

Instructor's Manual for

ASSESSING ADHD IN THE SCHOOLS

with
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and GARY STONER, PhD

by
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The *Instructor's Manual* accompanies the DVD *Assessing ADHD in the Schools* (Institutional/Instructor's Version).

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. STEP-BY-STEP DISCUSSION QUESTIONS

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW

Allow the video to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no strategy is perfect! What do viewers think works and does not work in this approach? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique a variety of approaches and methods.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Suggestions for Further Readings and Websites** prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

6. WATCH THE SERIES

This video is one in a two-part series portraying effective approaches to assessing and treating ADHD in a school setting. The two videos together present a complete picture, demonstrating the process from

beginning to end. By showing both of the videos in the series, you give viewers the opportunity to increase their skills and understanding in the following areas: identifying indicators that an ADHD assessment is warranted; facilitating collaboration between school personnel and mental health specialists to conduct a thorough assessment; and applying appropriate interventions in the classroom to help children be successful in school.

Key Aspects of the Multimethod Assessment Model: Conducting a thorough ADHD assessment allows parents and teachers to develop interventions that help children succeed in school. The more comprehensive the assessment, the better chance there is to develop a clear and effective plan of action. The multimethod assessment includes the following five components: teacher and parent interviews, behavior rating scales, observations of school behavior, academic performance assessment, and reviews of school records.

From the very beginning of the assessment process, a multidisciplinary school-based team conducts a formal inquiry based on DSM-IV criteria. This approach considers other environmental and intrapsychic factors that may explain the child's problematic behaviors better than ADHD, in order to rule out other possible diagnoses. The multimethod assessment process includes interviews with classroom teachers and parents, as well as classroom observation. The child's parents and teacher complete several standardized behavior rating scales which assess a number of factors: the frequency of a wide range of behavioral and emotional difficulties; indicators of depression, anxiety, and conduct disorders; the pervasiveness of the problem across contexts; a comparison of the child's behavior to his peers.

7. PERSPECTIVE ON THE VIDEO, THE CLINICIANS AND THE EDUCATIONAL TEAM

Interviews and interventions portrayed in videos are less off-the-cuff than they are in practice. Clinicians or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Clinicians may also move more quickly than is typical in everyday practice to demonstrate a technique. The

personal style of a clinician is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master clinicians, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

***A NOTE ON PRIVACY AND CONFIDENTIALITY**

Because this video is based on the lives of real people, please take care to protect the privacy and confidentiality of those who have courageously shared their lives with us.

Step-by-Step Discussion Questions

Professors, training directors and facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers.

CHALLENGES AND DILEMMAS

1. **Attention vs. Self-Regulation:** Russell Barkley states that ADHD is being reconceptualized “away from attention, and into the larger domain of self-regulation.” What does this distinction mean to you? How does it affect the way you think about ADHD and about children who display its symptoms?
2. **Classroom Assessments & Obstacles:** How do you weigh the importance of getting an in-the-classroom assessment against a more traditional psychological assessment? What are some obstacles to getting in-classroom assessments and how might you overcome them?

SCREENING

3. **Initial Meeting:** What stood out for you in the interview between Mrs. Lopez, the school psychologist, and Mrs. Baten, Todd’s teacher? In what ways do you see this conversation contributing to the screening process? What would you have asked or answered differently if you had been involved in this meeting?
4. **Further Assessment:** Based on the material presented, how would you respond to the key screening questions: 1) Are the behaviors possibly explained by ADHD, or some other factors? 2) Is further assessment of ADHD required? What about this screening process indicates to you that a more complete ADHD assessment is warranted in this case? Or do you disagree that it is warranted at all?

MULTIMETHOD ASSESSMENT

5. **Key Questions:** *This approach identifies four key questions for the next phase of the assessment: 1) What is the nature of the ADHD-like problems? 2) What are the frequency, duration, and intensity of these problem behaviors? 3) In what settings do the problem behaviors occur? 4) What factors maintain these problems?* Do these questions seem like the right ones to be asking? How effective do you find the data collection methods demonstrated in the video? What might you have done differently, or what other methods would you have wanted to apply here?
6. **Parent Interview:** What do you notice about the interview with Todd's parents? Was rapport developed with his parents? Was there anything you would like to have explored more with the parents? What other questions come to mind for you as you observe this interview?
7. **Rating Scales:** What do you think about the use of rating scales and behavioral check lists in this assessment process? What do you find particularly helpful about this assessment method? What would be challenging or difficult for you about gathering data in this way?
8. **Human Resources:** *The Sheridan Elementary School team consists of the school psychologist, the classroom teacher, the instructional support teacher, the school counselor, the reading specialist and the principal.* In your experience, what is the likelihood that a school will have so many staff members with the time and skills available to dedicate to the kind of intensive assessment process Todd goes through in this video? In schools with large classrooms, few economic resources and children with complicated lives, how do you see modifying and adjusting this process so that kids from those schools can be properly assessed?

