RETHINKING ADHD/OHI ELIGIBILITY:

A RESPONSIVE, MULTISOURCE EVALUATION MODEL

Presented by:

Ray W. Christner, Psy.D., NCSP, ABPP
Licensed Psychologist (PA & DE)
Nationally Certified School Psychologist
Registered Health Service Psychologist
Board Certified in Behavioral and Cognitive Psychology

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

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Dr. Ray W. Christner is the primary shareholder of Cognitive Health Solutions, LLC, and has a financial interest in the Psyched to Practice, LLC. He is in the process of test development with PAR on the test, *Christner Behavior and Adaptability Assessment System* (C-BAAS™), from which he will be receiving royalties upon its release in 2026. He also receives royalties and honoraria from book publications from the following publishers:

- Routledge Publishing
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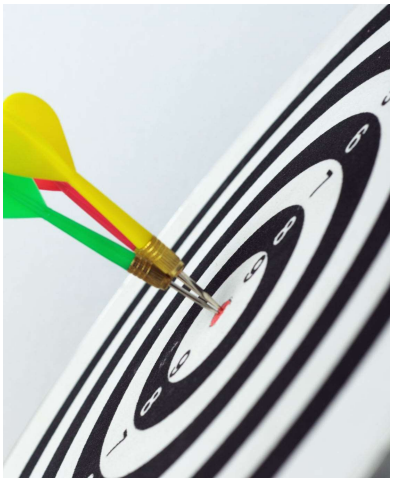
LEARNING OBJECTIVES

By the end of this workshop, participants will be able to:

1. Describe diverse data sources that enhance ADHD/OHI assessment beyond rating scales.
2. Apply methods for synthesizing multi-source data to support OHI eligibility and planning.
3. Develop strategies to translate evaluation results into coordinated, student-centered interventions.



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HAVE YOU EVER HEARD. . .

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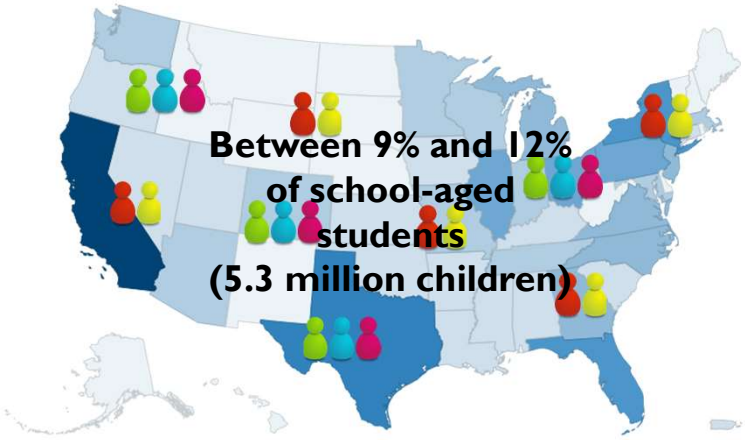
IF YOU ANSWERED YES. . .



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ADHD MYTH BUSTERS

- #8: ADHD is caused by bright children being bored.
- #7: People with ADHD are unintelligent and lazy.
- #6: ADHD children on medication will abuse drugs.
- #5: ADHD is the result of bad parenting.
- #4: ADHD affects only boys.
- #3: Children with ADHD often outgrow the condition.
- #2: Children given ADHD accommodations are given an unfair advantage.
- #1: ADHD is not a real medical disorder.

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ADHD PRESENTATIONS

DSM-5-TR/ICD-10

- (F90.2) Combined Presentation (ADHD)
- (F90.0) Predominantly Inattentive Presentation (ADHD-PIP)
- (F90.1) Hyperactive-Impulsive Presentation (ADHD-HIP)
- (F90.8) Other Specified
- (F90.9) Unspecified

Additional Presentation

- Sluggish Cognitive Tempo (SCT)
  - ✓**AKA** - Concentration Deficit Disorder (CDD)
  - ✓**NOW** – Cognitive Disengagement Syndrome (CDS)

(APA, 2022; Barkley, 2012)

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WHAT IS ADHD? - SYMPTOMS

Inattention	Hyperactivity-Impulsivity
• Fails to give close attention to details • Difficulty sustaining attention in tasks • 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 • Often has difficulty organizing tasks and activities • Often loses things necessary for tasks or activities • Is often easily distracted • Often forgetful in daily activities	***Hyperactivity*** • Often fidgets with hands or feet or squirms in seat • Often leaves seat in classroom or in other situations in which remaining seated is expected • Often runs about or climbs excessively • Often has difficulty playing or engaging in leisure activities • Often is "on the go" or as if "driven by a motor" • Talks excessively ***Impulsivity*** • Often blurts out answers before questions are completed • Has difficulty awaiting turn • Interrupts or intrudes on others

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THE BASICS: *DSM-5-TR* INCLUSION CRITERIA

1. Diagnostic Symptoms (The Core):
   - Inattention, Impulsivity, and Hyperactivity (more restlessness with adolescents and adults)
2. Onset and Persistence (The Chronicity):
   - Symptoms before <12 years of age
     - **Note:** Does not need to retrospectively meet full diagnosis in childhood, but must have symptoms.
3. Pervasiveness (The Contexts)
   - Need to be across several settings: social, home, school, and work
4. Impairment (The Cause of)
   - Symptoms have a direct and causal impairment on functioning.

(APA, 2022)

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BARKLEY'S 9 CRITERIA (FOR ADULT ADHD?)

*Easily distracted by extraneous stimuli	Makes decisions impulsively	Has difficulty stopping activities/behaviors (shifting)	Starts projects/tasks without reading/listening to directions
Shows poor follow-through	Has trouble doing things in order	More likely to drive faster than others	Has difficulty sustaining attention (across several areas)
	Has difficulty organizing tasks and activities		

(Barkley, Murphy, & Fischer, 2010)

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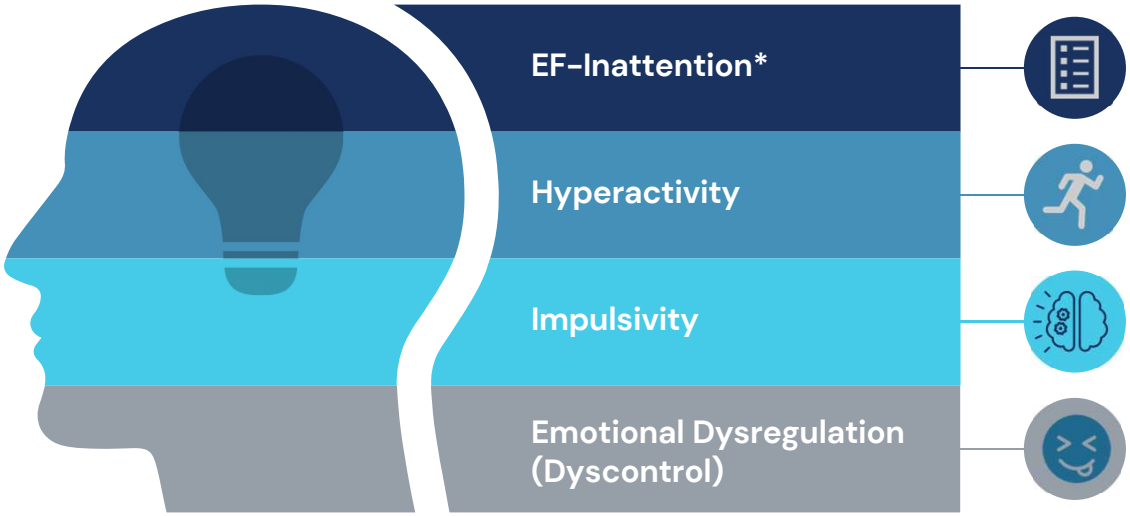
EXECUTIVE FUNCTION AND ITS IMPACT

