

## **PROCEDURES FOR ASSESSMENT OF ATTENTION DEFICIT DISORDERS AND LEARNING DISABILITIES**

Welcome to our practice! We understand that the process of evaluation for Attention Deficit Hyperactivity Disorder (ADHD or ADD) and/or Specific Learning Disabilities can be confusing. We have attempted to outline this procedure for you and tried to answer frequently asked questions. We encourage you to ask questions about any part of the procedure if it is still unclear to you after reading this.

### **Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder**

As you may be aware, there is no one specific test for Attention Deficit Disorders. To make it even more confusing, there are different names being used to describe the disorder. We use the definition provided by the Diagnostic and Statistical Manual –V (DSM-V), which contains the guidelines commonly used to diagnose psychiatric disorders. In the DSM-V, there are currently 3 diagnoses for ADHD/ ADD. These are as follows:

**Attention Deficit Hyperactivity Disorder, Primarily Inattentive Type**-this is what is commonly referred to as ADD because the individual experiences primarily Inattentive symptoms but not Hyperactive/Impulsive symptoms to a significant degree

**Attention Deficit Hyperactivity Disorder, Primarily Hyperactive/Impulsive Type**-this form of the disorder is characterized by mostly Hyperactive and Impulsive symptoms to a significant degree

**Attention Deficit Hyperactivity Disorder, Combined Type**-this form is characterized by both Inattentive and Hyperactivity/Impulsive symptoms to a significant degree

We follow the protocol outlined in the research literature to evaluate an individual for ADHD. This necessitates the following:

1. Having the individual and at least one significant other who knows the individual well (e.g. parent, guardian, spouse) complete one or more checklists or questionnaires asking about ADHD symptoms and other related symptoms. In the case of individuals in grades K-12, this also may involve having teachers complete behavioral checklists to describe any behavioral difficulties they observe the child or teenager to have in the school setting.
2. The individual and a significant other will be interviewed and asked a number of different questions in order to gain more detail about problematic symptoms and areas of life that are negatively affected by the symptoms.
  - a. They also will be asked about other problems that commonly co-occur with ADHD, including learning problems, anxiety, and depression. This usually takes one session, possibly two, of face to face time with the evaluating psychologist. This is often called a clinical interview.
  - b. **You should also bring to the initial interview copies of any previous evaluations or testing records you have and relevant report cards or other documentation that pertains to the problem being assessed** (e.g. notes from teachers, standardized testing results, etc.) These will be kept by the evaluating psychologist to integrate with the evaluation results, so be sure to keep your originals and only bring copies. These copies can be returned to you at the end of the evaluation if you request.
3. Following the clinical interview, formal testing will be scheduled if the initial part of the evaluation indicates the need for this testing. This is where it can get a little complicated, again since there is no single test for ADHD. An important part of the procedure for determining if ADHD is present is ruling out other factors or disorders that may look like ADHD. These include primarily:
  - a. Cognitive disorder
  - b. Learning disability
  - c. Anxiety Disorder
  - d. Depression
  - e. Auditory processing disorder

Some of these can be ruled out in a detailed clinical interview, through the checklists and questionnaires you will complete, or possibly through referral to another professional (e.g. audiologist). Cognitive disorders and Learning Disabilities can be ruled out, or in some cases, found to be present, through the testing done at this office.

To make matters even more complicated, statistics show that up to 50% of individuals with ADHD also have a co-occurring learning disability. So, even if you have been treated for ADHD with medication, it is still important and necessary to complete the testing to determine whether other underlying learning problems exist.

At a minimum, formal testing includes intellectual testing (IQ test) and individual academic achievement testing. These tests give a global assessment of the individual's cognitive processing abilities and style and current academic achievement levels. In addition, the tests provide the opportunity for the examiner to observe how the individual approaches novel tasks that require problem solving. In some cases, further testing is warranted and this will be discussed in the Learning Disabilities section below.

4. Once all information in steps 1-3 above is obtained, the psychologist will interpret the results and in most cases, write a formal report summarizing the results and making recommendations. This report will serve as the mechanism to communicate with other parties, such as the school, physicians, testing boards, and you will receive a copy for your records. **Please note that schools, colleges, and standardized testing boards require a very detailed and specific report that follows well recognized guidelines for assessment of ADHD and learning disabilities. If you are seeking a diagnosis for treatment alone and not accommodations, a full written report may not be necessary.** There is an additional charge for the time to write the report over and above the time charged for the testing itself, as this is a very time and labor intensive activity. Please discuss this with the evaluating psychologist if you have further questions.
5. A feedback session will be scheduled to go over the results of the full evaluation. At this time, test results, conclusions, and recommendations will be reviewed and you will have the opportunity to ask questions. Most people find it helpful to bring a list of questions with them to the feedback session to make the best use of the time. Of course, if questions come up after the feedback session, you can always call and talk over the phone if it is an issue that can be handled in a short phone conversation or you can set up another appointment for further in-depth consultation.