INTERPRETATION OF RESULTS

9. **Questions for Interpretation:** *The key questions noted for this third phase of the assessment process are: 1) Does the child exhibit a significant number of behavioral symptoms of ADHD? 2) Are the behaviors occurring much more frequently than in other children of the same gender and age? 3) At what age did these behaviors begin, and are they evident in a number of situations? 4) How impaired is the child's functioning? 5) Are there problems or factors other than ADHD that could account for these symptoms? What are your thoughts on these questions? Do they strike you as an effective way to approach interpreting the results of the multimethod assessment? What other key questions would you add to the list?*
10. **Rule Out:** Do you think this assessment effectively ruled out all other explanations for Todd's behavior than ADHD? What other explanations do you have for the problems he is having in the classroom?

Reaction Paper for Classes and Training

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about assessing ADHD from this video? What stands out in how these specialists work?
2. **What I found most helpful:** What was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think in a new way?
3. **What does not make sense:** What principles/techniques/strategies did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working? Explore these questions.
4. **How I would do it differently:** What might you have done differently than the multidisciplinary team at the school did in the video? Be specific in what different approaches, strategies and techniques you might have applied.
5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the approach in the video? Other comments, thoughts or feelings?

Suggestions for Further Readings, Websites and Videos

BOOKS

- Barkley, R. A. & Murphy, K. R. (2006). *Attention deficit hyperactivity disorder: A clinical workbook* (3rd ed.). New York: Guilford.
- Barkley, R. A. (2006). *Attention deficit hyperactivity disorder: A handbook for diagnosis and treatment* (3rd ed.). New York: Guilford.
- Brown, R.T., Antonuccio, D., DuPaul, G.J., Fristad, M., King, C.A., Leslie, L.K., McCormick, G., Pelham, W.E., Piacentini, J., & Vitiello, B. (2008). *Psychopharmacological, psychosocial, and combined interventions for childhood disorders*. Washington, DC: American Psychological Association.
- DuPaul, G.J., Power, T.J., Anastopoulos, A.D., & Reid, R. (1998). *ADHD Rating Scale-IV: Checklists, norms, and clinical interpretation*. New York: Guilford Press.
- DuPaul, G.J., & Stoner, G. (2003). *ADHD in the schools: Assessment and Intervention strategies* (2nd ed.). New York: Guilford.
- Hartmann, Thom. (2000). *Thom Hartmann's complete guide to ADHD: Help for your family at home, school and work*. Nevada City, CA: Underwood Books.
- Hartmann, Thom. (1997). *Attention deficit disorder: A different perception*. Nevada City, CA: Underwood Books.
- Mash, E. J. & Barkley, R. A. (Eds.) (2003). *Child psychopathology* (2nd ed.). New York: Guilford Publications.
- Power, T.J., DuPaul, G.J., Shapiro, E.S., & Kazak, A.E. (2003). *Promoting children's health: Integrating health, school, family, and community systems*. New York: Guilford.
- Stoner, G., Shinn, M. R., & Walker, H. M. (Eds.). (1991). *Interventions for achievement and behavior problems*. Silver Spring, MD: National Association of School Psychologists.

WEB RESOURCES

George J. DuPaul, Lehigh University

www.lehigh.edu

Gary Stoner, the University of Rhode Island

www.uri.edu

Russell Barkley's website

www.russellbarkley.org

Children and Adults with ADHD (CHADD)

www.chadd.org

Curriculum Associates, publishers of *The Skills for School Success* curricula

www.curriculumassociates.com

Gordon Systems, Inc., distributors of The Attention Training System

www.gsi-add.com

The Juniper Garden's Children's Project, where you can find information on Class Wide Peer Tutoring

www.jgcp.ku.edu

National Resource Center for ADHD

www.help4ADHD.org

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Classroom Interventions for ADHD

–George J. DuPaul, PhD & Gary Stoner, PhD

Connecting with Our Kids

–George Papageorge, M.A., MFT

Adlerian Parent Consultation

–Jon Carlson, PsyD, EdD

Cognitive-Behavioral Child Therapy

–Bruce Masek, PhD

Complete Transcript of Assessing ADHD in the Schools with George J. DuPaul, PhD and Gary Stoner, PhD

INTRODUCTION: TODD

George J. DuPaul, PhD Commentary: *Todd is a third grader at Sheridan Elementary School in Allentown, Pennsylvania.*

His behavior in the classroom is a problem, not only for his teacher, but for his classmates as well.

Student: Watch that baby's green eyes!

Anita Baten, BS, Third Grade Teacher: Okay, very good.

Student: Just two plus seven equals nine!

Baten: Excuse me, excuse me! Todd, you just get up in the middle of our activity, our math activity, and you just go?

DuPaul Commentary: *What might be causing Todd's disruptive behavior patterns, that interfere with his learning, and are so difficult for Mrs. Baten to manage in the classroom?*

Baten: Some days, it feels like, "Oh, boy. Did I even make any kind of dent today?"

The biggest challenge, I think, is trying to get him to understand that I am trying to get him to know that there are rules. For example, when he talks out or raises his hand and doesn't wait to be recognized.

