



## **CONFIDENTIAL ADHD TESTING**

Testing Date: September 8, 2021

Jane Doe; DOB April 15, 2013; Age 8

### **PRESENTING PROBLEM and REFERRAL QUESTION**

Jane Doe started to struggle in class and get in trouble and struggle with small behavioral things at school, he is angry a lot, and has meltdowns, especially during math class.

### **NOTIFICATION**

Prior to the initiation of the examination I notified Ms. Doe, as to the nature of the confidentiality arrangement. I indicated to her that the visit would result in the generation of a report that would be her sole possession. If she wished the report released from the office to someone other than herself, then she would need to sign a release form. I also indicated to her that she required a straightforward presentation. I told her there were aspects of the examination, which might reveal a lack of effort, symptom exaggeration or dissimulation. She appeared to understand.

### **Background**

**Family and Social:** Jane Doe lives in the home with her mother, father and one younger sister, age 4. She was carried for 40 weeks, natural birth, and induced labor. Mother reports that he met all developmental milestones.

### **Psychological and Substance Use:**

Jane Doe did do counseling prior once or twice when school

started but there has been a barrier getting services due where they live and did not want telehealth services. Family denies substance abuse other than caffeine usage; he drinks 2 sodas per day.

### **Developmental, Medical, and Medications:**

Jane Doe does not take any medications and has no known medical conditions.

### **BEHAVIORAL OBSERVATIONS AND MENTAL STATUS**

Jane Doe was alert and oriented during the telehealth session. He was hyperactive during the session and had to be redirected by her mother and therapist several times during the session and was defiant towards her mom and therapist at times. Her mother reports that he often takes her anger out on her and no one else in the household. He gets along well with her older siblings per her mothers report.

### **PSYCHOMETRIC FINDINGS**

**The Conners 3rd Edition–Parent (Conners 3–P)** is an assessment tool used to obtain a parent’s observations about her or her child’s behavior. The instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and its most common comorbid problems in children and adolescents aged 6 to 18 years old. When used in combination with other information, results from the Conners 3–P can provide valuable information to guide assessment decisions. Ther report provides information about the parent's assessment of the youth, how he compares to other youth, and which scales and subscales are elevated

### **Response Style Analysis**

The following section provides the parent’s scores for the Positive and Negative Impression scales and the Inconsistency Index.

## Positive Impression

The Positive Impression score (raw score = 0) does not indicate an overly positive response style.

## Negative Impression

The Negative Impression score (raw score = 4) does not indicate an overly negative response style.

## Inconsistency Index

The Inconsistency Index score (raw score = 6, number of differentials  $\geq 2 = 1$ ) does not indicate an inconsistent response style.

## Conners 3-P Content Scales

The T-scores for the following Conners 3-P Content scales were very elevated (i.e., T-score  $\geq 70$ ), indicating many more concerns than are typically reported:

Inattention (T = 90), Hyperactivity/Impulsivity (T = 72), Executive Functioning (T = 78), Defiance/Aggression (T = 90) and Peer Relations (T = 90).

Scale	Raw Score	T-Score (Percentile)	Guideline	Common Characteristics of High Scorers
Inattention	26	90 (99)	Very elevated Score (Many more concerns than are typically reported)	May have poor concentration/attention or difficulty keeping her/her mind on work. May make careless mistakes. May be easily distracted. May give up easily or be easily bored. May avoid schoolwork.
Hyperactivity/Impulsivity	23	72 (97)	Very elevated Score (Many more concerns than are typically reported)	High activity levels, may be restless and/or impulsive. May have difficulty being quiet. May interrupt others. May be easily excited.

Learning Problems	8	59 (77)	Average Score (Typical Levels of concern)	Academic struggles (reading, writing, and/or math) May have difficulty learning and/or remembering concepts. May need extra explanations.
Executive Functioning	20	78 (99)	Very elevated Score (Many more concerns than are typically reported)	May have difficulty starting or finishing projects, may complete projects at the last minute. May have poor planning or organizational skills.
Defiance/Aggression	12	90 (98)	Very elevated Score (Many more concerns than are typically reported)	May be argumentative; may defy requests from adults; may have poor control of anger and/or aggression; may be physically and/or verbally aggressive; may show violent and/or destructive tendencies: May bully others; may be manipulative or cruel.

**Jane's scores are elevated (i.e., DSM-5 Symptom Count probably met, DSM-5 T-score 3 65): There diagnosis should be given strong consideration, meaning that her symptom count and her T-scores are relative and absolute supporting the finding of ADHD-Combined Type on the Conner's Parent Report.**

**Other Areas of Concern:**

**The Symptom Count is probably met for Oppositional Defiant Disorder.** Follow-up is recommended to ensure symptoms are exhibited during interaction with at least one individual who is not a sibling. Her raw score was 21, and with her in the T-score of 90, and the 99<sup>th</sup> percentile for her age compared to peers.