The Four Factor Structure of ADHD



(Adler et al., 2017; Kessler et al., 2010)

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REJECTION SENSITIVE DYSPHORIA (OR RECOGNITION SENSITIVE EUPHORIA)

- Anxiety – apprehension, social
- Mood
- Emotional dyscontrol
- Shame, guilt, embarrassment, jealousy, envy, resentment (social emotions)
- Regret
- Substance use
- Suicide risk
- Fewer positive life experiences
- Risky behaviors
- Low motivation, initiation
- Poor self-esteem, identity, self acceptance
- Impostor syndrome, criticisms
- Reputation within social network
- *?15:1 neg comment (ADHD v not)?
- "Brain shaming"/poor "brain image," personal agency

Hallowell & Ratey, 2021; https://my.clevelandclinic.org/health/diseases/24099-rejection-sensitive-dysphoria-rsd

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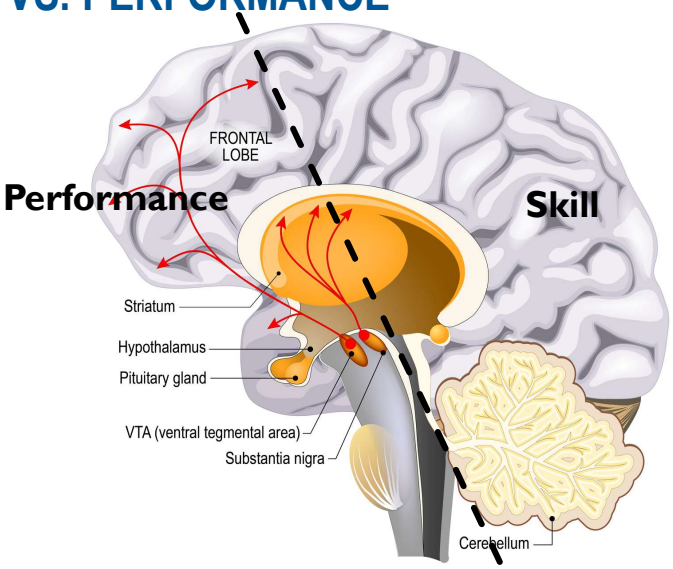
SKILL VS. PERFORMANCE



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THINGS TO KEEP IN MIND

- ADHD is dimensional, not a disease state.
- Features of executive function capacities are part of human nature and normal development.
- Challenges happen on a continuum and at times they are on the "disordered" end.
- Many symptoms are subjective—that does not mean irrelevant or meaningless.

(Arildskov et al., 2024)

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THE INTERSECTION OF THE BIOPSYCHOSOCIAL AND RDOC FRAMEWORKS

CONCEPTUALIZING FROM THE TOP-DOWN AND BOTTOM-UP

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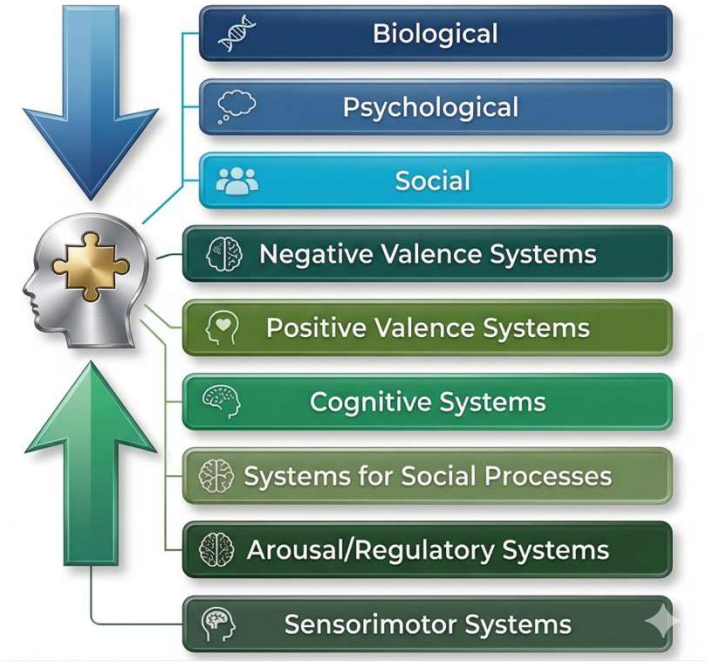

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WHAT ARE WE EVALUATING? ADHD & OHI

DSM-5-TR Definition of ADHD

- Neurodevelopmental disorder with persistent patterns of inattention and/or hyperactivity-impulsivity
- Must impair functioning

IDEA Category: Other Health Impairment (OHI)

- Limited strength, vitality, or alertness due to chronic/acute health problems
- Adversely affects educational performance

Key Differences to Keep in Mind:

- DSM-5-TR is diagnostic → clinical/medical lens
- IDEA is eligibility-based → educational impact lens

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OTHER HEALTH IMPAIRMENT (OHI)

IDEA SEC. 300.8 (C) (9)

(9) Other health impairment means having **limited strength, vitality, or alertness**, including a **heightened alertness to environmental stimuli**, that results in limited alertness with respect to the educational environment, that—

(i) Is due to **chronic or acute health problems** such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(ii) **Adversely affects** a child's educational performance.

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DISSECTING THE DEFINITION OF OHI

"Limited Strength"	"Limited Vitality"	"Limited Alertness"	"Heightened Alertness to Environmental Stimuli"
Reduced physical energy/endurance that affects the ability to participate in/sustain school activities. **Examples:** • Fatigue or low stamina during the school day (e.g., needs frequent rest breaks). • Difficulty completing tasks requiring sustained effort. • Muscle weakness.	Reduced energy levels/liveliness--broader than "strength" and linked to overall health conditions. **Examples:** • Lack of participation or motivation attributed to a health condition. • Chronic illness that reduces capacity for activity. • Lethargy, malaise, or slow responsiveness.	Reduced mental/physical readiness to respond to stimuli--includes under-alertness and heightened alertness. **Examples:** • Inattention or difficulty sustaining focus. • Difficulty waking or transitioning into the school day. • Cognitive fog related to a chronic illness.	Increased mental/physical alertness that affects readiness to respond to stimuli. **Examples:** • Easily distracted by sights, sounds, or tactile input. • Overreactions to typical sensory input. • Fidgeting, scanning the environment, or shifting attention.