DuPaul Commentary: *It is possible that Todd has a condition called Attention Deficit Hyperactivity Disorder, or ADHD. This hypothesis would fit with his marked inattentive-ness, impulsivity, and extremely high level of activity.*

ADHD is relatively common. In fact, it is estimated that three to five percent of school-age children may be affected by it. This would mean that there could be one student with ADHD in every classroom. On the other hand, the behaviors Todd presents could be related to many

conditions other than ADHD. Only by conducting a well-defined thorough assessment will we be able to know, with confidence, how to best understand Todd's difficulties. To be most useful, this assessment should lead to interventions that help him succeed in school.

DuPaul: I'm George DuPaul.

Gary Stoner, PhD: And I'm Gary Stoner.

DuPaul: For over 15 years, we've been working together, conducting research and writing on ADHD. In this program, we present our model for the school-based assessment of ADHD.

DuPaul Commentary: *Todd, his teacher, and other school professionals from Sheridan Elementary will help us illustrate its application, as we follow Todd through the successive stages of the assessment process.*

DuPaul: There are important issues related to ADHD that we do not focus on.

Assessment of Conditions that
often co-exist with ADHD:

- Learning Disabilities
- Conduct Disorder

For example, assessment of conditions that often coexist with ADHD, such as learning disabilities and conduct disorder, are not covered. Instead, our focus in this program is on the process of assessment itself.

CHALLENGES AND DILEMMAS

But, before we proceed, we recently had the chance to meet with our colleague, Dr. Russell Barkley, a leading authority on ADHD, to discuss some of the challenges that stand in the way of effective assessment of ADHD with school-age children.

Russell Barkley, PhD: Given the way that we—meaning the field—given the way that the field has been reconceptualizing this disorder away from attention, and into the larger domain of self-regulation—and that assessment is driven by the way we view the disorder— how do you see that affecting the way school-based assessments need to be done?

DuPaul: What is going to need to happen is people will have to shift focus in terms of what are the target behaviors that we want to measure. And I think it also increases the need to get data about a kid's functioning from the actual situation where they're performing, from the classroom itself – that some of the tests that we might typically do in a school, like the WISC or some of the achievement tests and that kind of thing, are going to really shed very little light on the core behaviors that are related to ADHD – that what we really need to look at is their ability to regulate their behavior in the classroom.

Barkley: I agree, because if you think about it, if ADHD is a self-regulatory disorder, that means that the executive functions that people normally bring to bear to control themselves are not operating properly. Well, we know the purpose of those functions. It is to help somebody organize over time, and also to help them bring their knowledge into play in the environment at the point of performance where that knowledge is useful to apply. So, office-based assessments are not assessing the application of what you know at the point where you should be doing what you know.

Stoner: Self-regulation almost naturally brings into the picture the notion of the context that the behavior is occurring in. And that self-regulation will vary across—for different children—will vary across different types of situations, different types of tasks, demands, and those kinds of things. The model that we've been working under is focused on multi-method, multi-informant assessment across multiple settings.

DuPaul: And I think what we're trying to help promote is that school folks become more actively involved in it, not necessarily doing the diagnosis per se, although certainly some can, but really taking an active role in measuring the behavior that's happening in a very important context in that kid's life. That people who are not working in the schools can't get to that data, except indirectly, really, through teacher rating scales or through other measures like that.

Stoner: It's an interesting issue that I think comes up often when I'm working in the schools, and I'd be interested, Russ, to hear how you talk about the issue, when people raise it, about the belief that only physicians can make a diagnosis of ADHD.

Barkley: Well, I think two things have contributed to this dilemma. One is of our own doing. We have so heavily emphasized the biological, neurological, and genetic underpinnings of this disorder, that we've cast it as a medical disorder. And, consequently, people think that, "Well, if it's neurological or genetic, that's the domain of medicine, and, therefore, it's a physician's diagnosis. I have nothing to do with it." So, I think part of it is this emphasis on "biology is destiny", teachers and school personnel feel, then, that it's medicine's domain, which it clearly is not.

I think the second problem is that we have emphasized the DSM-IV diagnostic approach to naming the disorder. And, since DSM was developed by psychiatry, here again, it has to be a physician or a psychiatrist who really is capable of rendering the diagnosis. And that, of course, is not true. It's just an accident of history that psychiatry was the first group to approach trying to develop a taxonomy of terms for mental disorders. It could have been education; it could have been psychology or pediatrics.

DuPaul: Right.

Barkley: The fact is that the disorder is based upon the symptoms, across settings, in natural environments, that present to a degree that is impairing this individual in those natural settings. And those are things that teachers and other educational staff observe every day. And those are things that a physician is not going to have access to. So, I point out that the educational information is probably one of the most critical pieces of information to make the diagnosis.

SCREENING

DuPaul: Now, we return to our model for the School-Based Assessment of ADHD.

- Screening
- Multimethod Assessment
- Interpretation of Results
- Intervention Planning & Implementation
- Intervention Evaluation

There are five stages in our approach.

DuPaul Commentary: *The first stage is screening. Here, we address the following questions: Are the behaviors that Todd exhibits possibly explained by ADHD, or by some other factors? Is further assessment of ADHD required?*

Key Questions:

- Are the behaviors possibly explained by ADHD, or some other factors?
- Is further assessment of ADHD required?