### **Learning Disabilities**

Learning Disabilities are also an area where multiple terms are used. Furthermore, the terms used may mean different things to different people. In addition, changes in federal IDEA law have allowed for a slightly wider range of information to be used to aid in determining if a learning disability is present. Let's first discuss the terminology used and then we'll move on to how to determine if a learning disability is present.

DSM-V Definition of Learning Disabilities:

1. **Reading Disorder:** Reading achievement, as measured by individually administered standardized tests of reading fluency, accuracy, or comprehension, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.

The disturbance in the first criterion significantly interferes with academic achievement or activities of daily living that require reading skills.

If a sensory deficit is present, the reading difficulties are in excess of those usually associated with it.

**2. Mathematics Disorder:** Mathematical ability, as measured by individually administered standardized tests, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.

The disturbance significantly interferes with academic achievement or activities of daily living that require mathematical ability.

If a sensory deficit is present, the difficulties in mathematical ability are in excess of those usually associated with it.

**3. Disorder of Written Expression:** Writing skills, as measured by individually administered standardized tests (or functional assessments of writing skills), are substantially below those expected given the person's chronological age, measured intelligence, and age-appropriate education.

The disturbance in the first category significantly interferes with academic achievement or activities of daily living that require the composition of written texts (e.g., writing grammatically correct sentences and organized paragraphs).

If a sensory deficit is present, the difficulties in writing skills are in excess of those usually associated with it.

Other terminology also is used interchangeably with the DSM-V terminology. These include:

**Dyslexia:** This is a term that is commonly used to describe a reading disorder and can encompass a written language disorder as well. This practice uses the definition of Dyslexia developed by the working group of the International Dyslexia Association in August, 2002. It is as follows:

**Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and /or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in**

**reading and reduced reading experience that can impede growth of vocabulary and background knowledge.**

Dyslexia is not limited to reversing the order of letters in reading or writing. It is not a visual perception deficit that involves reading letters or words backwards or upside down. In fact, some individuals with dyslexia do not reverse letters at all.

**Dyscalculia:** This term is less commonly known than dyslexia but is used interchangeably with Mathematics Disorder. Dyscalculia is a neurological condition characterized by a problem with learning fundamentals and one or more of the basic numerical skills. Often people with this condition can understand very complex mathematical concepts and principles but have difficulty processing formulas and even basic addition and subtraction.

**Dysgraphia:** This term is used to describe a form of writing disorder. Dysgraphia is defined as a difficulty in automatically remembering and mastering the sequence of muscle motor movements needed in writing letters or numbers. This difficulty is out of harmony with the person's intelligence, regular teaching instruction, and (in most cases) the use of the pencil in non-learning tasks. It is neurologically based and exists in varying degrees, ranging from mild to moderate.

We follow the protocol outlined in the research literature to evaluate an individual for Learning Disabilities. This necessitates the following:

1. Clinical interview with the individual and a parent if possible to obtain academic history, developmental history, family history of learning problems, and other relevant information.
2. Individual intelligence testing.
3. Individual academic achievement testing of reading, math, writing, and oral language.
4. In some cases, schools, colleges, or testing boards require an additional test of memory/learning and information processing
5. In the case of reading or written language problems, specific tests to further delineate the source of reading or writing problems (e.g. fluency vs. comprehension, phonological awareness, reading efficiency, etc.)
6. Once all testing and clinical information is obtained, the psychologist will interpret the results and in most cases, write a formal report summarizing the results and making recommendations. This report will serve as the mechanism to communicate with other parties, such as the school, physicians, testing boards, and you will receive a copy for your records. **Please note that schools, colleges, and standardized testing boards require a very detailed and specific report that follows well recognized guidelines for assessment of ADHD and learning disabilities. If you are seeking a diagnosis for treatment alone and not**

**accommodations, a full written report may not be necessary.** Please discuss this with the evaluating psychologist if you have further questions.

7. A feedback session will be scheduled to go over the results of the full evaluation. At this time, test results, conclusions, and recommendations will be reviewed and you will have the opportunity to ask questions. Most people find it helpful to bring a list of questions with them to the feedback session to make the best use of the time. Of course, if questions come up after the feedback session, you can always call and talk over the phone if it is an issue that can be handled in a short phone conversation or you can set up another appointment for further in-depth consultation.

Fees are:	Initial interview (50-55 minutes)	\$230
	Testing per hour by technician	\$145
	Testing per hour by Licensed Psychologist	\$190
	Interpretation & report writing per hour	\$190
	Feedback session (45-60 minutes)	\$145-\$190

Our office can assist you in determining whether your insurance plan will cover some of the cost of the evaluation. **Be aware that most insurance plans typically do not cover the cost of any testing, or formal reports on this testing, that they consider academic in nature.**