**The Symptom Count was high for anxiety, indicating that Jane Doe has trouble worrying, controlling her worrying and is irritable when worrying and depressed, feels worthless, sad and gloomy, lost of interest or pleasure in activities, tired and low energy and warrants further**

**investigation.**

**Specific Parental Concerns Reported: none**

Impairment

---

The parent's report of Jane Doe level of impairment in academic, social, and home settings is presented below.

Jane Doe's parent indicated that her problems seriously affect her schoolwork or grades often (score of 2).

Jane Doe's parent indicated that her problems seriously affect her friendships and relationships very often or very frequently (score of 3).

Jane Doe parent indicated that her problems seriously affect her home life very often or very frequently (score of 3).

### Conners 3-P Results and IDEA

Scores on the Conners 3-P suggest possible consideration for IDEA 2004 eligibility in the following area(s): Autism, Emotional Disturbance, Other Health Impairment and Specific Learning Disability.

The Conners 3-P provides information that may be useful to consider when determining whether a student is eligible for special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004).

Elevated scores on the Conners 3-P may indicate the need for special education and related services. The following table summarizes areas of IDEA 2004 eligibility that are typically listed for children and adolescents who have elevated scores on various portions of the Conners 3-P. Checkmarks indicate which areas of the Conners 3-P were indicated or endorsed, suggesting possible consideration of IDEA 2004 eligibility in related areas. The information in the table is based on the IDEA 2004 and general interpretation/application of the federal law.

<u>Content Area</u>	<u>Follow Up</u>	<u>Possible IDEA Eligibility Category</u>
Inattention	Yes	ED, LD, OHI
Hyperactivity Impulsivity	Yes	DD-Emotional, ED, OHI
Executive Functioning	Yes	LD, OHI
Peer Relations	Yes	Autism, DD-Communication, DD-Emotional; DD-Social
ADHD Predominantly Hyperactive-Impulsive Presentation	Yes	ED, OHI
ADHD Predominantly Inattentive Presentation	Yes	ED, LD, OHI
ADHD Combined Presentation	Yes	ED, LD, OHI
Conduct Disorder	Yes	ED
Oppositional Defiant Disorder	Yes	ED
Anxiety	Yes	ED
Depression	Yes	ED

ED = Emotional Disturbance; LD = Specific Learning Disability; OHI = Other Health Impairment.

### Conners 3–T Results and IDEA

---

The Conners 3–T provides information that may be useful to consider when determining whether a student is eligible for special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004).

Elevated scores on the Conners 3–T may indicate the need for special education and related services. The following table summarizes areas of IDEA 2004 eligibility that are typically listed for children and adolescents who have elevated scores on various portions of the Conners 3–T. Checkmarks indicate which areas of the Conners 3–T were indicated or endorsed, suggesting possible consideration of IDEA 2004 eligibility in related areas. The information in the table is based on the IDEA 2004 and general interpretation/application of the federal law. Specific state and local education agencies may have specific requirements that supersede these recommendations. The assessor is encouraged to consult local policies that may impact decision-making.

<u>Content Areas</u>	<u>Follow Up</u>	<u>Possible IDEA Eligibility Category</u>
Inattention	Yes	ED, LD, OHI
Peer Relations	Yes	Autism, DD-Communication, DD-Emotional, DD-Social, ED
Depression	Yes	ED

ED = Emotional Disturbance; LD = Specific Learning Disability; OHI = Other Health Impairment.

The Conners 3rd Edition-Teacher (Conners 3–T) is an assessment tool used to obtain the teacher’s observations about her/her student's behavior in a school setting. The instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and its most common comorbid problems in children and adolescents aged 6 to 18 years old. When used in combination with other information, results from the Conners 3–T can provide valuable information to guide assessment decisions. The report provides information about the teacher's assessment of the youth, how he compares to other youth, and which scales and subscales are elevated.

## Response Style Analysis

### Inconsistency Index.

### Positive Impression

The Positive Impression score (raw score = 1) does not indicate an overly positive response style.

### Negative Impression

The Negative Impression score (raw score = 3) does not indicate an overly negative response style.

### Inconsistency Index

**The Inconsistency Index score (raw score = 10, number of differentials  $\geq 2 = 3$ ) indicates that responses to similar items showed high levels of inconsistency.** Scores may not accurately reflect the individual due to a careless or unusual response to some items. Interpretation should focus on understanding the reasons for differences in responses to similar items.