In the classroom, Mrs. Baten saw Todd as having a great deal of difficulty following classroom rules, paying attention, and completing his work accurately. Often, he would abruptly launch into action that disrupted the class.

She decided to ask the school psychologist, Amelia Lopez, to confer with her about Todd.

Baten: He is belligerent at times. Sometimes, he's way off the mark in terms of when he's doing his work. He's constantly turning to his neighbors. When we go down to the computer room, his fingers are always on somebody else's keyboard. And he has to be constantly reminded not to do that, to keep his hands to himself, to raise his hand. He seems to have no self-control. It's just becoming exasperating to me. I just don't know what to do. So, I thought I'd better speak with you, and perhaps we could come up with some things together.

Amelia Lopez: Okay. I was wondering, has he been doing this all year? Or, have you noticed some changes? When did you start noticing this, that there were problems?

Baten: Almost from the beginning.

Lopez: Okay.

Baten: From the beginning of the year, yes.

Lopez: Are you aware of anything that has changed in the home for Todd?

Baten: I kind of said something that alluded to that to the family, and they didn't seem to, you know, indicate to me that there was any great changes there. Evidently, this excitable behavior is also happening with them at home and has been happening for a while, as well.

Lopez: Okay.

Yeah, oftentimes a teacher may feel uncomfortable asking for assistance on a case. I think, however, that, in the most severe cases, I think the teacher is more comfortable. And I think that there has to be a trust, you know, that, "This is really over my head. This child is- I need something else." And I think it's an honorable thing to be able to recognize that.

Baten: My mother had a saying. She graduated from high school. She did not go to college. But she had a teacher along the way that used to say that a teacher shouldn't know everything, but they should know where to locate or find everything. So, that's always been my premise. So, I have no problem with going and asking for that help, if I can't answer it for myself.

DuPaul Commentary: *Mrs. Lopez continues to ask specific questions to begin the process of ruling out, or ruling in, ADHD.*

At the same time, they consider other factors that might offer an alternative explanation for Todd's behaviors. Mrs. Lopez's questions are guided by the diagnostic criteria for ADHD contained in the Diagnostic and Statistical Manual of the American Psychiatric Association.

Lopez: Do you find yourself re-directing him a lot and calling his name a lot, going up to him a lot? Do you find yourself doing this a lot throughout the day?

Baten: Yes, indeed. It's much, much, too much for all the youngsters—it's really not fair to them. And, yes, all the time I have to remind him he's got to get back on-task, and then say, "Come on, Todd." And he will do it for maybe a minute or so, and then he's right back to the same behaviors again.

Lopez: Okay. So, how would you say that he compares to other children in the classroom?

Baten: He's just, like, so far off the mark. So, he's just really having a tough time. And then, when I give him an assignment, it's, like, he is a pretty sharp little boy, but he just seems like he must look on somebody else's paper, or tell them the answer, or just all these inappropriate things. And I just don't know what to do. I'm just so frustrated. I want to help him. I just don't know how else I can do that.

Lopez: Okay. Well, let's see, it sounds to me like you really have your hands full. You have a little boy that is just not responding to the regular disciplining strategies that you're utilizing in the classroom.

Baten: Yes.

Lopez: He's really requiring a lot of re-direction, a lot of one-on-one attention. He's calling out. He is very distractible. He's having trouble really staying focused with his own work. And he's really doing this a lot, as compared to other children.

Baten: Yes.

Lopez: I would like to give you some checklists, and some things like that. Do you think that would be something that you would be able to do for us?

Baten: Surely. Anything to help him.

DuPaul Commentary: *With Mrs. Baten's help, Mrs. Lopez was able to answer the two key questions of the screening phase.*

Key Questions:

- Are the behaviors possibly explained by ADHD, or some other factors?
- Is further assessment of ADHD required?

If Todd showed fewer behaviors suggestive of ADHD, or of some other plausible explanation for his behavior had readily emerged, such as a family problem, a major change at school, or a physical illness, Mrs. Lopez would have suggested a different course of action. In this case, it was clear that Todd exhibited a range of behaviors similar to those found in children with ADHD. As yet, there was no obvious alternative explanation for these behaviors, though one might emerge later in the

assessment. If the initial picture had been less clear-cut, Mrs. Lopez would have suggested some additional steps as part of the screening process. For example, she might have visited the classroom to observe Todd's behavior. But, in Todd's case, additional methods were not needed during the screening phase.

MULTIMETHOD ASSESSMENT

DuPaul: Now we move on to the next stage: multimethod assessment.

DuPaul Commentary: *Several key questions need to be answered at this stage of the assessment: What is the nature of the ADHD-like problems? What are the frequency, duration, and intensity of these problem behaviors? In what settings do the problem behaviors occur? What factors maintain these problems?*

Key Questions:

- What is the nature of the ADHD-like problems?
- What are the frequency, duration, and intensity of these problem behaviors?
- In what settings do the problem behaviors occur?
- What factors maintain these problems?