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WHAT IS A "CHRONIC OR ACUTE HEALTH PROBLEM"?

IDEA **DOES NOT** require a medical diagnosis, but some states and districts strongly recommend or require medical documentation.

DSM-5-TR and ICD-10 **MAY** be used to identify a condition **BUT ARE NOT** sufficient alone for OHI eligibility.

Clinical and medical mental health reports should **ALWAYS** be reviewed and considered when available.

"A diagnosis by a medical doctor is not required for determining a child's eligibility under the category of Other Health Impairment…the determination of eligibility is the responsibility of the multidisciplinary team, including the parent."

~OSEP Letter to Williams

(CFR, Title 34, Chapter III, Part 300, §300.8, (c) (9); U.S. Department of Education, Office of Special Education Programs, 1994, CFR, Title 34, Chapter III, Part 300, §300.8, (4)(i); Baird, 2009; Tibbetts, 2013)

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EMPHASIS ON EDUCATIONAL (FUNCTIONAL) IMPACT

- **Eligibility** depends on whether the OHI **adversely affects** (significantly interferes) with a student's ability to access and benefit from education.
- Key considerations include:
  - Chronic (**Duration**) **OR** acute (**Intensity**) **AND** recurring (**Frequency**) of functional impairment
  - Observable effects on academic progress, fatigue, inconsistent work complication, attendance, and classroom participation
  - Need for specialized instruction and supports
- IDEA interprets educational performance broadly—this includes:
  - Academics, Behavior, Attention/Focus, Social Interaction, Executive Functioning, and Adaptation to the School Environment.

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FOUR ESSENTIAL ELEMENTS OF OHI EVALUATIONS

1. Documenting the presence of **limited strength**, **vitality**, or **alertness (including a heightened alertness to environmental stimuli)**.
2. Establishing that the limitations are due to **chronic or acute health problems**.
3. Demonstrating the "health problems" **adversely impact** the ability to access and benefit from education.
4. Ensuring the concerns are **not primarily** the result of other factors (rule outs).

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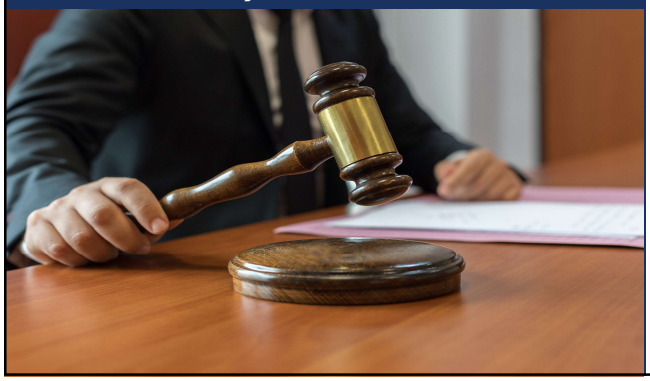
WHY LEGAL CASES ARE IMPORTANT FOR SCHOOL TEAMS (SAMPLE CASES)



D.L. v. District of Columbia (2006)

- **Issue:** Systemic failure to identify students with ADHD.
- **Ruling:** Violated **Child Find** obligation under IDEA.
- **Impact:** **Proactively identify and evaluate** suspected disabilities—don't delay referral based solely on behavior or grades and assess attention, executive functioning, and access to learning.

K.D. v. DOE, Hawaii (2011)

- **Issue:** Incomplete evaluation and weak IEP for student with ADHD.
- **Ruling:** Denial of **FAPE** due to procedural and substantive violations.
- **Impact:** **Assess in all suspected areas** and develop data-based, individualized IEPs.

D.L. v. District of Columbia (2006)

- **Issue:** Systemic failure to identify students with ADHD.
- **Ruling:** Violated **Child Find** obligation under IDEA.
- **Impact:** **Proactively identify and evaluate** suspected disabilities (see above)

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WHAT HAS CASE LAW TAUGHT US

ADHD must be linked to **educational impact** to qualify under OHI.

Schools must:

Evaluate promptly and thoroughly	Document adverse effects clearly	Provide interventions aligned to needs	Monitor and revise services as needed

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ENHANCING OUR ASSESSMENT PRACTICES

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Traditional vs. Responsive ADHD/OHI Evaluations

Traditional

- Relies heavily on rating scales
- Focuses on eligibility compliance
- Often siloed assessment by the school psych
- Tends to overlook contextual/environmental fit
- Report-driven outcomes

Collaborative & Responsive

- Uses the multiverse!
- Focuses on functional impact and student strengths
- Data collection and interpretation from various sources
- Considers classroom, home, and task demands
- Student-centered & intervention-informed decision-making

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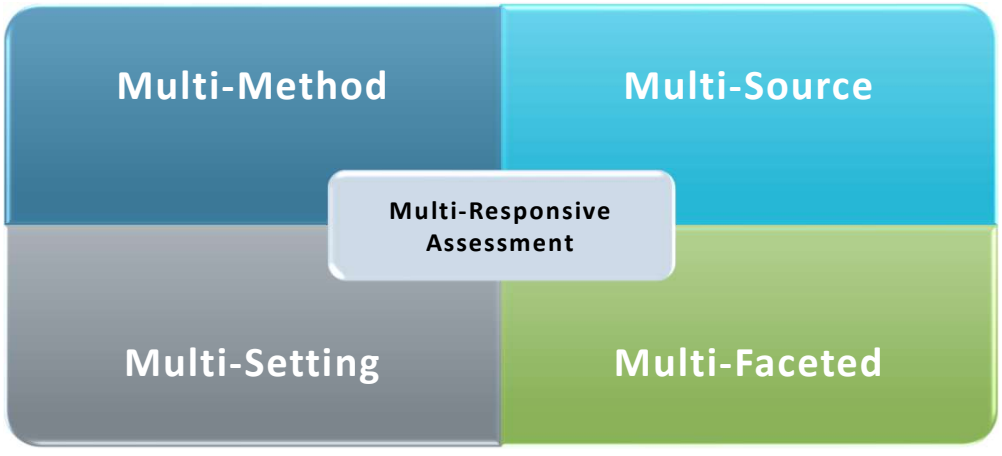
EVALUATING THROUGH THE MULTIVERSE!