<u>Scale</u>	<u>Raw Score</u>	<u>T-Score Percentile</u>	<u>Guideline</u>	<u>Common Characteristics of High Scorers</u>
Inattention	19	67 (90)	Elevated Score (More concerns than typically reported)	May have poor concentration/attention or difficulty keeping her/herself on work. May make careless mistakes. May be easily distracted. May give up easily or be easily bored. May avoid schoolwork.
Hyperactivity/Impulsivity	3	44 (52)	Average Score (Typical Levels of concern)	High activity levels, may be restless and/or impulsive. May have difficulty being quiet. May interrupt others or talk too much. May be easily excited.
Learning Problems/Executive	14	53 (66)	Average Score	Academic struggles (reading,

Functioning			(Typical Levels of concern)	spelling, and/or math) May have difficulty learning and/or remembering concepts. May need extra instructions. May have executive deficits.
Defiance/Aggression	5	55 (23)	Average Score (Typical levels of concern)	May be argumentative; may defy requests from adults; may have poor control of anger and/or aggression; may be physically and/or verbally aggressive; may show violent and/or destructive tendencies; may bully others; may be manipulative or cruel.
Executive Functioning (LE subscale)	11	62	High Average Score	May have difficulty starting or finishing projects, may complete projects at the last minute. May have poor planning, prioritizing, or organizational skills.
Peer Relations	11	89	Very Elevated Score (many more concerns than are typically reported)	May have difficulty with friendships, poor social skills, and limited social skills. May appear to be unaccepted by the group.
Learning Problems (LE Problems)	11	49	Average Score (Typical Levels of concern)	Struggles with reading, spelling, and/or math. May have difficulty remembering concepts.

**Additional concerns about student:** (Jane Doe) is a highly intelligent child who is loving and kind.

**Student strengths or skills:** understands difficult concepts. He's great in all subject areas except for math and she avoids this and is often disruptive during class.

## INTERPRETATION SUMMARY

Jane Doe meets the diagnostic criteria for 314.01 (F90.2) ADHD-Combined Presentation-Hyperactivity-impulsivity, Moderate; displaying a persistent

pattern of inattention and hyperactivity, impulsivity that interferes with functioning and or development, as characterized by inattention, hyperactivity, impulsivity of the following symptoms which have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on academic activities. These symptoms do not appear to solely be a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions, even though he does struggle with some executive functioning tasks. These symptoms were valid on the Conners parent report, and some symptoms present on the Conners teachers report;

They were as follows:

Inattention:

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, or during other activities.
2. Often has difficulty sustaining attention in tasks and/or activities.
3. Often has difficulty does not follow through on instructions and fails to finish schoolwork, chores (or starts tasks but quickly loses focus and is easily sidetracked)
4. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.
5. Is often easily distracted by extraneous stimuli (for older adolescents, may include unrelated thoughts)
6. Often loses things necessary for tasks or activities

Hyperactivity and impulsivity:

Six or more of the following symptoms have persisted for 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.

1. Often talks excessively
2. Often has difficulty waiting her turn
3. Often interrupts or intrudes on others
4. Is often “on the go” acting as if driven by a motor
5. Often fidgets with or taps hands or squirms
6. Often unable to play or engage in leisure activities quietly

Several inattentive symptoms were present before age 12 years.

Several inattentive symptoms are presents in two or more settings (school and home)

There is clear evidence that the symptoms interfere with, reduce the quality of, social, academic functioning.

The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g. mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal)

Jane Doe also scored significantly high for Anxiety from the parent's observations of Jane Doe behavior with regard to specific items that are related to generalized anxiety, however he did not meet the full criteria for the diagnosis. However there is being placed as a rule out, please see recommendations.

Jane Doe also scored significantly high on depression screening items for the parent and teacher observations behavior with regard to specific items that are related to depression. However, he did not meet the full criteria for their diagnosis and it is being placed as a rule out, please see recommendations.

## **CONCLUSIONS**

1. Intellectually, Jane appears to be operating within the Average-range of intellectual functioning, however full IQ testing was not conducted.
2. Psychologically, Jane Doe suffers from ADHD Combined Type; rule out of Unspecified Anxiety disorder and Unspecified Depressive Disorder is being placed.
3. Testing for learning disorders and executive functioning is warranted.
4. Jane Doe seems to also suffer significantly in the area of social functioning, specifically, peer to peer relations and often isolates and seems to be happy isolating and this is abnormal for 9-year-old

behavior.

## **RECOMMENDATIONS**

1. Jane Doe does meet the DSM-5 criteria for ADHD-Combined Type moderate; and evaluation is needed to assess for anxiety and depression diagnosis.
2. Jane Doe would benefit from individual and parent-behavior management training to address ADHD.
3. Jane Doe scores from both parent and teacher indicate problems in the area of social functioning with peers, he would likely benefit from social skills group, group therapy to address these concerns.
5. The scores indicated that Dylan may have learning problems in which he may struggle academically (reading, writing, and/or math) and he may have difficulty learning and/or remembering concepts and may need extra explanations. An evaluation for IEP or 504 is recommended. Parent should/can request IQ and educational testing from Mississippi School District in writing and keep a copy of the letter. The school has 21 days from the date of the letter to respond. Based on the majority of test scores indicating problems in executive functioning and learning disorders.