To answer these questions, it is necessary to gather information about Todd from a variety of sources, using several different methods of assessment.

The multi-method assessment includes the following five components: teacher and parent interviews, behavior rating scales, observations of school behavior, academic performance assessment, reviews of school records.

Sources of Information:

- Teacher and parent interviews
- Behavior rating scales
- Observations of school behavior
- Academic performance assessment
- Reviews of school records

First, Mrs. Lopez interviews Mrs. Baten in greater detail to get as clear a picture of Todd's difficulties as possible.

Lopez: Let's say that we're talking about calling out and being, you know, into somebody else's work, and so forth. What happens right before? Can you tell me a little bit about that?

Baten: Usually, I'm giving...it's usually when I'm giving a new activity. A lot of times, when I'm giving a new activity, and I ask him to take something out. He...his book always makes more noise than the others. He may slam it on the desk.

Lopez: Okay. Can you tell me what happens right after? What do you do? How do you respond to Todd?

Baten: Well, I usually go over to him and kneel down to where he is, and talk with him, and try to say, "Todd, was that...do you feel that that was the right way to handle that?" And we talk about it. But I have to stop what I'm doing, so, therefore, the other children are losing out, as well as Todd is losing out.

Lopez: Okay. Do you think he likes that? Do you think that when you stop what you're doing and come to him, do you-

Baten: I think, as a matter of fact, I do. I think he enjoys it, what I would call "negative attention."

Lopez: Yeah. Sounds like that.

Baten: I think that he kind of-

Lopez: He likes that.

Baten: Yes. Mm hm.

Lopez: It sounds like he's really giving you a hard time.

Baten: (*Laughs*) One might say that.

Lopez: Okay. What kinds of things—have you tried anything with Todd, in terms of—?

DuPaul Commentary: *Mrs. Lopez inquires about previous interventions that Mrs. Baten has tried, and the relative success. She learns that no particular intervention had made any lasting difference in helping Todd control his behavior and stay more on-task.*

Mrs. Lopez now turns to another core component of the interview. She begins a more structured, formal inquiry based on DSM-IV criteria. She wants to hear Mrs. Baten's thoughts as to which symptoms of ADHD, and which symptoms of other childhood disorders, characterize Todd's behavior.

Lopez: I wanted to ask you to tell me a little bit more about the things that you're seeing in Todd on a daily basis. You feel that Todd fails to give close attention to detail and makes careless mistakes in his schoolwork.

Baten: I would absolutely say yes. Mm-hm.

DuPaul Commentary: *Next, Mrs. Baten arranges for Todd's parents to meet Mrs. Lopez.*

Baten: Thank you so much for coming in this evening. I know that you've had some concerns, because I usually see you right after school when you come to pick up Todd. And I thought maybe I would say something to our school psychologist, Mrs. Lopez, and we could put our heads together and perhaps we could come up with some things that would be helpful to Todd. Mrs. Lopez?

Lopez: Hi. And, again, thank you for coming. Mrs. Baten, we've been meeting and she has some concerns, you know, with Todd. Basically, she feels that he's exhibiting some behavior problems in the classroom that appear to be out of his control. And, I was curious, as to whether you have similar concerns with him, with what you are seeing at home.

Todd's father: Yes, I do. I see him, like, he plays a whole lot. You know, he just doesn't stop. It's like a train.

Baten: Constant. Uh-huh.

Father: No brakes.

Lopez: Really?

DuPaul Commentary: *Mrs. Lopez asks about Todd's behavior in detail, using DSM-IV criteria. She learns that many of the same problem behaviors Mrs. Baten sees in school have been showing up at home for quite some time. Mrs. Lopez asks questions about Todd's developmental, medical, and family background that could be relevant to ruling in, or ruling out, ADHD.*

Other questions she asks include: How difficult or easy was he to manage as a toddler? Does he have a history of head injury that might explain some of the behavior? Are there any recent changes in family life that might be related to Todd's problems?

- How difficult or easy was he to manage?
- Does he have a history of head injury?
- Are there any recent changes in his family life?

Through these questions, Mrs. Lopez learns more about the context and patterns of Todd's behavior at home. Should she discover family problems that might be contributing to Todd's difficulties, this information would enter into her evaluation, and possibly have an impact on subsequent intervention planning, although it would not rule out ADHD.

Another core component of the multi-method assessment of ADHD is to have the child's parents and teacher complete several standardized behavior rating scales. Typically, each person would be asked to complete three types of rating scales.

The first type is designed to assess the frequency of a wide range of behavioral and emotional difficulties, not just the symptoms of ADHD. A rating scale that looks at depression, anxiety, and other areas of conduct, will help Mrs. Lopez know if she is on the right track in continuing to focus on the ADHD-like symptoms as central, or whether she needs to expand the focus to include other areas of difficulty.

The most frequently used scales of this type are the Child Behavior Checklist and the Behavior Assessment System for Children.

A second type of questionnaire focuses almost exclusively on the frequency of ADHD behavioral symptoms. These questionnaires make it possible to compare the child's symptoms to his peers.

