his father, Albert Einstein