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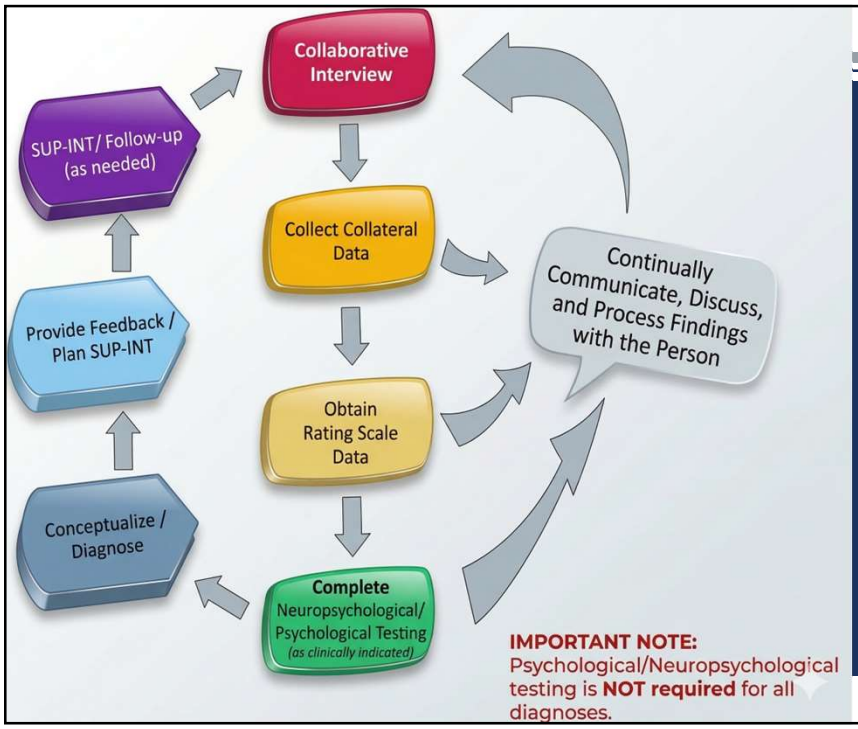

RESPONSIVE PSYCHOLOGICAL ASSESSMENT

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- Lack persistence toward goals, tasks, and the future (can't sustain attention or action over time)
- Distractible (impaired resistance to responding to goal irrelevant stimuli)
- Trouble with task reengagement (skips across unfinished tasks)
- Difficulty with working memory (forgetful in daily activities)
- Diminished self-monitoring (lack of self-awareness/metacognition)
- Challenges with motor inhibition (restless, hyperactive) and verbal inhibition (excessive talking, interrupting)
- Impulsive cognition (difficulty suppressing task irrelevant thoughts, rapid decision making)
- Impulsive motivation (prefer immediate gratification, delaying consequences)
- Emotional dysregulation (impulsive affect, poor self-regulation)

EXECUTIVE ATTENTION & FUNCTIONING

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WHAT WE NEED TO REMEMBER:

"The most worrisome deficits of children with ADHD are not the product of low IQ, but rather of instability of control processes that govern everyday applications to the environment."

~Schuck & Crinella (2005)

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ASSESSMENT TOOLS AND METHODS

Record Review	Interviews (Parent, Teacher, Student)	Observations Across Settings	Measures for Rule Out & Educational Impact
• Review academic history, discipline, attendance, evaluations, intervention data, and medical/ mental health reports. • Look for patterns over time.	• Gather perspectives on functioning, behavior patterns, triggers, coping skills, and impact across environments. • Look at self-awareness and internal experiences.	• Observe the student in multiple environments, when possible (e.g., classroom, recess, lunch). • Look for consistency, differences, and functional impact.	• Cognitive, academic achievement, and sensory functioning. • Health and lifestyle factors. • Assess functional impact—BRIEF-2, CEFI, BDEFS, and BFIS.

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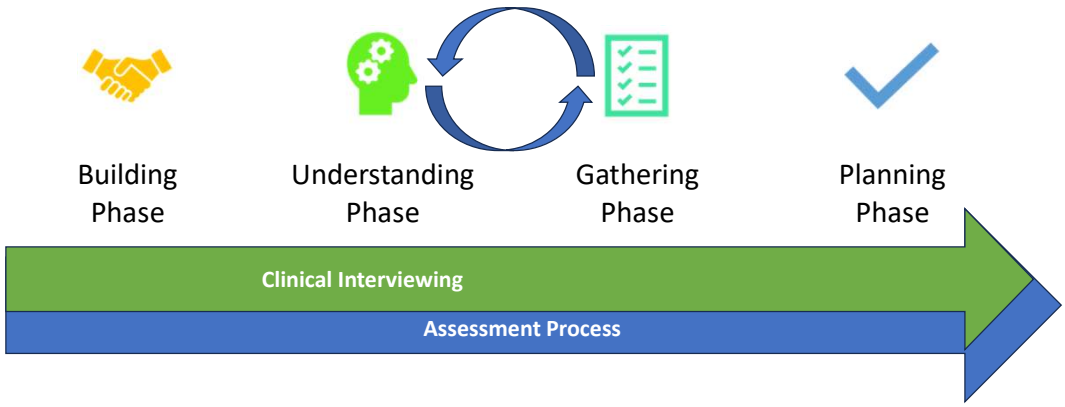
Clinical Interviewing Runs Through Assessment



(Modified from Sommers-Flanagan, 2016)

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COMPLETE CLINICAL INTERVIEW

Interests and Self-View	Current Concerns	Strengths	Family Dynamics/ History	Sociocultural Factors
Social Interactions	School/ Educational History	Developmental History	Medical History (including medication)	Wellness Factors (including substance use)
	Legal/ Disciplinary Issues	Functional Independence	Symptoms, Impairments, Timelines, and Settings	

***Streamline through early data collection (e.g., history and input forms)**

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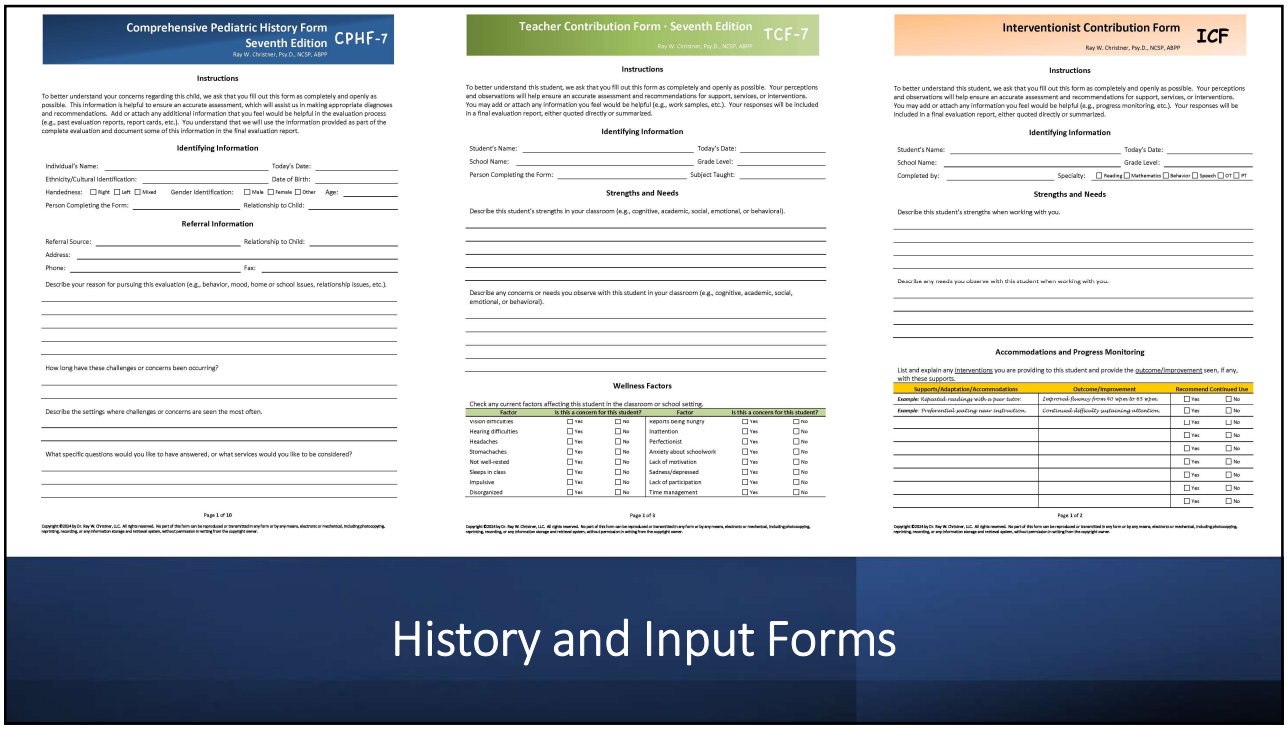