Such comparisons are important because research has shown that children with ADHD engage in inattentive, impulsive and non-goal-directed behavior much more frequently than their classmates do.

An example of this type of questionnaire is the ADHD Rating Scale IV. This type of rating scale is often used during the screening phase, as well, and this is the scale Mrs. Baten initially completed.

The third type of rating scale allows the parent or teacher to identify situations where problem behaviors are present or absent. Children with ADHD typically exhibit behavioral symptoms in a number of different situations, rather than in a few isolated contexts. For example, with Todd, his teacher reported that he exhibits problem behavior throughout the day and across academic subjects. Knowing how pervasive the problem behavior is contributes to accurate diagnosis, as well as to intervention planning. Examples of this type of scale are the Home and School Situations Questionnaires.

Additional questionnaires, such as the Social Skills Rating System and the Academic Performance Rating Scale, might be included to get parent or teacher perceptions of the child's social skills and academic performance, respectively. These measures can help determine the extent to which the child's symptoms of ADHD interfere with academic and social functioning. Impaired functioning is a key diagnostic criterion for ADHD.

DuPaul: A third component of the multi-method assessment is the observation of the child's behavior in the classroom.

DuPaul Commentary: *Sheridan Elementary School has an instructional support teacher, Michele Ryan, who often works in conjunction with the school psychologist. They are interested in knowing what rules are in place, how tasks and other activities are presented to the students, and what the consequences are for not completing work and for breaking classroom rules. Knowing these things will help them understand Todd's behavior in context. It will also help them devise intervention strategies later.*

Michele Ryan, MEd: The first thing I look at is... What is it that this child needs? What is his style of learning? What is that teacher's style of teaching? And what is it that I need to do to make both that teacher and that child successful, in the sense where they're working as a team?

DuPaul Commentary: *Their observations provide further information about Todd's behaviors. Here we see Mrs. Ryan collecting data about the frequency of three categories of Todd's behavior: off-task behavior, out-of-seat activity, and inappropriate vocalizations.*

These in-class behaviors have been found to be the best discriminators between children with ADHD and other children. Mrs. Ryan will observe Todd in the classroom on two or three occasions, for 20 to 30 minutes each. She watches Todd for 30 seconds at a time, and then records how many of the target behaviors occurred during that time interval. During her classroom visits, Mrs. Ryan also observes two other children she randomly selects from Todd's classmates, to determine how similar or different Todd's behavior from that of his peers. At the end of the observation, she calculates the frequency of each target behavior.

While observing the frequency of problem behaviors, Mrs. Ryan also records what is going on in Todd's environment prior to and following each instance of the behaviors. She wants to know about how things go between Todd and Mrs. Baten. For example, she records how frequently Mrs. Baten verbally reprimands Todd following off-task behavior, and how often she gives instructions and restates classroom rules, either in response to his behavior or prior to the problem behavior's occurrence.

Mrs. Ryan also notes the frequency with which Todd gets attention from his classmates. Ultimately, this information will be valuable in understanding the function or payoff of Todd's behavior. As we will see, an effective intervention strategy must address the function the specific problem behaviors serve for the child.

Mrs. Ryan observes Todd's behavior in other settings to assess how impaired his social behavior might be. Does Todd behave more aggressively than his peers? Does he play by himself, or join in with others? What is the quality of his interactions with his peers? Does his behavior in these contexts fit within the rules?

DuPaul: A fourth component of the multi-method assessment stage is to gather information about the child's academic performance.

DuPaul Commentary: *Mrs. Ryan obtains information about Todd's day-to-day performance in the classroom. How much work does Todd complete in comparison to his classmates? How accurate is his work? How does he do on quizzes and tests? Does Todd complete his homework in a consistent, accurate fashion? Some of the answers to these questions can be found in Mrs. Baten's grade book. How does Todd's academic performance compare to other children in the class? If Todd is not doing*

well in comparison to the other children, it may make sense to conduct an academic skills assessment. This would help determine whether the task demands of the class are too difficult for his skill level.

Finally, it is important to look back at Todd's previous school records, including report cards and previous evaluations. Typically, children with ADHD have a history of behavior difficulties dating back to kindergarten or first grade, and, in some instances, prior to entering school. This history can be helpful in establishing the chronicity of Todd's behavior patterns, and for gathering information about interventions that may have helped in the past.

INTERPRETATION OF RESULTS

DuPaul: The third stage of the school-based assessment of ADHD is to interpret the data, and make diagnostic decisions.

The following questions need to be answered at this point: Does the child exhibit a significant number of behavioral symptoms of ADHD? Are the behaviors occurring much more frequently than in other children of the same gender and age? At what age did these behaviors begin, and are they evident in a number of situations? How impaired is the child's functioning? Are there problems or factors other than ADHD that could account for these symptoms?

Key Questions:

- Does the child exhibit a significant number of behavioral symptoms of ADHD?
- Are the behaviors occurring much more frequently than in other children of the same gender and age?
- At what age did these behaviors begin, and are they evident in a number of situations?
- How impaired is the child's functioning?
- Are there problems or factors other than ADHD that could account for these symptoms?