History and Input Forms

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REVIEW COLLATERAL DATA

Collateral Interviews
- Parents, teachers, counselors, etc.

Academic Records
- Report cards, past evaluations, college transcripts, discipline referrals, IEPs/504 plans, etc.

Medical Records
- Medication review, prior evaluations, treatment plans, etc.

Legal Documents
- Court documents, PFAs, speeding tickets, etc.

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Classroom Observations

Functional and Adaptable Classroom Evaluation System (FACES)

Student Name: _____ Sex: _____ Grade: _____ Date: _____

School: _____ Teacher: _____ Student/Staff Ratio: _____/_____

Time: _____ Type of Class: _____ Student's Seating Location: _____

Class Activity: _____

Time on Task (Momentary Time Sampling)

Interval(Minute)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Student	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Classmate	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Interval(Minute)	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Student	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Classmate	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Interval(Minute)	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Student	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Classmate	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Interval(Minute)	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
Student	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Classmate	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Frequency of Responses

Out of Seat:		Calling Out:		Playing with Objects:	
Teacher Redirection:		Noncompliant:		Other:	

Social and Emotional Observations

Interaction with Peers:	
Interaction with Teacher:	
Expression of Frustration:	
Compliance:	
Emotional Expression:	

Executive Function Observations

Describe how the student begins tasks (activation/initiation).	
Describe how the student maintains effort and attention (effort/focus).	
Describe how the student manages materials (organization/preparation).	
Describe how the student manages time and approaches tasks (planning).	
Describe how the student responds to challenges/frustrations (emotional control).	
Describe how the student controls behavior and thoughts (self-regulation).	
Describe how the student expresses needs and seeks help (self-advocacy).	

Accommodations/Interventions Use

List All Accommodations/Intervention Observed.	

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RATING SCALES

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Adapted from Merrell, K. W. (2008). *Behavioral, Social, and Emotional Assessment of Children and Adolescents.* Expanded and reworded by Ray W. Christner, Psy.D., NCSP, ABPP (2025).

Type of Error Variance	Revised Examples
Source Variance	A teacher typically reports greater behavioral difficulties than a parent, often due to stress related to classroom management or differing expectations. A parent underreports symptoms because behaviors are less frequent at home or due to defensiveness.
Setting Variance	The student appears inattentive and impulsive in a large, unstructured class but maintains focus in small-group instruction. Peer conflicts occur during recess but not in structured academic tasks.
Temporal Variance	Ratings completed during a stressful transition or after a medication change differ from those collected during a stable period. Parent and teacher ratings vary across the school year.
Instrument Variance	Scores differ across rating scales: BASC-3 Attention Problems is elevated, but Conners-4 Inattention is within normal limits.
Interpretive Variance	Two raters interpret the response option 'often' differently—one views it as once per day, while the other views it as once per week.
Response Variance	A student's self-report indicates high anxiety, but teachers and parents rate minimal symptoms.

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Revised Neurodevelopmental Processing Continuum
Ray W. Christner, Psy.D., NCSP, ABPP

Neurodevelopmental Continuum: Early Childhood Acquisition → Consolidation → Application → Adulthood

Cognitive Processing Functions									Functional Skills				
Sensory-Perception	Attention/ Response Control	Auditory	Visuospatial	Sensory-Motor	Language	Memory	Executive Functions	Social Perception	Reading	Mathematics	Written Language	Social, Emotional, & Behavioral	Adaptive Behaviors
Sound Distinction; Auditory Perception; Auditory Sharpness; Visual Acuity; Visual Perception; Peripheral Vision; Eye Movement Control; Tactile Perception; Olfactory Perception; Gustatory Perception; Sensory Exploration; Sensory Avoidance; Balance Sense (Vestibular); Internal; Sensation Awareness (Interoception)	Prolonged Concentration; Continuous Attention; Endurance; Steady and Persistent Effort	Listening Comprehension; Executing Detailed Instructions w/o visual cues; Verbal Problem Solving	Visual Problem Solving; Reasoning with Visual Data	Smooth and Intricate Fine and Gross Motor Skills; Increased Coordination and Motor Speed	Oral Expression; Logical Analysis with Verbal Information; Comprehension of Detailed Instructions; Rapid Recall	Avoiding Memory Interference; Enhanced General Knowledge; Long-term Memory Storage and Retrieval; Strengthened Linkages Between New and Previous Learning	Advanced Problem Solving; Strategic Planning; Improved Organization; Self-Awareness in Thinking; Time Management; Self-Refection and Advocacy	Social Intentions; Understanding of Others' Viewpoints, Intentions, and Beliefs	Fluency Reading Aloud and Silently; Expanded Reading Lexicon; Reading Comprehension (Literal and Interpretive); Independent Reading for New Learning.	Mathematics Problem Solving; Integration of Mathematics to Other Domains; Improved Mathematical Organization	Written Expression (Expository and Creative); Writing Proficiency; Improved Editing Skills	Self-Reflection; Improved Emotional Regulation; Self-Awareness; Deeper Emotional Conversations; Desire for Independence; Satisfaction in Achievements; Increased Social Engagement	Functional Communication; Self-Care; Daily Living; Social Skills; Community and Resource Use; Self-Direction; Functional Academics; Leisure, Health and Safety; and Work
	Focus; Cognitive Effort; Sustained Attention; Basic Self-Regulation	Concrete Understanding; Basic Verbal Reasoning; Following Directions; Auditory WM (phonological loop); Auditory Perception	Visual-Spatial Integration; Visual-Spatial Perception; Visual WM	Visual-Motor Integration; Graphomotor Accuracy and Speed; Motor Planning; Motor Dexterity and Strength; Body Position Awareness (Proprioception); Balance Sense (Vestibular)	Spoken and Unspoken Interactions; Oral Expression; Speech Intonation (Prosody); Verbal Fluency; Rapid Naming; Phonological Processing; Sound Decoding	Working Memory; Enhanced Memory Capacity; Improved Memory Strategies; Efficient Recall	Goal Selection; Task Initiation; Behavioral Productivity; Improved Inhibition; Prioritization and Organizing; Cognitive Flexibility	Identifying Emotions in Others; Comprehending that Others have Distinct Thoughts, Ideas, and Feelings Different from Their Own; Facial Memory Recognition	Word Decoding and Recognition; Reading Fluency; Reading Comprehension (Concrete)	Math Facts Knowledge and Fluency; Arithmetic Procedures; Expanded Math Vocabulary; Structured Mathematic Thinking	Spelling Fluency; Grammar Proficiency; Expanded Spelling Lexicon; Composition of Sentences and Paragraphs	Emotional Regulation; Behavioral Inhibition; Identification and Articulation of Emotions; Self-Control; Desire to Interact with Others; Developing Sense of Humor	
	Vigilance; Awareness; Selective Attention; Basic Concentration; Basic Self-Restraint (Motor Inhibition)	Auditory Perception; Sound Discrimination; Auditory STM; Phonological Awareness	Visual Awareness; Visual Discrimination; Basic Visuomotor Construction; Visual STM	Fundamental Fine Motor or Gross Skills; Balance; Pincher Grasp; Basic Graphomotor Skills; Oral-Motor Abilities	Word Generation; Rapid Naming; Phonological Awareness; Oral-Motor Coordination; Direct Naming	Immediate Recall; Free Recall; Recognition Memory; Phonological Loop; Visual Sketch-Pad	Attentional Control; Self-Restraint; Basic Planning; Basic Cognitive Flexibility	Awareness of Others; Emotional Awareness; Emotional Lexicon	Phonological Awareness; Alphabetic Principles (knowledge and fluency); Orthographic Knowledge	Number and Fact Identification; Numeracy Skills; Sequencing	Phonological Processing; Spelling Basic Words; Basic Grammar; Handwriting Skills	Expressing Feelings; Fundamental Emotional Regulation; Investigative Play; Spontaneously Caring	

Based and modified from work by Dr. Elaine Fletcher-Janzen

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NEUROPSYCHOLOGICAL TESTING

NP tests have modest reliability in detecting ADHD

"Abnormal findings" can correctly predict ADHD; normal findings **do not** indicate absence of ADHD

NP measures are sensitive, but not specific

(Woods, Lovejoy, & Ball, 2002)

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SAMPLE PERFORMANCE-BASED TESTS (PEDIATRIC)

Sensory-Perception

- Sensory Perceptual Examination (SPE)
- Snell Chart
- DWNB (sensory subtests)

Attention/Response Control

- IVA-2
- CPT-3
- TOVA
- NEPSY-II (Auditory Attention/Response Set & Statue, Inhibition)
- Go/No-Go Tasks
- CAS-2 (Attention Subtests)

Auditory

- NEPSY-II (Comprehension of Instructions, Phonological Processing)
- FAR (Phonological Processing)
- TAPS-4

Visual-Spatial

- NEPSY-II (Arrows, Block Construction, Design Coping)
- VMI-6 or Bender-II

Sensory-Motor

- Grooved Pegboard and Tapper
- Hand Dynamometer
- NEPSI-II (Finger Tapping, Imitating Hand Positions)

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SAMPLE PERFORMANCE-BASED TESTS (PEDIATRIC)

Language

- NEPSY-II (Speeded Naming & Word Generation)
- FAR (Rapid Automatic Naming & Verbal Fluency)
- PPVT-5 or Ortiz PVAT
- RAN/RAS

Memory

- ChAMP
- WRAML-2
- TOMAL-2
- NEPSY-II (List Memory, Memory for Designs, Narrative Memory)
- CVLT-C

Executive Functions

- DKEFS
- Trails-X
- RIT (or other Stroop tests)
- CAS-2 (Planning Subtests)
- CTMT
- WCST
- Hale-Denckla Cancellation Test (HDCT)

Social-Perception

- NEPSY-II (Affect Recognition, Theory of Mind, Memory for Faces)

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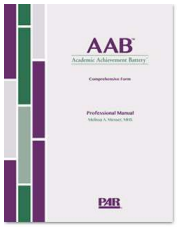

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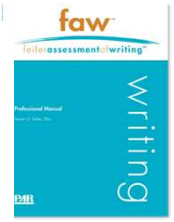

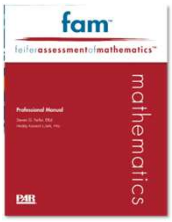

ACHIEVEMENT TESTS

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SHOULD I BE USING VALIDITY TESTS?

American Academy of Clinical Neuropsychology (AACN) & National Academy of Neuropsychology (NAN) guidelines suggest:

- Intersperse throughout a comprehensive psychological/ neuropsychological evaluation.
- Avoid administering validity tests in clusters.
- Do not rely on one validity measure and assume constant effort across the entire evaluation and on all tasks.
  - ✓**Two stand-alone** measures if there are also embedded measures being used.
  - ✓**Three or more** if no other tests have embedded effort measures.

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SYMPTOM VALIDITY TESTS (PEDIATRIC)

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PERFORMANCE VALIDITY TESTS (PEDIATRIC)

Stand-Alone PVTs for Children

- MVP
- PdPVTs

Stand-Alone PVTs Adapted from Adults

- Rey-FIT
- TOMM
- Time Automatized Sequences
- VSVT
- WMT

Embedded PVTs

- ChAMP (Lists Recognition and Objects subtests)
- CVLT-C (Forced Choice Recognition Trial and Recognition Discrimination Score)
- IVA-2 (Malingering and validity scales)
- TOMAL-2 (Paired Recall and Easy Pair failures)
- WCST (Failure to Maintain Set subtest)
- WISC-V (Digit Span subtest SS = ≤4)

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OTHER DETERMINANT CONSIDERATIONS

- **Limited English Proficiency**
- **Cultural Differences**
- **Medical Condition(s)**
- **Communication, Sensory, or Motor Abilities**
- **Lack of Exposure**
- **Effort Concerns**

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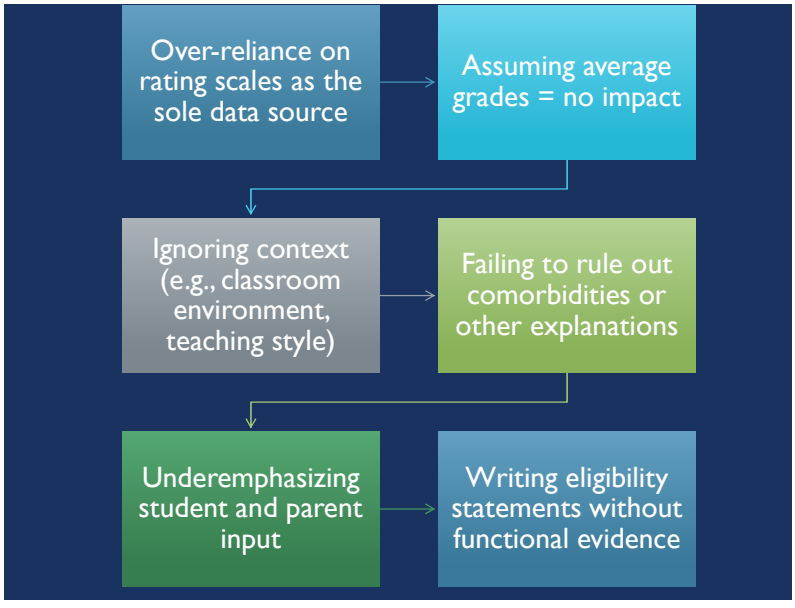
AVOIDING MISSTEPS: COMMON PITFALLS TO WATCH FOR

Solution:
Use multiple methods, interpret data contextually, and link findings to school performance.