At this point, Mrs. Lopez reviews all of the assessment data, teacher and parents interview data, and teacher and parent rating scale

data, information from classroom observations, and Todd's academic performance records.

She reviews the observations of Todd and his peers to see whether he engaged in problem behaviors more frequently than others of the same age and gender. She also compares Todd's scores on the rating scales with the norms for these scales. She looks at the overall picture Todd presents to see if it fits with the DSM-IV criteria for ADHD, or some other disorder.

Now, Mrs. Lopez brings her findings to the instructional support team. At Sheridan, this team collaborates to make diagnostic decisions and to plan interventions for children with special needs.

In addition to Mrs. Lopez, other members of the team are Mrs. Baten, Mrs. Ryan, Wayne Trumbauer, the school Principal, Jan Miller, the school Counselor, and Jan Larson, the Reading Specialist.

Not all schools will have structured teams like this one. We recommend, however, that a multi-disciplinary approach be applied, as diagnostic decisions and intervention plans are made.

Lopez: Okay. So, it seems like, from the results of the observations that we've done, it seems like Todd works much better when he's actively engaged on a task. When he's getting one-to-one attention, he seems to respond well to that. He also seems to be doing better during times of the day when you're doing language arts types of activities, and seems to have more difficulties with things like math where it requires sustained attention to detail.

Ryan: I think, in looking at him, and let me refer back to the large group instruction, which was handwriting, where he was very much off-task, very impulsive, very disorganized. Even though his work was not done, he was involved in the other children's work, to the point where the one child next to him had to say, "I can do it myself."

Baten: And when he's called on it, then after a while, by the end of the day, he's like, "Oh, nobody likes me in here. I don't have any friends."

Lopez: Right.

Janice Miller, MEd: With some of these indicators, Amelia, the low self-esteem that Michele is alluding to, the fact that he's saying that

at times that he feels he doesn't have any friends—with some of these indicators, can we take a look at, possibly, depression? Maybe we're looking at a child who could be depressed.

DuPaul Commentary: *At this stage of the assessment, it is particularly important to again consider whether an alternative explanation might better account for Todd's difficulties.*

Other explanations that would typically be reviewed include the following: Environmental factors- Problems in the classroom itself, such as inconsistent classroom management. Incorrect curriculum placement. Psychosocial stressors, such as family disturbance. Within-child factors- Academic skills deficits. Other emotional or behavioral disturbances.

Lopez: It is not atypical. This is typical for a child that is impulsive and has difficulty following through rules of games and is alienated by other children, to feel a little bit alienated and to have a lower self-esteem. I think that we can anticipate that. In fact, one of the scales that I use specifically addresses issues of depression. And in that particular scale, he scored below the 90th percentile. So, he really did not score significantly high. And that was consistent across settings, both at home and at school. So, again, although, you know, there might be some issues of being sad because of being alienated, the data at this point does not justify in any of my assessments – the Child Behavior Checklist or interviews with the parents – does not support depression at this point.

Wayne Trumbauer, MEd: The whole function of a team is to bring some of the background expertise they have to bear and brainstorm ideas that help kids.

Miller: Obviously, there's a lot of respect among the team members. We respect each other as professionals. We respect each other's field of expertise. I don't try to be the reading specialist, and Dr. Larson doesn't try to be the psychologist or the counselor.

Lopez: So, that's basically the results of the observations. We also did some rating scales. One of the things I had Anita do was that I had her doing the ADHD Rating Scale, and specifically looking at inattention and hyperactivity. And, unquestionably, Todd came out significantly high on both of those.

For example, on the Inattention Scale, where we're looking at: fails to give attention to detail, makes careless mistakes in schoolwork, has difficulty sustaining attention, doesn't seem to listen when he's spoken to, seems to be someplace else, does not follow through on directions, and has difficulty with organizing tasks.

On those types of things, Todd scored within the—at the 93rd percentile, which is significantly high for children in his age group.

The same thing happens with the hyperactivity: fidgeting, squirming, leaving his seat, calling out, difficulty playing, and engaging in leisure activities. He also scores significantly high, as compared to children in his age group. In this particular area, he scored about a 95 percentile. In addition to that, in addition to the scatter plot and the rating scale, we're seeing that consistency across different measures.

Trumbauer: Amelia, you referenced a “scatter plot”? I know what the other inventories are, but what's...

Lopez: Basically, what the scatter plot does is that it tries to establish a relationship between the particular behavior problems and specific environmental conditions that are present during that time. So, I'd asked Anita to kind of look at her schedule throughout the day and highlight for us what were some of the most problematic periods during the daytime. And we'll have during reading, math, social studies.

Trumbauer: So that's where you can find out in the larger group settings there's more problems.

Lopez: Right. So, what I want her to do is to think back and say, “Okay, he seems to have the most problems doing math.” So then we need to look at, you know—what's happening during math that is causing that problem?

Janice Larson, EdD: I'm wondering if there is some learning disability problem here. He's a third-grader and he's reading at a low second-grade level. So, there is definitely a lag here.

Lopez: It's not unusual to see children with ADHD who also have—children with attention deficits—who also have learning problems. But I think, Anita, what I'm hearing with the description as to why he's doing so poorly because of his busy minding everybody else's

work, I think that what we're seeing there is really more of a problem with staying with his task, as opposed to not really having an ability.

Ryan: I'm kind of concurring a little bit with Amelia in that we have done pretty extensive rating scales, observations, that clearly, clinically put Todd as a child that

I think we really need to look more definitively at an ADHD component. He really looks significantly like an ADHD child. Ultimately, until we get that component, or that variable with Todd somewhat managed or controlled, it's going to be extremely difficult to delineate a learning disability.

Baten: Obviously, he has to be able to learn in a situation where there are lots of distractions from other students. And that he doesn't seem to be able to do very well at the moment.

BEGINNING INTERVENTION

DuPaul: Through a collaborative assessment process, the team has now arrived at a diagnosis for Todd's difficulties.

DuPaul Commentary: *But the diagnosis is not the ultimate goal. The team's focus now shifts from information gathering to making use of what they've learned about Todd's behavior to formulate a strategy that can help him perform better in the classroom.*

Ryan: Amelia, what would you suggest at this point? What is our next step? Where do we go from here?

Lopez: Well, a couple of things come to mind. I think one of the most important things that we need to look at is we need to find ways and look at Todd's instructional setting to see how we can structure his environment so that we can maximize, you know, his learning and help him feel some success. And I think it's very important for this to be followed up with the parents, for them to take Todd and be seen by a physician.

Trumbauer: Anita, do you have any sense of the reaction the parents will have? Have you met with them at all, and talked with them about Todd?

Baten: Every day. Every day they come to pick him up, and they're very concerned. And, daily, whether the dad comes or the mom, they like to have a little report. And they're very—I think they would be very open to –

Trumbauer: Embrace our suggestions?

Baten: Yes, indeed.

DuPaul Commentary: *The final two stages of our model, intervention planning and implementation, and intervention evaluation, are covered in detail in our second program.*

These intervention stages are especially important as far as Todd, his parents, and his teacher are concerned. They offer the possibility of improved school performance for Todd, as well as better relationships with his classmates and his teacher.

Stoner: From the very beginning of the assessment process, we gather information to help us plan an effective intervention.

DuPaul: The more comprehensive the assessment, the better chance there is to develop a clear plan of action, to help the student with ADHD succeed in school.

Video Credits

The model demonstrated and discussed in this video is offered in greater detail in the book: *ADHD in the Schools: Assessment and Intervention Strategies* by George J. DuPaul and Gary Stoner, published by The Guilford Press.

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Thanks to Sheridan Elementary School, especially to Mrs. Baten's third grade class, and to Todd and his family.

Closing Song, "We're Number One", written by Eugene McDuffie.

A companion video entitled *Classroom Interventions for ADHD* is also available from Psychotherapy.net. Please go to www.psychotherapy.net or call 800-577-4762 for more information on purchasing this DVD.

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George DuPaul, PhD, Featured Psychologist, is a Professor of School Psychology and Associate Department Chair, Department of Education and Human Services at Lehigh University. Dr. DuPaul's primary research interest is the treatment of individuals with attention-deficit/hyperactivity disorder (ADHD) and related behavior disorders. He conducts research on school-based academic and behavioral interventions for youth in K-12 settings; early intervention for young children at-risk for ADHD; and the assessment and treatment of college students with significant ADHD symptoms. He also has interests in health promotion and pediatric psychology, having directed student-led studies related to nutrition education, asthma, and psychopharmacology.

Dr. DuPaul has authored or co-authored half a dozen books and numerous book chapters and journal articles. Together with Dr. Gary Stoner, he published *ADHD in the Schools: Assessment and Intervention Strategies*, which has been translated into several languages.

Gary Stoner, PhD, Featured Psychologist, is Associate Professor, and Director of the School Psychology Program at the University of Rhode Island. Previously, he served on the faculty of the University of Oregon and the University of Massachusetts, Amherst. He has practiced in public schools as both a school psychologist, and a supervisor of psychological services.

Dr. Stoner is known for his professional work in the areas of attention deficit hyperactivity disorder, interventions for achievement and behavior problems, and scientist-practitioner approaches to professional school psychology. He is Past-President of Division 16 of the American Psychological Association (APA), and Chair of the APA Inter-Divisional Coalition on Psychology in Schools and Education. He co-edited the book entitled *Interventions for Achievement and Behavior Problems*, and is co-author (with George J. DuPaul) of *ADHD in the Schools: Assessment and Intervention Strategies*.

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Dr. Barkley has authored, co-authored, or co-edited 20 books and clinical manuals. He has published more than 200 scientific articles and book chapters related to the nature, assessment, and treatment of ADHD and related disorders. He founded The ADHD Report, and has edited a variety of professional and academic journals. He was the President of the Section of Clinical Child Psychology, Division 12, of the American Psychological Association, and was President of the International Society for Research in Child and Adolescent Psychopathology. Dr. Barkley has presented worldwide on topics pertaining to ADHD, at scientific meetings, on the radio and on television.

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