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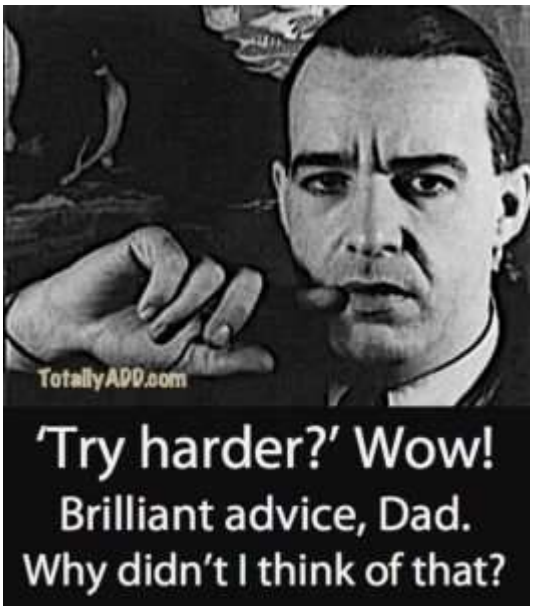

INTERVENTION

ASSESSMENT IS JUST THE BEGINNING

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IMPLICATIONS TO INTERVENTIONS

- Teaching "skills" alone is inadequate.
- Must design prosthetic environments to compensate for ADHD and EF problems.
- Effective interventions are at the "point-of-performance."
- Remediation must involve direct training.

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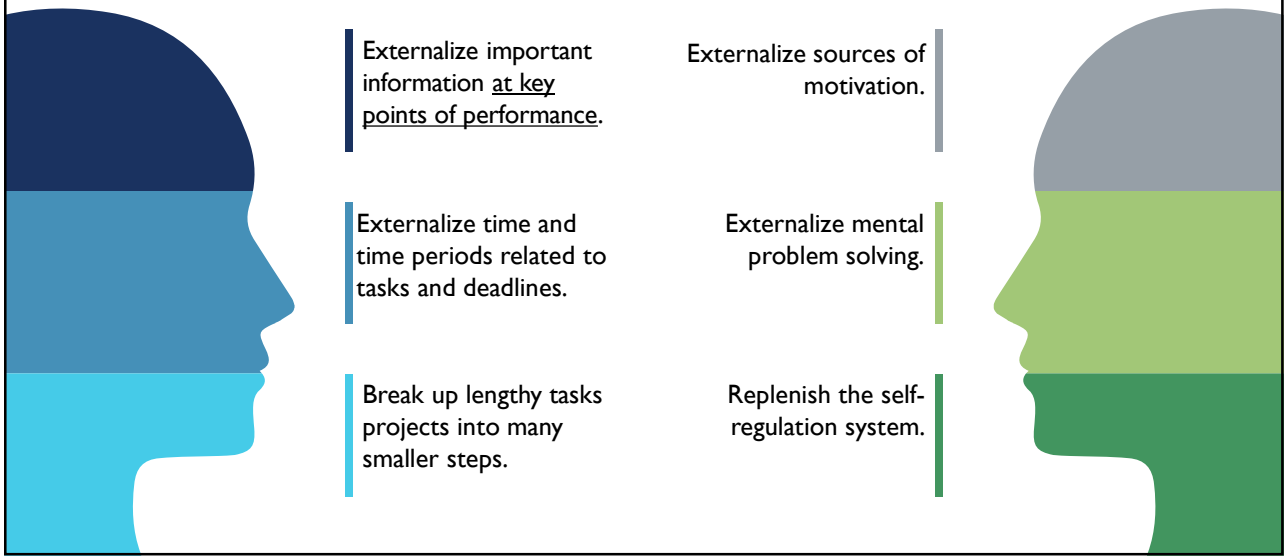
Setting Up a Classroom for ADHD Success



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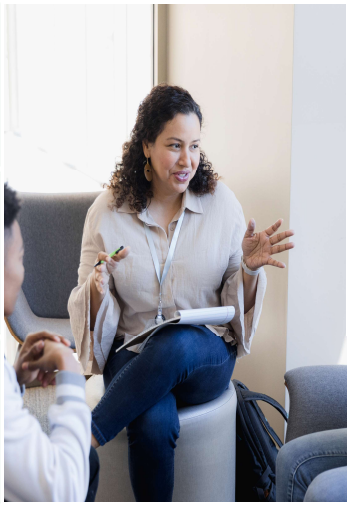
INTERVENTION PLANNING BASED ON EVALUATION RESULTS

Data-Driven Intervention Planning	Match interventions to needs. Focus on **both** academic and social, emotional, and behavior functions.
Key Intervention Components	Academic & Behavior Supports (Prosthetic Environments) Counseling/Psychotherapy Skills Training—beyond social skills.
Collaboration is Critical	Engage **ALL** team members in determining interventions and regularly review and adjust.



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WRITING PRESENT LEVELS THAT REFLECT REAL NEEDS AND LINK TO INTERVENTION

Ineffective:

"Eli has ADHD and struggles with attention."

Effective:

"Eli demonstrates challenges initiating tasks and maintaining attention during independent work. He benefits from adult prompts and environmental cues, such as checklists and timers, to sustain focus."

Tips for Strong Present Levels:

- ✓ Use descriptive language tied to observations/data.
- ✓ Include supports that have been helpful.
- ✓ Describe impact on access to instruction.

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FDA APPROVED PHARMACOLOGIC TREATMENTS

Methylphenidate-Based	Duration of effect
Concerta	~12 hours
Ritalin	3 to 4 hours
Metadate CD	8 to 10 hours
Focalin XR	8 to 10 hours
Daytrana	~12 hours
Amphetamine-Based	
Adderall XR	~8 hours
Adderall	4 to 6 hours
Dexedrine	6 to 8 hours
Vyvanse	~12 hours
Nonstimulants	
Strattera	Up to 24 hours
Intuniv	Up to 24 hours
Kapvay	Up to 24 hours

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PSYCHOSOCIAL TREATMENTS FOR ADHD

Parent education	• (<11 years – 65-75% respond; teens – 25-35% respond)
Effective classroom management	• Time, setting, and person limited
Physical exercise	• Improves coping but does not cure
Cognitive-Behavior Therapy	• Better with adolescent and adults
Biofeedback	• Inconsistent research
Technology-based Cognitive Training	• Inconsistent research
Time Management and Organization Training	• Promising research and no side effects
Mindfulness Meditation for ADHD	• Promising research and no side effects

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UNPROVEN TREATMENTS FOR ADHD

- Elimination Diets – removal of sugars, additives, etc. (weak evidence)
- Megavitamins, Antioxidants, Minerals (No compelling proof/disproven)
- Sensory Integration Training (disproven)
- Chiropractic Skull Manipulation (no proof)
- Play Therapy/Supportive Psychotherapy (disproven)
- Self-Control Therapy (disproven)

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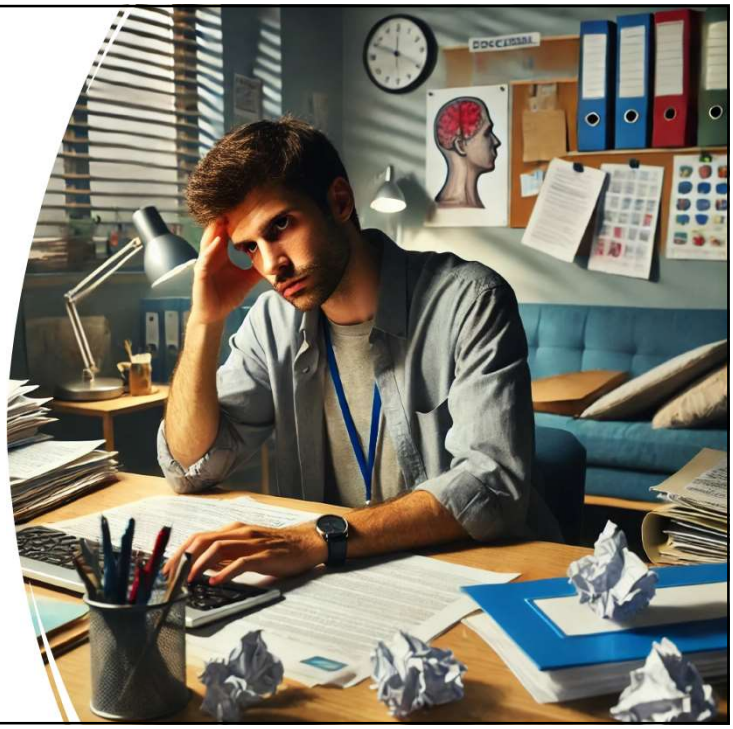
Simplifying Complexities in Writing Reports and Intervention Plans



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Make Your Reports CLEAR

CONNECTED
Connect the data to the person and the referral questions

LEGIBLE
Make readable for both aesthetics and reading level

ENLIGHTENING
Reveal information about the individual

APPLICABLE
All data should be applicable and relevant

REFLECTIVE
Data should be integrated to tell a story and provide thoughtful recommendations

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Referral Questions

- Co-create these as part of Building Phase of your interview.
- The questions might vary based on setting.
- Remember there might be a "Hidden Question."
- Most often, questions should reflect several areas:

DOMAIN	EXAMPLES
Functional	Why is Sydney having trouble with reading? Why is Raj engaging in aggressive behaviors? What are Alyssa's functional capabilities and needs?
Clinical	Does CJ have a learning disability or other neurodevelopmental concern? Does Sami have a mood, behavioral, or neurodevelopmental disorder?
Educational/Vocational	Does Carly need specially designed instruction or accommodations at school? Does Hillary need accommodations and supports for work?
Therapeutical	What empirically-based interventions might be most effective for Derek? What research-based instructional approaches might help A'ja?

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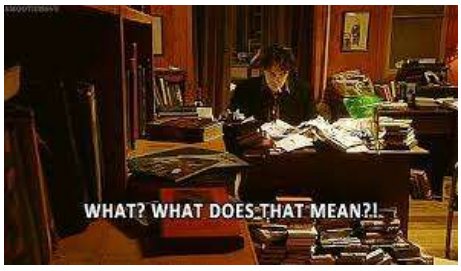
Considerations for Effective Report Writing

Readability, Readability, Readability!!!

- Choose language carefully
- Use plain language
- Use action verbs
- Use present tense when at all possible
- Use first person (APA says it's okay!)
- Try to be jargon-free and get rid of difficult words
- Put the thesaurus down! – smart people use simple words, too
- Eliminate words you don't need
- Shorten sentence length
- Omit passive verbs
- Use an active voice (80% to 90% of the time)
- Avoid repeating text



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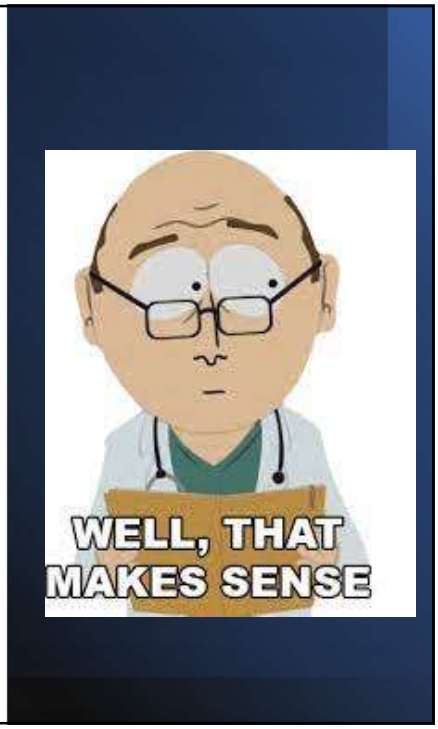
Considerations for Effective Report Writing (cont.)

- Use headings and subheadings
- Write from an individual-centered perspective
- Don't hide behind test results
- Take a clinically-integrated approach
- Address conflicting results – Don't just use information that supports your case
- Address strengths and needs
- Link data to referral questions
- Use brief bullet points on key takeaway points
- Make sections proportional to their importance
- Readers most value Summary/Impressions and Recommendations; the space allotted to them should reflect such
- Bring it all home – "Everyone Likes a Good Ending"
- Consider test scores as an appendix



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Ask Yourself If You Wrote a SMART Report

S – Was the information provided **sincere** and true? (honest and hopeful)

M – Did I write it in a **meaningful** way for others to understand the person?

A – Did I use readable and **accessible** language and have clear formatting?

R – Is the information included in the report **required** and necessary?

T – Did I present information in a **thoughtful**, kind, and respectful manner?

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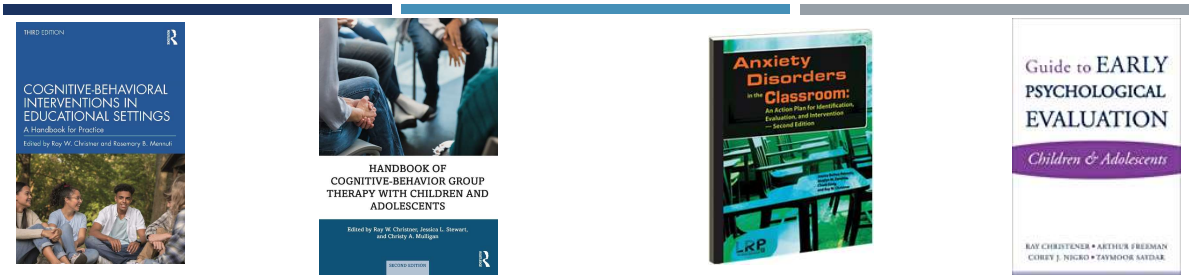

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